

LOK SABHA DEBATES

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Sixteenth Session
(Sixteenth Lok Sabha)



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LOK SABHA DEBATES

LOK SABHA

Friday, December 21, 2018 /Agrahayana 30, 1940 (Saka)

The Lok Sabha met at Eleven of the Clock

[HON. SPEAKER *in the Chair*]

...(Interruptions)

11.01 hrs.

At this stage, Shrimati V. Sathyabama, Shri Thota Narasimham, Shri Bhagwant Mann and some other hon. Members came and stood on the floor near the Table.

...(Interruptions)

[Translation]

HON. SPEAKER: Hon. Members, I want to tell you something. There is a technical glitch in our display screen, so it is not working. Because of this, L.S. TV or other display screen will not be affected. That fault will be checked. It could not be checked today. After that it will start. ...(Interruptions)

11.02 hrs.

ORAL ANSWER TO QUESTION

HON. SPEAKER: Question No. 161, Shri Arjun Lal Meena.

...(Interruptions)

[Translation]

Yoga and Naturopathy in Tribal Sub-Plan Areas

*161. SHRI ARJUN LAL MEENA: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) the details of the institutions providing the services of Yoga and Naturopathy in Tribal Sub-Plan areas under Schedule V in the country, State/UT-wise;

(b) whether the Government proposes to set up similar institutions in other Tribal Sub-Plan areas of the country;

(c) if so, the time by which these are likely to be set up; and

(d) if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) to (d) A Statement is laid on the Table of the House.

Statement

(a) As Public Health is a State subject, providing the services of Yoga and Naturopathy in Tribal Sub-Plan areas under Schedule V comes under purview of respective State Governments. However, the existing facilities in different States/UTs which are providing the services of Yoga and Naturopathy system in Tribal Sub-Plan under Schedule V, is furnished at Annexure-I. Further, under Centrally Sponsored Scheme of National AYUSH Mission (NAM), financial assistance has been provided to States/UTs for setting up of upto 50 bedded integrated AYUSH Hospitals and AYUSH Wellness Centres including Yoga and Naturopathy at districts covered under Tribal Sub-Plan of Schedule V. The details are furnished at Annexure-II.

(b) to (d) As Public Health is a State subject, setting up of Yoga and Naturopathy institutions come under the purview of respective State/UT Governments. However, under NAM, the States may avail the financial assistance for setting up of upto 50 bedded integrated AYUSH Hospital, Upgradation of standalone existing Government AYUSH Hospitals and Dispensaries, Co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), AYUSH Wellness Centre including Yoga & Naturopathy as per the NAM guidelines. Wherever the requests have been received from States/UTs, these have been considered as per existing provisions of NAM guidelines.

Annexure-I

Status of AYUSH facilities providing Yoga & Naturopathy services which are located in Tribal-Sub Plan under Schedule V

Sl. No.	Name of the State	Name of the facilities
1	2	3
1.	Andhra Pradesh	1. Standalone Yoga and Naturopathy dispensaries at Makkuva, Vizianagarm District 2. Rampachodavaram, East Godavari District (approved for construction with State funds under tribal areas) 3. Yoga and Naturopathy Wellness Centre, Annavaram, East Godavari District (Under Central Council for Research in Yoga and Naturopathy)
2.	Chhattisgarh	1. Ayush Yoga Wellness Centre Jaspur 2. Ayush Yoga Wellness Centre Kanker 3. Ayush Yoga Wellness Centre Jagdalpur 4. Ayush Yoga Wellness Centre Dantewada
3.	Himachal Pradesh	Nil
4.	Gujarat	Nil
5.	Jharkhand	State Yoga Centre, Ranchi
6.	Maharashtra	1. District Hospital, Nandurbar 2. District Hospital, Chandrapur 3. District Hospital, Gadachiroli 4. District Hospital, Amravati 5. District Hospital, Thane 6. District Hospital, Nashik
7.	Madhya Pradesh	1. Yoga Wellness Centre at AYUSH Hospital, Betul

1	2	3
		2. Yoga Wellness Centre at AYUSH Hospital, Mandla 3. Yoga Wellness Centre at AYUSH Hospital, Jhabua 4. Yoga Wellness Centre at AYUSH Hospital, Damon 5. Yoga Wellness Centre at AYUSH Hospital, Sidhi 6. Yoga Wellness Centre at AYUSH Hospital, Shahdol 7. Yoga Wellness Centre at AYUSH Hospital, Chhindwara 8. Yoga Wellness Centre at AYUSH Hospital, Balaghat 9. Yoga Wellness Centre at AYUSH Hospital, Seoni
8.	Odisha	Nil
9.	Rajasthan	1. Yoga and Naturopathy Research Centre at Ayurveda Hospital, Banswara 2. Yoga and Naturopathy Research Centre at Ayurveda Hospital, Pratapgarh 3. Yoga and Naturopathy Research Centre at Ayurveda Hospital, Dungarpur
10.	Telangana	Nil

Annexure-II

Status of upto 50 bedded integrated AYUSH Hospitals and AYUSH Wellness Centres including Yoga and Naturopathy sanctioned under National AYUSH Mission (NAM) located at districts under Tribal Sub-Plan of Schedule V.

Sl. No	State/UT	Sanctioned facility/Institution
1	2	3
1	Andhra Pradesh	1. Setting up of upto 50 bedded integrated AYUSH Hospital at Visakhapatnam.

1	2	3
		2. AYUSH Wellness Centres including Yoga and Naturopathy at West Godavari
		3. AYUSH Wellness Centres including Yoga and Naturopathy at Visakhapatnam.
2. Chhattisgarh		1. AYUSH Wellness Centres including Yoga and Naturopathy at Korba
		2. AYUSH Wellness Centres including Yoga and Naturopathy at Koriya
		3. AYUSH Wellness Centres including Yoga and Naturopathy at Sarguja
		4. AYUSH Wellness Centres including Yoga and Naturopathy at Rajnandgaon
3. Gujarat		1. Setting up of upto 50 bedded integrated AYUSH hospital at Government hospital Bardoli
		2. AYUSH Wellness Centres including Yoga and Naturopathy at Vadodara
		3. AYUSH Wellness Centres including Yoga and Naturopathy at Valsad
		4. AYUSH Wellness Centres including Yoga and Naturopathy at Sabarkantha
4. Maharashtra		1. Setting up of upto 50-bedded integrated AYUSH hospital at Nandurbar
		2. Setting up of upto 50-bedded integrated AYUSH hospital at Pune
		3. Setting up of upto 50-bedded integrated AYUSH hospital at Ahmednagar
		4. AYUSH Wellness Centres including Yoga and Naturopathy at Jalgaon

1	2	3
		5. AYUSH Wellness Centres including Yoga and Naturopathy at Ahmednagar
		6. AYUSH Wellness Centres including Yoga and Naturopathy at Pune
		7. AYUSH Wellness Centres including Yoga and Naturopathy at Yavatmal
6. Madhya Pradesh		1. AYUSH Wellness Centres including Yoga and Naturopathy at Hoshangabad
		2. AYUSH Wellness Centres including Yoga and Naturopathy at Khargaon
		3. AYUSH Wellness Centres including Yoga and Naturopathy at Dhar
		4. AYUSH Wellness Centres including Yoga and Naturopathy at Ratlam
7. Odisha		AYUSH Wellness Centres including Yoga and Naturopathy at Balasore
8. Rajasthan		1. AYUSH Wellness Centres including Yoga and Naturopathy at Chittorgarh
		2. AYUSH Wellness Centres including Yoga and Naturopathy at Udaipur
		3. AYUSH Wellness Centres including Yoga and Naturopathy at Sirohi
9. Telangana		1. AYUSH Wellness Centres including Yoga and Naturopathy at Mahbubnagar
		2. AYUSH Wellness Centres including Yoga and Naturopathy at Warangal
		3. AYUSH Wellness Centres including Yoga and Naturopathy at Adilabad

SHRI ARJUN LAL MEENA: Hon. Speaker Madam, I would like to know from the hon. Minister through you that yoga and naturopathy facilities have been set up in ten States under Schedule-V in Tribal Sub-Plan areas but these centres have not been set up in Himachal Pradesh, Gujarat, Odisha and Telangana. This facility is not available here. *...(Interruptions)* I represent Udaipur Constituency of Rajasthan. Udaipur Division has six districts and five districts out of them come under TSP. *...(Interruptions)*

The hon. Minister in his reply has stated that this facility has been made available in Dungarpur, Banswada, Pratapgarh and Udaipur in Rajasthan. Whether the hon. Minister proposes to make available naturopathy, yoga and Ayurvedic medical care at SDO Headquarters.

SHRI SHRIPAD YESSO NAIK: Hon. Speaker, I have replied to the question raised by the hon. Member. *...(Interruptions)* Health is a state subject. The State Governments have to send proposals to the Union Government under the Annual Plan of National Ayush Mission. We have started work after sanctioning those proposals which we have received from the State Governments. *...(Interruptions)* I urge the hon. Member that Himachal Pradesh, Gujarat, Odisha and Telangana, where this facility is not available, those State Governments should send proposals to us. *...(Interruptions)* We will help in giving approval those after including them in the Annual Plan. *...(Interruptions)*

SHRI ARJUN LAL MEENA: Madam Speaker, I am thankful to the hon. Minister. The former Chief Minister of Rajasthan Smt. Vasundra Raje had urged to promote Ayurvedic medical facility in the TSP area of Southern Rajasthan and the Union Government have set up those centres. *...(Interruptions)*

Madam, I would like to know from the hon. Minister whether setting up of a special training centre is proposed for the people of TSP areas of Rajasthan. *...(Interruptions)*

SHRI SHRIPAD YESSO NAIK: Madam, Yoga, Ayurveda, Unani, Homeopathy, Siddha systems of medicine come under National AYUSH Mission. We have enough funds for National AYUSH Mission. *...(Interruptions)* The State Governments demand for five bedded hospitals under this mission and we have started more than 50 hospitals in all the States. *...(Interruptions)* There is a partnership of 60:40 ratio with the State Governments under AYUSH Mission. We set up hospitals under it. *...(Interruptions)*

I urge the hon. Member that if any such facility is not available in his State, a proposal to set up 50 bedded hospital or AYUSH wellness centre or Yoga wellness centre under AYUSH Mission should be sent to us. We will approve it. *...(Interruptions)*

SHRI DADDAN MISHRA: Uttar Pradesh besides being the largest State is also the third biggest State in the world. *...(Interruptions)* Ayurveda is our ancient skill and our Government is committed to promote Ayurveda in Uttar Pradesh, but there is no University of AYUSH in Uttar Pradesh.

WRITTEN ANSWERS TO QUESTIONS

[English]

Health Report

*162. SHRI G. HARI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a comprehensive health report has been prepared by the joint initiative of the Indian Council of Medical Research (ICMR), Public Health Foundation of India (PHFI) and Institute for Health Metrics and Evaluation (IHME), in collaboration with the Ministry of Health and Family Welfare and experts/ stakeholders associated with over 100 institutions;

(b) if so, the details thereof;

(c) whether the insights provided by these findings have been utilized for the planning of Ayushman Bharat—the National Health Protection Mission; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) Yes.

(b) The Indian Council of Medical Research (ICMR), under the aegis of Ministry of Health & Family Welfare, released the report "India: Health of the Nation's States - The India State - Level Disease Burden Initiative" in November 2017 and is available on the website of the Indian Council of Medical Research. The report primarily dealt with the burden of diseases in different States of India and associated risk factors. Some of the major findings of the report are as follows:

(i) Life expectancy at birth improved in India from 59.7 years in 1990 to 70.3 years in 2016 for females, and from 58.3 years to 66.9 years for males.

- (II) Of the total disease burden in India measured as Disability Adjusted Life Years (DALYs), 61% was due to communicable, maternal, neonatal, and nutritional diseases in 1990, which dropped to 33% in 2016;

There was a corresponding increase in the contribution of non-communicable diseases from 30% of the total disease burden in 1990 to 55% in 2016, and of injuries from 9% to 12%;

- (III) Among the leading non-communicable diseases, the largest disease burden was from the following top three causes:
- (i) Ischaemic Heart disease (IHD)
 - (ii) Chronic Obstructive Pulmonary Disease (COPD)
 - (iii) Stroke

(c) and (d) While planning the Ayushman Bharat - Pradhan Mantri Jan Arogya Yojna (earlier known as National Health Protection Mission), the insights provided by the findings of various studies including the above mention report were utilized. The packages include treatment for those disease condition that contribute to high Disability Adjusted Life Years (DALYs).

[Translation]

Trans Fat

*163. SHRI SATYAPAL SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether trans fat consumed by the body through food stuff increases the risk of heart attack 23 per cent more than normal cases and causes blockage in the arteries and if so, the details thereof;

(b) whether the Food Safety and Standards Authority of India (FSSAI) has taken any strict steps to check trans fat in food items and if so, the details thereof;

(c) the details of the main causes of rapid spread of cancer; and

(d) the effective steps taken by the Government to prevent/control the same?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) The studies demonstrate that increased Trans Fatty Acids (TFA) consumption is associated with adverse health impact, particularly Cardio Vascular Diseases.

(b) As informed by Food Safety and Standards Authority of India (FSSAI), it has been taking steps to reduce trans fats. FSSAI has notified Trans Fatty Acid (TFA) content limit of 5% by weight for vanaspati, bakery-shortening, bakery and industrial margarine and interesterified vegetable fat. FSSAI has also notified requirement of declaration of class title (name of vegetable oil or type of vegetable fat), TFA content and saturated fat content on label of oil and fats and products in which these are used as ingredients. Food Safety and Standards (Advertising and Claims) Regulation 2018, which has been notified on 19th November, 2018 prescribes that a health claim of 'trans-fat free' may be made in cases where the trans-fat is less than 0.2 grams per 100 g or 100 ml of food.

(c) and (d) Cancer is a Multifactorial disease, the risk factors of which, inter alia, include ageing population, sedentary life style, use of tobacco products, unhealthy diet and air pollution.

Central Government supplements the efforts of the State Governments for improving healthcare including prevention, diagnosis and treatment of Cancer. The objectives of National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) being implemented under National Health Mission (NHM) for interventions upto district level include awareness generation for Cancer prevention, screening, early detection and referral to an appropriate level institution for treatment. The focus is on three types of cancer namely breast, cervical and oral cancer.

A population level initiative for prevention, control and screening for common Non-Communicable Diseases (diabetes, hypertension and cancer viz. oral, breast and cervical cancer) has been rolled out in more than 200 districts of the country under NHM. As a part of comprehensive primary healthcare, Ayushman Bharat, NCD service delivery is one of important packages in Health and Wellness Centers.

National Cancer Institute (NCI) at Jhajjar in Haryana and Second campus of Chittaranjan National Cancer Institute (CNCI), Kolkata are also approved. The Government of India is implementing Strengthening of Tertiary Cancer Care facility scheme of NPCDCS under which support is provided for setting up of State Cancer Institutes (SCIs) and Tertiary Cancer Care Centres (TCCCs) in the country. All these will enhance the capacity for prevention and treatment of cancer in the country.

[English]

Functionality of Newly Set up AIIMS Departments

*164.DR. HEENA VIJAYKUMAR GAVIT:
SHRI DHANANJAY MAHADIK:

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

(a) whether the Government has conducted any assessment regarding functionality of departments under newly established AIIMS during the last four years, if so, the details thereof and if not, the reasons therefor;

(b) whether it is a fact that out of 42 departments in the new AIIMS, 6 to 14 speciality and super-speciality departments have not become functional, if so, the reasons therefor;

(c) the time by which the Government proposes to make all the departments fully functional, institution-wise;

(d) the details of the steps taken/being taken by the Government to ensure full functionality of all departments under the six new AIIMS, State/UT and year-wise since 2014; and

(e) the details of the percentage of healthcare budget spent on ensuring proper functioning of all departments in Government hospitals, State/UT and year-wise since 2014?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) The Ministry has been reviewing the functioning of the departments in the functional new AIIMS on regular basis.

(b) No. Out of the 42 Departments in the functional new AIIMS, 0 to 7 Specialty and Super-specialty departments have not become functional. The main reason for non-functioning of Specialties / Super Specialties is non-availability of faculty in the concerned Specialties / Super-specialties.

(c) All sanctioned Specialties and Super-Specialties are expected to be functional in all the functional AIIMS by June, 2019.

(d) The steps taken by the Government to ensure full functionality of all Departments under the six new AIIMS are as below:-

(i) A Central Institute Body has been created and empowered to take common policy decisions

concerning all AIIMS to bring uniformity in policies across all AIIMS and to facilitate effective Governance of the AIIMS.

(ii) To facilitate expeditious filling up of vacancies, standing HR Committees have been constituted for each of the aforesaid six AIIMS.

(iii) Recruitment exercises are being held regularly in all the six AIIMS.

(iv) System of walk-in-interview for engagement of faculty on contract basis has also been introduced.

(v) The upper age limits for direct recruitment against the posts of Professor and Additional Professor in the six AIIMS have been raised from the present 50 years to 58 years. This will make available experienced willing faculty of various Government Medical Colleges.

(vi) Filling up of vacant faculty posts in the new AIIMS by taking serving Faculty from Government Medical Colleges / Institutes on deputation basis has also been allowed.

(vii) Contractual engagement of retired faculty of Government Medical Colleges / Institutes has also been allowed to meet the shortage of Faculty in the six new AIIMS.

(viii) Visiting Faculty scheme in new AIIMS has been formulated to allow national and international faculty to work in new AIIMS for teaching and academic purposes.

(ix) Overseas citizens of India have been allowed to join as teaching faculty in new AIIMS.

(e) Health is a State subject. Hence, exhaustive data regarding percentage of healthcare budget spent in functioning of departments of all Government Hospitals State / UT wise is not available with the Ministry.

One-Stop-Centres

165. SHRI JYOTIRADITYA M. SCINDIA:
KUMARI SUSHMITA DEV:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) the number of One-Stop- Centres (OSCs) intended to support women affected by violence, proposed

under the Nirbhaya Fund scheme which have been set up till date since April, 2015;

(b) whether the National Commission for Women (NCW) has conducted any nation-wide survey of implementation of women centric Central Government schemes across the country and if so, the details thereof;

(c) the number of districts in which OSCs have been set up and the manner in which these centres are functioning; and

(d) the time by which OSCs are likely to be set up in each district of the country?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) Till date a total of 234 One-Stop-Centres (OSCs) intended to support women affected by violence, proposed under the Nirbhaya Fund scheme, have been set up since April, 2015;

(b) The National Commission for Women (NCW) has not conducted any nation-wide survey of implementation of women centric central government scheme across the country;

(c) OSCs have been set up in 234 districts till now. These OSCs provide integrated support and assistance under one roof by facilitating immediate emergency and non-emergency access to a range of services including medical help, police facilitation, legal and psychological counselling and temporary shelter to women affected by violence;

(d) OSCs are being set up in a phased manner in all the districts of the country. So far, the Ministry of Women and Child Development of the Govt. of India has given approval to State Governments and Union Territory administrations for setting up 654 One-Stop-Centres. Also, the Hon'ble Supreme Court of India has directed on 11th December, 2018 that all the States/ Union Territories should set up at least one OSC in every district within one year from the date of judgment.

Cutting of Trees

*166. SHRI BALBHADRA MAJHI:
SHRI VIJAY KUMAR HANSDAK:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether there are no fruitful results in stopping the menace of cutting of trees in spite of strict provision

laid down in this regard, if so, the details thereof and the reasons therefor;

(b) whether any study has been conducted to ascertain the reasons for failure in this regard in spite of increase in plantation of trees, if so, the details and the outcome thereof;

(c) whether data about cutting down of trees and violation of norms in this regard is not available with the Union Government, if so, the reasons therefor and the reaction of the Government thereto;

(d) the basis on which the Government formulates forest policies in the absence of such data; and

(e) the remedial steps taken by the Government in this regard?

THE MINISTER OF SCIENCE AND TECHNOLOGY, MINISTER OF EARTH SCIENCES AND MINISTER OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. HARSH VARDHAN): (a) Protection and management of trees is primarily the responsibility of State /Union Territory Governments. There are strong legal frameworks for protection and management of tree resources of the country which include the National Forest Policy, 1988, Indian Forest Act, 1927, Forest (Conservation) Act, 1980, Wildlife (Protection) Act, 1972 and State Forest Acts/State Specific Tree Preservation Acts and Rules, etc. The State /UT Government take appropriate actions in accordance with the provisions made under these acts/ rules for regulating felling of trees.

(b) No such study has been conducted in this regard. However, the Forest survey of India, Dehradun an institution under the MoEF&CC carries out the assessment of forest cover of the country biennially and the findings are published in India State of Forest Report (ISFR). As per the latest report i.e. ISFR-2017, the total forest and tree cover in the country is 8,02,088 square kilometers which is 24.39 per cent of the geographical area of the country. There is an increase of 8021 square kilometers of total forest and tree cover compared to that of ISFR-2015.

(c) The implementation of various Acts, Rules and regulation, to check illegal tree felling is the responsibility of the concerned State/UT Governments. The data regarding cutting of trees is not maintained by the Ministry.

(d) and (e) National Forest policy is meant for giving a broader policy framework regarding management of

forests and wildlife in the country. Forest Policy is not specifically meant only for protection of trees. Protection of trees and forests is only a part of forest management. The existing National Forest Policy, 1988 envisages that one-third of geographical area of the country should be under forest or tree cover. At present, 24.39 per cent of the geographical area of the country is under forest and tree cover. The balance nine percent can be achieved through taking up plantation/afforestation outside the forests on both government and private land including restocking of natural forests and also by increasing forest and tree cover by raising new mixed plantation.

A new national forest policy 2018 has been proposed which proposes sustainable management of forests and management of trees outside forests. A National Forest Ecosystem Management Information system will also be developed to ensure a regular flow of reliable data from the States and other sources and making it available in the public domain. This will be helpful for scientific planning and management of forests.

Deactivation of DIN

*167. SHRI C. GOPALAKRISHNAN: Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether the Government has deactivated a number of Director Identification Numbers (DINs) after the expiry date of filing of DIR-3 KYC and if so, the details thereof; and

(b) the details of other action to be taken against those non-filing DIR-3 KYC for their non-compliance along with the remedial measures taken for reactivation of DIN?

THE MINISTER OF FINANCE AND MINISTER OF CORPORATE AFFAIRS (SHRI ARUN JAITLEY): (a) Yes Madam. As on 30th November, 2018 16,71,167 DIN holders were deactivated due to non filing of KYC.

(b) As per Rule 11(2) of the Companies (Appointment & Qualification of Directors) fourth Amendment Rules, 2018 the DIN of the individual who does not file e-form DIR-3 KYC within stipulated time will be deactivated and as per Rule 11(3) in the Companies (Appointment & Qualification of Directors) fourth Amendment Rules, 2018 "The de-activated DIN shall be re-activated only after e-form DIR-3 KYC is filed along with fee as prescribed under the Companies (Registration Offices and Fees) Rules, 2014". After the extended deadline of 05th October, and upto 15th December 2018 8000 DINs have been Re-activated after filing e-form DIR-3

KYC. The DIN holder whose DIN is de-activated will not be able to file any e-forms in MCA21 portal. The KYC drive for professionals (Chartered Accountants, Company Secretaries and Cost Accountants) and Companies will also be commenced shortly.

External Commercial Borrowings

*168. SHRI J.J.T. NATTERJEE: Will the Minister of FINANCE be pleased to state:

(a) whether the Government has recently liberalized norms governing External Commercial Borrowings (ECBs) for infrastructure creation;

(b) if so, the details thereof;

(c) whether the move comes amid concerns surrounding availability of funds following liquidity squeeze and the difficulties being faced by non-bank lenders, especially those facing asset liability issues due to heavy reliance on short-term funding for long-term assets; and

(d) if so, the details thereof?

THE MINISTER OF FINANCE AND MINISTER OF CORPORATE AFFAIRS (SHRI ARUN JAITLEY): (a) and (b) Yes Madam. Reserve Bank of India (RBI), in consultation with Government of India (GoI), has liberalised External Commercial Borrowing (ECB) norms for infrastructure sector. The specific measures taken are:-

(i) The minimum average maturity requirement for ECB raised by companies in infrastructure sector has been reduced from 5 years to 3 years irrespective of the amount of borrowing.

(ii) The minimum average maturity requirement has been reduced from extant 10 years to 5 years for mandatory hedging provision applicable to ECB raised by eligible corporates from infrastructure sector.

(iii) For the ECB raised with minimum average maturity period of 3 to 5 years for infrastructure, it has been stipulated that, the corporates will have to meet 70% mandatory hedging requirement instead of earlier 100%.

(c) and (d) No Madam. Liberalisation of ECB norms for infrastructure is not related to concerns surrounding availability of funds following liquidity squeeze experienced since September and consequential difficulties faced by many non-bank lenders.

Pradhan Mantri Jan-Dan Yojana

*169. SHRI GEORGE BAKER:

SHRI FEROZE VARUN GANDHI:

Will the Minister of FINANCE be pleased to state:

(a) the salient features of the Pradhan Mantri Jan-Dhan Yojana (PMJDY);

(b) the number of accounts opened under this Yojana so far specially in far flung areas. State/UT-wise;

(c) the details of targets set and achievements made, funds allocated/ utilized, number of families benefited under this Yojana since its inception, the number of accounts having no transactions along with the details of limit of overdraft of its account holders and their age limit, State/UT-wise;

(d) whether the Government is planning to change their overdraft limit with their age limit and extend the facilities of the Yojana to all Direct Benefit Transfer account holders, making it open-ended, if so, the details thereof and the reasons therefor; and

(e) the time by which it is likely to be implemented?

THE MINISTER OF FINANCE AND MINISTER OF CORPORATE AFFAIRS (SHRI ARUN JAITLEY): (a) to (e) The salient features of Pradhan Mantri Jan Dhan Yojana (PMJDY), launched initially for a period of 4 years (in two phases) on 28th August 2014, are as under:

- (i) Universal access to banking facilities for all households across the country through a bank branch or a fixed point Business Correspondent (BC) within a reasonable distance with atleast one Basic Bank Account along with RuPay Debit card having an in-built accident insurance cover of Rs.1 lakh.
- (ii) An overdraft facility upto Rs.5000/- after satisfactory operation in the account for 6 months.
- (iii) A life cover of Rs.30,000/- to those beneficiaries who opened their accounts for the first time from 15.08.2014 to 31.01.2015.
- (iv) Financial literacy programme which aims to take financial literacy upto village level.
- (v) Expanding Direct Benefit Transfer (DBT) under various Government Schemes through bank accounts of the beneficiaries.

(vi) Providing micro-insurance to the people.

(vii) Unorganised sector Pension schemes through the Business Correspondents.

With a view to further consolidate the gains made through financial inclusion initiatives of the Government during the first two phases, PMJDY has been extended beyond 28.8.2018 with the focus for opening of accounts shifting from "every household" to "every unbanked adult", with following modifications:

- (i) Accidental insurance cover for new RuPay card issued in respect of PMJDY accounts opened after 28.8.2018 raised from existing Rs.1 lakh to Rs. 2 lakh.
- (ii) Existing Overdraft (OD) limit revised from Rs. 5,000 to Rs. 10,000, with no conditions attached for OD upto Rs. 2,000.
- (iii) Age limit for availing OD facility revised from 18-60 years to 18-65 years.

60% of OD availed under PMJDY are eligible to be covered under Credit Guarantee Fund for Micro Units (CGFMU).

The initial estimated target under PMJDY was to cover 6 crore uncovered rural households and 1.5 crore uncovered urban households with at least one Jan-Dhan account.

As on 12.12.2018, a total of 33.55 crore accounts have been opened under PMJDY. out of which 19.86 crore accounts are in rural areas. State/ UT-wise position of accounts opened under PMJDY, number of operative PMJDY accounts (i.e. accounts having atleast one customer induced transaction during last two years) is enclosed as Statement.

As on 07.12.2018, 65.47 lakh, accounts have been sanctioned OD facility, of which 30.75 lakh account-holders have availed this facility involving an amount of Rs. 340.19 crore. State-wise details of PMJDY account holders availing OD and their age limit is not centrally maintained.

All PMJDY account holders, including those receiving DBT are eligible for availing overdraft facility. The eligibility conditions for availing OD under PMJDY, inter alia, include that the account should be active with regular credit, which could be from Direct Benefit Transfer (DBT) or from other source.

Statement*State-wise progress under Pradhanmantri Jan-Dhan Yojana as on 12.12.2018*

Sl. No.	State Name	Beneficiaries at rural/semi-urban centre bank branches	Beneficiaries at urban/metro centre bank branches	Total Beneficiaries	Balance in beneficiary accounts (in crore)	No of operative PMJDY accounts
1	2	3	4	5	6	7
1	Andaman and Nicobar Islands	36,104	15,171	51,275	23.13	33,244
2	Andhra Pradesh	46,38,530	46,44,966	92,83,496	1,628.35	74,57,025
3	Arunachal pradesh	1,65,783	1,08,009	2,73,792	85.7	2,32,286
4	Assam	1,08,58,977	33,96,426	1,42,55,403	2,969.24	1,27,44,253
5	Bihar	2,36,35,092	1,38,93,707	3,75,28,799	8,417.25	3,04,94,901
6	Chandigarh	40,712	1,92,015	2,32,727	96.92	1,74,184
7	Chhattisgarh	88,73,190	48,64,369	1,37,37,559	2,619.28	1,12,53,473
8	Dadra and Nagar Haveli	88,655	18,162	1,06,817	43.99	71,460
9	Daman and Diu	21,918	25,489	47,407	19.02	34,801
10	Delhi	4,96,506	36,82,130	41,78,636	1,608.53	31,21,105
11	Goa	1,07,758	44,211	1,51,969	86.26	1,07,631
12	Gujarat	68,03,659	60,77,939	1,28,81,598	3,676.32	77,62,921
13	Haryana	34,52,651	31,89,951	66,42,602	2,695.35	52,14,715
14	Himachal Pradesh	8,69,494	1,31,336	10,00,830	509.37	8,12,236
15	Jammu and Kashmir	17,30,775	3,09,473	20,40,248	855.01	12,90,138
16	Jharkhand	87,03,469	32,40,039	1,19,43,508	2,668.97	94,08,731
17	Karnataka	67,60,311	57,69,944	1,25,30,255	2,862.93	1,01,99,386
18	Kerala	16,52,796	19,14,726	35,67,522	1,098.07	26,91,260
19	Lakshadweep	4,419	686	5,105	8.79	3,779
20	Madhya Pradesh	1,42,59,669	1,52,23,560	2,94,83,229	4,325.45	2,27,15,873
21	Maharashtra	1,15,29,984	1,20,87,000	2,36,16,984	5,035.36	1,77,54,634

1	2	3	4	5	6	7
22	Manipur	3,81,304	4,98,643	8,79,947	191.36	7,52,930
23	Meghalaya	3,91,754	70,514	4,62,268	216.69	4,01,776
24	Mizoram	1,12,339	1,84,424	2,96,763	81.21	2,27,667
25	Nagaland	1,10,444	1,43,254	2,53,698	45.71	1,88,903
26	Odisha	97,62,788	36,14,244	1,33,77,032	3,759.58	1,05,37,301
27	Puducherry	64,767	75,677	1,40,444	36.92	1,14,884
28	Punjab	35,00,569	26,28,553	61,29,122	2,361.21	47,12,434
29	Rajasthan	1,43,66,124	94,66,129	2,38,32,253	6,360.92	1,63,24,277
30	Sikkim	68,252	23,131	91,383	32.71	68,037
31	Tamil nadu	43,48,330	49,69,130	93,17,460	1,620.67	71,23,635
32	Telangana	47,78,396	45,46,444	93,24,840	1,469.81	65,14,475
33	Tripura	6,16,639	2,40,081	8,56,720	653	8,00,726
34	Uttar pradesh	3,13,80,966	2,06,35,682	5,20,16,648	14,882.64	3,57,57,321
35	Uttarakhand	14,71,059	8,75,498	23,46,557	978.61	16,47,352
36	West Bengal	2,24,98,335	1,01,09,584	3,26,07,919	11,470.37	2,81,79,711
Total		19,85,82,518	13,69,10,297	33,54,92,815	85,494.69	25,69,29,465

Source: Banks

Infrastructure Bank

*170. SHRI HEMANT TUKARAM GODSE: Will the Minister of FINANCE be pleased to state:

(a) the details of finance provided to the infrastructure sector by the public and private sector banks during the last four years and the current year, Sector/ Bank-wise;

(b) whether there is any proposal under consideration of the Government for setting up an infrastructure bank to cater exclusively to the infrastructure sector and if so, the details thereof; and

(c) the other steps taken/ being taken by the Government in this regard?

THE MINISTER OF FINANCE AND MINISTER OF CORPORATE AFFAIRS (SHRI ARUN JAITLEY): (a) The bank-wise data on outstanding advances to infrastructure sector (with their sub-sectors thereon) provided by public and private sector banks as at end March - 2015, March -2016, March-2017, March -2018 and Sep -2018, as obtained from Reserve Bank of India, is given in the enclosed Statement.

(b) and (c) There is no such proposal under consideration of the Government.

Statement

Bank-wise data on outstanding advances to infrastructure sector provided by Public and Private Sector banks

(Amount in Rupees crore)

Source: Off-site Returns, Domestic Operations

Bank/Bank Group Name	Industry - Infrastructure - Transport Advances Outstanding					Industry - Infrastructure - Energy - Advances Outstanding					Industry - Infrastructure - Water and Sanitation - Advances Outstanding				
	31-Mar-15	31-Mar-16	31-Mar-17	31-Mar-18	30-Sep-18	31-Mar-15	31-Mar-16	31-Mar-17	31-Mar-18	30-Sep-18	31-Mar-15	31-Mar-16	31-Mar-17	31-Mar-18	30-Sep-18
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Allahabad Bank	4,777	4,416	4,453	4,714	4,973	13,297	11,102	8,895	9,394	7,596	2	57	291	320	334
Andhra Bank	4,556	4,694	4,897	4,172	4,943	12,646	12,566	13,047	12,705	12,109	73	97	1,050	2,001	2,245
Bank of Baroda	6,766	7,697	6,069	6,808	6,028	16,982	16,241	15,262	21,046	21,446	646	1,058	612	658	657
Bank of India	10,631	11,046	10,240	9,738	9,932	33,282	29,706	29,474	28,764	32,962	9	10	9		
Bank of Maharashtra	2,935	3,556	3,400	2,343	2,608	9,471	7,644	5,123	3,702	3,652	4	13	35	47	49
Bharatiya Mahila Bank Ltd.	50	0													
Canara Bank	12,112	12,347	12,260	12,482	12,843	45,154	35,199	30,088	31,115	29,684	0	0	0	0	0
Central Bank of India	7,483	6,732	6,812	7,595	7,296	31,542	25,925	15,978	18,223	16,843	363	295	986	962	926
Corporation Bank	4,656	4,808	5,007	4,983	4,870	13,956	12,247	11,299	10,100	9,408	67	146	122	112	101
Dena Bank	0	3,392	3,322	3,950	10,648	8,325	4,357	3,624	3,268	33	31	378	842	946	
IDBI Bank Limited	12,553	12,719	13,034	12,661	11,535	20,387	22,668	22,309	23,146	21,768	184	189	193	2,346	2,952
Indian Bank	4,347	4,796	7,502	8,579	7,501	12,524	10,443	7,396	9,716	9,571	264	534	1,105	1,463	1,684
Indian Overseas Bank	8,307	8,268	8,361	8,926	8,957	12,987	12,321	11,826	12,167	7,307	2,512	2,651	2,648	0	0
Oriental Bank of Commerce	6,179	7,619	7,148	5,816	6,178	14,589	10,933	7,681	5,987	6,799	372	304	128	111	81
Punjab and Sind Bank	1,843	3,004	2,695	3,114	3,174	13,063	9,560	7,360	7,168	7,897	941	504	468	2,142	3,546
Punjab National Bank	12,459	8,370	12,799	7,973	7,941	37,434	30,555	30,148	28,072	28,551	1	49	25	196	195
Syndicate Bank	4,608	4,296	5,201	4,949	3,250	16,951	16,014	14,392	13,372	11,999	1,679				

UCO Bank	4,162	4,315	3,377	3,703	3,111	10,921	14,357	11,080	10,784	11,389	338	919	137	337	
Union Bank of India	6,357	7,049	7,829	9,150	7,255	23,736	19,526	22,120	21,876	27,480	382	780	4,664	4,974	266
United Bank of India	2,831	1,951	2,179	2,261	2,567	9,484	9,335	10,959	8,542	8,828	0				
Vijya Bank	4,770	4,349	4,297	5,324	5,236	16,237	12,672	11,418	10,643	13,604	606	950	1,974	6,342	6,525
State Bank of Bikaner and Jaipur	3,472	2,854	2,608			6,130	5,459	4,263							
State Bank of Hyderabad	4,383	4,645	2,215			7,744	8,324	3,769			0	0			
State Bank of India	22,884	18,025	16,677	33,131	45,622	1,02,343	1,05,076	1,48,302	1,69,844	1,78,901	55	2,040	158	187	219
State Bank of Mysore	1,780	1,701	1,523	5,471	5,831	1,598	3	3	3						
State Bank of Patiala	3,713	4,090	3,688	6,298	6,690	5,918	11	10	10						
State Bank of Travancore	1,476	1,562	870	4,900	3,932	1,980	40								
Public Sector Banks	1,60,040	1,54,909	1,58,531	1,61,744	1,69,771	5,08,178	4,62,700	4,56,043	4,59,989	4,71,062	6,518	10,089	15,777	22,850	22,751
Catholic Syrian Bank Ltd	13	33	55	61	117	219	92	43	86	85	1	2	27	35	
City Union Bank Limited	22	24	25	35	33	104	89	152	128	153	0	0			
Federal Bank Ltd	1,108	1,368	1,376	1,235	1,249	2,360	1,252	682	1,485	1,843	43	26	14	41	10
ING Vysya Bank Ltd															
Jammu and Kashmir Bank Ltd	621	1,414	1,385	1,319	1,295	3,016	3,065	3,404	4,091	4,186	0	0	0	0	
Karnataka Bank Ltd	467	445	297	307	353	1,460	765	1,438	2,901	2,886	14	22	37	13	44
Karur Vysya Bank Ltd	378	475	459	483	419	1,429	1,142	767	517	453	0	4	6	13	10
Lakshmi Vilas Bank Ltd	531	352	439	488	577	436	589	653	801	444	0				
Nainital Bank Ltd	79	49	131	86	96	0	0	158	16	0	0	0			
RBL Bank Limited	75	91	90	378	392	514	613	1,570	2,024	1,450	0	0	0	1	5
South Indian Bank Ltd	1,712	1,882	1,616	1,460	1,591	1,977	1,095	1,088	1,034	746	0	0	0	0	0
Tamilnad Mercantile Bank Ltd	641	814	810	606	544	1,107	1,452	904	844	804	0	0	1	1	1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
The Dhanalakshmi Bank Ltd	59	77	165	161	87	200	88	129	50	45	1	0	1	1	
Axis Bank Limited	5,467	8,553	9,207	7,632	7,373	13,306	17,378	17,236	15,557	15,571	0	0	0	0	
Bandhan Bank Limited									1						
DCB Bank Limited	0	0	1	14	254	8	0	0	26	61	60	63	64	60	58
HDFC Bank Ltd.	3,825	4,268	6,328	28,066	30,027	9,026	10,188	12,121	12,969	17,409	599	588	561	632	505
ICICI Bank Limited	11,573	12,512	13,464	9,136	9,179	15,126	17,430	22,814	24,164	27,545	311	280	124	116	128
IDFC Bank Limited	10,865	9,378	7,513	6,982	20,663	18,139	14,749	13,384	79	428	661	96			
Indusind Bank Ltd		0	0	56	1,070	2,440	3,530	2,798	4,820	6,083		0	0	0	0
Kotak Mahindra Bank Ltd	19	534	869	894	751	91	1,945	1,655	3,447	3,849		80	113	116	114
Yes Bank Ltd.	1,554	1,708	3,062	7,562	11,131	6,259	7,908	12,761	18,677	17,889	101	130	88	79	89
Private Sector Banks	28,143	45,464	49,158	67,493	73,520	59,078	89,283	98,514	1,08,368	1,14,902	1,128	1,274	1,438	1,760	1,096

Source: Data as reported by Banks to RBI

Source: Off-site Returns, Domestic Operations

Bank/Bank Group Name	Industry - Infrastructure - Communication Advances Outstanding					Industry - Infrastructure - Social and Commercial Infrastructure - Advances Outstanding					Industry - Infrastructure - Others - Advances Outstanding				
	31-Mar-15	31-Mar-16	31-Mar-17	31-Mar-18	30-Sep-18	31-Mar-15	31-Mar-16	31-Mar-17	31-Mar-18	30-Sep-18	31-Mar-15	31-Mar-16	31-Mar-17	31-Mar-18	30-Sep-18
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Allahabad Bank	1,795	1,583	1,277	57	0	569	1,864	967		0	3,892	1,917	1,483	2,474	3,029
Andhra Bank	1,354	1,091	1,703	1,704	1,971	1,353	1,346	1,490	1,666	1,530					
Bank of Baroda	4,084	4,829	3,622	4,427	5,748	728	625	146	431	470	0	2,503	2,310	687	
Bank of India	906	936	519	288	118						3,849	4,247	4,474	5,281	4,975
Bank of Maharashtra	405	825	99	591	495	0	0	0	0	0	840	1,017	1,274	1,356	970

Bharatiya Mahila Bank Ltd.						25	25	25								
Canara Bank	6,204	5,419	5,885	4,711	4,362	0	0	0	0	0	1,243	820	1,893	4,452	8,195	
Central Bank of India	2,835	2,627	2,359	2,747	2,640	1,607	2,758	2,199	2,287	2,084	185	1,181	986	967	859	
Corporation Bank	3,255	2,982	2,763	2,628	3,185	1,831	1,996	1,989	1,912	1,845						
Dena Bank	1,204	1,431	1,856	1,788	1,033	502	51	1,088	1,183	5,911	526	396	867	0		
IDBI Bank Limited	920	659	1,559	1,443	1,472	0	0	0	698	683	4,285	5,873	3,767	0	0	
Indian Bank	735	667	560	132	177	4,809	4,211	3,137	5,718	5,464	0	10,403	9,202			
Indian Overseas Bank	2,909	3,141	1,353	935	501	3,437	2,693	0	0	0	0	0	0	0	1,478	
Oriental Bank of Commerce	2,663	1,980	1,157	1,300	1,078	1,547	831	752	995	737	169					
Punjab and Sind Bank	514	14	311	703	1,009	2,136	2,398	2,392	1,852	2,998	0	0				
Punjab National Bank	5,938	3,731	4,350	3,894	2,510	7,272	2,674	3,137	3,367	3,181	538	3,183	2,418	2,568	2,491	
Syndicate Bank	2,763	3,215	2,294	1,314	1,527	41	0	1,784	1,996	1,885	2,451	2,354				
UCO Bank	2,058	2,024	1,541	1,316	1,033	1,035	1,400	423	543	0	283	1,217				
Union Bank of India	8,107	5,815	7,473	6,652	7,015	1,024	1,071	2,311	2,305	1,121	616					
United Bank of India	972	804	1,337	222	90	360	235	191	139	762	916	833	790	701		
Vijya Bank	729	552	484	419	175	1,594	2,068	3,125	5,045	4,855	438					
State Bank of Bikaner and Jaipur	442	147	168	379	353											
State Bank of Hyderabad	609	406	229	3,196	3,164	1,925										
State Bank of India	32,225	22,045	18,821	19,493	23,084	1,195	4,222	6,777	1,251	1,460	17,546	33,599	19,721	31,381	36,631	
State Bank of Mysore	1,019	745	687	513	441	562										
State Bank of Pat 1 Ala	688	695	577	772	716	698										
State Bank of Travancore	457	584	431	913	1,401	575	303	379	181							
Public Sector Banks	85,790	68,948	63,414	56,763	59,224	34,910	35,384	34,325	29,271	32,881	35,742	58,977	43,152	63,958	72,708	
Catholic Syrian Bank Ltd	1	0	1	1	108	122	19	2	64	20	51	4				

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
City Union Bank Limited	1	1	0	0	9	10	9	0							
Federal Bank Ltd	43	90	36	448	1,103	590	487	1,165	1,579	1,386	389	439	352	1,121	1,490
ING Vysya Bank Ltd											0				
Jammu and Kashmir Bank Ltd	856	1,176	1,232	1,300	1,239	0	81	73	343	337	1,428	815	658	1,135	1,693
Karnataka Bank Ltd	88	101	77	39	36	368	331	289	178	178	57	64	70	56	56
Karur Vysya Bank Ltd	50	50	12	0	0	1,566	1,682	1,719	1,774	1,522	0	0			
Lakshmi Vilas Bank Ltd	61	14	15	68	68	286	308	372	319	254	124	146	196	329	322
Nainital Bank Ltd	0	55	100	1	70	0	0	8	8	0	0	36	0		
RBL Bank Limited	153	194	462	1	20	5	37	97	299	338	50	0	0	0	
South Indian Bank Ltd	614	608	504	0	0	0	0	0	0	0	669	595	291	374	412
Tamilnad Mercantile Bank Ltd	200	200	200	0	0	25	29	29	30	29	0	0	0	0	0
The Dhanalakshmi Bank Ltd	33	21	19	17	16	233	262	257	198	177	104	12	15	19	15
Axis Bank Limited	1,024	2,330	3,256	3,834	4,176	0	0	0	0	7,658	8,059	7,488	7,149	7,865	
Bandhan Bank Limited														0	1
DCB Bank Limited	33	27	18	0	0	96	79	39	31	189					0
HDFC Bank Ltd.	4,297	6,980	14,784	14,450	21,630	4,845	6,816	8,747	7,299	8,674					
ICICI Bank Limited	2,212	3,400	1,640	3,781	4,164	2,583	2,629	3,112	3,514	4,232	0				
IDFC Bank Limited	9,458	5,388	1,864	1,548	1,455	2,502	1,598	963							
Indusind Bank Ltd	0	57	50	1,062	69	0	0	0	0	254	270	496	644	1,680	
Kotak Mahindra Bank Ltd	1	1,141	693	1,735	2,632	5	621	379	28	4	20	181	300	227	326
Yes Bank Ltd.	951	1,081	1,208	770	4,138	1,704	2,811	4,237	5,495	6,318	0	457	445	0	
Private Sector Banks	10,618	26,983	29,694	29,370	40,840	12,483	17,751	23,045	22,706	24,618	10,816	10,600	10,410	11,503	13,860

Source: Data as reported by Banks to RBI

*[Translation]***Promotion of Plantation**

*171. PROF. CHINTAMANI MALVIYA:

SHRI BODH SINGH BHAGAT:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether any special scheme is being implemented for promotion of plantation drive in the private sector, if so, the details thereof and the amount being provided to Madhya Pradesh under the said scheme;

(b) if not, the time by which a special scheme for promotion of plantation drive in the private sector is likely to be implemented;

(c) whether any special scheme is being implemented for promotion of bamboo plantation in the country; and

(d) if so, the funds being provided in this regard and if not, the reasons therefor?

THE MINISTER OF SCIENCE AND TECHNOLOGY, MINISTER OF EARTH SCIENCES AND MINISTER OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. HARSH VARDHAN): (a) and (b) No Sir. The Ministry of Environment, Forest and Climate Change does not implement any special scheme for promotion of plantation drive in the private sector at present.

(c) and (d) As informed by the Ministry of Agriculture & Farmer Welfare, the restructured National Bamboo Mission (NBM) has been launched in April, 2018 with an outlay of Rs. 1290 crores for two years under the ambit of National Mission for Sustainable Agriculture (NMSA) for addressing the complete value chain and holistic development of bamboo sector and to establish an effective linkage between producers (farmers) and industry for realizing better economic returns to the growers. The scheme is being implemented in non-forest, Government and private farmer's field and States where it has social, commercial and economical advantage. An amount of Rs.89.01 crore has been released to States/Agencies during the year 2018-19 (upto 30th November, 2018), the details of which are enclosed as Statement.

Statement

State/Agency wise details of funds released under National Bamboo Mission (NBM) during the year 2018-19*

Sl. No.	Name of the State/Agency	Amount (Rs. Lakhs)	
		Allocation	Released (as on 30-11-2018)
1.	Assam	2315.00	500.00
2.	Arunachal Pradesh	2252.00	0.00
3.	Mizoram	1895.00	950.00
4.	Sikkim	689.00	344.45
5.	Tripura	2459.00	1230.00
6.	Andhra Pradesh	1184.00	710.41
7.	Jharkhand	641.00	320.81
8.	Karnataka	1678.00	1000.00
9.	Kerala	828.00	580.00
10.	Madhya Pradesh	2123.00	1062.00
11.	Maharashtra	1994.00	1192.59
12.	Uttarakhand	1440.00	691.00
13.	ICFRE, FRI	306.00	102.05
14.	NHB-Gurugram	60.00	30.00
15.	CBTC-Guwahati	367.00	183.65
16.	IPIRTI	5.00	5.00
17.	IIFT	10.00	0.00
18.	KFRI	193.00	0.00
19.	IWST	2.00	0.00
Total		20441.00	8901.96

*: restructured National Bamboo Mission is operational from the year 2018-19

*[English]***Pradhan Mantri Jan Arogya Yojana**

*172. SHRI PRASUN BANERJEE:

SHRI CHHOTE LAL:

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

(a) the number of claims made under the Pradhan Mantri Jan Arogya Yojana (PMJAY) since it was launched. State-wise;

(b) whether some States have not yet implemented the programme, if so, the details thereof and the reasons therefor; and

(c) the present implementation status of the scheme along with the approximate number of persons benefited under the scheme, State-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) to (c) As on 16.12.2018, the total number of hospital admissions under Pradhan Mantri Jan Arogya Yojana (PMJAY) are 5,52,649. The number of claims made after discharge of beneficiaries are 4,21,474 and claims amount submitted is for Rs.548.11 crore as on 16.12.2018. The desired information is given in enclosed Statement.

The states of Odisha, Telangana and UT of Delhi have not yet signed MoU for implementation of PMJAY. States of Meghalaya, Andhra Pradesh, Rajasthan, Punjab and Kerala have signed MoU for implementation of PMJAY, however have not launched PMJAY in their States as on 16.12.2018.

Statement

State-wise total number of beneficiaries admitted and claims submitted under AB-PMJAY (as on 16.12.2018)

Sl. No.	State	EJeneficiaries Admitted in Hospital	number of Claims Submitted	Claims Submitted Amount
1	2	3	4	5
1	Andaman and Nicobar Islands	3	0	0
2	Arunachal Pradesh	0	0	0
3	Assam	4,875	2,073	3,20,85,337
4	Bihar	3,375	2,671	2,21,31,014
5	Chandigarh	93	67	6,64,151
6	Chhattisgarh	94,310	82,350	53,75,93,112
7	Dadra and Nagar Haveli	822	768	2106,201

1	2	3	4	5
8	Daman and Diu	164	100	5,24,688
9	Goa	2,827	1,814	6,58,30,297
10	Gujarat	1,13,508	74,356	1,17,13,67,126
11	Haryana	2,240	1,818	2,39,59,837
12	Himachal Pradesh	1,912	822	89,00,649
13	Jammu and Kashmir	48	11	81,121
14	Jharkhand	18,002	15,168	15,07,39,951
15	Karnataka	52,860	42,871	87,92,12,361
16	Kerala (implementing RSBY) to be subsumed with PMJAY	1,01,070	63,827	26,95,90,014
17	Lakshadweep	0	0	0
18	Madhya Pradesh	11,982	7,689	5,77,80,111
19	Maharashtra	40,300	35,010	82,24,30,601
20	Manipur	511	322	49,51,139
21	Mizoram	1,844	1,342	93,56,982
22	Nagaland	70	66	5,91,862
23	Puducherry	0	0	0
24	Sikkim	6	4	73,928
25	Tamil Nadu	76,442	68,082	1,22,91,53,718
26	Tripura	925	678	35,85,795
27	Uttar Pradesh	10,320	8,441	8,33,29,018
28	Uttarakhand	496	380	36,34,637
29	West Bengal	13,257	10,521	9,28,40,814
30	NHA Empanelled Hospitals	387	223	85,74,900
Total		5,52,649	4,21,474	5,48,10,89,364

Quality of Medicines

*173. SHRI BHEEMRAO B. PATIL:
SHRI A.T. NANA PATIL:

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

(a) whether the Government has conducted any survey to look into the quality aspects of medicines being distributed in the Government hospitals and dispensaries;

(b) if so, the details and the outcome thereof;

(c) the percentage of poor quality medicines being sold in the market in comparison with the percentage of such medicines being given in Government hospitals and dispensaries;

(d) the reasons for a large quantity of medicines available in Government hospitals and dispensaries being of poor quality as compared to private chemist shops and private hospitals; and

(e) whether the Government has taken any action in this regard and if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) to (c) A nation-wide survey (2014-16) was conducted to assess the extent of Not of Standard Quality (NSQ)/Spurious drugs. Out of a total 47012 drug samples drawn from both government and private sources, the estimated percentage of NSQ and spurious drugs from retail outlets was 3% and 0.023% respectively, while that from Government sources was 10.02% and 0.059% respectively.

(d) In some of the States, the percentage of NSQ drugs is much higher than the National average which points to certain deficiencies in the existing procurement processes. Lack of uniform levels of enforcement may be leading to difference in the extent of NSQ in retail outlets and Government supply chain in different States/UTs. However, in so far as the drugs procured by the Hospitals under the purview of Central Government and those procured by the Medical Store Organization (MSO) are concerned, stringent quality control procedures are in place to ensure the quality of drugs being procured.

(e) The report has been shared with all the State Governments and Union Territories Administrations and they have been requested to take urgent remedial measures to improve the quality of drugs in the country including by way of taking legal samples of the same batches of drugs as were declared NSQ, for testing.

[*Translation*]

Online Pharmacies

*174. SHRI RAJ VICHARE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government proposes to ban online pharmacies or formulate stringent rules for them;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) to (c) The Government has published draft rules vide G.S.R. 817 (E) dated 28th Aug 2018 for inviting comments from public/stakeholders for amendment to the Drugs and Cosmetics Rules, 1945 for incorporating provisions relating to regulation of sale and distribution of drugs through e-pharmacy.

The draft rules contain provisions for registration of e-pharmacy, periodic inspection of e-pharmacy, procedure for distribution or sale of drugs through e-pharmacy, prohibition of advertisement of drugs through e-pharmacy, complaint redressal mechanism, monitoring of e-pharmacy, etc.

Alleged Harassment by GST Personnel

*175. SHRI KAUSHALENDRA KUMAR: Will the Minister of FINANCE be pleased to state:

(a) whether the Government is aware that businessmen are being harassed regularly by the Goods and Services Tax (GST) personnel over phone that GST has not been filed by them, even if they file it regularly and if so, the details thereof;

(b) whether GST number is automatically blocked in case GST is not filed regularly;

(c) if so, the justification for harassing the businessmen over the phone;

(d) whether Government proposes to make provision for quarterly filing of GSTR-1 by Micro, Small and Medium Enterprises (MSMEs) entrepreneurs and if so, the details thereof; and

(e) whether the MSME entrepreneurs have to bear financial burden for filing GSTR-1 monthly and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) No Madam.

(b) and (c) No Madam. The GST Identification Number (GSTIN) is not automatically blocked in case of irregular filing of GST return.

(d) Yes Madam, The Goods and Service Tax Council (GSTC) in its 28th meeting held on 21st July, 2018 had recommended furnishing of quarterly return with monthly payment of taxes for taxpayers having annual aggregate turnover up to five crore rupees in the previous Financial Year. Further, one of the key features of the draft version of the new GST return system is that small taxpayers would have the option to file one of the three simplified forms, namely - Quarterly return, Sahaj or Sugam. The quarterly return for small taxpayers shall have lesser data fields and compliance requirements compared to the monthly return.

(e) No Madam. There is no additional cost associated with filing of monthly return in FORM GSTR-1. Further, the Government, on the recommendations of the GST Council meeting in its 22nd meeting held on 6th October, 2017, provided for quarterly furnishing of the details of outward supplies in FORM GSTR-1 by taxpayers having aggregate turnover of up to 1.5 crore rupees in the preceding financial year or the current financial year vide notification No. 57/2017 - Central Tax dated 15th November, 2017. Moreover, in order to facilitate taxpayers, including MSME entrepreneurs, the due dates for furnishing the details in FORM GSTR-1 for the period from July, 2017 to September, 2018 was extended till 31st October, 2018 vide notifications No. 43/2018 - Central Tax and No.44/2018 - Central Tax, both dated 10th September, 2018, thereby waiving of the late fees payable on account of delayed filing of the said details for the said period.

[English]

Recruitment Rules for Physiotherapists

*176.DR. K. KAMARAJ:

DR. TAPAS MANDAL:

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

(a) the recommended number of physiotherapists per thousand population along with the number of physiotherapists employed in the Ministry including allied offices and autonomous organizations;

(b) whether uniform recruitment rule/ procedure is being adopted for the recruitment of physiotherapists and

if so, the details thereof indicating the salient features of these rules; and

(c) the details of the recommendations of the Seventh Pay Commission with respect to physiotherapists and the pay scale given by the Ministry at the entry level presently?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) As per available information, norms regarding physiotherapists per thousand population have not been recommended. In so far as Central Government Hospitals in Delhi i.e. Safdarjung Hospital, Dr. Ram Manohar Lohia (RML) Hospital and Lady Hardinge Medical College & Associated Hospitals (LHMC) are concerned, the details regarding sanctioned strength/ Physiotherapist in-position are as under:

Hospital	Sanctioned Strength	In-position
Safdarjung Hospital	44	29
Dr. RML Hospital	14	14
LHMC KSCH	06	05
SSKH	01	-

As far as All India Institute of Medical Sciences (AIIMS), New Delhi is concerned, there are 62 incumbents in the cadre of Physiotherapy/Occupational Therapy. Further, National Institute of Tuberculosis & Respiratory Diseases (NITRD), New Delhi has informed that there is only one physiotherapist in this Institute.

(b) The major uniform fields in the Recruitment Rules (RR's) for the post of 'Physiotherapist' which is a General Central Service, Group B, Non-Gazetted/Non-Ministerial post in the Central Government hospitals like Safdarjung hospital and Dr. RML hospital are as under:-

- **Method of Recruitment:** Direct Recruitment.
- **Essential qualification:** Bachelor's degree in Physiotherapy from a recognised University. Two years practical experience in Physiotherapy from a Government Hospital or Private hospital with at least 100 beds.
- **Period of Probation:** Two years

So far as Kalawati Saran Children Hospital (KSCH) is concerned, the post of physiotherapist is a Group-'C' post and the required education qualification as per RR is either Degree or Diploma.

(c) The Seventh Central Pay Commission (7th CPC) in its report has noted that Physiotherapy is an important field and that there is a need to attract talented professionals to this critical healthcare segment and has recommended replacement pay levels for Physiotherapist. The Commission further observed that the entry level qualification for Physiotherapist has been revised by the Government recently from existing Diploma in Physiotherapists to bachelor Degree in Physiotherapy with two years practical experience with a desirable qualification of Masters in Physiotherapy. In this backdrop, the Commission has recommended that the administrative Ministry should undertake a holistic cadre restructuring of physiotherapist.

The entry level pay scale of 'Physiotherapist' working in Central Government Hospitals i.e. Safdarjung Hospital, Dr. Ram Manohar Lohia Hospital, Kalawati Saran Children Hospital and AIIMS, New Delhi is Rs. 35,400-1,12,400 (Level-6) as per 7th CPC.

Banking Frauds

*177. SHRI KAMAL NATH: Will the Minister of FINANCE be pleased to state:

(a) whether the Government is aware that banking frauds have increased by 20 per cent in the past two years;

(b) if so, the details thereof;

(c) whether the Government has asked banks to enhance their fraud risk management framework and in spite of that the incidents of frauds have increased; and

(d) if so, the details thereof and the steps the Government/banks propose to take to remove the security gaps and ensure proper check on banking frauds?

THE MINISTER OF FINANCE AND MINISTER OF CORPORATE AFFAIRS (SHRI ARUN JAITLEY): (a) to (d) Reserve Bank of India (RBI) monitors frauds reported by banks, in terms of its Master Directions on Frauds — Classification and Reporting, which requires banks to furnish Fraud Monitoring Return (FMR) in individual fraud cases to RBI electronically within three weeks from the date of detection.

It may be noted that fraud data reported to RBI is by the year of reporting and not the year of occurrence of the fraud or sanction of loan, Letter of Undertaking (LoU), etc., which may be of an earlier period. As a result, it is not possible from this data to arrive at year-wise

increase in banking frauds. However, RBI data as per the year of reporting by banks in respect of the number of frauds involving amount of Rs. 1 lakh and above is enclosed as Statement.

A number of steps have been taken to enhance the fraud risk management framework of the banks and to ensure proper check on banking frauds, including, inter alia, the following:

- (1) Government has issued "Framework for timely detection, reporting, investigation etc. relating to large value bank frauds" to PSBs, which provides, inter-alia, that—
 - (i) all accounts exceeding Rs. 50 crore, if classified as Non-Performing Assets (NPAs), be examined by banks from the angle of possible fraud, and a report placed before the bank's Committee for Review of NPAs on the findings of this investigation;
 - (ii) examination be initiated for wilful default immediately upon reporting fraud to RBI; and
 - (iii) report on the borrower be sought from the Central Economic Intelligence Bureau in case an account turns NPA.
- (2) Fugitive Economic Offenders Act, 2018 has been enacted to deter economic offenders from evading the process of Indian law by remaining outside the jurisdiction of Indian courts. It provides for attachment of property of a fugitive economic offender, confiscation of such offender's property and disentitlement of the offender from defending any civil claim.
- (3) Central Fraud Registry (CFR), based on Fraud Monitoring Returns filed by banks and select financial institutions, has been set up by RBI as a searchable online central database for use by banks.
- (4) For enforcement of auditing standards and ensuring the quality of audits, Government has established the National Financial Reporting Authority as an independent regulator.
- (5) For management of fraud risk and to direct the focus of banks to early detection of loan frauds, prompt reporting to RBI and investigative

agencies and timely initiation of staff accountability proceedings, RBI has issued a framework for dealing with loan frauds and Red Flagged Accounts (RFA), with timelines for actions incumbent on banks, for dealing with loan frauds of Rs. 50 crore and above, requiring banks to classify potential fraud accounts as RFAs based on observation/evaluation of Early Warning Signals noticed. The red flagging is done on an information technology platform where all banks report large exposure to entities/individuals so that other banks can be forewarned about fraud risk.

- (6) RBI has issued a circular to all banks in February 2018 to implement security and operational controls such as straight-through process between the Core Banking Solutions / accounting system and the SWIFT messaging system, enable time-based restrictions in SWIFT, review logs at regular intervals, undertake reconciliation, etc. in a time-bound manner.
- (7) RBI has instructed banks to report deficient third party services (such as legal search reports, property valuers' reports etc.) and ineffective action against collusion of these providers with fraudsters to the Indian Banks' Association, which maintains a caution list of such service providers.
- (8) Instructions / advisories have been issued—
- (i) by Government to PSBs to decide on publishing photographs of wilful defaulters, in terms of RBI's instructions and as per their Board-approved policy,

- (ii) by Government to PSBs to obtain certified copy of the passport of the promoters/directors and other authorised signatories of companies availing loan facilities of more than Rs. 50 crore,
- (iii) by RBI to Scheduled Commercial Banks to implement RBI guidelines to prevent skimming of ATM/debit/credit cards,
- (iv) by RBI to Scheduled Commercial Banks to ensure legal audit of title documents in respect of large value loan accounts, and
- (v) by RBI to Scheduled Commercial Banks to strictly ensure rotational transfer of officials/employees.

- (9) As per inputs received from PSBs, banks have adopted, inter alia, the following fraud mitigating practices:
- (i) implementation of measures such as Fraud Risk Management Solution for prevention, detection and monitoring of fraudulent transactions;
- (ii) processing, appraisal and sanction of loans through Loan Originating Software, Off-line Transaction Monitoring System for internal control;
- (iii) generation of alerts for Early Warning Signal and red flagging; and
- (iv) online verification of credit information report, CFR, wilful defaulter list, etc.

Statement

Frauds involving amount of Rs. 1 lakh and above, reported by Scheduled Commercial Banks (SCBs) and Public Sector Banks (PSBs)

Financial year	Number of frauds reported **	
	SCBs	PSBs
2015-16	4,693	2,789
2016-17	5,076	2,718
2017-18	5,917	2,885

** Fraud data reported to RBI is by the year of reporting and not the year of occurrence of the fraud or sanction of loan, Letter of Undertaking (LoU), etc., which may be of an earlier period. As a result, it is not possible from this data to arrive at year-wise increase in banking frauds. However, RBI data as per the year of reporting by banks in respect of the number of frauds involving amount of Rs. 1 lakh and above is given.

Source: RBI

Ranking of District Hospitals

*178.DR. KIRIT SOMAIYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total number of district hospitals in the country, State and districtwise;

(b) whether the Ministry along with NITI Aayog has started ranking the district hospitals and if so, the details thereof;

(c) the details of criteria, parameters, indicators, etc. followed in ranking district hospitals;

(d) the timeframe to complete the ranking process of these hospitals; and

(e) the manner in which the general public and patients will be benefited by this ranking?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) Total number of district hospitals in the country, State and district wise is given in enclosed Statement.

(b) Ministry of Health and Family Welfare along with the NITI Aayog, has not started the ranking of District Hospitals.

(c) A conceptual framework has been developed by NITI Aayog in consultation with the Ministry of Health and Family Welfare to track performance of District Hospitals. The link of the framework indicating the criteria, parameters, indicators etc. is available on the link at <http://niti.gov.in/content/tracking-performance-district-hospitals-health-our-hospitals>.

(d) The process for ranking of the District Hospitals is to be done on an annual basis.

(e) The ranking exercise will create a healthy competition and nudge the state Governments and District Hospital authorities to improve the services for patients and general public.

Statement*Details of State and District-wise District Hospitals in the Country*

(As on 31st March, 2018)

Sl. No.	States/Union Territory	Name of the District	Number of District Hospital
1	2	3	4
1	Andhra Pradesh	Srikakulam	0
		Vizianagaram	1

1	2	3	4
		Visakhapatnam	0
		East Godavari	1
		West Godavari	1
		Krishna	1
		Guntur	1
		Prakasam	0
		S.P.S.R.Nellore	0
		Chittor	1
		Kadapa	1
		Ananthapur	
		Kurnool	1
		Total	8
2	Arunachal Pradesh	Tawang	1
		West Kameng	1
		East Kameng	1
		Papum Pare	
		Kurung Kumey	1
		Lower Subansiri	1
		Upper Subansiri	1
		West Siang	1
		East Siang	1
		Upper Siang	1
		Lower Dibang Valley	1
		Dibang Valley	1
		Anjaw	1
		Lohit	1
		Changlang	1
		Tirap	1
		Longding	1
		Namsai	0
		Kra Daadi	0
		Siang	0
		Total	18

1	2	3	4	1	2	3	4
3	Assam	Baksa	1			Begusarai	1
		Barpeta	1			Bhagalpur	1
		Bongaigaon	1			Bhojpur	1
		Cachar	1			Buxar	1
		Chirang	1			Darbhanga	
		Darrang	1			E-Champanan	1
		Dhemaji	1			Gaya	1
		Dhubri	1			Gopalganj	1
		Dibrugarh				Jamui	1
		Dima Hasao	1			Jehanabad	1
		Goalpara	1			Kaimur	1
		Golaghat	1			Katihar	1
		Hailakandi	1			Khagaria	1
		Jorhat	0			Kishanganj	1
		Kamrup Metro	1			Lakhisarai	1
		Kamrup Rural	1			Madhepura	1
		Karbi Anglong	1			Madhubani	1
		Karimganj	1			Munger	1
		Kokrajhar	1			Muzaffarpur	1
		Lakhimpur	1			Nalanda	1
		Morigaon	1			Nawada	1
		Nagaon	1			Patna	
		Nalbari	1			Purnia	1
		Sivasagar	1			Rohtas	1
		Sonitpur	1			Saharsa	1
		Tinsukia	1			Samastipur	1
		Udalguri	1			Saran	1
		Total	25			Sheikhpura	1
4	Bihar	Araria	1			Sheohar	1
		Arwal	1			Sitamarhi	1
		Aurangabad	1			Siwan	1
		Banka	1			Supaul	1

1	2	3	4
		Vaishali	1
		West Champaran	1
Total			36
5	Chhattisgarh	Balod	1
		Baloda Bazar	1
		Balrampur	1
		Bastar	0
		Bemetra	1
		Bijapur	1
		Bilaspur	1
		Dantewada	1
		Dhamtari	1
		Durg	1
		Gariyaband	1
		Janjgir Champa	1
		Jashpur	1
		Kanker	1
		Kawardha	1
		Kondagaon	1
		Korba	1
		Koriya	1
		Mahasamund	1
		Mungeli	1
		Narayanpur	1
		Raigarh	1
		Raipur	1
		Rajnandgaon	1
		Sukma	1
		Surajpur	1
		Surguja	1
Total			26

1	2	3	4
6	Goa	North Goa	1
		South Goa	1
Total			2
7	Gujarat	Ahmedabad	0
		Amreli	1
		Anand	1
		Arvalli	0
		Banaskantha	1
		Bharuch	1
		Bhavnagar	0
		Botad	1
		Chhotaudepur	1
		Dahod	1
		Dang	1
		Dwarka	1
		Gandhinagar	0
		Gir Somnath	1
		Jamnagar	0
		Junagadh	0
		Kheda	1
		Kutch	0
		Mahisagar	1
		Mehsana	1
		Morbi	1
		Narmada	1
		Navsari	1
		Panchmahal	1
		Patan	0
		Porbandar	1
		Rajkot	1
		Sabarkantha	0
		Surat	0

1	2	3	4
		Surendranagar	1
		Tapi	1
		Vadodra	1
		Valsad	0
Total			22

8	Haryana	Ambala	1
		Bhiwani	1
		Faridabad	1
		Fatehabad	1
		Gurugram	
		Hisar	1
		Jind	1
		Jhajjar	1
		Karnal	1
		Kaithal	1
		Kurukshetra	1
		Narnaul	1
		Mewat (Nuh)	1
		Palwal	1
		Panchkula	1
		Panipat	1
		Rewari	1
		Rohtak	1
		Sirsa	1
		Sonapat	1
		Yamunanagar	1
Total			22

9	Himachal Pradesh	Bilaspur	1
		Chamba	1
		Hamirpur	1
		Kangra	1
		Kinnaur	1

1	2	3	4
		Kullu	1
		L& spiti	1
		Mandi	1
		Shimla	1
		Sirmour	1
		Solan	1
		Una	1
Total			12

10	Jammu and Kashmir	Anantnag	1
		Bandipora	1
		Baramulla	1
		Budgam	1
		Doda	1
		Ganderbal	1
		Jammu	1
		Kargil	1
		Kathua	1
		Kishtwar	1
		Kulgam	1
		Kupwara	1
		Leh	1
		Poonch	1
		Pulwama	1
		Rajouri	1
		Ramban	1
		Reasi	1
		Samba	1
		Shopian	1
		Srinagar	1
		Udhampur	1
Total			22

1	2	3	4
11	Jharkhand	Bokaro	1
		Chatra	1
		Deoghar	1
		Dhanbad	
		Dumka	1
		Garhwa	1
		Giridih	1
		Godda	1
		Gumla	1
		Hazaribagh	1
		Jamtara	1
		Khunti	1
		Kodarma	1
		Latehar	1
		Lohardaga	1
		Pakaur	1
		Palamu	1
		Pashchimi Singhbhum	1
		Purbi Singhbhum	1
		Ramgarh	1
		Ranchi	1
		Sahibganj	1
		Saraikela	1
		Simdega	1
		Total	23
12	Karnataka	Bagalkote	1
		Bangalore rural	0
		Bangalore urban	0
		Belgaum	0
		Bellary	1
		Bidar	0
		Bijapur	1

1	2	3	4
		Chamarajanagar	0
		Chikkaballapur	1
		Chikmagalur	1
		Chitradurga	1
		Dakshina kannada	1
		Davangere	1
		Dharwad	1
		Gadag	0
		Gulbarga	0
		Hassan	0
		Haveri	1
		Kodagu	0
		Kolar	1
		Koppal	0
		Mandya	0
		Mysore	0
		Raichur	0
		Ramanagara	1
		Shimoga	0
		Tumkur	1
		Udupi	1
		Uttarakannada	0
		Yadgir	1
		Total	15
13	Kerala	Thiruvananthapuram	2
		Kollam	1
		Pathanamthitta	1
		Alappuzha	2
		Kottayam	0
		Idukki	2
		Ernakulam	1
		Thrissur	1

1	2	3	4
		Palakkad	1
		Malappuram	
		Kozhikkode	1
		Wayanad	1
		Kannur	1
		Kasargode	1
		Total	18
14	Madhya Pradesh	Agar	1
		Alirajpur	1
		Anuppur	1
		Ashoknagar	1
		Balaghat	1
		Barwani	1
		Betul	1
		Bhind	1
		Bhopal	1
		Burhanpur	1
		Chhatarpur	1
		Chhindwada	1
		Damoh	1
		Datia	1
		Dewas	1
		Dhar	1
		Dindori	1
		Guna	1
		Gwalior	1
		Harda	1
		Hoshangabad	1
		Indore	1
		Jabalpur	1
		Jhabua	1
		Katni	1

1	2	3	4
		Khandwa	1
		Khargone	1
		Mandala	1
		Mandsoure	1
		Morena	1
		Narsinghpur	1
		Neemuch	1
		Panna	1
		Raisen	1
		Rajgarh	1
		Ratlam	1
		Rewa	1
		Sagar	1
		Satna	1
		Sehore	1
		Seoni	1
		Shahdol	1
		Shajapur	1
		Sheopur	1
		Shivpuri	1
		Sidhi	1
		Singroli	1
		Tikamgarh	1
		Ujjain	1
		Umaria	1
		Vidisha	1
		Total	51
15	Maharashtra	Thane	1
		Raigad	1
		Palghar	
		Nashik	1
		Dhule	

1	2	3	4
		Nandurbar	1
		Jalgaon	1
		Ahmednagar	1
		Pune	1
		Solapur	0
		Satara	1
		Kolhapur	0
		Sangli	0
		Ratnagiri	1
		Sindhudurg	1
		Aurangabad	1
		Jalna	1
		Parbhani	1
		Hingoli	1
		Latur	0
		Beed	1
		Osmanabad	1
		Nanded	1
		Akola	0
		Amravati	1
		Buldhana	1
		Washim	1
		Yeotmal	0
		Nagpur	0
		Wardha	1
		Bhandara	1
		Gondia	0
		Chandrapur	0
		Gadchiroli	1
		Total	23
16	Manipur	Bishnupur	1
		Chandel	1

1	2	3	4
		Churachandpur	1
		Imphal East	1
		Imphal West	0
		Senapati	1
		Tamenglong	1
		Thoubal	1
		Ukhrul	1
		Total	8
17	Meghalaya	East Garo Hills	1
		East Jaintia Hills	0
		East Khasi Hills	4
		North Garo Hills	0
		Ri Bhoi	1
		South Garo Hills	1
		South West Garo Hills	0
		South West Khasi Hills	0
		West Garo Hills	2
		West Jaintia Hills	1
		West Khasi Hills	2
		Total	12
18	Mizoram	Aizawl East District	1
		Aizawl West District	1
		Champhai District	1
		Kolasib District	1
		Lawngtlai District	1
		Lunglei District	1
		Mamit District	1
		Saiha District	1
		Serchhip District	1
		Total	8

1	2	3	4
19	Nagaland	Dimapur	1
		Kiphire	1
		Kohima	1
		Longleng	1
		Mokokchung	1
		Mon	1
		Phek	1
		Peren	1
		Tuensang	1
		Wokha	1
		Zunheboto	1
		Total	11

20	Odisha	Anugul	1
		Balangir	1
		Baleshwar	1
		Bargarh	1
		Baudh	1
		Bhadrak	1
		Cuttack	1
		Deogarh	1
		Dhenkanal	1
		Gajapati	1
		Ganjam	1
		Jagatsinghpur	1
		Jajapur	1
		Jharsuguda	1
		Kalahandi	1
		Kandhamal	1
		Kendrapara	1
		Keonjhar	1
		Khordha	0
		Koraput	1

1	2	3	4
		Malkangiri	1
		Mayurbhanj	1
		Nabarangapur	1
		Nayagarh	1
		Nuapada	1
		Puri	1
		Rayagada	1
		Sambalpur	1
		Sonapur	1
		Sundargarh	2
		Total	32

21	Punjab	Amritsar	1
		Barnala	1
		Bathinda	1
		Faridkot	1
		F.G.Sahib	1
		Fazilka	1
		Ferozpur	1
		Gurdaspur	1
		Hoshiarpur	1
		Jalandhar	1
		Kapurthala	1
		Ludhiana	1
		Mansa	1
		Moga	1
		Mohali	1
		Mukatsar	1
		Nawanshahar	1
		Patiala	1
		Pathankot	1
		Ropar	1
		Sangrur	1

1	2	3	4
		Tarn Taran	1
		Total	22
22	Rajasthan	Ajmer	1
		Alwar	1
		Baran	1
		Banswara	1
		Barmer	1
		Bharatpur	1
		Bhilwara	1
		Bikaner	0
		Bundi	1
		Chittorgarh	1
		Churu	1
		Dausa	1
		Dholpur	1
		Dungarpur	1
		Ganganagar	1
		Hanumangarh	1
		Jaipur	0
		Jaisalmer	1
		Jalore	1
		Jhalawar	0
		Jhunjhunu	1
		Jodhpur	0
		Karauli	1
		Kota	0
		Nagaur	1
		Pali	1
		Pratapgarh	1
		Rajsamand	1
		Sawai Madhopur	1
		Sikar	1

1	2	3	4
		Sirohi	1
		Tonk	1
		Udaipur	0
		Total	27
23	Sikkim	East	1
		West	1
		North	1
		South	1
		Total	4
24	Tamil Nadu	Ariyalur	1
		Chennai	
		Coimbatore	1
		Cuddalore	1
		Dharmapuri	1
		Dindigul	1
		Erode	1
		Kancheepuram	1
		Kanniyakumari	1
		Karur	1
		Krishnagiri	1
		Madurai	1
		Nagapattinam	1
		Namakkal	1
		Perambalur	1
		Pudukottai	1
		Ramanathapuram	1
		Salem	1
		Sivaganga	1
		Thanjavur	1
		The Nilgiris	1
		Theni	1
		Thiruvallur	1

1	2	3	4
		Thoothukudi	1
		Tiruchirapalli	1
		Tirunelveli	1
		Tiruppur	1
		Tiruvannamalai	1
		Tiruvarur	1
		Vellore	1
		Villupuram	1
		Virudhunagar	1
		Total	31
25	Telangana	Adilabad	0
		Bhadradi	0
		Kothagudem	
		Hyderabad	1
		Jagtial	0
		Jangaon	0
		Jayashankar Bhupalapally	0
		Jogulamba Gadwal	0
		Kamareddy	0
		Karimnagar	1
		Khammam	1
		Komaram Bheem Asifabad	0
		Mahabubabad	0
		Mahabubnagar	0
		Mancherial	0
		Medak	0
		Medchal Malkajgiri	0
		Nagarkurnool	0
		Nalgonda	1
		Nirmal	0
		Nizamabad	0

1	2	3	4
		Peddapalli	0
		Rajanna Sircilla	0
		Rangareddy	0
		Sangareddy	1
		Siddipet	0
		Suryapet	0
		Vikarabad	1
		Wanaparthy	0
		Warangal Rural	0
		Warangal Urban	0
		Yadadri Bhongir	0
		Total	6
26	Tripura	Unakoti District	1
		South District	1
		Gomati District	1
		Sepahijala District	0
		Khowai District	1
		North District	1
		West District	1
		Dhalai District	1
		Total	7
27	Uttarakhand	Almora	2
		Bageshwar	1
		Chamoli	1
		Champawat	1
		Dehradun	0
		Haridwar	2
		Nainital	2
		Pauri Garhwal	2
		Pithoragarh	2
		Tehri Garhwal	1
		Rudraprayag	1

1	2	3	4
		U S NAGAR	1
		Uttarkashi	2
Total			18
28	Uttar Pradesh	Agra	2
		Aligarh	3
		Allahabad	5
		Ambedkar Nagar	1
		Amethi	0
		Auraiya	1
		Azamgarh	2
		Badaun	2
		Bagpat	1
		Bahraich	2
		Balia	2
		Balrampur	3
		Banda	2
		Barabanki	2
		Bareilly	3
		Basti	4
		Bijnor	2
		Bulandshahar	4
		Chandauli	3
		Chitrakoot	1
		Deoria	2
		Etah	2
		Etawah	3
		Faizabad	3
		Farrukhabad	3
		Fatehpur	2
		Firozabad	3
		G B Nagar	1
		Ghaziabad	3

1	2	3	4
		Ghazipur	2
		Gonda	2
		Gorakhpur	2
		Hamirpur	2
		Hapur	0
		Hardoi	2
		Hathras	3
		Jalaun	2
		Jaunpur	3
		Jhansi	2
		JP Nagar	2
		Kannauj	1
		Kanpur Dehat	2
		Kanpur Nagar	4
		Kashganj	1
		Kaushambi	1
		Kushinagar	1
		Lakhimpur	2
		Lalitpur	2
		Lucknow	19
		Maharajganj	1
		Mahoba	2
		Mainpuri	2
		Mathura	3
		Mau	2
		Meerut	2
		Mirzapur	2
		Moradabad	2
		Muzaffarnagar	2
		Pilibhit	2
		Pratapgarh	2
		Rae Bareli	2
		Rampur	2

1	2	3	4
		Saharanpur	3
		Sambhal	1
		Sant K Nagar	1
		Shahjahanpur	2
		Shamli	0
		Shrawasti	1
		Siddharth Nagar	1
		Sitapur	2
		Sonbhadra	1
		St Ravidas Nagar	2
		Sultanpur	2
		Unnav	2
		Varanasi	5
		Total	171

29	West Bengal	Alipurduar	1
		Bankura	1
		Paschim Bardhaman	1
		Purba Bardhaman	0
		Birbhum	2
		Dakshin Dinajpur	1
		Darjiling	3
		Kalimpong	
		Haora	1
		Hugli	1
		Jalpaiguri	1
		Koch Bihar	1
		Malda	0
		Murshidabad	0
		Nadia	1
		North 24-Parganas	2
		Paschim Medinipur	0
		Purba Medinipur	2

1	2	3	4
		Jhargram	1
		Puruliya	1
		South 24-Parganas	2
		Uttar Dinajpur	1
		Total	23

30	A& N Islands	South Andaman	1
		North & Middle Andaman	1
		Nicobar	1
		Total	3

31	Chandigarh	Chandigarh	1
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32	D & N Haveli	Uni District UT	1
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33	Daman and Diu	Daman	1
		Diu	1

		Total	2
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34	Delhi	Central	9
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		East	2
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		New Delhi	7
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		North	3
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		North East	1
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		North West	5
--	--	------------	---

		Shahdara	6
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		South	2
--	--	-------	---

		South East	2
--	--	------------	---

		South West	3
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		West	7
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		Total	47
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35	Lakshadweep	Lakshadweep	1
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36	Puducherry	Pondicherry	2
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		Karaikal	1
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1	2	3	4
		Mahe	1
		Yanam	1
		Total	5
All India/ Total			764

Note:- Source: Rural Health Statistics 2017-18.

NPAs

[*Translation*]

*179. SHRI KIRTI AZAD:

DR. BHARATIBEN D. SHYAL:

Will the Minister of FINANCE be pleased to state:

(a) the details of Non Performing Assets (NPAs) as on May, 2014 and from the year 2014 till date, year-wise;

(b) whether the Government is taking any steps to reduce the said NPAs;

(c) if so, the details thereof along with the date on which these steps were initiated/implemented and the outcome thereof;

(d) the details of various panels set up to put a check on NPAs along with the outcome thereof; and

(e) the details of the amount spent on functioning of such panels, panel/date-wise?

THE MINISTER OF FINANCE AND MINISTER OF CORPORATE AFFAIRS (SHRI ARUN JAITLEY): (a) to (e) The gross advances of Scheduled Commercial Banks (SCBs) increased from Rs. 23,33,823 crore as on 31.3.2008 to Rs. 61,00,848 crore as on 31.3.2014, as per the domestic operations data of the Reserve Bank of India (RBI). As per RBI inputs, the primary reasons for spurt in stressed assets have been observed to be, inter-alia, aggressive lending practices, wilful default / loan frauds / corruption in some cases, and economic slowdown. Asset Quality Review (AQR) initiated in 2015 for clean and fully provisioned bank balance-sheets revealed high incidence of non-performing assets (NPAs). As a result of AQR and subsequent transparent recognition by PSBs, stressed accounts were reclassified as NPAs and expected losses on stressed loans, not provided for earlier under flexibility given to restructured loans, were provided for. During the financial year 2017-18, all such

schemes for restructuring stressed loans were withdrawn. Primarily as a result of transparent recognition of stressed assets as NPAs, gross NPAs of SCBs, as per RBI data on domestic operations, increased from Rs. 2,51,054 crore as on 31.3.2014, to Rs. 3,09,399 crore as on 31.3.2015, Rs. 5,66,247 crore as on 31.3.2016, Rs. 7,28,740 crore as on 31.3.2017, Rs. 9,62,621 crore as on 31.3.2018, and has declined to Rs. 9,46,062 (provisional data) as on 30.9.2018. Public Sector Banks reported record recovery of Rs. 60,713 crore in the first half of the current financial year, double the amount recovered during the first half of the previous financial year. Significant further recovery is expected as a number of high-value accounts are at advanced stages of the resolution process in National Company Law Tribunal. As regards NPAs as on May 2014, RBI has apprised that it does not have information in this regard.

A number of measures have been taken to expedite and enable resolution of NPAs of PSBs over the last four years. The Insolvency and Bankruptcy Code, 2016 (IBC) has been enacted to create a unified framework for resolving insolvency and bankruptcy matters. Under this, by adopting a creditor-in-saddle approach, with the interim resolution professional taking over management of affairs of corporate debtor at the outset, the incentive to resort to abuse of the legal system has been taken away. This, coupled with debarment of wilful defaulters and persons associated with NPA accounts from the resolution process, has effected a fundamental change in the creditor-debtor relationship. The Banking Regulation Act, 1949 has been amended, to provide for authorisation to RBI to issue directions to banks to initiate the insolvency resolution process under IBC. In exercise of powers under this amendment, RBI directed banks to initiate the insolvency resolution process under IBC before the National Company Law Tribunal in 41 cases, 12 of which had cumulative outstanding amount of Rs. 1,97,769 crore as on 31.3.2017 and the remaining 29 had outstanding amount of Rs. 1,35,846 crore as on 30.6.2017.

The Securitisation and Reconstruction of Financial Assets and Enforcement of Security Interest Act, 2002 has been amended to make it more effective with provision for three months imprisonment in case the borrower does not provide asset details and for the lender to get possession of mortgaged property within 30 days. Also, six new Debts Recovery Tribunal have been established to expedite recovery.

In addition, under the PSBs Reforms Agenda, PSBs have created Stressed Asset Management verticals for

stringent recovery, segregated pre- and post-sanction follow-up roles for clean and effective monitoring, initiated creation of online one-time settlement platforms and committed to monitoring large-value accounts through specialised monitoring agencies.

Enabled by these measures, as per RBI data on global operations (with provisional data for September 2018), during the last three and a half financial years, NPAs of SCBs reduced by Rs. 2,83,770 crore due to recoveries.

Action with regard to control and resolution of NPAs has been taken through the above legislative, legal, regulatory and reform measures, and no specific panel has been formed by the Government in this regard.

[English]

Reuse of Disposable Medical Devices

*180.SHRI SANKAR PRASAD DATTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether complaints/cases related to reuse of disposable medical devices/items, especially in cardiology and other super specialities in private hospitals of the country have been received/detected;

(b) if so, the details thereof along with the number of such complaints received/ cases detected during the last two years, hospital and State-wise; and

(c) the corrective steps taken by the Government to safeguard the health of the patients along with the action taken against such hospitals?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) and (b) Health is a State subject and such complaints would generally be addressed to the State/Union Territory concerned for taking appropriate action as per the provisions of Act and Rules applicable in the concerned State/UT. Data regarding the complaints received by States is not maintained centrally.

(c) The Government of India has enacted the Clinical Establishments (Registration and Regulation) Act, 2010 and notified Clinical Establishments (Central Government) Rules, 2012 for registration of Clinical Establishments with a view to prescribe the Minimum Standards of facilities and services provided by them. Under the said Act, the National Council for clinical

establishments has approved Minimum Standards for different levels of Hospitals. These minimum standards inter-alia provide that the hospitals should have adequate drugs, medical devices and consumables commensurate to the scope of services and number of beds. These standards further provide that the quality of drugs, medical devices and consumables shall be ensured. The Hospitals are also required to follow standard precautions and infection control practices including compliance to Bio-Medical Waste Management Rules. Currently, the Act has been adopted by 11 States namely, Sikkim, Mizoram, Arunachal Pradesh, Himachal Pradesh, U.P, Bihar, Jharkhand, Rajasthan, Uttarakhand, Assam and Haryana and all Union Territories except Delhi. The implementation and enforcement of the said Act falls within the ambit of the States/Union territories.

Further, Central Government has published Medical Devices Rules 2017 which is effective from 01.01.2018. As per the said rules, if the Medical Device is intended for single use, it should be labeled appropriately.

Impact of Climate Change

1841. DR. P.K. BIJU:
DR. A. SAMPATH:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the climate change has its impact on recurring floods and drought situation in the country;

(b) if so, the details thereof;

(c) whether scientific and technological studies are being made to chalk out solutions for the situation; and

(d) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (d) Floods and droughts are natural phenomena occurring in various parts of the country in varying magnitudes. High intensity rainfall in short duration and deficient monsoon rainfall may result in floods and droughts respectively. The report, "Climate Change and India: A 4X4 Assessment - A Sectoral and Regional Analysis for 2030s" suggests an increase in precipitation in 2030s compared to 1970s. Moderate to extreme drought severity is projected in 2030s for the

Himalayan region, as compared to the other regions of the country.

The Government monitors and forecasts variability of weather on continuous basis. Disaster Management Plan has been framed to assist all stakeholders including State Governments in Disaster Risk Management. The National Disaster Management Authority (NDMA) has issued guidelines on many extreme weather and climate events like on 'Management of Floods', 'Management of Urban Flooding' and 'Management of Drought' to, inter-alia, assist State Governments in preparation of their Flood Management Plans. Central Water Commission has undertaken modernization of its data collection and flood forecast network.

Economic Reforms

1842. DR. KIRIT P. SOLANKI: Will the Minister of FINANCE be pleased to state:

(a) the details of the economic reforms undertaken by the Government in pursuance of the initiative of ease of doing business in this country;

(b) the new opportunities offered to the MNCs in furtherance thereof;

(c) whether the Government has put in place any mechanism to keep track of each such single reform and if so, the details thereof; and

(d) whether the Government has undertaken advanced planning to reach a certain milestone by the end of 2030 and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON. RADHAKRISHNAN): (a) to (d) Government of India, in partnership with State Governments, has undertaken a number of reforms both at Central and State level to improve the Ease of Doing Business in the country, which are given in enclosed Statement. The reforms undertaken by the Government are beneficial to all businesses in general. As improvements in the business environment is a continued process, no specific target has been fixed to reach a certain milestone by the end of 2030. Government is, however, working towards removing obstacles in the smooth functioning of businesses. Department of Industrial Policy and Promotion (DIPP) monitors implementation of reforms identified for improving India's rank in the World Bank's Doing Business Report. India has improved its

rank by 65 places from 142 to 77 in last 4 years since 2014. DIPP has a State level Business Reforms Action Plan online portal at (<http://eodb.dipp.gov.in>) on which all reforms carried out by the State Governments can be accessed.

Statement

Some of the steps taken by the Government to improve the Ease of Doing Business in the Country are given below:

(a) Starting a Business:

- Starting a business has been made faster by introducing a single form SPICe (Simplified Proforma for Incorporating Company electronically) and merging five different applications in it i.e. Name reservation, Company incorporation, Director Identification Number (DIN), Permanent Account Number (PAN) and the Tax Deduction/Collection Account Number (TAN), and by improving the online application system.
- Launch of a new and simplified web based service i.e. R.U.N. (Reserve Unique Name) for reserving a name. This has also removed the requirement to use a Digital Signature Certificate (DSC) during name reservation.
- The requirement to issue a physical PAN card has been eliminated. Additionally, PAN and TAN are mentioned in the Certificate of Incorporation (CoI) which is considered as a sufficient proof for PAN and TAN.
- Common registration for EPFO & ESIC is provided on Shram Suvidha Portal in Mumbai.
- Registrations under Mumbai Shops & Establishments Act are provided instantly without any physical inspection.

(b) Dealing with Construction Permits:

- The process of obtaining a building permit has been streamlined and made faster and less expensive to obtain a construction permit.
- Implementing an online system that has streamlined the process of obtaining building permit at the Municipality of New Delhi and Municipality of Greater Mumbai.

- It also improved building quality control by introducing decennial liability and insurance.

(c) **Getting Electricity:**

- In Delhi, service line charges have been capped to INR 25,000/- in electrified areas for Low Tension loads up to 150 KW.
- Time taken by the utility to carry out external connection works has been reduced.

(d) **Access to credit:**

- Access to credit has been strengthened by amending its insolvency law. The new amendment in the Insolvency and Bankruptcy Code (Amendment) Act, 2018 establishes that secured creditors are paid first during business liquidation, and hence have priority over other claims such as labour and tax.

(e) **Paying Taxes:**

- Paying taxes has been made easier by replacing many indirect taxes with a single indirect tax, Goods and Service Tax (GST), for the entire country.
- The previous sales taxes including the central sales tax, CENVAT, state VAT and the service tax have been merged into the GST. Unification of these taxes will reduce the cascading effect of taxes and make taxes paid on inputs creditable to a higher percentage.
- Corporate income tax has been reduced from 30% to 25% for companies with a turnover up to INR 250 crores.
- Administrative charges on The Employees' Provident Funds Scheme, 1952 (EPFS) have been reduced in March 2017 from 0.85% to 0.65% of the monthly pay. The Employees' Deposit Linked Insurance (EDLI) administrative charges of 0.01% have been removed.

(f) **Trading Across Borders:**

- The time and cost to export and import has been reduced through various initiatives, including the implementation of electronic sealing of containers, upgradation of port infrastructure and allowing electronic submission of supporting documents with digital signatures.

- Enhancement of risk-based inspections for both imports and exports, whereby only about 5% of goods are physically inspected.

- Adoption of the Advance Bill of Entry which allows importers to start the process of customs clearance before the arrival of the vessel.

- Upgrading equipment on the Nhava Sheva Port in Mumbai by adding 15 new Rubber Tyre Gantry Cranes. The Phase 1 of the Fourth Container Terminal at the Jawaharlal Nehru Port Trust, with an additional annual capacity of 2,400,000 TEUs, was completed in February 2018.

- The new container terminal, Adani CMA Mundra Terminal Private Limited has been fully operational since June 2017, with an additional annual capacity of 1,300,000 TEUs.

- Implemented in April 2018, e-Sanchit is an online application system, under the Single Window Interface for Trade (SWIFT) that allows traders to submit all supporting documents electronically with digital signatures.

Rank on Paying Taxes

1843. SHRI KONDA VISHWESHWAR REDDY: Will the Minister of FINANCE be pleased to state:

(a) whether the Government is aware that the rank of India on 'paying taxes' parameter in world Bank's Doing Business Report declined to 121 from last year rank of 119;

(b) if so, the reasons therefor:

(c) whether the Government is aware that said rank in 'resolving insolvency' dropped to 108 against last year's 103; and

(d) if so, the details thereof and the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON. RADHAKRISHNAN): (a) Yes, Madam.

(b) The World Bank Doing Business Report is a comparative assessment among 190 countries. Inter-se rank of the countries depends on the achievement of a country on an indicator as compared to other countries

measured by distance from the best country in the indicator. As a result of implementation of reforms like Goods & Service Tax, India has improved its score from 65.23% to 65.36% in Paying Taxes. India's rank, however slipped as other countries have improved their score and have moved ahead in rank. The assessment period for the Paying Taxes indicator considered in the latest doing business report is from 1st January 2017 to 31st December 2017. The indicator measures numbers of payments, time required to prepare, file and pay various taxes, total tax contributions made by a company and post filing index related to procedures and time taken for GST and Corporate tax refunds. As Goods and Service Tax system is a new system, users need time to get familiarized with the new processes, return formats etc. and it is expected that system improvements in the current year will lead to significant improvement in ranking in Doing Business Report ranking in next year.

(c) Yes, Madam.

(d) As explained here in above, Inter-se rank of the countries depends on the achievement of a country on an indicator as compared to other countries measured by distance from the best country in the indicator. As a result of implementation of reforms like Bankruptcy Code, India has improved its score from 40.75% to 40.84% in Resolving Insolvency. India's rank, however slipped as other countries has improved their score in the indicator by more and have moved ahead in rank. Sub-parameters such as recovery rate, time for insolvency, resolution and strength of insolvency framework are measured. Significant outcome of the IBC resolutions has come about in 2018-19 and will be taken into account in Doing Business Report in next year.

As the IBC was recently introduced and users are taking time to fully acquaint themselves with the reforms, full benefit of IBC will be available to India in the next assessment in next year.

Credit Access to MSMEs

1844. SHRI GAURAV GAGOI: Will the Minister of FINANCE be pleased to state:

(a) whether after the introduction of preferential lending requirements for banks towards Micro, Small and Medium Enterprises (MSMEs) there has been any improvement in access to credit for MSMEs;

(b) if so, the details regarding access of MSMEs to credit in the past two financial years; and

(c) whether the Government proposes any other measures, other than preferential lending requirements, to help to promote MSMEs and ease bottlenecks in their access to credit and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Subsequent to the revision of Priority Sector Lending (PSL) guidelines in April 2015 by Reserve Bank of India (RBI), credit to Micro, Small and Medium Enterprises (MSMEs) from Scheduled Commercial Banks (SCBs) has increased, as indicated below:

(Amount Rs. in crore)

Financial Year (as on 31st March)	Outstanding credit
2014-15	11,71,026.05
2017-18	13,24,239.35

Source: RBI.

(b) Outstanding credit of SCBs and Non-Banking Financial Companies (NBFCs) to MSMEs in the last two years is as under:

(Amount Rs. in crore)

Financial Year (as on 31st March)	Outstanding credit
2016-17	14,14,792.26
2017-18	14,64,931.15

Source: RBI.

(c) Government and RBI have taken several steps to ensure access of credit to MSMEs, which inter-alia, include, advice to all Scheduled Commercial Banks (SCBs) to achieve a 20% year-on-year growth in credit to Micro and Small Enterprises (MSEs), allocation of 60% of the MSEs advances to the micro enterprise accounts, a 10% annual growth in number of micro enterprise accounts, additional working capital limit to meet the requirements arising due to unforeseen/seasonal increase in demand, adoption of one cluster, operationalising at least one specialised MSME Branch in every district, simplified computation of working capital of MSE units to make it minimum 20% of the projected annual turnover of the unit for borrowal limits upto Rs.5 crore, setting up of Trade Receivables Discounting System (TReDS) to solve the problem of delayed payment of MSMEs, etc.

Impact of GST on Apparel Sector

1845. SHRI B.V. NAIK: Will the Minister of FINANCE be pleased to state:

(a) whether the impact of Goods and Services Tax (GST) on the apparel sector consisting primarily of Micro, Small and Medium Enterprises (MSMEs) has led to decline in textile exports for the last one and half years and if so, the details thereof;

(b) the details of the concerns raised by MSMEs;

(c) whether the Government is introducing incentives like access to loans at discounted rates for MSMEs under apparel/textiles sector that comply with GST rules and if so, the details thereof; and

(d) the other steps taken to support MSMEs in transition to GST by addressing their concerns and building necessary capabilities?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) No Madam. Export of textile and apparel has increased by 2% from US\$ 46 bn during July 2015- October 2016 to US\$ 47.1 bn during July 2017- October 2018.

Export (in US\$ mn)	July 2015- Oct 2016	July 2017- Oct 2018	Growth
Textile and apparel	46,112	47,097	2%

(c) Yes Madam. Government has announced the Special Package for garments and made-ups sectors. The package offers Rebate of State Levies (RoSL), labour law reforms, additional incentives under ATUFS and relaxation of Section 80JJAA of Income Tax Act. Further, the rates under Merchandise Exports from India Scheme (MEIS) have been enhanced from 2% to 4% for apparel, 5% to 7% for made-ups, handloom and handicrafts w.e.f. 01.11.2017.

Products such as fibre, yarn and fabric in the textile value chain are being strengthened and made competitive through various schemes, inter alia, Powertex for fabric segment, Amended Technology Upgradation Fund Scheme (ATUFS) for all segments except spinning, Scheme for Integrated Textile Parks (SITP) for all segments, etc. Assistance is provided to exporters under Market Access Initiative (MAI) Scheme. Further, Government has enhanced interest equalization rate for pre and post shipment credit for the textile sector from 3% to 5% w.e.f. 02.11.2018.

(d) Based on the representations and feedback received, the GST Council has undertaken various decisions from time to time to alleviate the concerns raised by the small and medium sectors. Details of various such decisions implemented for the small and medium enterprises are placed below:

- (i) Increase in aggregate annual turnover threshold for eligibility under the composition scheme from Rs. 75 lakh to Rs. one crore for 27 States (including Jammu and Kashmir and Uttarakhand).
- (ii) Increase in the aggregate annual turnover threshold for eligibility under the Composition scheme from Rs. 50 lakh to Rs. 75 lakh for Special Category States (as specified in sub-clause (g) of clause (4) of article 279A of the Constitution) other than Jammu and Kashmir and Uttarakhand.
- (iii) Taxpayers having annual turnover of up to Rs.1.5 crore in the previous year provided with an option to file quarterly Returns (FORM GSTR-1) and taxpayers having annual turnover above Rs.1.5 crore to file monthly returns (FORM GSTR-1).
- (iv) Registered persons making supply of goods to make payment of tax on issuance of invoice and not at the time when advances are received.
- (v) Suspension of the application of reverse charge mechanism under Section 9(4) of the CGST/SGST Acts, 2017 and Section 5(4) of the IGST Act, 2017 till 30th September, 2019 for all categories of registered persons including Composition taxpayers.
- (vi) Uniform rate of tax @1% under composition scheme for manufacturers and traders. The turnover for traders will be counted only for supply of taxable goods. No change in composition scheme for restaurants sector.
- (vii) Supply of exempted services by Composition taxpayer will be allowed and the same will not be taken into account while computing the aggregate turnover.
- (viii) The amount of late fee payable by a taxpayer whose tax liability for the month was 'Nil' will

be Rs.20/- per day (Rs.10/- per day each under CGST & SGST Acts) subject to maximum Rs.5000/- each under Act from October, 2017.

- (ix) The amount of late fee payable by other taxpayers will be Rs. 50/- per day (Rs. 25/- per day each under CGST & SGST Acts) subject to maximum Rs.5000/- each under Act from October, 2017.

Extension of GST to Jammu and Kashmir

1846. SHRI MAHEISH GIRRI: Will the Minister of FINANCE be pleased to state:

(a) whether the Union Government has taken any steps for the extension of Goods and Services Tax (GST) to the State of Jammu and Kashmir; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) Yes Madam. The provisions of the Central Goods and Services Tax Act, 2017 and the Integrated Goods and Services Tax Act, 2017 have been extended to the State of Jammu and Kashmir, with effect from 8th July, 2017, vide the following Acts:

- (i) Central Goods and Services Tax (Extension to Jammu and Kashmir) Act, 2017 (26 of 2017)
- (ii) Integrated Goods and Services Tax (Extension to Jammu and Kashmir) Act, 2017 (27 of 2017)

These Acts received the assent of the Hon'ble President of India on 23rd August, 2017. Further, Goods and Services Tax (Compensation to States) Act, 2017 (15 of 2017) was extended to the State of Jammu and Kashmir with effect from 01st July, 2017.

GST on Houses

1847. SHRI P.C. MOHAN: Will the Minister of FINANCE be pleased to state:

(a) whether the Government proposes to reduce the Goods & Services Tax (GST) from the existing 12 percent on purchase of houses availing Credit Linked Subsidy Schemes (CLSS) under the Pradhan Mantri Awas Yojana (PMAY) and if so, the details thereof;

(b) whether the Government is considering any proposal to increase the cap on the size of housing units to avail the benefit under the CLSS and if so, the details thereof;

(c) whether the GST paid on the input taxes by the builders will be considered as input credit again without passing the tax liability to the buyers of the house;

(d) if so, the details thereof and if not, the reasons therefore; and

(e) whether the Government is considering any request from those who do not qualify for CLSS to reduce the GST from the existing 12 percent and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) There is no such proposal under consideration.

(b) The carpet area of houses being constructed or enhanced under Credit linked Subsidy Scheme for EWS/ LIG (CLSS for EWS/ LIG) should be "upto 30 square metres" and "upto 60 square metres" for EWS and LIG, respectively. The beneficiary, at his/her discretion, can build a house of larger area but interest subvention would be limited to first Rs. 6 lakh only of the housing loan availed.

Credit Linked Subsidy Scheme for Middle Income Group (CLSS for MIG) - supports acquisition/ construction of houses (including repurchase) of "upto 160 square metres" & "upto 200 square metres" carpet area respectively as per income eligibility.

No such proposal to increase the cap on the size of housing units under CLSS component of PMAY (U) Mission is under consideration in the Ministry.

(c) and (d) Builders can avail the input tax credit of GST paid on inputs, input services and capital goods when they supply output construction service.

Builders are expected to pass on the benefits of lower tax burden under the GST regime to the buyers of the flats, complexes etc. by way of reduction of prices/ installments.

Section 171 (1) of the CGST Act, 2017 mandates that reduction in tax rate on any goods or services or the benefit of input tax credit, shall be passed on to the recipient by way of commensurate reduction in prices. This provision shall be enforced in accordance with section 171 (2) and (3) of the CGST Act, 2017.

(e) There is no such proposal under consideration.

Note: A proposal for rate change of tax can only be considered by the Government, only after GST council

makes a recommendation. At present there is no such recommendation of the GST Council on (a) to (e) above.

Protection of Homebuyers

1848. SHRI G.M. SIDDESHWARA: Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether the Government plans to protect the interest of homebuyers, whose investment face uncertainty when bankruptcy proceedings are filed against Real Estate Developers and if so, the details thereof;

(b) whether the Government proposes to amend the bankruptcy law and also change the operational rules of the law to protect the interest of homebuyers; and

(c) if so, the time by which it will be done?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) to (c) The concern of homebuyers regarding Corporate Insolvency Resolution Process (CIRP) under the Insolvency and Bankruptcy Code, 2016 (Code) was deliberated in Insolvency Law Committee (ILC) and after consideration of ILC report dated 26.03.2018, the Code was amended by Insolvency and Bankruptcy Code (Second Amendment) Act. By way of amendment, an explanation was added to the definition of financial debt in the Code to provide that any amount raised from an allottee under a real estate project shall be deemed to be an amount having the commercial effect of a borrowing. As per this provision, homebuyers can now initiate and participate in CIRP against a corporate debtor in the capacity of a financial creditor.

Declining Sex Ratio at Birth

1849. SHRI RAMESH CHANDER KAUSHIK:
SHRI B. SENGUTTUVAN:

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

(a) whether the Sex Ratio at Birth (SRB) has seen a sharp decline in 17 out of 21 large States in the country in 2015-16 and if so, the details thereof; %

(b) whether Gujarat has recorded an alarming dip in SRB and if so, the details thereof;

(c) whether the same declining trend has continued in Haryana, Rajasthan, Uttarakhand, Maharashtra, Himachal Pradesh, Chhattisgarh and Karnataka and if so, the details thereof;

(d) whether this dip in SRB makes out a case for more effective implementation of the Pre-; Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 and if so, the details thereof; and

(e) whether the Government is contemplating any steps to check this growing trend of unequal SRB and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) As per the Sample Registration Survey (SRS), Registrar General of India (RGI)-2014-16, 9 states out of 22 states have recorded improvement in Sex Ratio (female per 1000 male) at Birth whereas 13 states have shown decline as per the details given in enclosed Statement-I.

(b) As per the SRS, the Sex Ratio at Birth for Gujarat has decreased from 854 in 2013-15 to 848 in 2014-16 recording a decline of 6 points.

States	2013-2015	2014-2016
Haryana	831	832
Rajasthan	861	857
Uttarakhand	844	850
Maharashtra	878	876
Himachal Pradesh	924	917
Chhattisgarh	961	963
Karnataka	939	935

Source: Sample Registration System (RGI)

(d) and (e) In view of the declining Child Sex Ratio and Sex Ratio at Birth, Government of India besides enactment of the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 and Rules has adopted a multi-pronged strategy for effective implementation of PC&PNDT Act and Rules and for awareness generation and advocacy measures to build a positive environment for the girl child through gender sensitive policies, provisions and legislation. The details of important measures taken by Government of India are in enclosed Statement-II.

(c) As per the SRS 2014-16, in the states of Haryana, Uttarakhand and Chhattisgarh an improvement has been recorded in Sex Ratio at Birth whereas decline

has been recorded in the states of Rajasthan, Maharashtra, Himachal Pradesh and Karnataka.

Statement-I

Sex Ratio (female per 1000 male) at Birth

India and bigger States

Sl. No.	India and bigger states/period*	2013-15	2014-16
	India	900	898
1.	Andhra Pradesh	918	913
2.	Assam	90d	896
3.	Bihar	916	908
4.	Chhattisgarh	961	963
5.	Delhi	869	857
6.	Gujarat	854	848
7.	Haryana	831	832
8.	Himachal Pradesh	924	917
9.	Jammu and Kashmir	899	906
10.	Jharkhand	902	918
11.	Karnataka	939	935
12.	Kerala	967	959
13.	Madhya Pradesh	919	922
14.	Maharashtra	878	876
15.	Odisha	950	948
16.	Punjab	889	893
17.	Rajasthan	861	857
18.	Tamil Nadu	911	915
19.	Telangana	N.A.	901
20.	Uttar Pradesh	879	882
21.	Uttarakhand	844	850
22.	West Bengal	951	937

Source: Sample Registration System (RGI)

Statement-II

Important measures taken by Government of India to check growing trend of unequal SRB

- Regular inspections visits are conducted by the National Inspection and Monitoring Committee (NIMC). The Committee also recommends the District Appropriate Authorities to take appropriate action against clinics/Ultrasound Centres violating the PC & PNDT Act.
- Financial support and technical guidance is provided under National Health Mission (NHM) to States & UTs in order to strengthen implementation structures, setting up of dedicated PNDT Cells, capacity building, monitoring, and advocacy campaigns etc.
- Regular Capacity Building Programmes are conducted for State/ District Appropriate Authorities and State/ District Nodal Officers.
- Comprehensive Standard Operating Guidelines (SOGs) for District Appropriate Authority have been prepared and communicated to all the States/UTs.
- Regular regional review meetings are organised to review the progress in the States/UTs.
- Directions given by the Hon'ble Supreme Court in the matter of WP(C) 349/2006 (Voluntary Health Association of Punjab vs. UOI & others), were communicated to the States/ UTs and are periodically reviewed for ensuring their compliance.
- The Government has also set up a Nodal Agency to receive the complaints pertaining to e-advertisements on internet relating to preconception and prenatal determination of sex or sex selection, prohibited under the PC&PNDT Act, 1994 as per the directions of Hon'ble Supreme Court vide order dated 16.11.2016 in Writ Petition (Civil) No. 341 of 2008. The Nodal agency also forwards these complaints to the concerned search engines to remove such e-advertisements.
- National Scheme "Beti Bachao, Beti Padhao" (BBBP) anchored by the Ministry of WCD in partnership with MOHFW and HRD, has been now extended to PAN India. Ministry of Health and FW has actively participated for creating awareness and capacity building or. PC&PNDT Act in all the orientation programmes/multi-sectoral District Action Plans for the BBBP districts.

- Various IEC activities are earned out through print, electronic and mass media at the State; /UTs level. States have been directed to plan appropriate Behaviour Change Communication campaigns and effectively implement provisions of the PC &PNDT Act. Awareness is generated through Print advertisements, social media platforms of twitter, facebook and You Tube.
- The orientation and sensitisation of judiciary has been conducted through National Judicial Academy.

Aircraft to Study Air Pollution

1850. SHRI SISIR KUMAR ADHIKARI: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government proposes to buy aircraft to study impact of air pollution and if so, the details thereof;

(b) whether the said aircraft will cover entire weather forecast or pollution level across the country and if so, the details thereof;

(c) whether the airborne research will control the air pollutants; and

(d) if so, the details of project and its project liability costs thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (d) There is no proposal with the Government to buy aircraft to specifically study impact of air pollution.

[Translation]

Social Security Scheme

1851. SHRI NARANBHAI KACHHADIA:
SHRI RAMDAS C. TADAS:
SHRI CHANDRA PRAKASH JOSHI:
SHRI BIDYUT BARAN MAHATO:

Will the Minister of FINANCE be pleased to state:

(a) whether the coverage of Pension and Social Security Scheme is very less in the country if so, the details thereof and the reasons therefor along with the efforts being made by the Government to expand the coverage under the scheme;

(b) the number of such beneficiaries across the country as on date who have been covered under the scheme during the last five year plan and thereafter till date, State/UT-wise; and

(c) the number of beneficiaries registered under the Atal Pension Yojana since its launch, State/UT-wise?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) The Government of India introduced the Atal Pension Yojana (APY), w.e.f. 1st June, 2015, pursuant to the announcement in the budget for 2015-16 for creating a universal social security system for all Indians, especially the poor, the under-privileged and the workers in the unorganized sector. The Atal Pension Yojana scheme provides for pension to the subscriber after the age of 60 years as per the pension plan selected by him.

Within 3 years of the launch of APY Scheme, till 18th December, 2018, more than 1.35 crore subscribers have been enrolled under APY.

The steps taken by the Government to increase the number of registrations under APY inter-alia include:

- Changing the mode of payment of contribution by subscriber from only monthly to monthly, quarterly, and half yearly, keeping in consideration the seasonal income earners
- Official mobile app to access APY accounts, as well as Value Added Facilities like E-PRAN and E-SOT to access PRAN and Statement of transactions under the APY account online
- Periodic advertisements in print and electronic media in English, Hindi and regional languages, are being made.
- The Pension Fund Regulatory and Development Authority (PFRDA) officials conduct regular review meetings with bank officials for reviewing the progress of implementation of APY across the country.
- PFRDA is also conducting various promotional campaigns among the service providers (Banks and Post Offices) like Log-in Days, Elderly Day-Campaigns etc to popularize and create awareness about the scheme.
- Grievance Module for APY Subscribers
- Capacity building of bank branch officials through various training programs.

- Participating in town hall meetings, SLBC meetings.

As informed by the Employees' Provident Fund Organisation (EPFO), the number of members as on 31st March, 2017, under the Employees' Pension Scheme (EPS), 1995, administered by EPFO, applicable to establishments covered under the EPF & MP Act, 1952, employing 20 or more employees, is 14,71,37,791. The number of pensioners under EPS, 1995 as on 31st March 2017, is 56,49,797.

In order to increase the coverage, the wage ceiling for becoming eligible for membership of the Employees Pension Scheme, 1995, has been revised from Rs. 6,500/- per month to Rs. 15,000/-per month w.e.f. 01.09.2014.

Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Suraksha Bima Yojana (PMSBY) are two social security insurance schemes launched by the Government on 9th May, 2015. PMJJBY offers a renewable one year term life cover of Rupees Two Lakh to all subscribing bank account holders in the age group of 18 to 50 years, covering death due to any reason, for a premium of Rs.330/- per annum per subscriber, to be auto debited from subscriber's bank account. Similarly, PMSBY offers a renewable one year accidental death cum disability cover to all subscribing bank account holders in the age group of 18 to 70 years for a premium of Rs.12/- per annum per subscriber to be auto debited from subscriber's bank account. The scheme provides a cover of Rs. Two Lakh for accidental death or total permanent disability and Rs One Lakh in case of permanent partial disability.

As on 31.10.2018, 5,57,73,071 people have registered under PMJJBY, and 14,27,18,926 people have registered under PMSBY.

(c) The State/UT wise data of subscribers enrolled under APY is enclosed as Statement.

Statement

*The State/UT-wise enrolment under APY
up to 18.12.2018*

Sl. No	Name of State	Count of PRANs
1	2	3
1	Andaman and Nicobar Islands	4,465
2	Andhra Pradesh	8,80,203

1	2	3
3	Arunachal Pradesh	9,281
4	Assam	2,51,978
5	Bihar	13,26,408
6	Chandigarh	19,677
7	Chhattisgarh	2,17,312
8	Dadra and Nagar Haveli	15,654
9	Daman and Diu	27,369
10	Delhi	2,36,188
11	Goa	45,066
12	Gujarat	6,41,286
13	Haryana	2,82,556
14	Himachal Pradesh	90,232
15	Jammu and Kashmir	50,268
16	Jharkhand	2,91,581
17	Karnataka	9,50,718
18	Kerala	3,01,999
19	Lakshwadeep	4,503
20	Madhya Pradesh	6,70,999
21	Maharashtra	10,47,306
22	Manipur	16,118
23	Meghalaya	24,474
24	Mizoram	17,349
25	Nagaland	49,804
26	Odisha	4,43,705
27	Puducherry	29,855
28	Punjab	4,14,364
29	Rajasthan	6,29,861
30	Sikkim	49,857
31	Tamil Nadu	1 1,38,480
32	Telangana	3,78,653
33	Tripura	39,693

1	2	3
34	Uttar Pradesh	19,69,552
35	Uttaranchal	1,14,992
36	West Bengal	8,29,712
Total		1,35,11,518

[English]

Threat to Coastal Villages

1852. SHRIMATI PRATYUSHA RAJESHWARI SINGH: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether rise in sea level owing to global warming is posing a threat to the coastal villages of the country and if so, the details thereof and the reaction of the Government thereto;

(b) whether there are unauthorized development projects in coastal areas and decrease of green belt as a result thereof and if so, the details thereof;

(c) whether the Government has conducted any study in this regard and if so, the outcome thereof; and

(d) the other steps taken/being taken by the Government to address the problem?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) Sea levels are changing at different rates along the Indian coast as per the studies carried out at Indian National Centre for Ocean Information Services. The Second National Communication submitted by India to United Nations Framework Convention on Climate Change projects sea level rise by 3.5 to 34.6 inches between 1990 and 2100, which may result in saline coastal groundwater, endangering wetlands and inundating valuable land and coastal communities. The most vulnerable stretches along the western Indian coast are Khambhat and Kutch in Gujarat, Mumbai, and parts of the Konkan coast and south Kerala. The deltas of the Ganga, Krishna, Godavari, Cauvery, and Mahanadi on the East Coast may be threatened, along with irrigated land and a number of urban and other settlements that are situated in them. The Government is committed to take proactive steps for protecting country's coastal areas and communities.

(b) and (c) The Coastal Regulation Zone (CRZ) Notification, 2011 and Island Protection Zone (IPZ) Notification, 2011 are enforced and implemented by the concerned Coastal Zone Management Authorities (CZMAs) of State and Union Territories. Under the extant regulations, these CZMAs have been empowered to enquire into the cases of alleged violation of the provisions of the Notifications and take appropriate action under the law. As per State of Forest Report 2017, there has been a net increase of 181 sq.km in the mangrove cover of the country as compared to 2015 assessment.

(d) The other steps taken by the Government target protection of livelihoods of fisher folk communities, preservation of coastal ecology etc; initiation of an integrated coastal zone management project with objectives of building capacity for implementation of comprehensive coastal management, etc; delineation of erosion line over the entire coast line covering the mainland coastal States/UTs as a part of hazard line mapping exercise carried out by Survey of India; and National Strategy for Coastal Protection and guidelines for coastal protection measures for the States.

Grant-in-Aid to VOs/NGOs

1853. SHRI MANOJ TIWARI: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether the Government maintains data about the Voluntary Organisations (VOs)/NGOs funded under the various schemes of women, if so, the details thereof during the last three years, State/UT-wise;

(b) if not, the reasons therefor; and

(c) the details about the action taken in this regard and utilisation status of such funds, so far?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) to (c) The Ministry of Women and Child Development is implementing various schemes of women through Non-Governmental Organisations (NGOs) / Voluntary Organisations (VOs) across the country. Grants under these schemes are released after receipt of Utilisation Certificate certified by Administrative Secretary / Finance Secretary of the State/UTs or by a Chartered Accountant in cases of direct reimbursement/release to the NGOs. The State/UT-wise details of funds allocated/ released/utilized under these schemes during the last three years are given at enclosed Statement-I to IV.

Statement-I

VOs/NGOs under Swadhar Greh Scheme during last three years

Sl. No.	State/UT	Funds released (in lakhs)*		
		2015-16	2016-17	2017-18
1	2	3	4	5
1.	Andaman and Nicobar Island	0	4.4	9.01
2.	Andhra Pradesh	48.21	124.47	156.61
3.	Arunachal Pradesh	0	6.54	8.11
4.	Assam	43.47	237.56	197.03
5.	Bihar	0	69.79	86.54
6.	Chandigarh	0	7.27	9.01
7.	Chhattisgarh	5.26	17.44	16.22
8.	Dadra and Nagar Haveli	0	0	0
9.	Daman and Diu	0	0	0
10.	Delhi	0	14	18.02
11.	Goa	0	4.36	5.4
12.	Gujarat	7.58	40.5	37.86
13.	Haryana	0	4.36	9.77
14.	Himachal Pradesh	0	0	0
15.	Jammu and Kashmir	17.74	40	32.45
16.	Jharkhand	6.46	24.41	18.32
17.	Karnataka	67.94	461.95	560.73
18.	Kerala	0	52.36	43.27
19.	Lakshadweep	0	0	0
20.	Madhya Pradesh	50.77	95.91	89.99
21.	Maharashtra	35.89	576.88	438.36
22.	Manipur	47.76	284.07	189.83
23.	Meghalaya	0	0	8.72
24.	Mizoram	2.48	16.72	16.22
25.	Nagaland	0	6.54	8.11

1	2	3	4	5
26.	Odisha	269.16	723.85	521.43
27.	Puducherry	0	7.27	9.01
28.	Punjab	0	10.52	10.81
29.	Rajasthan	9.13	68.4	102.98
30.	Sikkim	0	6.54	8.11
31.	Tamil Nadu	12.48	247.22	280.07
32.	Telangana	63.24	134.61	177.88
33.	Tripura	0	26.17	32.45
34.	Uttar Pradesh	1490.89	383.43	598.1
35.	Uttarkhand	3.63	69.93	92.33
36.	West Bengal	154.48	18.37	448.35
37.	CSWB for SSH	2521.25	1519.46	0
38.	CSWB for construction of Swadhar Greh in Vrindavan, UP	-	3073	1476
39.	Home for Widows in Vrindavan, UP	-	-	-
Total		4857.82	8378.3	5717.1

*After 01.04.2016 Grants to NGOs are provided through State Government

Statement-II

Grant-in-Aid to VOs/NGOs under Ujjawala Scheme during last three years.

Sl. No.	State/UT	Funds released (in lakhs)*		
		2015-16	2016-17	2017-18
1	2	3	4	5
1.	Andaman and Nicobar Islands	0	0	0
2.	Andhra Pradesh	71.99	238.05	122.27
3.	Amnchal Pradesh	9.75	0	0
4.	Assam	385.22	280.88	365.59
5.	Bihar	0	23.38	28.99

1	2	3	4	5
6.	Chandigarh	0	0	0
7.	Chhattisgarh	10.84	46.54	38.75
8.	Dadra and Nagar Haveli	0	0	0
9.	Daman and Diu	0	0	0
10.	Delhi	0	0	0
11.	Goa	0	0	0
12.	Gujarat	32.88	43.96	59.37
13.	Haryana	7.31	14.78	0
14.	Himachal Pradesh	0	0	0
15.	Jammu and Kashmir	0	0	0
16.	Jharkhand	0	0	0
17.	Karnataka	265.66	235.52	329.27
18.	Kerala	31.57	24.21	39.48
19.	Lakshadweep	0	0	0
20.	Madhya Pradesh	7.06	8.54	10.59
21.	Maharashtra	304.75	287.41	294.45
22.	Manipur	152.23	117.66	253.88
23.	Meghalaya	0	0	0
24.	Mizoram	92.5	21.67	26.87
25.	Nagaland	25.17	12.07	14.96
26.	Odisha	233.02	307.24	250.62
27.	Puducherry	0	0	0
28.	Punjab	0	0	0
29.	Rajasthan	107.27	21.82	143.86
30.	Sikkim	10.51	0	24.82
31.	Tamil Nadu	99.39	88.43	59.31
32.	Telangana	98.29	44.28	109.89
33.	Tripura	0	0	0
34.	Uttar Pradesh	48.57	89.53	111.18

1	2	3	4	5
35.	Uttarakhand	22.92	53.56	82.05
36.	West Bengal	50.17	0	84.34
Total		2067.07	2031	2450.54

*After 01.04.2016 Grants to NGOs are provided through State Government

Statement-III

Grant-in-Aid to VOs/NGOs under Working Women Hostel (WWH) Scheme during last three years

Sl. No.	State/UT	Funds released (in lakhs)*		
		2015-16	2016-17	2017-18
1	2	3	4	5
1	Andaman and Nicobar Islands	-	-	-
2	Andhra Pradesh	181.08	247.88	-
3	Arunachal Pradesh	268.42	192.54	193.47
4	Assam	-	-	8.83
5	Bihar	-	-	-
6	Chandigarh	-	-	-
7	Chhattisgarh	-	-	-
8	Dadar Nagar Haveli	-	-	-
9	Daman and Diu	-	-	-
10	Delhi	-	-	-
11	Goa	-	-	-
12	Gujarat	-	-	183.76
13	Haryana	-	-	-
14	Himachal Pradesh	-	-	265.83
15	Jammu and Kashmir	-	-	-
16	Jharkhand	-	-	-
17	Karnataka	-	-	973.66
18	Kerala	244.8	932.17	-

1	2	3	4	5
19	Lakshadweep	-	-	-
20	Madhya Pradesh	-	-	-
21	Maharashtra	251.76	348	7.17
22	Manipur	92.08	149.75	462.27
23	Meghalaya	-	-	-
24	Mizoram	-	-	-
25	Nagaland	181.03	442.48	690.14
26	Odisha	-	-	-
27	Puducherry	-	-	-
28	Punjab	-	-	-
29	Rajasthan	-	-	-
30	Sikkim	-	-	-
31	Tamil Nadu	-	-	-
32	Telangana	-	-	-
33	Tripura	-	-	-
34	Uttar Pradesh	-	-	-
35	Uttarakhand	-	-	-
36	West Bengal	-	-	-

*After 22.11.2017 Grants to NGOs are provided through State Government

Statement-IV

Grant-in-Aid to VOs/NGOs under Research Scheme during last three years.

Sl. No.	State/UT	Funds released (in lakhs)*		
		2015-16	2016-17	2017-18
1	2	3	4	5
1	Assam	1.43	-	-
2	Delhi	44.75	30.00	36.30
3	Haryana	26.27	-	-
4	Kerala	11.19	-	-
5	Odisha	7.08	-	-
6	Uttar Pradesh	1.86	15.41	9.74

*The amount includes grants released to NGOs, Public and Private Institutions

Study of Climate Change Effects

1854. SHRI ANURAG SINGH THAKUR: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) the details of the international and regional collaborations for the study of climate change effects and mitigation in the country;

(b) the outcome of the study on Research on Glacial Lake Outburst Floods conducted by the Government; and

(c) the details of other programmes/ schemes/ policies implemented by the Government for sustainable development of Himalayan Region and in Himachal Pradesh?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) Intergovernmental Panel on Climate Change (IPCC), a body jointly formed by the World Meteorological Organisation and the United Nations Environment Program, periodically assesses the global climate change. Scientists from all over the world, including India contribute to the IPCC assessment reports. Nationally, a study was conducted by the Ministry of Environment, Forest & Climate Change titled "Climate Change and India: A 4X4 Assessment - A Sectoral and Regional Analysis for 2030s" which provides assessment of impacts of climate change in 2030 on four key sectors of Indian economy, namely, agriculture, water, forests and human health in four climate sensitive regions of India, viz, the Himalayan region, the Western Ghats, the Coastal region and the North-Eastern Region. Further, in the area of glaciology, an Indo-Swiss Joint Cooperation for capacity building programme has been established to study climate change effects.

(b) A study on Glacial Lake Outburst Floods (GLOF) has been supported by the Government in project mode for the South Lhonak Lake in Sikkim Himalayas. Eased on the electric resistivity and bathymetric studies, the expert team suggested for siphoning. The outlet of the lake was widened to reduce the vulnerability of the lake. The volume of the lake stands monitored by the Central Water Commission.

The State Centre on Climate Change of the Himachal Pradesh Council for Science Technology & Environment has also been involved in the study of GLOFs

in Himachal Pradesh. The outcome of their research reveals presence of 642 lakes, out of which 56 are mainly high altitude wetlands and the remaining 586 are the lakes formed either at the snouts of the glaciers or the supra glacier lakes existing within the glacier body in the ablation zones in the Satluj basin which includes the catchment areas in Himachal Pradesh as well as in Tibetan Himalayan Region.

(c) The Government, as part of National Action Plan on Climate Change, has launched the National Mission for Sustaining Himalayan Ecosystem (NMSHE) under which six thematic task forces anchored around six lead institutions have been set up to undertake studies to assess the health of Himalayan ecosystem in the areas of natural & geological wealth; water, ice, snow, including glaciers, Micro flora & fauna, wildlife & animal population; Forest resources & plant biodiversity; Himalayan Agriculture; and Traditional Knowledge.

An Inter-University Consortium on "The Himalayan Cryosphere: Science, and Society" has been set up with four partnering universities, to look into Cryosphere-Societal interactions, within the framework of integrated science and social-science research.

State Climate Change Cells have been established in 11 Himalayan states for climate change risk and vulnerability assessment, capacity building and public awareness.

[Translation]

PAN Card Services

1855. SHRI RODMAL NAGAR: Will the Minister of FINANCE be pleased to state:

(a) whether the Government has relaxed the necessity of father's name for making PAN card a id if so, the details thereof;

(b) if not, the reasons therefor; and

(c) the condition under which the said facility can be availed?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Yes Madam, in the case of an applicant, having mother as a 'single parent', the necessity of furnishing father's name, in permanent account number (PAN) Forms have been relaxed. Vide Notification bearing G.S.R. No.1128 (E) dated 19th November, 2018, the application Forms for

allotment of permanent number (PAN) have been amended so that an applicant, having mother as a 'single parent', may apply for PAN by furnishing mother's name only.

(b) Does not arise in view of reply given at (a) above.

(c) As per reply given at (a) above.

[English]

Establishment of Dry Ports

1856. DR. FAROOQ ABDULLAH: Will the Minister of FINANCE be pleased to state:

(a) whether the Government has any proposals for establishing certain dry ports in Jammu and Kashmir; and

(b) if so, the details thereof and the action taken thereon?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Yes Madam. As per information available, only one proposal for setting up of Inland Container Depot (ICD) at Industrial complex Ranegreth, Kashmir by J & K State Industrial Development Corporation Ltd. is available with Department.

(b) Letter of Intent was issued to J & K State Industrial Development Corporation Ltd. on 22.11.2005 for creating proper infrastructure for setting up of ICD within a period of one year. During last 13 years, 10 extensions were granted to developer for creating proper infrastructure.

[Translation]

Pollution in Gang Canal

1857. SHRI NIHAL CHAND: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Union Government has taken any note of the contaminated water flowing into Gang canal from Punjab to Rajasthan through Ferozepur and Sirhind feeder;

(b) if so, the details thereof and the action taken by the Government in this regard; and

(c) the directions likely to be issued to the Government of Punjab by the Union Government to prevent the said pollution?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (c) Gang canal (also called Bikaner canal) is getting water through herozepur feeder, which offtakes from Harike barrage situated at the confluence of Satluj and Beas rivers in Punjab. The Central Pollution Control Board (CPCB) in collaboration with the Punjab Pollution Control Board (PPCB) is regularly conducting survey of rivers Satluj & Beas as well as other point sources discharging into these rivers. As per the studies carried out by CPCB in collaboration with PPCB and Water Resources Department of Punjab, the water quality of rivers Satluj and Beas as well as the Rajasthan feeder canals is impacted due to discharge of untreated/ partially treated sewage and industrial effluent from cities and towns of Punjab.

This Ministry is supplementing the efforts of the State Governments in pollution abatement in identified stretches of various rivers through the Centrally Sponsored Scheme of National River Conservation Plan (NRCP) for implementation of projects on cost sharing basis between the Central and State Governments. Under the NRCP, for conservation and pollution abatement of rivers Satluj and Beas, schemes pertaining to interception and diversion of sewage, sewage treatment plants, crematoria, afforestation, public participation & awareness, etc. has been sanctioned in 14 towns in Punjab at a sanctioned cost of Rs. 717.32 crore. Sewage treatment capacity of 644.2 million litres per day (mid) has been created so far under the NRCP in Punjab.

CPCB had issued directions under Section 18 (1) (b) of the Water (Prevention and Control of Pollution) Act, 1974 in November, 2014 to Punjab Pollution Control Board and Rajasthan State Pollution Control Board in the matter of contamination of Rajasthan feeder canals originating from Punjab for management of municipal as well as industrial wastewater in Punjab and conventional treatment with disinfection of water of the feeder canals for drinking purpose in Rajasthan. Directions has also been issued by the CPCB under Section 18 (1) (b) of the Water (Prevention and Control of Pollution) Act, 1974 in May, 2018 on the issue of contaminated water in Rajasthan feeder canals originating from Punjab to the Himachal Pradesh Pollution Control Board, Punjab Pollution Control Board, Rajasthan State Pollution Control Board to install Real time Water Quality Monitoring Systems (RTWQMS) at the respective jurisdiction of all inter-state borders on river Sutlej by the concerned Departments.

[*English*]

Cleaning of Kaveri River

1858. SHRI S. SELVAKUMARA CHINNAIYAN: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has any proposal to clean Kaveri river in Tamil Nadu and Karnataka States; and

(b) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) It is the responsibility of the State Governments/ concerned local bodies to set up facilities for collection, transportation and treatment of sewage for abatement of pollution of rivers. This Ministry has been supplementing the efforts of the State Governments in abatement of pollution in identified stretches of various rivers under National River Conservation Plan (NRCP) for taking-up various pollution abatement works, on cost sharing basis between the Central & State Governments.

Under NRCP, for pollution abatement of river Kaveri in Karnataka, projects have been taken-up in the towns of KR Nagar, Kollegal, Nanjangud and Srirangapatna at total sanctioned cost of Rs. 5.34 crore and a total sewage treatment capacity of 7.52 million litres per day (mid) has been created. Projects for pollution abatement of river Kaveri in Tamil Nadu have been taken-up in the towns of Bhawani, Erode, Karur, Kumbakonam, Kumarapalayam, Myladuthurai, Pallipalayam and Tiruchirappalli at a total sanctioned cost of Rs.263.75 crore and sewage treatment capacity of 161.41 mid has been created. Presently, no fresh proposal has been received in the Ministry for pollution abatement of river Kaveri in Karnataka and Tamil Nadu under the NRCP.

Disposal of Hazardous Industrial Waste into Rivers

1859. SHRI PARVESH SAHIB SINGH VERMA: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) the details of rivers where any kind of hazardous industrial waste are being disposed;

(b) the steps taken by the Government during last Five years to prevent untreated heavy metal waste and

hazardous waste from being disposed directly into rivers in and around Delhi; and

(c) the new technologies adopted by Government for treatment of hazardous wastes from industries before being disposed into rivers?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (c) Central Pollution Control Board (CPCB) in association with the State Pollution Control Boards (SPCBs)/Pollution Control Committees (PCCs) monitor the water quality of rivers across the country through a network of monitoring stations under the National Water Quality Monitoring Programme. As per the report published by CPCB in September 2018, 351 polluted river stretches have been identified on 323 rivers based on Bio-chemical Oxygen Demand (BOD) levels, a key indicator of pollution. The major source of pollution of these rivers is discharge of untreated and partially treated sewage from cities/ towns and industrial effluents.

As per the Hazardous and Other Wastes (Management and Trans-boundary Movement) Rules, 2016 notified under the Environment (Protection) Act, 1986, industrial hazardous wastes are required to be disposed off in an environmentally sound manner. Compliance with these rules is monitored by the CPCB and SPCBs/PCCs and action is taken in cases of violation by industries. With respect to the industries in Delhi, regular inspections are undertaken by Delhi Pollution Control Committee to ensure compliance.

Steps taken by the Government, in addition to the notification of the aforesaid rules, to implement environmentally sound management of hazardous wastes, inter alia, include availability of 42 Common Hazardous Waste Treatment, Storage and Disposal Facilities (TSDFs) in 18 States/Union Territories; establishment of 1733 authorized recyclers of commonly recyclable hazardous wastes having authorized capacity of 6.99 million tonnes; permission for 65 cement plants for co-processing; development of 224 facilities for utilization of various categories of hazardous waste as a resource/for energy recovery; development of guidelines and manuals for hazardous waste management in various industrial sectors; notification of industry specific effluent standards; issuance of directions to SPCBs/PCCs to ensure compliance; installation of Online Continuous Emission/Effluent Monitoring Systems (OCEMS) in 17 categories of

highly polluting industries, etc. Further, CPCB has developed 46 Standard Operating Procedures (SoPs) to enable waste processing industries to utilize various streams of hazardous wastes such as spent solvent, spent catalyst, vanadium sludge, coal tar, aluminium dross, phenolic wastewater, spent carbon, etc. and these SoPs have been circulated to all SPCBs/PCCs for granting authorization to industries after verification of minimal requisite facilities stipulated under the respective SoP.

[Translation]

Rewards for Employees

1860. SHRI RAJESH VERMA: Will the Minister of FINANCE be pleased to state:

(a) whether the Government gives reward/incentives to the employees/ other people who help in confiscating gold, silver and other items brought through smuggling at the airports of the country; and

(b) if so, the number of persons/ employees rewarded for helping in confiscation of smuggled gold, silver etc. at Lucknow International Airport from the year 2010 till date?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Yes, Madam.

(b) 216 Government employees and one person (other than government employees) have been rewarded for helping in confiscation of smuggled gold, silver etc. at Lucknow International Airport from the year 2010 till now.

[English]

Forest Fires

1861. KUNWAR PUSHPENDRA SINGH CHANDEL:
SHRIMATI M. VASANTHI:
SHRI V. ELUMALAI:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) the policy of the Government for checking forest fires in the country;

(b) the details of incidents of forest fires reported during the last three years, State-wise along with the measures taken by the Government for preventing such incidents;

(c) whether it is a fact that just 20 districts mainly located in the North East accounted for over 40 per cent

of all forest fires detected between 2003 and 2016 in India, if so, the details thereof;

(d) whether it is also true that similarly, the top 20 districts mainly in Central India accounted for about 48 percent of the total fire affected area in the country during the above period, if so, the details thereof;

(e) whether it is also true that forest fires occur in around half of all the districts in nearly all the States every year, if so, the details thereof;

(f) whether it is a fact that the forest fires cause an annual loss of Rs. 1101 crore in India, if so, the details thereof; and

(g) whether it is also true that an aggressive strategy and involvement of local can help in controlling forest fires, if so, the steps taken by the Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) Forest Fire occurs every year during summer due to various natural and anthropogenic reasons including accumulation of inflammable materials such as dry leaves, twigs, pine needles etc. Forest Survey of India (FSI), Dehradun, disseminates the satellite based forest fire alerts to the State Forest Departments and other registered users whenever forest fires are detected. The details of forest fire alerts issued to all State/ Union Territory Forest Departments during the last three years is given in Statement.

The Ministry has formulated National Action Plan on Forest Fire and circulated to all State/UT Governments for taking appropriate action for effective prevention and management of forest fire. The responsibility of forest fire prevention and management lies primarily with the respective State/UT Governments. The State Governments have their own forest fire management plans. The Ministry supports the efforts of State/Union Territory Governments in prevention and control of forest fire by providing financial assistance for various forest fire prevention and management measures under the Centrally Sponsored Forest Fire Prevention and Management (FPM) Scheme.

(c) Ministry of Environment, Forest and Climate Change, assisted by World Bank, conducted a study which states that 20 districts mainly located in the North East accounted for about 40.29 per cent of all forest fires

detected between 2003 and 2016. The details are given in Statement.

(d) Ministry of Environment, Forest, and Climate Change, assisted by World Bank, conducted a study which states that 20 districts, mainly in Central India, accounted for about 48.18 percent of the total fire affected area in the country between 2003 and 2016. The details are given in Statement-III.

(e) No, Madam.

(f) The data regarding economic loss due to forest fire is not maintained in this Ministry.

(g) Yes, Madam. The involvement of local can help in controlling forest fires. The concerned State Forest Departments take the help of local communities in forest fire management.

Statement-I

Details of forest fire alerts issued to all States and UTs forest departments during the last three years

Sl. No.	States/UTs	2015	2016	2017
1	2	3	4	5
1	Andaman and Nicobar Islands	1	24	8
2	Andhra Pradesh	1,075	1,699	1877
3	Arunachal Pradesh	358	293	733
4	Assam	1,656	1,766	1877
5	Bihar	45	321	272
6	Chandigarh	0	-	1
7	Chhattisgarh	1,272	2,808	4373
8	Dadra and Nagar Haveli	0	0	0
9	Daman and Diu	0	0	0
10	Delhi	0	2	5
11	Goa	0	10	32
12	Gujarat	117	262	574
13	Haryana	6	43	185
14	Himachal Pradesh	22	199	170
15	Jammu and Kashmir	13	217	113

1	2	3	4	5	1	2	3	4	5
16	Jharkhand	457	740	1133	27	Puducherry	0	0	9
17	Karnataka	295	831	1333	28	Punjab	7	45	320
18	Kerala	91	165	456	29	Rajasthan	90	66	260
19	Lakshadweep	0	0	0	30	Sikkim	3	0	8
20	Madhya Pradesh	294	2,675	4781	31	Tamil Nadu	95	113	301
21	Maharashtra	721	1,874	3487	32	Telangana *	1,052	1,154	1748
22	Manipur	1,286	1,105	1094	33	Tripura	476	346	431
23	Meghalaya	1,373	966	1454	34	Uttar Pradesh	130	691	1170
24	Mizoram	2,468	1,318	1587	35	Uttarakhand	207	1,501	376
25	Nagaland	722	678	930	36	West Bengal	138	142	364
26	Odisha	1,467	2,763	4416	Grand Total		15,937	24,817	35,888

Statement-II

Details of study conducted by Ministry of Environment, Forest and Climate Change regarding forest fire in 20 districts mainly located in North East

Sl. No.	District, State, Region	Fire detections, 2003-2016 (number)	Share of fire detections, 2003-2016 (%)	Share of total forest cover, 2000 (%)
1	2	3	4	5
1	Lunglei, Mizoram, North East	13,453	3.82	0.87
2	Karbi Anglong, Assam, North East	12,238	3.48	1.71
3	Dima Hasao, Assam, North East	11,608	3.30	0.91
4	Churachandpur, Manipur, North East	11,068	3.15	0.87
5	Mamit, Mizoram, North East	9,005	2.56	0.58
6	Lawngtlai, Mizoram, North East	8,501	2.42	0.43
7	Tamenglong, Manipur, North East	8,163	2.32	0.79
8	Aizawl, Mizoram, North East	6,705	1.91	0.61
9	Gadchiroli, Maharashtra, Central	6,264	1.78	1.56
10	Dhalai, Tripura, North East	6,234	1.77	0.40
	Top 10 subtotal	93,239	26.50	8.73
11	Champhai, Mizoram, North East	5,940	: 1.69	0.64
12	W. Khasi Hills, Meghalaya, North East	5,220	1.48	0.88
13	Narayanpur, Chhattisgarh, Central	5,098	1.45	0.78

1	2	3	4	5
14	Ribhoi, Meghalaya, North East	4,835	1.37	0.43
15	Kandhamal, Odisha, Central	4,753	1.35	1.09
16	E. Garo Hills, Meghalaya, North East	4,687	1.33	0.50
17	Ukhrul, Manipur, North East	4,645	1.32	0.78
18	Chandel, Manipur, North East	4,628	1.32	0.56
19	Bijapur, Chhattisgarh, Central	4,615	1.31	1.19
20	North Tripura, Tripura, North East	4,087	1.16	0.33
Top 20 subtotal		141,747	40.29	15.91

Statement-III

Details of study conducted by Ministry of Environment, Forest and Climate Change regarding forest fire in 20 districts mainly located in Central India

Sl. No.	District, State, Region	Fire affected area, 2003-2016 (sq km)	Share of burnt area, 2003-2016(%)	Share of total forest cover, 2000 (%)
1	2	3	4	5
1	Gadchiroli, Maharashtra, Central	4,106	8.24	1.56
2	Bijapur, Chhattisgarh, Central	2,633	5.29	1.19
3	Kharmiam, Telangana, South	1,923	3.86	1.13
4	Narayanpur, Chhattisgarh, Central	1,346	2.70	0.78
5	Warangal, Telangana, South	1,273	2.56	0.45
6	Koriya, Chhattisgarh, Central	1,169	2.35	0.42
7	Adilabad, Telangana, South	995	2.00	0.39
8	Chandrapur, Maharashtra, Central	970	1.95	0.3
9	Surguja, Chhattisgarh, Central	948	1.90	0.79
10	Kurnool, Andhra Pradesh, South	895	1.80	0.23
Top 10 subtotal		16,258	32.64	7.24
11	Amravati, Maharashtra, Central	888	1.78	0.23
12	Y.S.R., Andhra Pradesh, South	854	1.71	0.32
13	Prakasam, Andhra Pradesh, South	849	1.70	0.31
14	Dakshin Bastar Dantewada, Chhattisgarh, Central	803	1.61	0.73
15	Bilaspur, Chhattisgarh, Central	799	1.60	0.36
16	Raipur, Chhattisgarh, Central	777	1.56	0.50

1	2	3	4	5
17	Betul, Madhya Pradesh, Central	727	1.46	0.29
18	Champhai, Mizoram, North East	707	1.42	0.64
19	Lawngtlai, Mizoram, North East	673	1.35	0.43
20	Dima Hasao, Assam, North East	665	1.34	0.91
Top 20 subtotal		24,000	48.18	11.97

Conservation of Tigers

1862. DR. PRABHAS KUMAR SINGH: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) the total number of tigers in the country at present, State/UT-wise;

(b) the number of incidents of poaching of tigers registered during the last four years;

(c) the steps being taken by the Government for the conservation of tigers in the country; and

(d) whether there is any system in place to review the success or failure of such initiatives and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) As per the assessment of Status of Tigers, Co-predators and Prey, 2014 using the refined methodology, the tiger number in India is estimated at 2226 (range 1945-2491) as compared to 2010 estimate of 1706 (range 1520-1909 tigers). The details of tiger estimation pertaining to tiger landscapes in the country for the years 2010 and 2014 are enclosed as Statement-I. The population of tigers, reserve-wise, is enclosed as Statement-II.

(b) Number of confirmed tiger poaching and seizure cases are as follows:

Year	Poaching	Seizure
2014	9	12
2015	11	10
2016	21	22
2017	18	10

(c) The Government of India under the Centrally Sponsored Scheme of Project Tiger supports the following activities for tiger conservation:

1. Stepping up protection: (antipoaching squad/ Tiger Protection Force deployment).
2. Deciding inviolate spaces for wildlife and relocation of villagers from core or critical tiger habitats in Tiger Reserves within a timeframe and settlement of rights.
3. Strengthening of infrastructure within Tiger Reserves.
4. Habitat improvement and water development.
5. Addressing man-animal conflict (ensuring uniform, timely compensation for human deaths due to wild animals, livestock depredation by carnivores, crop depredation by wild ungulates) (compensation for crop loss is a new component):
6. Co-existence agenda in buffer or fringe areas.
7. Rehabilitation of traditional hunting tribes living around tiger reserves.
8. Research and field equipments.
9. Staff development and capacity building.
10. Mainstreaming wildlife concerns in tiger bearing forests and fostering corridor conservation through restorative strategy involving locals to arrest fragmentation of habitats.
11. Safeguards and Retrofitting measures in the interest of wildlife conservation.
12. Providing basic infrastructure.

13. Independent monitoring and evaluation of tiger reserves.
14. Establishment and development of new tiger reserves.
15. Provision of Project Allowance to staff of Project Tiger.
16. Staff welfare activities.
17. Fostering Tourism or Ecotourism in tiger reserves. Besides, for protection of tigers, following steps have been taken:
- (i) Generic guidelines on preparation of Security Plan which forms part of the overarching Tiger Conservation Plan (TCP), mandated under the Wildlife (Protection) Act, 1972 have been circulated.
 - (ii) A protocol to conduct security audit of tiger reserves has been instituted.
 - (iii) Advisory for Monsoon Patrolling has been issued to all tiger reserves.
 - (iv) Advisory to deal with mortality due to electrocution has been circulated.
 - (v) M-STrIPES patrol application (android based) has been provided to all tiger reserves to ensure effective area domination as well as accountability.
 - (vi) Unmanned Aerial Vehicles (UAV) have been customized in a special project and first set of equipment handed over to the Panna Tiger Reserve after capacity building.
 - (vii) Financial assistance under ongoing Centrally Sponsored Scheme of Project Tiger is provided to employ anti-poaching staff, infrastructure development besides for procuring equipment for anti-poaching and assistance for legal support and intelligence gathering.
 - (viii) Financial assistance to raise, arm and deploy the Special Tiger Protection Force (STPF).
 - (ix) Providing grant through NTCA for patrolling in tiger rich sensitive forest areas outside tiger reserves.
 - (x) Alerting the States as and when required and transmitting backward / forward linkages of information relating to poachers.
 - (xi) Advising the States for combing forest floor to check snares / traps.
 - (xii) Performing supervisory field visits through the National Tiger Conservation Authority and its regional offices.
 - (xiii) Launching tiger reserve level monitoring using camera trap to keep a photo ID database of individual tigers.
 - (xiv) Preparing a national database of individual tiger photo captures to establish linkage with body parts seized or dead tigers.
 - (xv) Initiative taken for collaboration of National Tiger Conservation Authority and Wildlife Crime Control Bureau towards an online tiger / wildlife crime tracking / reporting system in tiger reserves and to coordinate with INTERPOL for checking trans-border trade of wildlife products.'
 - (xvi) Bilateral co-operation with neighbouring countries like Nepal, Bangladesh and Bhutan.
 - (xvii) Sharing of information on seizure of body parts including skin of tigers among tiger range countries to ascertain source area. India made a proposal in this regard in CITES CoP-17 in Johannesburg which was agreed by member countries.
- (d) Management interventions at tiger reserves are reviewed through a quadrennial Management Effectiveness Evaluation by an independent body of experts with technical backstopping provided by the Wildlife Institute of India, Dehradun.

Statement-I

Details of tiger estimation pertaining to tiger landscapes in the country, for the years 2010 and 2014

State	Tiger Population		
	2010	2014	Increase/ Decrease/ Stable
1	2	3	4
<i>Shivalik-Gangetic Plain Landscape Complex</i>			
Uttarakhand	227 (199-256)	340	Increase
Uttar Pradesh	118 (113-124)	117	Stable
Bihar	8(-)	28	Increase
Shivalik Gangetic	353 (320-388)	485 (427-543)	Increase
<i>Central Indian Landscape Complex and Eastern Ghats Landscape Complex</i>			
Andhra Pradesh (including Telangana)	72 (65-79)	68	Stable
Chhattisgarh	26 (24-27)	46	Increase
Madhya Pradesh	257 (213-301)	308	Increase
Maharashtra	169 (155-183)	190	Increase
Odisha	32 (20-44)	28	Stable
Rajasthan	36 (35-37)	45	Increase

1	2	3	4
Jharkhand	10 (6-14)	3+	Decrease*
Central India	601 (518-685)	688 (596-780)	Increase
<i>Western Ghats Landscape Complex</i>			
Karnataka	300 (280-320)	406	Increase
Kerala	71 (67-75)	136	Increase
Tamil Nadu	163 (153-173)	229	Increase
Goa	-	5	Increase
Western Ghats	534 (500-568)	776 (685-861)	Increase
<i>North Eastern Hills and Brahmaputra Flood Plains</i>			
Assam	143 (113-173)	167	Increase
Arunachal Pradesh	-	28*	Increase
Mizoram	5	3+	Stable
North West Bengal	-	3	**
North East Hills, and Brahmaputra	148 (118-178)	201 (174-212)	Increase
Sunderbans	70 (64-90)	76 (92-96)	Stable
Total	1706 (1520-1909)	2226 (1945-2491)	Increase

+ From scat DNA

* From camera trap data and scat DNA

* Much of the tiger occupied areas could not be surveyed owing to naal problem

** Tiger estimation was not done in the year 2010

Statement-II*Population of tigers, reserve-wise, as per Status of Tigers, Co-predators and Prey in India, 2014*

Tiger Reserve	State	Tiger Population	Lower SE Limit	Upper SE Limit
Achanakmar	Chhattisgarh	11	10	12
Anamalai	Tamil Nadu	13	11	14
Bandhavgarh	Madhya Pradesh	63	55	71
Bandipur	Karnataka	120	107	134
Bhadra	Karnataka	22	20	25
Biligiri Ranganatha Temple	Karnataka	68	60	75
Bor	Maharashtra	5	3	6
Buxa*	West Bengal	2	2	2
Corbett	Uttarakhand	215	169	261
Dampa*	Mizoram	3	3	3
Dandeli-Anshi	Karnataka	5	3	6
Dudhwa	Uttar Pradesh	58	46	69
Indravati	Chhattisgarh	12	11	13
Kalakad Mundanthurai	Tamil Nadu	10	9	11
Kanha	Madhya Pradesh	80	71	90
Kaziranga	Assam	103	91	115
Manas	Assam	11	9	12
Melghat	Maharashtra	25	21	30
Mudumalai	Tamil Nadu	89	79	99
Nagarahole	Karnataka	101	90	113
Nagarjunasagar Srisailem	Andhra Pradesh	54	40	67
Namdapha	Arunachal Pradesh	11	5	11
Nameri	Assam	5	4	5
Nawegoan-Nagzira	Maharashtra	7	4	10
Pakke	Arunachal Pradesh	7	6	8
Palamau*	Jharkhand	3	3	3
Panna	Madhya Pradesh	17	17	17
Parambikulam	Kerala	19	17	21
Pench	Madhya Pradesh	43	36	49
Pench	Maharashtra	35	28	42

Tiger Reserve	State	Tiger Population	Lower SE Limit	Upper SE Limit
Periyar	Kerala	20	18	22
Pilibhit	Uttar Pradesh	25	19	30
Ranthambhore	Rajasthan	37	30	41
Sahyadri*	Maharashtra	7	7	7
Sanjay-Dubri	Madhya Pradesh	8	7	10
Sariska	Rajasthan	9	9	9
Sathyamangalam	Tamil Nadu	72	64	80
Satkosia	Odisha	3	2	4
Satpura	Madhya Pradesh	26	22	30
Similipal	Odisha	17	14	19
Sunderban	West Bengal	68	57	86
Tadoba-Andhari	Maharashtra	51	44	58
Udanti-Sitanadi	Chhattisgarh	4	3	4
Valmiki	Bihar	22	17	26
Total		1586	1343	1820

* Minimum number of tigers recorded through scat DNA, in these cases a standard error on their estimate was not possible.

[Translation]

Rejuvenation of Tawi and Chenab Rivers

1863. SHRI JUGAL KISHORE: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether any draft for the rejuvenation and redevelopment of river Tawi and Chenab in Jammu and Kashmir has been prepared;

(b) if so, the details thereof; and

(c) the details of the funds allocated for rejuvenation and redevelopment of rivers in the States under different schemes?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (c) This Ministry has been supplementing the efforts of the State Governments in abatement of pollution in identified stretches of various rivers under National River Conservation Plan (NRCP) for taking-up various pollution abatement works, on cost

sharing basis between the Central & State Governments. The pollution abatement schemes under NRCP are sanctioned after due appraisal from time to time in identified stretches of various rivers on the basis of proposals received from the State Governments, their conformity with the NRCP guidelines and availability of funds.

NRCP {excluding Ganga and its tributaries, which are handled by Ministry of Water Resources, River Development & Ganga Rejuvenation (MoWR, RD&GR) from 01/08/2014 onwards} has so far covered polluted stretches of 33 rivers (including Devika and Tawi rivers in Jammu and Kashmir) in 76 towns spread over 15 States in the country at a sanctioned cost of Rs. 4801.57 crore, and Central share of Rs. 2337.73 crore has been released to the State Governments for implementation of various pollution abatement schemes. Sewage treatment capacity of 2520.43 mld (million litres per day) has been created so far under the NRCP.

A project for pollution abatement of Devika and Tawi rivers at Udhampur town of Jammu and Kashmir has been sanctioned in September, 2018 at a cost of Rs.

186.74 crore under NRCP, on 90:10 cost sharing funding pattern between Central and State Governments. Major components under the project include laying of sewer lines of 129.27 kms., construction of 3 sewage pumping stations and Sewage Treatment Plants (STPs) of total 13.60 million litres per day (mid) treatment capacity. In addition, works related to river front development, construction of improved wood crematoria and public awareness activities have also been sanctioned under the project. Central share of Rs. 30.00 crore has been released to Government of Jammu and Kashmir under the project.

State Governments, apart from their own budgetary allocation, are also accessing financial assistance for creation of sewerage infrastructure, including sewage treatment plants (STPs), in various cities/towns under Atal Mission for Rejuvenation and Urban Transformation (AMRUT) and Smart Cities Mission of Ministry of Housing & Urban Affairs as well as Namami Gange programme of MoWR, RD&GR.

AYUSH Welfare Hospitals

1864. SHRI LAXMAN GILUWA:
SHRIMATI SAVITRI THAKUR:
SHRI LAXMI NARAYAN YADAV:

Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether AYUSH Welfare Hospitals have been established districtwise in Jharkhand and Madhya Pradesh, if so, the amount released as well as utilised so far;

(b) whether required doctors and equipments are available in AYUSH Welfare Hospitals in Jharkhand and Madhya Pradesh;

(c) if not, the reasons, therefor;

(d) the assistance provided to the State by the Union Government to remove the bottlenecks;

(e) whether the Government proposes to set up Government Ayurvedic dispensaries and medicine distribution centres in the rural areas; and

(d) if so, the number of districts in Madhya Pradesh where Ayurvedic dispensaries and medicine distribution centres are likely to be set up?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO

NAIK): (a) to (d) Public Health being a State subject, the primary responsibility regarding opening of AYUSH welfare hospitals in Jharkhand & Madhya Pradesh and availability of doctors & equipments in these hospitals, come under purview of respective State Governments. However, under Centrally Sponsored Scheme of National AYUSH Mission (NAM) there is a provision of financial assistance to set up upto 50-bedded integrated AYUSH hospitals. Under NAM, grant-in-aid is being provided to State/UT Governments including Jharkhand & Madhya Pradesh as per their State Annual Action Plans (SAAPs). Accordingly, an amount of Rs. 1600.00 lakhs have been approved to the State of Madhya Pradesh for setting up of 04 upto 50 bedded integrated AYUSH hospital at Bhopal, Indore, Sehore & Chitrakoot and Rs. 393.62 lakhs has been utilized by the State. As far as the State of Jharkhand is concerned, no grant-in-aid has been provided for setting up upto 50 bedded integrated AYUSH hospital.

(e) and (f) As public health is a State subject, setting up of Government Ayurvedic dispensaries and medicine distribution centres in the rural areas comes under the purview of respective State Government. However, under Centrally Sponsored Scheme of National AYUSH Mission (NAM) there is a provision of financial assistance to States /UTs for different activities which also includes assistance for upgradation & supply of medicines to AYUSH dispensaries & Hospitals and co-located AYUSH facilities at Primary Health Centres (PHCs). The status of such type of units supported in the State of Madhya Pradesh is enclosed as Statement.

Statement

Status of supported AYUSH Hospitals, AYUSH Dispensaries and Co-located PHCs

Sl. No.	Name of District	2014-15			
		No. of upgraded AYUSH Dispensaries	No. of upgraded AYUSH Hospitals	Units supported for Medicines	No. of Co-located PHCs
1	2	3	4	5	6
1	Agar Malwa				
2	Alirajpur				
3	Anuppur				

1	2	3	4	5	6
4	Ashoknagar	2			
5	Balaghat	2			
6	Barwani				
7	Betul	3			
8	Bhind	5			
9	Burhanpur				
10	Bhopal	1			
11	Chhatarpur				
12	Chhindwara				
13	Damoh	3			
14	Datia	3			
15	Dewas				
16	Dhar				
17	Dindori				
18	Guna				
19	Gwalior				
20	Harda				
21	Hoshangabad	2			
22	Indore				
23	Jabalpur	6			
24	Jhabua	1			
25	Katni	5			
26	Khandwa				
27	Khargone				
28	Mandla				
29	Mandsaur	4			
30	Morena				
31	Narsinghpur	3			
32	Neemuch				
33	Niwari				
34	Panna	1			

1	2	3	4	5	6
35	Raisen	3			
36	Rajgarh	6			
37	Ratlam	2			
38	Rewa	5			
39	Sagar	1			
40	Satna	4			
41	Sehore	2			
42	Seoni				
43	Shahdol				
44	Shajapur				
45	Sheopur	1			
46	Shivpuri				
47	Sidhi	3			
48	Singrauli				
49	Tikamgarh				
50	Ujjain				
51	Umaria				
52	Vidisha				
		68	0		0

Sl. No.	Name of District	2015-16			
		No. of upgraded AYUSH Dispensaries	No. of upgraded AYUSH Hospitals	Units supported for Medicines	No. of Co-located PHCs
1	2	3	4	5	6
1	Agar Malwa				
2	Alirajpur	1		5	
3	Anuppur			2	
4	Ashoknagar			4	

1	2	3	4	5	6
5	Balaghat			26	
6	Barwani	2		8	
7	Betul			15	
8	Bhind	4		9	
9	Burhanpur			12	
10	Bhopal			19	
11	Chhatarpur			11	
12	Chhindwara			20	
13	Damoh			6	
14	Datia			8	
15	Dewas			9	
16	Dhar	4		14	
17	Dindori	2		5	
18	Guna			4	
19	Gwalior			16	
20	Harda			4	
21	Hoshangabad			17	
22	Indore			30	
23	Jabalpur			23	
24	Jhabua	1		6	
25	Katni			6	
26	Khandwa			8	
27	Khargone	1		11	
28	Mandla	1		7	
29	Mandsaur			3	
30	Morena			7	
31	Narsinghpur			3	
32	Neemuch				
33	Niwari				
34	Panna	1		2	
35	Raisen	3		21	

1	2	3	4	5	6
36	Rajgarh	3		17	
37	Ratlam			4	
38	Rewa			21	
39	Sagar			17	
40	Satna	5		15	
41	Sehore	1		19	
42	Seoni	1		14	
43	Shahdol	1		5	
44	Shajapur	7		6	
45	Sheopur			2	
46	Shivpuri			8	
47	Sidhi			3	
48	Singrauli				
49	Tikamgarh			14	
50	Ujjain			12	
51	Umaria	2		1	
52	Vidisha			25	
		40	0	524	0
No.	Name of District	2016-17			
		No. of upgraded AYUSH Dispensaries	No. of upgraded AYUSH Hospitals	Units supported for Medicines	
				No. of Co-located PHCs	No. of Dispensaries
1	2	3	4	5	6
1	Agar Malwa				
2	Alirajpur			4	
3	Anuppur			3	
4	Ashoknagar			3	
5	Balaghat			23	1

1	2	3	4	5	6
6	Barwani			7	
7	Betul			14	1
8	Bhind			8	
9	Burhanpur			12	
10	Bhopal			15	1
11	Chhatarpur			10	1
12	Chhindwara			18	2
13	Damoh			5	1
14	Datia			7	
15	Dewas			8	
16	Dhar			13	2
17	Dindori			4	
18	Guna			3	
19	Gwalior			15	
20	Harda			2	
21	Hoshangabad			17	1
22	Indore			29	1
23	Jabalpur			20	
24	Jhabua			5	1
25	Katni			6	
26	Khandwa			6	
27	Khargone			8	1
28	Mandla			7	1
29	Mandsaur			2	1
30	Morena			7	1
31	Narsinghpur			2	
32	Neemuch				
33	Niwari				
34	Panna			2	
35	Raisen			19	
36	Rajgarh			16	

1	2	3	4	5	6
37	Ratlam			3	1
38	Rewa			19	
39	Sagar			19	1
40	Satna			14	1
41	Sehore			16	
42	Seoni			11	1
43	Shahdol			3	1
44	Shajapur			5	
45	Sheopur			1	
46	Shivpuri			8	1
47	Sidhi			2	1
48	Singrauli				
49	Tikamgarh			14	
50	Ujjain			10	
51	Umaria			1	
52	Vidisha			19	
		0	0	465	23

No.	Name of District	2017-18			
		No. of upgraded AYUSH Dispensaries	No. of upgraded AYUSH Hospitals	Units supported for Medicines	No. of Co-located PHCs
1	2	3	4	5	6
1	Agar Malwa				
2	Alirajpur			4	
3	Anuppur			3	
4	Ashoknagar			3	
5	Balaghat		1	23	
6	Barwani			7	

1	2	3	4	5	6
7	Betul		1	13	
8	Bhind			6	
9	Burhanpur		1	12	
10	Bhopal		4	15	
11	Chhatarpur		1	11	
12	Chhindwara		2	16	
13	Damoh		1	5	
14	Datia			4	
15	Dewas			8	
16	Dhar		2	11	
17	Dindori			4	
18	Guna			3	
19	Gwalior		1	13	
20	Harda			2	
21	Hoshangabad		1	16	
22	Indore		2	29	
23	Jabalpur		1	17	
24	Jhabua		1	5	
25	Katni			6	
26	Khandwa			6	
27	Khargone		1	7	
28	Mandla		1	6	
29	Mandsaur		1	2	
30	Morena		1	7	
31	Narsinghpur			2	
32	Neemuch				
33	Niwari				
34	Panna			2	
35	Raisen			18	
36	Rajgarh			16	
37	Ratlam		1	2	

1	2	3	4	5	6	
38	Rewa		1	17		
39	Sagar		1	15		
40	Satna		1	14		
41	Sehore			16		
42	Seoni		1	10		
43	Shahdol		1	3		
44	Shajapur			5		
45	Sheopur			1		
46	Shivpuri		1	8		
47	Sidhi		1	2		
48	Singrauli					
49	Tikamgarh			14		
50	Ujjain		1	9		
51	Umaria			1		
52	Vidisha			18		
			0	32	437	0

No.	Name of District	2018-19			
		No. of upgraded AYUSH Dispensaries	No. of upgraded AYUSH Hospitals	Units supported for Medicines	No. of Co-located PHCs
1	2	3	4	5	6
1	Agar Malwa				
2	Alirajpur			4	25
3	Anuppur			2	
4	Ashoknagar			3	17
5	Balaghat	1		22	11
6	Barwani			7	26
7	Betul	2		14	49

1	2	3	4	5	6
8	Bhind	1		6	58
9	Burhanpur			12	12
10	Bhopal			15	25
11	Chhatarpur			11	32
12	Chhindwara	1		14	72
13	Damoh			4	41
14	Datia			4	23
15	Dewas	1		8	
16	Dhar			11	49
17	Dindori			4	11
18	Guna			3	24
19	Gwalior			12	34
20	Harda	2		2	16
21	Hoshangabad			16	41
22	Indore	2		28	25
23	Jabalpur			16	41
24	Jhabua	1		5	32
25	Katni			6	36
26	Khandwa			6	27
27	Khargone			7	36
28	Mandla	1		6	30
29	Mandsaur			2	
30	Morena	2		7	39
31	Narsinghpur	2		67	
32	Neemuch				
33	Niwari				
34	Panna			2	21
35	Raisen			18	31
36	Rajgarh	1		16	44
37	Ratlam			2	
38	Rewa			17	

1	2	3	4	5	6
39	Sagar			19	57
40	Satna	1		13	
41	Sehore			16	37
42	Seoni			10	48
43	Shahdol	1		2	
44	Shajapur	2		5	
45	Sheopur			1	19
46	Shivpuri			8	38
47	Sidhi			2	
48	Singrauli	1			
49	Tikamgarh	1		12	35
50	Ujjain			9	
51	Umaria			1	
52	Vidisha			18	36
		21	0	430	1265

[English]

Impact of Climate Change

1865. SHRIMATI P.K. SHREEMATHI TEACHER:
SHRI KODIKUNNIL SURESH:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE, CHANGE be pleased to state:

(a) whether due to climate change vulnerability to extreme weather events has increased in the country;

(b) if so, the details thereof;

(c) whether the draft of India's Second Biennial Update Report (BUR) to the United Nations Framework Convention on Climate Change (UNFCCC) states that in a period of four years, over 5,800 people and thousands of animals in India have lost their lives to "extremes of temperature, rainfall and tropical cyclones";

(d) if so, the details of human and animal loss occurred due to different events of climate change in the country, State/UT-wise; and

(e) the details of the broader policy interventions at present and in operation by the Government in tandem with international protocols to tackle climate change issues?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) As per India Meteorological Department, some recent studies suggest an increasing frequency and intensity of extremes in rainfall during the past 40-50 years. The assessments by the Intergovernmental Panel on Climate Change and the Government using regional climate models indicate that extreme rainfall events are likely to be more frequent in India in future. However, their attribution to global warming is yet to be established.

Heat wave occurrence zones over the years are found to be over the same area of such prevalence in the past, however, frequency of severe heat waves has increased in recent years. Many areas of the country (North, North-West, Central and North-East Peninsula) have experienced more heat wave days on an average per season. The past decade was the warmest decade for the country as well as for the globe.

(c) and (d) India submitted its first Biennial Update Report (BUR) to the United Nations, Framework Convention on Climate Change (UNFCCC) on 22nd January, 2016. As per the report, India witnessed many instances of extremes of temperature, rainfall and tropical cyclones in recent years resulting in enhanced exposure to multi-hazard vulnerability with adverse impacts on ecosystems, natural resources and socio-economic profile. India's second BUR has not been submitted to the UNFCCC.

(e) India is a Party to the UNFCCC, its Kyoto Protocol and the Paris Agreement. India is meeting its commitments under the aforesaid instruments. Through eight missions, being implemented by various Ministries, under the National Action Plan on Climate Change, the Government is addressing climate change concerns in the area of solar energy, energy efficiency, sustainable habitat, water, Himalayan ecosystem, Green India, sustainable agriculture and strategic knowledge for climate change.

Waste Generated from Scrap Tyres

1866. DR. UDITRAJ: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether harmful waste is being created from scrap tyres which are imported from foreign countries and if so, the details thereof;

(b) whether the licenses for import of scrap tyres which are being used for producing crumb rubber are given for huge quantities ranging from 100 tonnes to 10,000 tonnes and if so, the details thereof;

(c) whether importers are directly selling crumb rubber to the unauthorized pyrolysis plants for oil production at a commission which is a violation of licensing laws as well and are creating India a dumping waste site and if so, the details thereof;

(d) whether certain importers having very low capacity and even not having working factories are given licenses for import of more than 1000 tonnes; and

(e) if so, the details thereof and the corrective measure taken by the Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) In the process of recovery of crumb rubber from imported or indigenously generated scrap tyres, other materials such as iron scrap and fibres are also produced. Such processing if done in an environmentally sound manner does not have environmental impact.

(b) and (c) The import and export of hazardous and other waste is regulated under the Hazardous and Other Waste (Management & Transboundary Movement) Rules, 2016. Import of scrap tyre is permitted only to actual users for making crumb and reclaim rubber i.e. only to producers of crumb rubber having facilities as per the Standard Operating Procedures as published by the Ministry/Central Pollution Control Board (CPCB) and having valid authorisation and consent to operate/establish from State Pollution Control Boards (SPCBs)/Pollution Control Committees (PCCs). The permission for import of waste tyres including other materials such as lead acid batteries, waste glass, used equipment etc. is granted on case to case basis. The Expert Committee in the Ministry examines each such applications for import/export and recommends for export or import. The quantity of import of tyre scrap is restricted only to a part of the annual processing capacity of the unit while the remaining quantity is to be collected indigenously for full utilisation of consented capacity as granted by the state pollution control boards.

(d) and (e) The importing units are inspected by the pollution control boards at regular interval to ensure environmental sound handling of such scrap. It also

ensures that the pollution control devices and machineries are put in place and are functional as per the Standard Operating Procedures published by the Ministry/CPCB. The Permission is granted with the condition that the crumb rubber should only be sold to the manufacturers of reclaimed rubber, foot wear, sports ground surface, carpets, mats etc.

Sexual Harassment of Women at Workplace

1867. SHRI JAGDAMBIKA PAL:
SHRI ANURAG SINGH THAKUR:
SHRI BHEEMRAO B. PATIL:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether the Government has taken cognizance of the growing number of cases of sexual harassment of women at workplace and other areas and if so, the details thereof;

(b) whether the Government is working on micro level particularly in cities and IT parks to conduct Awareness programmes to combat gender based violence like sexual harassment, molestation, stalking and cyber abuse and if so, the details thereof and if not, the reasons therefor;

(c) whether the Government proposes to amend the sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 and if so, the details thereof and reasons therefor; and

(d) the other measures taken by the Government to ensure the safety and well being of women at workplace?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) Safety and security of women in the country is of utmost priority for the Government. The Government of India enacted the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 which aims to provide safe and secure work environment to women. The Act covers all women, irrespective of their age or employment status and provides protection against sexual harassment at all workplaces. In addition existing provisions of Indian Penal Code (IPC) are also applicable to various offences of sexual harassment.

(b) Ministry of Women and Child Development has regularly campaigned through audio/video spots in national and regional media, FM channels, cinema etc. for enhancing awareness about various legislations including the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013.

Ministry of Home Affairs also issues advisories from time to time to the States/UTs to take concrete steps to increase awareness in administration and in police in particular on legislations and for putting in place mechanisms for safety and protection of women. States/UTs have also been advised to undertake extensive training programmes, especially for law enforcement personnel, in this regard.

(c) and (d) The Government of India vide its order dated 24th October, 2018 has constituted a Group of Ministers (GoM) to examine and give recommendations for strengthening the legal and institutional frameworks to deal with and prevent sexual harassment at workplace.

The Ministry has developed an online complaint management system titled Sexual Harassment electronic-Box (SHe-Box) for lodging of complaints by women in relation to sexual harassment at workplace.

Further, all Ministries of Government of India and State/UT government have been requested to organize workshops and awareness programmes in their Departments/Offices for sensitizing employees about matter related to sexual harassment at workplace and related to legal provisions and redressal mechanisms. Besides, all State/UT governments have also been requested to advise their Secretaries of Industries and Commerce departments to get organized similar workshops and awareness programmes in industries, business houses and private sector entities in the States/UTs.

Ministry of Women and Child Development issues advisories from time to time to all State Governments/UT Administrations, Ministries/Departments of Government of India and leading business associations including Associated Chambers of Commerce & Industry of India (ASSOCHAM), Federation of Indian Chambers of Commerce and Industry (FICCI), Confederation of Indian Industry (OH), National Association of Software and Services Companies (NASSCOM) etc., to ensure effective implementation of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013.

Apart from the above, in order to create widespread awareness about the Act across the country, both in organized and unorganized sectors, Ministry of Women and Child Development has identified a pool of 223 Resource Institutions to provide capacity building programmes i.e. trainings, workshops, etc. on the issue of sexual harassment at workplace.

Splitting the Post of CMD

1868. SHRI RAGHAV LAKHANPAL: Will the Minister of FINANCE be pleased to state:

(a) whether the Reserve Bank of India (RBI) has issued recommendations to the top Schedule Commercial Banks to split the position of their Chairman and Managing Directors;

(b) if so, the details thereof and the reasons therefor; and

(c) the time-frame by which the said proposal is likely to be implemented?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (c) Reserve Bank of India (RBI) has apprised that the Report of the Consultative Group of Directors of Bank/ Financial Institutions (Dr Ganguly Group - 2002) had recommended bifurcation of the office of Chairman and Managing Director (CMD) into two: the Chairman, who will be the Chairman of the Board, and the Managing Director, who could function as the Chief Executive responsible for day-to-day management of the bank. RBI had forwarded the recommendations of the Committee to all Scheduled Commercial Banks (excluding foreign banks, regional rural banks and local area banks) for their implementation. With regard to implementation of the said recommendation by top Scheduled Commercial Banks, the position is that the recommendation to split the post of CMD have been implemented in all nationalised banks, and as per RBI inputs, all banks in the private sector having total assets size of Rs.1,00,000 crore and above have followed and implemented RBI's direction with regard to splitting the position.

Ensuring Availability of Beds in Government Hospitals

1869. SHRI KAUSHAL KISHORE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has taken/ is taking any steps to ensure that beds and accommodation are

made available on priority basis to the patients who arrive in the Government run hospitals in an emergent health situation like heart attacks, accidents etc. irrespective of the day being a Government holiday or weekend;

(b) if so, the details thereof and if not, the reasons thereof;

(c) whether the Government proposes to bring strict regulations and guidelines in this regard to ensure proper and timely assistance to the distressed patients; and

(d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) In so far as three central Govt. Hospitals viz. Safdarjung Hospital, Dr. RML Hospital and LHMC are concerned, all the patients are admitted on priority basis in an emergent health situation, like heart attacks, accidents etc. Patients are provided round the clock 24x7 emergency services irrespective of any holiday or weekend. No patient is sent back without given proper attention and treatment.

Further, to augment the facilities to attend such patients. Emergency Care Services with 289 beds and exclusive Trauma Centre in Dr. Ram Manohar Lohia Hospital and a New Emergency Block in Safdarjung Hospital with 500 beds have been constructed and made functional.

There are guidelines and SOPs for management of patient coming to casualty which ensures that patient receives timely care. Further, Ministry of Health and Family Welfare have issued guidelines in August, 2015 to all States/UTs on Good Samaritans in which, inter alia, it has been mentioned that lack of response by a doctor in an emergency situation pertaining to road accidents, where he is expected to provide care, shall constitute "professional Misconduct" under Chapter 7 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulation, 2002 and disciplinary action shall be taken against such doctors under Chapter 8 of the said Regulations. It is the responsibility of the respective State Government/UT to take action against the said Hospitals.

Political Funding System

1870. SHRI HARIOM SINGH RATHORE: Will the Minister of FINANCE be pleased to state:

(a) whether the Government has taken meticulous steps for establishing a transparent political funding system in the country; and

(b) if so the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) and (b) The objective of the scheme is to cleanse the political funding system in the country and to achieve the same following steps were put in place while launching the scheme. The Government notified the Electoral Bond Scheme, 2018 on January 02, 2018 to establish the transparent system of political funding in the country. Broad features of the said Scheme are given below:

1. Electoral Bond (EB) would be a bearer instrument in the nature of a Promissory Note and an interest free banking instrument, which may purchased by a person, who is a citizen of India or incorporated or established in India.
2. Electoral bond would be issued for a certain value denominations from the specified branches of the State Bank of India (SBI).
3. The extant instructions issued by the Reserve Bank of India regarding Know Your Customer norms of a bank's customer would apply for buyers of the bonds.
4. Only the political parties registered under section 29A of the Representation of the People Act, 1951 (43 of 1951) and secured not less than one per cent of the votes polled in the last general election to the House of the People or the Legislative Assembly, as the case may be, shall be eligible to receive the bond.
5. The bond shall be encashed by an eligible political party only through a bank account with the authorised bank.
6. Validity of the Electoral Bonds is for 15 days during which it can be used for making donation only to the political parties registered under section 29A of the Representation of the

Peoples Act, 1951 (43 of 1951) and which have secured not less than one per cent of the votes polled in the last general election to the House of the People or the Legislative Assembly. It will not carry the name of payee or the donor.

7. The amount of bonds not encashed within the validity period of fifteen days shall be deposited by the authorised bank to the Prime Minister's National Relief Fund.

[Translation]

Pradhan Mantri Swasthya Suraksha Yojana

1871. SHRI HARISHCHANDRA CHAVAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the panel of hospitals has been set up to provide healthcare facilities under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) in the country, State/ UTwise including Maharashtra;

(b) if so, the details thereof;

(c) whether the funds have been released under the said scheme;

(d) if so, State/UT-wise details thereof, till date; and

(e) whether discretionary quota has been fixed for Hon'ble Members of Parliament in this regard, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) No panel of hospitals is being made under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) for providing treatment.

However under PMSSY, new AIIMS are being set up in various States/UTs and existing Government Medical Colleges are being upgraded to provide super speciality medical care facilities.

PMSSY is a Central Sector Scheme being implemented by the Ministry through various executing agencies and funds are released to these agencies directly. Funds are not released to State Govt. concerned.

Details of projects taken up under PMSSY and fund released are enclosed at Statement.

(e) No.

Statement

*Upgradation of 13 existing Govt. Medical Colleges under PMSSY Phase-I at the cost Rs.120.00 Crore each
(Central Share: Rs.100 Cr. & State Share: Rs.20 Cr.)*

Sl. No	Name of the State	Sl. No. of College	Name of the Institute/Government Medical College	Fund Released (central Share) (Rs. Cr)
1.	Andhra Pradesh	1	Sri Venkateshvvara Institute of Medical Sciences, Tirupati	57.87
2.	Jammu and Kashmir	2	Government Medical College, Jammu	112.80
		3	Government Medical College, Srinagar	99.61
3.	Jharkhand	4	Rajendra Institute of Medical Sciences (RIMS), Ranchi	89.36
4.	Gujarat	5	BJ Medical College, Ahmedabad	91.99
5.	Karnataka	6	Bangalore Medical College, Bangalore	96.71
6.	Kerala	7	Medical College, Thiruvananthapuram	92.98
7.	Maharashtra	8	Grant Medical College & Sir JJ Group of Hospitals, Mumbai	93.06
8.	Tamil Nadu	9	Govt. Mohan Kumaramangalam Medical College, Salem	93.56
9.	Telengana	10	Nizam Institute of Medical Sciences, Hyderabad, Telengana	94.93
10.	Uttar Pradesh	11	Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow	90.80
		12	Institute of Medical Sciences, BHU, Varanasi	97.71
11.	West Bengal	13	Kolkata Medical College, Kolkata	75.88

*Upgradation of 6 existing Govt. Medical Colleges under PMSSY Phase-II at the cost Rs.150.00 Crore each
(Central Share: Rs.125 Cr. & State Share: Rs.25 Cr.)*

Sl. No.	Name of the State	Sl. No. of College	Name of the Institute/Government Medical College	Fund Released (Central Share) (Rs. Cr)
1	Haryana	1	PGIMS, Rohtak (Haryana)	121.46
2	Himachal Pradesh	2	Dr. RP Govt. Medical College, Tanda (H.P)	108.91
3	Maharashtra	3	Govt. Medical College, Nagpur (Maharashtra)	111.52
4	Punjab	4	Govt. Medical College, Amritsar (Punjab)	190.91
5	Tamil Nadu	5	Govt. Medical College, Madurai (TN)	104.23
6	Uttar Pradesh	6	JN Medical College, AMU, Aligarh (UP)	108.43

*Upgradation of 39 existing Govt. Medical Colleges under PMSSY Phase-III at the cost 150.00 Crore each
(Central Share: Rs.120 Cr. & State Share: Rs.30 Cr.).*

Sl. No.	Name of the State	S. No. of College	GMCI	Fund Released (Central Share) (Rs. Cr)
1	2	3	4	5
1	Andhra Pradesh	1	Government Medical College, Anantapur	120
		2	Siddhartha Medical College, Vijaywada	107.66
2	Assam	3	Gauhati Medical College, Guwahati	84.32
		4	Assam Medical College, Dibrugarh	87.08
3	Bihar	5	Sri Krishna Medical College, Muzaffarpur	80.02
		6	Govt. Medical College, Darbhanga	81.31
4	Goa	7	Goa Medical College, Bambolim	54.33
5	Gujarat	8	P.D.U Government Medical College, Rajkot	74.65
6	Himachal Pradesh	9	Indira Gandhi Medical College, Shimla	46.15
7	Jharkhand	10	Patliputra Medical College, Dhanbad	91.44
8	Karnataka	11	Vijaynagar Institute of Medical Science, Bellary	89.45
		12	Karnataka Institute of Medical Science, Hubli	89.05
9	Kerala	13	Kozhikode Medical College, Kozhikode	44.21
		14	T.D Medical College, Alappuzha	65.22
10	Madhya Pradesh	15	Netaji Subhash Chandra Bose Medical College, Jabalpur	106.63
		16	Shyam Shah Medical College, Rewa	80.16
		17	Gajra Raje Medical College, Gwalior	72.84
11	Maharashtra	18	Government Medical College, Latur	89.94
		19	Govt. Medical College, Akola	82.10
		20	Shri Vasant Rao Naik Govt. Medical College, Yavatmal	101.04
		21	Govt. Medical College, Aurangabad	94.66
12	Odisha	22	MKCG Medical College, Berhampur	104.11
		23	VSS Medical College, Burla	71.02
13	Punjab	24	Government Medical College, Patiala	92.62
14	Rajasthan	25	Sardar Patel Medical College, Bikaner	97.38
		26	Government Medical College, Kota	80.60
		27	RNT Medical College, Udaipur	79.91
15	Tamil Nadu	28	Thanjavur Medical College, Thanjavur	109.49

1	2	3	4	5
		29	Tirunelveli Medical College, Tirunelveli	113.50
16	Telangana	30	Rajiv Gandhi Institute of Medical Science, Adilabad	79.23
		31	Kakatiya Medical College, Warangal	83.01
17	Tripura	32	Agartala Government Medical College	62.87
18	Uttar Pradesh	33	Maharani Laxmi Bai Medical College, Jhansi	91.48
		34	Motilal Nehru Medical College, Allahabad	91.41
		35	Government Medical College, Gorakhpur	109.72
		36	LLRM Medical College, Meerut	88.08
19	West Bengal	37	North Bengal Med Clg, Siliguri, Darjeeling	84.90
		38	BS Medical College, Bankura	97.25
		39	Government Medical College, Malda	58.81

Upgradation of 13 existing Govt. Medical Colleges under PMSSY Phase-IV at the cost of 200.00 Crore each (Central Share: Rs.120 Cr. & State Share: Rs.80 Cr.)

Sl. No.	State	Sl. No. of College	Government Medical Colleges/Institutes	Fund Released (Central Share) (Rs. Cr)
1	2	3	4	5
1	Bihar	1	Patna Medical College and Hospital, Patna	11.85
		2	Government Medical College, Bhagalpur	17.66
		3	Government Medical College, Gaya	18.06
2	Chhattisgarh	4	Government Medical College, Bilaspur	17.21
		5	Government Medical College, Jagdalpur	17.21
3	Delhi	6	University College of Medical Sciences (UCMS)-Guru Teg Bahadur (GTB) Hospital	-
4	Gujarat	7	Government Medical College, Surat	-
		8	Government Medical College, Bhavnagar	16.84
5	Madhya Pradesh	9	Government Medical College, Indore	19.93
6	Odisha	10	Government Medical College, Cuttack	0.31
7	Rajasthan	11	Government Medical College, Jaipur	10.44
8	Uttar Pradesh	12	Government Medical College, Agra	10.17
		13	Government Medical College, Kanpur	11.87 %

Upgradation of 2 Medical Colleges under PMSSY Phase-V(A)

Sl. No.	State	Sl. No. of College	Government Medical Colleges/ Institutes	Approved Outlay	Fund Released (Central Share) (Rs. Cr)
1	Uttar Pradesh	1	IMS-BHU, Varanasi	Rs.200 crore [MoHFW share: Rs.120 crore; MoHRD share: Rs.80 crore]	68.44
2	Kerala	2	SCTIMST, Trivandrum	Rs.230 crore [MoHFW share: Rs.120 crore; DST share: Rs.1 10 crore]	10

New AIIMS set up/being set up under PMSSY

Sl. No	State	Location of AIIMS	Approved Outlay	Amount released
1.	Chhattisgarh	Raipur	Rs.820 Cr.	Rs.854.67 cr
2.	Bihar	Patna	Rs.820 Cr.	Rs.728.58 cr
3.	Rajasthan	Jodhpur	Rs.820 Cr.	Rs. 801.96 cr
4.	Madhya Pradesh	Bhopal	Rs.820 Cr.	Rs. 844.77 cr
5.	Uttarakhand	Rishikesh	Rs.820 Cr.	Rs.1 137.24 cr
6.	Odisha	Bhubaneswar	Rs.820 Cr.	Rs. 841.10 cr
7.	Uttar Pradesh	Rae Bareli	Rs.823 Cr	Rs. 229.16 cr
8.		Gorakhpur	Rs1011 Cr	Rs.200.22cr
9.	Andhra Pradesh	Mangalagiri	Rs1618 Cr	Rs.233.88 cr
10	West Bengal	Kalyani	Rs1754 Cr	Rs.278.42 cr
11	Maharashtra	Nagpur	Rs.1577 Cr	Rs.231.29cr
12	Punjab	Bathinda	Rs 925 Cr	Rs.1 34.41 cr
13	Assam	Guwahati	Rs 1123 Cr	Rs.7.32 cr
14	Himachal Pradesh	Bilaspur	Rs 1351 Cr	Rs. 10 cr
15	Tamil Nadu	Madurai	Rs 1264 Cr	-
16	Jammu and Kashmir	Samba, Jammu	Rs. 1668 Cr*	Rs.48.33 cr
17		Pulwama, (Awantipora) Kashmir	Rs. 1828 Cr*	Rs.42.51cr
18	Bihar	Site being finalised	Rs. 1200 Cr*	
19	Jharkhand	Deoghar	Rs. 1103 Cr	RS.9 cr
20	Gujarat	Site being finalised	Rs. 1200 Cr*	
21	Telangana	Bibinagar	Rs. 1028 Cr	

*Estimated cost

[English]

Insurance Scheme for PMJDY Account Holders

1872. SHRI ASHOK SHANKARRAO CHAVAN: Will the Minister of FINANCE be pleased to state:

(a) the total number of account holders under Pradhan Mantri Jan-Dhan Yojna (PMJDY) in the country at present;

(b) whether the Government proposes an insurance scheme for all PMJDY account holders and if so, the details thereof;

(c) the cost of premium that is likely to be borne by the Government for providing free insurance cover to PMJDY account holders; and

(d) the measures taken by the Government to avoid duplicacy in PMJDY accounts and to ensure that the insurance claim is given to genuine beneficiaries?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) As informed by Public Sector Banks (PSBs) and major Private Sector Banks, as on 12.12.2018, a total of 33.55 crore accounts have been opened under Pradhan Mantri Jan-Dhan Yojna (PMJDY) in the country.

(b) and (c) Life insurance cover of Rs. 30,000 is provided to eligible PMJDY account holders who have opened their accounts for the first time between 15.8.2014 and 31.1.2015. The life insurance premium paid by the Government in the financial year 2016-17 was Rs. 10 crore.

Further, all PMJDY account holders are issued a RuPay debit card inbuilt with accident insurance cover of Rs.1 lakh (Rs.2 lakh for PMJDY accounts opened after 28.08.2018). PMJDY-RuPay card holders who have done a successful financial or non-financial transaction at a merchant establishment or ATM or Micro ATM or e-commerce transactions in the preceding 90 days are eligible for this insurance in case of accidental death and / or permanent disability. RuPay card related accident insurance premium is paid by NPCI.

(d) Reserve Bank of India's guidelines to banks regarding PMJDY accounts provide that holders of such accounts are not eligible for opening any other savings bank deposit account in that bank. Genuineness of insurance claims is checked by the insurance company concerned.

Girnar Ropeway

1873. SHRI DEVUSINH CHAUHAN: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the State Government of Gujarat has sought clearance under Environmental Protection Act,

1986 for according permission to establish Girnar Ropeway so that 7.2871 hectares of forest land falling in Girnar Hills could be used by the user agency for Girnar Ropeway purposes;

(b) if so, the details thereof; and

(c) whether the user agency which submitted online application has been granted necessary permission in this regard and if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (c) Principal Chief Conservator of Forests, Government of Gujarat vide letter No. WLP/32/B/7730/2015-16 dated 23rd December, 2015 has issued permission under Section 29 of the Wildlife (Protection) Act, 1972 for use of 7.2871 hectares of land in Girnar Wildlife Sanctuary in Gujarat for construction of Ropeway by M/s Usha Breco Limited after recommendation of the Standing Committee for National Board for Wild Life. The Ministry had received online Proposal No. IA/GJ/MIS/53151/2008 dated 10th May, 2016, for grant of Environmental Clearance to the project for construction of aerial ropeway 'Udankhatola' at Mount Girnar, District Junagadh (Gujarat) by M/s Usha Breco Limited in terms of the provisions of the Environment Impact Assessment (EIA) Notification, 2006 under the Environment (Protection), Act, 1986. The Ministry after having followed the prescribed process in the EIA Notification, 2006 has granted environmental clearance to the project in favour of M/s Usha Breco Limited on 9th September, 2016, subject to stipulation of various environmental safeguards in terms of the provisions of the EIA Notification, 2006 under the Environment (Protection) Act, 1986.

[Translation]

Certification for Yoga Professionals

1874. SHRI RAMDAS C. TADAS:
SHRI SUMEDHANAND SARSWATI:
SHRI NARANBHAI KACHHADIA:
SHRI BIDYUT BARAN MAHATO:
SHRI CHANDRA PRAKASH JOSHI:

Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether the Government proposes to issue certification for yoga professionals and recognition to yoga schools;

(b) if so, the action taken by the Government in this regard so far;

(c) if not, the reasons therefor;

(d) whether the Government has formulated or proposes to formulate any norms for giving certification to yoga professionals and recognition to schools in this regard: and

(e) the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) to (c) Yes. Ministry of AYUSH launched a scheme for voluntary certification of Yoga Professionals in June 2015. The scheme was initially managed by Quality Council of India (QCI), and subsequently taken over by the Yoga Certification Board. Eligible Yoga Schools are accredited under the scheme.

(d) and (e) Ministry of AYUSH has set up the Yoga Certification Board (YCB), a functionally autonomous body under the aegis of the Morarji Desai National Institute of Yoga, an autonomous organization under the Ministry, for this purpose. The Yoga Certification Board (YCB) has started functioning from July 2018.

[English]

Wastes Accumulated in Indian Ocean Region

1875. SHRI K. PARASURAMAN: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has taken any steps to clean up the plastics and other related wastes accumulated in the Indian Ocean Region;

(b) if so, the details thereof;

(c) the effective measures taken by the Government to prevent trans-boundary movement of marine plastics and micro plastics;

(d) the policies adopted and actions taken by the Government to protect marine recycling methods of wastes dumped in Indian Ocean Region; and

(e) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (c) The Indian ocean is surrounded in the west by countries of Africa and the Middle East, from Madagascar upto Iran and to the north of the Indian Ocean are the countries of southern Asia and southeast Asia including India and Australia to the east. Cleanup of plastics and other wastes in the Indian Ocean region involves concerted effort by all countries in the region. Goal No. 14 of the 2030 Agenda for

Sustainable Development agreed under Resolution 70/1 of the United Nations General Assembly requires member countries including India to address marine issues including marine litter.

The Government of India has notified Plastic Waste Management Rules, 2016 aimed at sound management of plastic wastes. The extant rules mandate the waste generators to take steps to minimize generation of plastic waste, its littering, segregation and storage at source and handing over to local bodies or its authorized agencies. India is a member country of the MARPOL Convention which covers prevention of pollution of the marine environment by ships from operational or accidental causes. India is also a member of the South Asia Co-operative Environment Programme (SACEP) which is developing a data base for marine litter, including marine plastics and micro plastics and control of transboundary movement of marine litter including marine plastics. The Ministry of Earth Sciences in association with SACEP, UNEP, SAS, and Indian Coast Guard also conducted the 'International Coastal Cleanup Day' in various parts of India with the objective of educating the public and create awareness on the need for a clean and healthy coast.

The Ministry of Environment, Forest and Climate Change also conducted extensive coastal cleanup campaign in June 2018, in association with coastal states and Union territory administrations, and the Indian Coast Guard.

(d) and (e) The Ministry of Environment, Forest and Climate Change have not formulated any policy on marine recycling methods of wastes dumped in the Indian Ocean Region.

Turning of MUDRA loans into NPAs

1876. SHRI T.G. VENKATESH BAGU: Will the Minister of FINANCE be pleased to state:

(a) whether a huge amount of loan distributed under MUDRA scheme has turned out to be Non-Performing Assets (NPAs);

(b) if so, the details of loans sanctioned under the three schemes of MUDRA during the last three years along with targets/actual/recoveries made and the loans that became NPAs, year-wise;

(c) whether the Government has taken/proposes to take steps for early recovery of loans under MUDRA scheme; and

(d) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) As reported by Public Sector Banks (PSBs), total Non-Performing Assets (NPAs) for loans extended under Pradhan Mantri Mudra Yojana (PMMY) during the last three years were

Rs 596.72 Cr (2015-16), Rs 3,790.35 Cr (2016-17) and Rs 7,277.31 Cr (2017-18) respectively. PMMY NPAs as on 31st March, 2018 for PSBs were 3.43% of the amount disbursed under the scheme.

(b) Details of loans sanctioned by Member Lending Institutions (MLIs) and target under PMMY are as under:

FY	Overall Target	Loan amount sanctioned			Amount Rs. in crore
		Total			
		Shishu	Kishore	Tarun	
2015-16	122188	62894.96	43052.55	31501.76	137449.27
2016-17	180000	85100.74	53545.14	41882.66	180528.54
2017-18	244000	106001.60	86732.16	60943.34	253677.10

Of the above, loans sanctioned by PSBs are as under:

FY	Loan amount sanctioned			Amount Rs in crore
	Total			
	Shishu	Kishore	Tarun	
2015-16	8662.87	28185.82	22825.59	59674.28
2016-17	6058.58	34649.68	31245.4	71953.66
2017-18	7212.39	45300.42	39979.88	92492.69

PMMY loans extended by PSBs were standard loans in terms of repayment as on 31st March 2018, except for NPA indicated above.

(c) and (d) PSBs follow recovery procedures as approved by Banks' Boards and in compliance of extant Reserve Bank of India (RBI) guidelines. Non-Performing accounts are periodically monitored for recovery of overdue amount.

Congo Fever

1877. ADV. JOICE GEORGE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any State in the country has witnessed Congo fever recently and if so, the details thereof;

(b) whether the country has any previous reports and if so, the details thereof; and

(c) the further steps taken by the Government for prevention of the said disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) Yes. In 2018, Gujarat has reported 1 case and 1 death from Amreli district due to Crimean Congo Haemorrhagic Fever (CCHF) and Kerala has reported one imported case from Abu Dhabi admitted in a private hospital at Thrissur district of Kerala.

(b) The details of the previous cases and deaths reported due to Crimean Congo Haemorrhagic Fever (CCHF) is enclosed at Statement.

(c) Government of India has implemented the Integrated Disease Surveillance Programme (IDSP) to detect and respond to disease outbreaks due to epidemic prone diseases including Crimean Congo Haemorrhagic Fever (CCHF).

Technical assistance is provided to the States for investigation, prevention and control of the outbreaks by Central team.

Under Integrated Disease Surveillance Programme (IDSP), the District and State capacities have been strengthened by providing additional manpower, training of identified Rapid Response Team members for outbreak investigations, information and communications technology (ICT) equipment for data entry, analysis and data transfer.

Since Crimean Congo Haemorrhagic. Fever (CCHF) is a zoonotic disease, outbreak investigations are carried out in collaboration with State Animal Husbandry Department and National Institute of High Security Animal Diseases (formerly HSADL) Bhopal for effective prevention and control measures.

A Communicable disease alert on Crimean Congo Haemorrhagic Fever (CCHF) is published and uploaded on National Centre for Disease Control (NCDC) website for dissemination of information. It is also circulated to States for ready reference.

Statement

Crimean Congo Hemorrhagic fever. It has high fatality rate. First outbreak was reported in Gujarat in January 2011 where 14 cases & 5 deaths were reported. Subsequently, outbreaks have been reported from Gujarat, Rajasthan and Uttar Pradesh.

District wise Crimean Congo Hemorrhagic Fever positives and deaths (2011-2017), India

Sl. No.	State	District	2011		2012		2013		2014		2015		2016		2017			
			Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths		
1	Gujarat	Ahmedabad	4	3	1	1	0	0	0	0	0	0	2	1	0	0		
		Mehsana	3	1	0	0	0	0	0	0	0	0	0	0	0	0		
		Kheda	5	1	0	0	0	0	0	0	0	0	0	0	0	0		
		Dahod	1	0	0	0	0	0	0	0	0	0	0	0	0	0		
		Sabarkantha	0	0	1	0	0	0	1	0	0	0	0	1	0			
		Amreli	0	0	0	0	12	3	1	1	2	0	0	0	0	0		
		Patan	0	0	0	0	2	1	0	0	0	0	0	0	0	0		
		Surendranagar	0	0	0	0	1	1	0	0	0	0	0	0	0	0		
		Kutch	0	0	0	0	3	3	2	2	11	7	5	j	2	1		
		Anand	0	0	0	0	0	0	1	1	0	0	1	1	0	0		
		Arvalli	0	0	0	0	0	0	0	0	1	0	0	0	0	0		
		Bhavnagar	0	0	0	0	0	0	0	0	0	0	1	1	0	0		
		Jamnagar	0	0	0	0	0	0	0	0	1	1	0	0	0	0		
		Morbi	0	0	0	0	0	0	0	0	1	0	0	0	0	0		
		Rajkot	0	0	0	0	0	0	0	0	0	0	4	2	2	1		
		Botad	0	0	0	0	0	0	0	0	0	0	1	0	0	0		
		Bharuch	0	0	0	0	0	0	0	0	0	0	1	0	1	1		
		Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
		Total			13	5	2	1	18	8	5	4	16	8	15	8	6	3
		2	Rajasthan	Sirohi	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Jodhpur	0			0	0	0	0	0	0	0	4	2	0	0	0	0		
Chitorgarh	0			0	0	0	0	0	0	0	1	0	0	0	0	0		
Total	0			0	0	0	0	0	1	0	5	2	0	0	0	0		
3	Uttar Pradesh	Moradabad	0	0	0	0	0	0	0	0	1	1	0	0	0	0		
		Total	0	0	0	0	0	0	0	0	1	1	0	0	0	0		
		Total	13	5	2	1	18	8	6	4	22	11	15	8	6	3		

Private Corporates engaging Ex-Bankers of PSBs

1878. SHRI P. K. KUNHALIKUTTY: Will the Minister of FINANCE be pleased to state:

(a) whether a big corporate company has appointed the former CMD of State Bank of India (SBI) on their Board as Executive Director and if so, the details thereof;

(b) whether such an appointment of former CMD of SBI is seen as quid pro quo for favouring Joint Venture (JV) between SBI and the said corporate company for setting up Jio Payment Bank;

(c) if so, the details thereof and if not, the reasons therefor; and

(d) whether the Government would restrict such appointments to have more transparency in the system and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (d) State Bank of India (SBI) has informed in this regard that-

- (1) in terms of regulation 19(1) of the State Bank of India Employees' Pension Fund Regulations, 2014, only in case where an officer intends to accept employment in any other bank at any time or any other commercial employment within one year from the date of retirement, he/she should obtain the previous sanction of the competent authority;
- (2) as per terms and conditions of appointment of Whole-time Directors (WTDs) of Public Sector Banks (PSBs), for acceptance of any commercial employment, including directorship of companies, within one year after demitting office, prior permission of the Central Government is required;
- (3) that the last former Chairman of SBI retired on 6.10.2017; and
- (4) SBI's decision to enter into joint venture with 30% stake in Jio Payments Bank was taken purely on commercial considerations.

NPS Withdrawal Norms

1879. SHRI ASADUDDIN OWAISI: Will the Minister of FINANCE be pleased to state:

(a) whether the Pension Fund Regulatory and Development Authority (PFRDA) has changed the norms

for withdrawal of National Pension System (NPS) subscribers and if so, the details thereof;

(b) the conditions laid down for withdrawal from NPS; and

(c) the extent and purpose for which the withdrawal is permissible after three years?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) Yes Madam. Keeping in view the possibility of sudden financial needs of the subscribers, the requirement of minimum period under National Pension System (NPS) for availing the facility of partial withdrawal from the mandatory Tier-I account of the subscriber has been reduced from 10 years to 3 years from the date of joining w.e.f. 10th August, 2017. The minimum gap of 5 years between two partial withdrawals has also been removed w.e.f. 10th August, 2017. A subscriber is eligible for three partial withdrawals during the period of subscription under NPS, each withdrawal not exceeding twenty-five percent of the contributions made by the subscriber and excluding contributions made by the employer. There is, however, no restriction on withdrawals from the Tier-II account of the subscriber.

(c) The extent and purpose for which partial withdrawals from the Tier-I account under NPS are permissible are as under:

Purpose

- (i) for higher education and marriage of his or her children including a legally adopted child;
- (ii) for the purchase or construction of a residential house or flat in his or her own name or in a joint name with his or her legally wedded spouse. In case, the subscriber already owns either individually or in the joint name a residential house or flat, other than ancestral property, no withdrawal under these regulations shall be permitted;
- (iii) for treatment of specified illnesses: if the subscriber, his legally wedded spouse, children, including a legally adopted child or dependent parents suffer from any specified illness, which shall comprise of hospitalization and treatment in respect of the following diseases:
 - (a) Cancer;

- (b) Kidney Failure (End Stage Renal Failure);
 - (c) Primary Pulmonary Arterial Hypertension;
 - (d) Multiple Sclerosis;
 - (e) Major Organ Transplant
 - (f) Coronary Artery Bypass Graft;
 - (g) Aorta Graft Surgery;
 - (h) Heart Valve Surgery;
 - (i) Stroke;
 - (j) Myocardial Infarction;
 - (k) Coma;
 - (l) Total blindness;
 - (m) Paralysis;
 - (n) Accident of serious/ life threatening nature.
 - (o) Any other critical illness of a life threatening nature as stipulated in the circulars, guidelines or notifications issued by the Authority from time to time.
- (iv) Towards meeting the expenses by subscriber for skill development/re-skilling or for any other self-development activities.
 - (v) Towards meeting the expenses by subscriber for establishment of own venture or any start-ups.
 - (vi) To meet medical & incidental expenses arranging out of disability or incapacitation suffered.

Limits

- (i) The subscriber should have been in the National Pension System at least for a period of three years from the date of his or her joining;
- (ii) The subscriber shall be permitted to withdraw accumulations not exceeding twenty-five per cent of the contributions made by him or her and standing to his or her credit in his or her individual pension account, as on the date of application for withdrawal;

Frequency

The subscriber shall be allowed to make partial withdrawals for a maximum of three times during the entire tenure of subscription under the NPS. There is, however, no minimum time gap now stipulated between two partial withdrawals.

National Environment Awareness Campaign

1880. SHRI A.P. JITHENDER REDDY: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has announced an abrupt end to National Environment Awareness Campaign;

(b) if so, the details thereof and the reasons therefor;

(c) whether the target of the campaign has been achieved and if so, the details thereof and the reasons therefor;

(d) the mechanism through which the Government ensures environment awareness among the people; and

(e) whether the financial assistance required for the campaign has not been budgeted adequately and if so, the details thereof along with the action taken against the concerned officials in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) The National Environment Awareness Campaign (NEAC) programme was launched in 1986 with the objective to create environmental awareness through the involvement of Non-Governmental Organisations / autonomous bodies / colleges. NEAC programme was reviewed on 18.8.2017 by the Standing Finance Committee on Environment Education, Awareness and Training (EEAT) scheme and as per the decisions taken, the budget earmarked for NEAC programme was merged with the ongoing National Green Corps (NGC) "Ecoclub" programme. The NGC programme also aims at creating environmental awareness through school and college children. Accordingly, the funds for each ecoclub under NGC programme has been increased from Rs 2500/- to Rs 5000/- from FY 2017-18. Presently there are about 90,000 ecoclubs under the said programme in the country.

(c) The ecoclubs undertakes the activities as detailed out in the approved action plan prepared by

Ministry of Environment, Forest and Climate Change (MoEF&CC) in consultation with State/UTs nodal agencies constituted specifically to implement and monitor the activities. Till date during financial year 2018-19, Rs 36 crore has been released to around 67000 ecoclubs so far across the country. Ecoclubs played active role in several campaigns undertaken by MoEF&CC and also by the respective State/UT Governments that includes "Harit Diwali -Swasth Diwali" campaign, Swachh Bharat Abhiyan, World Environment Day celebrations from 1-5th June 2018, wherein India was the host country. Further the programme "Green Good Deeds" initiated by the Ministry is also implemented through ecoclub schools and colleges.

(d) The National Green Corps "Ecoclub" programme is monitored by the respective Nodal agencies which submit the progress reports alongwith audited Utilisation certificate, Expenditure Statement and accordingly, the funds are released for the financial year.

(e) Annual budget for NGC programme is based on estimation of likely proposals to be received from the State/UT Governments. All proposals received from UTs and State Governments up to 3rd quarter of the financial year 2018-19 have been processed and the funds disbursed.

[*Translation*]

Petroleum Products under GST

1881. SHRI BHAIRON PRASAD MISHRA:
SHRI KALIKESH N. SINGH DEO:

Will the Minister of FINANCE be pleased to state:

(a) whether the overall average tax component on the prices of diesel and petrol this year has reached a 100 per cent of the base price of these commodities, if so, the break-up of taxes imposed on sale of petrol and diesel per litre for year 2018-19, State/UT-wise;

(b) whether the Government proposes to do away with the present taxation system on petrol and diesel and has taken any new initiative to persuade the States/ UTs to bring petroleum products also under GST, if so, the details and the outcome thereof; and

(c) whether bringing diesel and petrol under the pan-India tax umbrella of GST will cause any significant decrease in prices of these commodities and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Prices of petrol and diesel have been made market determined by the Government with effect from 26.06.2010 and 19.10.2014 respectively. Since then, the Public Sector Oil Marketing Companies (OMCs) take appropriate decision on pricing of petrol and diesel in line with international product prices and other market conditions. This results in change in price on a day to day basis.

The price buildup of petrol and diesel as on 19th December, 2018 (as per IOCL at Delhi) is given below:

(in Rs. per litre)			
Sl. No.	Elements	Petrol	Diesel
1.	Price before Taxes and Dealer Commission	34.04	38.67
2.	Central Excise Duty [A]	17.98	13.83
3.	Dealer Commission	3.59	2.53
4.	State VAT [B]	15.02	9.51
5.	Retail Selling Price [C]	70.63	64.54
6.	Total Tax incidence percentage [(A+B)/C]	96.9%	60.3%

The overall tax incidence comes out as 96.9% for petrol and 60.3% for diesel being sold at Delhi.

Similarly, for other states/UTs, the rate of state VAT is different and the overall tax incidence changes accordingly.

(b) and (c) As per Article 279 A (5) of the Constitution, the Goods and Service Tax Council shall recommend the date on which the goods and services tax be levied on petroleum crude, high speed diesel, motor spirit (commonly known as petrol), natural gas and aviation turbine fuel (ATF). As per the section 9(2) of the CGST Act, inclusion of these products in GST will require recommendation of the GST Council. So far, the GST Council has not made any recommendation for inclusion of petroleum products under GST.

[*English*]

Central Health Services

1882. SHRI NALIN KUMAR KATEEL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has taken any decision to increase the retirement age of the faculty in

Central Health Services Cadres (CHSC) and other Central/State Government medical services to 65 years and if so, the details thereof;

(b) whether the said decision is to be implemented in all the Central Health Services cadres and other Central/State Government medical services;

(c) if so, the details thereof and if not, the reasons therefor;

(d) whether the Government is aware that there are irregularities committed in implementing the said decision;

(e) if so, the details of the medical services and institutions where the said decision has not been implemented; and

(f) the steps being taken by the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (f) Government had decided on 05.06.2008 to increase the retirement age to 65 years for the officers of Teaching sub-cadre of Central Health Services (CHS). Thereafter, Government decided on 31.05.2016 to increase the retirement age to 65 years in respect of General Duty Medical Officers, Non-Teaching and Public Health Specialists. Further, it was also decided on 27.09.2017 to increase the retirement age to 65 years for the other officers of Central Medical Services viz. AYUSH doctors, Civilian doctors under Directorate General of Armed Forces Medical Services, Medical officers of Indian Ordnance Factories Health Services, dental doctors working under Ministry of Health and Family Welfare, doctors of Indian Railways Medical Service and dental doctors under Ministry of Railways, doctors of General Duty Medical Officers sub-cadre of Central Armed Police Forces and Assam Rifles and Specialist Medical officers of Central Armed Police Forces and Assam Rifles.

Health being a state subject, the decisions of the Central Government are not applicable to the State Government doctors, and no such information is being maintained centrally in respect of State Government doctors.

No irregularities have been noticed in the implementation of the said decision

First Aid Facilities in Hospitals

1883. SHRI GUTHA SUKENDER REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has taken a decision to issue stringent orders to hospitals to compulsorily provide necessary first aid facilities without any delay and without payment to the patients who were admitted to hospitals due to accidents;

(b) if so, the details thereof; and

(c) the details of other emergency facilities mandated to be provided to such patients?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Since Health is a State subject, it is the responsibility of the State to issue such orders/instructions to the healthcare facilities in their respective States/Union Territories. However, with the view to reduce mortality due to road traffic injury, the Central Government have issued 'Guidelines for protection of Good Samaritans' to all States/Union Territories wherein it is mentioned that the lack of response by a doctor in an emergency situation pertaining to road accidents, where he is expected to provide care, shall constitute "professional Misconduct" under Chapter 7 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulation, 2002 and disciplinary action shall be taken against such doctors under Chapter 8 of the said Regulations.

(c) With a view to bring down preventable deaths due to road accidents, the Government is implementing the scheme namely 'Assistance for Capacity Building for Developing Trauma Care Facilities in Govt. Hospitals on National Highways'. Under the Scheme, financial assistance is provided to States/Union Territories (UTs) for upgrading/ strengthening trauma care facilities in identified Government Hospitals/ Medical Colleges.

Exposure of Mutual Funds to NBFC

1884. SHRI K. ASHOK KUMAR: Will the Minister of FINANCE be pleased to state:

(a) whether the Government has noted that exposure of Mutual Fund to debt papers of Non-Banking Finance Companies (NBFC) is up 2.5 times;

(b) if so, the details thereof;

(c) whether in percentage terms, the over exposure of debt funds to Commercial Papers (CP) and Certificate of Deposits (CD) of NBFCs rose from 12.02 per cent in August, 2014 to 16.85 per cent in August, 2018, if so, the details thereof;

(d) whether between August, 2014 to August, 2018 funds in CPs, CDs rose to Rs. 2,48,598 crore from Rs. 98.738 crore; and

(e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) and (b) Non-Banking Finance Companies (NBFC) issues only Commercial Papers (CP) and Corporate Debt/ Debentures. NBFCs do not issue Certificate of Deposit. Total exposure of Mutual funds (MFs) to these debt papers of NBFCs has increased from Rs. 98,739 crore as on 31st August, 2014 to Rs. 2,48,599 crore as on 31st August, 2018 i.e an increase of 2.52 times.

(c) to (e) The exposures of Mutual Fund's debt schemes to Commercial Papers (CP) and Corporate debt issued by NBFCs has gone up from 12.90 % in August, 2014 to 16.85% in August, 2018. The details are as follows:

Sl. No.	Particulars	As on August 31, 2014 (Rs. crore)	As on August 31, 2018 (Rs. crore)
1	Exposure of MF to CP issued by NBFC	54,857	1,44,221
2	Exposure of MF to corporate debt issued by NBFC	43,882	1,04,378
3	Total exposure of MF to CP & Corporate Debt issued by NBFC	98,739	2,48,599
4	Total exposure of MF to debt instruments	7,65,416	14,75,056
5	% exposure of CP & corporate debt issued by NBFC to total exposure of Mutual Funds to debt instruments	12.90%	16.85%

[*Translation*]

Effects of Pollution

1885. SHRI BHARAT SINGH: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether rising pollution level in the country, particularly in Delhi and National Capital Region, is adversely affecting the health of babies even before they are born;

(b) if so, the details thereof; and

(c) the corrective measures taken by the Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) A few reports have appeared in the media regarding the impact of air pollution on human health, including effects on fetal growth and birth outcomes, estimated based on models, simulations and extrapolations. However, there are no conclusive data available in the country, including for Delhi, to establish direct correlation of death/ disease exclusively due to air pollution. Air pollution is one of the triggering factors for respiratory ailments and associated diseases. Health effects of air pollution are synergistic manifestation of factors which include food habits, occupational habits, socio-economic status, medical history, immunity, heredity, etc., of the individuals.

(c) The Government has taken several steps to address air pollution, which inter alia include notification of National Ambient Air Quality Standards; revision of emission standards for industrial sectors from time to time; setting up of monitoring network for assessment of ambient air quality; introduction of cleaner / alternate fuels like gaseous fuel (CNG, LPG etc.), ethanol blending, launching of National Air Quality index; leapfrogging from BS-IV to BS-VI fuel standards; notification of Construction and Demolition Waste Management Rules; banning of burning of biomass; streamlining the issuance of Pollution Under Control Certificate; issuance of directions under Section 18(1)(b) of Air (Prevention and Control of Pollution) Act, 1981 and under Section 5 of Environment (Protection) Act, 1986 for controlling air pollution; installation of on-line continuous (24x7) monitoring devices by major industries; notification of Graded Response Action Plan for Delhi and NCR; comprehensive

action plan for air pollution control in Delhi and NCR; formulation of National Clean Air Programme (NCAP); organization of clean air campaigns, etc.

[English]

Pradhan Mantri Matru Vandana Yojana

1886. KUMARI SHOBHA KARANDLAJE:
SHRI PRATAP SIMHA:
SHRI C.N. JAYADEVAN:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) the objectives and salient features of the Pradhan Mantri Matru Vandana Yojana (PMMVY) implemented by the Government along with the total funds sanctioned and disbursed to States;

(b) the total number of women/beneficiaries enrolled under the PMMVY as on 31.10.2018 along with the number of women and amount of maternity benefits paid to them, State/UT-wise;

(c) whether it is true that the PMMVY has not benefitted all the pregnant women as the scheme is applicable to the first birth only and if so, the details thereof along with the changes proposed to be made in the eligibility criteria of the scheme and also to make it National Food Security Act (NFSA) compliant;

(d) the details of the funding ratio of the scheme between the Central and State Governments;

(e) the details of the top performing States, with the breakup of beneficiaries enrolled, amount paid to them and total amount disbursed as on 31.10.2018; and

(f) whether the Government has reviewed the implementation of the scheme in terms of its ability to empower women and has met its stated objectives and if so, the details and the outcome thereof?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) The Ministry of Women and Child Development is implementing Pradhan Mantri Matru Vandana Yojana (PMMVY) with the objectives of (i) providing partial compensation for the wage loss in terms of cash incentive so that the woman can take adequate rest before and after delivery of the first child; and (ii) the cash incentive provided to improve health seeking

behavior amongst the Pregnant Women & Lactating Mothers (PW&LM). The salient features of the PMMVY are enclosed as Statement. Under PMMVY, grants-in-aid amounting to Rs.2,048.59 crores and Rs.369.31 crores have been sanctioned/released to States/UTs during the year 2017-18 and 2018-19 respectively.

(b) The State/UT-wise details of the total number of beneficiaries enrolled and the amount of maternity benefits paid under PMMVY as on 31.10.2018 are enclosed as Statement

(c) The maternity benefits under PMMVY are available to the eligible beneficiaries for first living child of family. About 51.70 lakh beneficiaries are covered annually under PMMVY. There is no proposal to change the eligibility criteria under the scheme.

(d) The PMMVY is a Centrally Sponsored Scheme under which the cost sharing ratio between the Centre and the States & UTs with Legislation is 60:40, for eight North-Eastern States & three Himalayan States, it is 90:10 and 100% Central assistance for Union Territories without Legislation.

(e) On the basis of the target achieved by States/UTs under PMMVY, the top three performing States as on 31.10.2018 are Andhra Pradesh, Himachal Pradesh and Madhya Pradesh respectively. The details of number of beneficiaries enrolled and the total amount paid/dispensed as on 31.10.2018 are as under:

Sl. No.	Name of the State	Target (Till December, 2018)	Beneficiaries enrolled	Total amount paid/dispensed (in Rs.)
1.	Andhra Pradesh	3,61,135	4,57,139	1,33,63,49,000/-
2.	Himachal Pradesh	58,620	73,846	22,82,68,000/-
3.	Madhya Pradesh	6,20,189	7,69,087	1,85,66,00,000/-

(f) Implementation review is a continuous process.

Statement-I*Salient features of the Pradhan Mantri Matru Vandana Yojana (PMMVY)*

- (i) The maternity benefit, are available to a woman for the first living child of family subject to fulfillment of conditionalities. All the pregnant women and lactating

mothers in regular employment with Central Government or State Governments or Public Sector Undertakings or those who are in receipt of similar benefits under any law for the time being in force, are excluded.

- (ii) The conditionalities and number of instalments under PMMVY are as under:

Cash Transfer	Conditions	Amount in Rs.
First Installment	• Early Registration of Pregnancy	1,000/-
Second Installment	• Received at least one antenatal Check-up (after 6 months of pregnancy)	2,000/-
Second Installment	• Child birth is registered	
	• Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute	2,000/-

- (iii) Mother and Child Protection (MCP) Card is the verification tool for verification of fulfillment of conditionalities.

will be counted as first live child in the family.

- (iv) Early registration of pregnancy has been considered as registration of pregnancy within 150 days from the date of her Last Menstrual Period (LMP) and duly recorded on MCP Card.

- (viii) An eligible beneficiary can apply, at any point of time but not later than two years of pregnancy.

- (v) All Pregnant Women who have registered their pregnancy for the first child in family on or after 01.01.2017 are eligible for getting benefit under the programme.

- (ix) The grants-in-aid are transferred in ESCROW Account as well as State/UT treasury for different components of the scheme. For the maternity benefit component (Conditional Cash Transfer of Rs.5,000/-) is transferred to the Escrow Account of the States/UTs and remaining components is through State/UT's Treasury Account.

- (vi) The funds to the beneficiaries under PMMVY will be transferred directly to their Bank/Post Office account in Direct Benefit Transfer Mode.

- (x) At the Centre, the scheme is being implemented by Ministry of Women and Child Development. The States/UTs have option to implement the scheme either through Women & Child Development Department/Social Welfare Department or through Health & Family Welfare Department.

- (vii) If a beneficiary delivers twins/triplet/quadruplet, it

Statement-II*State/UT-wise details of the total number of beneficiaries enrolled and the amount of maternity benefits paid under PMMVY as on 31.10.2018*

Sl. No	State/UT	No. of Beneficiaries enrolled	No. of beneficiaries paid	Total maternity benefits paid (In Rs.)
1	2	3	4	5
1.	Andaman and Nicobar Islands	2,586	2,309	88,33,000
2.	Andhra Pradesh	4,57,139	3,81,447	1,33,63,49,000
3.	Arunachal Pradesh	3,392	2,584	81,48,000

1	2	3	4	5
4.	Assam	78,262	64,736	11,24,07,000
5.	Bihar	2,36,263	1,47,824	24,38,41,000
6.	Chandigarh	8,962	7,303	2,53,81,000
7.	Chhattisgarh	1,64,314	1,32,011	34,06,99,000
8.	Dadra and Nagar Haveli	2,912	2,479	73,51,000
9.	Daman and Diu	1,699	1,257	37,77,000
10	Delhi	64,589	57,275	20,16,41,000
11	Goa	6,914	6,363	2,50,09,000
12	Gujarat	2,82,407	2,52,582	90,71,52,000
13	Haryana	1,99,130	1,71,294	64,75,99,000
14	Himachal Pradesh	73,846	64,590	22,82,68,000
15	Jammu and Kashmir	53,869	41,964	10,36,50,000
16	Jharkhand	1,81,870	1,44,339	42,48,69,000
17	Karnataka	3,59,285	3,14,094	1,14,42,39,000
18	Kerala	1,89,929	1,69,714	60,76,39,000
19	Lakshadweep	442	307	5,05,000
20	Madhya Pradesh	7,69,087	6,24,717	1,85,66,00,000
21	Maharashtra	4,31,902	3,24,889	1,19,59,49,000
22	Manipur	6,393	4,937	1,68,35,000
23	Meghalaya	1,404	1,204	42,00,000
24	Mizoram	8,344	7,458	2,87,32,000
25	Nagaland	1,794	1,354	46,83,000
26	Odisha	7	5	25,000
27	Puducherry	5,221	4,318	1,64,30,000
28	Punjab	1,42,365	1,29,569	47,24,68,000
29	Rajasthan	5,50,373	4,79,131	1,52,09,24,000
30	Sikkim	3,177	1,046	23,90,000
31	Tamil Nadu	7,883	0	0
32	Telangana	193	0	0

1	2	3	4	5
33	Tripura	16,108	11,229	2,98,50,000
34	Uttar Pradesh	10,11,187	8,51,992	2,85,63,76,000
35	Uttarakhand	55,742	48,205	16,29,80,000
36	West Bengal	2,50,672	2,00,430	79,29,80,000
Grand Total		56,29,662	46,54,956	15,33,87,79,000

Import of Medicines withdrawn from Market

1887. SHRI K.N. RAMACHANDRAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there have been media reports that the medicines withdrawn from the market abroad are imported and distributed by pharmaceutical companies in India; and

(b) if so, the details thereof along with the concrete steps taken to check such imports?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Central Drugs Standard Control Organization (CDSCO), Ministry of Health and Family Welfare has not received any such reports that the medicines withdrawn from the market abroad are imported and distributed by pharmaceutical companies in India.

(b) Does not arise.

Income of Non-Life Insurance Companies

1888. DR. K. GOPAL: Will the Minister of FINANCE be pleased to state:

(a) whether the non-life insurance companies reported a rise of nine per cent premium income to Rs. 19,098.51 crore in September, 2018 and if so, the details thereof; and

(b) whether these insurance companies had earned premium of Rs. 17,514.64 crore in September, 2017 and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) As per Insurance Regulatory and Development Authority of India (IRDAI), non-life insurance companies have registered a rise of 9.0% in their premium income from Rs. 17514.64 Crore in September 2017 to Rs. 19098.51 Crore in September 2018. Insurer wise premium income details are given in enclosed Statement.

Statement*Details of Insurer-wise premium income*

Gross Direct Premium- (Rs. Crore.) - For the Month of September

Sl. No.	Insurer	Sept. 2017	Sept. 2018
1	2	3	4
1	Acko General Insurance Limited	NA	6.54
2	Bajaj Allianz General Insurance Company Limited	1387.08	839.08
3	Bharti AXA General Insurance Company Limited	212.41	268.75
4	Cholamandalam MS General Insurance Company Limited	432.33	309.13
5	DHFL General Insurance Limited	NA	33.3
6	Edelweiss General Insurance Limited	NA	3.91

1	2	3	4
7	Future Generali India Insurance Company Limited	143	237.57
8	Go Digit General Insurance Limited	NA	58.77
9	HDFC Ergo General insurance Company Limited	1005.75	1379.12
10	ICICI Lombard General Insurance Company Limited	1218.35	1318 48
11	IFFCO Tokio General Insurance Company Limited	351.19	625 59
12	Kotak Mahindra General Insurance Company Limited	14.09	25 3
13	Liberty Videocon General Insurance Company Limited	59.75	80.5
14	Magma HDI General Insurance Company Limited	36.92	70 38
15	National Insurance Company Limited	1261.63	893.31
16	Raheja QBE General Insurance Company Limited	6.97	8.08
17	Reliance General Insurance Company Limited	877.38	1039 34
18	Royal Sundaram General Insurance Company Limited	218.8	518.01
19	SBI General Insurance Company Limited	434.64	492 86
20	Shriram General Insurance Company Limited	171.6	196 3
21	Tata AIG General Insurance Company Limited	386.41	635.93
22	The New India Assurance Company Limited	2449.56	2450.28
23	The Oriental Insurance Company Limited	1412.17	1552.05
24	United India Insurance Company Limited	1183.56	1305.12
25	Universal Sompo General Insurance Company Limited	109.57	120.94
General Insurers Total		13373.2	14468 6
26	Aditya Birla Health Insurance Company Limited	16.36	39.31
27	Apollo Munich Health Insurance Company Limited	121.82	159.38
28	Cigna TTK Health Insurance Company Limited	25.55	41.57
29	Max Bupa Health Insurance Company Limited	59 88	75 83
30	Religare Health Insurance Company Limited	82.98	173 29
31	Star Health & Allied Insurance Company Limited	329.6	428.52
Stand-alone Pvt Health Insurers Total		636.19	917.9
32	Agricultural Insurance Company of India Limited	3382.91	3600.05
33	Export Credit Guaranteed Corporation of India Limited	122.38	111.92
Specialized PSU Insurers Total		3505.29	3711.97
Grand Total		17514.64	19098.51

AYUSH Colleges in Bihar

1889. SHRIMATI KAMLA PAATLE: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) the details of the AYUSH university/colleges conducting graduation and post-graduation courses in the country;

(b) course-wise number of students enrolled in the said colleges in the country along with details of subjects offered therein;

(c) whether enrollment under post graduation course in Unani, Siddha and Homeopathy is nil in various AYUSH colleges;

(d) if so, the details thereof along with the reasons therefor; and

(e) the details of the efforts made by the Government for the promotion and expansion of higher education in Indian medical systems?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) There are 702 AYUSH Colleges conducting graduation and post-graduation courses in the country (Ayurveda 400, Unani 55, Siddha 11, Homeopathy 236 colleges) and there are 107 Universities conducting graduation and post-graduation AYUSH course in the country.

The details can be accessed at <http://ayush.gov.in/list-ayurveda-siddha-unani-and-homoeopathy-colleues>.

(b) The number of students enrolled in Ayurveda UG 26312, PG 4307 students, Unani UG 2845, PG 210 students, Siddha UG 580 PG 140 students and Homeopathy UG 17293 PG 1328

The details can be accessed at <http://ayush.gov.in/list-ayurveda-siddha-unani-and-homoeopathy-colleges>.

(c) and (d) The enrollment under post-graduation courses, is 210 seats in Unani, 140 seats in Siddha, and 1328 seats in Homeopathy

The details can be accessed at <http://ayush.gov.in/list-ayurveda-siddha-unani-and-homoeopathy-colleges>.

(e) For Ayurveda, Siddha and Unani:

(i) The Indian Medicine Central Council (Post Graduate Ayurveda Education) Regulations, 2016 & 2018 are amended on 07.11.2016 and 07.12.2018 respectively.

(ii) The Indian Medicine Central Council (Post Graduate Unani Education) Regulations, 2016 & 2018 are amended on 07.11.2016 and 07.12.2018 respectively.

(iii) The Indian Medicine Central Council (Post Graduate Siddha Education) Regulations, 2016 & 2018 are amended on 07.11.2016 and 07.12.2018 respectively.

For Homeopathy: The Ministry of AYUSH through its Statutory Regulatory Council, Central Council of Homoeopathy(CCH) is regulating the education and promotions of Homoeopathy in accordance to the provisions of Homoeopathy Central Council Act, 1973.

Accordingly, undergraduate course (BHMS) of five and half years and Post -graduate Course MD (Horn.) of three years in seven speciality subjects are conducted.

[English]

Financial Inclusion Index

1890. SHRI R. PARTHIPAN: Will the Minister of FINANCE be pleased to state:

(a) whether the Government has recently launched Financial Inclusion Index, if so, the details thereof;

(b) whether it is likely to be a measure of access and;usage of basket of formal financial products and services that includes savings, remittances, credit, insurance and products;

(c) if so, the details thereof;

(d) whether it is likely to serve as single composite index giving a snap shot of level of financial inclusion which will guide Macro Policy perspective; and

(e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) No, Madam.

(b) to (e) The Government has constituted a task force to suggest various dimensions/aspects of Index of Financial Inclusion. The task force is yet to submit its report.

AYUSH Centres across the Country

1891. SHRI ANIL SHIROLE:

SHRI KOTHA PRABHAKAR REDDY:

Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether the Government has any proposals for setting up of AYUSH hospitals across the country;

(b) if so, the details thereof and the details of the number of AYUSH centres across the country, State/UT-wise including Maharashtra and Telangana State;

(c) if not, the reasons therefor;

(d) whether the Government has received any proposals from the States in this regard and if so, the details thereof;

(e) the details of the number of AYUSH centres/hospitals opened specially in far flung areas during the last three years and the current year, State/UT-wise including Maharashtra;

(f) whether the cases of fixed dose combination medicine have also come to the knowledge of the Government in these centres, if so, the corrective steps being taken in this regard; and

(g) the efforts made/being made for setting up AYUSH hospitals equivalent to AIIMS in New Delhi?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) to (d) As public health is a State subject, opening of AYUSH Hospitals come under the purview of respective State Government. However, under Centrally Sponsored Scheme of National AYUSH Mission (NAM) there is a provision of financial assistance to set up upto 50-bedded integrated AYUSH hospitals. Under NAM, grant-in-aid is being provided to State/UT Government including Maharashtra & Telangana State as per their proposed State Annual Action Plans (SAAPs). The State/UT wise approved units of upto 50 bedded integrated AYUSH Hospital including Maharashtra & Telangana State is given in enclosed Statement-I.

Public health is being a State subject, opening of AYUSH Centres/Hospitals specially in far flung areas comes under the purview of respective State Government. However, under Centrally Sponsored Scheme of National AYUSH Mission (NAM) there is a provision of financial assistance to States /UTs for different activities which also includes assistance for upgradation of AYUSH Hospitals and dispensaries and co-located AYUSH facilities at Primary Health Centres (PHCs). The State/UTs wise number of such facilities supported under NAM during last three years and the current year is given in enclosed Statement-II.

(f) No such information has been received.

(g) All India Institute of Ayurveda (AHA) has been established at Sarita Vihar, New Delhi as an Autonomous Body under Ministry of AYUSH on All India Institute of Medical Science (AIIMS) pattern with all the infrastructure including Doctors/staff.

Statement-I

Status of upto 50 bedded integrated AYUSH Hospital approved under National AYUSH Mission (NAM) during 2014-15 to 2018-19 (Till date)

Sl. No	State/UT	No. of approved 50 bedded integrated AYUSH Hospital
1.	Andhra Pradesh	2
2.	Assam	2
3.	Bihar	1
4.	Chandigarh	1
5.	Dadra and Nagar Haveli	1
6.	Goa	2
7.	Gujarat	2
8.	Haryana	1
9.	Himachal Pradesh	2
10.	Jammu and Kashmir	3
11.	Karnataka	2
12.	Kerala	1
13.	Lakshadweep	1
14.	Maharashtra	4
15.	Manipur	4
16.	Madhya Pradesh	4
17.	Meghalaya	1
18.	Nagaland	3
19.	Odisha	2
20.	Puducherry	2
21.	Punjab	2
22.	Rajasthan	5
23.	Sikkim	1
24.	Tamil Nadu	2
25.	Telangana	3
26.	Tripura	2
27.	Uttar Pradesh	16
28.	Uttrakhand	1
29.	West Bengal	2
	Total	75

Statement-II

The State/UTs wise, status of number of unit assisted for upgradation of AYUSH Hospitals and dispensaries and co-located AYUSH facilities at Primary Health Centres (PHCs)

Sl.No.	Name of States/UTs	Co-location at PHCs				Upgradation of AYUSH Hospitals				Upgradation of AYUSH Dispensaries			
		2015-16	2016-17	2017-18	2018-19 (Till date)	2015-16	2016-17	2017-18	2018-19 (Till date)	2015-16	2016-17	2017-18	2018-19 (Till date)
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	Andman and Nicobar Islands	18	19	20	19	1	1	1	1	-	-	-	-
2	Andhra Pradesh	2	-	-	-	1	-	12	9	1	-	392	-
3	Arunachal Pradesh	-	-	-	1	-	-	1	1	-	-	-	-
4	Assam	15	15	-	-	-	-	-	-	-	-	-	-
5	Bihar	200	-	-	-	-	-	-	10	-	-	-	-
6	Chandigarh	-	-	-	2	-	-	-	-	13	-	12	13
7	Chhattisgarh	-	374	0	-	-	-	694	-	-	-	-	-
8	Dadra and Nagar Haveli	-	-	7	7	-	-	-	-	-	-	2	2
9	Daman and Diu	-	1	1	1	-	-	-	2	-	-	-	-
10	Delhi	-	-	-	-	-	-	-	-	-	-	-	-
11	Goa	21	26	26	26	-	-	-	-	-	-	-	-
12	Gujarat	-	-	-	-	-	40	35	10	-	771	776	768
13	Haryana	-	114	110	109	-	-	-	-	24	10	500	499
14	Himachal Pradesh	101	102	-	-	31	15	-	150	650	-	-	-
15	Jammu and Kashmir	-	-	-	-	2	4	4	4	558	579	579	471
16	Jharkhand	97	-	-	-	-	-	-	-	-	-	-	-

1	2	3	4	5	6	7	8	9	10	11	12	13	14
17	Karnataka	5	5	5	5	65	130	80	130	-	-	-	-
18	Kerala	-	-	-	-	13	21	103	91	7	9	12	14
19	Lakshadweep	8	8	-	8	-	-	-	-	-	-	-	-
20	Madhya Pradesh	502	465	437	325	-	-	-	-	-	-	-	-
21	Maharashtra	-	-	-	-	-	-	-	-	-	-	-	-
22	Manipur	84	84	84	84	-	-	-	2	-	1	1	1
23	Mizoram	16	4	7	9	-	-	-	-	-	-	-	-
24	Meghalaya	-	-	-	-	-	-	-	-	-	3	-	-
25	Nagaland	11	11	1	11	-	-	-	-	-	-	-	-
26	Odisha	1171	-	996	-	1	9	9	9	-	20	1159	1190
27	Puducherry	21	21	30	29	1	1	1	1	5	-	-	-
28	Punjab	-	6	-	-	5	7	6	-	-	10	-	-
29	Rajasthan	971	357	2089	1582	-	135	148	140	-	4379	4214	4063
30	Sikkim	2	2	3	3	-	-	-	-	-	-	-	-
31	Tamil nadu	475	485	492	572	-	-	7	-	-	-	-	-
32	Telangana	-	-	-	1	5	7	13	-	8	32	41	-
33	Tripura	24	-	-	2	2	3	2	-	2	4	-	-
34	Uttar Pradesh	-	-	-	-	-	-	-	-	36	55	190	62
35	Uttarakhand	179	108	180	82	8	-	17	8	-	-	639	-
36	West Bengal	-	-	-	-	-	-	-	-	-	240	692	730
Total		3,923	2207	4487	2875	133	370	434	423	1498	6737	9204	7844

[*Translation*]

Budget Division

1892. SHRI HARISH CHANDRA ALIAS HARISH DWIVEDI: Will the Minister of FINANCE be pleased to state:

(a) the details of work performed by Budget Division of his Ministry;

(b) the number of Sections in which this division has been divided along with the details of works performed by these Sections; and

(c) the funds allocated by the Government to Budget Division to perform its duties?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) and (b) The Budget Division is responsible for preparation of the Union Budget, Supplementary Grants and Excess Demands for Grants of the Central Government and the Annual Budget of the States under the President's Rule and their submission to Parliament. The Budget Division is divided into 13 Sections. The Section wise, details of work performed by the Division is enclosed as Statement.

(c) Funds allocated by the Government to Budget Division to prepare Budget duties during the F.Y. 2018-19 is Rs. 2.05 crore.

Statement

Section wise details of Work performed by Budget Division

(1) **Ways & Means**

Resources and Ways and Means of Central Government, Market Loans by Central Government, Treasury Bills and Deficit financing, Market Stabilization Scheme, Cash Management, Receipt Budget Coordination, Administration of Bonds issued by the Government of India (viz. Savings Bonds/Relief Bonds etc.), Repayment of Debt, Interest Payments, Sovereign Gold Bond, Handling budget related work of Demands for Grants.

(2) **Budget Administration**

Internal Administration of Budget Division, Nomination for domestic and foreign training, Sundaramoorti Committee work, Budget Press, Administration of National Savings Institute and

Public Debt Management Cell, Handling budget related work of Demands for Grants.

(3) **Report and Coordination**

Administration of the C&AG (Duties, Powers and Conditions of Service) Act- 1971, Proposals for Entrustment/re-entrustment of audit of Non-Government Bodies and Authorities to the C&AG of India under Section 20(1) of the C&AG's (DPC) Act- 1971, Processing Audit reports of the C&AG of India relating to the Accounts of the Union Government and laying them in both houses of Parliament in pursuance of Article 151 of the Constitution of India after obtaining approval of the President of India, Co-ordination work on PAC and other Parliamentary Committee Reports that directly and exclusively concern the Budget Division, Co-ordination of Parliament Issues, Intra-division Coordination Matters Miscellaneous Reports of the Budget Division, Preparation and laying of the Annual Report of the Ministry of Finance in Parliament, Security and other arrangements related to presentation of Central Budget, Handling budget related work of Demands for Grants, Grievance redressal and RTI matters. Budget Statistics Compilation and analysis, MIS concerning expenditure and receipt, Monitoring and analysis of expenditure and receipt trends, MIS Report compilation for internal assessment by Budget Division, Computerization of budget work, including work relating to NTR (other than those handled by PDMC)

Legislations: The Comptroller and Auditor General's (Duties, Powers and Conditions of Service) Act, 1971 (56 of 1971)

(4) **State**

Release of States' share of Central Taxes and duties to State Governments, Work relating to the Constitution of the Finance Commission and processing of its reports, Matters relating to financial provisions of various States' Reorganisation Acts Monitoring and review of repayment of Central loans and payment of interest by State Governments, Common pool of resources for North Eastern Region, Handling budget related work of Demands for Grants, Processing and presentation of Budget and Supplementary Demands for Grants to Parliament in respect of States under President's Rule, Non-Tax Revenue of the Central Government-finalization

and compilation of estimates thereof, incorporation of estimates in respect of States' share of Tax Revenue in Revenue Receipt of the Central Government in the Budget Documents, Issues concerning CPSUs, Direct Benefit Transfer.

Legislations: The Finance Commission (Miscellaneous Provisions) Act, 1951 (33 of 1951)

(5) **Planning & Allocation**

Issues concerning Central Sector and Centrally Sponsored Schemes, Issues concerning NITI Aayog, Gross Budgetary Allocation, Outcome Budget, SC/ST/NER Allocation, Externally Aided Projects, Handling budget related work of Demands for Grant.

(6) **National Savings**

Policy and administration of all Government Small Savings Schemes like namely Post Office Savings Account, Post Office Recurring Deposit Account, Post Office Time Deposit Accounts, Post Office Monthly Income Account, National Savings Scheme, Indira Vikas Patra, National Savings Certificate, Public Provident Fund Scheme, Senior Citizens Savings Scheme, Sukanaya Samridhi Account Scheme and new schemes introduced from time to time, framed under Government Savings Bank Act, 1873, Government Savings Certificates Act, 1959 and Provident Fund Act, 1968; Administration of Government Securities Act, 2006 and regulations framed thereunder through Reserve Bank of India, Computerization of National Small Savings Fund (NSSF) processes.

Legislations: The Government Savings Bank Act, 1873 (5 of 1873), The Government Securities Act-2006, The Government Savings Certificates Act, 1959 (46 of 1959), The Public Provident Fund Act, 1968 (23 of 1968), The Additional Emoluments (Compulsory Deposit) Act, 1974 (37 of 1974).

(7) **Public Debt Management Cell**

Plan borrowings of GoI, including market borrowings, other domestic borrowing activities of GoI through specific products, including Sovereign Gold Bond issuance, Manage Central Government liabilities, including Internal Debt, Guarantee proposals and contingent Liabilities, and National Small Saving Fund, Monitor cash balances of the Government, improve cash forecasting and promote efficient cash

management practices, Foster a liquid and efficient market for Government securities, Analyze and advise concerned Divisions of DEA on the proposals of External borrowing as regards cost, tenure, currency, hedging requirements, etc. and monitor development in foreign exchange markets, Develop an Integrated Debt Database system (IDMS) as a Centralized data base for all liabilities of GoI, on a near real time basis, Advise on matters related to Investment, Capital Market operations, Guarantee proposals, administration of interest rates on Small savings, and various loans and advances given by GoI, Undertake requisite market interface with various stakeholders, including Government departments, Central Bank, investors, primary dealers, financial market regulators, market participants, etc. to carry out assigned functions efficiently, Undertake such research work, including those relating to new products development, market development, risk management, debt sustainability assessment, and other debt management functions, as and when required by Ministry of Finance, Undertake requisite preparatory work for PDMA. Legislation: Government Securities Act, 2006

(8) **Demand**

Issuing the Budget Circular, Maintaining the list of Demands as per the Allocation of Business Rules, Maintaining the format of the Demands for Grants and its accompanying annexures as per the recommendations of the Estimates Committee/Public Accounts Committee, Opening of new subheads, detailed heads and object heads of accounts in Detailed Demands for Grants, Coordinate the work of compilation of Demands for Grants of all the Ministries/Departments, Presentation of all the Budget documents in Parliament and the legislative work relating to preparation of Vote on Account and main Appropriation Bills, Gender Budgeting, Handling budget related work of Demands for Grants, Social Welfare Sector Ministries and Departments, Financial policy in regarding to the utilization of the proceeds of disinvestment channelized into the National Investment Fund, Printing and distribution of budget documents.

Legislations: Appropriation Act

(9) **FRBM**

Administration of Fiscal Responsibility and Budget Management Act (FRBM), 2003 and the Rules

framed there under, Work relating to preparation and presentation of FRBM Report, Preparation of Medium Term Expenditure Framework (MTEF) Statement for presentation in Parliament, Preparation of Statements on quarterly review of the trends in receipts and expenditure in relation to the budget, Preparation of Disclosure Statements such as Asset Register, Tax Revenue Raised but not Realised and Arrears of Non-Tax Revenue, Handling budget related work of Demands for Grants.

Legislations: Fiscal Responsibility and Budget Management Act, 2003

(10) **Supplementary Demand**

Presentation of Supplementary Demands for Grants, Presentation of Demands for Excess Grants, Financial Sector related issues concerning schemes dealing with Central Government Guarantees, Administration of the Contingency Fund of India Act and Rules, Administration of various Cesses, Fresh Government Guarantees, guarantee fee recovery and Contingent Liability Management, Handling budget related work of Demands for Grants.

Legislations: Contingency Fund of India Act, 1950

(11) **Public Debt**

Fixation of Interest rate of GPF and similar Funds including Special Deposit Scheme, Employees Provident Fund (EPF), Coal Mines Provident Fund (CMPF), National Defence Fund etc., Fixation of interest rates of loans and advances sanctioned by Central Government to States/Union Territory Governments, Public Sector Enterprises etc. (ii) Rate of interest to be charged on advances to Government servants for purchase of conveyance, and (iii) Advances to Government servants - Rate of interest on House Building Advance etc., Recovery of Principal and Interest on all Government loans, Recoveries of Loans and Advances, including from Public Sector Units/ Financial Institutions but excluding repayment from States; and Interest Receipts, Handling budget related work of Demands for Grants.

Legislations: Public Debt Act, 1944, The Charitable Endowments Act, 1890 (6 of 1890)

(12) **Accounts**

Dealing with all issues relating to the Accounting of Government transactions of Ministries/Departments arising out of various Constitutional provisions and Acts of Parliament; Accounting classification and procedures including Reforms in Budget and Accounts; Vetting of Accounting Procedure and operation of approved funds in respect of external assistance (in cash or in kind) drawn up by Controller of Aid Accounts and Audit before obtaining concurrence of C&AG, Administering Public Accounts including National Investment Fund, National defence fund (other than fixing interest rates), etc., Collection and transfer of Cesses to corresponding fund, Non-debt Capital Receipts/Disinvestment Receipts, GFR and DFPR related issues, Handling budget related work of Demands for Grants.

(13) **Budget Press**

Printing of Budget documents including Detailed Demands for Grants of the Ministry of Finance and Supplementary Demands for Grants.

GST Theft

1893. SHRIMATI SANTOSH AHLAWAT:
SHRI R. GOPALAKRISHNAN:

Will the Minister of FINANCE be pleased to state:

(a) whether the incidents of Goods and Services Tax (GST) theft in the name of e-way bill have been reported to the Government, if so, the details thereof along with the number of such cases reported;

(b) the action taken by the Government against the guilty persons across the country, State-wise;

(c) whether the Government proposes to develop a onetime password based system and to integrate e-way bill with FASTag and logistics data bank to prevent GST theft in the name of e-way bill;

(d) if so, the time by which said system is likely to be made effective along with the extent to which said system is expected to be safe; and

(e) the details of revenue loss suffered by the Government due to GST theft in the name of e-way bills?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Yes, the

cases of violations in respect of E-Way Bills have been detected and the details thereof are as under:

Period	No. of cases detected	Tax evasion detected (Rs. in Cr.)	Tax evasion recovered (Rs. in Cr.)	Penalty recovered (Rs. in Cr.)
2018-19 (upto November, 2018)	1100	27.64	10.97	10.38

(b) Action has been taken for offences pertaining to violations of E-Way Bill provisions as prescribed in

law. The details of number of cases detected/offences booked and recoveries made so far are as under:

Name of the State/U.T	No. of cases detected	Tax evasion detected (Rs. in Cr.)	Tax evasion recovered (Rs. in Cr.)	Penalty recovered (Rs. in Cr.)
1	2	3	4	5
Andhra Pradesh	1	0	0	0.007
Arunachal Pradesh	24	0.0066	0.0045	0.0041
Assam	8	0.0243	0.0118	0.0125
Bihar	21	0.1098	0.1098	0.1098
Chhattisgarh	10	0.03	0.03	0.05
Goa	0	0	0	0
Gujarat	191	1.76	1.76	2.01
Haryana	57	0.7712	0.4489	0.4999
Himachal Pradesh	0	0	0	0
Jammu and Kashmir	0	0	0	0
Jharkhand	59	0.32	0.27	0.29
Karnataka	5	0.0654	0.0629	0.0684
Kerala	2	0	0	0
Madhya Pradesh	99	2.612	2.612	2.63
Maharashtra	36	1.46	0.2	0.27
Manipur	0	0	0	0
Meghalaya	0	0	0	0
Mizoram	0	0	0	0
Nagaland	0	0	0	0
Odisha	0	0	0	0
Punjab	64	0.29	0.25	0.29

1	2	3	4	5
Rajasthan	124	1.223326	1.22336	1.558824
Sikkim	0	0	0	0
Tamil Nadu	43	13.25	1.95	0.38
Telangana	95	0.4	0.4	0.4
Tripura	8	3.85	0.185	0.0023
Uttar Pradesh	61	0.3372	0.3272	0.5022
Uttarakhand	0	0	0	0
West Bengal	134	0.98	0.98	0.98
Delhi	31	0.08603	0.08603	0.18463
Chandigarh	0	0	0	0
Daman and Diu	27	0.06	0.06	0.13
Dadar and Nagar Haveli	0	0	0	0
Puducherry	0	0	0	0
Andaman and Nicobar	0	0	0	0
Lakshadweep	0	0	0	0
Total	1100	27.64	10.97	10.38

(c) Government is contemplating the possibility of integrating FASTag, which is an RFID technology based electronic toll collection mechanism of NHAI, with the E-Way Bill System. In the said context, a Report by a Committee of officials of CBIC (Central Board of Indirect Taxes), NHAI (National Highway Authority of India), GSTN (Goods & Services Tax Network) and DMICDC (Delhi Mumbai Industrial Corridor Development Corporation Ltd.), has recommended integrating FASTag programme of NHAI with E-Way Bill System; and adoption of FASTag platform and standards by the State governments having their own E-Way bill System. The Report of the Committee has also recommended linkage of the LDB (Logistics Data Bank) programme of DMICDC with the CBIC's e-seal project for export consignments.

(d) On acceptance of the proposal, the concerned organisations will finalize the MoU(s), through which the referred integration projects would be implemented. The aspect of safety is also being factored in the MoU(s), which is expected to be finalised in the next few months. On finalisation of the MoU (s), the implementation phase would start.

(e) The details of revenue involved and recoveries made for E-Way Bill violations is given at para (b).

[English]

Animals in Circus

1894. SHRIMATI M. VASANTHI: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government is considering to introduce a ban on all animals in circuses;

(b) if so, the details thereof;

(c) whether the said ban will also put an end to use of animals in other functions of all natures; and

(d) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) The Government of India administers the Prevention of Cruelty to Animals Act,

1960 for prevention of cruelty against the animals. Under this act, various rules are made from time to time to prevent infliction of unnecessary pain and suffering to the animals.

(c) and (d) The intention of the Act is not to put an end to use of animals in functions of all natures but to prevent cruelty against them.

Non-Banking Financial Companies

1895. SHRI KONAKALLA NARAYANA RAO:
SHRI RAVNEET SINGH:

Will the Minister of FINANCE be pleased to state:

(a) whether the Government has taken note of the Non-Banking Financial Companies (NBFCs) which are suffering from liquidity issues/significant liquidity crunch recently;

(b) if so, the details thereof;

(c) the manner in which the Government has reassured the investors in the wake of this crisis;

(d) whether the Government has provided any additional liquidity to the NBFCs, if so, the details thereof; and

(e) the other steps taken by the Government to provide additional liquidity to the NBFCs?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) As per inputs received from the Department concerned, market participants have reported on tight liquidity conditions pursuant to the default on its debt obligations by Infrastructure Leasing & Financial Services Limited (IL&FS), a large Systemically Important Non-Deposit Accepting Core Investment Company (CIC-ND-SI). The overall liquidity conditions in the banking system have otherwise also been pressurised since the second half of August 2018 due to factors like increase in credit off-take, festive demand, fund requirements, etc.

(c) Government superseded the existing Board of IL&FS, and appointed a new Board of Directors on 1st October 2018, which has been tasked with the responsibility of preparing a robust and time-bound resolution plan. The Financial Stability and Development Council (FSDC) in its 19th meeting held on 30th October 2018, discussed at length, inter alia, the current liquidity situation, including segmental liquidity position in the NBFCs and mutual fund space.

(d) and (e) Reserve Bank of India (RBI) has apprised that the following measures have been taken to improve the liquidity in the market and to improve the liquidity of NBFCs:

- (1) Open market operations were conducted in addition to regular Liquidity Adjustment Facility (LAF) auctions to inject liquidity in the financial markets.
- (2) RBI permitted banks to reckon Government securities held by them up to an amount equal to their incremental outstanding credit to NBFCs and Housing Finance Companies (HFCs), over and above the amount of credit to NBFCs and HFCs outstanding on their books as on 19th October 2018, as Level 1 High Quality Liquid Asset (HQLA) under the Facility to Avail Liquidity for Liquidity Coverage Ratio (FALLCR) within the mandatory Statutory Liquidity Ratio (SLR) requirement. This is in addition to the existing FALLCR of 13 percent of Net Demand and Time Liabilities (NDTL), and limited to 0.5 percent of the bank's NDTL. The above additional FALLCR will be available up to 31st December 2018.
- (3) The single borrower exposure limit for NBFCs that do not finance infrastructure stands increased from 10 percent to 15 percent of capital funds, up to 31st December 2018.
- (4) Banks were permitted on 2nd November 2018 to provide Partial Credit Enhancement (PCE) within the aggregate PCE exposure limit of 20% for bonds of minimum tenor of three years issued by NBFC-ND-SIs registered with the RBI and HFCs registered with the National Housing Bank, within one percent of capital funds and with regard to extant single/group borrower exposure limits for refinancing the existing debt.
- (5) RBI reduced the minimum average maturity requirement for External Commercial Borrowings (ECBs) in the infrastructure space raised by eligible borrowers from five years to three years with effect from 6th November 2018.
- (6) To encourage NBFCs to securitise/assign their eligible assets, in respect of loans of original maturity above five years, RBI has relaxed till

May 2019 the Minimum Holding Period requirement for originating NBFCs to receipt of repayment of six monthly instalments or two quarterly instalments, subject to Minimum Retention Requirement for such securitisation/ assignment transactions being 20% of the book value of the loans being securitised or 20% of the cash flows from the assets assigned.

Withdrawal of Customs Duty

1896. SHRI P. KARUNAKARAN: Will the Minister of FINANCE be pleased to state:

(a) whether the Government has received any request from the Government of Kerala to withdraw five percent basic custom duty imposed on raw cashew nuts and also restore exporting incentives;

(b) if so, the details thereof; and

(c) the action taken by the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) Yes Madam, this request has been received from the government of Kerala.

(c) The BCD on raw cashews has been reduced from 5% to 2.5%.

[Translation]

Investment under AYUSH

1897. SHRIMATI RANJANBEN BHATT: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether the Government proposes to invite industrialists to promote investment in Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) healthcare systems;

(b) if so, the details of the steps taken by the Government in this regard; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) Yes.

(b) and (c) The details of activities undertaken by Ministry of AYUSH are as under:

(i) Organized a 'National Seminar on Entrepreneurship and Business Development in Ayurveda' on the occasion of 3rd Ayurveda Day on 4th November, 2018; and

(ii) Convened a meeting on 'Invest in AYUSH'.

[English]

Study of Climate Change Issues

1898. SHRI PREM DAS RAI: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has allotted enough fund for the latest technology to study the climate change issues in the country;

(b) if so, the details thereof;

(c) whether the Government is planning to set up expert institutions/ centers of excellence for study of Climate Change in North-Eastern States; and

(d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) The studies on various aspects of climate change vis-a-vis energy, water, agriculture, forestry, human health, habitat, transportation, etc. are embedded in respective sectoral schemes of various Ministries for which allocations are made in the annual budget based on the projected requirements from time to time. Recently, this Ministry has launched two programs, namely, National Carbonaceous Aerosols Program (NCAP) and Long Term Ecological Observatories (LTEO) Program to study black carbon impact on climate and monitor impact of climate change on flora and fauna respectively by using state of the art technologies. Sufficient funds have been provided for these projects under the scheme "Climate Change Action Plan".

(c) and (d) No Madam. However, the Ministry of Environment, Forest and Climate Change (MoEFCC) periodically prepares national communications for submission to the United Nations Framework Convention on Climate Change, which contains among others, information on impact of climate change on ecosystems

in different parts of the country including North Eastern region. Further MoEFCC has carried out a study titled "Climate Change and India: A 4X4 Assessment - A Sectoral and Regional Analysis for 2030s" which provides assessment of impacts of climate change in 2030 on four key sectors of Indian economy, namely, agriculture, water, forests and human health in four climate sensitive regions of India, viz. the Himalayan region, the Western Ghats, the Coastal region and the North-Eastern Region.

Denial of Loans on the basis of CIBIL

1899. SHRI M. MURLI MOHAN: Will the Minister of FINANCE be pleased to state:

(a) whether the Government has received complaints from the individuals, salaried persons and small and medium enterprises for denial of personal, study and home loans by the Banks/Bankers particularly SBI on the pretext of Credit Information Bureau (India) Limited (CIBIL) reports and if so, the details thereof;

(b) whether the reports provided by the CIBIL are not updated and accurate and if so, the details thereof; and

(c) whether any directives have been issued to all the public and private banks to sanction all kinds of loans including personal and study tours and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Details of complaints from individuals, salaried persons and small and medium enterprises for denial of personal, study and home loans on the pretext of CIBIL reports are given in the enclosed Statement.

(b) The Banks provide credit information of its borrowers to CIBIL and other Credit Information Companies (CICs) on monthly intervals for updation. In rare cases, where any discrepancy in the CIC report is observed by the Bank/Customer, the same is taken-up with Credit Information Companies, before taking any credit decision.

(c) Guidelines for issuance of loans and advances including personal and education loans by banks have been issued by Reserve Bank of India vide RBI/2015-16/95DBR.No.Dir.BC.10/13.03.00/2015-16 dated 01.07.2015 and FIDD.CO.Plan 1/ 04.09.01/2016-17 dated 07.07.2016.

Statement

Details of complaints from the individuals, salaried persons and Small and Medium Enterprises for Denial of personal, study and home loans by Public Sector Banks

Name of the Bank	Sl. No.	Name of Complainant	Subject	Action Taken
1	2	3	4	5
Punjab National Bankj	1	Subhash Kumar	Non sanction of Housing Loan from BO Abhishek Ind, Barnala, Punjab. Complaint received on 10.09.2018. Applicant had applied for housing loan and had told that there was no loan outstanding against his name. CIBIL report was generated by branch, which showed three loans already taken by the party out of which one sanctioned by Punjab & Sind Bank was written off.	The complaint was dropped after getting facts from Zonal Office, Ludhiana

1	2	3	4	5
	2	Nirmala Devi	Complaint received on 27.06.2018. Personal Loan was denied due to CIBIL Report entry.	Completed and dropped.
Bank of Baroda	1	Harsh	I am unable to get further Home Loan to buy my flat due to clerical mistake from Aminabad Branch which made by CIBIL score down. Branch denied to give loan although fault is from their end. Help is sought from Regional Office.	Complaint received on 16.04.2018 and resolved.
	2	Vidhi Garg	I have got admission in NIMIMS, Hyderabad, PGDM Course. Fathers CIBIL score is 746. But, due to a dispute in a cre.ca he has been mentioned as willful defaulter. That's why there is a problem in sanctioning it.	Complaint received on 05.05.2018 and resolved.
	3	Satya Narain Agarwal	A/c. closed on 17.4.2018 but not updated in CIBIL. That is serious deficiency at your part. Due to non updating my obligations are existing and loan amount is lesser to purchase another house.	Complaint received 24.06 2018 and resolved.
	4	Mukesh Kumar Laxmi Narain	I applied for housing loan which was refused by branch for the reason we are not eligible for the same. However myself and my wife both are having CIBIL score of 810 and ITR above Rs.7 Lakhs and Rs.41 Lakhs respectively.	Complaint received on 11.07.2018 and resolved.
Oriental Bank of Commerce	1	Sonal Mishra	Sanctioning of Education Loan on a/c of adverse remarks in CIBIL of parents.	Alternate joint borrower provided and loan sanctioned by the bank.
	2	Gunasekran	Non sanctioning of Education Loan of his son G. Balaji on a/c of adverse remarks in CIBIL of parents received on 12.09.2018 and 25.11.2018.	Applicant has been requested to provide alternate joint borrowers for considering the case as per bank's policy
Syndicate Bank	1	M. Balasubramaniam	Sanction of Term Loan and OD for setting up of a Shuttle Furniture Unit.	Rejected by bank.

[Translation]

Tax Structure for the Crude Oil

1900. SHRI RAMCHARAN BOHRA: Will the Minister of FINANCE be pleased to state:

(a) the details of tax structure for the imported oil and the oil produced at domestic level during the last three years and the current year;

(b) whether the Government imposes tax on the crude oil produced from domestic oil fields and the imported oil has been made tax free, if so, the details thereof and the reasons therefor;

(c) whether the Government proposes to start re-imposing customs duty on crude oil and if so, the details thereof;

(d) whether the Government proposes to provide incentive to the domestic oil explorers by removing taxes; and

(e) if so, the details thereof and the action taken by the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) Duty Structure on domestically produced crude oil and imported crude for last three years is given as under:

Particulars	Duty structure from 01.03.2015 to 29.02.2016	Duty structure from 01.03.2016 to till now
Customs Duty on imported crude as on 01.03.2015	NIL(BCD) + Rs.50/MT as NCCD	NIL (BCD) + Rs. 50/MT as NCCD
Central Excise Duty on domestically produced crude +RS.50/ MT as NCCD	NIL (BED) + RS.4500/MTas OID Cess + Rs. 50/MT asNCCD	Nil (BED) +OID Cess @ 20%

BCD: Basic Customs Duty; BED: Basic Excise Duty; OID: Oil Industries Development Cess; NCCD: National Climate Contingent Duty.

(c) At present, there is no proposal for re-imposing customs duty on crude oil.

(d) and (e) At present, there is no such proposal.

[English]

Financial Inclusion of Female Sex Workers

1901. SHRIMATI MEENAKASHI LEKHI: Will the Minister of FINANCE be pleased to state:

(a) whether any schemes have been introduced to ensure financial inclusion of female sex workers, if so, the details thereof;

(b) whether any intervening steps are taken for improvement of financial literacy and access to financial institutions of female sex workers, if so, the details thereof; and

(c) whether any study or survey has been conducted to assess the percentage of female sex workers having access to financial services like Public Provident Fund, Fixed Deposit and Insurance Policy, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) With a view to increase banking penetration, and promote financial inclusion, Pradhan Mantri Jan Dhan Yojana (PMJDY) was initially launched on 28th August, 2014 with a focus on universal access to all households across the country. PMJDY has subsequently been extended beyond 28.8.2018 with the focus for opening of accounts shifting from "every household to every unbanked adult".

Govt. is also leveraging the expanded banking network created under PMJDY for extending micro-insurance (accidental death/ life cover) through Pradhan Mantri Suraksha Bima Yojana (PMSBY) and Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) for the weaker and poorer sections of the society.

Accordingly, female sex workers are also eligible to avail benefits under the above mentioned FI related schemes of the Government.

Following Reserve Bank of India's guidelines dated 14.1.2016 on Financial Literacy Centres (FLC), the FLCs and rural branches of banks conduct camps for imparting financial education across the country.

(c) As informed by Ministry of Women and Child Development and Ministry of Statistics and Programme Implementation, no such study has been undertaken.

Damage by Wild Animals

1902. SHRI RAJESHBHAI CHUDASAMA: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) the mechanism in place for compensating the loss of farmers crops damaged by wild animals;

(b) the quantity of farmers crops damaged by wild animals per year and the arrangement being made by Government to prevent this;

(c) whether it is a fact that farmers themselves have to bear the loss of their crops damaged by wild animals due to which they are facing heavy losses per year, if so, the details thereof; and

(d) whether the Government proposes to develop any mechanism for making up the loss of farmers crops, damaged by wild animals, if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) The mechanisms in place for compensating the loss of farmer's crop damaged by wild animals varies from State to State and is based on the extent of damage caused by wild animals,

(b) The quantity of farmer's crop damaged by wild animals is not collated in the Ministry. However, the Ministry provides financial assistance to State/Union Territory Governments under the Centrally Sponsored Schemes of 'Integrated Development of Wildlife Habitats', 'Project Tiger' and 'Project Elephant' for management of wildlife and its habitats in the country. It includes compensation for depredation by wild animals including cattle lifting, crop damage, loss of life and property. The activities supported under the Schemes inter alia include construction/erection of physical barriers, such as barbed wire fence, solar powered electric fence, bio-fencing using cactus, boundary walls etc. to prevent the entry of wild animals into crop fields; improvement of wildlife habitat of wild animals by augmenting the availability of food and water in forest areas to reduce the entry of animals from forests to habitations and setting up of anti-depredation squads to drive away problematic animals. State Governments also provide relief from their own funds for damage to crops by wild animals.

(c) The burden bearing loss of crops damaged by wild animals being borne by the farmers cannot be ruled

out. Ex-gratia payments are made by State Governments for damage to crops by wild animals, but the rates vary from State to State.

(d) The responsibility for development of mechanism for making up the loss of farmer's crops damaged by the wild animals lies with the State Governments.

GST Rebate on Digital Payments

1903. SHRI JANARDAN SINGH SIGRIWAL: Will the Minister of FINANCE be pleased to state:

(a) whether the Government proposes for rebate in the Goods and Services Tax (GST) for which payment is made through digital mode to speed up digital payments;

(b) if so, the details thereof along with the details of rebate which is likely to benefit the consumers, retailers and wholesalers indicating the span of percentage of such rebate at lower end; and

(c) the other measures taken by the Government to promote payment through digital mode?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) Based on the recommendation of the Group of Ministers [GOM], the GST Council has given in principle approval in its 29th meeting held on 04.08.2018 for the proposal to provide GST concession, by way of refund, to the extent of 20% GST paid per transaction subject to the total ceiling of Rs 100 and only on the B2C transactions made through RuPay (Debit Card), BHIM, UPI and USSD.

It is decided to implement the proposal in the initial phase as a pilot project, on volunteering basis by the states, after putting in place the requisite modalities for the same.

(c) MeitY has come out with MDR Reimbursement Scheme for a period of two years from 1st January 2018 to promote low value digital payment transactions. As per the scheme, government is reimbursing the Merchant Discount Rate (MDR) charges on transactions up to Rs 2,000/- made through Debit Cards, BHIM united payments interface (UPI) and Aadhaar Pay. The payments are being released to banks on quarterly basis by RBI.

MFIs

1904. SHRI SHIVKUMAR UDASI: Will the Minister of FINANCE be pleased to state:

(a) the number of Micro Finance Institutions (MFIs) operating in the country and the number of their borrowers, State/UT-wise; and

(b) the quantum of amount invested by the MFI in the country and the number of people benefited from such MFIs, as on date?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) As on November 30, 2018 there are 98 Non-Banking Financial Companies - Micro Finance Institutions (NBFC-MFIs) registered with Reserve Bank of India (RBI). The State/UT wise information in respect of NBFC-MFIs registered at regional offices of RBI is given at enclosed Statement-I. In addition, there are other MFIs which function as Societies, Trusts & Section 8 Companies which are not regulated by RBI. As reported by Sa-Dhan, a Self Regulatory Organisation (SRO) for MFIs recognised by RBI, 128 such MFIs are its members.

Total investments made and total loans & advances extended by Systemically Important NBFC-MFIs in the country stood at Rs.998.28 crore and Rs.43354 crore respectively as on September, 2018 as per data compiled by RBI. As per credit bureau data sourced by MFIN, an SRO for MFIs recognised by RBI, there are 4.84 crore active micro finance loan accounts as on 31st October 2018 amongst an estimated 2.94 crore borrowers. State/UT wise break up of borrower's loan accounts is given at enclosed Statement-II.

Statement-I

Number of NBFC-MFIs registered with RBI as on November 30, 2018

Sl. No	State/UT	NBFC-MFI
1	Andhra Pradesh	4
2	Assam	8
3	Bihar	1
4	Chhattisgarh	1
5	Gujarat	4
6	Karnataka	9
7	Kerala	1
8	Maharashtra	17
9	Manipur	1
10	New Delhi	15
11	Odisha	4
12	Punjab	2
13	Rajasthan	2
14	Tamilnadu	17
15	Uttar Pradesh	3
16	West Bengal	9
Total		98

Source: RBI

Statement-II

State/UT-wise breakup of borrower's loan account

Sl. No.	State	No. of active loan accounts			
		NBFC-MFIs A	NBFCs B	Other MFIs C	Total A+B+C
1	2	3	4	5	6
1	Andhra Pradesh	126328	51334	16	177678
2	Arunachal Pradesh	1247	0	0	1247
3	Assam	858903	340515	52	1199470
4	Bihar	3905186	487519	238387	4631092

1	2	3	4	5	6
5	Chhattisgarh	870697	267950	72508	1211155
6	Goa	19680	6223	0	25903
7	Gujarat	678521	442731	40603	1161855
8	Haryana	569078	93456	5139	667673
9	Himachal Pradesh	9666	323	41	10030
10	Jammu and Kashmir	2919	147	0	3066
11	Jharkhand	1102382	49894	17274	1169550
12	Karnataka	5507146	997726	679	6505551
13	Kerala	1154564	555720	65751	1776035
14	Madhya Pradesh	2780087	535106	91040	3406233
15	Maharashtra	3627563	487648	114814	4230025
16	Manipur	13335	5	145	13485
17	Meghalaya	6359	7737	0	14096
18	Mizoram	4781	2	0	4783
19	Nagaland	1094	1	5	1100
20	Odisha	3065758	863340	35991	3965089
21	Others	74003	747	3	74753
22	Punjab	874744	45708	16339	936791
23	Rajasthan	1369672	406269	17185	1793126
24	Sikkim	2094	651	0	2745
25	Tamil Nadu	4422178	2553800	25086	7001064
26	Telangana	21391	10959	7	32357
27	Tripura	88905	74973	33	163911
28	Uttar Pradesh	3195116	216641	300389	3712146
29	Uttarakhand	181674	31845	11435	224954
30	West Bengal	3352312	808439	82266	4243017
Union Territories					
1	Andaman and Nicobar Islands	98	138	701	937
2	Chandigarh	2295	290	108	2693
3	Dadra and Nagar Haveli	1003	28	0	1031
4	Daman and Diu	218	0	32	250
5	Delhi	33691	3263	70	37024
6	Lakshadweep	0	0	0	0
7	Puducherry	61269	7564	0	68833
Total active loan accounts		37985957	9348692	1136099	48470748

Source: MFIN

New Settlement Rules of SEBI

1905. PROF. SAUGATA ROY: Will the Minister of FINANCE be pleased to state:

(a) whether the Securities and Exchange Board of India (SEBI) has introduced an alternative new settlement rules;

(b) if so, the details thereof and the objectives of new settlement rules;

(c) whether the new rules are likely to help the investors to make their transactions more transparent; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) SEBI has introduced the SEBI (Settlement Proceedings) Regulations, 2018 that have been notified on 30.11.2018 and will come into effect from 01.01.2019. On the date of commencement of these Regulations the existing SEBI (Settlement of Administrative and Civil Proceedings) Regulations, 2014 shall stand repealed.

(b) In pursuit of the objectives of SEBI (to protect the interests of investors in securities and to promote the development of and to regulate the securities market), as new challenges arise it is important to have a convergence or integration of the quasi-judicial processes within SEBI with the alternate dispute resolution process, to bring forth a more effective harmonized scheme to operate without any conflict and delay. The SEBI (Settlement of Administrative and Civil Proceedings) Regulations, 2014 introduced a mathematical and transparent system of calculating the settlement amount. However over a period of time it was noticed that there was a need for revision due to changes in securities laws, new products and increase in settlement amounts.

SEBI constituted a High Level Committee under the Chairmanship of Retd. Justice A. R. Dave (Supreme Court of India) to examine the SEBI (Settlement of Administrative and Civil Proceedings) Regulations, 2014 and comprehensively re-work the regulations after taking into account developments in domestic and foreign jurisdictions. The SEBI (Settlement Proceedings) Regulations, 2018 provide a more effective mechanism, the essential concomitants of a legal proceeding, without compromising on deterrence or providing equitable remedies to the affected investors.

(c) and (d) The Settlement process is an alternative enforcement process that is beneficial to the alleged defaulter, investors and the regulator. Settlement allows the enforcement proceedings to be finalized at the earliest without a long drawn litigation while ensuring that the investors' rights are protected. The SEBI (Settlement Proceedings) Regulations, 2018 inter alia provide the following, -

(a) Disclosure related violations are settled after making the required disclosures;

(b) Refund to investors is made wherever required in compliance with securities laws;

(c) Investors are provided the required exit or purchase option in compliance with securities laws;

Thus the SEBI (Settlement Proceedings) Regulations, 2018 are likely to make all settlements transactions relating to investors more transparent.

Scrapping of MCI

1906. SHRI M. UDHAYAKUMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is considering to scrap Medical Council of India;

(b) if so, the details and the reasons therefor; and

(c) whether the Indian Medical Association has also objected to the said move of the Government and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) The Medical Council of India (MCI) was established under the provisions of the Indian Medical Council (IMC) Act, 1956 to maintain minimum standards of medical education in the country. The working of MCI has been under scrutiny since long and the same was examined by various expert bodies including the Department related Parliamentary Standing Committee on Health and Family Welfare, which in its Ninety-second Report, in March, 2016 severely indicted MCI. The Committee recommended that the Government should bring a new comprehensive Bill in Parliament at the earliest so as to restructure and revamp the regulatory system of medical education and medical practice and to reform the MCI. A committee under the Chairmanship of Vice-Chairman NITI Aayog drafted the National Medical

Commission Bill, 2017. The Indian Medical Association (IMA) was opposed to the Bill. However, the NITI Aayog committee had consulted various stake holders including IMA during the drafting of the Bill. After Cabinet approval, the Bill was introduced in Lok Sabha in December, 2017 to repeal the IMC Act, 1956 and to constitute a National Medical Commission in place of MCI.

Sahara Q Shop

1907. SHRIMATI ANJU BALA:

SHRI L.R. SHIVARAME GOWDA:

Will the Minister of FINANCE be pleased to state:

(a) whether the Government has received several complaints against Sahara Q Shop, an FMCG venture of Sahara India Group and if so, the details thereof along with the reaction of the Government thereto;

(b) whether the Securities and Exchange Board of India (SEBI) has returned money to all investors of Sahara Group companies and if so, the details thereof and if not, the reasons therefor along with liabilities of SEBI under the above schemes of Sahara Group;

(c) whether the SEBI is directed to accommodate investors of other schemes of Sahara India Group namely Sahara India Q Shop as investors were forced to convert their investments into Sahara Q Shop from Sahara India Real Estate Corp. (SIREC) and Sahara Housing Investment Corp. (SHIC) and if so, the details thereof along with the reaction of the Government thereto; and

(d) the corrective measures being taken by the Government to prevent such type of financial frauds in India?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) Yes Madam, as per MCA 21 data. Registrars of Companies (ROC), Mumbai, Ministry or Corporate Affairs has received 744 complaints against the company 'Sahara Q Shop Unique Products Range Limited', CIN U74999 MH2011PLC218870. ROC, Mumbai, on examination of complaints and the documents filed by the said company has submitted a report recommending for investigation to be conducted in terms of Section 210/212 of the Companies Act, 2013. The Ministry of Corporate Affairs has ordered investigation into the affairs of the said company to be conducted by Serious Fraud Investment Office vide order dated 31.10.2018.

(b) No Madam, Hon'ble Supreme Court vide its Order dated August 31, 2012 had directed SEBI to make refunds to the investors of Optionally Fully Convertible Debentures (OFCDs) in only two of the Sahara Group Companies namely Sahara India Real Estate Corporation Limited (SIRECL) and Sahara Housing Investment Corporation Limited (SHICL). As per the directions of the Hon'ble Supreme Court, SEBI had started the process of refunding the moneys to the investors of OFCDs of the above two companies viz., SIRECL and SHICL. In this regard, SEBI had issued a Press Release on 28.05.2013 and Press Advertisements during the months of August-September 2014 and December 2014, advising the investors at large to make necessary applications to SEBI for refund of their moneys invested in the OFCDs of the aforesaid two Companies viz., SIRECL and SHICL. SEBI has also made available the format of Application for Refund on its website (www.sebi.gov.in) to enable the investors to make their applications for refund. Further, SEBI has recently issued Press Advertisements on March 26, 2018 and June 19, 2018 informing the investors that July 2, 2018 (cut off date) is the last and final date for receiving applications for refund and no application shall be accepted/entertained beyond the cutoff date. Further, SEBI has also informed investors that this is the last and final opportunity provided to the OFCD holders of the above two companies, to make their applications for refund.

As on March 31, 2018, SEBI had received 15,146 applications involving 43,405 accounts, and made refunds with respect to 12,522 applications involving 35,300 accounts for an aggregate amount of Rs.98.56 Crore including the interest of Rs.45.26 Crore. As on March 31, 2018, financial liabilities of SEBI w.r.t principal amount claimed by the investors is Rs. 15.15 Crores.

(c) No Madam, Hon'ble Supreme Court vide its Order dated August 31, 2012 directed SEBI to make refunds to only those investors, who invested in Optionally Fully Convertible Debentures (OFCDs) of Sahara India Real Estate Corporation Ltd., (SIRECL) and/or Sahara Housing Investment Corporation Ltd. (SHICL). Accordingly, the investments in other Schemes/Group Companies of Sahara including the Sahara Q-Shop are prima facie not covered in the said Order of Hon'ble Supreme Court.

Further, SEBI has recently passed an order dated October 31, 2018 in respect of Sahara India Commercial Corporation Limited (SICCL) (one of the group companies of Saharas) directing that SICCL and its directors/

promoters shall jointly and severally, forthwith refund the money collected by the Company (SICCL for money collected till date and directors for the moneys collected during their respective period of directorship) through the issuance of OFCDs including the application money collected from investors, pending allotment of securities, if any, with an interest of 15% per annum, from the eighth day of collection of funds, to the investors till the date of actual payment. Further, SEBI has also clarified that the entities who are subject to the order of Hon'ble Supreme Court of India dated July 11, 2016 shall, in accordance with the directions of the said order deposit the sale proceeds of the assets in the SEBI Sahara Refund Fund. The said fund shall be utilised for the repayment of the investors of SICCL with the prior permission of the Hon'ble Supreme Court.

(d) SEBI undertakes various investor education and awareness activities to create awareness on relevant issues in securities market and to protect the interests of investors in securities market. In such activities the topic of unregistered Collective Investment Scheme (CIS) / Ponzi schemes is also covered where participants are cautioned against investing in CIS/Ponzi schemes. Further, in order to increase investor awareness among larger number of people, SEBI also carries out mass media campaign giving relevant messages to investors through popular media (TV/ Radio/Print/bulk SMSes/Digital media/cinema).

PMMY for MSMEs

1908. SHRI ANTO ANTONY:

DR. MANOJ RAJORIA:

Will the Minister of FINANCE be pleased to state:

(a) whether the Government has made significant efforts for resolving the major problem of Micro, Small and Medium Enterprises (MSMEs) sector which relates to the lack of adequate credit for expansion of business activities and if so, the details thereof;

(b) whether the Government has attempted to study the impact of loans extended under the Pradhan Mantri Mudra Yojana (PMMY) on the overall development of MSME sector and if so, the details and the major findings of the study;

(c) whether the Government has taken cognizance that the recent data released by the Reserve Bank of India shows that there is a decline of nearly 1.5 per cent bank credit to MSMEs during the last three years;

(d) if so, the details of credit given by various banks to MSMEs during the last three years, year-wise along with the major reasons for decline in credit to MSMEs; and

(e) whether the Government has any data regarding number of jobs created by MSMEs during the last five years and if so, the details thereof, year-wise?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Government and Reserve Bank of India (RBI) have taken several steps to ensure access of credit to Micro, Small and Medium Enterprises (MSMEs). These inter-alia, include, advice to all Scheduled Commercial Banks (SCBs) to achieve a 20% year-on-year growth in credit to Micro and Small Enterprises (MSEs), allocation of 60% of the MSEs advances to the micro enterprise accounts, a 10% annual growth in number of micro enterprise accounts, additional working capital limit to meet the requirements arising due to unforeseen/seasonal increase in demand, adoption of one cluster, operationalising at least one specialised MSME Branch in every district, simplified computation of working capital of MSE units to make it minimum 20% of the projected annual turnover of the unit for borrowal limits upto Rs.5 crore, setting up of Trade Receivables Discounting System (TReDS) to solve the problem of delayed payment of MSMEs, etc.

(b) No, Madam.

(c) and (d) Outstanding credit of Scheduled Commercial Banks (SCBs) to Micro and Small \$ Enterprises (MSEs) as on 31st March is as under:

(Amount Rs. in crore)	
Financial Year	Outstanding credit
2015-16	9,96,424.94
2016-17	10,70,129.48
2017-18	11,49,353.83

Source: RBI.

There was thus an increase of 7.40% in outstanding credit to MSEs in 2016-17 and of 7.40% in 2017-18 over the corresponding previous year.

(e) As per the 73rd Round of National Sample Survey (NSS) (July, 2015 - June, 2016), 1109.89 lakh persons were employed in unincorporated, non-agricultural MSMEs (excluding construction).

[*Translation*]

Cancer Medicine from Cannabis

1909. SHRI RAKESH SINGH:
SHRIMATI RAKSHATAI KHADSE:

Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether the Central Council for Research in Ayurvedic Sciences (CCRAS) has successfully developed medicine for cancer from cannabis, if so, the details thereof;

(b) whether the clinical test of the said medicine has been successful, if so, the details thereof;

(c) whether the said medicine has been useful for all types of cancer, if so, the details thereof;

(d) the scheme of the Government to manufacture the said medicine and make it available in the market; and

(e) whether the Government proposes further research to find whether cannabis-based drug helps to alleviate the side effects of post chemotherapy or radiotherapy, if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) The Central Council for Research in Ayurvedic Sciences (CCRAS) has not developed any medicine for cancer from cannabis.

(b) to (d) Does not arise in view of answer to (a) above.

(e) No such proposal is under consideration at present.

Tiger/Wild Life Sanctuaries

1910. SHRI GAJANAN KIRTIKAR: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) the details of the laws governing the rights of tribes habituating in forest/sanctuary areas;

(b) the manner in which rights of such tribes living in areas declared as tiger/wild life sanctuaries are protected and secured in various States including Maharashtra;

(c) whether various incidents of displacement of these tribes from their original habitation have been brought to notice during the last three years; and

(d) if so, State-wise details thereof along with the corrective action taken in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) Rights of tribes habituating forest and sanctuary areas are derived from the Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006 read along with the Wildlife (Protection) Act, 1972.

(b) Rights of tribes in tiger/wildlife sanctuaries are secured as per sections 2(b) and 4(2) of the Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006 read along with section 38 V of the Wildlife (Protection) Act, 1972.

(c) and (d) There has been no displacement of tribals from their original habitation as village rehabilitation is an entirely voluntary process governed by section 38 V (5) of the Wildlife (Protection) Act, 1972. 218 families have been voluntarily resettled from core/critical tiger habitats of tiger reserves of the country.

Setting up of Dental Research Centres

1911. SHRI SANJAY HARIBHAU JADHAV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is considering to setup Dental Research Centres having 3D technique in some major hospitals of the country:

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) to (c) Presently, there is no such proposal.

[*English*]

Obesity

1912. SHRI RAMSINH RATHWA:
SHRI RAJENDRA AGRAWAL:

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

(a) whether it is a fact that the incidence of obesity is increasing among not only middle-aged persons, but

also among the youth in urban areas and if so, the details thereof;

(b) whether the Government is planning to formulate any policy or guidelines to tackle the increasing incidence of obesity among the urban population and if so, details thereof;

(c) whether any measures have been taken by the Government to put in place any health policy to tackle obesity among children and if so, the details thereof;

(d) whether there has been reports of violations of the regulations in the food industry by some food companies, soft drinks companies etc., if so, the details of such incidents reported during the last three years in the country; and

(e) the stringent action taken against the agencies which violated the rules?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) to (c) National Family Health Survey data shows that there is increase in obesity in the age group 15-49 years in India.

	Male	Female
NFHS 3 (2005-06)	9.3%	12.6%
NFHS 4 (2015-16)	18.6%	20.7%

While Health is a State Subject, the Government of India is implementing National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and stroke (NPCDCS) for interventions up to District level under the National Health Mission (NHM) NPCDCS has a focus on awareness generation for behaviour and life style changes, screening and early diagnosis of persons with high level of risk factors including obesity and their referral to higher facilities for appropriate management of non-communicable diseases.

India is the first country globally to adopt the NCD Global Monitoring Framework and Action Plan to its National Context. The framework elements include halting the rise in obesity and diabetes prevalence.

Rastriya Bal Swasthya Karyakram (RBSK) under NHM aims to improve the overall quality of life of children and provide comprehensive care to all the children in the

community including school children. The Government of India has also launched Rashtriya Kishor Swasthya Karyakram (RKSK), for adolescents in the age group of 10-19 years, which also targets their nutrition including Body Mass Index (BMI) Screening, reproductive health and substance abuse among other issues.

Further, for early diagnosis, population level initiative for prevention, control and screening for common Non-Communicable Diseases (diabetes, hypertension and cancer viz. oral, breast and cervical cancer) has been rolled out in over 200 districts of the country under NHM, as a part of comprehensive primary healthcare. Under this initiative, services of frontline health workers and Accredited Social Health Activists (ASHAs) are being used for risk profiling and screening of population. This will generate awareness on risk factors of NCDs as well.

A National Multisectoral Action Plan has been developed in consultation with 39 Departments of Union Government. Food Safety and Standards Authority of India (FSSAI) has launched Eat Right India movement to promote healthy diet. Print, electronic and social media are used to promote healthy living and to generate awareness on risk factors of NCDs.

ICMR-NIN is making Nutrition Education Videos for Adolescent girls on Healthy Food habits as a part of Poshan Abhiyan.

(d) and (e) There have been instances of violation of provisions of Food Safety and Standards (FSS) Act, 2006, Rules and Regulations made thereunder. As implementation and enforcement of provisions of FSS Act, Rules and Regulations primarily lies with State/UT Governments, the state food authorities have been advised from time to time to keep a strict vigil by regularly drawing food samples from all sources viz. manufacturers, wholesalers and retailers and to take strict action against the offenders. In cases where samples are found to be non-conforming, penal action is taken against the defaulting Food Business Operators (FBOs) under the provisions of FSS Act.

As per the information received from States/UT Governments, the details of samples analysed, tested, found non-conforming and action taken during the last three years in respect of all food articles, including soft/energy drinks is enclosed as Statement.

Statement

Number of samples of food products examined, found non-conforming to the provisions of the Food Safety and Standards Act, 2006 and Rules and Regulations made thereunder and prosecution launched during the last three years

Year	Number of samples analysed	Number of samples found non-conforming	Number of cases in which Civil/Criminal cases launched	Number of cases of Conviction	Cases of penalty	
					No. of cases in which Penalties imposed	Amount of penalty raised
2015-16	72499	16133	9979	540	3669	Rs.21,65,98,989
2016-17	78340	18325	13080	1605	4757	Rs.17,01,93,266
2017-18	99353	24262	15121	5198	7627	Rs.26,35,41,067

Source: States/UTs

Swachh Bharat Cess

1913. DR. SHRIKANT EKNATH SHINDE: Will the Minister of FINANCE be pleased to state:

(a) the amount collected as Swachh Bharat Cess since inception, year-wise along with the amount spent for Swachh Bharat Mission from the amount collected as cess;

(b) whether the Government has decided any alternative to fund Swachh Bharat Mission after abolition of the cess since implementation of Goods and Services Tax, if so, the details thereof; and

(c) whether there is likely to be any impact on the Swachh Bharat Mission in the absence of Swachh Bharat Cess and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Swachh Bhaat Cess was introduced w.e.f. 15.11.2015 and subsumed under GST w.e.f. 1st July, 2017. The amount collected/utilised under Swachh Bhaat Cess during 2015-16, 2016-17 and 2017-18 (RE) were Rs. 3926 crore, Rs. 12475 crore and Rs. 4100 crore respectively. The total amount spent for Swachh Bharat Mission (including Swachh Bharat Cess fund) during 2015-16, 2016-17 and 2017-18 (RE) were Rs. 7469 crore Rs. 12616 crore and Rs. 18348 crore respectively.

(b) Yes, Madam. Consequent upon abolition of Swachh Bharat Cess on the roll-out of Good and Service Tax, the Swachh Bharat Mission (Rural and Urban) is financed out of General Finances like any other scheme/project of the Government.

Review Committee on Companies Act

1914. SHRI JAYADEV GALLA:
DR. P. VENUGOPAL:

Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether the Government proposed to amend the Companies Act and if so, the details of amendments proposed by the Government;

(b) whether the Government also plans to make more amendments of urgent nature to the Companies Act including certain provisions regarding Corporate Social Responsibility (CSR) spending and if so, the details thereof;

(c) whether the Government has sought comments from stakeholders for proposed changes to the law and if so, the details thereof; and

(d) whether a Committee to review the penal offences under the Act had suggested various amendments to the law and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) to (d) On the basis of report of the Committee to review offences under the Companies Act, 2013 (CA-13), the Companies (Amendment) Ordinance, 2018 (9 of 2018) has been promulgated on November 2, 2018. The twin objectives of the Ordinance are promotion of ease of doing business along with better corporate compliance. The main amendments are as under:-

- I. Shifting of jurisdiction of 16 types of corporate offences from the special courts to in-house adjudication. This is expected to reduce the case load of Special Courts by over 60%, thereby enabling them to concentrate on serious corporate offences. With this amendment, the scope of in-house adjudication has gone up from 18 Sections at present to 34 Sections of the Act.
- II. The penalty for small companies and one person companies has been reduced to half of that applicable to normal companies.
- III. Strengthening in-house adjudication mechanism by necessitating a concomitant order for making good the default at the time of levying penalty, to achieve the ultimate aim of achieving better compliance.
- IV. Declogging the NCLT by:
 - (a) enlarging the pecuniary jurisdiction of Regional Director by enhancing the limit up to Rs. 25 Lakh as against earlier limit of Rs. 5 Lakh under Section 441 of the Act;
 - (b) vesting in the Central Government the power to approve the alteration in the financial year of a company under section 2(41); and
 - (c) vesting in the Central Government the power to approve cases of conversion of public companies into private companies.
- V. Other Amendments relate to re-introduction of provision pertaining to declaration of commencement of business; reduced time for filing documents related to creation and modification of charges; non-maintenance of registered office to trigger de-registration process; and holding of directorships beyond permissible limits to trigger disqualification of such directors.

After the promulgation of the aforesaid Ordinance on 2nd November, 2018, a public notice was placed on the website of the Ministry of Corporate Affairs on 5th November, 2018, eliciting public comments on amendments to 20 sections (including section relating to CSR spending) of the Companies Act, 2013. The last

date of receiving comments from the public was 20th November, 2018. The comments were examined and it was decided that only the amendments suggested by the committee to review offences under the Companies Act, 2013 be carried out as of now.

Excise Duty

1915. SHRI MALLIKARJUN KHARGE: Will the Minister of FINANCE be pleased to state:

(a) the details of annual excise duty collection on petrol and diesel since financial year 2013-14 to till date, year-wise; and

(b) the estimated loss of the Government due to the recent excise duty cut announced in October 2018 in order to tackle increasing prices of petrol and diesel?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) The detail of Central Excise duty collected (in Rs. Crores), is given in the following table:

Financial Year	Petrol/ Motor Spirit	Diesel / High Speed Diesel
2013-14	21416.4	24969.4
2014-15	28526.2	41462.6
2015-16	51887.7	101177.0
2016-17	69164.0	151213.9
2017-18	73516.8	150405.2
2018-19 (Apr-Sept)	25318.1	46548.8

[Source: Directorate of Data Management]

(b) The estimated loss of revenue to the central government is about Rs. 7000 crores during the remaining part of the current financial year, on account of reduction in the central excise duty on petrol and diesel on 4th October 2018.

Impact of GST on Revenue Gap

1916. DR. MANOJ RAJORIA: Will the Minister of FINANCE be pleased to state:

(a) whether the Goods and Services Tax (GST) has been able to bridge the revenue gap of the Government, both at Central and State level and if so, the details thereof;

(b) if not, the steps taken by the Government to achieve the fiscal targets for the year 2018-19; and

(c) the details of the efforts being made to implement the Fiscal Responsibility and Budget Management Act in letter and spirit?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) The average gross collection of Central Goods and Services Tax (CGST), State Goods and Services Tax (SGST), Integrated Goods and Services Tax (IGST) and Cess for FY 2017-18 and FY 2018-19 have been Rs. 89885 crores and Rs. 97040 crores (til November'18) respectively. The GST collection in the current FY (2018-19) has been showing improvement compared to last FY (2017-18). Further, the Goods and Services Tax (Compensation to States) Act, 2017 was passed by the Parliament to provide for compensation to the States for the loss of revenue arising on account of implementation of the Goods and Services Tax (GST).

To improve revenue collection, the steps which are being taken include introduction of e-way bill, simplification of measures for filing tax returns, steps to capture invoice details of transactions so that the same could be matched with credit taken and verification of transition credit availed by tax payers. Further, in the GST regime tax base has been increased. At present, about 11621024 tax payers are registered with GSTIN which includes both regular tax payers as well as tax payers under composite scheme.

(c) Implementation of the Fiscal responsibility and Budget Management Act, 2003 is of utmost priority for the Government Section 3 of the FRBM Act, 2003 which deals with Fiscal Policy statements to be laid before the Parliament, states that the Central Government shall lay the following Statements before the Parliament annually-

1. the Medium-term Fiscal Policy Statement, shall set forth a three-year rolling target for prescribed fiscal indicators with specification of underlying assumptions;
2. the Fiscal Policy Strategy Statement shall contain the policies of the Central Government for the ensuing financial year, the strategic priorities of the Central Government, the key fiscal measures and rationale for any major deviation in fiscal measures and an evaluation as to how the current policies of the Central Government are in conformity with the fiscal management principles under FRBM Act;
3. the Macro-economic Framework Statement shall contain an assessment of the growth

prospects of the economy with specification of underlying assumptions;

4. the Medium-term Expenditure Framework Statement shall set forth a three-year rolling target for prescribed expenditure indicators with specification of underlying assumptions and risk involved.

The first three statements mentioned above were laid in Parliament along with the Union Budget 2018-19, while the Medium-term Expenditure Framework Statement, 2018 was presented on 7th August, 2018. Section 7 of the FRBM Act deals with 'Measures to enforce compliance'. Section 7 (1) states that the trends in receipts and expenditure in relation to the Budget shall be reviewed on half-yearly basis and the outcome of such review shall be laid in both Houses of Parliament. In compliance to the provisions of the Act, the Statement on Half yearly Review of the trends in receipts and expenditure in relation to the budget at the end of the financial year 2017-2018 was laid in Lok Sabha on 3rd August, 2018.

[Translation]

Bank Branches in Rural Areas

1917.SHRIMATI RITI PATHAK:

SHRIMATI JAYSHREEBEN PATEL:

SHRI JUGAL KISHORE:

Will the Minister of FINANCE be pleased to state:

- (a) the details of number of nationalized banks in the country, State/UT-wise;
- (b) the details of the villages where the branches of nationalised banks have been opened so far during the last three years, State/UT-wise;
- (c) the norms/criteria/policy of the Government for setting up a bank branch in a rural area of the country;
- (d) whether as per Reserve Bank of India (RBI), there are no branches of any bank in several villages of the country including Madhya Pradesh and Jammu and Kashmir and if so, the details of such rural areas, State-wise;
- (e) whether branch of a bank is proposed to be set up in each village having a population of 5000 or more; and
- (f) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) As apprised by Reserve Bank of India (RBI), as on date there are 19 nationalized banks providing banking services throughout the country. The number of functioning rural branches of the nationalized banks in the country is provided at enclosed Statement.

(b) As apprised by RBI, the number of rural centres where branches of nationalized banks have been opened during the last three financial years and the current year (upto June 2018) is provided at enclosed Statement-II.

(c) As per extant guidelines dated 18.5.2017 on rationalizing of Branch Authorisation Policy, RBI has granted general permission to domestic Scheduled Commercial Banks (excluding Regional Rural Banks), to open banking outlets at any place in the country, without seeking prior approval of RBI in each case, subject to at least 25 percent of the total number of banking outlets (a fixed point service delivery unit, manned by either bank's staff or its Business Correspondent) opened during a financial year being in unbanked rural centres with population less than 10,000. For this purpose, banking outlets opened in any centre having population less than 50,000 in North Eastern states, Sikkim and also Left Wing Extremism (LWE) affected districts as notified by the Government of India are also considered as equivalent to opening of banking outlets in unbanked rural centres.

(d) RBI has apprised that as reported by State Level Bankers' Committee (SLBC), Madhya Pradesh, out of out of 2,736 identified villages (with population more than 2,000). 105 villages were provided banking services through branches, 2,439 villages through Business Correspondents OBCs) and 192 villages through other modes such as ATMs, mobile vans, etc. Besides, all the identified 47.660 villages (with population less than 2000) have since been extending banking facilities with 1,402 villages providing banking facilities through branches, 32,508 villages through BCs and 13,750 villages through other modes such as ATMs, mobile vans, etc.

RBI has apprised that as reported by SLBC, Jammu and Kashmir out of 795 identified villages (with population more than 2,000), 10 villages were provided banking services through branches, 757 villages through BCs and 28 villages through other modes such as ATMs, mobile vans, etc. Besides, all the identified 5,582 villages (with population less than 2,000) have since been extending banking facilities with 168 villages provided banking

services through branches, 5,144 villages through BCs and 270 villages through other modes such as ATMs, mobile vans, etc.

(e) and (f) RBI, vide its circular dated 8.6.2017 on revised guidelines on Branch Authorisation Policy has advised SLBC Convenor Banks to ensure that unbanked rural centres in villages with population above 5.000 are banked forthwith by opening of a CBS enabled banking outlet.

Statement-I

State/UT-wise number of functioning rural branches (identified on the basis of population as per Census 2011) of Nationalised Banks as on June 30, 2018

Sl. No.	State/UT	Number of functioning rural branches
1	2	3
1	Andaman and Nicobar Islands	6
2	Andhra Pradesh	1022
3	Arunachal Pradesh	9
4	Assam	440
5	Bihar	1217
6	Chandigarh	7
7	Chhattisgarh	334
8	Dadra and Nagar Haveli	10
9	Daman and Diu	1
10	Goa	170
11	Gujarat	1230
12	Haryana	625
13	Himachal Pradesh	617
14	Jammu and Kashmir	58
15	Jharkhand	620
16	Karnataka	1438
17	Kerala	86
18	Lakshadweep	6
19	Madhya Pradesh	900

1	2	3	1	2	3
20	Maharashtra	1637	30	Sikkim	32
21	Manipur	30	31	Tamil Nadu	1565
22	Meghalaya	27	32	Telangana	440
23	Mizoram	1	33	Tripura	59
24	Nagaland	8	34	Uttar Pradesh	3327
25	NCT of Delhi	50	35	Uttarakhand	386
26	Odisha	959	36	West Bengal	1568
27	Puducherry	27	Grand Total		21019
28	Punjab	1204			
29	Rajasthan	903			

Source: RBI

Statement-II

State/UT-wise number of Rural Centres where Branches of Nationalised Banks were opened during 2015-16, 2016-17, 2017-18 and Q1 (Apr-Jun) of 2018-19

Sl. No.	State/UT	2015-16	2016-17	2017-18	2018-19_Q1
1	2	3	4	5	6
1	Andaman and Nicobar Islands	1	-	-	-
2	Andhra Pradesh	46	34	20	-
3	Arunachal Pradesh	-	1	-	-
4	Assam	6	3	1	-
5	Bihar	25	21	11	3
6	Chhattisgarh	25	22	4	8
7	Dadra and Nagar Haveli	1	1	-	-
8	Goa	1	3	1	1
9	Gujarat	40	21	5	-
10	Haryana	19	21	6	-
11	Himachal Pradesh	23	19	6	2
12	Jharkhand	18	26	4	-
13	Karnataka	50	32	22	-
14	Kerala	3	2	1	-
15	Madhya Pradesh	12	18	4	-
16	Maharashtra	44	14	10	-

1	2	3	4	5	6
17	Manipur	1	-	3	-
18	Nagaland	1	-	-	-
19	NCT of Delhi	-	-	2	-
20	Odisha	46	26	8	-
21	Puducherry	-	1	-	-
22	Punjab	30	13	14	-
23	Rajasthan	49	28	12	1
24	Sikkim	2	-	-	1
25	Tamil Nadu	46	30	7	-
26	Telangana	16	10	13	-
27	Tripura	1	2	-	-
28	Uttar Pradesh	124	60	29	1
29	Uttarakhand	7	9	4	1
30	West Bengal	26	20	4	-
Grand Total		663	437	191	18

Source: RBI

[English]

GST Shortfall and Compensation

1918. SHRIMATI K. MARAGATHAM:
SHRI V. ELUMALAI:

Will the Minister of FINANCE be pleased to state:

(a) whether the States faced an average 16 percent shortfall in Goods and Services Tax (GST) revenue collections in the first year of implementation and that has now narrowed to 13 percent and if so, the details thereof;

(b) whether the States which are facing a revenue shortfall will require compensation funds by levy of compensation cess under GST and if so, the details thereof;

(c) whether the GST Council has received a report on the revenue shortfall faced by the States and if so, the details thereof;

(d) whether the revenue shortfall of States due to GST was one of the major discussions in the 30th meeting of GST Council and if so, the deliberations made in the said meeting; and

(e) whether six States/UTs are posting a revenue surplus under the indirect tax regime but rest 25 States are facing a revenue shortfall ranging from 3 percent to 42 percent and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) The total revenue to be protected to states/UTs for the FY 2017-18 and 2018-19 have been Rs. 42,979 crore and Rs. 48,999 crore respectively. Against the above target, the average shortfall in revenue collection have been 16% and 13% for the FY 2017-18 and 2018-19 respectively.

(b) Rs. 48,178 crore and Rs. 30751 have been released as GST compensation to the States/UTs compensation for FY 2017-18 and FY 2018-19 (April, 2018 to Sep, 2018) respectively.

(c) and (d) Yes Madam. The GST Council has received the report on the revenue shortfall faced by the States. The revenue shortfall of States was one of the agenda for discussion in the 30th Meeting of the GST Council.

Consequent upon decision taken during 28th GST Council Meeting held on 21st July, 2018 in respect of study to be conducted regarding the large revenue gap as compared to the national average of the states of Punjab, Himachal Pradesh, Uttarakhand, Jammu and Kashmir, Puducherry and Bihar. The then Union Finance Secretary visited the States of Jammu and Kashmir, Punjab, Himachal Pradesh & Puducherry for conducting their Revenue GAP analysis. After his visit, he has submitted a detailed report which was discussed in the meeting of 30th GSTC held on 28th September, 2018. It emerges from the study that one of the major reasons for huge shortfall of revenue in the States/UTs under study is the inbuilt structural design of GST in which the taxes are levied on destination-based principle. In the States suffering huge revenue gap, the contribution from the subsumed taxes such as CST, Purchase Tax etc. in pre-GST regime to the State's exchequer was very substantial. Some other reasons for revenue shortfall are natural and structural factors such as geographical location, size of economy, endowments of natural resources, smaller taxable base, consumption pattern, differential tax rates under VAT regime etc. In addition, percentage of return filing, e-way bill implementation etc. in these states were also discussed.

(e) The States with revenue surplus in the FY 2018-19 are Andhra Pradesh, Arunachal Pradesh, Manipur, Mizoram, Nagaland and Sikkim.

Training to ASHA Workers

1919. SHRI ABHIJIT MUKHERJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is considering to conduct National Level/ Regional level symposium to impart training to ASHA workers;

(b) if so, the details thereof; and

(c) the concrete steps being taken to increase the remuneration of ASHA workers?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) There is no such proposal under consideration.

Under the National Health Mission, ASHAs are envisaged to be community health volunteers and are entitled only to task/activity based incentives. The incentives to ASHAs finalized at the national level are regularly reviewed by the Government and activities for

which ASHAs would get incentives are expanded from time to time. The Government of India has recently approved increase in the amount of routine and recurring incentives under National Health Mission for ASHAs that will enable ASHAs to get at least Rs 2000/- per month subject to ASHAs carrying out the activities.

Innovate in India for Inclusiveness Project

1920. SHRI C. MAHENDRAN: Will the Minister of FINANCE be pleased to state:

(a) whether the Government has signed a loan agreement with the World Bank for Innovate in India for Inclusiveness Project;

(b) if so, the details thereof;

(c) whether the objective of project is to nurture indigenous innovation, foster local product development and accelerate commercialization process in biopharmaceutical and medical devices industry in India; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) to (d) Yes, Madam. The project titled "Innovate in India for Inclusiveness Project" is being executed by the Department of Biotechnology, Ministry of Science and Technology, with the Biotechnology Industry Research Assistance Council (BIRAC) under the Department of Biotechnology, as the project entity. A Loan Agreement to execute this project has been signed on 24th April, 2018 for an amount of USD 125 million between the Government of India and the International Bank for Reconstruction and Development (IBRD) of the World Bank. The project became effective on 23rd May 2018 with closing date 30th June 2023. The objective of the project is to facilitate innovation in biopharmaceutical products and medical devices that address public health priorities in India, and consists of components (i) Strengthening the pilot-to-market innovation ecosystem; (ii) Accelerating the pilot-to-market process for specific products; and (iii) Project Management and Monitoring & Evaluation.

Regulatory Mechanism for Ayurvedic Medicines

1921. SHRIMATI POONAMBEN MAADAM: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether the regulatory mechanism for ayurvedic medicines is quite weak in the country;

(b) if so, the details of the steps being taken by the Government to increase the popularity of ayurvedic medicines;

(c) whether the Government proposes to make the clinical trial of ayurvedic medicines mandatory; and

(d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) and (b) Drugs and Cosmetics Act, 1940 and Rules thereunder have exclusive provisions for regulation and quality control of Ayurvedic medicines. Accordingly the regulatory mechanism has been evolving in the country in respect of licensed manufacturing and quality parameters of Ayurvedic medicines. Central Government makes and amends the regulatory provisions from time to time on the recommendations of Ayurveda, Siddha and Unani Drugs Technical Advisor Board and the State Governments are responsible to enforce these provisions through the Licensing Authorities. Drug Controller and other regulatory staff. Pharmacopoeia Commission of Indian Medicine & Homoeopathy and Ayurvedic Pharmacopoeia Committee are set up by the Government to develop quality standards of Ayurvedic Drugs and Good Manufacturing Practices (GMP) are prescribed under Drug and Cosmetics Rules, 1945 for compliance by the Ayurvedic Drug manufacturers. Financial support is also provided to the states through Centrally Sponsored Scheme of National AYUSH Mission for strengthening the infrastructural and functional capacity of State Pharmacies. Drug Testing Laboratories and the enforcement framework. Ministry of AYUSH has implemented a number of Central Sector Scheme for promoting and popularizing Ayurvedic and other AYUSH systems of medicine.

(c) and (d) Pilot studies for generating proof of effectiveness of certain categories of Ayurvedic, Siddha and Unani medicines is the requirement prescribed in the Rule 158-B of the Drugs and Cosmetics Rules, 1945 to grant manufacturing license. Any amendment in the Drugs & Cosmetics Rules with regard to Inclusion of clinical trials of Ayurvedic medicines is not intended as of now since there is no such recommendation or proposal under consideration.

Guidelines for Supplementary Food Products

1922. SHRI B. VINOD KUMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Food Safety and Standards Authority of India (FSSAI) has notified nutritional guidelines for supplementary food products meant for children between 2-3 years; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Yes, Food Safety and Standards Authority of India (FSSAI) has recently prescribed the standards for formulated supplements for children through Food Safety and Standards (Food Products Standards and Food Additives) (Eleventh Amendment) Regulations, 2018 published in the Gazette of India on 16.11.2018. The prescribed standard specifies requirements of formulated supplements for children of age above 24 months till the age of 36 months. The said regulation has also been uploaded on the website of FSSAI i.e. www.fssai.gov.in on 27.11.2018.

Open Market Operations

1923. SHRI RAM CHARITRA NISHAD: Will the Minister of FINANCE be pleased to state:

(a) whether the Reserve Bank of India (RBI) is likely to pump in more liquidity in December by infusing Rs. 40,000 crore into the system through Open Market Operations (OMOs);

(b) if so, the details thereof;

(c) whether the RBI has decided to conduct purchase of Government securities under OMOs for an aggregate amount of Rs. 100 billion in the month of December, 2018; and

(d) the auction dates set by the RBI for the purchase of Government securities under OMOs?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) to (c) Reserve Bank of India (RBI), vide a Press Release dated 27th November, 2018, announced its decision to purchase Government securities under Open Market Operations (OMOs) for an amount aggregating to Rs.400 billion during the month of December 2018. The amount of OMOs was subsequently further increased to Rs.500 billion vide RBI's Press Release dated 18th December, 2018.

(d) RBI has already conducted two auctions on 6th and 13th December, 2018 for an amount aggregating to Rs.200 billion. RBI has decided to conduct another auction for an amount of Rs.150 billion on 20th December, 2018. The auction date for the remaining amount of Rs.150 billion is yet to be announced by RBI.

Restrictions on ATM Transactions

1924. SHRI DIBYENDU ADHIKARI: Will the Minister of FINANCE be pleased to state:

(a) whether the Government levied charges on bank deposits for non-maintenance of minimum balances in their accounts and restricted number of Automated Teller Machine (ATM) transactions and withdrawal limits, if so, the details thereof and the reasons therefor;

(b) the amount of levy charges on below minimum balance and over ATM transactions by the Public Sector Banks during the last three financial years; and

(c) whether the Government proposes to withdraw 50 per cent of total ATM services in the country by March, 2019 and if so, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Following Reserve Bank of India (RBI) guidelines, banks provide basic banking services through Basic Savings Bank Deposit (BSBD) accounts, including accounts opened under Pradhan Mantri Jan DhanYojana (PMJDY), without any charges. Following basic minimum services are also available to BSBD account holders including PMJDY account holders free of cost:

- Deposit, monthly maximum 4 withdrawals including ATM withdrawals, receipt/credit of money through electronic payment channels or by means of collection/deposit of cheques. Also there is no requirement to maintain minimum balance in these accounts.

Reserve Bank of India (RBI) vide its Master Circular on "Customer Service in Banks" dated July 1, 2015, has permitted banks to fix service charges on various services rendered by them, as per their Board approved policy, while ensuring that the charges are reasonable and not out of line with the average cost of providing these services.

Further, as per RBI's direction on 'Usage of ATMs - Rationalization of number of free transactions', dated 14.08.2014, a minimum of 3 free transactions at any other bank's ATMs at six metro location, viz. Mumbai, New Delhi, Chennai, Kolkata, Bengaluru and Hyderabad and a minimum of 5 free ATM transactions at a bank's own ATM at any other location is permitted during a month.

Beyond this minimum number of free ATM transactions, banks have their Board approved policy on charges from customers on ATM transactions, subject to a cap on customers' charges of Rs.20 per transaction.

(b) The amount of levy of charges by Public Sector Banks for non-maintenance of minimum balance and additional number of ATM transactions beyond the permitted free transactions during the last three financial years is provided at enclosed Statement-I and II respectively.

(c) As apprised by the Public Sector Banks (PSBs), they do not have any plan to shut down their ATMs.

Statement-I

The amount of charges collected by Public Sector Banks for non-maintenance of minimum balance in Saving accounts (Amount in Rs.Crore)

Bank	2015-16	2016-17	2017-18	2018-19 (Upto September 2018)
1	2	3	4	5
Allahabad Bank	26.75	24.34	16.16	7.31
Andhra Bank	47.16	56.85	56.80	28.32
Bank of Baroda	67.51	104.94	88.85	66.59
Bank of India	25.06	16.44	17.35	9.41
Bank of Maharashtra	93.18	50.54	19.17	18.34
Canara Bank	117.16	106.58	91.33	36.42

1	2	3	4	5
Central Bank of India	55.54	56.58	180.93	55.02
Corporation Bank	37.91	38.91	25.28	11.91
Dena Bank	11.84	14.15	18.25	4.53
IDBI Bank Ltd.	85.27	106.65	80.95	24.59
Indian Overseas Bank	54.25	77.57	41.95	7.19
Indian Bank	27.48	41.01	88.38	74.55
Oriental Bank of Commerce	21.37	33.02	97.55	37.99
Punjab & Sind Bank		Bank has no charge		
Punjab National Bank	98.10	130.64	151.67	112.36
State Bank of India ##	Nil	Nil	2433.87	459.88
Syndicate Bank	39.79	47.50	57.54	21.86
UCO Bank	14.55	3.65	2.79	0.58
Union Bank of India	11.48	12.88	17.17	9.17
United Bank of India	6.41	3.56	2.46	1.01
Vijaya Bank	0.60	0.55	1.07	2.12

Source: Banks

Note: The monthly average balance requirement was charged by SBI till 2012. Subsequently, SBI stopped charging for the same till 31.3.2016 while other banks, including Private Banks were charging as per their Board-approved policy. It was reintroduced by SBI with effect from 1.4.2017. The minimum balance requirements were subsequently reduced with effect from 1.10.2017. It is also clarified that there is no minimum balance requirement for Basic Savings Bank Deposit Accounts and Jan-Dhan accounts.

Statement-II

The amount of charges collected by Public Sector Banks for additional number of ATM transactions beyond the permitted free ATM transactions (Amount in Rs. Crore)

Bank	2015-16	2016-17	2017-18	2018-19 (Upto September 2018)
1	2	3	4	5
Allahabad Bank	1.58	1.72	2.33	1.24
Andhra Bank	35.79	34.92	45.93	27.45
Bank of Baroda	51.34	51.29	52.75	27.07
Bank of India	103.35	121.94	158.38	80.33
Bank of Maharashtra	17.31	20.75	22.90	15.97
Canara Bank	0.09	1.37	87.27	63.13
Central Bank of India	38.90	40.52	58.31	35.00
Corporation Bank	25.23	33.37	31.86	19.13

1	2	3	4	5
Dena Bank	8.38	6.42	13.85	9.44
IDBI Bank Ltd.	30.98	27.84	37.67	19.66
Indian Overseas Bank	29.01	21.80	28.71	20.07
Indian Bank	38.51	35.80	43.50	26.50
Oriental Bank of Commerce	15.19	13.27	16.09	8.52
Punjab & Sind Bank	1.19	3.77	4.48	3.01
Punjab National Bank	87.80	80.73	102.80	51.84
State Bank of India	318.00	337.00	539.00	360.00
Syndicate Bank	26.90	17.07	39.49	23.20
UCO Bank	Nil	Nil	6.64	13.21
Union Bank of India	63.51	59.41	76.20	41.89
United Bank of India	10.89	11.06	19.89	11.74
Vijaya Bank	17.69	18.08	25.24	13.53

Source: Banks

[*Translation*]

Shortage of AYUSH Doctors and Paramedical Staff in Government Hospitals

1925. SHRI LAKHAN LAL SAHU: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether there is acute shortage of AYUSH Doctors and Paramedical Staff in Government Hospitals;

(b) if so, the details thereof;

(c) the details of vacant posts of AYUSH doctors, State/UT-wise including Chhattisgarh;

(d) whether the Government has assessed the treatment of patients done through AYUSH system of Medicine in different hospitals including AIIMS, New Delhi during the last three years; and

(e) the other steps taken by the Government to meet the shortage of AYUSH Doctors?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) to (c) As Health is a State subject the information

on shortage of AYUSH doctors, paramedical staff and vacant posts in Government hospitals State/UT-wise including Chhattisgarh is not maintained by the Central Government.

(d) No such assessment has been made with regard to patient treated through AYUSH system of medicines in various hospitals.

(e) Under Centrally Sponsored Scheme of National AYUSH Mission (NAM), the components for setting up of 50 bedded integrated AYUSH Hospitals and upgradation of stand-alone AYUSH Hospitals are having provisions for contractual deployment of AYUSH doctors in the Government hospitals under States/UTs. In this regard, the State/UT Governments are required to submit their proposal through the State Annual Action Plan (SAAP) as per the guidelines of the scheme.

[*English*]

Sale of Kidneys and Liver

1926. SHRI PRAHLAD SINGH PATEL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the sale of kidneys and liver are still being done by tribals and poor people in

India and if so, the details thereof and the reasons therefor;

(b) the names of hospitals found involved in this racket along with the action taken by the Government against the accused; and

(c) other measures being taken by the Government to check the said practice?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) and (b) Public health and hospitals being State subjects, come under the purview of State Government, whenever, instances of illegal organ trade come to the notice of the Ministry of Health and Family Welfare through complaints/media reports, these cases are forwarded to concerned State Governments for investigation and further action as per provisions of Transplantation of Human Organs and Tissues Act, 1994 (as amended in 2011). Therefore, details of all the cases are not available centrally.

(c) Central Act named Transplantation of Human Organs and Tissues Act (THOTA), 1994 (as amended in 2011) has been enacted. Further, Government of India has made Transplantation of Human Organs and Tissues Rules, 2014 thereunder for regulation of removal, storage and transplantation of human organs and tissues for therapeutic purposes. THOTA has provisions for imprisonment upto 10 years and fine upto Rs. 1.00 crore for commercial dealings in human organs. However, the enforcement of provisions of the Act is within the orbit of the respective State Government. Under National Organ Transplant Programme (NOTP), all stakeholder including private hospitals are sensitized regarding provisions of the Act and to prevent commercial dealings in human organs and criminal acts related to organ transplantation.

Investor Education and Protection Fund

1927. SHRI TEJ PRATAP SINGH YADAV: Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether the Government has set up the Investor Education and Protection Fund (IEPF) to distribute amount to eligible depositors who have suffered losses due to wrongful act by companies and if so, the details thereof;

(b) the details of funds allocated to Non-Government Organisations (NGOs) and physical performance of IEPF during the last three years;

(c) the details of complaints regarding the misappropriation of funds by NGOs and action taken against them;

(d) whether the Government has launched an Investor Helpline to provide a mechanism for redressal of Investor's grievances and if so, the details thereof including the number of complaints received, resolved and pending; and

(e) the steps being taken by the Government to protect the interest of small investors?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) Yes madam, The Investor Education and Protection Fund (IEPF) is to be inter-alia utilised for distribution of disgorged amount among eligible applicants in accordance with the disgorgement orders issued by the Court of Law. Till 30.11.2018, no such order for distribution of such amount has been received by Investor Education and Protection Fund Authority.

(b) and (c) During the last three years no funds have been allocated from IEPF to Non-Government Organisations (NGOs) and hence no complaints regarding misappropriation of funds by NGOs have been received in last three years.

During the last three years, the performance of IEPF has been as under:

Year	Number of Investor Awareness Programs (IAPs)	Number Settled of Claims
2016-2017	2171	18
2017-2018	5876	623
2018-2019 (Up to 30.11.2018)	7614	476

(d) The IEPF Authority (IEPFA) has a toll free helpline to provide status of refund applications to the claimants.

(e) Investors Awareness Programmes (IAPs) across the country are organized by IEPFA with the objective of creating awareness amongst the investors about fraudulent schemes and facilitating informed investment decisions. IAPs, in the form of audio visual programmes, are also being organized in the rural areas

through Common Service Centres set up under Ministry of Electronics and Information Technology, Government of India. Messages for creating awareness among the investors are also disseminated through print and electronic media.

[*Translation*]

MUDRA loans to Target Categories

1928. SHRIMATI JAYSHREEBEN PATEL: Will the Minister of FINANCE be pleased to state:

(a) the number of loan accounts of people belonging to Scheduled Castes, Scheduled Tribes (SC/ST), Other Backward Classes and women opened under

Pradhan Mantri Mudra Yojana (PMMY) across the country, State/UT/category-wise; and

(b) the extent to which employment opportunities have increased as a result thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) Loans extended to Scheduled Castes, Schedule Tribes (SC/STs), Other Backward classes and women under Pradhan Mantri Mudra Yojana (PMMY) as on 14.12.2018 since inception of the scheme are given in the enclosed Statement.

Data on employment opportunities under the PMMY scheme is not maintained.

Statement

State/UT/Category-wise number of loan accounts of Scheduled Castes, Scheduled Tribes (SC/ST), Other Backward Classes and Women under Pradhan Mantri Mudra Yojana (PMMY) from 08.04.2015 to 14.12.2018

Sl. No.		SC	ST	OBC	Women
1	State Name	No of Accounts	No of Accounts	No of Accounts	No of Accounts
1	2	3	4	5	6
2	Andaman and Nicobar Islands	3160	1155	15052	5922
3	Andhra Pradesh	290179	54575	635717	734840
4	Arunachal Pradesh	1506	4890	896	2394
5	Assam	261023	169365	783809	2639561
6	Bihar	1940572	535124	7151293	10676598
7	Chandigarh	9907	368	5197	20614
8	Chhattisgarh	389737	382858	1210157	2167464
9	Dadra and Nagar Haveli	1012	955	374	5280
10	Daman and Diu	220	58	506	793
11	Delhi	144617	27983	174036	545754
12	Goa	2403	11307	26503	64079
13	Gujarat	364233	317910	1367587	2853919
14	Haryana	1093072	63825	595226	1882048
15	Himachal Pradesh	58844	10486	32049	111528
16	Jammu and Kashmir	9267	6558	3504	70984
17	Jharkhand	446361	244849	1735740	2994683
18	Karnataka	1859939	868808	4071109	11920684

1	2	3	4	5	6
19	Kerala	725502	145888	2167295	3773639
20	Lakshadweep	25	1630	109	573
21	Madhya Pradesh	1798589	1101971	3919320	7516839
22	Maharashtra	2137076	860425	4122908	10459263
23	Manipur	4542	12745	13716	58511
24	Meghalaya	4411	31640	2943	47695
25	Mizoram	2239	24660	325	19021
26	Nagaland	331	7877	292	23994
27	Odisha	1835513	837010	5086970	9261718
28	Puducherry	62123	4177	208897	375488
29	Punjab	1437677	87181	222079	1586844
30	Rajasthan	1083626	689370	1552621	3622929
31	Sikkim	2422	4057	3082	24077
32	Tamil Nadu	3138326	214738	5539448	14309417
33	Telangana	273729	107482	590275	905683
34	Tripura	181822	164620	132063	671395
35	Uttar Pradesh	4037942	456146	4405888	8548765
36	Uttarakhand	264346	47579	256582	714198
37	West Bengal	2958881	421091	1709978	12666587
Total		26825174	7921361	47743546	111283781

Source: As reported by Member Lending Institutions (MLIs) on Mudra portal

Climate Change

1929. SHRIMATI SAVITRI THAKUR: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether his Ministry is conducting any research to ascertain details of the adverse effect of climate change and deforestation, if so, the details thereof; and

(b) whether any solution is likely to come out of it to protect humans, animals and agriculture from such ill effects, if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE

(DR. MAHESH SHARMA): (a) and (b) The Climate Change is a global phenomenon and is impacting all sections of the society. A report titled "Climate Change and India: A 4X4 Assessment - A Sectoral and Regional Analysis for 2030s" of this Ministry provides assessment of impacts of climate change in 2030 in four key sectors of Indian economy, namely, agriculture, water, forests and human health in four climate sensitive regions of India, viz. the Himalayan region, the Western Ghats, the Coastal region and the North-Eastern Region. Further, the Forest Survey of India as per its mandate carries out assessment of the country's forest and tree resources, including deforestation, on a regular basis and publishes the results in its biennial report "India State of Forest Report". It describes forest and tree cover of the country, contains

estimates of growing stock within and outside forest areas, carbon stock and other important characteristics of forests.

To address the impacts of climate change, the Government is implementing National Action Plan on Climate Change (NAPCC) which has eight missions in specific areas of solar energy, energy efficiency, water, agriculture, Himalayan eco-system, sustainable habitat, green India and strategic knowledge on climate change. Three of these Missions namely the Missions on solar energy, enhanced energy efficiency and sustainable habitats focus on mitigation, while the rest focus on adaptation. Thirty two States/Union Territories have prepared State Action Plan on Climate Change (SAPCC) in lines with NAPCC taking into account State's specific issues relating to climate change. The SAPCCs prepared by States/UTs inter-alia indicate sector specific and cross sectoral priority actions.

Organ Donation Policy

1930. SHRI RAJENDRA AGRAWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has any organ donation or transplantation policy and if so, the details thereof;

(b) the status of demand and supply of various organs and tissues for transplantation; and

(c) the steps taken by the Government in promoting organ donation among the citizens through various means of communication?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) Central Act namely Transplantation of Human Organs and Tissues Act, 1994 (as amended in 2011) has been enacted. The Government of India has made rules thereunder for % regulation of removal, storage and transplantation of human organs and tissues for therapeutic purposes. Further, the following guidelines/regulations have been issued for facilitating organ donation and transplantation in the country:

- Allocation Criteria for major organs and tissues Kidney, Heart, Liver, Lung, Heart-Lung and Cornea Transplant (Guidelines).
- Standard Operating Procedures (SOPs)/ protocols for management of brain stem dead donors and retrieval of different Organs.

These are available in public domain on the website of National Organ and Tissue Transplant Organization (NOTTO) i.e www.notto.nic.in.

(b) The exact data regarding demand and supply of various organ and tissues. State/UT-wise is not available. However, the estimated need for major human organs viz. kidney, heart and liver donations and the number of organ transplants done is as under:

Organs	Need for transplants of new cases of organ failure every year	Estimated No. of Organ Transplants done per year (2017 Estimates)
Kidney	2,00,000	8000-10000
Liver	30,000	1800-2000
Heart	50,000	339

(c) The Government is implementing the National Organ Transplant Programme (NOTP) to promote organ donation across the country. An apex level organization viz. National Organ and Tissue Transplant Organization (NOTTO) in New Delhi, Five other Regional Organ and Tissue Transplant Organisations (ROTTOS) have been set up and made functional for this purpose. In addition, funds have also been sanctioned to State of Rajasthan, Madhya Pradesh and Kerala for setting up of State Organ and Tissue Transplant Organisations (SOTTOs).

The National Organ and Tissue Transplant Organisation (NOTTO) has a Website that disseminates relevant information to all concerned and a 24x7 call centre with a toll free helpline number (1800114770) has been made operational. A number of activities are carried out for generating awareness and for imparting training to all those associated with transplant activities including doctors and transplant coordinators. Activities such as celebration of Indian Organ Donation Day every year, seminars, workshops, debates, sports events, walkathons, participation in marathons, nukkad Natak, etc. are also organized at different places in the country to disseminate information and increase awareness. Audio-visual messages to promote cadaver organ donation are also telecast on Doordarshan and other television channels.

Physical and Mental Health of Women

1931. SHRI SANJAY KAKA PATIL: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether the Government proposes to implement schemes to improve the physical and mental health of women and if so, the details thereof;

(b) whether the Government is likely to implement these schemes at the district level and if so, the details thereof; and

(c) whether the Government has made any special provision for the funding of these schemes, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) to (c) Public Health being a State subject, the primary responsibility to provide accessible, affordable and quality healthcare to its citizens lies with the State Governments. However, the Government of India is implementing various Health Schemes.

National Health Mission (NHM) is a flagship Centrally Sponsored Scheme of Department of Health & Family Welfare that is being implemented in various States of the country. Under NHM, technical and financial support is given to States/Union Territories (UTs) to strengthen their health care system so as to provide universal access to equitable, affordable and quality health care services.

As part of Ayushman Bharat, the Government is supporting States for strengthening Sub Centres and primary health centres as Health and Wellness Centres for provision of comprehensive primary care that includes preventive and promotive health at the community level with continuum of care approach.

Further, Government of India has identified 117, aspirational districts where special attention and focus is given for improving healthcare service.

Apart from the above, the Government of India is implementing the District Mental Health Programme (DMHP) under the National Mental Health programme (NMHP) in 517 districts of the country with the objectives to:

- (i) Provide mental health services including prevention, promotion and longterm continuing care at different levels of district healthcare delivery system.
- (ii) Augment institutional capacity in terms of infrastructure, equipment and human resource for mental healthcare.
- (iii) Promote community awareness and participation in the delivery of mental healthcare services.

(iv) Broad-base mental health into other related programs.

District level activities under the National Mental Health Programme along with the National Programme for control of Blindness, National Tobacco Control Programme and National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke are a part of the Non-communicable Disease Flexible Pool under the National Health Mission.

[English]

SUUTI

1932. SHRI P. NAGARAJAN: Will the Minister of FINANCE be pleased to state:

(a) whether the Government has decided to sell more of its Specified Undertaking of the Unit Trust of India (SUUTI) holdings separately during this financial year;

(b) if so, the details thereof and the reasons therefor;

(c) the reason of selling SUUTI holdings along with the income/revenue expected through this sale; and

(d) the time by which the selling process is likely to be completed?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) to (d) Divestment of Specified Undertaking of the Unit Trust of India (SUUTI) holdings in different companies through various SEBI approved mechanisms is an ongoing process. The actual timing and mode of divestment is decided depending on market conditions for optimum realization of sale proceeds. Further, SUUTI holdings in three companies (L&T, Axis Bank and ITC) are also divested through Bharat-22 ETF Index.

Transmission of HIV

1933. SHRIMATI RAKSHATAI KHADSE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government proposes to eliminate mother to child transmission of HIV and Syphilis by 2020 and if so, the details thereof;

(b) whether the Government proposes to provide complete ante-natal checkup facility to all pregnant women

across the country including HIV testing and if so, the details thereof; and

(c) whether the Government has established a comprehensive grievances redressal mechanism with ombudsman and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) Yes.

Government is committed to work towards elimination of mother to child transmission of HIV and Syphilis by 2020.

All HIV positive pregnant women are initiated on lifelong triple drug treatment on immediate basis. Babies born to HIV positive women are provided with prophylactic drug immediately after birth and are followed up with periodic testing from the age of 6 weeks until the age of 18 months in all the States and Union Territories in the country.

(b) Yes.

Government is providing complete ante-natal checkup facility to all pregnant women across the country including HIV testing, details are given at enclosed Statement.

(c) Yes.

As per the provisions of HIV and AIDS (Prevention & Control) Act, 2017, every State Government has to appoint one or more Ombudsman as per their State rules. The terms and condition of the Ombudsman are to be finalized by State Government. The Ombudsman will inquire into the complaint made by any person in relation to the violations of the relevant provisions of the Act, particularly, concerning discrimination. The Ombudsman, may ask any person to furnish the information on the matter relating to the complaints and the person shall be deemed to be legally bound to furnish such information and failure to do so shall be punishable.

Statement

Under National Health Mission, the key steps taken by Government of India to provide complete ante-natal checkup facility to all pregnant women across the country including HIV testing are:

- Promotion of institutional deliveries through Janani Suraksha Yojana (JSY), a conditional cash transfer scheme.

- Janani Shishu Suraksha Karyakaram (JSSK) entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery, including caesarean section. Similar entitlements have been put in place for all sick infants accessing public health institutions for treatment.
- Operationalization of Sub-Centers, Primary Health Centers, Community Health Centers and District Hospitals for providing 24x7 basic and comprehensive obstetric care.
- Capacity building of health care providers in basic and comprehensive obstetric care with a strategic initiative "Dakshata" to enable service providers in providing high quality services during childbirth at the institutions.
- Mother and Child Tracking System is being implemented to ensure antenatal, intranatal and postnatal care along-with immunization services.
- Engagement of more than 10 lakh Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.
- Establishing Maternal and Child Health (MCH) Wings at high caseload facilities to improve the quality of care provided to mothers and children.
- Newer interventions to reduce maternal mortality and morbidity- Diagnosis & management of Gestational Diabetes Mellitus, Hypothyroidism during pregnancy, Training of General Surgeons for performing Caesarean Section, Calcium supplementation during pregnancy and lactation, De-worming during pregnancy, Maternal Near Miss Review, Screening for Syphilis during pregnancy and Dakshata guidelines for strengthening intrapartum care.
- The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been introduced with the aim of conducting special ANC checkups for pregnant women (in their 2nd / 3rd Trimesters of pregnancy) in the country on 9th of every month by Medical Officer/OBGY specialist in the government health facilities and also through Private sector on voluntary basis for tracking of high risk pregnancy to ensure institutional deliveries.

- Enhancing the availability of human resources particularly in high priority districts (HPDs) through a slew of measures like - improving retention of specialists, medical officers and nursing personnel particularly in difficult areas through special incentives; hiring of contractual personnel including MOs and Nurses particularly for operationalization of comprehensive RMNCH services at Delivery Points
- The government has framed a set of Performance Based Incentives for the human resource working in these HPDs.
- Referral transport for pregnant women, sick neonates and sick infants is being provided by the States as per their local needs, using different models i.e. 108/102 which include a network of emergency response vehicles using toll free number, government ambulances, available transport under public private partnership etc.

Wilful Defaulters

1934. SHRI KESINENI SRINIVAS: Will the Minister of FINANCE be pleased to state:

- (a) the recorded cases of wilful defaulters in the past three years in various Public Sector Banks;
- (b) whether the Government is planning any structural changes to the system of corporate governance to change the current status quo and if so, the details thereof; and
- (c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (c) Reserve Bank of India (RBI) has apprised that the list of suit-filed wilful defaulters of Rs. 25 lakh and above are available in public domain on the websites of Credit Information Companies (CICs), and that cases of suit-filed wilful defaulters during the past three years, reported by Public Sector Banks (PSBs) and appearing on the website of Transunion CIBIL, which is one of the CICs granted certification of registration by RBI, are as under:

As on	Number of borrowers
31.3.2016	6,452
31.3.2017	7,181
31.3.2018	8,555

Government has effected several structural changes to the system of Corporate governance in PSBs, including, inter-alia, the following:

- (i) Banks Board Bureau (BBB) has been set up for top-level appointments in PSBs at arms length through a dedicated body with diverse relevant expertise.
- (ii) The position of Chairman and Managing Director in nationalised banks has been bifurcated into that of a Non-Executive Chairman and a Managing Director and Chief Executive Officer, thereby strengthening oversight of management by the Board.
- (iii) Directors other than Whole Time Directors and RBI nominee Directors on the bank's Management Committee or its Credit Approval Committee, both of which take decisions relating to credit, shall not be on the bank's Audit Committee in any capacity.

Engagement of NGOs in Health Awareness Campaigns

1935. SHRI OM BIRLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government has any mechanism to engage non-governmental agencies/individuals to organize health awareness campaigns;
- (b) if so, the details thereof;
- (c) if not, the reasons therefor; and
- (d) the details of the concerned departments and nodal officers along with the entire mechanism regarding the same?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) to (d) The health awareness media campaigns from central level by this; Ministry are released through Bureau of Outreach and Communication (formerly Directorate of Audio Visual Publicity), Doordarshan, All India Radio, Lok Sabh / Rajya Sabha Television, etc. There is no separate mechanism to engage NGOs / individuals for this purpose.

Apart from this, since Health is a State subject, under National Health Mission (NHM), financial and technical support is provided by the Government of India to the States / Union Territories (UTs) to strengthen their

health system including for undertaking health awareness campaigns. These funds are sanctioned based on the requirements posed by the states/UTs in their Programme Implementation Plans (PIPs).

Violation of Companies Act/Rules

1936. SHRIMATI POONAM MAHAJAN: Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether the Government has taken cognizance that companies violating the provisions of the Companies (Restriction on number of layers) Rules, 2017;

(b) if so, the details thereof including the number of companies that have violated the rules during each of the last three years, State/year wise;

(c) the action taken by the Government against those companies that have violated the said rules and the time-frame decided for compliance of the rules; and

(d) whether the Government ascertained the reasons for non-compliance of the rules and if so, the details thereof and the measures adopted to ensure compliance of the rules by all companies registered in India?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) to (d) As per the data-base maintained by the Ministry of Corporate Affairs, 4 Companies in Andhra Pradesh and 8 Companies in Telangana were found to be violating the Companies (Restriction on number of layers) Rules 2017, which were notified on 20th September 2017. Show Cause Notices were issued to these Companies by the concerned Registrar of Companies. Subsequently all the 12 Companies complied with the Rules.

[Translation]

Infant Casualties

1937. SHRI RAVINDRA KUMAR RAY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that in rural areas of the country nearly seven lakh infants die due to diseases which are curable;

(b) whether pneumonia is the main cause behind such infant casualties;

(c) if so, the total number of infants who died during the last three years, Statewise including Jharkhand; and

(d) the steps taken by the Government to prevent infant deaths?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) As per the Sample Registration System (SRS) reports published by the Registrar General of India for the year of 2016, the Infant Mortality Rate (IMR) is 34 per 1,000 live births at national level and it is 38 per 1,000 live births in rural areas.

The major causes of infant mortality in India as per the SRS reports (2010-13) are: Prematurity & low birth weight (35.9%), Pneumonia (16.9%), Birth asphyxia & birth trauma (9.9%), Other non-communicable diseases (7.9%), Diarrhoeal diseases (6.7%), Ill-defined or cause unknown (4.6%), Congenital anomalies (4.6%), Acute bacterial sepsis and severe infections (4.2%), Injuries (2.1%), Fever of unknown origin (1.7%), All Other Remaining Causes (5.4%).

Infant Mortality Rate including Jharkhand as per Sample Registration System for last 3 years (2014-16) is enclosed at Statement.

(d) Health is a state subject, however to reduce Child Mortality, various programmes and schemes under National Health Mission are being implemented by States/UTs and the Central government provides financial assistance to States/UTs based on proposals received in their Annual Program Implementation Plan (APIP).

(1) Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women delivering in — public health institutions to absolutely free ante-natal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.

(2) Strengthening of delivery points for providing comprehensive and quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Services, ensuring essential newborn care at all delivery points, establishment of Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU)

- and Kangaroo Mother Care (KMC) units for care of sick and small babies. Home Based Newborn Care (HBNC) and Home Based Care of Young Children (HBYC) are being provided by ASHAs to improve child rearing practices.
- (3) Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted in convergence with Ministry of Women and Child Development. Village Health and Nutrition Days (VHNDs) are observed for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education. Mothers' Absolute Affection (MAA) programme for improving breastfeeding practices (Initial Breastfeeding within one hour, Exclusive Breastfeeding up to six months and complementary feeding up to two years) through mass media campaigns and capacity building of health care providers in health facilities as well as in communities.
- (4) Universal Immunization Programme (UIP) is being supported to provide vaccination to children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. "Mission Indradhanush and Intensified Mission Indradhanush" has been launched to fully immunize children who are either unvaccinated or partially vaccinated; those that have not been covered during the rounds of routine immunization for various reasons.
- (5) Name based tracking of mothers and children till two years of age (Mother and Child Tracking System) is done to ensure complete antenatal, intranatal, postnatal care and complete immunization as per schedule.
- (6) Rashtriya Bal Swasthya Karyakram (RBSK) for health screening, early detection of birth defects, diseases, deficiencies, development delays and early intervention services has been Operationalized to provide comprehensive care to all the children in the age group of 0-18 years in the community.
- (7) Nutrition Rehabilitation Centres (NRCs) have been set up at public health facilities to treat

and manage the children with Severe Acute Malnutrition (SAM) admitted with medical complications.

- (8) Iron and folic acid (IFA) supplementation for the prevention of anaemia among the vulnerable age groups, home visits by ASHAs to promote exclusive breast feeding and promote use of ORS and Zinc for management of diarrhoea in children.
- (9) Health and nutrition education through Information, Education & Communication (IEC) and Behaviour Change Communication (BCC) to promote healthy practices and create awareness to generate demand and improve service uptake.
- (10) Capacity building of health care providers: Various trainings are being conducted to build and upgrade the skills of health care providers in basic and comprehensive obstetric care of mother during pregnancy, delivery and essential new-born care.

Statement

*Infant Mortality Rate (per 1000 live births)
(2014 -2016)*

Sl. No.	India/States/UTs	2014	2015	2016
1	2	3	4	5
	India	39	37	34
1	Andhra Pradesh	39	37	34
2	Assam	49	47	44
3	Bihar	42	42	38
4	Chhattisgarh	43	41	39
5	Delhi	20	18	18
6	Gujarat	35	33	30
7	Haryana	36	36	33
8	Himachal Pradesh	32	28	25
9	Jammu and Kashmir	34	26	24
10	Jharkhand	34	32	29
11	Karnataka	29	28	24
12	Kerala	12	12	10

1	2	3	4	5
13	Madhya Pradesh	52	50	47
14	Maharashtra	22	21	19
15	Odisha	49	46	44
16	Punjab	24	23	21
17	Rajasthan	46	43	41
18	Tamil Nadu	20	19	17
19	Telangana	35	34	31
20	Uttar Pradesh	48	46	43
21	West Bengal	28	26	25
22	Arunachal Pradesh	30	30	36
23	Goa	10	9	8
24	Manipur	11	9	11
25	Meghalaya	46	42	39
26	Mizoram	32	32	27
27	Nagaland	14	12	12
28	Sikkim	19	18	16
29	Tripura	21	20	24
30	Uttarakhand	33	34	38
31	Andaman and Nicobar Islands	22	20	16
32	Chandigarh	23	21	14
33	Dadra and Nagar Haveli	26	21	17
34	Daman and Diu	18	18	19
35	Lakshadweep	20	20	19
36	Puducherry	14	11	10

Source:- SRS, Registrar General & Census Commissioner, India

[English]

Sustainable Development Goals

1938. SHRI A. ARUNMOZHITHEVAN: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether the Government is planning to put in place a vision document in line with the 2030 Sustainable

Development Goals (SDG) related to gender equality and empowerment of women and children by the end of the year;

(b) if so, the details thereof;

(c) whether the Government has finalized the modalities to form a Commission for a detailed study and build a database to achieve the SDGs associated with gender, women and children; and

(d) if so, the details thereof;

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) Presently, no such proposal is under consideration of the Ministry.

(b) to (d) Does not arise.

Impact of GST and Demonetization on MSME

1939. SHRI R. DHRUVANARAYANA: Will the Minister of FINANCE be pleased to state:

(a) whether introduction of Goods and Services Tax (GST) immediately after demonetization sounded death knell to Micro, Small and Medium Enterprises (MSMEs) and if so, the details thereof; and

(b) whether the Government has taken any measure to check this and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) No Madam. GST has been implemented in the country successfully with effect from 01.07.2017. It has benefited all sectors of the economy including the MSMEs.

(b) Based on the representations and feedback received, the GST Council has undertaken various decisions from time to time to alleviate the concerns raised by the small and medium sectors. Details of various such decisions implemented for the small and medium enterprises are placed below:

- (i) Increase in aggregate annual turnover threshold for eligibility under the composition scheme from Rs. 75 lakh to Rs. one crore for 27 States (including Jammu and Kashmir and Uttarakhand).
- (ii) Increase in the aggregate annual turnover threshold for eligibility under the Composition scheme from Rs. 50 lakh to Rs. 75 lakh for

Special Category States (as specified in sub-clause (g) of clause (4) of article 279A of the Constitution) other than Jammu and Kashmir and Uttarakhand.

- (iii) Taxpayers having annual turnover of up to Rs.1.5 crore in the previous year provided with an option to file quarterly Returns (FORM GSTR-1) and taxpayers having annual turnover above Rs.1.5 crore to file monthly returns (FORM GSTR-1).
- (iv) Registered persons making supply of goods to make payment of tax on issuance of invoice and not at the time when advances are received.
- (v) Suspension of the application of reverse charge mechanism under Section 9(4) of the CGST/SGST Acts, 2017 and Section 5(4) of the IGST Act, 2017 till 30th September, 2019 for all categories of registered persons including Composition taxpayers.
- (vi) Uniform rate of tax @1% under composition scheme for manufacturers and traders. The turnover for traders will be counted only for supply of taxable goods. No change in composition scheme for restaurants sector.
- (vii) Supply of exempted services by Composition taxpayer will be allowed and the same will not be taken into account while computing the aggregate turnover.
- (viii) The amount of late fee payable by a taxpayer whose tax liability for the month was 'Nil' will be Rs.20/- per day (Rs.10/- per day each under CGST & SGST Acts) subject to maximum Rs.5000/- each under Act from October, 2017.
- (ix) The amount of late fee payable by other taxpayers will be Rs. 50/- per day (Rs. 25/- per day each under CGST & SGST Acts) subject to maximum Rs.5000/- each under Act from October, 2017.

Superbugs

1940. SHRI R. GOPALAKRISHNAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that superbugs kill more in India than globally and the mortality rate is 13 percent owing to drugresistant bacteria;

(b) if so, the details thereof; and

(c) the steps taken/being taken by the Government to contain deaths due to superbugs and create awareness among the public?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) and (b) Antibiotic resistant bacteria are found globally including in India. It is also a fact that antibiotic resistant bacteria do account for higher morbidity as well as mortality. We do not have any country data to substantiate that these pathogens account for 13% mortality.

(c) Government of India has given due cognizance to the problem of Antimicrobial Resistance (AMR) and to tackle this issue, the Ministry of Health and Family Welfare (MoHFW) has initiated various activities towards AMR containment as under:-

- (i) National Programme on Containment of AMR was initiated during the 12th Five year plan and is being coordinated by National Centre for Disease Control (NCDC). Under the programme, AMR surveillance is being conducted by NCDC through a network of 20 state medical college laboratories in 18 States. The network is being expanded across the country in a phased manner.
- (ii) Indian Council of Medical research (ICMR) is coordinating another AMR surveillance network of 20 laboratories located in tertiary care centres (both public and private) in the country.
- (iii) Strengthening Infection prevention and control Surveillance of Healthcare associated infections (HAIs) is being conducted under the AIIMS-ICMR-NCDC network.
- (iv) Interim National Infection Prevention control (IPC) guidelines have been drafted by NCDC and disseminated for use by Health care facilities and are also uploaded on the NCDC website. The updated National IPC guidelines are in process of finalisation and will be made available to all health care Institutions in the country for implementation.
- (v) Surveillance for Antibiotic consumption: NCDC has initiated antibiotic consumption studies in health care facilities in the country in 20 medical colleges.

- (vi) Antimicrobial stewardship (AMSP) activities: In order to promote rational use of antibiotics among the health care providers, a series of sensitization and training workshops have been organized in different Health care facilities in the country for the benefit of the practicing clinicians. Standard treatment guidelines developed by NCDC for rational use of antibiotics have been made available to clinicians across the country. ICMR has recently initiated a project on strengthening AMSP in 30 sites.
- (vii) Strengthening regulations: Since March 2014, a separate Schedule H-1 has been incorporated in Drug and Cosmetic Rules to regulate the sale of antimicrobials in the country. About 24 antimicrobials belonging to third/fourth generation cephalosporins and carbapenems are covered in the schedule. These antimicrobials cannot be sold without a proper medical prescription and their drug packaging requires the specific labelling along with red border.
- (viii) Strengthening Regulations in Food: Food safety and Standards Authority of India (FSSAI) has notified the prescribed tolerance limits of antibiotics in different kinds of food of animal origin.
- (ix) National Action Plan for Containment of AMR (NAP-AMR) was developed by National Centre for Disease Control involving stakeholders from various ministries/ sectors and was launched by Hon'ble Union Minister for Health and Family Welfare on 19th April 2017. Simultaneously, a Delhi Declaration on AMR—an inter-ministerial consensus, was also signed by the Ministers of the concerned Ministries pledging their whole hearted support in AMR containment. Since health is a state subject, states are being supported to develop state action plans along the lines of NAP-AMR.

Further, to create awareness among the public about AMR several IEC activities have been coordinated by National Centre for Disease Control (NCDC) along with other partners to raise awareness about AMR among different stakeholders by way of organizing Public lectures, participating in live programmes on Lok Sabha

TV and Doordarshan, Organizing AMR programmes in schools and colleges etc. NCDC under MoHFW is in the process of finalising the IEC material for Nationwide IEC activities to raise awareness about AMR and to prevent misuse of antibiotics.

Environmental Pollution

1941. SHRI KALIKESH N. SINGH DEO: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has developed any strategy to counter environmental pollution arising out of crop residue burning and if so, the details thereof;

(b) whether the Government has any plans to set up methane recovery plants at landfills sites on large scale and if so, the details thereof; and

(c) whether the Government has any plans to undertake a comprehensive approach to establish Emission Trading Scheme (ETS) on large scale for power and other sectors and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) To counter environmental pollution arising out of crop residue burning especially during adverse meteorological conditions in early winter in North India, the Central Government has introduced a new Central Sector Scheme on 'Promotion of Agricultural Mechanization for in-situ management of crop residue in the States of Punjab, Haryana, Uttar Pradesh and NCT of Delhi' for the period from 2018-19 and 2019-20 with an outlay of Rs. 1151.80 crore to provide farmers subsidized machinery required for in-situ management of crop residue. This year's allocation of central funds is Rs. 591.65 crore. Under this scheme, there is financial assistance on purchase of eight straw management implements required for in-situ management of crop residue (50% of the cost of the implement for individual farmers; and 80% of the cost of implements for Custom Hiring Centre (CHC) by Co-operative Societies of farmers, groups or SHGs, FPOs and Private Entrepreneurs).

(b) As of now, there is no specific proposal of any State/UT for Central State funding of median recovery plants at landfill sites.

(c) To reduce the emissions from industries. Government of India has launched the Perform Achieve

and Trade Scheme (PAT). PAT is a market based mechanism to enhance cost effectiveness of improvements in energy efficiency in energy-intensive large industries and facilities, including thermal power sector, through certification of energy savings that could be traded.

Paradise Papers

1942. DR. SHASHI THAROOR: Will the Minister of FINANCE be pleased to state:

(a) the details of total number of meetings held by the Multi Agency Group (MAG) constituted by the Government on 6.11.2017, to discuss the investigation emanating out of the list of Indians in the "Paradise Papers", as published by the International Consortium of Investigative Journalists along with the dates of the such meetings;

(b) whether a notice has been issued against Indians listed in the Paradise Papers, if so, the dates on which the notices were issued to such persons and the dates on which they provided their replies;

(c) whether the MAG has recommended any steps against the persons listed in the Paradise Papers, if so the details thereof; and

(d) whether the MAG had recommended the closure of the investigation against the persons listed in the Paradise Papers and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) On 6/11/2017, Government reconstituted the Multi Agency Group (MAG) comprising of members from Central Board of Direct Taxes (CBDT), Enforcement Directorate (ED), Reserve Bank of India (RBI) & Financial Intelligence Unit (FIU) with Chairman, CBDT as convener to coordinate and monitor expeditious investigation in cases of Paradise Papers by each member organization Since 6.11.2017, MAG has held three meetings on 17.11.2017, 29.05.2018 & 16.11.2018.

(b) Yes, notices were issued in all specific cases with India link listed in the Paradise papers. These notices were issued on different dates to clarify whether foreign assets were disclosed in their respective Income tax returns. Based on replies received on different dates, if the foreign assets are not found declared in the Income tax returns further investigations, including making of Exchange of Information requests to foreign jurisdictions, are undertaken.

(c) The MAG coordinates and monitors the investigations by the member agencies under the respective statutes administered by them. The MAG has recommended for appropriate action in all cases of violations under the respective statutes like the Black Money (Undisclosed Foreign Income and Assets) & Imposition of Tax Act, 2015, Income tax Act, 1961, Foreign Exchange Management Act, 1999 and The Prevention of Money Laundering Act, 2002.

(d) The MAG has recommended closure in all such cases in which no irregularity is detected. Disclosure of information regarding specific taxpayers is prohibited except as provided under section 138 of the Income tax Act, 1961 and section 84 of the Black Money (Undisclosed Foreign Income and Assets) & Imposition of Tax Act, 2015.

Development Schemes in Forest Areas

1943. SHRI VINCENT H. PALA: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) the details of the steps taken to remedy the loss of about 135 hectares of natural forest land per day to development schemes;

(b) the details of the forest area in the North East Region converted into Oil-palm plantations till date;

(c) the details of the impact on environment due to loss of natural forests to Oil-palm plantations till date and the steps taken to remedy the same; and

(d) the details of the steps taken to protect the threatened western Hoolock Gibbon as its habitats in the North-Eastern Forests are undergoing rapid change due to conversion of natural forests into Oil-palm plantations?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) It is not true that 135 hectares of natural forest land is lost per day for development works. However, for various developmental activities in the country, prior approval for diversion of the forest is granted by the Central Government under Forest (Conservation) Act, 1980. The year-wise details of forest land diverted for various developmental activities are given in enclosed Statement-I. In order to compensate the loss of forest, compensatory afforestation is being carried by the forest department, on equal non forest land and/or

degraded forest land. The details of compensatory afforestation during 1980 to 2017 as reported by States/ Union Territories are given in Statement-II.

(b) and (c) The Ministry has not received any information regarding conversion of forest area in North East Region into Oil Palm Plantation. However, as per information received from Arunachal Pradesh Forest Department, experimental oil palm plantation over an area of 15 hectares was taken up by Arunachal Forest Corporation way back prior to 1994 which was not successful. Therefore, there is no impact on environment due to oil palm plantation.

(d) There is no change in the habitats of the western Hoolock Gibbon in North Eastern forests. However, Arunachal Pradesh Forest Department and Nagaland Forest Department has taken following steps to protect the western Hoolock Gibbon.

- (i) Conservation breeding of hoolock gibbon has been taken up in Itanagar biological park area.
- (ii) Natural habitat area of western hoolock gibbon has been declared as National Parks/Wild Life Sanctuaries (Protected Areas) in the State for its conservation. Various National Parks/Wild Life Sanctuaries having viable hoolock gibbon population are Namdapha National Park, Mehao Wild Life Sanctuaty, Kamlang Wild Life Sanctuary.
- (iii) Nagaland Forest Department has taken a series of awareness programme involving villagers, students, district administration, churches and other stakeholders on co-existence of human beings with wild animals including western hoolock gibbon and its habitats.

Statement-I

Diversion of forest land in last three years and current year under Forest (Conservation) Act, 1980

Sl. No.	State/UT	2015	2016	2017	2018	Total
		Area Diverted	Area Diverted	Area Diverted	Area Diverted	Area Diverted
1	2	3	4	5	6	7
1	Andaman and Nicobar	14.88	5.26	0.00	0.00	20.14
2	Andhra Pradesh	2056.29	175.38	1219.08	23.81	3474.57
3	Arunachal Pradesh	46.21	182.30	222.86	0.00	451.37
4	Assam	0.00	0.00	0.00	0.00	0.00
5	Bihar	75.19	186.32	414.04	453.84	1129.38
6	Chandigarh	0.37	0.02	0.00	0.00	0.39
7	Chhattisgarh	2355.29	397.74	688.30	329.54	3770.87
8	Dadar and Nagar Haveli	0.00	1.50	0.70	3.20	5.40
9	Daman and Diu	0.00	0.00	0.00	0.00	0.00
10	Delhi	12.00	0.00	0.00	0.00	12.00
11	Goa	0.00	0.00	41.59	1.16	42.75
12	Gujarat	520.68	386.84	13.87	1086.69	2008.07
13	Haryana	267.54	427.65	260.46	524.93	1480.58
14	Himachal Pradesh	261.47	21.06	225.26	394.67	902.46
15	Jammu and Kashmir	0.00	0.00	0.00	0.00	0.00

1	2	3	4	5	6	7
16	Jharkhand	190.40	303.82	25.17	166.52	685.90
17	Karnataka	120.84	316.90	320.10	26.91	784.75
18	Kerala	0.00	13.69	0.00	2.13	15.82
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	3075.92	686.69	2817.17	6150.97	12730.75
21	Maharashtra	655.71	2047.33	800.58	205.57	3709.19
22	Manipur	117.64	87.00	58.56	0.00	263.20
23	Meghalaya	138.11	0.00	4.82	0.00	142.93
24	Mizoram	0.00	0.24	0.00	0.00	0.24
25	Nagaland	0.00	0.00	0.00	0.00	0.00
26	Odisha	1291.12	765.10	374.49	2537.57	4968.28
27	Puducherry	0.00	0.00	0.00	0.00	0.00
28	Punjab	171.87	76.59	566.44	561.27	1376.17
29	Rajasthan	265.48	189.79	2088.54	246.17	2789.97
30	Sikkim	9.36	12.28	2.05	0.61	24.30
31	Tamil Nadu	481.27	33.17	0.76	27.19	542.40
32	Telangana	2410.41	12.54	4876.18	57935	7878.48
33	Tripura	59.43	12.74	3.33	8.48	83.98
34	Uttar Pradesh	159.56	0.00	4.20	0.00	163.76
35	Uttarakhand	18.98	1524.96	548.75	729.92	2822.61
36	West Bengal	0.00	170.22	108.64	12.29	291.15
Total		14776.03	8037.16	15685.91	14072.79	52571.89

Statement-II

			1	2	3
<i>Compensatory Afforestation achieved from 1980 to 2017 as reported by States/Union Territories from time to time</i>			3	Arunachal Pradesh	11717.49
			4	Assam	7874.00
			5	Bihar	4304.40
			6	Chandigarh	75.40
			7	Chhattisgarh	48809.77
			8	Delhi	107.79
			9	Goa	1829.62
			10	Gujarat	84811.66
			11	Haryana	6861.30
Sl. No.	Name of States	Compensatory Afforestation			
1	2	3			
1	Andaman and Nicobar Islands	2353.97			
2	Andhra Pradesh	31457.52			

1	2	3
12	Himachal Pradesh	24008.50
13	Jammu and Kashmir	37091.93
14	Jharkhand	25246.73
15	Karnataka	28067.00
16	Kerala	58578.40
17	Madhya Pradesh	136059.18
18	Maharashtra	97565.00
19	Manipur	5327.23
20	Meghalaya	611.00
21	Mizoram	7264.58
22	Odisha	55654.71
23	Punjab	13749.00
24	Rajasthan	40136.40
25	Sikkim	3667.43
26	Tamil Nadu	3702.00
27	Tiripura	5594.00
28	Telangana	11480.00
29	Uttar Pradesh	19156.47
30	Uttarakhand	38415.07
31	West Bengal	3583.79
	Grand total	815161.33

Environmental Impact Assessment Notification

1944. SHRI ABHISHEK SINGH: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Union Government is aware of the various issues faced by State Governments due to environmental impact assessment notification 2006 which causes delay in important projects;

(b) if so, the details thereof;

(c) whether the Union Government is considering to broaden the scope of State Government defined under this notification; and

(d) if so, the details thereof and if not, the reasons there for?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (d) The Environment Impact Assessment Notification, 2006 is aimed at improving the quality of environment while promoting sustainable development. Any problems faced by Project Proponents is brought to the notice of the Union Government from time to time and necessary streamlining of the process of grant of Environment Clearance under the EIA Notification is undertaken through necessary amendments in the notification. The system is now highly transparent and lays down clear guidelines for grant of EC in time bound manner. Category 'A' projects are granted clearance by the Central Government in the Ministry; whereas, Category 'B' projects are granted clearance by the State Environment Impact Assessment Authority (SEIAA); and Category 'B2' projects for mining of minor minerals are granted clearance by the District Environment Impact Assessment Authority (DEIAA). The Ministry has also launched 'Integrated Environment System' named 'PARIVESH' for grant of environment, forest, wildlife and CRZ clearances, which automates the entire process and facilitates sound and informed decision making in a time bound manner.

The Ministry has taken several steps for streamlining of environmental process which, inter alia include broadening the scope of State Government by expanding level of delegation to SEIAA and DEIAA; empowering the local bodies to prescribe the environmental conditions for construction or building projects of built-up area up to 50,000 sq. m; online system of processing of environmental clearances; introduction of Short Message Service (SMS) functionality for project proponent; auto alert system; separate module to track the progress of recommended projects; etc.

[*Translation*]

Compliance of CSR

1945. SHRI DEVJI M. PATEL: Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether some private companies and multinational companies like Apple India, Pfizer and Nestle India are insensitive towards society as the Oracle Financial Services spent only Rs. 32.95 crore, Apple India spent only Rs. 1.12 crore against a prescribed amount of Rs. 5.45 crore and BMW India spent only Rs. 0.02 crore against a prescribed amount of Rs. 0.47 crore;

(b) if so, the details thereof and the action taken by the Government against such private and multinational companies for not fulfilling their responsibilities under the Corporate Social Responsibility (CSR); and

(c) whether the Government has taken any concrete step to make these companies accountable towards society and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) As per the data obtained from the filings made by the companies upto 30.06.2018 in the MCA 21 registry for the financial years 2014-15, 2015-16 and 2016-17, the expenditure made by the subject companies on CSR is given in the Table below.

(Rs. in Crore)

Particulars	FY 2014-15		FY 2015-16		FY 2016-17	
	Prescribed Amount	Amount Spent	Prescribed Amount	Amount Spent	Prescribed Amount	Amount Spent
Apple India Private Limited	5.45	1.12	4.81	9.26*	6.70	8.41
BMW India Private Limited	2.11	2.12	1.82	1.83	1.89	1.95
Oracle Financial Services Software Limited	32.95	11.93	33.44	24.85	33.53	33.72
Pfizer Limited	6.02	1.29	6.25	6.44	7.04	7.88
** Nestle India Limited	30.7	8.51	33.29	20.61	28.33	31.36

* includes unspent amount of Rs. 4.32 crore for the FY 2014-15.

** accounting year is calendar year.

Section 135 (3) & (4) of the Companies Act, 2013 ('the Act') empowers the Board of the company, and its CSR Committee to select programmes/ projects/ activities to be undertaken, allocation and utilization of CSR funds towards such activities. The Act provides the Board of a company to specify reasons for not/under spending the prescribed Corporate Social Responsibility amount and disclose the same in its Board Report.

(b) and (c) Whenever, violation of CSR provision is detected, the Registrar of Companies initiates action against such non-compliant companies after due examination of records. Further, 295 prosecutions have been sanctioned for the financial year 2014-15 and 33 companies have filed application for compounding for the same year. On the basis of scrutiny, call for information letters to 5,382 companies have been issued for the financial year 2015-16. Ministry has established Centralized Scrutiny and Prosecution Mechanism in April, 2018 for the financial year 2015-16 onwards on pilot basis for enforcement of CSR provisions.

[English]

Review of Competition Law

1946. DR. P. VENUGOPAL: Will the Minister off CORPORATE AFFAIRS be pleased to state:

(a) whether the Government has constituted a panel to review the competition law and if so, the details thereof;

(b) whether the Committee would also look into international best practices in the competition fields, especially anti-trust laws, merger guidelines and handling cross border competition issues and if so, the details thereof; and

(c) whether the Committee will also study the regulatory regimes/institutional mechanisms/Government policies which overlap with the Competition Act and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) to (c) The Government vide office order dated 1st October, 2018 constituted a Competition Law Review Committee under the chairmanship of Secretary, Corporate Affairs. The terms of reference of the Committee are:-

(i) To review the Competition Act/Rules/Regulations, in view of changing business

environment and bring necessary changes, if required;

- (ii) To look into international best practices in the competition fields, especially anti-trust laws, merger guidelines and handling cross border competition issues;
- (iii) To study other regulatory regimes/institutional mechanisms/ government policies which overlap with the Competition Act;
- (iv) Any other matters related to competition issue and considered necessary by the Committee.

CSR on Statue of Unity

1947. SHRI RAVNEET SINGH: Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether expenditure on the Statue of Unity in Gujarat would qualify as Corporate Social Responsibility (CSR) under section 135 of the Companies Act, 2013 and if so, the details thereof indicating the item in Schedule VII;

(b) whether the Registrar of Companies (ROC) has any data regarding Public Sector Undertakings (PSUs) which spent their CSR on the Statue of Unity especially Oil and Natural Gas Corporation (ONGC) and if so, the details thereof;

(c) whether the Government has taken cognizance that the Comptroller and Auditor General of India (CAG) has pointed out in its audit that the expenditure of CSR funds by a PSU for the Statue of Unity is highly irregular and if so, the response of the Government thereon; and

(d) whether the Government proposes to appoint a committee to probe against the audit committees as well as senior management of the PSUs who spent their CSR on the Statue of Unity, if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) and (b) Section 135 of the Companies Act, 2013, Schedule VII and the Rules made thereof read with General Circulars dated 18th June 2014 and 12th January 2016 issued by this Ministry provide the broad contour within which the Board of the eligible companies for Corporate Social Responsibility (CSR) are empowered to formulate their CSR policies for allocation of fund

including the projects/activities to be undertaken, etc. The details of project undertaken by the Company is not maintained separately by the Ministry. Details of company-wise projects undertaken (including PSUs) for the financial years i.e. 2014-15, 2015-16 and 2016-17 are available at National CSR Data Portal of this Ministry (www.csr.gov.in) which displays disclosures made by companies at MCA 21 registry.

(c) No Madam.

(d) The Ministry has no such proposal.

Child Deaths

1948. SHRI MULLAPPALLY RAMACHANDRAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of deaths of children reported in the last four years and the current year due to lack of emergency health care in Government hospitals, State/ UTwise;

(b) whether the Government has sought any report on such incidents;

(c) if so, the details thereof and the action taken thereon;

(d) whether Government has taken necessary measures to prevent such incidents; and

(e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (e) No reports of deaths of children due to lack of emergency health care in Government hospitals has been received by Ministry of Health and Family Welfare (MoHFW) from the States/UTs.

Any media reports on incidents of cluster deaths of newborn and child deaths and regular review of mortality data in SNCUs by Govt. of India at public health facilities is given highest priority. It is evaluated by Central and State teams and the findings/recommendations are disseminated to the concerned state for taking appropriate action.

A letter from Ministry of Health and Family Welfare (MoHFW) regarding improving the quality of care has been sent to all the States/ UTs urging them to follow standard operational guidelines, treatment protocols and ensure availability of functioning equipments and

commodities, adequate and trained service providers. States / UTs have also been requested to undertake regular reviews and ensure gaps identified in the facilities are addressed on priority and approvals sought under National Health Mission (NHM), as necessary.

Issues faced by Traditional Ayurveda Practitioners

1949. SHRI M.B. RAJESH: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether the Government is aware of issues faced by traditional Ayurveda practitioners;

(b) if so, whether the Government proposes to address their issues and initiate schemes to support them; and

(c) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) to (c) Ministry of AYUSH is concerned with only recognized systems of Indian Medicines which includes Ayurveda, Yoga & Naturopathy, Unani, Siddha and Sowa-Rigpa as well as Homoeopathy and its registered practitioners. Traditional practitioners do not come under the purview of the Ministry.

[Translation]

Forest Land

1950. DR. BANSHILAL MAHATO: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has taken cognizance of the study carried out by Centre for Science and Environment which suggests that most of the forest land in the country has been used for mining purposes;

(b) if so, the details thereof;

(c) whether the Government has raised this issue with the State Governments to take stringent action against illegal mining and deforestation; and

(d) if so, reaction of the State Government thereto?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) No Madam.

(c) and (d) Cases of illegal mining and deforestation are dealt at state level under the provisions of various Forest Acts and The Mines and Minerals (Development and Regulation) Act, 1957 (MMDR Act).

[English]

Information in NEET Booklet

1951. SHRIMATI MAUSAM NOOR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the NEET medical entrance examinations (Undergraduate) 2019 information booklet released in November 2018, has not included the updated information or revised guidelines for candidates with disabilities and if so, the details thereof and the reasons therefor;

(b) whether representations have been received by the Government in this matter citing that it is discriminatory for the National Testing Agency to commence the online application process for NEET 2019 owing to this situation; and

(c) if so, the details thereof and the corrective steps taken by the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) The Information Bulletin of NEET (UG) -2019 published by National Testing Agency (NTA) in November, 2018 clearly specifies that the eligibility and other conditions for the candidates under disabilities category shall be as per the guidelines of Medical Council of India (MCI).

The matter of prescribing upper limit of disabilities was examined in the MCI, Directorate General of Health Services (DGHS) and in the Ministry of Health & Family Welfare and the same was also deliberated with the stakeholders and experts of the concerned specialty.

Accordingly, the Board of Governors appointed in supersession of MCI has finalized the draft for prescribing upper limit of disabilities and eligibility of a candidate to pursue medicine under persons with disability category. The draft guidelines have been hosted on the website of MCI inviting the comments of the public. The National Testing Agency (NTA) has been advised by the Ministry that the candidates with disabilities may be allowed to fill the application form of NEET (UG) - 2019 on the basis of the draft guidelines placed on the website of the MCI. In case, changes are made in the draft notification after

analyzing the public comments by MCI, the candidate may be asked to correct the particulars of the application in January - 2019, as a period of 15 days has already been provided for making such correction in the schedule prescribed by NTA.

Accordingly, a Public Notice dated 29.11.2018 has been hosted by the NTA on its website informing all the concerned about the said decision. Further, the last date for online submission of application for NEET (UG) - 2019 has also been extended from 30.11.2018 to 07.12.2018, to facilitate candidates to apply for the said examination.

Basic Medical Facilities in Tribal Areas

1952. SHRI JITENDRA CHAUDHURY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is fact that there is a lack of basic medical facilities in tribal areas in the country, if so, the details thereof;

(b) whether the Government proposes to set up more Government hospitals in tribal areas of the country; and

(c) if so, the details thereof and necessary steps taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) As per Rural Health Statistics Bulletin 2017-18, the state-wise details of number of Sub Centres, Primary Health Centres (PHCs) & Community Health Centres (CHCs) and shortfall in tribal areas is enclosed as Statement.

(b) and (c) "Public Health & hospital" being a State subject, the primary responsibility of setting up of government hospitals in the tribal areas is that of respective State/ UT governments. Under National Health Mission (NHM), support is being provided to States for strengthening their healthcare system including for upgradation of existing and setting up new public health infrastructure based on requirements posed by the States/ UTs in their Programme Implementation Plans. Under NHM, tribal areas already enjoy relaxed norms for setting up public health facilities including time to care" norm for setting up sub health Centres in tribal areas within 30 minutes of walk from habitation and relaxed norm for Mobile Medical Units for tribal areas one MMU exceeds 30 patients per day against 60 patients per day in plain areas for bringing healthcare delivery to the doorsteps of the population.

Statement

Number of Sub Centres, PHCs & CHCs in Tribal Areas

(As on 31st March, 2018)

Sl. No.	State/ UT	Sub Centres			PHCs			CHCs		
		R	P	S	R	P	S	R	P	S
1	2	3	4	5	6	7	8	9	10	11
1	Andhra Pradesh	764	804	**	114	153	**	28	19	9
2	Arunachal Pradesh*	263	312	**	39	143	**	9	63	**
3	Assam	1221	768	453	183	176	7	45	26	19
4	Bihar	423	NA	NA	63	NA	NA	15	NA	NA
5	Chhattisgarh	2410	2811	**	361	396	**	90	80	10
6	Goa	29	66	**	4	8	**	1	1	0
7	Gujarat	2673	2775	**	401	421	**	100	92	8
8	Haryana *	N App	N App	N App	N App	N App	N App	NApp	N App	N App
9	Himachal Pradesh	124	104	20	18	47	*	4	8	**

1	2	3	4	5	6	7	8	9	10	11
10	Jammu and Kashmir	468	307	161	70	48	22	17	11	6
11	Jharkhand	2622	2465	157	393	165	228	98	94	4
12	Karnataka	1143	321	822	171	64	107	42	7	35
13	Kerala	144	831	**	21	137	**	5	12	**
14	Madhya Pradesh	4758	3545	1213	713	332	381	178	104	74
15	Maharashtra	3002	2057	945	450	315	135	112	67	45
16	Manipur	263	234	29	39	53	**	9	7	2
17	Meghalaya #	712	443	269	106	108	**	26	28	**
18	Mizoram #	169	370	**	25	57	**	6	9	**
19	Nagaland #	435	396	39	65	126	**	16	21	**
20	Odisha	2998	2701	297	449	427	22	112	133	**
21	Punjab *	N App	N App	N App	N App	N App	N App	N App	N App	N App
22	Rajasthan	2897	1659	1238	434	210	224	108	65	43
23	Sikkim	55	48	7	8	12	**	2	0	2
24	Tamil Nadu	220	432	**	33	105	**	8	25	**
25	Telangana	979	698	281	146	93	53	36	23	13
26	Tripura	372	484	**	55	48	7	13	9	4
27	Uttarakhand	88	148	#*	13	12	1	3	5	**
28	Uttar Pradesh	343	NA	NA	51	NA	NA	12	NA	NA
29	West Bengal	1618	3206	**	242	300	**	60	104	**
30	Andaman and Nicobar Island	8	41	**	1	4	**	0	1	*
31	Chandigarh *	N App	N App	N App	N App	N App	N App	N App	N App	N App
32	Dadra and Nagar Haveli#	50	46	4	7	7	0	1	0	1
33	Daman and Diu	2	5	**	0	0	0	0	0	0
34	Delhi *	N App	N App	N App	N App	N App	N App	N App	N App	N App
35	Lakshadweep# (2)	4	14	**	0	4	**	0	3	**
36	Puducherry *	N App	N App	N App	N App	N App	N App	N App	N App	N App
All India/Total		31257	28091	5935	4675	3971	1187	1156	1017	275

Notes: The requirement is calculated using the prescribed norms on the basis of rural population from Census, 2011. All India shortfall is derived by adding state-wise figures of shortfall ignoring the existing surplus in some of the states.

R: Required; P: In Position; S: Shortfall;

** : Surplus, * : State / UT has no separate Tribal Area / Population;

: States are predominantly tribal areas

(2) The population is less than the norm (CHC) of 80,000.

N App - Not applicable

N A - Data not available

[*Translation*]

GST Reverse Charge Mechanism

1953. SHRI JANAK RAM: Will the Minister of FINANCE be pleased to state:

(a) the details of Reverse Charge Mechanism under Goods and Services Tax (GST) along with the problem being faced by industries due to the said provision;

(b) the time by which Reverse Charge Mechanism is likely to be removed; and

(c) whether the Government proposes to amend the rules of Reverse Charge Mechanism and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) The legal provisions pertaining to payment of tax on reverse charge basis are contained in sub-sections (3) and (4) of section 9 of the Central Goods and Services Tax Act, 2017 (CGST Act for short) and sub-sections (3) and (4) of section 5 of the Integrated Goods and Services Tax Act, 2017 (IGST Act for short).

The trade and industry bodies, especially small and medium enterprises, highlighted the fact regarding the increase in compliance burden and higher cost of business due to the liability to pay tax on reverse charge basis in specified cases.

(b) The provisions of sub-section (4) of section 9 of the CGST Act and sub-section (4) of section 5 of the IGST Act have been suspended till 30th September, 2019 vide notification No. 22/2018-Central Tax (Rate) dated 06th August, 2018 and notification No. 23/2018-Integrated Tax (Rate) dated 06th August, 2018 respectively.

However, it may be noted that the provisions of sub-section (3) of section 9 of the CGST Act and sub-section (3) of section 5 of the IGST Act which provide for payment of tax on reverse charge basis by the recipient of certain specified categories of supply of goods or services or both are still in operation. Notifications No. 4/2017-Central Tax (Rate) and No.4/2017-Integrated Tax (Rate) both dated 28.06.2017 specify certain supplies of goods on which tax shall be payable by the recipient on reverse charge basis while notifications No. 13/2017-Central Tax (Rate) and No.10/2017-Integrated Tax (Rate) both dated 28.06.2017 specify certain supplies of services on which tax shall be payable by the recipient on reverse charge basis.

(c) Sub-section (4) of section 9 of the CGST Act and sub-section (4) of section 5 of the IGST Act have been amended vide the CGST (Amendment) Act, 2018 and the IGST (Amendment) Act, 2018 respectively so as to provide that the Government, on the recommendations of the Council, by notification, may specify a class of registered persons who shall, in respect of supply of specified categories of goods or services or both received from an unregistered supplier, pay tax on reverse charge basis as the recipient of such supply of goods or services or both. The said amendment Acts received the assent of the Hon'ble President of India on 29th August, 2018 but the amended provisions shall come into force on a date to be notified by the Central Government.

[*English*]

Unethical Marketing Practices

1954. SHRI SANJAY DHOTRE:
SHRI RAHUL SHEWALE:
SHRI BHARTRUHARI MAHTAB:

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

(a) the incidents of unethical marketing practices by pharmaceutical companies which have come to the notice of the Government during each of the last three years and the current year, State/UT-wise and company-wise along with action taken/being taken by the Government in such cases so far;

(b) whether the Uniform Code for Pharmaceutical Marketing Practices formulated by the Government has achieved the desired results;

(c) if so, the details thereof and if not, the reasons therefor;

(d) whether the Government has received suggestions from various quarters to prevent such unethical marketing practices by the said companies during the said period; and

(e) if so, the details thereof along with the action taken/being taken by the Government on such suggestions so far?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) The Department of Pharmaceuticals has received four major complaints against some Pharmaceutical companies on unethical marketing

practices from Jan Swasthaya Abhiyan, Punjab Medical Council and some individuals. As informed by Department of Pharmaceuticals, the complaints received have been forwarded to concerned Pharma Associations for necessary action as per the provisions of the Uniform Code for Pharmaceutical Marketing Practices (UCPMP) (list as per enclosed Statement).

(b) and (c) The Department of Pharmaceuticals has prepared a Uniform Code for Pharmaceutical Marketing Practices (UCPMP) for voluntary adoption by Pharmaceutical companies with effect from 01.01.2015 as guidance to the industry for promotion and marketing of drugs and medical devices. With the voluntary adoption of UCPMP, it is expected that drug promotion is done within ethical limits and boundaries. No instances of unsuccessful implementation of UCPMP by Pharma Associations/companies have been noticed by the Government.

(d) and (e) The Department of Pharmaceuticals has received suggestions for examination relating to mandatory implementation of UCPMP from Pharma Associations in order to increase accountability and ensure high ethical standards for the pharmaceutical industry.

Statement

Major complaints against pharmaceutical companies on unethical marketing practices

- (i) Complaint dated 20.10.2015 received from Punjab Medical Council against doctors receiving financial gratifications from various Pharmaceutical companies (Eris Lifesciences Pvt. Ltd., Merck Ltd, Glenmark Pharmaceuticals Ltd., Bayer Healthcare, Lupin Ltd. MSD Pharmaceuticals Pvt. Ltd., Cryobanks International India Private Ltd., Sanofi India Ltd., Sun Pharmaceutical Industries, Life Cell International Private Ltd., USV Private Ltd., Torrent Pharma, Cordlife Sciences India Pvt. Ltd, Intas Pharmaceuticals Ltd. Abbot Healthcare Pvt. Ltd., E-Meditek (TPA) Services Limited, USV Private Ltd., Bristol-Mayers Squibb India Pvt. Ltd., CMR Lifesciences Pvt. Ltd., Boehringer Ingelheim)
- (ii) Complaint dated 16.02.2016 received from Punjab Medical Council against M/s Intas for luring doctors for prescribing their medicines by financing for their travel and stay.
- (iii) Complaint received in 2015 from Jan Swasthaya Abhiyan against various USV Private Ltd, Intas

Pharmaceutical Ltd and Meeleods Pharmaceuticals Ltd regarding giving money to doctors for promotion of their brand of medicines.

- (iv) Complaints dated 16.02.2018 received from Shri Prasanta Kumar Sen against Acinta Pharmaceuticals Private Limited for giving bribe to doctors, medical shopkeepers and unauthorised medical practitioners to sell their pharmaceutical products.

Aadhar Verification Charges

1955. SHRI PINAKI MISRA: Will the Minister of FINANCE be pleased to state:

(a) whether the banks in the country propose to transfer the charges which are levied by the Unique Identification Authority of India (UIDAI) as a cost of Aadhaar verification, to the public/customers and if so, the details thereof;

(b) whether the said charges of UIDAI on banks will be transferred to public/customers in full or partially borne by the banks; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (c) As apprised by Unique Identification Authority of India (UIDAI), it does not levy any transaction charges for either Yes/No or e-KYC authentication.

Investigation of ATM Frauds

1956. SHRI RAVINDRA KUMAR PANDEY:
SHRI NISHIKANT DUBEY:
SHRI RAJESH PANDEY:

Will the Minister of FINANCE be pleased to state:

(a) whether the ATM fraud cases are increasing in the country;

(b) if so, the details thereof and the cases registered, investigated and the action taken during the last two years and the current year;

(c) whether the Government has developed any policy/taken steps to check such frauds; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (d) As apprised by Reserve Bank of India (RBI), specific information on ATM fraud is not available. However,

number of Debit card related ATM frauds (amount involved of Rs. 1 lakh and above) during last three financial year and current financial year (upto 30th September, 2018), as reported by RBI is provided below:

Number of Debit Card related ATM Frauds reported during the last 3 years and the current year (Amount involved Rs 1 lakh and above)

2015-16	2016-17	2017-18	2018-19 (Upto 30 Sept 2018)
563	724	911	507

Further, vide RBI's Master Circular on 'Frauds-Classification and Reporting', dated 1.7.2015, concerned banks are advised to examine the fraud cases and report them to law enforcement agencies, examine staff accountability, complete proceedings against the erring staff expeditiously, take steps to recover the amount involved in the fraud, claim insurance wherever applicable and streamline the system as also procedures so that frauds do not recur.

As per RBI's circular on 'Customer Protection - Limiting Liability of Customers in Unauthorised Electronic Banking Transactions' dated 6.7.2017, in case of unauthorised transactions occurring due to contributory fraud/negligence/deficiency on the part of the bank and due to third party breach with customer notifying the bank within three working days of receiving communication from the bank regarding the unauthorised transaction, the customer is entitled to zero liability.

RBI, vide its circular dated 21.6.2018 on 'Control measures for ATMs - Timeline for compliance', has advised banks to initiate immediate action to implement the control measures for ATM, including up-gradation of software in a time bound manner and to closely monitor the compliance.

Further, RBI, vide its circular dated 27.8.2015 on 'Security and Risk Mitigation Measures for Card Present and Electronic Payment Transactions - Issuance of EMV Chip and PIN Cards', has advised banks to ensure that by December 31, 2018 all active cards issued by them are EMV Chip and Pin-based.

Vide the circular of RBI dated 6.7.2017 as mentioned above, banks are advised to provide customers with 24x7 access through multiple channels (at a minimum, via website, phone banking, SMS, e-mail, IVR, a dedicated

toll-free helpline, reporting to home branch, etc.) for reporting unauthorised transactions that have taken place and/ or loss or theft of payment instrument such as card, etc.

Handigodu Syndrome

1957. SHRI D.K. SURESH:
SHRI NALIN KUMAR KATEEL:

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

(a) whether the Union Government is aware that Handigodu Syndrome (HS) or Handigodu Joint Disease (HJD) is a crippling disorder endemic to Malenadu (Malnad) region in Southern India;

(b) if so, the details thereof along with the number of deaths reported due to the said disease in the country during the last three years;

(c) whether the Government is aware that hundreds of people are still suffering due to Handigodu disease in the State of Karnataka and if so, the details thereof;

(d) whether the patients, who suffer from Handigodu disease are not getting proper medical care and if so, the reasons therefor; and

(e) whether the Government proposes to take immediate measures to provide necessary medicines and medical treatment to cure the disease and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) Yes. Cases of Handigodu Syndrome (HS) disease have been reported from the Malenadu region.

(b) and (c) As per information received from the State Government of Karnataka, a total No. of 495 cases of Handigodu Syndrome disease have been identified from the Chikkamagaluru and Shivamogga districts since 1975. No new cases have been reported since 2005. During the last 3 years, 25 deaths out of the said 495 cases have been reported due to different causes not entirely attributed to the Handigodu Syndrome disease.

(d) Details of treatment provided to the patients of Handigodu disease are as under:

(i) Government of Karnataka has established one Mobile Medical Unit at Sagar taluk of

Shivamogga district with a Specialist (Orthopaedic) doctor and one female health assistant who makes house to house visits to provide medical care to the affected persons. Patients are also referred to hospitals for X-ray, physiotherapy and other medical treatment, if required.

- (ii) Government of Karnataka is giving a monthly pension of Rs.1400/- to the affected and disabled patients.
- (iii) The State Government has established a free residential school where nutritional food is provided to the children of the affected persons. 40 children are availing this facility.

(e) The Government of Karnataka is providing all the identified patients free treatment for the general ailments and physiotherapy. There is no cure available to the disease at present. Patients are getting treatment symptomatically.

AMRIT Stores

1958. SHRI M. CHANDRAKASI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the objectives and salient features of AMRIT scheme run by the Government;

(b) the number of AMRIT stores in the country as on date, State/UT-wise and the details of AMRIT Pharmacies proposed to be set up in the next few years; and

(c) the number of medicines/drugs/ medical devices presently made available through these stores and the average percentage price reduction available in AMRIT stores?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) AMRIT (Affordable Medicines and Reliable Implants for Treatment) Pharmacies are being opened and operated by M/s.HLL Lifecare Ltd., a Central Public Sector Undertaking (CPSU) of Ministry of Health & Family Welfare, with an objective of providing affordable medicines for treatment of Cancer, Cardiovascular and other diseases, stents, implants, surgical disposables and other consumables, thereby reducing the out of pocket expenses.

(b) As informed by HLL Lifecare Ltd., at present, 146 AMRIT pharmacies are operational in the country.

The State/UT-wise list of operational AMRIT stores is at enclosed Statement.

State Governments and Central Government PSUs have been informed regarding AMRIT pharmacies and M/s HLL Lifecare Ltd. has been directed to consider the requests of State Governments and CPSUs for opening of AMRIT pharmacies at major State Government hospitals/ Institutions/CPSU. The action for opening additional 43 AMRIT stores is underway.

(c) The AMRIT pharmacies makes available more than 5200 Stock Keeping Units (SKUs) in the cardiovascular, cancer and diabetes drug segments and stents, implants, surgical disposables and other consumables. The average discount that patients can avail at AMRIT stores ranges from 50% to 55%.

Statement

State/UT-wise list of operational AMRIT stores

Sl. No.	State/UT	Name of Hospital where AMRIT Store is operational
1	2	3
1	Assam	AMRIT, GMCH, Guwahati
2		Amrit Gmch Unit 2, Guwahati
3		AMRIT, AMCH, Dibrugarh
4		AMRIT, FA AMCH, Barpeta
5		AMRIT, JMCH, Jorhat
6		AMRIT, TMCH, Tezpur
7		AMRIT, SMCH, Silchar
8		AMRIT, Mahendra Mohan Choudfiari Hospital
9		AMRIT, Civil Hospital, Baksa
10		AMRIT, Civil Hospital, Sonapur
11		AMRIT, Civil Hospital, Bongaigaon
12		AMRIT, Civil Hospital Goalpara
13		AMRIT, Civil Hospital, Kokrajhar
14		AMRIT, Civil Hospital, Nalbar1
15		AMRIT, Civil Hospital, Morigaon
16		AMRIT, Civil Hospital, Nagaon

1	2	3	1	2	3
17		AMRIT, Tolaram Bafna Civil Hospital, Amingaon	38		AMRIT Pharmacy - Pandit Bhagwat Dayal Sharma Post Graduate Institution of Medical Sciences (Pg1ms), Rohtak, Haryana
18		AMRIT, Kanaklata Civil Hospital, Tezpur			
19		AMRIT, Mangaldai Civil Hospital, Darrang	39		AMRIT Pharmacy - Shaheed Hasan Khan Mewati Government Medical College (Shkm), Nalhar, Mewat
20		AMRIT, North Lakhimpur Hospital			
21		AMRIT, Sivasagar Civil Hospital, Joysagar	40	Himachal Pradesh	AMRIT, Rcc, Igmc, Shimla
22		AMRIT, Kushal Konwar Civil Hospital, Golaghat	41		AMRIT, Dr. Rajendra Prasad Government Medical College Kangra, Tanda, Kangra
23		AMRIT, Cancer Hospital, Guwahati	42		AMRIT Pharmacy - Nahan, Sirmour
24		AMRIT, Civil Hospital, Barnagaon, Udalguri	43	Karnataka	AMRIT, National Institute Of Mental Health And Neurosciences, Bangalore
25	Bihar	AMRIT, Igms Patna	44	Kerala	AMRIT, Akkulam, Thiruvananthapuram
26		AIIMS, Patna	45		AMRIT, District Hospital, Peroorkada
27	Chandigarh	AMRIT, Nehru Hospital, Pgimer, Chandigarh	46	Madhya Pradesh	AMRIT, Aiims, Bhopal
28		AMRIT, Advanced Cardiac Centre (ACC), Chandigarh	47		AMRIT, MGM Medical College and Hospital, M.Y., Indore
29		AMRIT, Gmch, Sector 32	48		AMRIT, Hamedia Hospital, Gandhi Medical College, Bhopal
30		AMRIT, Advanced Eye Centre(Aec), Chandigarh	49		AMRIT, Netaji Subhash Chanda Bose Medical College, Jabalpur
31		AMRIT, Opticals, Aec, Pgimer Chandigarh	50		AMRIT, Shyam Shah Medical College, Rewa
32		AMRIT, Advanced Paediatric Centre, PGIMER, Chandigarh	51		AMRIT, Bundelkhand Medical College, Sagar
33		AMRIT, Advanced Trauma Centre, PGIMER, Chandigarh	52		AMRIT, Medical College, Gwalior
34	Chhattisgarh	AMRIT, AIIMS, Raipur	53	Maharashtra	AMRIT, ESIS Worli
35		AMRIT-JNH & RC, SAIL, Bhilai	54		AMRIT, ESIS Mulund
36	Haryana	AMRIT Pharmacy - Municipal Corporation, Gurgaon	55		AMRIT, ESISNagpur
37		AMRIT, Kalpana Chawla Government Medical College, Karnal, Haryana			

1	2	3
56		AMRIT, Chandrapur Medical College
57		AMRIT, Vasant Rao Naik Medical College, Yavatmal
58		AMRIT, Indira Gandhi Medical College, Nagpur
59		AMRIT, Super Speciality Hospital, Nagpur
60	Manipur	AMRIT, Rims, Imphal
61	Meghalaya	AMRIT, Neigrims, Shillong
62		AMRIT, Civil Hospital, Shillong
63	New Delhi	AMRIT, AIIMS, New Delhi
64		AMRIT, RML, New Delhi
65		AMRIT, LHMC, New Delhi
66		AMRIT, Safdarjung Hospital
67		AMRIT, Charak Palika Hospital
68	Odisha	AMRIT, AIIMS, Bhubaneswar
69		AMRIT, NALCO, Bhubaneswar
70	Puducherry	AMRIT, JIPMER, Puducherry
71	Punjab	AMRIT, Sangroor, PGI Outreach OPD
72		AMRIT, Guru Gobind Medical College Hospital, Faridkot, Punjab
73		AMRIT, Cancer Care Hospital, Bhatinda, Punjab
74		AMRIT, Civil Hospital, Jalalabad, Punjab
75.	Rajasthan	AMRIT, AIIMS, Jodhpur
76	Tamil Nadu	AMRIT, Neyveli Lignite Corporation, Neyveli
77	Tripura	AMRIT, RCC Agartala
78	Uttar Pradesh	AMRIT, BHU, Varanasi
79		AMRIT, King George Medical University, Old OPD, Lucknow

1	2	3
80		AMRIT, Shatabdi Phase-1 King George Medical University, Lucknow
81		AMRIT, Ortho Block, KGMU, Lucknow
82		AMRIT, New OPD Block, KGMU, Lucknow
83		AMRIT, Queen Mary, KgmU, Lucknow
84	Uttar Pradesh	AMRIT, Brd Medical College, Gorakhpur
85		AMRIT, Swaroop Rani, Hospital, MLN, Allahabad
86		AMRIT, GSVM, LLR Hospital, Kanpur
87		AMRIT, Maharani Laxmi Bai Medical College, Jhansi
88		AMRIT, LPS Institute of Cardiology (IOC),GSVM Medical College, Kanpur
89		AMRIT, LLRM Medical College, Meerut
90	Uttarakhand	AMRIT, AIIMS, Rishikesh
91	West Bengal	AMRIT, Chittaranjan National Cancer Institute, Kolkatta
92	Gujarat	AMRIT DDPMJAS Civil Hospital, Ahmedabad
93		AMRIT DDPMJAS, Junagadh Gmers
94		AMRIT DDPMJAS, Vs Hospital Ahmedabad
95		AMRIT DDPMJAS LG Hospital Ahmedabad
96		AMRIT DDPMJAS Civil Hospital, Sola
97		AMRIT DDPMJAS GMERS, Gandhinagar
98		AMRIT DDPMJAS Gmers Himmantnagar

1	2	3
99	AMRIT DDPMJAS Civil Hospital Surat	
100	AMRIT DDPMJAS PDU Rajkot	
101	AMRIT DDPMJAS GG Hospital Jamnagar	
102	AMRIT DDPMJAS SIT Medical College Bhavnagar	
103	AMRIT DDPMJAS SSG Hospital Vadodara	
104	AMRIT DDPMJAS Sharda Behen Hospital, Saraspur, Ahmedabad	
105	AMRIT DDPMJAS Gujarat Medical & Education Research Society	
106-146	Deendayal Pharmacies at 20 District and 21 SDHs I	

[*Translation*]

MBBS Course

1959. SHRI AJAY MISRA TENI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government proposes to start MBBS course during the current academic session in all the newly opened All India Institutes of Medical Sciences (AIIMS) in the country;

(b) if so, the details thereof along with the institute-wise number of seats available; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) In the current academic session, MBBS Course of batch size of 50 each has already been started in AIIMS, Mangalagiri and AIIMS Nagpur.

[*English*]

Non-Practicing Allowance of Government Doctors

1960. SHRI MD. BADARUDDOZA KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the doctors of Government hospitals are doing private practice despite taking non-practicing

allowance, if so, the reaction of the Government thereto indicating the number of the doctors doing private practice across the country including West Bengal;

(b) whether any steps are being taken by the Government to control it, if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Health being a state subject, information pertaining to the doctors doing private practice across the country including West Bengal is not centrally maintained. As per Rule 13 of CHS Rules, 2014, persons appointed to the Central Health Service shall not be allowed private practice of any kind whatsoever including any consultation and laboratory service.

In one case reported from Central Government Health Services (CGHS) Delhi, disciplinary proceedings have been initiated against the concerned officer as per rules and procedure of the Government.

(b) and (c) As and when any instance of private practice by a Central Health Service doctor is brought to the notice of this Ministry, appropriate action is taken in the matter as per rules and procedure of the Government.

[*Translation*]

Pricing of Cancer Medicine

1961. SHRI KAPIL MORESHWAR PATIL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether as per a study the medicines used for treating cancer are costly despite the medicine prices in general being very low in the country vis-a-vis other countries;

(b) if so, the details thereof along with the reaction of the Government thereto;

(c) whether cancer drugs and its treatment is out of reach of the majority of cancer patients in the country;

(d) if so, the details thereof along with the reasons therefor; and

(e) the steps taken by the Government to ensure cancer drugs at affordable prices and treatment free of cost for cancer patients in all the hospitals in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA

PATEL): (a) and (b) As per a study based on the list prices, there is large difference in median retail prices of 23 cancer drugs across seven countries under study. The study identified highest retail price in the United States of America and the lowest in India and South Africa.

Many of the Cancer drugs are costly. However, First Schedule of Drug Pricing Control Order (DPCO), 2013 also contains drugs used for the treatment of Cancer for which ceiling prices have been fixed.

(c) to (e) The cost of treatment of Cancer depends on various factors including, inter alia, the stage of diagnosis, type and site of cancer and type of treatment.

The treatment of Cancer in many of State and Central Government institutions is free for BPL patients and subsidized for others. The Central Government supplements the efforts of the State Governments to prevent and control cancer and to provide affordable and accessible care. Some of the steps taken by the Central Government are as follows:

- (i) The objectives of National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) being implemented under National Health Mission (NHM) for interventions upto the district level includes awareness generation for Cancer prevention, screening, early detection and referral to an appropriate level institution for treatment. For Cancer, the focus is on three Cancer namely breast, cervical and oral.
- (ii) To enhance the facilities for tertiary care of cancer, the Central Government is implementing Tertiary Care Cancer Centre Scheme to support the setting up of State Cancer Institutes (SCI) and Tertiary Care Cancer Centres (TCCC) in different parts of the country.
- (iii) Oncology in its various aspects has focus in case of new AIIMS and many upgraded institutions under Pradhan Mantri Swasthya Suraksha Yojna (PMSSY).
- (iv) Setting up of National Cancer Institute (NCI) at Jhajjar (Haryana) and 2nd campus of Chittaranjan National Cancer Institute, Kolkata has been approved.

- (v) The Government is providing financial assistance to patients living below poverty line for life threatening diseases under the schemes such as Rashtriya Arogya Nidhi (RAN), Health Minister's Cancer Patient Fund (HMCPF) and Health Minister's Discretionary Grant (HMDG).
- (vi) Affordable Medicines and Reliable Implants for Treatment (AMRIT) Deendayal outlets have been opened at 146 Institutions/Hospitals with an objective to make available Cancer and Cardiovascular Diseases drugs and implants at discounted prices to the patients. Jan Aushadhi stores are set up by Department of Pharmaceuticals to provide generic drugs at affordable prices.
- (vii) The list of medicines specified in the National List of Essential Medicines (NLEM) which are included in the First Schedule of Drug Pricing Control Order (DPCO), 2013 also contain drugs used for the treatment of Cancer for which ceiling prices have been fixed.
- (viii) Pradhan Mantri Jan Arogya Yojna (PMJAY) is being implemented in coordination with the State Governments providing a coverage of Rs. 5,00,000/- to over more than 10 crore beneficiary families, giving cashless and paperless access to services for the beneficiary at the point of service in (both public and private) empanelled hospitals across India. More than 1350 packages have been finalized by an expert committee headed by Director General Health Services and peer reviewed by NITI Aayog. The treatment of cancer is also included under PMJAY.

[English]

Deaths due to Medical Negligence

1962. SHRI DUSHYANT CHAUTALA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that mortality rates due to medical negligence has increased during the recent years across the country, if so, the details thereof;

(b) whether the Government has conducted any survey on the deaths due to medical negligence and

formulated stringent guidelines to reduce medical errors, if so, the details thereof; and

(c) the details of steps taken by the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) Medical Council of India (MCI) with the prior approval of the Central Government has notified Indian Medical Council (Professional Conduct, Etiquette And Ethics) Regulations, 2002 to prescribe standards of professional conduct and etiquette and code of ethics for medical practitioners. The MCI or the appropriate State Medical Councils have been empowered to take disciplinary action against a doctor in case of medical negligence.

MCI informed that it has received 435 complaints with regards to medical negligence by the delinquent physicians from the year 2015 to 2017. Further, State Medical Councils also receive complaints against the delinquent physicians in the case of medical negligence and the data of the same is not maintained centrally.

[*Translation*]

Forest officers

1963. SHRI LALLU SINGH:
SHRIMATI REKHA VERMA:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) the details of the rules formulated and implemented by the Government for appointing forest officers;

(b) whether several States are not complying with these rules, if so, the details thereof and the reasons therefor;

(c) whether the untrained forest officers are being appointed arbitrarily in Maharashtra and if so, the reasons therefor; and

(d) whether these officers have passed departmental examinations and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (d) The information is

being collected from all the states, and will be laid on the table of the house.

[*English*]

GST Exemption to CPCs

1964. SHRI N.K. PREMACHANDRAN: Will the Minister of FINANCE be pleased to state:

(a) whether the Government proposes to make any statutory rules for Central Police Canteens (CPCs) and utilisation of its profit for the welfare of Central Para Military Forces (CPMFs)/serving/retired personnel and their dependants and if so, the details thereof;

(b) whether the Government proposes to exempt CPCs from Goods and Services Tax (GST) and if so, the details of the action taken thereon;

(c) whether the Government has taken cognizance that the CPCs were exempted from Value Added Tax (VAT) by the State Governments as requested by the Union Government and if so, the reasons for not giving exemption from GST;

(d) whether the Government received representations from the concerned requesting to exempt the CPCs from GST;

(e) if so, the action taken by the Government and the present status thereof; and

(f) the details of the amount earned by CPCs till this date, State-wise?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) There is no such proposal for making any statutory rules for Central Police Canteen (CPC). However, it is submitted that CPC is a non-profit, welfare-oriented venture for providing good quality daily need products at cheaper prices to serving and retired members of Central Armed Police Forces (CAPFs) and Central Police Organizations (CPOs). CPC levies Development charges @ 3% on invoice value of the product excluding GST applicable. The development charges so accrued of CPC canteens and its system at all the three tiers viz. Central Office, 119 Nos Master Canteen and 1780 Nos Subsidiary Canteens of CPC (as on date).

(b) to (e) The GST Council in its 15th Meeting held on 3.6.2017 examined this and did not recommended concession to CPCs. This issue was again placed before the GST Council in its 25th & 28th meetings. The GST

Council after observation that in pre-GST era concession to CPC was given by only certain States, did not recommend any concession to CPCs.

(f) Total profit amount for Rs. 1,065,907,138 accrued at the level of Master canteen upto 30.06.2018 as Development charges from 29 States/UTs.

Social Audit of CSR Funds

1965. SHRI PRALHAD JOSHI:
SHRI DEVJI M. PATEL:

Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether the lack of social audit of the utilisation of Corporate Social Responsibility (CSR) funds has made it convenient for the public sector and private sector enterprises to misuse the funds earmarked under CSR;

(b) if so, whether the Government proposes to make provision of spending 80 per cent funds only on panchayats, schools, hospitals and primary health centres and if so, the details thereof;

(c) whether it is being planned to upload the complete details of CSR funds of all the public and private sector industries including the details of funds allocated, the funds spent and the name of the institution on website to ensure transparency and if so, the details thereof;

(d) whether the Government is also planning to upload the criteria of selection and rating of NGOs on the Department's website and if so, the details thereof; and

(e) whether the Government has asked the Public Sector Companies to select the districts on the guidelines of Planning Commission to spend their CSR funds and if so, the details thereof indicating the names of all the public sector companies including Oil and Natural Gas Corporation (ONGC) and Concord India along with the names of the districts selected along with the funds spent by the said PSUs during the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) to (c) Section 135 (3) & (4) of the Companies Act, 2013 (the 'Act') empowers the Board of the company, and its CSR Committee to select programmes/ projects / activities to be undertaken, allocation and utilization of CSR funds towards such activities, selection of implementing agencies (if any) and

to monitor the same. Section 135 (5) read with Section 134 (3) (o) of the Act mandates the Board to disclose in its report, the CSR Policy developed and implemented by the company, including the details like funds earmarked, expenditure made, implementing agencies appointed etc. The details reported in the annual financial statement of the company are required to be audited by the auditor of the company under the Act.

To ensure transparency and accountability in utilization of CSR funds, Ministry of Corporate Affairs has launched National CSR Data Portal (www.csr.ciov.in) displaying disclosures made by companies in MCA21 registry.

(d) No such proposal is under consideration of the Government.

(e) The Department of Public Enterprises (OPE) is the nodal department for all Public Sector Undertakings (PSUs). As reported by DPE, vide 'Guidelines on CSR for CPSEs dated 10.12.2018 it has inter-alia been recommended to give preference to aspirational districts while undertaking CSR activities. Information on funds spent by CPSEs in specific districts is not maintained by DPE.

IT Application in DBT

1966. SHRI RAHUL SHEWALE:
SHRI BHARTRUHARI MAHTAB:
SHRI SANJAY DHOTRE:

Will the Minister of FINANCE be pleased to state:

(a) whether the Government has achieved the desired results of developing the IT applications to improve efficiency, transparency and accountability in Direct Benefit Transfer (DBT) Schemes in the country and if so, the details thereof, scheme-wise;

(b) the number of beneficiaries of the said schemes as on date, State/UT and scheme-wise;

(c) whether the Government has received complaints in implementation of the said schemes since inception and if so, the details thereof, scheme-wise; and

(d) the other steps taken by the Government for effective implementation and to increase coverage of the said schemes in the country?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) to (d)

433 schemes of 56 Ministries/Departments of the Government are on-boarded on DBT platform, out of which 372 schemes of 51 Ministries/Department have developed their scheme specific IT applications. Electronic Payment Framework laid down by DBT Mission is followed by all Ministries/ Departments. DBT is a re-engineered delivery process of schemes using latest Information and Communication Technology (ICT) aiming at accurately targeting the beneficiaries, reducing the delay in payments and curbing pilferage. Many Ministries /Departments have reported savings on account of DBT because of de-duplication of beneficiaries' database and better targeting. Till date a cumulative amount of Rs.5,50,181 crore has been transferred under DBT. The number of beneficiaries across all schemes have increased from 10.8 crore in 2013-14 to 76.5 crore in 2018-19. Through the tools of financial inclusion like JAM i.e. Jan Dhan, Aadhaar and Mobile trinity which are DBT enablers (as on date more than 22 crore Jan Dhan Account, more than 100 crore Aadhaar and about 100 crore Mobile connections) and banking correspondents (BCs), the DBT schemes have been expanded to the present level of 433 schemes from 28 schemes in 2013-14.

Environmental Performance Index

1967. SHRI DINESH TRIVEDI: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether India ranks 177 out of 180 countries in terms of environmental performance index;

(b) if so, the details thereof and the reaction of the Government thereto;

(c) the steps taken by the Government to improve the factors of environmental performance index such as air quality, water and sanitation, heavy metals, bio-diversity and habitat etc.; and

(d) the details regarding the awareness programmes conducted by the Government in order to promote environmental sustainability?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) The Yale Center for Environmental Law & Policy (YCELP), Yale University and Columbia University in collaboration with the World Economic Forum and the Joint Research Centre of the European Commission released a report in January, 2018

entitled 'Environmental Performance Index (EPI) 2018' which ranks 180 countries on 24 performance indicators across ten issue categories covering environmental health and ecosystem vitality. India has been ranked at the 177th position in this ranking.

An assessment indicates that the weightages given to the parameters at the three hierarchical levels (policy objectives, issue categories and indicators) are different in 2018 iterations. The changes made have not been explained or backed by scientific arguments. Different weightages and difference in methodology used implies that rankings arrived at are not comparable and has its limitations. Under the category, water resources, the only indicator shown is waste water treatment, which puts developed countries on the top since it is a measure of the capacity to address a problem. The report relied on data gathered by NASA satellite in place of actual monitored data. Report has not been peer reviewed. Countries can be ranked on the basis of different criteria pollutants with different results.

(c) The measures taken/being taken by the Government to check/control pollution and improve the air quality inter alia, include notification of Graded Response Action Plan for different levels of air pollution in Delhi and NCR; notification of National Ambient Air Quality Standards; setting up of monitoring network for assessment of ambient air quality; introduction of cleaner / alternate fuels like gaseous fuel (CNG, LPG etc.), ethanol blending, launching of National Air Quality index; universalization of BS-IV from 2017; leapfrogging from BS-IV to BS-VI fuel standards since 1st April, 2018 in NCT of Delhi and from by 1st April, 2020 in the rest of the country; notification of Construction and Demolition Waste Management Rules; banning of burning of biomass; notifications regarding 'Mandatory Implementation of Dust Mitigation Measures for Construction and Demolition Activities for projects requiring EC and 'Mandatory Implementation of Dust Mitigation Measures for all Construction and Demolition Activities'; notification of Construction and Demolition Waste Management Rules; promotion of public transport network; streamlining the issuance of Pollution Under Control Certificate; issuance of directions under Section 18(l)(b) of Air (Prevention and Control of Pollution) Act, 1981 and under Section 5 of Environment (Protection) Act, etc. Eastern Peripheral Expressway & Western Peripheral Expressway have been operationalised to divert non-destined traffic from Delhi. The Central Government has also notified a Comprehensive Action Plan (CAP) identifying timelines

and implementing agency for actions identified for prevention, control and mitigation of air pollution in Delhi and NCR.

Also, the Government is implementing a nationwide water quality monitoring under National Water Quality Monitoring Programme (NWMP) at 3500 locations including surface and ground water in association with State Pollution Control Boards (SPCBs) & Pollution Control Committees (PCCs) to fulfill the mandate of Water (Prevention & Control of Pollution) Act, 1974. This Ministry has been supplementing the efforts of the State Governments for setting up facilities for collection, transportation and treatment of sewage and ensure that untreated sewage does not fall into the rivers.

(d) Ministry of Environment, Forest & Climate Change and Delhi Government launched Clean Air for Delhi Campaign from 10th - 23rd Feb 2018. The campaign aimed at sensitizing ground-level functionaries and general public about their roles in making the air quality better in Delhi along with enforcement of various measures for improving air quality. Also, to check air polluting activities pre and post Diwali, a special campaign called "Clean Air Campaign" was organized during November 03, 2018 to November 10, 2018. For the purpose, 52 teams had been constituted that included members from Ministry of Environment, Forest & Climate Change, Central Pollution Control Board and Government of Delhi and NCR towns (Noida, Gurugram, Greater Noida, Faridabad and Ghaziabad) to take on-spot ground actions to control air polluting activities and sensitizing public to ensure their effective participation. Media briefings are organized regularly to disseminate the appropriate information to citizens. A dedicated media corner, twitter and Facebook account has been created for access to air quality related information and to provide a platform to the public for lodging complaints. Further, SAMEER app has been launched wherein air quality information is available to public along with provisions for registering complaints against air polluting activities.

[Translation]

Recycling of used Plastics

1968. SHRI RAJESH VERMA: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) the names of the companies which have started recycling of used plastics to reduce serious harm caused to environment due to use of plastics;

(b) whether the Government is considering to enact law to make recycling of used plastic mandatory for each company or industry functioning in the country; and

(c) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) As per the Annual Report of Central Pollution Control Board (CPCB), the total plastic manufacturing/recycling units registered with state pollution control boards/committees are 1685 out of which 180 are handling Multi-Layer Plastic. The details of these units are maintained in respective States/UTs. The Government of India has comprehensively revised earlier rules on management of plastic and notified the Plastic Waste Management Rules, 2016 under the Environment (Protection) Act 1986 to reduce harm caused to environment due to plastic.

(b) and (c) As per the provisions of the Rules, all recyclable plastics should be segregated and channelized to register plastic waste recyclers for recycling as per the Indian standard: IS 14534:1998 titled as "Guidelines for Recycling of Plastics". Those plastic which cannot be recycled should be channelized for alternate uses such as road construction, waste to oil etc. The Thermoset plastic waste shall be processed and disposed of as per the guidelines issued by CPCB from time to time. The inert from recycling or processing facilities shall be disposed of in compliance with the Solid Waste Management Rules, 2016. The PWM 2016 Rules further mandate the producers, importers and brand owners to work out modalities for plastic waste collection and channelization system for environmentally sound recycling of plastic based on the principle of Extended Producer Responsibility.

[English]

Non-Tobacco Products

1969. SHRI ANANDRAO ADSUL:
DR. PRITAM GOPINATH MUNDE:
SHRI DHARMENDRA YADAV:
SHRI VINAYAK BHAURAO RAUT:
DR. SHRI KANT EKNATH SHINDE:

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

(a) whether sale of non-tobacco products such as toffees, candies, chips, biscuits, soft drinks, etc. by the

seller of tobacco products attract the attention of children to tobacco products;

(b) if so, whether the Government has issued any advisory that retail shops authorized to sell tobacco products cannot sell any non-tobacco products;

(c) if so, the steps taken by the Government to ensure that non-tobacco products are not sold from a licensed tobacco shop across India;

(d) whether any State has issued order/guidelines for stopping tobacco shops from selling any non-tobacco products and if so, the details thereof; and

(e) the enforcement mechanism adopted by the States for stopping tobacco shops from selling non-tobacco products?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) Yes, this Ministry has requested States/Union Territories to consider developing a mechanism to provide permission/authorization through Municipal Authority/Local Authority to retail shops who are selling tobacco products with a condition/provision in the authorization that the shops authorized for selling tobacco products, cannot sell any non-tobacco product such as toffees, candies, chips, biscuits, soft-drinks, etc., which are essentially meant for children.

(d) and (e) The State Government of Rajasthan (only in Urban Local Bodies' areas) and other Urban Local Bodies in the State of Uttar Pradesh, Jharkhand and Bihar have issued order/circular for stopping tobacco shops from selling toffees, candies, chips, biscuits, soft-drinks, etc.

[*Translation*]

MRP of Medical Equipment

1970. SHRI KRUPAL BALAJI TUMANE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the super speciality heart institutes in the country, State/UT-wise;

(b) whether Maximum Retail Price (MRP) of the equipments used in heart surgery and bone surgery is printed thereon, if so, the details thereof and if not, the reasons therefor;

(c) whether absence of MRP is likely to lead to irregularities and if so, the reaction of the Government thereto;

(d) the steps being taken by the Government provide equipments required for heart and bone surgery at an affordable cost; and

(e) whether the Government has issued any guidelines to the hospitals in this regard and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Health is a State subject. The details requested are not maintained centrally.

(b) and (c) Under the Legal Metrology (Packaged Commodities) Rules, 2011 certain declarations like name and address of the manufacturer/packer/importer, country of origin, name of the commodity, net quantity, month and year of manufacturing, retail sale price in the form of Maximum Retail Price (MRP) Rs.....(inclusive of all taxes) and consumer care details are mandatory for all pre-packaged commodities including medical devices.

(d) National Pharmaceuticals Pricing Authority (NPPA) under the Department of Pharmaceuticals, which is mandated with the task of dealing with pricing issues of medical devices, has fixed the ceiling price of cardiac stents to make them affordable.

Further, Affordable Medicines and Reliable Implants for Treatment (AMRIT) Deendayal Pharmacies have been opened by M/s HLL Lifecare Ltd., a PSU under the Ministry of Health and Family Welfare, with an objective to make available drugs and implants at discounted prices to the patients suffering from cancer and cardiovascular diseases.

(e) As stated above, health is a State subject.

However, the Clinical Establishments (Registration and Regulation) Act, 2010 has been enacted for registration and regulation of the Clinical Establishments with a view to prescribing the Minimum Standards of facilities and services provided by them. Under the Clinical Establishments (Central Government) Rules, 2012 notified under this Act, the clinical establishments (in the States/ Union Territories where the said Act is applicable) are inter-alia required to follow Standard Treatment Guidelines as may be issued by Central/State Governments, display their rates at a conspicuous place and charge the rates for each type of procedure and service within the range of rates determined from time to time in consultation with the State Governments. The National Council for Clinical Establishments has approved a standard list of medical

procedures and a standard template for costing of medical procedures and the same has been shared with the States/UTs where the Act is applicable for appropriate action. Further action lies within the purview of the State/UT Governments as the implementation and enforcement of the said Act is within the remit of the State/UT Governments.

Currently, the Act is applicable in 11 States namely Sikkim, Mizoram, Arunachal Pradesh, Himachal Pradesh, Uttar Pradesh, Bihar, Jharkhand, Rajasthan, Uttarakhand, Assam and Haryana and all Union Territories except Delhi. Other States may adopt the Act under clause (1) of Article 252 of the Constitution.

[English]

Black Money Unearthed Post-Demonetization

1971. SHRI MUTHAMSETTI SRINIVASA RAO (AVANTHI): Will the Minister of FINANCE be pleased to state:

(a) whether the demonetization did not help in checking misuse of black money in polls as it was expected to do and if so, the details thereof;

(b) whether some States reported more seizures compared to previous years of demonetization and if so, the details thereof;

(c) whether money used in this manner is black money and if so, the details thereof; and

(d) the steps being taken by the Government to check black money by introducing stringent laws?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Eliminating Black Money was one of the objectives of demonetisation as stated in the Government of India 'Press Release' dated 8th November, 2016 in this regard.

During the period from 9th November, 2016 to 10th January, 2017, more than 1,100 search & seizure and survey actions have been conducted, which led to seizure of valuables of more than Rs. 610 crore including cash of Rs. 513 crore. New currency of more than Rs 110 crore is part of the cash seizure. The undisclosed income detected in these actions (as on 10th January 2017) was more than Rs. 5,400 crore.

(b) CBDT does not centrally maintain State-wise data of seizure made by the Income-tax Department.

However, the details of the seizure during the year of demonetization and the previous three years is as under:

F.Y.	No. of groups searched	Value of assets seized (in crores)
2013-14	569	808
2014-15	545	762
2015-16	447	712
2016-17	1152	1470

(c) The cash is seized by the Income-tax Department in those cases, including those during the polls, where the source of the cash is unexplained.

(d) The Government has taken several concrete actions to check black money in the country by introducing stringent laws. Recent major initiatives in this regard include -

- (i) Enactment of 'The Black Money (Undisclosed Foreign Income and Assets) and Imposition of Tax Act, 2015' which has come into force w.e.f. 01.07.2015 to specifically and more effectively deal with the issue of black money stashed away abroad.
- (ii) Enactment of the Benami Transactions (Prohibition) Amendment Act, 2016 to amend the Benami Transactions (Prohibition) Act, 1988 with a view to, inter alia, enable confiscation of benami property and prosecution of benamidar and the beneficial owner.
- (iii) Restriction on cash transaction of Rs. 2 lakh or more (Section 269ST of the I.T. Act) were imposed.
- (iv) Further, no deduction under section 80G allowed w.e.f. 01.04.2018 if cash donation exceeds Rs. 2000, and restriction imposed on donations of Rs.2000/- or more to political parties otherwise than by a bank account or through electoral bonds.

[Translation]

Research on Pollution Level

1972. SHRI MANSHANKAR NINAMA:
SHRI K.N. RAMACHANDRAN:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has conducted any research regarding the rising level of pollution in Delhi and National Capital Region (NCR), if so, the details and the outcome thereof;

(b) the details of the steps taken by the Government to tackle the problem of the rising level of Particulate Matter (PM) in Delhi and NCR during the last three to four years;

(c) whether the Union Government has undertaken any efforts to coordinate with the State Governments of Haryana, Punjab and Uttar Pradesh to bring down the level of Particulate Matter; and

(d) if so, the details thereof along with the directions issued to such States on the issue of burning of crops?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) The number of good, satisfactory and moderate days in Delhi in 2018 (up to 16th Dec) is 159 as compared to 151 in 2017 during the corresponding period. The number of poor, very poor and severe days is down to 191 in 2018 as compared to 199 in 2017 during the same period up to 16th December, 2018. The water quality of Yamuna river monitored at five locations in Delhi shows a fluctuating trend for Dissolved Oxygen and Biochemical Oxygen Demand and Total Coliform for the period 2012-2018 (Till July).

(b) The measures taken/being taken by the Government to check/control the increasing level of pollution and improve the air quality inter alia, include notification of Graded Response Action Plan for different levels of air pollution in Delhi and NCR; notification of National Ambient Air Quality Standards; setting up of monitoring network for assessment of ambient air quality; introduction of cleaner / alternate fuels like gaseous fuel (CNG, LPG etc.), ethanol blending, launching of National Air Quality index; universalization of BS-IV from 2017; leapfrogging from BS-IV to BS-VI fuel standards since 1st April, 2018 in NCT of Delhi and from by 1st April, 2020 in the rest of the country; notification of Construction and Demolition Waste Management Rules; banning of burning of biomass; notifications regarding 'Mandatory Implementation of Dust Mitigation Measures for Construction and Demolition Activities for projects requiring EC and 'Mandatory Implementation of Dust Mitigation Measures for all Construction and Demolition Activities; notification of Construction and Demolition Waste

Management Rules; promotion of public transport network; streamlining the issuance of Pollution Under Control Certificate; issuance of directions under Section 18(1)(b) of Air (Prevention and Control of Pollution) Act, 1981 and under Section 5 of Environment (Protection) Act, etc. Eastern Peripheral Expressway & Western Peripheral Expressway have been operationalised to divert non-destined traffic from Delhi. The Central Government has also notified a Comprehensive Action Plan (CAP) identifying timelines and implementing agency for actions identified for prevention, control and mitigation of air pollution in Delhi and NCR.

(c) and (d) Meetings with Environment Ministers and concerned officers from neighbouring States were held under the chairmanship of Hon'ble Minister, Ministry of Environment, Forest & Climate Change (MoEF&CC) on 27.09.18 and 01.11.18. Principal Secretary to PM as well as Secretary, MoEF&CC have held regular meetings with the concerned officers of the neighbouring States to address this issue of burning of crops. Directions under section 5 of E (P) Act, 1986 and under section 18(1)(b) of the Air Act, 1981 have been also issued to State Governments of Delhi-NCR and Punjab on the issue of burning of crops.

State Commissions on Protection of Child Rights

1973. SHRI VISHNU DAYAL RAM: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether certain States have not constituted the State Commission on the protection of Child Rights under the Commission for Protection of Child Rights Act, 2006;

(b) if so, the names of such States;

(c) whether the Government proposes to amend the Act incorporating provision for mandatory constitution of State Commissions; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) and (b) The Commission for Protection of Child Rights (CPCR) Act, 2005 is applicable to all the States/UTs except the State of Jammu and Kashmir. The Commission for Protection of Child Rights (CPCRs) have been set up in all the States/UTs except for the State of Jammu and Kashmir.

(c) and (d) As per Section-17 of the CPCR Act, 2005, all the States/UTs are mandated to set up CPCRs in their respective States/UTs.

[English]

Infusion of Funds and Basel-III Norms

1974. SHRI MALYADRI SRIRAM:
SHRI RATTAN LAL KATARIA:

Will the Minister of FINANCE be pleased to state:

(a) whether the Government will infuse Rs. 42,000 crore in the State-owned banks by March end and the next tranche would be released as early as next month and if so, the details thereof;

(b) whether the Government had earlier declared Rs. 2.11 lakh crore capital infusion plan to strengthen the banks and if so, the details thereof;

(c) whether the Reserve Bank of India (RBI) decided to defer the deadline for State-owned banks to meet the global norms or Basel-III requirement by a year till March 2020 and if so, the details thereof; and

(d) the steps being taken by the Government in this regard and for successful realization of infusing fund in the banks?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (d) Government, in October 2017, announced its decision to recapitalise Pub He Sector Banks to the tune of about Rs. 2,11,000 crore, through capital infusion by the Government amounting to Rs. 1,53,139 crore over the financial years (FYs) 2017-18 and 2018-19, and the balance through mobilisation capital from the market. Pursuant to this, Rs. 88,139 crore was infused in the second half of FY 2017-18, and budget provision for the balance amount of Rs. 65,000 crore has been made for this purpose in the 2018-19 budget, out of which Rs. 22,904 crore has been infused in banks. Currently, the Government has unspent Budget provision of Rs. 42,096 crore available for infusion in the remainder of current financial year 2018-19.

As per Master Circular - Basel III Capital Regulations, July 2015 issued by the Reserve Bank of India (RBI), all scheduled commercial banks were required to maintain a Capital Conservation Buffer (CCB) of 1.875% of their Risk-weighted Assets (RWAs) by March 2018 and 2.5% of their RWAs by March 2019. RBI has issued a press release dated November 19, 2018, which states that RBFs

Central Board has agreed to extend the transition period for implementing the last tranche of 0.625% under CCB, by one year, i.e., up to March 31, 2020.

COTPA

1975. SHRI VINAYAK BHAURAO RAUT:
SHRI DHARMENDRA YADAV:
DR. PRITAM GOPINATH MUNDE:
SHRI ADHALRAO PATIL SHIVAJIRAO:
SHRI SHRIRANG APPA BARNE:

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

(a) whether a Committee has been constituted by the Government to review and suggest amendments to the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA); and

(b) if so, the findings of the aforesaid Committee and the action taken thereon?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) and (b) A Committee of Experts was constituted in July 2014 to review COTPA, 2003 and to suggest amendments thereto. The Committee recommended to enhance the penalty amounts, address new and emerging challenges, delete provisions which are contrary to the objective of the Act and include provisions which are essential for discouraging tobacco use and are in compliance with the articles and guidelines under WHO-FCTC.

Based on the above recommendations, Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Amendment Bill, 2015 was introduced. However, the Bill was later withdrawn in 2017.

Since then, no such Committee has been constituted by this Ministry.

[Translation]

Unutilised Surplus Money

1976. SHRI GOPAL SHETTY: Will the Minister of FINANCE be pleased to state:

(a) whether a large amount of surplus money is lying unutilized with Reserve Bank of India (RBI),

Nationalized Banks and other Public Sector Undertakings (PSUs);

(b) if so, the details of the Nationalized Banks and PSUs with which the said surplus money is lying unutilised till date, Bank/PSU-wise;

(c) whether the Government has taken/ proposes to take any steps to utilize this unutilized surplus money to carry out development works in the country; and

(d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (d) The information is being collected and will be laid on the Table of the House.

[English]

Opening of Bank Branches/ATMs

1977. SHRIMATI SAJDA AHMED: Will the Minister of FINANCE be pleased to state:

(a) whether the Government proposes to open new branches of the nationalized banks across West Bengal in the current year and if so, the details thereof;

(b) the details of bank branches newly opened in the district of Howrah in West Bengal during the last three years;

(c) the number of Automated Teller Machines (ATMs) set up/proposed to be set up in the rural areas in the State of West Bengal; and

(d) whether the Government has assessed the need of ATM facilities across West Bengal and if so, the action taken thereon?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (d) As per extant guidelines dated 18.5.2017 on rationalisation of Branch Authorisation Policy, Reserve Bank of India (RBI) has granted general permission to domestic Scheduled Commercial Banks (excluding Regional Rural Banks), to open banking outlets at anyplace in the country, without seeking prior approval of RBI in each case, subject to at least 25 percent of the total number of banking outlets opened during a financial year being in unbanked rural centres with population less than 10,000.

As per RBI, a Banking Outlet is a fixed point service delivery unit, manned by either bank's staff or its Business Correspondent.

As appraised by RBI, number of branches opened by commercial banks in the district of Howrah in West Bengal during period 2016-17, 2017-18 and 2018-19 (till June 30, 2018) is 11,10 and 12 respectively.

As appraised by State Level Bankers' Committee (SLBC) West Bengal, number of ATMs in the rural areas (excluding semi-urban area) of West Bengal is provided below:

As on 31.03.2016	3,550
As on 31.03.2017	3,552
As on 31.03.2018	3,631

In pursuance of RBI guidelines, rolling out of banking outlets in uncovered areas is a continuous process and looked after by State Level Bankers' Committee (SLBC), in consultation with the concerned State Government, member banks and other stakeholders.

Electronic Health Records

1978. SHRI RAJIV PRATAP RUDY:
SHRI D.K. SURESH:
DR. KIRIT P. SOLANKI:
SHRI NALIN KUMAR KATEEL:

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

(a) whether the Government is taking steps to create centralized health record for all citizens of the country in order to streamline health information and facilitate effective management of the same;

(b) if so, the details thereof;

(c) whether the Government has set any time frame to implement the said programme;

(d) if so, the details thereof and the time by which it is likely to be implemented; and

(e) whether the Government has earmarked any fund for the implementation of the programme, if so, the details of the funds allocated and spent till date?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) and (b) Government of India has issued guidelines/ standards with an objective to introduce a uniform standards based system for creation of Electronic Health Records (EHRs) by the Health care providers by formulation EHR Standards 2016. This uniform standard helps ensure the interoperability within different system,

(c) and (d) The Ministry has set up National Resource Centre for EHR Standard (NRCeS) to augment facilitation for adoption of the notified EHR Standards in technical association with Centre for Development of Advanced Computing (C-DAC), Pune for providing assistance in developing, implementing and using EHR standards effectively in healthcare Information Technology (IT) applications.

(e) The estimated cost is Rs. 23.59 Crore, out of which an amount of Rs. 4 crore has been released to Centre for Developing of Advanced Computing (C-DAC), Pune for setting up of National Resource Centre for EHR Standards (NRCeS).

Inclusion of AYUSH Methods in ASHA Training Programmes

1979. SHRI VINOD LAKHAMASHI CHAVDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government plans to add the Ayurveda, Naturopathy and Homoeopathy in Asha training programme run by NIOS;

(b) if so, the details thereof; and

(c) if not, the reasons of therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) There is no proposal to add the Ayurveda, Naturopathy and Homoeopathy in Asha training programme run by NIOS.

(b) Does not arise in view of reply to part (a) above.

(c) The ASHA training/ certification programme through NIOS has been launched to enhance the competency and professional credibility of ASHAs through knowledge and skill assessment. The supplementary book for ASHA- An aide to preparing for Certification provided by NIOS covers contents of Modules 1-5 or Induction Module and, Modules 6 and 7 of ASHA training. The training includes practice of essential skills (weighing the new-born, measuring temperature of the new-born, keeping the new-born warm, preparation of ORS in case of diarrhoea, use of Nishchay kit for diagnosing pregnancy and hand-washing) and random skills (including viva and demonstration for malaria tests). ASHAs are evaluated on practical skills and theory examination by NIOS.

GST Compliance

1980. SHRI HARI OM PANDEY:
DR. RATNA DE (NAG):

Will the Minister of FINANCE be pleased to state:

(a) whether the Government has any proposal to black list those companies which are not complying with Goods and Services Tax (GST) norms, specially in Uttar Pradesh;

(b) if so, the details thereof along with the current status and list of such companies so far; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) No Madam. The Government does not propose to take such punitive actions against defaulting Companies at this stage.

(b) Does not arise in view of reply to part (a) above.

(c) Since GST is a comparatively recent levy, it is sought to provide time to the taxpayers to transition to the new taxation system in the country. Further, there are enough safeguards built into the GST Laws which ensure that the defaulting Companies are duly penalized in terms of payment of interest on delayed payment of tax, imposition of fine and penalty, detention and seizure of goods and cancellation of registration.

Disbursal of MUDRA loans

1981. SHRI KODIKUNNIL SURESH: Will the Minister of FINANCE be pleased to state:

(a) whether the Government has established any policy to hasten the disbursal of "MUDRA Loans" in the country and if so, the details thereof; and

(b) whether the Government has released the allocations earmarked for servicing "MUDRA Loans" to Kerala state during the last three years and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) Under the Pradhan Mantri Mudra Yojana (PMMY), annual targets are assigned to Member Lending Institutions (MLIs) viz; Banks, Non-Banking Financial Companies (NBFCs) and Micro Finance Institutions. The targets under the scheme have been consistently met.

There is no allocation of funds by Government for loans under PMMY as loans under the scheme are extended by MLIs as per commercial parameters. Details of loans sanctioned under PMMY in Kerala during the last three years is as under:-

Amt. Rs. in crore		
FY	No of Loans	Amount sanctioned
2015-16	830411	4857.68
2016-17	982260	6288.61
2017-18	2289805	9459.97

Misleading Claims about Medicines

1982. KUNWAR BHARATENDRA SINGH:
SHRI HARI MANJHI:

Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) the number of complaints received during the last three years regarding misleading claims made through advertisements in electronic/print media about medicines made from herbs;

(b) whether complaints about the sale of such medicines/products without any authentic clinical test in the market and death of persons due to consumption of such medicines/products has also been reported, if so, the details thereof;

(c) the extent to which the Government has been successful in checking these misleading advertisements; and

(d) the other steps taken to impose strict punishment on misleading advertisements pertaining to natural or Ayurvedic treatments?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) Ministry of AYUSH has come across instances of misleading advertisements/claims allegedly of herbal, Ayurvedic and other such products. 66 cases of improper advertising of AYUSH and allied products in 2015, 204 cases in 2016, 547 cases in 2017 and 358 in the current year 2018 have been reported from the Grievances Against Misleading Advertisements (GAMA) portal maintained by the Department of Consumer Affairs and complaints also

received in this regard from different sources. The Advertising Standards Council of India (ASCI) has reported to have dealt with 732 complaints pertaining to misleading advertisements of AYUSH for the period from 20th January, 2017 to 19th January, 2018.

(b) Manufacturing for sale and quality control of Ayurvedic, Siddha and Unani medicines made from herbs and other ingredients is regulated in the country in accordance with the provisions of Drugs and Cosmetics Act, 1940 and Drugs and Cosmetics Rules, 1945 including the requirement of proof of safety and effectiveness for grant of license. In the recent past Ministry has not received any specific complaints about death of persons due to consumption of such licensed medicinal products.

(c) and (d) For checking the veracity of misleading advertisements of AYUSH products in print and TV media and to undertake monitoring of such advertisements, powers are vested with the State Governments to authorize Gazatted Officers to search, seize, examine any record, register, document or any other material object related to any objectionable advertisement under the provisions of Section 8(1) of the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954. Ministry of AYUSH has repeatedly taken up the matter with the State Governments to appoint Gazatted officers for monitoring of advertisements of ASU&H drugs. States have depute 621 Gazatted officers to enforce the legal provisions for taking necessary action against the defaulters in making inappropriate advertisements AYUSH of medicine etc. Ministry of AYUSH also signed a MoU with Advertising Standards Council of India (ASCI) in January, 2017 for suo-moto monitoring of misleading advertisements appearing in the print media and TV channels and bring the defaulters to the notice of respective State regulators. Media regulators have also been approached to prevent the publication of inappropriate advertisements promoting sale of Ayurvedic and other such AYUSH medicines in public interest. On this account, Ministry of Information & Broadcasting issued instructions/guidelines to all media channels and to abstain from publishing and telecasting such misleading advertisements, which are in contravention of the provisions of Drugs and Magic remedies (Objectionable Advertisements) Act, 1954 and Rules thereunder. Consumers' complaints about misleading claims or advertisements of AYUSH and herbal medicines registered in the GAMA portal of the Department of Consumer Affairs are examined by a Nodal Officer appointed in the Ministry of AYUSH and are forwarded to the concerned State Regulatory Authorities for necessary

action in accordance with the legal provisions. Ministry of AYUSH issued an Advisory dated 31.08.2018 to the drug manufacturers and the advertising agencies to refrain from using the name of Government Departments or Institutions in the advertisements of ASU&H Daigs. Also, Caution for General public has been issued in leading newspapers not to fall prey to fake calls and advertisements of ASU&H Drugs. With the enforcement of these steps the advertisers have corrected or withdrawn the improper advertisements on being pointed out by the ASCI and the show cause notices and court cases are reported to have been filled by the State Authorities against the defaulters.

[Translation]

Trial against Bank Officers

1983. SHRI LAXMI NARAYAN YADAV: Will the Minister of FINANCE be pleased to state:

(a) whether permission to hold trial/proceedings against bank officers is not being given on time by the Nationalised Banks despite repeated request of Central Vigilance Commission (CVC);

(b) if so, the reaction of the Government thereto;

(c) the name of the banks and the details of officers against whom the CVC has sought permission to hold trial/proceedings during the last three years;

(d) the details of bank officers held responsible for not giving such permission and caused delay in holding the said trial by CVC; and

(e) the action taken against the said officers?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) According to provisions of Prevention of Corruption Act, 1988 (as amended in 2018), previous sanction of the authority competent to remove a bank officer from office is required, for his prosecution. Further, the concerned authority is required to endeavour to convey its decision in this regard within a period of three months from the date of receipt of proposal for sanction of prosecution from a police officer or an officer of an investigation agency or other law enforcement authority. Where for the purpose of grant of sanction for prosecution, legal consultation is required, such period may, for the reasons to be recorded in writing, be extended by a further period of one month. The Central Vigilance Commission has also issued instructions emphasising the need for

adherence to the time limit of three months for taking a decision on sanction for prosecution.

(c) to (e) Central Vigilance Commission has reported that the Commission did not seek any such permission.

Wild Animals

1984. PROF. RAVINDRA VISHWANATH GAIKWAD: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has formulated any action plan to save wild animals in the country;

(b) if so, the details thereof; and

(c) the funds allocated by the Government during the last three years for the same?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) The Ministry has formulated the 3rd 'National Wildlife Action Plan' for a period of 2017 to 2031 to save wild animals in the country. The Plan focuses landscape approach in conservation of all wildlife irrespective of where they occur. It also gives special emphasis to recovery of threatened species of wildlife while conserving their habitats which includes terrestrial, inland aquatic, coastal and marine ecosystems.

(c) Funds are allocated under the ongoing Centrally Sponsored Scheme of 'Integrated Development of Wildlife Habitats', which inter-alia, includes Development of Wildlife Habitats, Project Tiger and Project Elephant for protection and conservation of wildlife and their habitats. Details of funds allocated under the schemes during the last three years are as below:

(Rs. in crores)

Scheme	Details of funds allocated		
	2015-16	2016-17	2017-18
Development of Wildlife Habitats	61.21	90.00	150.00
Project Tiger	168.21	365.00	345.00
Project Elephant	16.96	20.00	27.50
Total	246.38	475.00	522.50

Nutritional Rehabilitation Centres

1985. SHRI SHARAD TRIPATHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total number of Nutritional Rehabilitation Centres (NRCs) and estimated number of malnourished children along with the number of such children registered under the said NRC, State/UT wise;

(b) the details of the system established by NRCs to identify such extremely undernourished children in order to improve their condition;

(c) the number of such children registered under NRCs in whose condition significant improvement have been noticed;

(d) whether the Government has reviewed the functioning and work execution of these NRCs and if so, the details thereof; and

(e) the steps taken/proposed to be taken by the Government to make the said NRCs more effective?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (e)

- Under National Health Mission (NHM) 1151 NRCs have been established all across the country to provide facility based care for children with Severe Acute Malnutrition (SAM) and medical complications. As per National Family Health Survey (NFHS 4, 2015-16), 7.5% of under five children are severely wasted and 35.8% of children are underweight.
- Children with Severe Acute Malnutrition (SAM) along with medical complications are referred from villages by frontline workers such ASHA and Anganwadi workers and admitted to NRCs as per the defined admission criteria. In order to improve their health condition, medical and nutritional therapeutic care is provided during NRC stay.
- As per report received from States/ UTs, 1.86 lakhs under five children were admitted in the NRCs in the year of 2017-18, out of which 1.17 lakhs children were discharged with target weight gain.
- Regular and periodic review of NRC functionality is carried out under child health

programme by central and State Government teams including through Common Review Mission visits. Accordingly, specific recommendations are provided for improvement of NRC functionality and quality of service delivery.

Number of children registered under NRCs, State and UT wise is at enclosed Statement.

Statement

State/ UT wise NRC Admission Details

State/ UTs*	Children admitted in NRC (2017-18)
1	2
Arunachal Pradesh	NA
Andhra Pradesh	5071
Assam	921
Bihar	8959
Chhattisgarh	13845
Gujarat	21743
Haryana	1340
Himachal Pradesh	878
Jammu and Kashmir	727
Jharkhand	11113
Karnataka	4224
Kerala	45
Madhya Pradesh	70859
Maharashtra	5417
Manipur	7
Meghalaya	498
Mizoram	16
Nagaland	93
Odisha	8335
Rajasthan	7936
Tamil Nadu	467
Telangana	3227

1	2
Uttar Pradesh	14168
Uttarakhand	96
West Bengal	5244
Chandigarh	146
Dadra and Nagar Haveli	50
Delhi	1294
India	1,86,719

[English]

RBI Penalties on Banks

1986. SHRI V. ELUMALAI: Will the Minister of FINANCE be pleased to state:

(a) whether it is a fact that the Reserve Bank of India slapped penalty on many banks for violating norms on reporting of data on large credit, payment of compensation for delay in resolution of ATM related complaints and violating KYC norms;

(b) if so, the details thereof;

(c) whether the RBI had issued stern warning to the banks to comply strictly with its directions; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (d) Reserve Bank of India (RBI) has taken strict action for compliance of its directions. RBI has apprised that total penalty of Rs. 15.08 crore has been imposed against six banks during financial year 2017-18.

Loans by Cooperative Banks to Agricultural Sector

1987. SHRI RAM MOHAN NAIDU KINJARAPU: Will the Minister of FINANCE be pleased to state:

(a) whether the percentage of loans disbursed by the cooperative banks in the agriculture sector have increased over the last few years;

(b) if so, the details thereof, including targets set and achievements made against the targets, State-wise including Andhra Pradesh;

(c) whether the Government has identified any constraints being faced by the Cooperative banks in disbursing loans; and

(d) if so, the details thereof and the action taken by the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) As reported by National Bank for Agriculture & Rural Development (NABARD) the details of agriculture credit disbursed by Cooperative Banks in the last five years is as under:

(In Rs. Crores)	
Year	Total Agriculture Credit disbursement by Cooperative Banks
2013-14	1,19,964
2014-15	1,38,470
2015-16	1,53,295
2016-17	1,42,758
2017-18*	1,50,321

(*provisional)

The State-wise details of targets and achievements in respect of Cooperative Banks are enclosed in Statement.

(c) and (d) To enable Cooperative Banks to meet the crop loan and term loan requirements of farmers, Government has set up two funds in NABARD, to be met out of the shortfall in priority sector lending targets by commercial banks, as under:

- (i) Short Term Cooperative Rural Credit (Refinance) Fund: Through this fund NABARD provides concessional short term refinance to Cooperative Banks for their crop loan lending. An amount of Rs.45,000 crore has been allocated for the said Fund during 2018-19.
- (ii) Long Term Rural Credit Fund (LTRCF): This fund has been set up for the purpose of providing long term refinance support to Cooperative Banks and Regional Rural Banks for their lending towards investment activities in agriculture. Government has allocated of Rs. 15,000 crore to this fund during 2018-19.

Statement*Agriculture credit disbursement 2017-18 (Provisional)*

(Rs. in Lakh)

Sl. No.	State/UT	Target	Disb. Amt.
1	2	3	4
1	Delhi	1,200.00	498.01
2	Haryana	835,000.00	1,007,480.70
3	Himachal Pradesh	145,000.00	920,885.45
4	Jammu and Kashmir	25,000.00	1,413.92
5	Punjab	1,720,000.00	948,491.92
6	Rajasthan	1,850,000.00	1,472,578.81
7	Arunachal Pradesh	10,600.00	2,065.06
8	Assam	12,000.00	1,895.13
9	Manipur	2,200.00	1,878.43
10	Meghalaya	6,500.00	3,439.38
11	Mizoram	3,500.00	1,293.99
12	Nag Aland	6,200.00	8,788.03
13	Sikkim	2,800.00	357.97
14	Tripura	27,000.00	27,347.93
15	Andaman and Nicobar Island	6,000.00	2,760.38
16	Bihar	95,000.00	254,800.00
17	Jharkhand	20,000.00	323.17
18	Odisha	970,000.00	1,112,478.38
19	West Bengal	575,000.00	399,156.60
20	Chhattisgarh	250,000.00	439,700.30
21	Madhya Pradesh	1,333,000.00	1,278,750.35
22	Uttarakhand	110,000.00	126,044.47
23	Uttar Pradesh	1,150,000.00	393,281.94
24	Goa	13,500.00	3,422.88
25	Gujarat	1,470,000.00	1,375,967.88

1	2	3	4
26	Maharashtra	1,715,000.00	1,188,537.43
27	D & N Haveli UT	600.00	NA
28	Daman and Diu UT	700.00	NA
29	Andhra Pradesh	900,000.00	1,108,557.30
30	Telangana	500,000.00	565,750.56
31	Karnataka	812,500.00	1,161,912.63
32	Kerala	355,000.00	477,199.81
33	Puducherry	1,700.00	217.03
34	Tamilnadu	675,000.00	744,837.80
Total		15,600,000.00	15,032,113.64

Source: NABARD

NA-not available

Medical Profession

1988. SHRI ARVIND SAWANT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any measures have been taken by the Government to regulate medical profession in the country and if so, the details thereof;

(b) the number and details of amendments made in the Medical Council of India Act, 1956 after its enactment; and

(c) the measures taken to eradicate/ curtail corruption in the medical fraternity?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) The professional conduct of the medical practitioners in India is regulated by the Medical Council of India (MCI) and the respective State Medical Councils. The Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 empowers the Medical Council of India and respective State Medical Councils to award punishment to a doctor against any act of violation of the Code of Ethics.

(b) The details of the amendments made in the Indian Medical Council Act, 1956 are as under:

(i) Indian Medical Council (Amendment) Act, 1964: Amendments have been made in section 1, 2, 12, 13, 14, 15, 17, 18, 19, 22, 24, 25 and 33

of the Principal Act. Further, section 19A and 20A were also inserted.

- (ii) Indian Medical Council (Amendment) Act, 1993: Section 10A, 10B and 10C were inserted in the Principal Act.
- (iii) Indian Medical Council (Amendment) Act, 2001: Section 13 of the Principal Act was amended and new sub-clauses 4A, 4B and 4C were also inserted in the section 13.
- (iv) Indian Medical Council (Amendment) Act, 2010: Section 3A, 3B and 3C were inserted in the Principal Act.
- (v) Indian Medical Council (Amendment) Act, 2011: Amendment was made in section 3A of the Principal Act.
- (vi) Indian Medical Council (Amendment) Act, 2012: Amendment was made in section 3A of the Principal Act.
- (vii) Indian Medical Council (Amendment) Act, 2016: Section 10D was inserted in the Principal Act.

(c) Standards of professional conduct and etiquette and a code of ethics for medical practitioners are prescribed under Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 which are statutory in force and required to be followed by all the medical practitioners in the country.

[Translation]

Effects of Pollution on Taj Mahal

1989. SHRI CHANDRAKANT KHAIRE: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

- (a) whether marble of Taj Mahal is getting discolored due to air pollution;
- (b) if so, the details thereof and the efforts made by the Government to protect Taj Mahal;
- (c) whether the foundation of Taj Mahal is becoming weak due to polluted water of Yamuna; and
- (d) if so, the corrective measures being taken by the Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE

(DR. MAHESH SHARMA): (a) and (b) According to Archaeological Survey of India (ASI) the pollutants from various sources have been superficially depositing on the marble surface of Taj Mahal as particulate matters. Due to scattering of light by these deposited particles, the marble surface appears to have changed in colour. The ASI has formulated scientific cleaning and conservation plan to protect the surface of Taj Mahal from deposited pollutants. Accordingly, all four minarets, eight facades, four pedestal marble walls, interior portion of periphery up to human height & four Chhatris at roof top of main Mausoleum, has already been cleaned & treated. However, the cleaning of main dome requires some technical studies.

(c) and (d) ASI has informed that the water level of Yamuna is away from the Northern wall of Taj Mahal. Therefore, specific study on the link between Yamuna water and strength of the foundation of Taj Mahal has not been conducted.

Private and Government Medical College

1990. SHRIMATI RANJEET RANJAN:
SHRI BHARAT SINGH:
COL. SONARAM CHOUDHARY:
SHRI RAJESH RANJAN:

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

- (a) the number of MBBS seats allotted to Government and private medical colleges in the Country, State/UT/college-wise including Bihar;
- (b) the details of the Government and private colleges set up in the Country during each of the last five years;
- (c) whether the seats of existing medical colleges of various States are being curbed, particularly in Bihar;
- (d) if so, the details thereof and the reasons therefor; and
- (e) the steps taken/proposed to be taken by the Government to fulfil the requirement of doctors as per the population in the Country, State-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Details are given in enclosed Statement-I

(b) Details are given in enclosed Statement-II.

(c) and (d) Permission for starting a Medical College is granted after considering the assessment of facilities available as per Regulations prescribing minimum requirements in terms of infrastructure, faculty and clinical materials. The Medical Colleges which fail to meet the required standards are not given renewal permission/recognition in that year.

(e) The Government has taken the following steps to increase the number of doctors.

- (i) Enhancement of maximum intake capacity at MBBS level from 150 to 250.
- (ii) Relaxation in the norms of setting up of Medical College in terms of requirement for land, faculty, staff, bed/bed strength and other infrastructure.
- (iii) Strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats.
- (iv) Establishment of New Medical Colleges attached with district/referral hospitals preferably in underserved districts of the country.
- (v) The ratio of teachers to students has been revised from 1:1 to 1:2 for all MD/MS disciplines and 1:1 to 1:3 in subjects of Anesthesiology, Forensic Medicine, Radiotherapy, Medical Oncology, Surgical Oncology and Psychiatry in all medical colleges across the country. Further, teacher: student ratio in public funded Government Medical Colleges for Professor has been increased from 1:2 to 1:3 in all clinical subjects

and for Asso. Prof, from 1:1 to 1:2 if the Asso. Prof, is a unit head. The same has also been extended to the private medical colleges with the conditions that it should be a standing of 15 years, running PG courses since 10 years, should have completed at least 1 continuance of recognition assessment satisfactorily and applies u/s 10A of the IMC Act, 1956 for increase of seats. This would result in increase in number of PG seats in the country.

- (vi) DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.
- (vii) Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/dean/principal/ director in medical colleges from 65-70 years.
- (viii) Strengthening/ upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats.
- (ix) One time increase in PG seats are permitted in 2017-18 and again in 2018-19 in Government Medical Colleges.
- (x) By amending the regulations, it has been made mandatory for all medical colleges to start PG courses within 3 years from the date of their MBBS recognition / continuation of recognition.
- (xi) Colleges are allowed to apply for PG courses in clinical subjects at the time of 4th renewal it will serve to advance the process for starting PG courses by more than 1 year.

Statement-I

Number of MBBS seats allotted to Govt. & Pvt. Medical College in the country State/UT wise

Sl. No.	State	Government		Private		Total	
		No. of College	Seats	No. of Colleges	Seats	No. of Colleges	Seats
1	2	3	4	5	6	7	8
1	Andhra Pradesh	12	1900	19	2950	31	4850
2	Andaman and Nicobar Islands	1	100	0	0	1	100
3	Assam	6	726	0	0	6	726
4	Arunachal Pradesh	1	50	0	0	1	50

1	2	3	4	5	6	7	8
5	Bihar	9	950	3	350	12	1300
6	Chandigarh	1	100	0	0	1	100
7	Chhattisgarh	6	650	3	450	9	1100
8	Delhi	6	900	2	200	8	1100
9	Goa	1	150	0	0	1	150
10	Gujarat	17	3050	9	1300	26	4350
11	Haryana	5	600	6	850	11	1450
12	Himachal Pradesh	6	600	1	150	7	750
13	Jammu and Kashmir	3	400	1	100	4	500
14	Jharkhand	3	350	0	0	3	350
15	Karnataka	18	2650	39	6195	57	8845
16	Kerala	10	1350	24	2800	34	4150
17	Madhya Pradesh	10	1300	12	1800	22	3100
18	Maharashtra	23	3240	28	4220	51	7460
19	Manipur	2	200	0	0	2	200
20	Meghalaya	1	50	0	0	1	50
21	Mizoram	1	100	0	0	1	100
22	Odisha	7	1050	4	500	11	1550
23	Puducherry	1	150	7	1050	8	1200
24	Punjab	3	500	5	475	8	975
25	Rajasthan	13	1950	8	1200	21	3150
26	Sikkim	0	0	1	100	1	100
27	Tamil Nadu	25	3250	24	3600	49	6850
28	Telangana	8	1250	19	2800	27	4050
29	Tripura	2	200	0	0	2	200
30	Uttar Pradesh	17	2199	31	4300	48	6499
31	Uttarakhand	3	350	3	450	6	800
32	West Bengal	14	2150	5	700	19	2850
33	AIIMS*	9	807	0	0	9	807
34	JIPMER*	1	200	0	0	1	200
Total		245	33472	254	36540	499	70012

* Central Government Institutions does not come under ambit of MCI

Statement-II

Details of Govt. and Pvt. Medical Colleges set up in the Country during each of last five years

2014-15

Sl. No.	State	Govt.	Pvt.
1	2	3	4
1	Andhra Pradesh	2	1
2	Assam	1	0
3	Chhattisgarh	1	0
4	Kerala	2	3
5	Karnataka	0	1
6	Madhya Pradesh	0	1
7	Maharashtra	0	1
8	Rajasthan	1	1
9	Uttar Pradesh	0	2
Total		7	10

2015-16

1	Andaman and Nicobar	1	0
2	Andhra Pradesh	0	1
3	Gujarat	2	0
4	Karnataka	3	0
5	Maharashtra	2	1
6	Rajasthan	0	1
7	Tamilnadu	1	0
8	Uttar Pradesh	1	2
Total		10	5

2016-17

1	Andhra Pradesh	0	5
2	Chhattisgarh	1	2
3	Delhi	1	0
4	Gujarat	0	1
5	Himachal Pradesh	1	0

1	2	3	4
6	Haryana	0	2
7	Karnataka	3	3
8	Kerala	0	3
9	Madhya Pradesh	0	5
10	Maharashtra	1	1
11	Rajasthan	0	3
12	Tamilnadu	1	2
13	Telangana	2	2
14	Uttar Pradesh	1	8
15	Uttarakhand	1	1
14	West Bengal	0	1
Total		12	39

2017-18

1	Gujarat	1	1
2	Himachal Pradesh	2	0
3	Haryana	1	1
4	Karnataka	0	1
5	Kerala	1	0
6	Maharashtra	0	1
7	Odisha	2	0
8	Tamilnadu	1	0
9	Uttar Pradesh	1	1
Total		9	5

2018-19

1	Arunachal Pradesh	1	0
2	Gujarat	0	2
3	Himachal Pradesh	1	0
4	Madhya Pradesh	4	0
5	Maharashtra	1	0
6	Mizoram	1	0
7	Odisha	2	0

1	2	3	4
8	Rajasthan	5	0
9	Telangana	1	1
10	Uttar Pradesh	0	1
11	West Bengal	0	1
Total		16	5

[English]

Anganwadi Centres

1991. SHRI SHRIRANG APPA BARNE:
DR. PRITAM GOPINATH MUNDE:
SHRI ANANDRAO ADSUL:
SHRI DHARMENDRA YADAV:
KUNWAR PUSHPENDRA SINGH CHANDEL:
SHRI ADHALRAO PATIL SHIVAJIRAO:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether the Anganwadis were started in 1985 under the Integrated Child Development Services (ICDSs) programme for better nutrition and healthcare of the children and women, if so, the activities run and facilities provided in the Anganwadis Centres;

(b) whether the Anganwadi workers also work as medical and healthcare providers and if so, the details thereof;

(c) whether there is a shortage of skilled professionals who are familiar with the schemes run by the Anganwadi centres, if so, the details thereof and the action taken by the Government in this regard;

(d) whether Anganwadi workers are providing key services to the people, especially in remote and tribal areas and if so, the details thereof;

(e) whether the personnel delivering these services need to be paid sufficiently enabling them to devote their full time to these centres; and

(f) if so, the response of the Government thereon and action taken by the Government to enhance the wages of Anganwadi workers across the country?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS

(DR. VIRENDRA KUMAR): (a) Anganwadi Services (earlier known as the Integrated Child Development Services (ICDS) Scheme) was launched in 1975 with the objectives (i) to improve the nutritional and health status of children in the age group of 0-6 years; (ii) to lay the foundation for proper psychological, physical and social development of the child; (iii) to reduce the incidence of mortality, morbidity, malnutrition and school dropout; (iv) to achieve effective coordination of policy and implementation amongst the various departments to promote child development; and (v) to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

In order to achieve these objectives, a package of six essential services comprising (i) Supplementary nutrition (SNP); (ii) Immunization; (iii) Health check-up; (iv) Referral services; (v) Pre-school non formal education; and (vi) Nutrition and health education are provided to the targeted beneficiaries i.e. all children below 6 years, Pregnant and Lactating Mothers. Three of six services namely, Immunisation, Health Check-up and Referral Services are delivered through Public Health Infrastructure under the Ministry of Health & Family Welfare.

(b) Anganwadi workers assist the medical and health care providers i.e., Auxiliary Nurse Midwife (ANM) and Medical Officer (MO) by mobilising the beneficiaries and rendering other related services.

(c) The details of manpower of Anganwadi Services functionaries sanctioned and filled as on 30th June, 2018 is enclosed as Statement. Since these functionaries are recruited by States/UTs, Government of India impresses upon them to fill the vacant posts on priority basis.

(d) Yes, Madam, as mentioned above.

(e) and (f) The Government has recently enhanced honorarium of AWWs from Rs.3000/- to Rs.4500/- per month; AWWs at mini-AWCs from Rs.2250/- to Rs.3500/- per month; AWHs from Rs.1500/- to Rs.2250/- per month; and introduced performance linked incentive of Rs.250/- per month to AWHs effective from 1st October, 2018. AWW is also entitled to an incentive of Rs 500/- p.m. for using ICDS-CAS under POSHAN Abhiyaan. In addition to the honorarium paid by the Government of India, the respective States/UTs are also giving monetary incentives to these workers out of their own resources for additional duties assigned to them under other Schemes.

Statement*Status Report of the Under Anganwadi Services Scheme Quarter Ending June 2018
(Sanctioned, In-Position and Vacant Posts)*

Sl. No.	State/UT	CDPOs/ACDPOs		No. OF CDPOs			Supervisors Sanctioned by GOI			No. of Supervisors			No. of AWWs			No. of AWHs		
		Sanctioned by GOI (since inception)	# No. of CDPO Posts (as per norms 1 for per Project)	In- position	Vacant [Col. (4-5)]	(since inception)	No. of Super-visor Posts (as per norms 1 for 25 Main AWCs)	In- position	Vacant [Col. (8-9)]	Sanctio- ned by GOI	In- position	Vacant [Col. (11-12)]	Sancti- oned by GOI	In- position	Vacant [Col. (14-15)]			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16			
1	Andhra Pradesh	410	257	257	0	2205	1951	1548	403	55607	51676	3931	48768	43316	5452			
2	Telangana	265	149	149	0	1440	1268	843	425	35700	33744	1956	31711	2894.7	2764			
3	Arunachal Pradesh	98	98	85	13	273	249	249	0	6225	6225	0	6225	6225	0			
4	Assam	314	231	227	4	2492	2269	1984	285	62153	62153	0	56728	56728	0			
5	Bihar	545	544	544	0	4435	4316	2294	2022	115009	88174	26835	107894	81130	26764			
6	Chhattisgarh	323	220	152	68	1969	1866	1606	260	52474	48995	3479	46660	42755	3905			
7	Goa	14	11	7	4	67	50	50	0	1262	1208	54	1262	1153	109			
8	Gujarat	576	336	209	127	2445	2049	1692	357	53029	51595	1434	51229	48710	2519			
9	Haryana	153	148	110	38	1146	1018	688	330	25962	25347	615	25450	24891	559			
10	Himachal Pradesh	109	78	55	23	814	735	661	74	18925	18738	187	18386	18386	0			
11	Jammu and Kashmir	159	141	126	15	1308	1278	932	346	31938	28707	3231	31938	29599	2339			
12	Jharkhand	212	224	156	68	1288	1435	864	571	38432	35424	3008	35881	33117	2764			
13	Karnataka.	423	204	204	0	2767	2503	1888	615	65911	63186	2725	62580	59026	3554			
14	Kerala	338	258	250	8	1470	1328	1079	249	33318	33102	216	33189	32953	236			
15	Madhya Pradesh	579	453	334	119	3425	3379	2673	705	97135	97133	2	84465	84465	0			

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
16	Maharashtra	835	553	286	267	4227	3899	3072	827	110486	106488	3998	97475	91174	6301
17	Manipur	53	43	41	2	391	398	362	36	11510	10274	1236	9958	9497	461
18	Meghalaya	45	41	40	1	221	185	185	0	5896	5896	0	4630	4630	0
19	Mizoram	27	27	27	0	113	90	86	4	2244	2244	0	2244	2157	87
20	Nagaland	60	60	60	0	167	159	159	0	3980	3980	0	3980	3980	0
21	Odisha	371	338	338	0	2932	2550	2129	421	74154	69625	4529	63738	60168	3570
22	Punjab	164	155	109	46	1179	1043	744	299	27314	26462	852	26074	24772	1302
23	Rajasthan	443	304	137	167	2533	2232	1537	695	62010	58744	3266	55806	52257	3549
24	Sikkim	13	13	12	1	58	52	52	0	1308	1289	19	1308	1285	23
25	Tamil Nadu	434	434	386	48	1786	1980	943	1037	54439	38827	15612	49499	35154	14345
26	Tripura	56	56	47	9	414	406	295	111	10145	9911	234	10145	9911	234
27	Uttar Pradesh	998	897	503	394	7297	6718	3690	3028	190145	172965	17180	167855	149561	18294
28	Uttrakhand	105	105	55	50	631	598	498	100	20067	19280	787	14947	14194	753
29	West Bengal	800	576	347	229	5151	4779	1677	3102	119481	107372	12109	119481	101337	18144
30	Andaman and Nicobar Islands	5	5	5	0	31	28	20	8	720	720	0	689	689	0
31	Chandigarh*	3	3	0	3	20	20	6	14	500	458	42	500	419	81
32	Delhi	99	95	54	41	432	446	401	45	11150	9590	1560	11150	10748	402
33	Dadra and Nagar Haveli	2	2	1	1	12	9	7	2	302	302	0	247	233	14
34	Daman and Diu	2	2	2	0	5	4	1	3	107	102	5	107	102	5
35	Lakshadweep	9	9	1	8	4	4	3	1	107	107	0	96	96	0
36	Puducherry	5	5	5	0	39	34	3	31	855	855	0	855	855	0
Total		9047	7075	5321	1754	55187	51328	34921	16407	1400000	1290898	109102	1283150	1164620	118530

(i) Vacancy of CDPO Posts estimated against the coloum of No. of CDPO posts (as per norms 1 for per project).

(ii) Vacancy of Supervisor Posts estimated against they coloum of No. of Supervisor posts (as per norms 1 for 25 Main AWCs).

(iii) Vacancies of AWWs and AWHs shown against the sanctioned posts.

Subject to the reconciliation of No. of CDPOs from CD-I&CD-II Sections.

Subject to the reconciliation of No. of Supervisors from CD-I & CD-II Sections.

* UT Administration has informed that 2 posts of CDPOs, all posts of Supervisor, AWWs and AWHs have been filed up but status not updated.

Health Grants for West Bengal

1992. DR. ANUPAM HAZRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of funds granted and released to West Bengal during the financial year 2016-17 and 2017-18 for health and family welfare; and

(b) the details of funds utilised and achievements made during the said period?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) and (b) The details of the funds granted, released and utilised along with achievements under major schemes/programmes of Department of Health & Family Welfare, being implemented in the State of West Bengal, are enclosed as Statement.

Statement

Details of the funds granted, released and utilised alongwith achievements under major schemes/ programme of Department of Health and Family Welfare

1. National Health Mission (NHM)

1.1 National Health Mission (NHM) is the flagship programme of Department of Health & Family Welfare that is being implemented in various States of the country, under which financial and technical supports are given to States.

1.2 The details of funds approved under Record of Proceedings for the State of West Bengal under

NHM - Programme Implementation Plan (PIP) Process for the last two years are given as under:

Year	Approvals
2016-17	Rs. 1813.51 crore
2017-18	Rs. 2569.25 crore

Further, the details of fund released and expenditure for the State of West Bengal during the Financial Year 2016-17 and 2017-18 under NHM is given as under:

Release and Expenditure for the State of West Bengal under NHM

[Rs. In crore]				
National Health Mission	2016-17		2017-18	
	Sanctioned and Released	Expenditure	Sanctioned and Released	Expenditure
Total	806.98	1,914.71	1,305.37	2,341.05

Note:

- (i) The above releases relate to Central Govt. Grants & do not include State share contribution, whereas Expenditure includes Central Release, State share & Unspent balances at the beginning of the year.
- (ii) Expenditure is as per Financial Management Report (FMR) as reported by the States. (Hi) The allocation amount is not provided as that has no relevance after closure of the FY.

1.3 The details of achievements under NHM in the last two years are as under:

Sl. No.	Indicators	Upto March, 2017	Upto March, 2018
1	2	3	4
1	Health Human Resources Augmentation (Contractual- In position)	14,543	15,192
2	Functional FRUs (First Referral Units)	143	143
3	Mobile Medical Units (MMUs) services in districts (operational)	54	54
4	Ambulances (operational)	2664	2960
5	Infrastructure strengthening/ upgradation	2614- New constructions 946- Renovation/ upgradation	3006-New constructions 946-Renovation/ upgradation

1	2	3	4
6	Accredited Social Health Activists (ASHAs)	59,228	59,786
7	Setting up RogiKalyanSamitis (Patient Welfare Societies) in public health facilities	730	994
8	Constitution of Village Health Sanitation and Nutrition Committees (VHSNCs) at village level	44,594	46,823
9	Holding Village Health & Nutrition Days (VHNDs)	2094209	2585388

Source - NHM-MIS

- **Ayushman Bharat** - Health and Wellness Centre: During 2017-18, 250 Sub-Health Centres were approved to be converted as Health & Wellness Centre. For FY 2018-19, 510 Sub-Health Centre and 250 Primary Health Centre were approved to be converted as Health & Wellness Centre.
- **Under National Free Diagnostic Initiative**, Rs. 96.62 crore, Rs. 60.00 crore and Rs. 40.00 crore were approved for FY 2016-17, 2017-18 and 2018-19 respectively. Basic diagnostic services are available till Sub-Health Centre whereas Radiological services are available at District Hospital.
- **Free Drugs Service Initiative:** Rs. 100.00 crore, Rs. 100.00 crore and Rs. 133.00 crore were approved for FY 2016-17, 2017-18 and 2018-19 respectively. State has independent centralised procurement agency. IT enabled procurement and supply chain management system i.e. Drugs and Vaccines Distribution Management System (e-aushadhi) is rolled out in State. State has tied-up with National Accreditation Board for Testing and Calibration Laboratories (NABL) accredited labs for ensuring quality of drugs supplied in public health facility.
- **Under National Ambulance Services**, Rs. 4.00 crore, Rs. 54.15 crore and Rs. 50.00 crore were approved for FY 2016-17, 2017-18 and 2018-19 respectively. National Ambulance Services is operational in the State since FY 2017-18.
- **Mobile Medical Unit:** 50 MMUs are supported to provide services in the underserved areas. Support of Rs. 12.00 crore, Rs. 15.00 crore

and Rs. 16.00 crore were approved for FY 2016-17, 2017-18 and 2018-19 respectively.

- **Specialised Boat Clinic:** 7 Specialised Boat Clinics are supported to provide services in the underserved areas such as Sundurban Delta. Support of Rs. 1.92 crore, Rs. 2.10 crore and Rs. 2.24 crore were approved for FY 2016-17, 2017-18 and 2018-19 respectively.

2. **National Urban Health Mission (NUHM)**

- 2.1 The details of funds granted (allocated), released and utilised in respect of state of West Bengal during the financial years 2016-17 and 2017-18 in respect of NUHM are as under:

(Rs. in crore)

Year	Allocation	Released	Utilised
2016-17	76.61	NIL	110.42
2017-18	61.13	55.02	162.66

- 2.2 According to the Quarterly Progress Report (QPR) submitted by the States as on 30.06.2018, the information regarding progress/ achievements of activities approved under NUHM is as follows:

Coverage

- 88 cities/ towns covered under NUHM Human Resource
- 296 Medical Officers in-position against 434 approved.
- 206 Staff Nurse in-position against 936 approved. » 374 Pharmacist in-position against 444 approved.
- 208 Lab Technician in-position against 430 approved.

- 91 Auxiliary Nurse Midwife (ANM) in-position against 110 approved.

Urban Primary Health Centres (U-PHCs)

- 445 U-PHCs operationalized against 459 approved.

Community Process

- 5076 Accredited Social Health Activists (ASHAs) engaged against 6403 approved. (One ASHA covers 200 to 500 households).
- 8421 Mahila Arogya Samiti (MAS) formed against 11709 approved. (One MAS covers 50-100 households) for slum habitation.

Infrastructure

- 170 New construction approved for U-PHCs.
- 5 Mobile Health Units approved.

3. Rashtriya Swasthya Bima Yojana (RSBY)

3.1 Under Rashtriya Swasthya Bima Yojana (RSBY) there is no State/Union Territory wise allocation/target of funds. Central Government releases its share of premium to State Governments on the receipt of their proposals. 62.9 lakh families were enrolled during the year 2016-17 and 2017-18 under RSBY.

3.2 The details of the funds released to State Government of West Bengal during the year 2016-17 and 2017-18 are as under:

Year	Amount released
2016-17	Rs. 50.47 crore
2017-18	Rs. 95.01 crore

4. Medical Education

4.1 Establishment of new medical colleges attached with existing district/referral hospitals

- 5 districts have been approved namely Birbhum (Rampur Hat), Cooch Behar, Purulia, Uttar Dinajpur (Distt. Hosp. Raiganj) and Diamond Harbour (South 24 Paraganas).
- An amount of Rs.547.00 crore has been released to the State Government till date. Out of which Rs.479.00 Crore has been released during the year 2016-17 and 2017-18. College-wise detail is as under:

(In Rs. crore)

District	Approved Cost	Central Share (60%)	Amount Released	
			2016-17	2017-18
Birbhum (Rampur Hat)	189.00	113.40	21.00	75.00
Cooch Behar	189.00	113.40	21.00	75.00
Diamond Harbour	189.00	113.40	21.00	75.00
Purulia	189.00	113.40	21.00	75.00
Raiganj, North Dinajpur	189.00	113.40	20.00	75.00
	945.00	567.00	104.00	375.00

- Utilization Certificate for Rs.96.36 crore received from the State Government for the year 2016-17 only.

4.2 **Upgradation of existing State Government/Central Government medical colleges to increase MRBS seats in the country**

- An amount of Rs.54.00 crore has been released to the State Government till date. Out of which Rs. 24.00 crore has been released during 2017-18.

(Rs. in Crore)

Name of Medical College	No. of seats to be increased	Initial Approved Amount	Central Share (60%)	Amount released in 2017-18
Calcutta Medical College	50 (150 to 200)	60.00	36.00	12.00
Midnapore Medical College	50 (100 to 3 50)	60.00	36.00	12.00
Total	100 seats	120.00	72.00	24.00

- Utilization Certificate has not been received from the State Government.

4.3 Funds released under the Centrally Sponsored Scheme for Strengthening and up-gradation of Govt. Medical Colleges for Increase of postgraduate seats is as below: (XI Plan Scheme)

- Under the scheme for increasing 466 PG seats, 8 Government Medical colleges have been approved in West Bengal namely NRS Medical College and Hospital, Kolkata, BS Medical College, Bankura, RG Kar Medical College, Kolkata, Kolkata National Medical College, Kolkata, Burdwan Medical College, Burdwan, Institute of Post Graduate Medical Education & Research, Kolkata, School of Tropical Medicine, Kolkata and North Bengal Medical College & Hospital, Darjiling.
- An amount of Rs. 123.979 crore has been released to the State Government till date in respect of these 8 colleges. No grant was released for

the year 2016-17. For the year 2017-18, Rs. 1.206 crore has been released only to one college viz. Kolkata National Medical College, Kolkata.

- Utilization Certificate has not been received for the said period.

5. Janata Suraksha Yojana (JSY)

The details of funds granted and released to West Bengal during the financial year 2016-17 and 2017-18 for JSY are as under:

FY	FY 2016-17	FY 2017-18	2018-19
SPIP Approvals	Rs. 5640 lakh	Rs. 7758 lakh	Rs. 7985 lakh
Expenditure	Rs. 7811 lakh	Rs. 10567 lakh	Rs. 2827 lakh (provisional till September, 2018)

SPIP: State Programme Implementation Plan

6. Development of Nursing Services - Training of Nurses

FY	Name of Agency to whom funds were released	Amount released (actuals)	Fund Utilized	Achievements
2016-17	Govt. College of Nursing, R.G. Kar Medical College & Hospital Kolkata, West Bengal	Rs. 8,26,500/-	Rs. 8,26,500/-	5 Short-term training courses have been conducted to train 150 nurses
2017-18	Govt. College of Nursing, R.G. Kar Medical College & Hospital Kolkata, West Bengal	Rs. 8,26,500/-	Rs. 8,26,500/-	5 Short-term training courses have been conducted to train 150 nurses.

7. Upgradation/ Strengthening of Nursing Services [ANM/General Nursing and Midwifery- (GNM)]

FY	Name of Agency to whom funds were released	Amount released (actuals)	Fund Utilized	Achievements
2016-17	-	-	-	-
2017-18	Government of West Bengal	Rs. 10,03,00,000/-	Utilisation Certificate from the State Government has not been received.	Out of 8 GNM Schools, 7 GNM schools have completed and become functional.

8. **Integrated Disease Surveillance Programme (IDSP)**

8.1 IDSP is centrally sponsored scheme under National Health Mission established in districts of all States/UTs of the country with the objective of early detection and response to outbreaks caused by epidemic prone diseases including seasonal influenza. The fund allocated, released aid utilised during the FY 2016-17 and 2017-18 is as under:

(Rs. in lakh)

FY	Granted (allocated)	Released	Utilized*
2016-17	200.00	200.00	283.46
2017-18	200.00	190.00	15.57

* Utilization is as per FMR reported by State and may include State share received from State Government of West Bengal.

8.2 **The achievements made in IDSP are as under:**

- 70% District reporting data in IDSP portal.
- 80%, 91% and 89% of Syndromic (S), Presumptive (P) & Lab (L) reporting Units data reporting respectively.
- 206, 43 and 29 (as on week ending 07.10.2018) outbreaks reported by West Bengal to CSU in year 2016, 2017 and 2018 respectively.
- All of the 9 sanctioned district labs (Malda, Murshidabad, Purba Medinipur, Birbhum, Purulia, Jalpaiguri, Krishnanagar, Nadia, Hooghly and North 24 Parganas) are functional.

9. **Strengthening of Food Testing System in the Country including provision of Mobile Food Testing Labs (SoFTeL)**

- A Central Sector Scheme - "Strengthening of Food Testing System in the Country including provision of Mobile Food Testing Labs (SoFTeL)" with a total outlay of Rs. 481.95 crore is under implementation with timelines of 2016-17 to 2018-19.
- Under this scheme, in the State of West Bengal. Slate food lab West Bengal. Kolkata, West Bengal has to be strengthened. So far, Rs.50

lakh in March 2017, Rs.8.50 crore in November, 2017 and Rs.50 lakh in August, 2018 have been released to the State.

- A proposal for setting up of Microbiological Laboratory has been approved and mobilization advance of Rs.50 lakh has been released to the State.
- One Mobile Food Testing Laboratory (MFTL) has been delivered to the State in the month of July, 2018.

10. **Strengthening/ Upgradation of Pharmacy Institutions**

The details of funds released under the scheme of Strengthening/ upgradation of pharmacy institutions is given as under:

FY	Amount Released
2016-17	Nil
2017-18	Rs. 1.115 crore

11. **Revised National Tuberculosis Control Programme (RNTCP)**

The details of the funds released to and utilized by the State Government of West Bengal under the schemes of RNTCP is given as under:

FY	Released	Utilized
2016-17	Rs. 3217.15 lakh	Rs. 3821.46 lakh
2017-18	Rs. 3142.00 lakh	Rs. 3088.37 lakh

12. **National Organ Transplant Programme (NOTP)**

National Organ Transplant Programme is a Central Sector Scheme, under which Grants-in-aid General (recurring) amounting to Rs. 76,30,000/- and Grants-in-aid General (non-recurring) amounting to Rs. 67,20,000/- was provided to Institute of Post Graduate Medical Education and Research (IPGMER), Kolkata, West Bengal for setting up of Regional Organ & Tissue Transplant Organization (ROTTO) in 2016-17.

13. **Strengthening of Tertiary Care Cancer facilities scheme of National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)**

Under the Strengthening of Tertiary Care Cancer

facilities scheme of NPCDCS, funds released to West Bengal for setting up of Tertiary Care Cancer

Centres (TCCCs) during the financial year 2016-17 and 2017-18 is given as under:

(Rs. in crore)

Sl. No.	Name of the Institute	Funds released		Total
		2016-17	2017-18	
1	Murshidabad Medical College & Hospital, Berhampore, Murshidabad	10.9793	0.005	10.9843
2	Sagore Dutta Memorial Medical Coilege and Hospital, Kolkata	-	20.25	20.25
Total		10.9793	20.255	31.2343

The Utilization Certificates for the funds released has not yet been furnished by the State Government.

number of dengue cases detected during the last two years is enclosed as Statement-I.

14. National AIDS Control Organization (NACO)

The details of the funds granted and released by National AIDS Control Organization to and utilized by the State Government of West Bengal is give as under:

(Rs. in lakh)

FY	Allocation	Released	Utilisation
2016-17	3834.56	3834.56	3780.86
2017-18	3747.14	3747.14	2509.36

Dengue Cases

1993. SHRI NISHIKANT DUBEY:
SHRI RAJESH PANDEY:

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

(a) the number of dengue cases detected during the last two years, State/UT-wise;

(b) the action taken by Government to tackle the disease;

(c) whether the Government has put in place any mechanism to detect the cases of dengue; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) The States /Union Territories (UTs)-wise

(b) Government of India (GOI) has taken the following steps:

- Monitoring and supervision for early case detection, prevention and control.
- During 2018 till date, 17 advisories issued and programme implementation reviewed on several occasions including with the States in 2 high level video conferences.
- Information Education Communication (IEC)/ Behaviour Change Communication (BCC) activities to disseminate knowledge for prevention and control through advocacy meetings, review meetings, electronic and print media.
- Regional review meetings held in 2018 at Chhattisgarh, Chandigarh and Arunachal Pradesh to review the situation and implementation plan.

(c) and (d) Yes.

- Free diagnostic facilities provided through 646 Sentinel Surveillance Hospitals (SSHs) and 16 Apex Referral laboratories (ARLs) identified across the country. The State/UT-wise number of SSHs and ARLs are enclosed as Statement-II & III.
- During 2018 till date, GOI supplied 6313 Dengue and 2019 Chikungunya Immunoglobulin M (IgM)kits (1 Kit=96 tests) through National Institute of Virology (NIV), Pune.

Statement-I

State/UT-wise details of number of dengue cases detected during the last two years

Sl. No.	State	2016	2017
1	2	3	4
1	Andhra Pradesh	3417	4925
2	Arunachal Pradesh	13	18
3	Assam	6157	5024
4	Bihar	1912	1854
5	Chhattisgarh	356	444
6	Goa	150	235
7	Gujarat	8028	4753
8	Haryana	2493	4550
9	Himachal Pradesh	322	452
10	Jammu and Kashmir	79	488
11	Jharkhand	414	710
12	Karnataka	6083	17844
13	Kerala	7439	19994
14	Madhya Pradesh	3150	2666
15	Meghalaya	172	52
16	Maharashtra	6792	7829
17	Manipur	51	193
18	Mizoram	580	136
19	Nagaland	142	357
20	Odisha	8380	4158
21	Punjab	10439	15398
22	Rajasthan	5292	8427
23	Sikkim	82	312
24	Tamil Nadu	2531	23294
25	Tripura	102	127
26	Telangana	4037	5369
27	Uttar Pradesh	15033	3092
28	Uttarakhand	2146	849

1	2	3	4
29	West Bengal	22865	37746
30	Andaman and Nicobar Islands	92	18
31	Chandigarh	1246	1125
32	Delhi	4431	9271
33	Dadra and Nagar Haveli	4161	2064
34	Daman and Diu	89	59
35	Puducherry	490	4568
Total		129166	188401

Statement-II

State/UT-wise number of Sentinel Surveillance Hospitals for Chikungunya and Dengue in Country

Sl. No.	State	Number of Sentinel Surveillance Hospitals
1	2	3
1	Andaman and Nicobar Islands	3
2	Andhra Pradesh	19
3	Arunachal Pradesh	7
4	Assam	28
5	Bihar	7
6	Chandigarh	1
7	Chhattisgarh	7
8	Delhi	35
9	Daman and Diu	2
10	Dadra and Nagar Haveli	1
11	Goa	3
12	Gujarat	40
13	Haryana	25
14	Himachal Pradesh	7
15	Jammu	10

1	2	3
16	Jharkhand	5
17	Karnataka	32
18	Kerala	32
19	Lakshadweep	1
20	Madhya Pradesh	49
21	Maharashtra	40
22	Manipur	4
23	Meghalaya	5
24	Mizoram	2
25	Nagaland	2
26	Odisha	36
27	Puducherry	5
28	Punjab	33
29	Rajasthan	50
30	Sikkim	3
31	Tamil Nadu	30
32	Telangana	23
33	Tripura	3
34	Uttar Pradesh	45
35	Uttarakhand	8
36	West Bengal	43
Total		646

Statement-III

Details of Apex Referral Laboratories for Chikungunya and Dengue in the Country

1. National Institute of Virology, Pune
2. National Center for Disease Control (former NICD), Delhi
3. National Institute of Mental Health & Neuro-Sciences, Bangalore
4. Sanjay Gandhi Post-Graduate Institute of Medical Sciences, Lucknow

5. Post- Graduate Institute of Medical Sciences, Chandigarh
6. All India Institute of Medical Sciences, Delhi
7. ICMR Virus Unit, National Institute of Cholera & Enteric Diseases, Kolkata
8. Regional Medical Research Centre (ICMR), Dibrugarh, Assam
9. King's Institute of Preventive Medicine, Chennai
10. Institute of Preventive Medicine, Hyderabad 11.B. J. Medical College, Ahmedabad.
12. State Public Health Laboratory, Thiruvananthapuram, Kerala
13. Defence Research Development and Establishment, Gwalior
14. National Institute for Research in Tribal Health (NIRTH) (Former RMRCT), ICMR, Jabalpur, Madhya Pradesh
15. Regional Medical Research Centre (ICMR), Bhubaneswar, Odisha
16. Andhra Medical College, Vishakhapatnam

Anaemia in Women

1994. SHRI DHARAM VIRA GANDHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is aware that the State of Food Security and Nutrition in the World 2018 Report has reported that 51.4 percent of Indian women in the reproductive age are anaemic and if so, the details thereof;

(b) whether the Government has taken or proposes to take any measure for reducing the instances of anaemia among women in reproductive age group; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) Food Security and Nutrition in the World 2018 Report states that 51.4 percent of Indian women in the reproductive age are anaemic.

Under the National Health Mission (NHM), following steps have been taken for reducing instances of anemia

among women in reproductive age group:

- Reduction of Anemia is prioritized by the Govt. under the recently launched POSHAN Abhiyaan as it aims to reduce anaemia prevalence by 3 percent per year among children, adolescents, women in reproductive age group and pregnant women between the year 2018 and 2022. In this regard, Anemia Mukht Bharat (AMB) Strategy has been formulated (also known as Intensified National Iron Plus Initiative) for holistic and comprehensive management of anemia among the six target age groups including women in reproductive age group.
- Guidelines have been issued to the States/UTs for universal screening of pregnant women at all health facilities. 180 Iron and folic acid (IFA) tablets are given in the ante natal and 180 IFA tablets are given in the post-natal period to all pregnant women. If pregnant women are found to be clinically anemic, they are given double doses of tablets as a part of treatment regimen. For Adolescent girls of 10-19 years of age weekly iron folic acid is provided throughout.
- To address anaemia due to worm infestation, deworming of pregnant women is done after first trimester of pregnancy and biannually in Adolescents.
- To tackle the problem of anemia due to malaria particularly in women and children, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are being distributed in endemic areas.
- Health and nutrition education through Information, Education and Communication (IEC) material in the form of posters, hoardings, wall-writings and audio-visuals is undertaken.

Milk Adulteration

1995. DR. SUNIL BALIRAM GAIKWAD:
SHRI AJAY MISRA TENI:
SHRI BHARAT SINGH:
SHRI MOHANBHAI KALYANJIBHAI
KUNDARIYA:

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

(a) whether nearly half the milk samples tested by the food safety regulators have been found to be non-compliant in terms of the required standards;

(b) if so, the details thereof and reasons therefor;

(c) the number of cases of milk adulteration registered in the country and the action taken against them during the last three years, State/UT-wise;

(d) whether Food Safety and Standards Authority of India (FSSAI) has sought action taken reports from all the State Governments on matter of milk adulteration in the country and if so, the details thereof and the response of the State Government thereto; and

(e) the corrective steps taken by the Government to provide quality milks to people in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Food Safety and Standards Authority of India (FSSAI) had conducted a Nationwide Qualitative Screening of milk samples for on-spot qualitative and quantitative analysis of milk samples for quality parameters viz. FAT, Solids-Not-Fat (SNF), added water, protein content and safety parameters viz. 13 adulterants, antibiotics, pesticides and aflatoxin MI covering around 1100 towns across the country. A uniform protocol and precise sampling plan was followed with trained manpower and well equipped laboratory. This survey was intended to help in identification of hotspots and root cause analysis for the same; and also designing and operation of a framework for continuous monitoring of milk quality.

The Survey was conducted from May to November 2018, through M/s VIMTA Labs with a sample size of approx. 6000 samples for qualitative analysis and 1800 samples for quantitative analysis. The interim report of National Milk Safety and Quality Survey 2018 has been released on 13th November, 2018 and is available on FSSAI website i.e. www.fssai.gov.in. As per the interim report, about 39% of milk samples were non-compliant with reference to quality parameters (fat, SNF, sugar and maltodextrin) but were without any safety issues.

Only 9.9% samples were found to be unsafe for consumption. Thus, National Milk Safety and Quality Survey, 2018 broadly suggests that milk in India is largely safe.

(c) and (d) Implementation and enforcement of the Food Safety and Standards (FSS) Act, 2006 primarily lies with State/UT Governments.

As per the information received from State /UT Governments, the number of milk samples analysed, found non-conforming to the prescribed standards and penal action taken against concerned Food Business Operators (FBOs) during the last three years is enclosed as Statement-I, II and III.

(e) In terms of Section 31 of Food Safety and Standards (FSS) Act, 2006, no Food Business shall commence or carry on without license/registration under FSS Act, 2006. Implementation and enforcement of FSS Act, 2006 primarily lies with State/UT Governments. Regular surveillance, monitoring and inspections are being carried out by the Officials of Food Safety Departments of the respective States/UTs to check compliance of the provisions laid down under FSS Act, 2006, and the rules and regulations made there under.

In compliance of directions given by the Hon'ble Supreme Court of India vide its Order dated 05.08.2016 in the matter of WP (C) No.159 of 2012 titled as Swami Achyutanand Tirth &Ors. V/s Union of India & Ors. pertaining to checking the menace of adulterated milk, FSSAI has advised States/UTs to comply with the direction of Hon'ble Supreme Court of India. Further, in order to make available good quality foodstuffs to the consumers and for keeping a check on the problems of food adulteration in the country, the state food authorities have been advised from time to time to keep a strict vigil by regularly drawing food samples from all sources viz. manufacturers, wholesalers and retailers and to take strict action against the offenders under the provisions of FSS Act, 2006. In cases where samples are found to be non-conforming, penal actions are initiated against the defaulting FBOs as per the provisions of FSS Act, 2006, and Rules and Regulations made thereunder.

Statement-I

Annual Public Laboratory Testing Report for Milk for the year 2015-16

State	No. of Samples Analyzed	No. of Samples found Adulterated/ Misbranded	No. of Cases Launched		No. of Convictions / Penalties		
			Criminal	Civil	Convictions	Penalties no.	Penalties amount
1	2	3	4	5	6	7	8
Andaman and Nicobar Islands	9	4	0	0	0		0
Andhra Pradesh	205	22	1	7		5	48500
Arunachal Pradesh	21	1		1	0	1	2000
Bihar	6	0					
Chandigarh	18	3		3			500000
Chhattisgarh	15	2					
Dadra and Nagar Haveli	2	0					
Daman and Diu	7	0					
Goa	24	0					
Gujarat	916	80		60	38	205	823156
Haryana	160	21		28		11	222000
Himachal Pradesh	21	7		2	1		5000
Jammu and Kashmir	99	43		49	25		219700
Kerala	44	3					

1	2	3	4	5	6	7	8
Madhya Pradesh	725	144	11	120	61	100	2878000
Maharashtra	1171	285	32	80	9	68	1503050
Meghalaya	7	5					
Odisha	14	5	0				
Puducherry	58	0					
Punjab	1220	389	32	295	5	101	
Tamil Nadu	106	34	16	9	9	63000	
Uttar Pradesh	2787	1515	57	1224	397	763	21070200
Total	7635	2563	133	1885	545	1263	Rs. 27334606

Source: States/UTs; *Note:* Some of the States/UTs have shared consolidated data and not shared the data/complete data in respect of particular food category like Milk. Therefore, such States/UTs data is not reflected in the report.

Statement-II

Annual Public Laboratory Testing Report for Milk for the year 2016-17

State	No. of Samples Analyzed	No. of Samples found Adulterated/ Misbranded	No. of Cases Launched		No. of Convictions / Penalties		
			Criminal	Civil	Convictions	Penalties no.	Penalties amount
1	2	3	4	5	6	7	8
Andhra Pradesh	297	28	6	14	9	805000	
Arunachal Pradesh	15						
Assam	57	21	5				
Chandigarh	4	1	1	15000			
Delhi	8	1					
Goa	102	2					
Haryana	147	43	2	27	6	55100	
Himachal Pradesh	18	2	1	30000			
Jammu and Kashmir	518	84	189	76			
Kerala	49	5	0	1	35000		
Madhya Pradesh	524	86	14	66	33	67	347500
Maharashtra	1817	359	3	293	108	1216763	
Manipur	24	0					
Odisha	25	8					

1	2	3	4	5	6	7	8
Puducherry	73	55					
Punjab	999	199	5	243	52602		
Rajasthan	342	36	10	7	0	3	4500
Tamil Nadu	152	56	0	51	35	38	309500
Telangana	70	11	0	10			
Uttar Pradesh	2468	1306	19	1138	364	776	18894950
West Bengal	8	4					
Total	7717	2307	59	2045	540	976	Rs. 21765915

Source: States/UTs; *Note:* Some of the States/UTs have shared consolidated data and not shared the data/complete data in respect of particular food category like Milk. Therefore, such States/UTs data is not reflected in the report.

Statement-III

State	No. of Samples Analyzed	No. of Samples found Adulterated/ Misbranded	No. of Cases Launched		No. of Convictions / Penalties		
			Criminal	Civil	Convictions	Penalties no.	Penalties amount
1	2	3	4	5	6	7	8
Andaman and Nicobar Islands	76	44	-	-	-	-	-
Andhra Pradesh	171	18	03	09	09	07	285000
Arunachal	12						
Assam	63	08	0	03	02	02	12,000
Bihar 125							
Chandigarh	10	03	0	02	-	-	10,000
Chhattisgarh	41	12	0	03	01	15,000	
Dadra and Nagar Haveli	21						
Daman and Diu	03						
Goa	119	0					
Gujarat	548	75	02	43	42	42	11,28,500
Haryana	123	21	-	25	-	31	2,65,500
Himachal	08	03	01	01	0	02	45,000
Jammu and Kashmir	518	228	220	82	149	8,78,400	
Jharkhand	07	04					
Kerala	153	15	16	7	8	1,57,000	

1	2	3	4	5	6	7	8
Maharashtra	2,030	311	0	145	20	49	5,60,000
Manipur	102	26					
Meghalaya	25						
Nagaland	24	18					
Odisha	08	03					
Puducherry	164						
Punjab	1420	485	01	175	02	112	6,24,150
Rajasthan	559	85	19	25	0	23	38,000
Tamil Nadu	393	101	07	63	64	65	4,19,000
Tripura	08	02					
Uttar Pradesh	5,042	2,631	05	2,000	778	1,078	2,59, 65,000
Uttarakhand	214	50					
West Bengal	11	07					
Total	11,998	4150	38	2730	1006	1569	3,04,02,550

Source: States/UTs; Note: Some of the States/UTs have shared consolidated data and not shared the data/complete data in respect of particular food category like Milk. Therefore, such States/UTs data is not reflected in the report.

Impact of Climate Change

1996. SHRI NINONG ERING: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has conducted/proposes to conduct any study to assess the impact of climate change on the natural ecosystems and biodiversity of the Himalayas and the North-East region, including Arunachal Pradesh;

(b) if so, the details thereof;

(c) whether the Government intends to build a database to document the changes in natural ecosystems and biodiversity due to climate change in the said regions and if so, the details thereof; and

(d) the details of other steps taken by the Government to safeguard the biodiversity and help local communities adapt to climate change along with the funds provided in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY

OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) The Ministry of Environment, Forest and Climate Change has carried out a study titled "Climate Change and India: A 4X4 Assessment - A Sectoral and Regional Analysis for 2030s" which provides assessment of impacts of climate change in 2030 on four key sectors of Indian economy, namely, agriculture, water, forests and human health in four climate sensitive regions of India, namely, the Himalayan region, the Western Ghats, the Coastal region and the North-Eastern Region.

In order to mitigate the impacts of climate change in the Himalayan region, the Government is implementing the National Mission for Sustaining the Himalayan Ecosystem (NMSHE) under the National Action Plan on Climate Change (NAPCC). As part of NMSHE, six thematic task forces anchored around six lead institutions have been set up. These institutions are undertaking studies to assess the health of Himalayan ecosystem in the areas of natural & geological wealth, water, ice, snow, including glaciers, micro flora & fauna, wildlife & animal population, forest resources & plant biodiversity and agriculture. In addition, an Inter-University Consortium on "the

Himalayan Cryosphere: Science and Society" has been set up to look into Cryosphere-Societal interactions. The State Climate Change Cells (SCCCs) have been established in 11 Himalayan states to undertake studies on climate change risk and vulnerability assessment, capacity building and public awareness. Further, based on the analysis of long term satellite data, Indian Space Research Organization (ISRO) has shown a mean upward shift in alpine treeline in Himalayas; treeline upward shift in Arunachal Pradesh and elevation shifts in Sikkim Himalaya.

(c) Database on the Biodiversity Characterization was generated under a joint project of Department of Space and Department of Biotechnology, which includes plant species information collected from 1800 sample plots, distributed in 27 vegetation types in North-East India and 1500 sample plots distributed in 20 vegetation types in Western Himalaya.

(d) The Government has notified the Biological Diversity Act, 2002 which is aimed towards conservation of biological diversity, sustainable use of its components, and fair and equitable sharing of benefits arising out of the use of biological resources and associated traditional knowledge. The Act is implemented through a three-tiered institutional structure: National Biodiversity Authority, State Biodiversity Boards, and Biodiversity Management Committees at the local body level.

Towards safeguarding the biodiversity and help local communities to adapt to climate change, five Nature Learning Centres and five State Government Projects in States of Indian Himalayas have been initiated in close coordination with respective State Forest Departments and local agencies. Total fund of Rs 32.92 crore have been allocated for implementation for the period of three years, in the States of Assam, Himachal Pradesh, Manipur, Nagaland and Tripura.

Male Contraceptives

1997. SHRI RABINDRA KUMAR JENA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has taken initiatives to increase male participation in Family Planning, if so, the details thereof;

(b) the details of States that have better male participation in family planning;

(c) whether the Government is devising initiatives to introduce newer contraceptives for males in the country;

(d) if so, the details thereof; and

(e) whether Government is planning to increase the frequency of 'Vasectomy Fortnight' in the country, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) Yes. The initiatives undertaken by the Government to increase male participation in Family Planning are:

1. 'Vasectomy Fortnight' is being observed in the month of November every year in all States of India to raise awareness on male participation and promotion of male sterilization.
2. Training of service providers in No Scalpel Vasectomy (NSV) to enhance the pool of service providers.
3. Under the enhanced compensation scheme for sterilization, the compensation for male sterilization has been substantially increased.
4. A 360 degree media campaign underlining the role of men in family planning has been rolled out to encourage men to adopt FP methods.
5. The 'Home Delivery of Contraceptive Scheme' aims at delivering contraceptives including condoms to the beneficiaries.
6. Condom boxes have been set up in all facilities to enable clients to access the contraceptives in privacy.

(b) Details of States having better Male participation in Family Planning as per NFHS 4 are enclosed as Statement.

(c) No.

(d) Does not arise.

(e) In Mission Parivar Vikas Districts (Districts with TFR>3), Government is conducting 4 Mission Parivar Vikas campaigns in a year. These campaigns involve extensive mobilization activities including promotion of male participation and assured vasectomy services.

Statement*Details of States having better Male Participation in Family Planning*

Source NFHS-4

Sl. No.	State	Male participation (Male sterilization + Condom)
j	Chandigarh	28.6
2	Delhi	20.2
3	Punjab	19.5
4	Uttarakhand	16.8
5	Himachal Pradesh	15.1
6	Haryana	12.6
7	Jammu and Kashmir	11.7
8	Uttar Pradesh	10.9
9	Rajasthan	8.9
10	Sikkim	8.6
1 i	Maharashtra	7.5
12	Goa	7.1
13	West Bengal	6.0

Rehabilitation of Animals

1998. DR. KAMBHAMPATIHARIBABU: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government is considering to rehabilitate the animals which are used in the mobile entertainment industry and if so, the details thereof;

(b) whether the Government intends to rope in the civil society organizations working for these animal rights, to help in rehabilitation of the animals; and

(c) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (c) Government of India has enacted the Prevention of Cruelty to Animals Act, 1960 and has framed rules under the Act to prevent infliction of unnecessary pain and suffering to the animals.

Framing of rules is an ongoing process. The Government besides making use of its own shelter houses also makes use of civil society organisations and Non-Governmental Organisations working for animal rights to rehabilitate animals as and when required.

Translocation of Tigers

1999. SHRI NAGENDRA KUMAR PRADHAN: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has suspended the project for translocation of tigers in Satkosia Tiger Reserve in Odisha; and

(b) if so, the details thereof and the reasons therefor along with the present status of the project?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) Yes, Madam. The tiger translocation at the Satkosia Tiger Reserve in Odisha has been kept in abeyance, due to inadequate community engagement and non-compliance of advisories of the National Tiger Conservation Authority.

[Translation]

PACL

2000. SHRIMATI TABASSUM BEGUM: Will the Minister of FINANCE be pleased to state:

(a) the measures being taken by the Government for speedy refund of investor's money who have invested in Pearls Agrotech Corporation Limited (PACL); and

(b) the details of the action taken on the recommendation made by Justice RM Lodha Committee in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) and (b) Pursuant to the order dated 02.02.2016 of the Hon'ble Supreme Court in the matter of PACL Ltd., SEBI constituted a committee under the Chairmanship of Hon'ble Mr. Justice R.M.Lodha, former Chief Justice of India (the Committee) to dispose of the properties of PACL Ltd. so that the sale proceeds could be used to pay the investors who have invested.

The Committee in furtherance of this mandate initiated the process of refund to the investors vide a

Press Release dated 02.01.2018 whereby, at the first instance, the Committee sought investors having a total outstanding amount (principal) of up to Rs. 2,500 with PACL to submit claim applications.

The applications for refund received as on the date of closing of receipt of applications on 31.03.2018 have been processed and upon verification refunds have been effected in respect of the verified applications by transfer of refund amount to the bank accounts as provided in the said verified applications.

[English]

Medical Practitioners

2001. SHRIMATI DARSHANA VIKRAM JARDOSH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that some developed nations have compulsory re-registration rules for medical practitioners after a certain period to recheck their professional skills;

(b) if so, the details thereof and the reasons for not introducing the same in our country;

(c) the number of medical practitioners registered with MCI or State Medical Councils who have not submitted information about their participation in professional meetings as a part of CME within the stipulated time during the last three years and action taken against them; and

(d) the details of updated status in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) As on date, the Indian Medical Council Act, 1956 does not provide for re-registration of doctors. Medical Council of India (MCI), with the previous approval of the Central Government, has notified Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, which, inter-alia, prescribe that a Physician should participate in professional meetings as a part of Continuing Medical Education (CME). In order to enhance professional skills and to update their medical knowledge, such CMEs must be attended by medical practitioners for at least 30 hours every 5 years, organised by reputed professional academic bodies or any other authorised organisations. Further, no such data is maintained centrally with regard to the medical practitioners who have not submitted information about

their participation in professional meetings as a part of CME.

[Translation]

Illegal Operations of Shell Companies

2002. SHRIMATI RAMA DEVI:

SHRI RAM TAHAL CHOUDHARY:

Will the Minister of FINANCE be pleased to state:

(a) whether the Government has reported a large number of shell companies operating in the country; and

(b) if so, the details thereof and decision made by the Government during their regular meetings and subsequent action taken against the persons/businessmen involved in the illegal operation of these shell companies during the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) The term 'shell company' has not been defined under the Income-tax Act, 1961 or under the Companies Act, 2013. However, the Special Task Force set up by the Government to look into the issue of shell companies has, inter alia, recommended the use of certain red flag indicators as alerts for identification of shell companies.

Further, section 248(1)(c) of the Companies Act, 2013 provides for removal of name of company from the register of companies, if it is not carrying on any business or operation for a period of two immediately preceding financial years and has not made any application for obtaining the status of a dormant company under section 455 of the Companies Act, 2013 within such period.

Accordingly, the Government has undertaken a special drive for identification and strike-off of companies by following due process of law. Around 2.26 lakhs companies were struck off from the register of companies in the first drive undertaken by the Government. Similarly, 1,00,150 companies were struck off in the second drive.

Further, 3.09 lakh directors were also disqualified under section 164(2)(a) read with Section 167(1) of the Companies Act, 2013 for non-filing of Financial Statements or Annual Returns for continuous period of three financial years by the companies.

Central Bureau of Investigation (CBI) has registered 91 cases against 632 shell companies during the last 3 years (2015, 2016 and 2017) and 2018 (up to 30.11.2018).

Unethical Medical Practices

2003. DR. RAMESH POKHRIYAL "NISHANK": Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the steps taken by the Government to check allurement given to the doctors by the pharmaceutical companies for prescribing their medicines;

(b) whether pharmaceutical companies send doctors to foreign countries on holidays to prescribe their medicines and if so, the details thereof and the steps taken by the Government to check it;

(c) whether the Government has launched any special campaign to promote generic medicines and if so, the details thereof; and

(d) the other steps being taken to link doctors with activities related to new technology and research developments?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) The Uniform Code of Pharmaceuticals Marketing Practices (UCPMP) announced by the Department of Pharmaceuticals in December, 2014 which is in operation since 01.01.2015 for voluntary adoption by pharma industry provides that the manufacturers should not use any unethical practices for luring doctors to boost sales of their products.

In certain cases, complaints have been received by D/o Pharmaceuticals against some pharmaceutical companies for using unethical practices for promoting their products. These complaints were examined and suitable action was taken by that Department as per the provision of the Uniform Code of Pharmaceuticals Marketing Practices (UCPMP).

Further, Clause 6.8 (Code of Conduct for doctors in their relationship with pharmaceutical and allied health sector industry) of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 prohibits doctors from taking gifts, travel facilities, hospitality and case or monetary grants from pharmaceutical and allied health sector industry. The said regulation empower the Medical Council of India and respective State Medical Council to award punishment to a doctor against any act in violation of code of Ethics.

(c) In order to promote the use of generic drugs and make available quality generic medicines at affordable prices, 'Pradhan Mantri Bhartiya Janaushadhi Pariyojana'

(PMBJP) was launched by the Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, Government of India in the country. At present, 4571 PMBJP Kendras are functional in 35 States/UTs of the country.

Further, the Ministry of Health & Family Welfare has taken various regulatory measures to promote and ensure the quality of generic medicines. These include instructions to Licensing Authorities to grant/ renew licenses to manufacture for sale or for distribution of drugs in proper/generic names only, amendment in the Drugs and Cosmetics Rules, 1945 for making it mandatory to grant license for a drug formulation containing single active ingredient in proper name only, and inclusion of provision in the Rules, 1945 for submission of the result of bioequivalence study alongwith application for grant of manufacturing license in the case of certain drugs and also provision for joint inspection of manufacturing establishment by the Drugs Inspectors of Central Government and State Government.

Medical Council of India (MCI) has notified an amendment in Clause 1.5 of Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, which stipulates that "Every physician should prescribe drugs with generic names legibly and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drugs". Medical Council of India vide its Circulars dated 21.04.2017, 22.11.2012 and 18.01.2013 has reiterated that all physicians should prescribe drugs with generic names. Instructions have also been issued to all the Central Government Health Scheme (CGHS) Wellness Centers to ensure that prescription is only by generic name wherever generic drugs are available.

(d) As per the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, a Physician should participate in professional meetings as a part of Continuing Medical Education (CME). In order to enhance professional skills and to update their medical knowledge, such CMEs must be attended by medical practitioners for at least 30 hours every 5 years, organized by reputed professional academic bodies or any other authorized organisations.

Shortage of Doctors in Health Centres

2004. SHRI UDAY PRATAP SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government contemplates/is contemplating to take any remedial steps to meet the

huge shortage of doctors in Government health centres in the country particularly to improve the doctor-patient ratio in rural areas;

(b) if so, the details thereof;

(c) whether the Government has conducted any survey/assessment of rural health centres during the last two years and the current year; and

(d) if so, the details thereof and the reaction of the Government thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Public health and hospitals being a State subject, the primary responsibility to ensure availability of doctors in public health facilities lies with the State/UT Governments. However, under the National Health Mission (NHM), financial and technical support is provided to States/UTs to strengthen their healthcare systems including support for engagement of doctors on contractual basis, based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs) within their overall resource envelope.

Shortage of doctors varies from State to State depending upon their policies and context. However, the Government has taken various remedial steps to meet the huge shortage of doctors in Government health centres in the country particularly to improve the doctor-patient ratio in rural areas. These steps include:

- I. The ratio of teachers to students has been revised from 1:1 to 1:2 for all MD/MS disciplines and 1:1 to 1:3 in subjects of Anaesthesiology, Forensic Medicine, Radiotherapy, Medical Oncology, Surgical Oncology and Psychiatry in all medical colleges across the country. Further, teacher: student ratio in public funded Government Medical Colleges for Professor has been increased from 1:2 to 1:3 in all clinical subjects and for Associate Prof, from 1:1 to 1:2 if the Associate Prof, is a unit head. This would result in increase in number of specialists in the country.
- II. Diplomate of National Board (DNB) qualification has been recognized for appointment as faculty to take care of shortage of faculty.

- III. Enhancement of maximum intake capacity at MBBS level from 150 to 250.
- IV. Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/clean/principal/ director in medical colleges from 65-70 years.
- V. Relaxation in the norms of setting up of Medical College in terms of requirement for land, faculty, staff, bed/bed strength and other infrastructure.
- VI. Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats.
- VII. Establishment of New Medical Colleges by upgrading district/referral hospitals preferably in underserved districts of the country.
- VIII. Strengthening of districts hospitals to run DNB/ CPS courses.

Further in order to encourage doctors to work in remote and difficult areas, the Medical Council of India, with the previous approval of Central Government, has amended the Post Graduate Medical Education Regulations, 2000 to provide:

- 50% of the seats in Post Graduate Diploma Courses shall be reserved for Medical Officers in the Government service, who have served for at least three years in remote and difficult areas. After acquiring the PG Diploma, the Medical Officers shall serve for two more years in remote and/or difficult areas; and
- Incentive at the rate of 10% the marks obtained for each year in service in remote or difficult areas upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

(c) and (d) No. However, working of National Health Mission (NHM) is reviewed/assessed inter-alia through external surveys such as, National Family Health Survey (NFHS) and Sample Registration System (SRS). Further, Common Review Missions (CRMs) also undertake a review of NHM every year. The report of 11th CRM is available in public domain as under:

http://nhm.gov.in/New_Updates_2018/In_Focus/11th_CRM_Report_Web.pdf_Web.pdf

*[English]***NIPAH Virus**

2005. PROF. RICHARD HAY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Nipah Virus had claimed 18 lives in Kerala and if so, the reaction of the Government thereto;

(b) the number of people who died due to Nipah Virus in the country during the current year till date; and

(c) the steps taken/being taken by the Government to control the spread of disease due to Nipah Virus in the country particularly in Kerala along with funds allocated for the purpose?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) and (b) The National Centre for Disease Control has reported 17 deaths due to Nipah virus disease from the Kozhikode and Malappuram districts of Kerala this year, out of which 16 deaths were laboratory confirmed. No other confirmed case of Nipah virus disease was reported from any other part of the country during this year.

(c) Multi-disciplinary Central Teams consisting of doctors and other experts were immediately sent to assist the State Government in epidemiological investigation, contact tracing, surveillance, technical support for firming up treatment protocols, ventilator management, infection prevention and control measures and use of Personal Protection Equipment (PPE). The Central teams also assisted the State Government for risk communication to the community, public, stakeholders and other partners. With the timely intervention by the Centre and the State Governments, the spread of the disease was contained immediately.

*[Translation]***Insurance Companies**

2006. SHRIMATI NEELAM SONKER: Will the Minister of FINANCE be pleased to state:

(a) the details of total number of Government and private insurance companies operating in the country;

(b) whether the beneficiaries of the insurance scheme are linked with health services and complete health cover and if so, the details thereof;

(c) whether the Government has constituted any investigation team which can verify the forms of all insurance beneficiaries of the insurance companies; and

(d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) The details of total number of insurance companies both public and private operating in the country are given in enclosed Statement.

(b) The Health Insurance policies offered by Insurance Companies cater to varied healthcare needs of policyholders/beneficiaries or targeted market segment. The coverage is normally granted to various treatments arising out of illnesses/diseases covered under Health Insurance Policy.

The Health Insurance policies are offered with varied features either on indemnity basis (where costs of treatment are reimbursed) or on benefit based (where a fixed sum is paid on the policyholder contracting the defined critical illness) and normally include providing cover for (i) hospitalization, (ii) defined benefit on contracting defined critical illnesses, (iii) hospitalization during overseas travel, (iv) accidental temporary/permanent disability and (v) accidental death. Pre-hospitalization and post-hospitalization expenses are also covered as per the policy terms and conditions.

(c) and (d) No, the Government has not constituted any investigation team.

Statement

Details of total number of insurance companies both public and private operating in the country

Life Insurance Companies**Public Sector Companies**

1 Life Insurance Corporation of India

Private Sector Companies

1 Aditya Birla Sun Life Insurance Co Ltd

2 AEGON Life Insurance Co Ltd

3 Aviva Life Insurance Co Ltd

4 Bajaj Allianz Life Insurance Co Ltd

5 Bharti AXA Life Insurance Co Ltd

- 6 Canara HSBC OBC Life Insurance Co Ltd
- 7 DHFL Pramerica Life Insurance Co Ltd
- 8 Edelweiss Tokio Life Insurance Co Ltd
- 9 Exide Life Insurance Company Limited
- 10 Future Generali India Life Insurance Co Ltd
- 11 HDFC Standard Life Insurance Co Ltd
- 12 ICICI Prudential Life Insurance Co Ltd
- 13 IDBI Federal Life Insurance Co Ltd
- 14 IndiaFirst Life Insurance Co Ltd
- 15 Kotak Mahindra Old Mutual Life Insurance Co Ltd
- 16 Max Life Insurance Co Ltd
- 17 PNB MetLife India Insurance Co Ltd
- 18 Reliance Life Insurance Co Ltd
- 19 Sahara India Life Insurance Co Ltd
- 20 SBI Life Insurance Co Ltd
- 21 Shriram Life Insurance Co Ltd
- 22 Star Union Dai-ichi Life Insurance Co Ltd.
- 23 Tata AIA Life Insurance Co Ltd

General Insurance Companies/ Standalone Health Insurance Companies/ Specialised Insurers

Public Sector General Insurance Companies

- 1 National Insurance Co. Ltd.
- 2 The New India Assurance Co. Ltd.
- 3 The Oriental Insurance Co. Ltd.
- 4 United India Insurance Co. Ltd.
- 5 General Insurance Corporation of India

Private Sector General Insurance Companies

- 1 Acko General Insurance Ltd.
- 2 Bajaj Allianz General Insurance Co Ltd
- 3 Bharti AXA General Insurance Co Ltd
- 4 Cholamandalam MS General Insurance Co Ltd
- 5 DHFL General Insurance Limited
- 6 Edelweiss General Insurance Company Limited

- 7 Future Generali India Insurance Co. Ltd
- 8 Go Digit General Insurance Ltd.
- 9 HDFC ERGO General Insurance Co Ltd
- 10 ICICI Lombard General Insurance Co Ltd.
- 11 IFFCO Tokio General Insurance Co Ltd
- 12 Kotak Mahindra General Insurance Co. Ltd.
- 13 Liberty General Insurance Co. Ltd.
- 14 Magma HDI General Insurance Co. Ltd
- 15 Raheja QBE General Insurance Co Ltd
- 16 Reliance General Insurance Co. Ltd.
- 17 Royal Sundaram General Insurance Co. Ltd
- 18 SBI General Insurance Co. Ltd.
- 19 Shriram General Insurance Co. Ltd.
- 20 Tata AIG General Insurance Co. Ltd.
- 21 Universal Sampo General Insurance Co Ltd

Private Sector Standalone Health Insurance companies

- 1 Aditya Birla Health insurance Co Limited
- 2 Apollo Munich Health Insurance Co Ltd.
- 3 CignaTTK Health Insurance Co Ltd
- 4 Max Bupa Health Insurance Co Ltd
- 5 Religare Health Insurance Co. Ltd.
- 6 Star Health and Allied Insurance Co Ltd
- 7 Reliance Health Insurance Co. Ltd

Specialized Insurers (Public Sector Companies)

- 1 Exports Credit Guarantee of India Co Ltd
- 2 Agriculture Insurance Company of India Ltd

Total number of Government Insurance Companies-8

Total number of Private Insurance Companies-51

Medical Education

2007. COL. SONARAM CHOUDHARY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is aware that youths of the country are going abroad particularly to Russia and

China to get medical education and if so, the details thereof;

(b) whether the Government recognises such doctors trained abroad as qualified doctors to practice in the country under the regulations of Indian Medical Council and if so, the details thereof;

(c) whether the Government is taking concrete steps to provide opportunity in the field of medical education in the country and stop migration of youth; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Some students migrate abroad including Russia and China for pursuing medical education. Section 13(4A) of the Indian Medical Council Act, 1956 prescribes that an Indian citizen who obtains primary medical qualification (undergraduate) granted by any medical institution outside the country shall have to qualify screening test and the foreign medical qualification obtained by such person shall be deemed to be the recognised medical qualification after such person qualifies the said screening test.

(c) and (d) The Government has taken various measures to increase the availability of medical seats in the country. 82 Government medical colleges have been approved under the Centrally Sponsored Scheme for establishment of new medical colleges in underserved areas in 21 States/UTs. There is another scheme for strengthening/ upgradation of existing State Government/ Central Government Medical Colleges to increase MBBS seats. Government has also relaxed the norms for Medical College in terms of requirement for land, faculty, staff, bed strength and other infrastructure to facilitate the setting up of new medical colleges. During the last five years 118 new medical colleges have been established. The MBBS intake capacity has been increased by 18635 seats during the same period.

[English]

Share of GDP

2008. DR. SANJAY JAISWAL: Will the Minister of FINANCE be pleased to state:

(a) the details of the current share of Gross Domestic Product (GDP) of the Agriculture and Corporate Sectors; and

(b) the share of population who are dependent of Agriculture and the population working with the Corporate Sector?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) The share of Agriculture & allied and Corporate Sector (comprising private financial, private non-financial, public financial and public non-financial corporations) in Gross Value Added (GVA) at current basic prices is given below.

Table: Share in GVA at current basic prices (per cent)

Sector	2015-16#	2016-17@	2017-18	2018-19 (April-September)
Agriculture, livestock, forestry and fishing	17.7	17.9	17.1	13.5
Corporate Sectors	46.9	46.7	NA	NA

Source: Central Statistics Office

Note:

#: 2nd Revised Estimates; @: 1st Revised Estimates; *: Provisional Estimates; NA: Not available

(b) As per the National Sample Survey Office (NSSO) 68th round report "Key Indicators of Employment and Unemployment in India 2011-12", the share of workers engaged in Agriculture sector was 48.9 per cent under the usual status (principal status and subsidiary status). The nation-wide official estimates of population working in Corporate Sector are not available.

Medical Council of India

2009. DR. PRITAM GOPINATH MUNDE:
SHRI ANANDRAO ADSUL:
SHRI ADHALRAO PATIL SHIVAJIRAO:
SHRI SHRIRANG APPA BARNE:

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

(a) whether the 1998 guidelines of the Medical Council of India on the Eligibility and Qualifications of Teachers had provision to appoint persons with M.Sc. qualification as non-medical teachers in the five non-clinical departments, if so, the details thereof;

(b) whether prior to the 1998 amendment of the MCI's TEQ guidelines, these non-medical teachers could rise up to the post of Professor without Ph.D.;

(c) if so, the details thereof;

(d) whether MCI has modified its guidelines to the disadvantage of non-medical teachers, if so, the details thereof; and

(e) whether thousands of non-medical teachers who are already working in medical colleges are facing any threat to their jobs, if so, the details thereof and the response of the Government thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) As per Medical Council of India's Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998 in the Departments of Anatomy, Physiology, Pharmacology and Microbiology, non-medical teachers may be appointed to the extent of 30% of the total number of the posts in the department. A non-medical approved medical M.Sc. qualification shall be a sufficient qualification for appointment as Assistant Professor in the subject concerned but for promotion to higher teaching post, a candidate must possess Ph.D. degree in the subject. Heads of the Departments of pre and para clinical subjects must possess recognized basic University degree qualification i.e. MBBS or equivalent qualification. However, in the Department of Biochemistry, non-medical teachers may be appointed to the extent of 50% of the total number of posts in the department. In case of the paucity of teachers in non-clinical departments relaxation upto the Head of the Department may be given by the appointing authority to the non-medical persons if suitable medical teacher in the particular non-clinical specialty is not available for the said appointment. However, such relaxation will be made only with the prior approval of the Medical Council of India. A non-medical person cannot be appointed as Director or Principal or Dean or Medical Superintendent. AM

(b) and (c) Medical Council of India informed that prior to the Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998, it had also prescribed Ph.D. qualification alongwith M.Sc in the subject for further promotion to the post of Associate Professor / Professor.

(d) No.

(e) Does not arise.

[Translation]

Anganwadi Workers/Helpers

2010. SHRIMATI BHAVANA PUNDALIKRAO GAWALI
PATIL:

SHRI AJAY NISHAD:

SHRI NABA KUMAR SARANIA:

KUMARI SUSHMITA DEV:

SHRI ABHIJIT MUKHERJEE:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) the total number of Anganwadi Kendras/Centres in the country along with the number of workers/Helpers working under them, State/UT-wise including Assam, district-wise;

(b) whether these Kendras and Workers are functioning without basic facilities and if so, the details thereof and reasons therefor along with the facilities provided by the Government in these centres;

(c) whether the Government has reviewed the functioning of the Anganwadi Kendras and proposes to conduct National level/regional level symposium to impart training to Anganwadi workers/helpers and if so, the details thereof;

(d) whether the Government has received any proposal or proposes to increase the allowance/salary/honorarium paid to these Workers/Helpers and if so, the details thereof along with the steps taken by the Government for their upliftment;

(e) the details of the training imparted to Anganwadi workers/helpers;

(f) whether the Government has made any provision of funds for providing medicine kit, utensils and other items in the Anganwadi Centres and if so, the details thereof alongwith the total funds allocated, released and utilised under Anganwadi Service Scheme during the last five years, State/UT-wise including Assam; and

(g) whether the funds provided for the purpose are sufficient, if so, the details thereof and if not, the steps taken by the Government to enhance the allocation of funds for this purpose?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS

(DR. VIRENDRA KUMAR): (a) The total number of Anganwadi Kendras/Centres in the country along with the number of workers/Helpers working under them, State/UT-wise including Assam, are given at enclosed Statement-I. District-wise data for the State of Assam as provided by the State Government is at enclosed Statement-II.

(b) Out of 13.63 lakh operational Anganwadi Kendras/Centres, 12.83 lakh AWCs/ mini-AWCs have reported about 86.15% AWCs are running from the pucca buildings and remaining 13.85% from kutcha buildings. About 86% and 68% operational Anganwadi Centres (AWCs) have the drinking water and toilets facilities respectively. Besides, other basic facilities such as medicine kit, pre-school kit, utensils, gas stove, etc. are provided.

(c) Review of the Anganwadi Kendras/Centres is in-built in the guidelines issues by this Ministry. Review is also done by the Government of India periodically through workshop, meeting, and review with States / UTs. Providing training to Anganwadi Workers(AWWs)/ Anganwadi Helpers(AWHs) is continuous process at Anganwadi Worker Training Centres by way of induction training at the time of appointment and refresher course from time to time.

(d) The AWW and AWH are paid fixed honorarium per month as decided by the Government from time to time. The Government has, recently, enhanced honorarium to AWWs from Rs.3,000/- to Rs.4,500/- per month; AWWs at mini-AWCs from Rs.2,250/- to Rs.3,500/- per month; AWHs from Rs.1,500/- to Rs.2,250/- per month; and introduced performance linked incentive of Rs.250/- per month to AWHs effective from 1st October, 2018. Further, the AWWs are allowed performance linked incentive of Rs. 500/- per month for using ICDS-CAS under POSHAN Abhiyaan.

(e) Anganwadi Workers and Anganwadi Helpers are provided following types of trainings under the Umbrella Integrated Child Development Services (ICDS) Scheme at the Anganwadi Workers Training Centres (AWTCs):-

- (i) Induction Training to the newly recruited/promoted AWWs/AWHs at the time of joining; and
- (ii) Job training to the newly recruited/promoted AWWs within a period of one year of their recruitment/promotion.

Further, the Anganwadi Services (ICDS) functionaries are encouraged for optimal utilization of online trainings viz. (i) E-Learning, (ii) Incremental Learning Approach (ILA) and (iii) Electronic Incremental Learning Approach (e-ILA). E-Learning is an interactive, user friendly and self-study platform created to provide an access to technical concepts. Under the POSHAN Abhiyaan the capacity building of AWWs is done through ILA having 21 training modules. Another approach adopted under POSHAN Abhiyaan is e-ILA software developed as a comprehensive training and evaluation web based learning portal for the field workers.

(f) The Government has made provision of funds for providing medicine kit @Rs.1500 per annum for Anganwadi Centres and @ Rs.750/- per annum for Mini-anganwadi Centres and other administrative expenses under Anganwadi Services are @Rs.2000/- per annum for Anganwadi Centres and @Rs.1000 per annum for Mini-anganwadi centres. Funds released and utilised under Anganwadi Service Scheme during the last five years State/UT-wise including Assam is enclosed as Statement-III.

(g) The funds provided for various components of the scheme are sufficient. Details are provided in enclosed Statement-III.

Statement-I

Anganwadi Centres (including mini-Anganwadi Centres) Sanctioned, Operational & Anganwadi Workers & Helpers In-position under Anganwadi Services Scheme Quarter Ending June 2018

Sl. No.	State/UTs	No. of Anganwadi Centres		Anganwadi Workers Working (In-position)	Anganwadi Helpers Working (In-position)
		Sanctioned	Operational		
1	2	3	4	5	6
1	Andhra Pradesh	55607	55606	51676	43316
2	Telangana	35700	35634	33744	28947

1	2	3	4	5	6
3	Arunachal Pradesh	6225	6225	6225	6225
4	Assam*	62153	62153	60969	55941
5	Bihar	115009	91677	88174	81130
6	Chhattisgarh	52474	50596	48995	42755
7	Goa	1262	1258	1208	1153
8	Gujarat	53029	53029	51595	48710
9	Haryana	25962	25962	25347	24891
10	Himachal Pradesh	18925	18925	18738	18386
11	Jammu and Kashmir	31938	29599	28707	29599
12	Jharkhand	38432	38432	35424	33117
13	Karnataka	65911	65911	63186	59026
14	Kerala	33318	33244	33102	32953
15	Madhya Pradesh	97135	97132	97133	84465
16	Maharashtra	110486	109779	106488	91174
17	Manipur	11510	11510	10274	9497
18	Meghalaya	5896	5896	5896	4630
19	Mizoram	2244	2244	2244	2157
20	Nagaland	3980	3980	3980	3980
21	Odisha	74154	72587	69625	60168
22	Punjab	27314	26988	26462	24772
23	Rajasthan	62010	61974	58744	52257
24	Sikkim	1308	1308	1289	1285
25	Tamil Nadu	54439	54439	38827	35154
26	Tripura	10145	10145	9911	9911
27	Uttar Pradesh	190145	187997	172965	149561
28	Uttrakhand	20067	20067	19280	14194
29	West Bengal	119481	115515	107372	101337
30	Andaman and Nicobar Islands	720	720	720	689

1	2	3	4	5	6
31	Chandigarh	500	500	458	419
32	Delhi	11150	10897	9590	10748
33	Dadra & N Haveli	302	302	302	233
34	Daman and Diu	107	107	102	102
35	Lakshadweep	107	107	107	96
36	Puducherry	855	855	855	855
All India		1400000	1363300	1289714	1163833

* As per data updated as on 17-12-2018 by Assam State.

Statement-II

Sanctioned Anganwadi Centres (including mini-Anganwadi) working (In Position) of Anganwadi workers and Anganwadi Helpers

State: Assam

Sl. No.	Name of District	Sanctioned Anganwadi Centres	Anganwadi Workers working (In- position)	Anganwadi Helpers working (In- position)
1	2	3	4	5
1	Cachar	3941	3926	3781
2	Hailakandi	1374	1372	1341
3	Karimganj	1574	1507	1488
4	Dima Hasao	613	613	349
5	Sonitpur	3860	3746	3607
6	Udalguri	1443	1385	1272
7	Darrang	2163	2136	2075
8	Lakhimpur	3066	3027	2771
9	Dhemaji	1557	1551	1381
10	Golaghat	2248	2223	2037
11	Jorhat	2246	2222	1975

1	2	3	4	5
12	Sivasagar	1897	1868	1649
13	Dibrugarh	2178	2116	1912
14	Tinsukia	2025	2017	1843
15	Karbi Anglong	3070	3070	2449
16	Kokrajhar	1687	1685	1554
17	Chirang	920	920	854
18	Bongaigaon	1118	1081	999
19	Dhubri	2959	2917	2568
20	Nagaon	6119	5878	5224
21	Morigaon	2178	2116	1928
22	Goalpara	2491	2456	2263
23	Kamrup(M)	1033	998	920
24	Kamrup	3253	3178	3142
25	Nalbari	1532	1495	1490
26	Barpeta	2970	2842	2510
27	Baksa	2638	2624	2559
Total		62153	60969	55941

Statement-III

Consolidated Statement indicating State-wise Position of Funds Allocated/Released, Funds Utilized Under Anganwadi Services Scheme [As (General), Construction of AWC buildings, SNP and Training] During Last Five Years 2013-14, 2014-15, 2015- 16, 2016-17 and 2017-18

Rupees in lakhs

Sl. No.	State	2013-14		2014-15		2015-16		2016-17		2017-18
		Funds released	Exp. Reported by States including state share	Funds released	Exp. Reported by States including state share	Funds released	Exp. Reported by States including state share	Funds released	Exp. Reported by States including state share	Funds Released
1	2	3	4	5	6	7	8	9	10	11
1	Andhra Pradesh	111334.49	167876.93	99446.78	135715.16	68818.48	98148.45	56387.46	86726.76	58474.18
2	Bihar	107609.68	185458.2	116266.84	174287.15	102372.56	144090.04	98099.36	131535.62	92217.01
3	Chhattisgarh	50459.30	46650.62	51703.52	76484.69	51151.54	64376.96	41939.90	62042.55	56762.73
4	Goa	1567.58	1353.36	2617.25	2569.60	1228.04	2715.22	1067.70	2206.61	1649.60
5	Gujarat	60807.51	60078.39	48886.15	83162.09	64185.05	98608.32	69417.36	88592.55	62275.13
6	Haryana	31266.40	31768.83	31158.68	35837.16	16081.19	26580.94	20871.79	25778.90	20914.78
7	Himachal Pradesh	17278.95	19004.38	17184.09	12233.27	19507.32	21044.30	23696.07	21452.43	21612.57
8	Jammu and Kashmir	29610.25	15073.77	26031.19	22464.07	27362.65	35271.02	26732.11	17914.48	19328.24
9	Jharkhand	49930.46	65952.53	46904.30	68793.23	46217.72	57446.15	48163.54	68019.68	42081.45
10	Karnataka	75135.57	94938.87	82856.77	148331.32	96394.53	154998.70	53686.59	129290.96	92834.76
11	Kerala	35995.97	35645.2	24726.35	45494.41	28554.27	58765.87	34357.05	38243.59	32460.32
12	Madhya Pradesh	102418.63	143225.8	122544.60	166253.17	108673.52	196464.40	110506.46	165029.79	116645.68
13	Maharashtra	129519.81	143552.67	90781.88	147621.41	104166.66	107134.98	105660.17	39276.10	102957.15
14	Odisha	97438.29	124223.56	87511.73	116532.61	65643.69	106505.11	72497.49	103693.47	95323.96
15	Punjab	24546.11	25998.72	25893.06	32922.38	13689.39	14497.21	16982.50	24533.14	20168.46
16	Rajasthan	65232.45	95120.74	73992.88	88413.35	49851.78	103243.25	62397.70	88770.99	67542.98

17	Tamil Nadu	65605.57	82785.08	67902.29	102925.00	63744.93	78363.14	47085.82	86703.43	49336.98
18	Uttarakhand	17763.50	21393.76	20165.67	28295.85	35710.06	28416.41	21399.62	26696.54	27990.11
19	Uttar Pradesh	235448.38	405894.84	272553.08	474139.49	281398.92	373571.94	278089.75	409762.10	215246.75
20	West Bengal	123227.84	111244.25	97578.85	128536.18	79465.80	151836.50	66563.30	149685.79	99426.41
21	Telangana	0.00	0	46057.10	52841.4	37918.23	57138.46	29877.27	55212.32	38468.27
22	Delhi	17700.74	18974.01	17855.94	20875.21	13775.25	18120.31	14168.00	18963.75	10868.44
23	Puducherry	736.39	1166.47	1275.34	2607.70	1673.27	1708.59	2299.22	1691.26	1455.40
24	Andaman and Nicobar	391.79	1450.66	891.78	1547.22	1421.03	991.04	1207.51	259.80	1295.81
25	Chandigarh	731.19	982.32	996.18	1115.55	1420.25	649.78	762.19	574.51	1077.47
26	Dadra and Nagar Haveli	378.31	149.8	281.31	123.48	210.97	148.58	569.61	569.61	323.11
27	Daman and Diu	161.19	242.56	195.77	266.25	133.55	92.37	307.96	141.54	279.45
28	Lakshadweep	147.46	219.95	138.16	96.12	155.91	122.64	146.95	146.95	165.31
29	Arunachal Pradesh	10344.16	8327.97	15557.38	12426.38	12923.23	12473.86	11346.05	8341.25	14588.50
30	Assam	103145.19	86765.72	103517.50	110234.09	92972.20	90367.00	64397.66	70641.49	70237.54
31	Manipur	16140.54	9333.16	14929.58	10208.81	10267.27	13185.16	9998.54	6387.10	17647.46
32	Meghalaya	14287.83	13137.55	14357.78	15239.27	12418.60	12927.10	19135.66	15795.83	19864.97
33	Mizoram	4772.89	5086.57	5695.57	5556.16	5371.93	4902.59	4666.49	5572.76	6174.29
34	Nagaland	8912.80	10025.77	12202.63	11809.67	8796.00	13692.96	15149.57	13784.25	16652.36
35	Sikkim	2607.14	1909.3	2998.60	1775.36	2022.73	2129.49	1625.01	1940.57	1983.22
36	Tripura	13651.31	14350.03	14074.26	16471.05	18194.62	16348.98	11710.57	14021.61	13101.10
37	AKBY (LIC) #	442.90	0	451.09	0.00	0.00	504.91	0.00	6440.00	
Total		1626748.57	2049362.34	1658181.93	2354205.31	1543893.15	2167077.82	1443031.60	1980000.08	1515534.33

*[English]***SBI Merger**

2011. SHRI HARI MANJHI: Will the Minister of FINANCE be pleased to state:

(a) the position of the State Bank of India (SBI) in the global scenario in terms of assets, post merger of associate banks/ Bharatiya Manila Bank;

(b) the total number of branches merged with SBI post amalgamation of the banks; and

(c) the total number of branches, employees and officers of SBI as on March 31, 2017 and March 31, 2018?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (c) State Bank of India (SBI) has apprised that subsequent to the merger of its associate banks and Bhartiya Mahila Bank on 1.4.2017, according to the rankings of top global banks published by the international financial affairs publication "The Banker" in its July 2018 edition, SBI ranked 53 in terms of assets in 2018. 6,950 branches have merged with SBI post amalgamation of banks. The total number of branches, employees and officers of SBI as on 31.3.2017 were 17,170, 1,28,526 and 81,041 respectively, and as on 31.3.2018 were 22,414, 1,56,964 and 1,07,077 respectively.

PG Courses in Medicine

2012. DR. RATNA DE (NAG):

SHRI MANOJ TIWARI:

SHRI HARI OM PANDEY:

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

(a) whether the Government has any proposal to increase the number of seats for medical PG courses in the country, State-wise;

(b) if so, the details thereof;

(c) if not, the reasons therefor; and

(d) the current status of newly announced AIIMS?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) Ministry of Health & Family Welfare has received 891 proposals/applications from the existing Medical Colleges for opening/increase of seats in Post

Graduate Courses for the academic year 2019-20. The State wise details of proposals/applications is enclosed as Statement-I. The last date for granting approval for increasing number of PG seats for 2019-20 28.02.2019.

Further, the Ministry is also implementing a scheme for strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase PG seats.

(d) Details showing status of newly announced 15 AIIMS is enclosed as Statement-II.

Statement-I*State-wise details of proposals/applications*

Sl. No.	State/UT	No. of PG Applications
1	2	3
1	Andhra Pradesh	112
2	Assam	26
3	Bihar	19
4	Chandigarh	5
5	Chhattisgarh	6
6	Delhi	15
7	Goa	0
8	Gujarat	9
9	Haryana	0
10	Himachal Pradesh	12
111	Jammu and Kashmir	4
12	Jharkhand	21
13	Karnataka	138
14	Kerala	27
15	Madhya Pradesh	52
16	Maharashtra	105
17	Manipur	0
18	Meghalaya	2
19	Odisha	4
20	Puducherry	48

1	2	3	1	2	3
21	Punjab	0	25	Tripura	14
22	Rajasthan	30	26	Uttar Pradesh	90
23	Sikkim	5	27	Uttarakhand	4
24	Tamil Nadu	75	28	West Bengal	25
25	Telangana	43	Total		891

Statement-II*Status of new AIIMS***Total AIIMS - 15**

Sl. No.	Phase	Location of AIIMS to be set up	Date of Cabinet approval	Approved Outlay	Target date for completion of project
1	2	3	4	5	6
(i)	Phase II	Rae Bareli, Uttar Pradesh	05th Feb, 2009 *Revised RCE was approved on 10.07.2017 by HFM/FM	Rs.823. Cr	March, 2020
(ii)	Phase-IV (Budget announcement for the year 2014-15)	Mangalagiri near Guntur in Andhra Pradesh	07.10.2015 (Time frame for completion: 60 months)	Rs 1618 Cr	Sep, 2020
(iii)		Kalyani in West Bengal	07.10.2015 (Time frame for completion: 60 months)	Rs 1754 Cr	Sep, 2020
(iv)		Nagpur in Maharashtra	07.10.2015 (Time frame for completion: 60 months)	Rs.1577 Cr	Sep, 2020
(v)		Gorakhpur in UP	20.07.2016 (Time frame for completion: 45 months)	Rs 1011 Cr	April 2020
(vi)	Phase-V (Budget announcement for the year 2015-16)	Bathinda in Punjab	27.07.2016 (Time frame for completion: 48 months)	Rs 925 Cr	June, 2020
(vii)		Kamrup District in Guwahati, Assam	24.05.2017 (Time frame for completion: 48 months)	Rs 1123 Cr	April, 2020
(viii)		Kothipura in Bilaspur District, Himachal Pradesh	03.01.2018 (Time frame for completion: 48 months)	Rs 1351 Cr	Dec, 2021
(ix)		Thopur in Madurai District	17.12.2018 (Time frame for completion: 45 months)	Rs 1264 Cr	Sep, 2022
(x)	Phase-VI (Budget announcement for the year 2017-18)	Deoghar in Jharkhand	16.05.2018 (Time frame for completion: 45 months)	Rs. 1103 Cr	Feb, 2022

1	2	3	4	5	6
(xi)	Phase-VII	Bibinagar, Telangana	17.12.2018 (Time frame For completion: 45 months)	Rs 1028 Cr	Sep, 2022
3. In Process for EFC / Cabinet Approval-(02)					
(xii)	Phase-V (Budget announcement 2015-16)	Samba District in Jammu	---	Rs. 1668 Cr*	---
(xiii)		Awantipora, Pulwama in Kashmir	---	Rs. 1828 Cr*	---
4. Site Selection in Process-(02)					
(xiv)	Phase-V (Budget announcement 2015-16)	Bihar	---	Rs. 1200 Cr*	2022
(xv)	Phase VI (Budget announcement for 2017-18)	Gujarat	---	Rs. 1200 Cr*	2022

* Estimated Cost

Wellness Centres under CGHS

2013. PROF. K.V. THOMAS:
SHRI RAJESHBHAI CHUDASAMA:
SHRIMATI ANJU BALA:
SHRI L.R. SHIVARAME GOWDA:

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

(a) the norms for establishment of new Wellness Centres under CGHS;

(b) the details of under-construction CGHS wellness centres in the country along with the expected time of completion, State/ UT/location-wise;

(c) the details of existing Wellness Centres in Gujarat and the facilities given therein, location-wise;

(d) whether Government proposes to establish new Wellness Centres by relaxing the norms in rural districts, where a number of CGHS beneficiaries are facing great difficulty due to non-availability of CGHS Wellness Centres; and

(e) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) The norms for establishment of new Wellness Centre under CGHS are as under:-

(i) In an existing CGHS City:- For opening of a new CGHS Wellness Centre in an existing CGHS City, there has to be a minimum of 2000 Card holders (serving employees of Central Government and Central Civil Pensioners).

(ii) Extension of CGHS to a new City: - For extension of CGHS to a new City, there has to be a minimum of 6000 Card holders.

(b) The details, of under-construction CGHS Wellness Centres in the country along with the expected time of completion are shown at enclosed Statement-I.

(c) The details of Wellness Centres in Gujarat and the facilities given therein are shown at enclosed Statement-II.

(d) There, is no such proposal at present.

(e) The resources under CGHS are fully committed and it is not possible at present to extend CGHS network to areas that are presently not covered even with the existing criteria.

Statement-I*Details of Under-Construction CGHS Wellness Centres in the Country*

Sl. No.	CGHS Wellness Centres	Expected time of completion
1	2	3
1	Sector-9, Dwaraka, Delhi	Construction has been completed. Building will be handed over to CGHS by CPWD by end of December, 2018.
2	Sector-23, Dwarka, Delhi	Construction has been completed. Building will be handed over to CGHS by CPWD by end of December, 2018.
3	Pitampura, Delhi	Construction of building has been completed and will be handed over to CGHS after receipt of NOC from Local Authorities.

1	2	3
4	Vikaspuri, Delhi	January, 2019.
5	Sector-16, Rohini, Delhi	April, 2019
6	Alaknanda (Kalkaji), Delhi	March, 2019
7	Vasant Vihar, Delhi	March, 2019
8	Vasant Kunj, Delhi	March, 2019
9	Sheikh Sarai, Delhi	Building will be handed over to CGHS after receipt of NOC from Local Authorities.
10	Patparganj, Delhi	Building will be handed over to CGHS after receipt of NOC from Local Authorities.
11	Sector-13, R.K. Puram, Delhi	Building will be handed over to CGHS after receipt of NOC from Local Authorities.
12	Prasad Nagar, Delhi	December, 2019

Statement-II*Details of CGHS Wellness Centres in Gujarat and the Facilities given therein*

Sl. No.	CGHS Cities	Location of CGHS Wellness Centres	Facilities Provided
1	Ahmedabad	Ashram Road	• OPD consultation and issue of medicines
2		Shahalam	• Referral to Specialists at Poly Clinic/Govt. Hospitals/empanelled hospitals for consultation
3		Navrangpura	• Refer to empanelled hospitals/diagnostic centres for listed treatment procedure/investigations
4		Pragati Nagar	• Domiciliary Visits
5		Meghaninagar	• Ante-natal care
6		Laldarwaja	• Emergency first-aid care
7		Maninagar	• Advice on family welfare facilities including supply of free contraceptives, appliances etc.
8		Bopal	• Receipt of Medical claims in respect of CGHS pensioner beneficiaries
9	Gandhinagar	Block No. 704/2, Sector-8, Gandhinagar	• Receipt of requests for permission for unlisted treatment procedures and investigations.

[Translation]

Regulation of Working Hours for Doctors and Para Medics

2014. SHRI SUKHBIR SINGH JAUNAPURIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has laid down norms to regulate the duty hours of doctors and medical professionals in all the hospitals;

(b) if so, the details thereof; and

(c) whether the extended working hours of doctors and medical staff has led to negligence of their duties and deteriorated the quality of healthcare services in the hospitals, if so, the comments in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Public health and hospital' being State subject, it is the primary responsibility of the respective State Government/Union Territory (UT) to prescribe norms for fixing working hours for the doctors and other medical practitioners working in their hospitals. As such, no information in this regard is maintained centrally.

As far as three Central Government Hospitals namely, Dr. Ram Mtinohar Lohia, Safdarjung, Lady Hardinge Medical College & Associated Hospitals, New Delhi are concerned, the working hours for doctors and other medical practitioners nonmally do not exceed 40 hours in a week. However, the duty timing and working hours of doctors anc Medical Professionals are governed by exigencies of their work and depends on whether they are on emergency duty.

(c) There has been no reported case of negligence of duty or deterioration of quality of healthcare services on account of extended working hours in these Central Govt. hospitals. As regards standards of treatment, adequate residents/doctors are available in these Central government hospitals to provide optimum patient care. Further, whenever there is increase in work load necessitating increase in number of doctors, new posts are created to ensure that required manpower is available to deliver desired level of clinical care and to ensure that there is no medical negligence.

Setting up of Super Specialty Hospital in Maharashtra

2015. SHRI SADASHIV LOKHANDE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has taken or proposes to take any steps to set up super specialty hospitals on the lines of All India Institute of Medical Sciences (AIIMS) in Shirdi district, Ahmednagar (Maharashtra) on the occasion of Shri Sai Baba Samadhi Shatabdi Mahotsav;

(b) whether the Government has received requests from public representatives in this regard;

(c) if so, the details thereof; and

(d) the progress made so far in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) No.

(c) and (d) Does not arise.

Data of Patient

2016. SHRI SUSHIL KUMAR SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has collected any data on the number of patients suffering from diseases like chikungunya, dengue, filaria, etc. in the country particularly in Bihar during the last one year and the current year and the available medical care/diagnostic centres for patients and if so, the details thereof;

(b) whether any review has been done with regard to the funds allocated and used for prevention of such diseases in the country during the last three years and the current year; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Yes, the Government collects data on the number of patients suffering from Vector Borne Diseases (VBDs). This data in respect of patients suffering from Chikungunya, Dengue, Lymphatic Filariasis, Japanese Encephalitis(JE), Kala-azar and Malaria in the country including Bihar during the last one year and current year is enclosed as Statement-I.

Free medical care/diagnostic for patients in respect of these diseases are available across the country. In respect of Malaria these are available up to the community level - Accredited Social Health Activist (ASHA). For Dengue and Chikungunya 646 Sentinel Surveillance Hospitals (SSHs) and 16 Apex Referral laboratories (ARLs) have been identified across the country. For Lymphatic Filariasis and Kala-azar this is available at block/district level health facilities. In respect of Japanese Encephalitis, 139 SSHs along with 15 Apex Laboratories have been identified in the endemic districts and supportive critical care is provided through Pediatric Intensive Care Unit (PICU) in high burden districts.

(b) and (c) The fund allocation and expenditure by the States are reviewed during meetings of National Program Coordination Committee (NPCC), Regional Review meetings and Senior Officers meetings.

The State wise details of funds allocated and used for prevention of such diseases in the country during the last three years and the current year are enclosed at Statement-II.

Statement-I*State/UT-wise number of patients affected from Vector Borne Diseases in the country*

Sl. No.	State	Clinically suspected Chikungunya cases		Dengue Cases		Lymphatic Filariasis		Japanese Encephalitis (JE) Cases		Kaia-azar Cases		Malaria Cases	
		2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	Andhra Pradesh	1162	570	4925	3793	90423	90423	37	16	*	*	16972	5571
2	Arunachal Pradesh	133	507	18	1	*	*	5	0	*	*	1546	591
3	Assam	41	2	5024	139	2189	2189	2077	1469	0	0	5281	3497
4	Bihar	1251	152	1854	2002	390345	390265	189	98	4127	3012	4020	918
5	Chhattisgarh	*	*	444	2635	15429	15429	*	*	*	*	140727	57611
6	Goa	509	397	235	406	135	199	1	10	*	*	653	357
7	Gujarat	7953	8712	4753	5844	7356	7397	*	*	*	*	38588	19880
8	Haryana	220	62	4550	1558	*	*	4	0	*	*	5696	3100
9	Himachal Pradesh	*	*	452	4653	*	*	*	*	*	*	96	93
10	Jammu and Kashmir	0	0	488	162	*	*	*	*	*	*	226	150
11	Jharkhand	269	3267	710	418	166068	166068	272	467	1358	656	94114	46322
12	Karnataka	32831	16661	17844	3427	19425	19674	332	290	*	*	7381	4592
13	Kerala	78	62	19994	3933	18736	18462	7	26	0	0	1192	799
14	Madhya Pradesh	2477	3131	2666	4265	9926	9926	*	*	*	*	47541	17310
15	Meghalaya	236	38	52	16	*	*	160	243	*	*	16454	6012
16	Maharashtra	8110	8188	7829	9451	73487	74542	143	63	*	*	17710	9322
17	Manipur	*	2	193	13	*	*	1125	273	*	*	80	12
18	Mizoram	*	93	136	65	*	*	*	*	*	*	5715	3724

1	2	3	4	5	6	7	8	9	10	11	12	13	14
19	Nagaland	*	*	357	369	*	*	36	25	*	*	394	108
20	Odisha	0	0	4158	5116	116997	116997	1228	1130	*	*	347860	59769
21	Punjab	3251	571	15398	13760	*	*	1	0	0	0	805	628
22	Rajasthan	1612	239	8427	8490	*	*	*	*	*	*	10607	3136
23	Sikkim	130	147	312	145	*	*	*	*	0	0	14	3
24	Tamil Nadu	131	198	23294	3636	59325	59325	1358	971	*	*	5444	3337
25	Tripura	574	589	127	90	*	*	323	169	*	*	7051	10925
26	Telangana	1277	1201	5369	4026	66691	66691	136	13	*	*	2688	1520
27	Uttar Pradesh	103	57	3092	3454	128374	128224	4724	2874	115	93	32345	56782
28	Uttarakhand	0	29	849	689	*	*	0	0	2	0	508	388
29	West Bengal	2103	52	37746	NA	97364	97364	1514	896	156	76	31265	18535
30	Andaman and Nicobar Island	93	76	18	23	194	194	*	*	*	*	505	229
31	Chandigarh	1810	328	1125	274	*	*	*	*	*	*	114	44
32	Delhi	940	384	9271	6214	*	*	0	0	0	0	577	438
33	Dadra and Nagar Haveli	0	0	2064	451	118	118	*	*	*	*	290	170
34	Daman and Diu	*	*	59	36	136	136	*	*	*	*	38	22
35	Lakshadweep	0	0	*	*	254	254	*	*	*	1	4	
36	Puducherry	475	1493	4568	420	1304	1304	*	*	*	*	60	45
Total		67769	47208	188401	89974	1264276	126518 1	13672	9033	5758	3837	844558	335944

Note: 1. *Denotes States that are Non endemic and hence not reporting
2. NA denotes data not available
3. Data in respect of 2018 is up to 30m November 2018 and provisional.

Statement-II*State/Union Territory wise Allocation, Releases and Expenditure for Vector Borne Diseases*

(Rs. in Lakhs)

Sl. No.	States/UTs	Allocation				Releases				Expenditure			
		2015-16	2016-17	2017-18	2018-19	2015-16	2016-17	2017-18	2018-19	2015-16 (prov.)	2016-17 (prov.)	2017-18 (prov.)	2018-19 (prov.)
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	Andhra Pradesh	825.00	728.00	909.95	1041.60	864.20	790.62	676.29	988.92	415.89	598.81	676.29	988.92
2	Arunachal Pradesh	1274.00	1183.00	1183.00	918.80	1364.27	1319.93	6678.16	0.00	193.17	581.59	6678.16	0.00
3	Assam	2582.00	2395.10	2335.10	2548.09	3260.14	1835.00	5198.83	883.00	1270.43	1338.49	5198.83	883.00
4	Bihar	3540.00	3534.00	3673.50	1795.00	9695.23	3742.14	2659.08	0.00	3626.92	4994.35	2659.08	0.00
5	Chhattisgarh	2096.00	908.00	3364.50	1086.00	561.92	3299.88	13300.10	1633.83	877.37	3007.98	13300.10	1633.83
6	Goa	98.00	102	106.76	165.40	47.50	48.50	52.00	0.00	42.00	58.35	52.00	0.00
7	Gujarat	1072.00	1100.00	1259.00	1313.00	1159.71	1119.22	953.73	349.00	1228.43	835.36	953.73	349.00
8	Haryana	255.00	200 00	52.00	477.00	255.00	0.00	0.00	281.00	79.96	67.09	0.00	281.00
9	Himachal Pradesh	104.00	26.00	45.00	264.00	0.00	0.00	0.00	155.00	122.95	27.50	0.00	155.00
10	Jammu and Kashmir	92.00	94.20	99.62	352.50	91.23	71.12	100.28	207.00	53.80	44.21	100.28	207.00
11	Jharkhand	3945.00	3390.00	3370.91	1904.00	5349.94	3254.48	14489.12	0.00	1316.00	2911.57	14489.12	0.00
12	Karnataka	1953.00	1759.00	970.06	1232.40	1843.60	1325.23	210.30	242.03	1273.07	800.79	210.30	242.03
13	Kerala	726.00	644.00	509.41	687.00	726.00	540.41	499.00	396.00	621.86	201.39	499.00	396.00
14	Madhya Pradesh	2441.00	2118.00	1657.15	20413.00	2150.64	1618.60	2363.63	3829 16	1338.68	1204.93	2363.63	3829.16
15	Maharashtra	602.00	1320.00	705.80	1104.70	652.84	753.24	767.23	221.86	306.13	247.25	767.23	221.86
16	Manipur	917.00	1005.00	905.00	697.68	979.13	604.65	909.91	0.00	134.47	218.97	909.91	0.00
17	Meghalaya	967.00	915.00	864.00	473.80	1108.88	514.06	3306.18	0.00	212.92	543.63	3306.18	0.00

1	2	3	4	5	6	7	8	9	10	11	12	13	14
18	Mizoram	121900	1104.00	1364.00	337.62	1392.69	934.25	1928.81	132.00	37.57	352.25	1928.81	132.00
19	Nagaland	1203.00	1117.00	1117 00	534 11	1314.78	432.63	3283.97	0.00	362.95	448.55	3283.97	0.00
20	Odisha	3887.00	10037.00	10177.00	994.60	4425.32	7644.12	28528.67	000	1966.75	3140.88	28528.67	0.00
21	Punjab	399.00	402.00	1038.63	272.00	509.29	461.99	422.00	0.00	453.40	480.69	422.00	0.00
22	Rajasthan	2615.00	2180.80	1388.65	694.00	2146.16	784.54	5.78	303.51	507.07	901.83	5.78	303.51
23	Sikkim	61.00	90.90	41.90	50.00	58.90	22.00	0.00	0.00	25.00	16.45	0.00	0.00
24	Tamil Nadu	1619.00	1409.00	1410.55	883.70	1594.00	1379.00	1690.00	0.00	2051.93	2497.19	1690.00	0.00
25	Telangana	3965.00	685.00	628.33	1549.20	701.47	643.50	667.25	524.40	580.00	358.19	667.25	524.40
26	Tripura	1400.00	1617.00	1617.00	732.90	2182.72	793.07	2558.26	0.00	617.93	483.10	2558.26	0.00
27	Uttar Pradesh	3593.00	3650.00	3343.80	3350.60	1783.67	2971.52	1583.32	121.01	1296.00	2748.33	1583.32	121.01
28	Uttarakhand	200.00	266.00	249.38	308.50	127.14	156.94	46.19	0.00	85.25	68.55	46.19	0.00
29	West Bengal	1801.00	1910.00	1600.00	1807.80	164585	1685.73	1282.21	0.00	3016.94	2106.97	1282.21	0.00
30	Delhi	171.00	169.00	168.17	204.50	19.00	0.00	0.00	0.00	3.21	78.27	0.00	0.00
31	Puducherry	49.00	51.00	51.83	204.50	108 26	36.20	97.25	72.00	70.55	52.77	97.25	72.00
32	Andaman and Nicobar Islands	352.00	349.00	373.00	395.70	611.32	304.56	295.75	0.00	443.76	83.00	295.75	0.00
33	Chandigarh	80.00	77.00	60.00	90.80	79.49	92.65	76.36	53.00	99.70	62.45	76.36	53.00
34	D & N Haveli	96.00	107.00	100.00	147.00	96.00	100.66	102.00	87.00	33.03	0.00	102.00	87.00
35	Daman and Diu	67.00	71.00	66.00	103.00	68.00	35.50	35.00	61.00	9.05	8.43	35.00	61.00
36	Lakshadweep	47.00	36.00	41.00	63.50	47.00	18.00	20.00	25.00	25.13	11.60	20.00	25.00
Total		46313.00	46750.00	46847.00	49198.00	49021.29	39333.94	94786.66	10565.72	24799.27	31581.74	94786.66	10565.72

*[English]***Widening CAD**

2017. SHRI E. T. MOHAMMAD BASHEER:
SHRIMATI RANJAN BEN BHATT:

Will the Minister of FINANCE be pleased to state:

(a) whether the Government has noted that the declining value of rupee, rising prices of oil and widening Current Account Deficit (CAD) has ill effect on the economy;

(b) if so, the details thereof;

(c) whether the Government proposes to take any steps/appropriate action to curb/check the situation arising out of the above issues; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) and (b) The value of Indian rupee against US\$ has declined by 4.5 per cent during second quarter (Q2) of 2018-19 over first quarter (Q1) of 2018-19. Contributing to the decline has been the crude oil price of Indian Basket, which increased by 2.6 percent across the same period. The decline in the value of rupee and increase in crude oil prices are among various factors that may have increased the current account deficit from 2.4 percent of GDP in Q1 of to 2.9 per cent in Q2 of 2018-19.

(c) and (d) The exchange rate of the rupee is market determined. The Reserve Bank of India (RBI), however, intervenes in the domestic foreign exchange market to manage excessive volatility and maintain orderly conditions without having any fixed target or band for the exchange rate. The RBI will continue to monitor the evolving situation and take appropriate steps to bring stability during periods of forex market volatility.

*[Translation]***Mahila Shakti Kendras**

2018. SHRI SHER SINGH GHUBAYA:
SHRI SUMEDHANAND SARSWATI:
SHRI RAJESHBHAI CHUDASAMA:
SHRI BIDYUT BARAN MAHATO:
SHRI CHANDRA PRAKASH JOSHI:
SHRI RAMDAS C. TADAS:
SHRI G.M. SIDDESHWARA:

SHRI NARANBHAI KACHHADIA:
DR. RAVINDRA KUMAR RAY:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether the Government has introduced Mahila Shakti Kendra (MSK) scheme to empower women in all the districts of the country;

(b) if so, the details thereof along with the funds earmarked and released for each district, State/UT-wise;

(c) whether the Government has received any proposals from State Governments to establish MSK and if so, the details thereof, State/UT-wise including Karnataka;

(d) whether these Kendras have been established in all the districts; and

(e) if so, the details thereof and if not, the time by which these Kendras will be established in all the districts, State/UT-wise including Punjab and Jharkhand?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) and (b) Yes Madam. Government of India has approved Mahila Shakti Kendra Scheme, a Centrally Sponsored Scheme for implementation from 2017-18 to 2019-20 to empower rural women through community participation. Community engagement through College Student Volunteers is envisioned in 115 aspirational districts as part of the Block Level initiatives. Student volunteers are to play an instrumental role in awareness generation regarding various important government schemes/ programmes as well as social issues. The scheme is envisaged to work at various levels. At the national level (domain based knowledge support) and state level (State Resource Centre for Women) support to the respective governments on issues related to women is provided. District Level Centre for Women (DLCW) has also been envisaged for 640 districts to be covered in phased manner. These centres are envisaged to serve as a link between village, block and state level in facilitating women centric schemes/ programs of the Government and also provided a foothold for Beti Bachao Beti Padhao (BBBP) scheme at the district level. Grant in Aid released/authorised for implementing MSK Scheme during FY 2017-18 & 2018-19 State/UT-wise is enclosed as Statement.

(c) No, Madam.

(d) and (e) Requisite state level approval (administrative and financial) for implementation of Mahila Shakti Kendra Scheme has been received in Andhra Pradesh, Assam, Chhattisgarh, Jharkhand, Karnataka, Meghalaya, Mizoram, Nagaland, Punjab, Rajasthan, Telangana, Uttarakhand, Jammu and Kashmir, Tripura, Uttar Pradesh, Gujarat and Tamil Nadu. The Scheme is being implemented in the Union Territory of Andaman and Nicobar Islands, Chandigarh, Dadra and Nagar Haveli, Daman and Diu and Puducherry.

Statement

*GIA released under Mahila Shakti Kendra (Scheme)
State/UT- Wise 2017-18 & 2018-19*

(Amt. in Rs. Lakh)

Sl. No.	State/UT	FY 2017-18	FY 2018-19
1	2	3	4
1	Andaman and Nicobar Islands	10.9	Nil
2	Andhra Pradesh	7.39	277.2
3	Arunachal Pradesh	Nil	151.35
4	Assam	980	Nil
5	Bihar	1022.2	25.83
6	Chandigarh	10.9	13.99
7	Chhattisgarh	863.19	7.28
8	Dadra and Nagar Haveli	10.9	Nil
9	Daman and Diu	10.9	6.15
10	Delhi (UT)	Nil	Nil
11	Goa	Nil	Nil
12	Gujarat	49.1	206.63
13	Haryana	Nil	6.91
14	Himachal Pradesh	Nil	124.18
15	Jammu and Kashmir	22.5	241.71
16	Jharkhand	1776.36	Nil
17	Karnataka	10.8	150.78
18	Kerala	Nil	74.26
19	Lakshadweep	10.9	Nil
20	Madhya Pradesh	Nil	479.02

1	2	3	4
21	Maharashtra	Nil	144.63
22	Manipur	137.34	33.21
23	Meghalaya	61.31	158.85
24	Mizoram	117.82	155.70
25	Nagaland	95.13	176.00
26	Odisha	Nil	737.95
27	Puducherry	54.06	Nil
28	Punjab	Nil	87.50
29	Rajasthan	74.9	278.24
30	Sikkim	Nil	99.85
31	Tamil Nadu	36.18	210.32
32	Telangana	13.2	288.62
33	Tripura	19.9	125.50
34	Uttar Pradesh	Nil	362.13
35	Uttarakhand	18.89	226.14
36	West Bengal	24.37	453.62
Grand Total		5439.14	5303.55

[English]

Childhood TB Cases

2019. DR. A. SAMPATH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it has come to the notice of the Government that India has reported the highest number of childhood tuberculosis cases in the world for the last three consecutive years;

(b) if so, the details thereof and the reasons therefor;

(c) the schemes which have been undertaken during the last three years to eradicate tuberculosis among the children of the country; and

(d) the corrective measures taken by the Government to combat the situation in a time-bound manner?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR

CHOUBEY): (a) and (b) Yes, India has reported the highest number of childhood tuberculosis cases in the World for the last three consecutive years. The reported number of childhood tuberculosis cases in 2015, 2016 and 2017 is 99,133, 1,04,886 and 1,05,568 respectively as per WHO Global TB report 2018.

(c) and (d) The Ministry of Health & Family Welfare (MOHFW) has set the deadline of 2025 for ending all forms of Tuberculosis from the country, including childhood tuberculosis and has formulated a National Strategic Plan (NSP 2017-25) for the purpose.

Following initiatives have been undertaken during last three years to address the problem of tuberculosis in children:

- For early diagnosis of all the childhood TB patients, molecular diagnostic laboratories have been made available at district level across the country.
- For involvement of private sector, various models are being implemented including through non-governmental organisations.
- new quality-assured child-friendly flavoured dispersible formulations of daily Fixed Dose Combination (FDC) and body weight-based treatment regimens have been made available.
- Contact investigations are carried out to identify and treat TB among child contacts of TB patients.
- Isoniazid (INH) chemoprophylaxis is being given to children below six years of age, who are contacts of TB patients and do not have active TB. Nearly 38,745 children started on TB preventive therapy in 2017.

[*Translation*]

Migratory Birds

2020. SHRI AJAY NISHAD: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) the names of the places of the country with season in which the migratory birds visit usually;

(b) whether there has been a decline in their number; and

(c) if so, the steps taken/proposed to be taken by the Government to increase their number and facilitate their stay?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) Migratory species are omnipotent in nature and are found in Protected as well as non-Protected Areas, both urban and village areas. The winter visitors arrive in India by October and stay till March/April. The summer migrants start coming to India from mid-March and occurs in India till August. The important species of migratory birds that visit India and their important breeding ground outside India include:

Species	Important Breeding ground outside India
Sociable Lapwing (<i>Vanellus gregarious</i>)	Kazakhstan, Russia, etc.
Siberian Crane (<i>Grus antigone</i>)	Siberia (Russia)
Great Knot (<i>Calidris tenuirostris</i>)	Siberia, Russia,
Bar-headed Geese (<i>Anser indicus</i>)	Mangolia, China, Tibet
Little Stint (<i>Calidris minutq</i>)	Arctic Region (Siberia-Russia)
Spoon-billed Sandpiper (<i>Calidris pygmaea</i>)	Chukotsk peninsula and southwards to the isthmus of the Kamchatka peninsula, in north-eastern Russia
Baer's Pochard (<i>Aythya baeri</i>)	Russia, China
Lesser White-fronted Goose (<i>Anser erythropusi</i>)	Finland, Norway, Sweden, Russia, etc.
Amur Falcon (<i>Falco amurensis</i>)	China, Russia
European Roller (<i>Coracias garrulous</i>)	Morocco, south-west and south-central Europe and Asia Minor
Western Marsh Harrier (<i>Circus aeruginosusi</i>)	Western Europe (Finland, Poland, Germany, etc.), Central Asia (Kazakhstan, Kyrgyzstan)

(b) and (c) Although there is no specific assessment conducted by the Ministry with respect to population of migratory birds visiting India recently, assessments by Wetlands International in the past indicated that some migratory bird showed a decreasing trend, whereas some species indicated a stable population.

The important steps taken by the Government for protection of migratory birds include:

- (i) Rare and endangered species of birds including migratory birds are included in Schedule-I of the Wild Life (Protection) Act, 1972 thereby according them the highest degree of protection.
- (ii) Stringent punishments have been provided in the Wild Life (Protection) Act, 1972 for violation of provisions of the Act.
- (iii) Important habitats of birds, including migratory birds have been notified as Protected Areas under the Wild Life (Protection) Act, 1972 for better conservation and protection of birds and their habitats. Financial assistance is provided to the States/UT Governments for protection and management of wildlife and its habitats.
- (iv) The Ministry of Environment, Forest and Climate Change has prepared a 'National Action Plan for conservation of migratory birds along the Central Asian Flyway'. This Action Plan provides for a coordinated approach for implementing the Action Plan in all the States and Union Territories.
- (v) Focused protection measures involving the local communities have been taken up in the State of Nagaland for protection of Amur Falcons that migrate to North East India on their route to Southern Africa. With the coordinated efforts of the Forest Department, Government of Nagaland, NGO's scientific institutes and local communities, killing of Amur Falcons have become 'zero' since 2013.
- (vi) India is a signatory to the Convention on Migratory Species (CMS) and India has also signed Memorandum of Understanding (MOU) with CMS on conservation of Siberian Cranes and Raptors.

[English]

Device to Detect Melamine in Milk

2021. SHRI P. SRINIVASA REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether researchers at the Indian Institute of Science, Bengaluru has developed a new handheld device to detect melamine in milk; and

(b) if so, the details and findings thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) and (b) Yes. A highly sensitive, selective, and rapid interference green synthesis-based determination of potential milk adulterant melamine has been developed by IISc researchers. Melamine is a nitrogenous compound added to milk for mimicking proteins, consumption of which leads to kidney stones and renal failures. Melamine interacts with ascorbic acid through strong hydrogen-bonding interactions, thus resulting in an interference/interruption in the formation of silver nanoparticles which was confirmed by UV-Vis spectroscopy and Transmission Electron Microscopy. The corresponding benchmark validations for melamine spiked milk samples were performed using High Performance Liquid Chromatography. This interference in the formation of silver nanoparticles resulted in colour change that varies with concentration of melamine, thereby enabling in-situ rapid sensing of melamine from milk to a lower limit of 0.1 ppm with a linear correlation coefficient of 0.9908.

[Translation]

Corporate Frauds

2022. SHRI RAJU SHETTY: Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether the Government has taken cognizance of a study report of the Thought Arbitrage Research Institute (TARI) which has revealed that dimensions of corporate frauds have increased manifold in the last 15 years in which half of the cases relates to misappropriation of funds by the promoters/top management and cheating the money lenders;

(b) if so, the details regarding conclusions of the said report and the reaction of the Government on the opinions of market regulator like SEBI and the ample number of auditors of these companies; and

(c) the steps proposed to be taken by the Government to improve the situation?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) and (b) No such report has been shared with Serious Fraud Investigation Office, Ministry of Corporate Affairs or with SEBI by the Institute. However, the Central Government has ordered and assigned to

SFIO, number of investigation cases involving many companies during the last 15 years ending 31.03.2018 where alleged fraudulent activities by corporates were reported. These include cases of misappropriation of funds by the promoters/top management and cheating the money lenders.

(c) The Government has taken a number of measures to curb and prevent corporate frauds: (i) 'Fraud' as a substantive offence has been introduced in the Companies Act, 2013, (ii) statutory status to the Serious Fraud Investigation Office has been granted under the said Act, (iii) stricter norms of Corporate Governance and their implementation have been prescribed in the Companies Act, 2013, (iv) it has been made mandatory for every existing or prospective directors to obtain a "Directors Identification Number" (DIN), (v) In case of incorporation of a new company or change of address of an existing company, the Ministry has made it mandatory for professionals to verify details of the company and to personally visit their premises and certify that the premises are at the disposal of the company, (vi) The Ministry has also undertaken pre-emptive measures aimed at sensitizing people through investors awareness programmes. These programmes are organized regularly in association with the three professional institute-Institute of Chartered Accountants of India (ICAI), Institute of Cost Accountants of India (ICAI) and Institute of Company Secretaries of India (ICSI) in various cities.

Further, SEBI has put in place systems and practices to promote a safe, transparent and efficient securities market and to protect market integrity. SEBI maintains constant vigil in the securities market and in case where any entity/listed company is found to have engaged in any fraudulent activity in the securities market, it takes appropriate action, wherever warranted. In order to prevent fraudulent and unfair trade practices, SEBI has put in place a regulatory framework viz. SEBI (Prohibition of Fraudulent and Unfair Trade Practices relating to Securities Market) Regulations, 2003. SEBI conducts investigation to examine alleged or suspected violations of laws and Regulations relating to the securities market. Post investigation, whenever violations are established, appropriate enforcement actions are taken under the provisions of the SEBI Act, 1992 and Regulations framed thereunder.

[*English*]

Facilities to Patients

2023. ADV. SHARADKUMAR MARUTI BANSODE:
Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the steps taken by the Government to provide and supply regular Medicines and clinical facilities to indoor and out-door patients of the country;

(b) whether it is true that due to faulty and out dated equipments in Government hospitals patients are generally referred to private clinics of laboratories due to which they have to bear additional financial burden and if so, the reaction of the Government thereto;

(c) whether the Government has any future plans to improve and provide updated moderns technologies in the Government institution; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Public Health & Hospitals being a state subject; the primary responsibility to ensure regular supply of medicines and clinical facilities to patients in public health facilities is that of respective State/ UT Governments. Under the National Health Mission, the central government provides technical and financial support to States/UTs to strengthen their healthcare system including for provision of accessible, affordable and quality healthcare to the population based on the proposals of the State/ UT Governments.

Under the NHM Free Drugs Service Initiative, support is provided to the States/UTs not only for provision of essential drugs free of cost in public health facilities but also for strengthening/setting up robust systems of procurement, quality assurance mechanism, warehousing, prescription audit, grievance redressal, dissemination of Standard Treatment Guidelines, and IT backed supply chain management systems like Drugs and Vaccines Distribution Management Systems (DVDMS) All States/ UTs have reported to have notified the policy to provide free essential medicines in public health facilities.

Under NHM Free Diagnostics Service Initiative, support is provided for provision of free essential diagnostics in public health facilities. To address the wastage of resources and equipment, under NHM, Biomedical Equipment Management & Maintenance Program (BMMP) has been rolled out to ensure that medical equipment are properly maintained. Inventory mapping of bio-medical equipment in public health facilities was undertaken in 29 states / UTs. The program is being implemented in 28 states / UTs.

(c) and (d) The support under NHM also includes support for equipment & use of modern technologies based on proposals received from respective States/UTs in their Programme Implementation Plan (PIPs).

[Translation]

CSR for Destitute Children

2024. SHRI SATISH CHANDRA DUBEY: Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether the Government proposes to use the Corporate Social Responsibility (CSR) funds for the education of destitute children of India; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) and (b) The Government has no mandate to use Corporate Social Responsibility (CSR) funds. However, section 135 of the Companies Act, 2013 ('the Act') mandates every company, above the specified threshold of turnover or net worth or net profit, to spend at least two per cent of the average net profits earned during the three immediately preceding financial years on CSR activities specified in Schedule VII of the Act. Further, Section 135 (3) & (4) of the Act, empowers the Board of the company to take decisions regarding allocation of CSR funds for items listed in Schedule VII of the Act which includes 'promoting education'.

[English]

GST Cess

2025. SHRI M.K. RAGHAVAN: Will the Minister of FINANCE be pleased to state:

(a) whether there is any proposal to reduce/rationalize Goods and Services Tax (GST) on selected items and if so, the details thereof;

(b) whether there are also plans to introduce cess on selected items;

(c) if so, the details thereof; and

(d) whether there is any shortfall in the GST collection and hence additional revenue is being collected through Cess and if so, the details thereof and the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (c) The GST rates and cess are prescribed on the basis of recommendations of the GST Council as made from time to time. GST Council, while making recommendation takes into account the request/representation of stakeholders.

(d) GST collection in the current FY (2018-19) has been showing improvement compared to last FY (2017-

18) except for the month of August, 2018. For providing compensation to the states on the account of loss of revenue, Compensation cess is being levied on certain luxury and demerit goods as per provisions in Section 8 of the GST (Compensation to States) Act, 2017. Any shortfall of revenue to States due to implementation of GST is being paid on bimonthly basis w.e.f. 01.07.2017.

RBI Funds to Government

2026. SHRI PR. SENTHILATHAN:
SHRI R.K. BHARATHI MOHAN:
SHRIMATI R. VANAROJA
SHRIMATI V. SATHYABAMA:

Will the Minister of FINANCE be pleased to state:

(a) whether the Government has noted the stand of Reserve Bank of India with regard to transfer of Rs. 3 lakh crores;

(b) if so, the details thereof; and

(c) the effective steps and action plan of the Government to utilise this amount for various people welfare and development activities?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) and (b) Does not arise. The Government has not asked RBI to transfer Rs. 3 lakh crores.

(c) Question does not arise.

[Translation]

AYUSH Centres in the Country

2027. SHRI PARBHUBHAI NAGARBHAI VASAVA: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) the State-wise details of the 'AYUSH' centres established in the country including Gujarat;

(b) the State-wise details of the AYUSH centres opened in remote areas during the last three years including the current year;

(c) whether the Government is aware of cases of fixed dose combination medicine;

(d) if so, the details thereof along with the reasons therefor;

(e) the steps taken by the Government in this regard; and

(f) whether the Government is contemplating to ban the said medicines in the country along with the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) and (b) As public health is a State subject, opening of AYUSH Centres in remote areas comes under the purview of respective State Government. However, The State-wise details of the AYUSH Hospitals and Dispensaries in Country including Gujarat as reported by the States/UTs are enclosed at Statement-I. Further, under

Centrally Sponsored Scheme of National AYUSH Mission (NAM) there is a provision of financial assistance to States /UTs for different activities which also includes assistance for upgradation of AYUSH hospitals and dispensaries and co-located AYUSH facilities at Primary Health Centres (PHCs). The State/UT wise number of such facilities supported under NAM during last three years and the current year is given at enclosed Statement-II.

(c) to (f) The subject matter of fixed dose combination medicine is not applicable for Ayurveda, Siddha, Unani and Homoeopathy (ASU & H) Drugs. Accordingly information may be treated as nil.

Statement-I

State wise/System wise Number of AYUSH Hospitals as on 1-4-2017

Sl. No.	State/UT	Ayurveda	Unani	Siddha	Yoga	Naturo- pathy	Homoeo- pathy	Sowa- Rigpa	Total
1	2	3	4	5	6	7	8	9	10
A. States/Union Territories									
1	Andhra Pradesh	3	2	0	0	0	3	0	8
2	Arunachal Pradesh	10	0	0	0	0	2	0	12
3	Assam	1	0	0	0	0	3	0	4
4	Bihar	5	1	0	0	0	2	0	8
5	Chhattisgarh	10	1	0	1	0	3	0	15
6	Delhi	2	1	0	0	0	2	0	5
7	Goa	1	0	0	0	0	1	0	2
8	Gujarat	42	0	0	0	6	16	0	64
9	Haryana	9	1	0	0	0	1	0	11
10	Himachal Pradesh	33	0	0	0	1	0	0	34
11	Jammu and Kashmir	1	1	0	0	0	0	0	2
12	Jharkhand	1	0	0	0	0	4	0	5
13	Karnataka	170	18	0	3	6	16	0	213
14	Kerala	126	0	1	0	1	34	0	162
15	Madhya Pradesh	21	0	0	0	0	2	0	23
16	Maharashtra	64	6	0	0	0	1	0	71
17	Manipur	2	1	0	1	0	6	0	10
18	Meghalaya	3	0	0	0	0	7	0	10
19	Mizoram	1	0	0	0	0	1	0	2
20	Nagaland	1	0	0	0	0	1	0	2
21	Odisha	8	0	0	0	0	6	0	14
22	Punjab	5	0	0	0	0	4	0	9

1	2	3	4	5	6	7	8	9	10
23	Rajasthan	117	11	0	1	2	6	0	137
24	Sikkim	1	0	0	0	0	0	0	1
25	Tamil Nadu	2	1	288	1	0	1	0	293
26	Tripura	2	0	0	0	0	2	0	4
27	Uttar Pradesh	2104	204	0	0	0	8	0	2316
28	Uttarakhand	402	2	0	0	0	1	0	405
29	West Bengal	6	1	0	0	0	15	0	22
30	Andaman and Nicobar Island	1	1	1	1	0	1	0	5
31	Chandigarh	1	0	0	0	0	1	0	2
32	Dadra and Nagar Haveli	0	0	0	0	0	0	0	0
33	Daman&Diu	1	0	0	0	0	1	0	2
34	Lakshdweep	0	0	0	0	0	0	0	0
35	Puducherry	0	0	0	0	0	0	0	0
36	Telangana	9	4	0	0	1	6	0	20
	Total(A)	3165	256	290	8	17	157	0	3893
	B. CGHS & Central Government Organizations	21	8	7	5	2	7	0	50
	Total (A+B)	3186	264	297	13	19	164	0	3943

Source: State Governments & concerned agencies

Note: Ayurveda, Unani, Siddha, Yoga, Naturopathy and Sowa-rigpa:- Figures in r/o states of Arunachal Pradesh (2016), Assam (2009), Bihar (2016), Haryana (2016), J&K (2015), Jharkhand (2011), Karnataka (2016), Odisha (2012), Rajasthan (2015), Uttarakhand (2014) and Puducherry (2016) has been repeated as the current year information was not available.

Homoeopathy:- *Note:-* Figures in r/o states of Arunachal Pradesh (2016), Assam (2016), Bihar (2016), Haryana (2016), J&K (2015), Jharkhand (2011), Karnataka (2016), Odisha (2012), Rajasthan (2016), Uttar Pradesh (2011), Uttarakhand (2014) and Puducherry (2016) has been repeated as the current year information was not available.

State wise/System wise Number of Ayush Dispensaries as on 1-4-2017

Sl. No.	State/UT	Ayurveda	Unani	Siddha	Yoga	Naturo- pathy	Homoeo- pathy	Sowa- Rigpa	Total
1	2	3	4	5	6	7	8	9	10
1	Andhra Pradesh	467	112	0	0	20	266	0	865
2	Arunachal Pradesh	17	1	0	0	0	95	0	113
3	Assam	380	1	0	0	0	75	0	456
4	Bihar	1082	449	0	0	0	644	0	2175
5	Chhattisgarh	956	26	0	0	0	112	0	1094
6	Delhi	40	20	0	0	0	103	0	163
7	Goa	99	0	0	0	0	83	0	182
8	Gujarat	560	0	0	16	14	216	0	806

1	2	3	4	5	6	7	8	9	10
9	Haryana	483	19	0	0	0	22	0	524
10	Himachal Pradesh	1150	3	0	0	0	14	4	1171
11	Jammu and Kashmir	240	177	0	0	0	0	25	442
12	Jharkhand	220	54	0	0	0	92	0	366
13	Karnataka	592	50	0	0	5	43	0	690
14	Kerala	806	1	6	0	1	659	0	1473
15	Madhya Pradesh	1496	64	0	0	0	213	0	1773
16	Maharashtra	466	25	0	0	0	0	0	491
17	Manipur	0	0	0	0	0	1	0	1
18	Meghalaya	7	0	0	0	0	6	0	13
19	Mizoram	2	0	0	0	0	22	0	24
20	Nagaland	0	0	0	0	0	1	0	1
21	Odisha	624	9	0	35	30	638	0	1336
22	Punjab	489	35	0	1	0	111	0	636
23	Rajasthan	3577	120	0	0	3	252	0	3952
24	Sikkim	2	0	0	0	0	9	1	12
25	Tamil Nadu	97	64	784	121	0	106	0	1172
26	Tripura	36	0	0	0	0	73	0	109
27	Uttar Pradesh	2104	49	0	0	0	1575	0	3728
28	Uttarakhand	142	3	0	0	0	60	3	208
29	West Bengal	502	7	0	0	0	1520	0	2029
30	Andaman and Nicobar Island	13	0	0	2	0	18	0	33
31	Chandigarh	10	1	0	0	0	10	0	21
32	Dadra and Nagar Haveli	10	0	0	0	0	10	0	20
33	Daman and Diu	6	0	0	0	0	6	0	12
34	Lakshdweep	8	0	0	0	0	7	0	15
35	Puducherry	27	0	24	4	0	17	0	72
36	Telangana	418	183	1	0	28	196	0	826
	Total (A)	17128	1473	815	179	101	7275	33	27004
	B.CGHS & Central Government Organizations	288	38	33	55	10	269	1	694
	Total (A+B)	17416	1511	848	234	111	7544	34	27698

Source: State Governments/ UTs & concerned agencies

Note: Ayurveda, Unani, Siddha, Yoga, Naturopathy and Sowa-rigpa:- Figures in r/o states of Arunachal Pradesh (2016), Assam (2009), Bihar (2016), Haryana (2016), J&K (2015), Jharkhand (2011), Karnataka (2016), Odisha(2012), Rajasthan (2015), Uttarakhand (2014) and Puducherry (2016) has been repeated as the current year information was not available.

Homoeopathy:- *Note:-* Figures in r/o states of Arunachal Pradesh (2016), Assam (2016), Bihar (2016), Haryana (2016), J&K (2015), Jharkhand(2011), Karnataka (2016), Odisha (2012), Rajasthan (2016), Uttar Pradesh (2011), Uttarakhand (2014) and Puducherry (2016) has been repeated as the current year information was not available.

Statement-II

The State/UTs wise, status of number of unit assisted for upgradation of AYUSH Hospitals and dispensaries and co-located AYUSH facilities at Primary Health Centres (PHCs)

Sl. No.	Name of States/UTs	Co-location at PHCs				Upgradation of AYUSH Hospitals				Upgradation of AYUSH Dispensaries			
		2015-16	2016-17	2017-18	2018-19 (Tilldate)	2015-16	2016-17	2017-18	2018-19 (Tilldate)	2015-16	2016-17	2017-18	2018-19 (Till date)
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	Andman & Nicobar Islands	18	19	20	19	1	1	1	1	-	-	-	-
2	Andhra Pradesh	2	-	-	-	1	-	12	9	1	-	392	-
3	Arunachal Pradesh	-	-	-	1	-	-	1	1	-	-	-	-
4	Assam	15	15	-	-	-	-	-	-	-	-	-	-
5	Bihar	200	-	-	-	-	-	10	-	-	-	-	-
6	Chandigarh	-	-	-	2	-	-	-	-	13	-	12	13
7	Chhattisgarh	-	374	0	-	-	-	694	-	-	-	-	-
8	Dadra and Nagar Haveli	-	-	7	7	-	-	-	-	-	2	2	-
9	Daman and Diu	-	1	1	1	-	2	-	-	-	-	-	-
10	Delhi	-	-	-	-	-	-	-	-	-	-	-	-
11	Goa	21	26	26	26	-	-	-	-	-	-	-	-
12	Gujarat	-	-	-	-	-	40	35	10	-	771	776	768
13	Haryana	-	114	110	109	-	-	-	-	24	10	500	499
14	Himachal Pradesh	101	102	-	-	31	15	-	-	150	650	-	-
15	Jammu and Kashmir	-	-	-	-	2	4	4	4	558	579	579	471
16	Jharkhand	97	-	-	-	-	-	-	-	-	-	-	-
17	Karnataka	5	5	5	5	65	130	80	130	-	-	-	-

18	Kerala	-	-	-	-	13	21	103	91	7	9	12	4
19	Lakshadweep	8	8	-	8	1	-	-	-	-	-	-	-
20	Madhya Pradesh	502	465	437	325	-	-	-	-	-	-	-	-
21	Maharashtra	-	-	-	-	-	-	-	-	-	-	-	-
22	Manipur	84	84	84	84	-	-	-	2	-	1	1	1
23	Mizoram	16	4	7	9	-	-	-	-	-	-	-	-
24	Meghalaya	-	-	-	-	-	-	-	-	-	3	-	-
25	Nagaland	11	11	1	11	-	-	-	-	-	-	-	-
26	Odisha	1171	-	996	-	1	9	9	9	-	20	1159	1190
27	Puducherry	21	21	30	29	1	1	1	1	5	-	-	-
28	Punjab	-	6	-	-	5	7	6	-	-	10	-	-
29	Rajasthan	971	357	2089	1582	-	135	148	140	-	4379	4214	4063
30	Sikkim	2	2	3	3	-	-	-	-	-	-	-	-
31	Tamil nadu	475	485	492	572	-	-	7	-	-	-	-	-
32	Telangana	-	-	-	-	1	5	7	13	-	8	32	41
33	Tripura	24	-	-	-	2	2	3	2	-	2	4	-
34	Uttar Pradesh	-	-	-	-	-	-	-	-	36	55	190	62
35	Uttrakhand	179	108	180	82	8	-	17	8	-	-	639	-
36	West Bengal	-	-	-	-	-	-	-	-	-	240	692	730
Total		3,923	2207	4487	2875	133	370	434	423	1498	6737	9204	7844

Income Tax Evaders

2028. SHRI ASHOK MAHADEORAO NETE: Will the Minister of FINANCE be pleased to state:

(a) whether the Department of Income Tax has conducted any survey to identify income tax evaders and to provide better services to the taxpayers during the last three years;

(b) if yes, the details thereof;

(c) the details of taxes collected so far during the current year, state/UT-wise; and

(d) the percentage by which the said amount is higher or lower than the amount of taxes collected during the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Yes, Department of Income Tax has conducted many surveys to identify income tax evaders during the last three years.

The Income tax Department has conducted several out-reach programmes and ^- meetings with various stake-holders to identify the areas for better tax payer services.

(b) Details of surveys conducted to identify income tax evaders in last three years - Surveys to identify income tax evaders have been done under the provision of Section 133A of Income Tax Act, 1961. Such surveys are not done at random but done on the basis of comparative examination of income shown in the return of income, if any filed, with the information relevant to a taxpayer's income available from various sources. If any apparent evasion is found, prescribed Income Tax authorities conduct the survey after recording reasons. Number of surveys done and amount of undisclosed income detected in such surveys in the last three years are as under:

Fin. Yr.	No. of survey	Amount of undisclosed income detected
2015-16	4428	Rs. 9699.85 cr.
2016-17	12520	Rs. 13689.76 cr.
2017-18	13487	Rs. 9633.60 cr.

Details of survey conducted by Department of Income Tax to provide better services to the taxpayers during the last three years - The Income Tax Department based upon the feedback received from its regular interactions with various stake holders continuously upgrades the facilities and services provided by it to the taxpayers.

(c) Details of taxes collected so far (up to November, 2018) during the current year is as under:

Heads of Taxes	Amount Collected under Direct Taxes up to Nov. 2018
Corporation Tax	Rs. 2,95,816 crore
Taxes on Income	Rs. 2,56,149 crore
Total	Rs. 5,51,965 crore

(d) Percentage by which the said amount is higher or lower than the amount of taxes collected during the last three years are as under:

Financial Year	Direct Tax Coilection	Growth over previous Year
2015-16 (Up to Nov. 2015)	Rs. 3,62,798 cr.	---
2016-17 (Up to Nov. 2016)	Rs. 4,19,649 cr.	15.67%
2017-18 (Up to Nov. 2017)	Rs. 4,81,291 cr.	14.69%
2018-19 (Up to Nov. 2018)	Rs. 5,51,965 cr.	14.68%

Plantation of Neem Tree

2029. SHRI PANKAJ CHAUDHARY: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has formulated any scheme regarding plantation of neem tree which is important from both environment and health point of view;

(b) if so, the details thereof;

(c) if not, the reasons therefor;

(d) whether the Government proposes to augment the plantation of neem trees; and

(e) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE

(DR. MAHESH SHARMA): (a) to (e) The National Afforestation Programme (NAP) of MoEF&CC has the provision for inclusion of Neem under the plantation models 'Mixed plantation of trees having MFP and Medicinal Value and Regeneration of perennial herbs and Shrubs of Medicinal Value'. In order to give thrust on plantation of medicinal plants on degraded forest lands and contiguous areas, in addition to other species of local ecological and economic importance in the afforestation activities of the MoEF&CC, it was decided for inclusion of bamboo and medicinal plants including neem in the afforestation activities being undertaken under NAP. This is intended to contribute towards poverty alleviation and also to ensure livelihood security of forest fringe dwellers besides ameliorating soil conditions and improving/increasing forest cover.

Apart from NAP the National Mission for a Green India (GIM) of MoEF&CC also permits plantation of mixed indigenous species by the implementing states. Besides, as per the information received from National Medicinal Plant Board (NMPB), Ministry of AYUSH, NMPB, presently, is implementing a "Central Sector Scheme on Conservation, Development and Sustainable Management of Medicinal Plants" throughout the country. Under the scheme project based support is provided for in-situ ex-situ conservation and resource augmentation of various species of medicinal plants including the 'Neem Tree (*Azadirachta indica*)'.

In addition, NMPB, Ministry of AYUSH is also implementing a Centrally Sponsored Scheme of National AYUSH Mission (NAM) under which there is a component on "Medicinal Plants" which primarily aimed at supporting cultivation of medicinal plants on farmer's land with backward linkages through establishment of nurseries for supply of quality planting material and forward linkages for post-harvest management throughout the country. Under the scheme presently, Ministry of AYUSH has prioritized 140 species of medicinal plants for cultivation and in this regard financial assistance as subsidy is provided @ 30%, 50% and 75% of the cost of cultivation. The prioritized list under this scheme also covers 'Neem Tree' for which financial assistance as subsidy is provided @ 30%.

[*English*]

National Health Accounts Estimates

2030. SHRI MOHAMMAD SALIM:

SHRI CHANDRAKANT KHAIRE:

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

(a) whether as per National Health Account estimates for India 2014-15, the total expenditure incurred on health as percentage of GDP is around 3.89 per cent out of which public health expenditure is just 1.13 per cent;

(b) if so, year-wise, State-wise, figures for health expenditure and public health expenditure as percentage of GDP since 2014;

(c) whether the Government has an action plan to address disparity in public and private health expenditure, if so, the details thereof, if not, the reasons therefor; and

(d) whether the Government has an action plan to increase public health expenditure upto 2.5 per cent till 2025, if so, the details thereof, if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) Yes. As per the National Health Account estimates for India 2014-15, the total expenditure incurred on health as a percentage of GDP is 3.89 %. Government Health Expenditure is 1.13% of GDP.

(b) The latest available National Health Accounts (NHA) estimates that provides healthcare expenditure for India and select States is for the year 2015-16. A statement showing State-wise Total Health Expenditure and Government Health Expenditure as percentage of Gross State Domestic Product (GSDP) for 2014-15 and 2015-16 is enclosed as Statement.

(c) and (d) The Government has increased the Government Health Expenditure(GHE) on health care to 1.18% of GDP in 2015-16 from 0.96% in 2005-06. The National Health Policy, 2017 proposes raising public health expenditure to 2.5% of GDP by 2025 in a time bound manner.

Statement*Health Expenditure across select States in India.*

Sl. No.	States/UTs	2014-15				2015-16			
		Total Health Expenditure (THE)		Government Health Expenditure (GHE)		Total Health Expenditure (THE)		Government Health Expenditure (GHE)	
		In Rs. Crore	% GSDP	In Rs. Crore	% GSDP	In Rs. Crore	% GSDP	In Rs. Crore	% GSDP
1.	Assam	6556	3.3	1927	1.0	7874	4.0	2992	1.5
2.	Andhra Pradesh	23064	4.3	3551	0.7	26133	4.3	5814	1.0
3.	Bihar	22317	6.0	3689	1.0	24901	6.5	4756	1.2
4.	Chhattisgarh	8509	3.6	2376	1.0	9112	3.5	2871	1.1
5.	Gujarat	18970	2.1	6446	0.7	20990	2.0	7808	0.8
6.	Haryana	9878	2.2	2410	0.5	11015	2.3	3033	0.6
7.	Himachal Pradesh	3183	3.0	1411	1.4	3448	3.1	1621	1.4
8.	Jammu and Kashmir	4219	4.1	1461	1.4	4960	4.2	1993	1.7
9.	Jharkhand	6813	3.1	1631	0.8	7889	3.4	2339	1.0
10.	Karnataka	27995	3.0	6011	0.7	32083	3.2	8227	0.8
11.	Kerala	23805	4.5	4229	0.8	25090	4.5	5694	1.0
12.	Madhya Pradesh	18829	3.9	4799	1.0	20373	3.8	5662	1.1
13.	Maharashtra	53122	3.0	9009	0.5	56806	2.8	13443	0.7
14.	Odisha	15052	4.9	3233	1.0	16579	5.0	3354	1.0
15.	Punjab	15138	4.1	2578	0.7	16234	4.1	3245	0.8
16.	Rajasthan	21188	3.5	6511	1.1	23869	3.5	7980	1.2
17.	Tamil Nadu	30761	2.8	7696	0.7	32975	2.8	9378	0.8
18.	Uttar Pradesh	64256	6.2	12209	1.2	69036	6.2	14283	1.3
19.	Uttarakhand	4233	2.6	1534	0.9	4299	2.4	1607	0.9
20.	Telangana	11868	2.3	2650	0.5	13710	2.4	5148	0.9

Infrastructure for Cancer Patient at AIIMS

2031. SHRI S.R. VIJAYA KUMAR:

SHRI ASHOK SHANKARRAO CHAVAN:

SHRI S. RAJENDRAN:

SHRI SUDHEER GUPTA:

KUNWAR HARIBANSH SINGH:

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

(a) whether the number of cancer patients is going

up day by day in the country whereas the infrastructure is not sufficient to meet the challenges;

(b) if so, the details thereof and the reasons therefor;

(c) whether as per a recent review, the cancer centre at AIIMS is crumbling under the load of patients as their numbers have grown without any improvement in infrastructure;

(d) if so, the details of the review along with the

waiting time for various procedures for cancer patients in AIIMS, separately; and

(e) the corrective measures taken/ being taken by the Government to overcome the situation and provide better facility for cancer patients in AIIMS?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) to (e) As per the Indian Council of Medical Research Cancer Registry report "Three-year Report of Population Based Cancer Registries: 2012-2014, Bengaluru, 2016", all sites showed an increase in Age Adjusted Incidence Rate (AAR) for cancer over time with annual percentage change varying between 0.39% (in Bengaluru) to 0.93% (in Chennai) for males while 0.38% (in Bengaluru) to 0.68% (in Bhopal) for females.

Cancer is a multifactorial disease, the risk factors of which, interalia, include ageing population, sedentary life styles, use of tobacco products, unhealthy diet and air pollution.

The cancer patients are increasing in both outdoor and indoor category at AIIMS, Delhi. The Institute has placed its available resources to meet the requirement of patients. However due to heavy patient load, there is waiting period ranging from 0-7 months in different Departments of the Cancer Hospital at AIIMS, Delhi.

Health is a State subject. However, in order to augment the resources to cater to the increasing load of cancer patients, National Cancer Institute (NCI) at Jhajjar is approved under AIIMS, Delhi with a capacity of 710 beds, 25 Operation Theatres, day care facility, state-of-the-art equipment etc. The Out Patient Department at NCI has started trial operations from 18th December, 2018. Central Government is also setting up new All India Institute of Medical Sciences (AIIMS) and many institutions are being upgraded under Pradhan Mantri Swasthya Suraksha Yojna (PMSSY). Under the Strengthening of Tertiary Care Cancer facilities scheme under NPCDCS, financial assistance is provided for setting up of State Cancer Institutes (SCIs) and Tertiary Care Cancer Centres (TCCCs) in different parts of the country.

ATMs of Foreign Banks

2032. SHRI T. RADHAKRISHNAN:
SHRI S.R. VIJAYA KUMAR:
SHRI SUDHEER GUPTA:
SHRI ASHOK SHANKARRAO CHAVAN:

SHRI S. RAJENDRAN:
KUNWAR HARIBANSH SINGH:

Will the Minister of FINANCE be pleased to state:

(a) the names of the foreign banks functioning in the country and the number of branches along with their Automatic Teller Machines (ATMs) installed in the country, bank-wise;

(b) whether Reserve Bank of India (RBI) data on ATMs deployed by foreign banks across geographies reveal a fall of almost 18 to 20 per cent in three years;

(c) if so, the details thereof and the reasons therefor along with the other aspects raised in Reserve Bank of India (RBI) data on ATMs thereto;

(d) whether the Government has received complaints against foreign banks regarding not providing sufficient loans to agriculture and other priority sectors as per the guidelines issue by the RBI and if so, the details thereof along with action taken/ being taken by the Government on such guilty banks; and

(e) the steps taken/being taken by the RBI to expand ATMs network of banks in the country to avoid inconvenience to the bank customers?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) RBI has informed that 45 foreign banks are operating in India at present. The details of the names of foreign banks along with their number of branches and ATM installed in the country are enclosed as Statement.

(b) and (c) As per RBI data, between March 2016 and September 2018, there is a reduction of about 11.61% in ATMs deployed by foreign banks. RBI has apprised that the reason for this reduction in ATMs deployed by the foreign banks is due to the closure of ATM operations by FirstRand Bank, banking operations by Royal Bank of Scotland.

(d) and (e) RBI has apprised that it has instituted the Banking Ombudsman Scheme for resolution of complaints of bank customers against deficiency in services of banks, and complaints are resolved as per the provisions of the scheme. RBI has further apprised that non provision of sufficient loans to agriculture and other priority sectors as per RBI guidelines is not a specific ground of complaint under the Banking Ombudsman Scheme.

Statement

Details of foreign banks along with the number of their branches in India

Sl. No.	Bank	Number of branches as on June 30, 2018	Number of ATMs as on September 30, 2018
1	2	3	4
1	AB Bank Limited	1	0
2	Abu Dhabi Commercial Bank PJSC	2	0
3	American Express Banking Corp.	1	0
4	Australia and New Zealand Banking Group Limited	3	0
5	Bank of America, National Association	4	0
6	Bank of Bahrain & Kuwait B.S.C.	4	0
7	Bank of Ceylon	1	0
8	Bank of Nova Scotia	3	0
9	Barclays Bank PLC	6	0
10	BNP Paribas	8	0
11	Citibank N.A.	35	540
12	Cooperatieve Rabobank U.A.	1	0
13	Credit Agricole Corporate and Investment Bank	5	0
14	Credit Suisse AG	1	0
15	CTBC Bank Co. Ltd.	2	0
16	DBS Bank Ltd.	12	33
17	Duetsche Bank AG	17	32
18	Doha Bank QSC	3	0
19	Emirates NBD Bank PJSC	1	0
20	First Abu Dhabi Bank PJSC	1	0

1	2	3	4
21	Firststrand Bank Ltd	1	0
22	Hongkong and Shanghai Banking Corpn. Ltd.	26	88
23	Industrial and Commercial Bank of China	1	0
24	Industrial Bank of Korea	1	0
25	JP Morgan Chase Bank National Association	4	0
26	JSC VTB Bank	1	0
27	KEB Hana Bank	1	0
28	Krung Thai Bank Public Company Limited	1	0
29	Mashreq Bank PSC	1	0
30	Mizuho Bank Ltd	5	0
31	The Bank of Tokyo-Mitsubishi UFG Ltd.	5	0
32	National Australia Bank	1	0
33	PT Bank Maybank Indonesia TBK	1	0
34	Qatar National Bank SAQ	1	0
35	Sberbank	1	0
36	SBM Bank (Mauritius) Ltd.	4	0
37	Shinhan Bank	6	0
38	Societe Generale	4	0
39	Sonali Bank Ltd.	2	0
40	Standard Chartered Bank	100	243
41	Sumitomo Mitsui Banking Corporation	2	0
42	The Royal Bank of Scotland PLC	1	0
43	United Overseas Bank Ltd	1	0
44	Westpac Banking Corporation	1	0
45	Woori Bank	3	0

Source: Reserve Bank of India

**Shortage of Trauma Care Centres for
Road Accident Victims**

2033. SHRI S. RAJENDRAN:

SHRI ASHOK SHANKARRAO CHAVAN:

SHRI T. RADHAKRISHNAN:

SHRI S.R. VIJAYA KUMAR:

SHRI SUDHEER GUPTA:

KUNWAR HARIBANSH SINGH:

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

(a) whether the Government has taken note of huge shortage of trauma care centres for road accident victims in the country, if so, the details thereof and the reasons therefor;

(b) the measures taken/being taken by the Government to invest in trauma care centres in the country;

(c) whether the Government has identified the National Highways to develop trauma care facilities with a view to providing immediate treatment for accident victims and if so, the details along with the funding pattern thereof;

(d) whether there is acute shortage of manpower to handle trauma cases; and

(e) if so, the details thereof and the reasons therefor along with the corrective measures taken/being taken by the Government to meet the shortage of manpower in this area?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (e) With a view to bring down preventable deaths due to road accidents, the Government is implementing the scheme namely 'Assistance for Capacity Building for Developing Trauma Care Facilities in Govt. Hospitals on National Highways'. Under the Scheme, financial assistance is provided to States/Union Territories (UTs) for upgrading/ strengthening trauma care facilities in identified Government Hospitals / Medical Colleges. During the 11th Five year Plan (FYP), 116 trauma care facilities (TCFs) were identified and funded in 17 States along the Golden Quadrilateral highway corridor as well as North-South & East-West Corridors. During the 12th Five Year Plan, 85 trauma care facilities have been identified and approved. The details are given in enclosed Statement-I and II.

During the 11th and 12th FYP, Rs. 806.77 Cr was allotted for 116 TCFs and Rs. 448.95 Cr for 85 TCFs respectively.

The Central Government financial support during 11th FYP to the identified TCFs was 100%. During 12th FYP, financial support was 60% Central Share and 40% State share, 90-10% for North Eastern and Hilly States and 100% Central funding for Union Territories.

Under the Scheme there is a provision of financial assistance to Trauma Care Facilities (TCFs) for Manpower component also. Further, training programmes have been developed for capacity building of doctors, nurses and paramedics at Trauma Care Facilities.

Statement-I

*List of Trauma Care Facilities approved
during 11th FYP*

Sl. No.	Name of State	Name of TCF
1	2	3
1	Andhra Pradesh	Govt. General Hospital & Medical College, Kurnool
2		Community Hospital, Penukonda
3		Taluk Hospital, Tekkali
4		District Hospital, Srikakulam
5		King George Hospital/Andhra Medical College, Visakhapatnam
6		Tuni taluk Hospital, east Godavari District
7		District Hospital, Rajahmundry, East Godavari
8		District Hospital, Eluru, West Godavari
9		Medical College, Guntur
10		District Hospital, Ongole
11		Dist Hospital, Nellore
12		Taluk Hos. Nayadupet
13		Dist. Hospital Anantpur
14	Telangana	Rajiv Gandhi Inst. Of Medical Sciences, Adilabad

1	2	3	1	2	3
15		Area Hospital, Kamareddy	43		SSG Hospital & Medical College, Vadodara
16		Distt Hqr Hospital, Nizamabad	44		District Hospital, Himmat Nagar
17		District Hospital, Mehboobnagar	45		SA Hospital Bhachau, Kutch
18	Assam	Medical College & Hospital, Silchar	46	Haryana	Dist. Hospital, Ambala
19		Civil Hospital, Haflong	47		District Hospital, Rewari
20		Civil Hospital, Diphu	48		BSS General Hospital, Panipat
21		District Hospital, Nagaon	49	Jammu and Kashmir	MMAM District Hospital, Anantnag
22		Medical College & Hospital, Guwahati.	50		Trauma Hospital, Ramban, Doda
23		District hospital, Nalbari	51		Govt. District Hospital, Udampur
24		Civil Hospital, Bogaigaon	52	Jharkhand	Patliputra medical College, Jamshedpur
25	Bihar	District Hospital, Purnia	53	Karnataka	Tumkur District Hospital
26		Civil Hospital, Madhepura	54		Taluq Hospital, Sira
27		Darbhanga Medical College Hospital, Dharbhanga	55		Civil Hospital, Chitradurga
28		S.K. Medical College Hospital, Muzaffarpur	56		Civil Hospital, Devangiri
29		Sadar Hospital, Sasaram, Rohtas	57		Karnataka Institute of Medical Science, Hubli, Dharward
30		Civil Hospital, Kishanganj	58		District Hospital, Haveri
31		Civil Hospital, Gopalganj	59		District Hospital, Belgaum
32		Civil Hospital, Jhanjarpur	60		District Hospital, Chickbalapur
33		AN Magadh Medical College Hospital, Gaya	61	Madhya Pradesh	Civil Hospital, Shivpuri
34	Gujrat	Civil Hospital, Palanpur	62		DH Narsimhapur
35		Civil Hospital, Radhanpur	63		DH Sagar
36		General Hospital, Morbi	64		G R Medical College Hospital, Gwalior
37		Pt. Deen dayal Upadhayaya Hospital, Rajkot	65		DH Seoni
38		CHC, Jetpur	66	Maharashtra	GMCH, Kolhapur
39		General Hospital, Porbandar	67		District Hospital, Satara
40		General Hospital, Valsad	68		BJ Medical College, Pune
41		Govt. Medical College, Surat	69		Municipal Hospital, Vashi
42		District Hospital, Bharuch	70		Sub District Hospital Dhanu, Thane

1	2	3
71		Sub District Hospital, Hinganghat, Wardha
72	Odhisa	District Hospital, Balasore
73		District Hospital, Bhadrak
74		SCB Medical College, Cuttack
75		District Hospital, Khurda
76		MKCG Medical College, Behrampur
77	Punjab	Sub-District Hospital, Pathankot
78		District Hospital, Jalandhar
79		District Hospital, Khanna
80	Rajasthan	Government Hospital, Baran
81		New Medical College Hospital, Kota
82		SS Hospital, Chittorgarh
83		RNT Medical College, Udaipur
84		District Hospital, Bhilwara
85		JLN Medical College, Ajmer
86		SMS Medical College, Jaipur
87		Taluk Hospital, Kotputli, Alwar
88		Govt. Hospital, Sirohi
89		Civil Hospital Dungarpur. Sabarkantha
90	Tamil Nadu	Kilpauk Medical College, Chennai
91		GMC, Vellore
92		Taluk Hospital, Krishnagiri
93		Govt. District Hqr. Hospital, Karur
94		District Hospital, Dindigul
95		Govt. Rajaji Hospital Medical College, Madurai
96		District Hqr. Hospital, Kovilpatti
97		GMCH, Tirunelveli
98		GMCH, Kanyakumari

1	2	3
99	Uttar Pradesh	BRD Medical College, Gorakhpur
100		District Hospital, Faizabad
101		KGM College, Lucknow
102		LLR Hospital & GSVM College, Kanpur
103		District Hospital, Jaluan, Orai
104		MLB Medical College, Jhansi
105		District Hospital, Basti
106		SN Medical College, Agra
107		Shri BA District Hospital, Etawah
108		District Hospital, Fatehpur
109		MLN Medical College, Allhabad
110		LLRM Medical College, Meerut
111		District Hospital, Lalitpur
112	West Bengal	North Bengal Medical College & Hospital, Siliguri
113		Islampur SD Hospital, Uttar Dinajpur
114		Sub Divisional, Asansol
115		Burdwan Medical College & Hospital, Burdwan
116		Sub-District Hospital, Kharagpur

Statement-II

List of Trauma Care Facilities approved during 12th FYP

Sl. No.	State	Name of Hospital
1	2	3
1	Andhra Pradesh	General Hospital Kakinada
2	Andaman & Nikobar	Dr. R P Hospital, Mayabunder
3	Arunachal Pradesh	General Hospital, Bomdila
4		District Hospital, Roing
5		District Hospital, Tezu

1	2	3	1	2	3
6		District Hospital, Khonsa	30	Haryana	General Hospital, Kaithal
7	Chhattisgarh	BR Ambedkar Memorial Hospital, Raipur	31		General Hospital, Palwal
8		Chhattisgarh Institute of Medical Sciences, Bilaspur	32		General Hospital, Narnaul
9		Govt. Komaldeo District Hospital, Kanker	33	Kerala	Govt. Medical College, Alappuzha
10		District Hospital, Raigarh	34		General Hospital, Ernakulam
11		Baliram Kashyap Memorial Medical College, Jagdalpur	35		District Hospital, Kannur
12		District Hospital, Ambikapur	36		District Hospital Palakkad
13	Dadar and Nagar Haveli	CHC Khanvel	37		Govt. Medical College Hospital, Kozhikode
14	Jharkhand	District Hospital Koderma	38		Government Medical College & Hospital, Thiruvananthapuram
15		Sadar Hospital Daltanganj	39	Manipur	Regional Institute of Medical Sciences, Imphal
16		District Hospital, Gumla	40		District Hospital, Churachandpur
17	Jammu and Kashmir	S.N.M. Hospital, Leh	41		District Hospital Senapati
18		District Hospital, Kupwara	42		District Hospital Bishunpur
19	Gujarat	Guru Govind Singh Hospital Jamnagar	43		Thoubal District Hospital
20		General District Hospital Dahod	44		Chandel District Hospital
21		District Hospital, Veraval	45	Meghalaya	Civil Hospital, Tura
22		Sir Takhtsinh General Hospital & Govt. Medical College, Bhavnagar	46		Civil Hospital Nongpoh
23	Goa	Govt. Medical College, Goa	47		Civil Hospital Shillong
24	Himachal Pradesh	District Hospital, Chamba	48	Mizoram	Civil Hospital, Aizawl
25		Regional Hospital Hamirpur	49		District Hospital, Lawngtlai
26		RP Medical College, Tanda,	50		District Hospital, Saiha
27		Zonal Hospital Mandi	51		District Hospital, Lunglei
28		Regional Hospital Rampur, Shimla	52		District Hospital Kolasib
29		IGMC Govt. Hospital, Shimla, Himachal Pradesh	53		District Hospital Champhai
			54		District Hospital Serchhip
			55	Nagaland	District Hospital, Tuensang
			56		District Hospital, Kiphiri
			57		District Hospital, Mon
			58		Naga Hospital Kohima
			59		District Hospital, Dimapur

1	2	3
60	Odisha	District Hospital, Puri
61	Punjab	District Hospital Fazailka
62		District Hospital Ferozpur
63	Puducherry	IGI PGIMER
64	Uttarakhand	District Hospital, Baurari, New Tehri
65		Government Medical College, Haldwani
66		Combined Hospital Roorkee
67		Doon Medical College & Hospital
68	Tripura	Dharma Nagar, Sub-Divisional Hospital
69		Santirbazar PHC, Divisional Hospital
70		District Hospital, Gomati
71		Agartala Govt. Medical College
72		District Hospital, Dhalai
73	Tamil Nadu	Govt. District Head Quarters Hospital Kallakurichi
74		Govt. District Head Quarters Hospital Kumbakonam
75		Chengalpattu Govt. Medical College & Hospital
76		Coimbatore Medical College
77	Sikkim	District Hospital Namachi
78		District Hospital, Singtam
79		District Hospital, Mangan
80		STNM Hospital Gangtok
81	West Bengal	District Hospital, Alipurduar
82		Murshidabad Medical College
83		Ranaghat Sub Divisional Hospital, Nadia
84		Diamod Harbour District Hospital
85		Raiganj District Hospital, Uttar Dinajpur

SGI and TCCC

2034. SHRI PREM SINGH CHANDUMAJRA:
SHRI ASHOK SHANKARRAO CHAVAN:
SHRI T. RADHAKRISHNAN:
SHRI S.R. VIJAYA KUMAR:
SHRI S. RAJENDRAN:
SHRI SUDHEER GUPTA:
SHRI MULLAPPALLY RAMACHANDRAN:
KUNWAR HARIBANSH SINGH:

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

(a) the details of the State Cancer Institute (SCI) and Tertiary Care Cancer Centre (TCCC) in the country, State/UTwise;

(b) whether proposals for setting up of SCI and TCCC from various States have been received and if so, the details along with present status thereof, State/UT-wise including Kerala;

(c) whether the Government has received request from State of Kerala to include Malabar Cancer Centre under the scheme and if so, the details and present status thereof;

(d) the details of the criteria for setting up and strengthening the SCI and TCCC in the country;

(e) the amount allocated/utilized by the Government for setting up and strengthening of each SCI and TCCC in the country during each of the last three years and the current year, State/UT-wise; and

(f) the details of the equipment which is necessary for SCI and TCCC and the role of SCI and TCCC in providing facilities to cancer patients in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) and (b) The details of proposals for setting up of State Cancer Institute (SCI) and Tertiary Care Cancer Centre (TCCC) received from various States/UTs including Kerala, under the Strengthening of Tertiary Care Cancer facilities scheme is enclosed as Statement-I. The list of SCIs and TCCCs approved till date under the scheme, is enclosed as Statement-II.

(c) A request was received from the Government of Kerala for setting up TCCC at Malabar Cancer Centre, Kannur. However, the same was not agreed to since Government Medical College, Kozhikode was already

envisaged for assistance as a TCCC under the scheme, to cater to the north part of Kerala and one SCI and one TCCC was envisaged to be set up in Kerala.

(d) The scheme envisages to upgrade existing institutions for Cancer care. Under the scheme, one time noni-recurring grant is given. State/UT Governments recommend the proposals of the eligible Institute/Medical College which are fulfilling the criteria, requirements and conditions of the scheme along with the commitment to provide State share of funds. As per the scheme guidelines, the Institution can be a Government Medical College/ Hospital or erstwhile Regional Cancer Centre inter alia with experience in cancer treatment and functional departments of Medicine, Surgery, Gynecology, ENT, Anesthesia, Pathology inter-alia, to be eligible for assistance under the scheme. Autonomous Institutions under Central or State Government, are also eligible for assistance under the scheme.

(e) The details of funds released as 1st installment of Central share to State Governments for setting up of SCI and TCCC during last three years and the current year, State/UT-wise, is enclosed as Statement.

(f) Assistance under this scheme is for procurement of radio therapy equipment, diagnostic equipment, surgical equipment, enhancement of indoor patient facility for cancer and such other purposes relevant for diagnosis, treatment and care of cancer.

It is envisaged that SCIs will be the apex institutions in the State for cancer related activities and expected to mentor and coordinate the activities of other Institutes in the State dealing with the tertiary care for cancer. SCI will provide outreach services, diagnosis and referral treatments, undertake research, participate in cancer registry programme and enhance the manpower capacity in the State in the field of cancer care. TCCC will undertake similar activities, though at a lower scale.

Statement-I

List of proposals received for setting up of SCIs and TCCCs under Strengthening of Tertiary Care Cancer scheme of NPCDCS.

S. No	States/UTs	Tertiary Care Cancer Centre (TCCC)	State Cancer Institute (SCI)
1	2	3	4
1.	Andhra Pradesh	ACSR Government Medical College, Nellore	Kurnool Medical College, Kurnool
2.	Assam	Assam Medical College, Dibrugarh	Gauhati Medical College & Hospital, Guwahati
3.	Arunachal Pradesh	Government Hospital, Naharlagun	-
4.	Bihar	1. Dharbhanga Medical College, Dharbhanga 2. Jawaharlal Nehru Medical College, Bhagalpur	Indira Gandhi Institute of Medical Sciences (RCC), Patna
5.	Chhattisgarh	Central Hospital, SECL, Manendragarh, District Koriya	Chhattisgarh Institute of Medical Sciences, Bilaspur
6.	Delhi	Lok Nayak Hospital (Maulana Azad Medical College)	-
7.	Gujarat	1. Pandit Deen Dayal Upadhyay Medical College, Rajkot 2. Government Medical College and SSG Hospital, Vadodara	Gujarat Cancer Research Institute (RCC), Ahmedabad
8.	Goa	Goa Medical College, Panaji, Goa.	-

1	2	3	4
9.	Haryana	Civil Hospital, Ambala Cantt	-
10.	Himachal Pradesh	1. Indira Gandhi Medical College (RCC) Shimla 2. Lal Bahadur Shastri Govt. Medical College & Hospital, Mandi	-
11.	Jammu and Kashmir	1. District Hospital, Kishtwar, 2. District Hospital, Udhampur 3. District Hospital, Kupwara,	1. Government Medical College (RCC)Jammu 2. Sher-I-Kashmir Institute of Medical Sciences (RCC), Srinagar.
12.	Jharkhand	MGM Medical College, Jamshedpur	Rajendra Institute of Medical Sciences, Ranchi
13.	Karnataka	1. Mandya Institute of Medical Sciences, Mandya 2. Gulbarga Institute of Medical Sciences, Gulbarga	Kidwai Memorial Institute of Oncology (RCC), Bangaluru
14.	Kerala	Govt. Medical College, Kozhikode	Regional Cancer Centre, Thiruvananthapuram
15.	Madhya Pradesh	1. G. R. Medical College, Gwalior 2. District Hospital, Vidisha	Netaji Subhas Chandra Bose Medical College, Jabalpur.
16.	Maharashtra	1. Vivekanand Medical Foundation & Research Centre, Latur 2. Rashtrasant Tukdoji Regional Cancer Hospital & Research Centre, Nagpur	Government Medical College, Aurangabad
17.	Manipur	Regional Institute of Medical Sciences (RIMS), Imphal	-
18.	Nagaland	District Hospital, Kohima	-
19.	Mizoram	Civil Hospital Aizawl	-
20.	Odisha	1. Burla Medical College (Dist. Sambalpur) 2. M.K.C.G. Medical College Hospital, Berhampur 3. District Hospital, Bhawanipatna, District Kalahandi	Regional Cancer Centre, Cuttack
21.	Punjab	1. District Hospital, Hoshiarpur 2. District Hospital, Fazilka	Government Medical College, Amritsar

1	2	3	4
22.	Rajasthan	1. S. P. Medical College, Bikaner 2. Govt. Medical College/District Hospital, Jhalawar	SMS Medical College, Jaipur
23.	Sikkim	Multispecialty Hospital at Sichey, Sikkim	-
24.	Tamil Nadu	Madurai Medical College & Hospital, Madurai	Cancer Institute (RCC) Adyar, Chennai
25.	Telangana	-	M.N.J. Institute of Oncology (RCC), Hyderabad
26.	Tripura	-	Cancer Hospital(RCC), Agartala
27.	Uttar Pradesh	1. Sanjay Gandhi Institute of Medical Sciences, Lucknow 2. Jawaharlal Nehru Medical College, AMU, Aligarh 3. Government Medical College, Jhansi 4. Institute of Medical Sciences (BHU) Varanasi	Kamla Nehru Memorial Hospital (RCC), Allahabad
28.	Uttarakhand	Himalayan Institute of Medical Sciences, Dehradun	Government Medical College, Haldwani
29.	West Bengal	1. Government Medical College, Burdwan 2. Murshidabad Medical College & Hospital 3. Sagore Dutta Memorial Medical College and Hospital, Kolkata	
Total		44	20

Statement-II

List of State Cancer Institutes (SCIs) and Tertiary Care Cancer Centres (TCCCs) approved till date

Sl. No.	State	Name of the Institute	SCI/ TCCC
1	2	3	4
1	Andhra Pradesh	Kurnool Medical College, Kurnool	SCI
2	Assam	Gauhati Medical College & Hospital, Guwahati	SCI
3	Bihar	Indira Gandhi Institute of Medical Sciences, Patna	SCI
4	Delhi	Lok Nayak Hospital	TCCC
5	Gujarat	Gujarat Cancer Research Institute, Ahmedabad	SCI
6	Goa	Goa Medical College, Panaji	TCCC
7	Haryana	Civil Hospital, Ambala Cantt	TCCC
8	Himachal Pradesh	Indira Gandhi Medical College, Shimla	TCCC

1	2	3	4
9	Himachal Pradesh	Shri Lal Bahadur Shastri Medical College, Mandi	TCCC
10	Jammu and Kashmir	Sher-i-Kashmir Institute of Medical Sciences, Srinagar	SCI
11	Jharkhand	Rajendra Institute of Medical Sciences, Ranchi	SCI
12	Karnataka	Kidwai Memorial Institute of Oncology (RCC), Bangaluru	SCI
13		Mandya Institute of Medical Sciences, Mandya	TCCC
14	Kerala	Regional Cancer Centre, Tjiruvananthapuram	SCI
15		Government Medical College, Kozhikode	TCCC
16	Madhya Pradesh	G.R. Medical College, Gwalior	TCCC
17	Maharashtra	Rashtrasant Tukdoji Regional Cancer Hospital & Research Centre, Nagpur	TCCC
18		Government Medical College, Aurangabad	SCI
19		Vivekanand Foundation & Research Centre, Latur	TCCC
20	Mizoram	Mizoram State Cancer Institute, Aizawl	TCCC
21	Nagaland	District Hospital, Kohima	TCCC
22	Odisha	Acharya Harihar Regional Cancer Centre, Cuttack	SCI
23	Punjab	Government Medical College, Amritsar	SCI
24		Civil Hospital, Fazilka	TCCC
25	Rajasthan	S P Medical College, Bikaner	TCCC
26		SMS Medical College, Jaipur	SCI
27		Jhalawar Medical College & Hospital, Jhalawar	TCCC
28	Sikkim	Multispecialty Hospital at Sochyang (Sichey), near Gangtok, Sikkim	TCCC
29	Tamil Nadu	Cancer Institute (RCC), Adyar, Chennai	SCI
30	Telangana	MNJ Institute of Oncology & RCC, Hyderabad	SCI
31	Tripura	Cancer Hospital (RCC), Agartala	SCI
32	Uttar Pradesh	Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow	TCCC
33	West Bengal	Government Medical College, Burdwan	TCCC
34		Murshidabad Medical College & Hospital, Berhampore, Murshidabad	TCCC
35		Sagore Dutta Memorial Medical College and Hospital, Kolkata	TCCC
Total			

Total: 35 (15 SCIs and 20 TCCCs)

Statement-III

Details of funds released as 1st installment of Central share to State Governments for setting up of SCI and TCCC during last three years and the current year, State/UT-wise

(Rs. in crore)

Sl. No.	State/UT	Name of the Institute	SCI/ TCCC	Amount Released				Total
				2015-16	2016-17	2017-18	2018-19	
1	2	3	4	5	6	7	8	9
1	Andhra Pradesh	Kurnool Medical College, Kurnool	SCI	-	-	54.00	-	54.00
2	Assam	Gauhati Medical College & Hospital, Guwahati	SCI	-	08.43	30.00	42.5025	80.9325
3	Bihar	Indira Gandhi Institute of Medical Sciences, Patna	SCI	33.06	-	-	-	33.06
4	Delhi	Lok Nayak Hospital	TCCC	-	25.40	4.47	-	29.87
5	Goa	Goa Medical College, Panaji	TCCC	-	-	8.3519	11.8981	20.25
6	Haryana	Civil Hospital, Ambala Cantt	TCCC	-	9.2253	2.925	8.0997	20.25
7	Himachal Pradesh	Indira Gandhi Medical College, Shimla	TCCC	14.87	-	-	-	14.87
8	Himachal Pradesh	Shri Lal Bahadur Shastri Medical College, Mandi	TCCC	-	-	12.1932	17.443	29.6362
9	Jharkhand	Rajendra Institute of Medical Sciences, Ranchi	SCI	-	-	22.95	-	22.95
10	Karnataka	Mandya Institute of Medical Sciences, Mandya	TCCC	17.257	-	-	-	17.257
11	Kerala	Regional Cancer Centre, Tjiruvananthapuram	SCI	-	46.957	-	-	46.957
12	Madhya Pradesh	G.R. Medical College, Gwalior	TCCC	-	-	18.90	-	18.90
13	Maharashtra	Rashtrasant Tukdoji Regional Cancer Hospital & Research Centre, Nagpur	TCCC	-	15.3196	4.8564	-	20.176
14		Government Medical College, Aurangabad	SCI	-	-	43.515	-	43.515
15		Vivekanand Foundation & Research Centre, Latur	TCCC	-	-	20.25	-	20.25
16	Mizoram	Mizoram State Cancer Institute, Aizawl	TCCC	14.64	-	-	-	14.64
17	Nagaland	District Hospital, Kohima	TCCC	-	13.23	-	-	13.23
18	Odisha	Acharya Harihar Regional Cancer Centre, Cuttack	SCI	-	35.829	-	-	35.829

1	2	3	4	5	6	7	8	9	
19	Punjab	Government Medical College, Amritsar	SCI	-	51.58	-	-	51.58	
20		Civil Hospital, Fazilka	TCCC	-	20.119	-	-	20.119	
21	Rajasthan	S P Medical College, Bikaner	TCCC	17.123	-	-	-	17.123	
22		SMS Medical College, Jaipur	SCI	-	40.6683	4.1394	-	44.8077	
23		Jhalawar Medical College & Hospital, Jhalawar	TCCC	-	-	19.755	-	19.755	
24	Sikkim	Multispecialty Hospital at Sochyang (Sichey), near Gangtok, Sikkim	TCCC	-	-	23.01	6.01	29.02	
25	Telangana	MNJ Institute of Oncology & RCC, Hyderabad	SCI	18.12	-	-	-	18.12	
26	Uttar Pradesh	Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow	TCCC	11.43	-	-	-	11.43	
27	West Bengal	Murshidabad Medical College & Hospital, Berhampore, Murshidabad	TCCC	-	10.9793	0.005	-	10.9843	
28		Sagore Dutta Memorial Medical College and Hospital, Kolkata	TCCC	-	-	20.25	-	20.25	
Total					126.50	277.7375	289.5709	85.9533	779.7617

Note: Government of India share is 60% (90% for Himalayan and North Eastern States and 100% for UTs).

Central Asian Flyway Action Plan

2035. SHRIMATI SUPRIYA SADANAND SULE:

DR. HEENA VIJAYKUMAR GAVIT:

SHRI DHANANJAY MAHADIK:

SHRI MOHITE PATIL VIJAYSINH

SHANKARRAO:

DR. J. JAYAVARDHAN:

SHRI P.R. SUNDARAM:

SHRI RAJEEV SATAV:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has launched Central Asian Flyway Action Plan recently;

(b) if so, the details thereof and the aims and objective behind the move;

(c) whether the Government has set any time-

frame for implementation of action plan and if so, the details thereof;

(d) the details of bird species that will be prioritized under the action plan; and

(e) whether the Government has identified wetlands and wetland clusters for conservation as they are the congregation sites for several migratory water bird species and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (c) The Ministry of Environment, Forest and Climate Change has launched the 'National Action Plan for conservation of migratory birds along the Central Asian Flyway'. The Action Plan emphasizes on coordinated efforts of all relevant stakeholders in conservation of migratory birds.

India provides a critical stopover as well as wintering habitats to more than 370 species of migratory birds and for ensuring healthy populations of the migratory species in India, within their range across the Central Asian Flyway, this National Action Plan has been developed. The Action Plan has been prepared for a period of five years.

(d) The following 20 species of migratory birds have been prioritized under the National Central Asian Flyway Action Plan:

1. Eurasian Curlew (*Numenius arquata*)
2. Crab Plover (*Dromas ardeola*)
3. Black-tailed Godwit (*Limosa limosa*)
4. Bar-tailed Godwit (*Limosa lapponica*)
5. Red Knot (*Calidris canutus*)
6. Long-toed Stint (*Calidris subminuta*)
7. Indian Skimmer (*Rynchops albicollis*)
8. Greater Flamingo (*Phoenicopterus roseus*)

9. Lesser Flamingo (*Phoenicoparrus minor*)
10. Curlew Sandpiper (*Calidris ferruginea*)
11. Little Stint (*Calidris minuta*)
12. Lesser Sand plover (*Charadrius mongolus*)
13. Black-bellied Tern (*Sterna acuticauda*)
14. Great Knot (*Calidris temdrostris*)
15. Common Pochard (*Aythya ferina*)
16. Yellow-breasted Bunting (*Emberiza aureola*)
17. White-headed Duck (*Oxyura leucocephala*)
18. Ferruginous Duck (*Aythya nyroca*)
19. European roller (*Coracias garrulous*)
20. Sociable Lapwing (*Vanellus gregarious*)

(e) The details of wetlands and wetland clusters prioritized for conservation of migratory water birds under the National Central Asian Flyway Action Plan is enclosed as Statement-I.

Statement-I

Details of wetlands and wetland clusters prioritized for conservation of migratory water birds under the National Central Asian Flyway Action Plan

Sl. No.	State	Significant Wetlands	Significant Wetland Cluster
1	2	3	4
1	Tamil Nadu	Point Calimere & Great Vedaranyam Swamp Gulf of Mannar Marine National Park & Adam's Bridge Karaivetti Bird Sanctuary Pallikaranai.	Suchindram Theroor Vembanoor Manakudi Estuary Saltpans of Puthalam & Kovalam.
2	Puducherry	--	Ousted Lake Bahour Lake Kaliveli Tank
3	Andhra Pradesh	Kolleru Pulicat Coringa	--
4	Odisha	Chilka Bhitarkanika	--
5	Maharashtra	Jaikwadi Gangapur Dam and Grassland Nandur Madhmeshwar	Mahul Sewri Mudflats Alibaugh Thane Creek Uran
6	Gujarat	Nal Sarover	Khijadia Marine National Park and Wildlife Sanctuary
7	Madhya Pradesh	Karera (Dihaila Jheel and Other Wetlands)	Halali Reservoir Bhoj (UpperLake)

1	2	3	4
8	West Bengal	Sundarbans Farakka Barrage and Adjoining Areas	---
9	Rajasthan	Keoladeo Sambhar	Alniya Dam Bardha Dam Ram Sagar (Hindoli)
10	Punjab	Harike	---
11	Himachal Pradesh	Pong Dam	---
12	Assam	---	Majuli Island Pani-Dihing Sibsagar Tanks
13	Uttar Pradesh	---	Kurra Jheel Saman
14	Jammu and Kashmir	---	Haigam Rakh Hokarsar Mirgund Jheel

[*Translation*]

Service Tax Evasion

2036. SHRI SUMEDHANAND SARSWATI:
SHRI RAMDAS C. TADAS:
SHRI NARANBHAI KACHHADIA:
SHRI BIDYUT BARAN MAHATO:
SHRI CHANDRA PRAKASH JOSHI:

Will the Minister of FINANCE be pleased to state:

(a) the number of companies against whom action has been taken for service tax evasion during the last four years alongwith the number of arrests made so far in this regard, State/ UT -wise;

(b) whether the Government proposes to make any further amendment to simplify the process of service tax; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Data is not maintained centrally company-wise and State & Union Territory-wise. However, the data with respect to number of cases and arrests, year-wise is as follows-

Year	No. of cases	No. of arrests
2015-16	3545	39
2016-17	8085	4
2017-18	5303	8
2018-19 (upto August)	2889	8

(b) No such proposal is under examination at present.

(c) Does not arise in view of the reply to (b) above.

Recruitment of Yoga Teachers

2037. SHRI JANARDAN MISHRA:
SHRI RODMAL NAGAR:

Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether the Government is formulating any action plan for recruitment of yoga teachers and setting up of centres in the country to promote yoga and naturopathy;

(b) if so, the details thereof;

(c) the number of yoga teachers recruited and the number of centres set up in Madhya Pradesh; and

(d) the number of yoga teachers recruited so far during the year 2016-2018?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) to (d) Health is a State subject, and deploying Yoga teachers and setting up of Yoga centres on a large scale to promote Yoga & Naturopathy therefore fall under the purview of State Governments.

However, there are three autonomous bodies namely Morarji Desai National Institute of Yoga (MDNIY), Delhi, Central Council for Research in Yoga & Naturopathy

(CCRYN), Delh, and National Institute of Naturopathy (NIN), Pune under Ministry of AYUSH, which are engaged in Yoga & Naturopathy. These institutions recruit Yoga teachers on a limited scale for promotion of Yoga & Naturopathy within their respective jurisdictions.

Medical Colleges in Jharkhand

2038. SHRI RAM TAHAL CHAUDHARY:
SHRI VIJAY KUMAR HANSDAK:

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

(a) whether super speciality blocks have been sanctioned in the medical colleges under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) in Jharkhand;

(b) if so, the details thereof;

(c) the names of medical colleges where super speciality wings have been set up in Jharkhand;

(d) whether there is shortage of specialized doctors in the above mentioned super speciality blocks;

(e) the reaction of the Government thereto; and

(f) the details of measures proposed to be taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) Super Speciality Blocks have been sanctioned in the following Government Medical Colleges in Jharkhand under PMSSY Upgradation programme, as per details given below:-

Sl. No.	Name of Medical Colleges	Phase	Approved outlay (Rs. Crore)		
			Central share	State share	Total
1.	Rajendra Institute of Medical Sciences (RIMS), Ranchi	I	100	20	120
2.	Patliputra Medical College, Dhanbad	III	120	30	150

(d) to (f) As per the PMSSY upgradation programme, provisioning of manpower including super-specialist doctors to run the Super-Speciality Blocks built under PMSSY, is the responsibility of the State Government concerned.

[English]

Integrated Development of Wildlife Habitats

2039. SHRI PRATAP SIMHA:
KUMARI SHOBHA KARANDLAJE:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has approved extension of scheme of Integrated Development of Wildlife Habitats;

(b) if so, the details thereof, including the total fund allocated for the same;

(c) whether the scheme consists of Centrally Sponsored Scheme of Project Tiger, Development of Wildlife Habitats and Project Elephant;

(d) if so, the details thereof and the objectives and achievements/performance of the scheme so far;

(e) whether the Government has reviewed the implementation of the scheme and if so, the details thereof; and

(f) whether the scheme would address the human wildlife conflict effectively and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) Yes, Madam. The Government has approved the Centrally Sponsored Umbrella Scheme of Integrated Development of Wildlife Habitats (CSS-IDWH) beyond the 12th Plan period from 2017-18 to 2019-20. Details of the scheme and funds allocated is as below:

(Rs. in Crores)		
Sl. No.	Name of Scheme	Fund allocated (Central share)
1.	Project Tiger	1143.00
2.	Development of Wildlife Habitats	496.50
3.	Project Elephant	92.22

(c) and (d) Yes, Madam. The scheme consists of the Centrally Sponsored Scheme of Project Tiger,

Development of Wildlife Habitats and Project Elephant. The objectives of the schemes are conservation and protection of wildlife and their habitats and ensuring maintenance of a viable population of Tigers and elephants in the country.

The major achievement of the scheme includes:

- (i) Protected Areas has been increased from 574 in 2000 to 828 in 2018.
- (ii) Tiger Reserve has been increased from 9 reserves in 9 States to 50 reserves in 18 States. Similarly Elephant reserve has also increased from 27 in 2010 to 30 in 2018.
- (iii) Population of major species like tiger, lion, elephant and rhino has also increased significantly.

(e) Based on review of the implementation of the Scheme, the Government has accorded further extension. The process involved inter-ministerial consultation with the followings:

- (i) Department of Expenditure, Ministry of Finance
- (ii) NITI Aayog
- (iii) Ministry of Panchayati Raj
- (iv) Ministry of Rural Development
- (v) Department of Economic Affairs, Ministry of Finance
- (vi) Wildlife Crime Control Bureau
- (vii) Forest Survey of India
- (viii) Wildlife Institute of India
- (ix) Indian Council of Forestry Research and Education

(f) Yes, Madam. Funding support through the on-going Centrally Sponsored schemes is provided to states as per the Annual Plan Operation annually. The activities includes installation of various animal barriers; capturing and relocation of problematic animals; compensation for depredation by wild animals; periodic awareness campaigns to sensitise, guide and advise the general populace on man-animal conflict; procurement of immobilisation equipment, drugs; training and capacity building of forest staff and veterinary doctors to deal with conflict event; scientific population management of problem animals.

Financial Support for MSMEs

2040. SHRIMATI V. SATHYABAMA:
SHRI KONAKALLA NARAYANA RAO:
SHRI PR. SENTHILNATHAN:
SHRIMATI R. VANAROJA:
SHRI R.K. BHARATHI MOHAN:

Will the Minister of FINANCE be pleased to state:

(a) whether the Government has recently launched any financial support and outreach programme to promote and strengthen the Micro, Small and Medium Enterprises (MSMEs) sector in the country;

(b) if so, the details thereof along with the funds allocated for the purpose during each of the last three years and the current year, State/UT-wise including Tamil Nadu; and

(c) the other steps taken/proposed to be taken by the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) Government have launched a support and outreach programme for Micro, Small and Medium Enterprises (MSMEs) on 2nd November, 2018. The programme inter-alia, includes, initiatives for MSMEs on access to credit, access to market, technology upgradation, ease of doing business, social security for MSME sector employees, etc.

The initiatives include certain schemes which envisage an allocation of fund by respective Ministries. These schemes are on all India basis and do not have State specific allocation of funds.

(c) Government and Reserve Bank of India (RBI) have taken several steps to ensure access of credit to Micro, Small and Medium Enterprises (MSMEs). These inter-alia, include, advice to all Scheduled Commercial Banks (SCBs) to achieve a 20% year-on-year growth in credit to Micro and Small Enterprises (MSEs), allocation of 60% of the MSEs advances to the micro enterprise accounts, a 10% annual growth in number of micro enterprise accounts, additional working capital limit to meet the requirements arising due to unforeseen/seasonal increase in demand, adoption of one cluster, operationalising at least one specialised MSME Branch in every district, simplified computation of working capital of MSE units to make it minimum 20% of the projected annual turnover of the unit for borrowal limits upto Rs.5 crore, setting up of Trade Receivables Discounting System (TReDS) to solve the problem of delayed payment of MSMEs, etc.

CSR Mechanism

2041. SHRI C.N. JAYADEVAN:
SHRI G. HARI:
SHRI B. VINOD KUMAR:

Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether the Government has issued notices to nearly 300 companies for not complying with Corporate Social Responsibility (CSR) spending requirement under the companies law for 2015-16 and if so, the details thereof;

(b) whether for the year 2014-15, prosecutions against 254 were sanctioned and of which 33 companies have filed applications for compounding and if so, the details thereof;

(c) whether the provision in the Companies Act, 2013 under which the companies should spend at least two percent of its average net profit on CSR activities, has been implemented and if not, the action taken against erring companies;

(d) whether the Government plans to establish the Centralised Scrutiny and Prosecution Mechanism (CSPM) for enforcement of CSR provisions and if so, the details thereof;

(e) whether CSR spending by companies have come down over the years since 2014-15 and if so, the details thereof; and

(f) whether the Government has set up a panel to review the existing framework and formulate a road map for a coherent policy on CSR activities under the companies law and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) and (b) On the basis of scrutiny, call for information letters to 5,382 companies have been issued for the financial year 2015-16. Further, 295 prosecutions have been sanctioned for the financial year 2014-15 and 33 companies have filed application for compounding for the same year.

(c) Section 135 (3) & (4) of the Companies Act, 2013 ('the Act') empowers the Board of the company, and its CSR Committee to select programmes/ projects/ activities to be undertaken, allocation and utilization of

CSR funds towards such activities. Whenever, violation of CSR provisions is reported, the Registrar of Companies initiates action against such non-compliant companies after due examination of records.

(d) Ministry has established Centralized Scrutiny and Prosecution Mechanism (CSPM) in April, 2018 for the financial years 2015-16, 2016-17 and 2017-18 on pilot basis for enforcement of CSR provisions.

(e) As per the filings made by the companies upto 30.06.2018 in the MCA 21 registry, the data for the financial years 2014-15, 2015-16 and 2016-17 is as follows:-

Sl. No.	Financial Year	Number of Companies	Total CSR Amount Spent (in Rs. Crores)
1.	2014-15	16,785	10,065
2.	2015-16	21,498	14,365
3.	2016-17	19,933	13,464

(f) A High Level Committee on Corporate Social Responsibility (HLC- 2018) has been constituted on 22.11.2018 under the Chairmanship of Secretary, Ministry of Corporate Affairs to review the existing framework and guide and formulate the roadmap for a coherent policy on CSR. The scope of Committee is as follows:

- (i) To review existing CSR framework as per Act, Rules and Circulars issued from time to time.
- (ii) To recommend guidelines for enforcement of CSR provisions.
- (iii) To suggest measures for adequate monitoring and evaluation of CSR by companies.
- (iv) To examine and recommend audit (financial, performance, social) for CSR, as well as, analyze outcomes of CSR activities/ programmes/ projects.
- (v) Any other matter incidental or connected thereto.

Pradhan Mantri Swasthya Suraksha Yojana

2042. SHRI RAJEEV SATAV:
DR. HEENA VIJAYKUMAR GAVIT:
SHRI DHANANJAY MAHADIK:
SHRIMATI SUPRIYA SADANAND SULE:
SHRI MOHITE PATIL VIJAYSINH
SHANKARRAO:

DR. J. JAYAVARDHAN:
SHRI P.R. SUNDARAM:
DR. KIRIT P. SOLANKI:

(Rs. in Crore)

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

(a) the salient features of the scheme and the current status of implementation of Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) in the country along with the total funds allocated under the scheme in the current and previous financial year, State/UT-wise;

(b) the State-wise details of the works undertaken under PMSSY, including in the State of Gujarat;

(c) whether the Government has conducted any assessment regarding works and performance of the PMSSY during the last four years, if so, the details thereof, if not, the reasons therefor;

(d) whether the Government has developed a central monitoring system to implement its schemes properly and if so, the details thereof;

(e) the details of the steps taken/being taken by the Government to enhance availability of affordable and reliable tertiary medical care services in the country, year-wise since 2014, State/UT-wise;

(f) the details of the percentage of healthcare budget spent on augmenting tertiary/medical care services, year-wise since 2014, State/UT-wise; and

(g) the percentage of Gross Domestic Product (GDP) spent on healthcare in total and tertiary healthcare in particular, year wise since 2014, State/UT-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) aims at correcting the regional imbalances in the availability of affordable healthcare facilities in the different parts of the country in general, and augmenting facilities for quality medical education in the under-served States in particular. PMSSY, a Central Sector Scheme, has two components -

- (i) Setting up of AIIMS-iike institutions; and
- (ii) Up-gradation of existing State Government Medical College/Institutions

PMSSY has been approved with a total outlay of Rs. 14,832 crore:

Year	Capital cost	Recurring costs	Total
2017-18	2610	979	3589
2018-19	5975	220	6195
2019-20	4698	350	5048
Total	13,283	1549	14,832

A State wise list of AIIMS and Govt. Medical Colleges being upgraded is given in enclosed Statement-I.

(c) Indian Institute of Public Administration has been given the task for evaluation of the PMSSY scheme.

(d) A Web based Dashboard to monitor progress of all PMSSY projects has been developed. The dashboard is available to all senior officers in the Ministry as well as to Hon'ble HFM and also in PMO.

(e) Under PMSSY scheme, 21 new AIIMS are being set up and 73 Government Medical Colleges are being upgraded to enhance availability of affordable and reliable tertiary medical care services in the country. List is enclosed as Statement-II.

(f) and (g)

Healthcare Budget is as follows:

2013-14	-	Rs. 1.39 lakh crore
2014-15	-	Rs. 1.49 lakh crore
2015-16	-	Rs. 1.52 lakh crore
2016-17 (RE)	-	Rs. 2.26 lakh crore
2017-18 (BE)	-	Rs. 2.25 lakh crore

Health Expenditure to total expenditure is as follows:

2013-14	-	4.6%
2014-15	-	4.5%
2015-16	-	4.5%
2016-17 (RE)	-	5.6%
2017-18 (BE)	-	5.1%

Health Expenditure as percentage to GDP is as follows:

2013-14	-	1.2%
2014-15	-	1.2%
2015-16	-	1.1%
2016-17 (RE)	-	1.5%
2017-18 (BE)	-	1.4%

Health Expenditure across 20 States is given in the enclosed Statement-II

Statement-I*State-Wise List of PMSSY Projects*

Sl. No.	State	New AIIMS	Upgradation of State Govt. Medical Colleges / Hospitals				
			Phase I	Phase II	Phase III	Phase IV	Phase V(A)
1	2	3	4	5	6	7	8
1	Andhra Pradesh	AIIMS Mangalapuri (Ph-IV)	SVIMS, Tirupati		SMC, Vijayawada GMC, Anantpur		
2	Assam	AIIMS Guwahati (Ph-V)			GMC, Guwahati AMC, Dibrugarh		
3	Bihar	AIIMS Patna (Ph-I) AIIMS Declared (Ph-V)			SMC, Muzaffarpur GMC, Darbhanga	PMCH, Patna GMC, Bhagalpur GMC, Gaya	
4	Chhattisgarh	AIIMS, Raipur (Ph-I)				GMC, Bilaspur, GMC Jagdalpur	
5	Goa				GMC, Panaji		
6	Gujarat	AIIMS, Gujarat (Ph-VI)	BJMC, Ahmedabad		GMC, Rajkot	GMC, Surat GMC, Bhavnagar	
7	Haryana			PDSIMS, Rohtak			
8	Him. Pradesh	AIIMS, Bilaspur (Ph-V)		GMC Tanda	I.G. GMC, Shimla		
9	Jammu and Kashmir	AIIMS, Jammu (Ph-V) AIIMS, Kashmir (Ph-V)	GMC, Jammu GMC, Kashmir				
10	Jharkhand	AIIMS, Deoghar (Ph-VI)	RIMS, Ranchi		PMC, Dhanbad		
11	Karnataka		BMC, Bangalore		VMC, Bellary KIMS, Hubli		
12	Kerala	MC, Thiruvananthapuram			MC, Kozhikode TDMC, Alappuzha		SCTIMST, Trivandrum
13	Madhya Pradesh	AIIMS, Bhopal (Ph-I)			GMC, Rewa NSCB, MC, Jabalpur GRMC, Gwalior	GMC, Indore	

1	2	3	4	5	6	7	8
14	Maharashtra	AIIMS, Nagpur (Ph-IV)	Grants, MC + JJ Hospitals	GMC, Nagpur	GMC, Aurangabad GMC, Latur GMC, Akola SVK, GMC, Yavatmal.		
15	Odisha (Orissa)	AIIMS, Bhubaneshwar (Ph-I)			MKCG MC, Behrampur VSS MC, Burla	GMC, Cuttack	
16	Punjab	AIIMS, Bhatinda (Ph-V)		GMC, Amritsar	GMC, Patiala		
17	Rajasthan	AIIMS, Jodhpur (Ph-I)			SP MC, Bikaner RNT MC, Udaipur GMC, Kota	GMC, Jaipur	
18	Tamil Nadu	AIIMS Declared (Ph-V)	GMC, Salem	GMC, Madurai	TMC, Thanjavur TMC, Tirunelveli		
19	Telangana	AIIMS Telangana (Phase-VII)	NIMS, Hyderabad	R.G. IMS, Adilabad KMC, Warangal			
20	Tripura				AMC, Agartala		
21	Uttar Pradesh	AIIMS, Rae Bareilly (Ph-II) AIIMS, Purvanchal (Ph-IV)	S.G. PGIMS, Lucknow IMS, Varanasi	JNMC, AMU, Aligarh	GMC, Jhansi GMC, Gorakhpur MLN MC, Allahabad LLR MC, Meerut.	GMC, Agra GMC, Kanpur	IMS, BHU, Varanasi
22	Uttarakhand	AIIMS, Rishikesh (Ph-I)					
23	West Bengal	AIIMS, Kalyani (Ph-IV)	KMC, Kolkata		BS MC, Bankura GMC, Malda NBMC, Darjeeling		
24	Delhi				UCMS-GTB Hospital		
		21 AIIMS	13	06	39	13	2

Total of 21AIIMS and 73 State Govt. Medical Colleges / Hospitals under different phases of PMSSY

Statement-II*Health expenditure across 20 States*

	2014-15				2015-16			
	Total Health Expenditure (THE)		Government Health Expenditure (GHE)		Total Health Expenditure (THE)		Government Health Expenditure (GHE)	
	In Rs. Crore	% GSDP	In Rs. Crore	% GSDP	In Rs. Crore	% GSDP	In Rs. Crore	% GSDP
Assam	6556	3.3	1927	1	7874	4	2992	1.5
Andhra Pradesh	23064	4.3	3551	0.7	26133	4.3	5814	1
Bihar	22317	6	3689	1	24901	6.5	4756	1.2
Chhattisgarh	8509	3.6	2376	1	9112	3.5	2871	1.1
Gujarat	18970	2.1	6446	0.7	20990	2	7808	0.8
Haryana	9878	2.2	2410	0.5	11015	2.3	3033	0.6
Himachal Pradesh	3183	3	1411	1.4	3448	3.1	1621	1.4
Jammu and Kashmir	4219	4.1	1461	1.4	4960	4.2	1993	1.7
Jharkhand	6813	3.1	1631	0.8	7889	3.4	2339	1
Karnataka	27995	3	6011	0.7	32083	3.2	8227	0.8
Kerala	23805	4.5	4229	0.8	25090	4.5	5694	1
Madhya Pradesh	18829	3.9	4799	1	20373	3.8	5662	1.1
Maharashtra	53122	3	9009	0.5	56806	2.8	13443	0.7
Odisha	15052	4.9	3233	1	16579	5	3354	1
Punjab	15138	4.1	2578	0.7	16234	4.1	3245	0.8
Rajasthan	21188	3.5	6511	1.1	23869	3.5	7980	1.2
Tamil Nadu	30761	2.8	7696	0.7	32975	2.8	9378	0.8
Uttar Pradesh	64256	6.2	12209	1.2	69036	6.2	14283	1.3
Uttarakhand	4233	2.6	1534	0.9	4299	2.4	1607	0.9
Telangana	11868	2.3	2650	0.5	13710	2.4	5148	0.9

Rashtriya Poshan Maah

2043. SHRI MOHITE PATIL VIJAYSINH
SHANKARRAO:
DR. HEENA VIJAYKUMAR GAVIT:
SHRIMATI SUPRIYA SADANAND SULE:
SHRI PRALHAD JOSHI:
SHRI DHANANJAY MAHADIK:
DR. J. JAYAVARDHAN:
SHRI P.R. SUNDARAM:
SHRI RAJEEV SATAV:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether the government has observed Rashtriya Poshan Maah recently, if so, the details thereof along with theme and focus of the event;

(b) the amount earmarked and utilized for this purpose;

(c) whether the event has achieved the objectives for which it was launched, if so, the details thereof;

(d) whether the help of community radio stations have also been taken to spread awareness about Poshan Abhiyan, if so, the details thereof;

(e) whether the Government has also launched a toll free helpline to address queries associated with nutrition and malnutrition, if so, the details thereof; and

(f) the other steps taken by the Government to bring down stunting in children in the age group of 0-6 years to 25 per cent by 2022?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) to (c) Poshan Maah has been celebrated in the month of September, 2018 across the country with the aim to sensitize the people regarding the malaise of malnutrition and also to make them aware of interventions available to tackle the ill effects. Poshan Maah witnessed a plethora of events and festivities at field level which accounted for more than 22 lakh activities leading to participation of 25 crore plus individuals across the country. The real time dashboard enabled monitoring of the progress generated a healthy competition between the States/UTs. One of the most encouraging outcomes of the Poshan Maah has been the success in achieving convergence at all levels. The month logged 4.8 lakh converged activities across Ministries and 32% of all activities (22 lakh plus) were carried out by among field functionaries (AWWs, ASHAs, ANMs, SHGs). No funds were earmarked separately for celebration of Poshan Maah.

(d) Yes, Madam, the Community Radio Stations (CRSs) proved to be an effective medium in building local content, communicating in local dialects, and connecting with remote communities. The Poshan Maah gave 100 Community Radios an opportunity to come together and demonstrate their strength and competence in disseminating information on issues of nutrition. Radio programmes, through a slew of innovative activities and exciting outreach events, the CRS's helped bridge the 'last mile connectivity' across the country to reach around 1.5 crore population.

(e) Yes, Madam, the Government has launched a toll free helpline (14408) as a follow-up and intervention mechanism based on the identified indicators i.e number of underweight children in an Anganwadi Centre, number of Severely Malnourished Children, Inactive Anganwadi Centres and Organization of Village Health Sanitation

and Nutrition Day (VHSND) by an Anganwadi Worker.

(f) The POSHAN Abhiyaan aims to reduce malnutrition from the country in a phased manner, through the life cycle concept, by adopting a synergised and result oriented approach. The Abhiyaan will ensure mechanisms for timely service delivery and a robust monitoring as well as intervention infrastructure. The POSHAN Abhiyaan through the targets will strive to reduce the level of stunting, under-nutrition, anaemia and low birth weight babies. It will create synergy, ensure better monitoring, issue alerts for timely action, and encourage States/UTs to perform, guide and supervise the line Ministries and States/UTs to achieve the targeted goals. Conveyance, organising Community Based Events, EC and Advocacy, Jan Andolan, Incremental Learning training, ICDS-CAS etc. are core components of POSHAN Abhiyaan which will also help to bring down stunting in children.

First Naturopathy Day

2044. DR. J. JAYAVARDHAN:

DR. HEENA VIJAYKUMAR GAVIT:

SHRIMATI SUPRIYA SADANAND SULE:

SHRI DHANANJAY MAHADIK:

SHRI MOHITE PATIL VIJAYSINH

SHANKARRAO:

SHRI P.R. SUNDARAM:

SHRI RAJEEV SATAV:

Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SI DDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether his Ministry has celebrated the first 'Naturopathy Day' with the aim to promote the system to prevent diseases by altering the diet and lifestyle;

(b) if so, the details thereof along with the programmes and events organized for its promotion;

(c) the funds allocated for development of naturopathy during each of the last three years and the current year along with the details of targets set and achievements made so far in this regard;

(d) whether the Government has any plans to promote naturopathy centres in rural areas by equipping them with modern facilities and if so, the details thereof;

(e) whether the Government proposes to provide such treatment in all the Central Government hospitals; and

(f) if so, the details thereof along with the further steps taken by the Government for promotion of voga and naturopathy in the country including generation of employment opportunities?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) and (b) Yes. Ministry of AYUSH Observed the First 'Naturopathy Day' on 18th November, 2018. Two of the autonomous bodies of the Ministry, namely Central Council for Research in Yoga & Naturopath (CCRYN), New Delhi and National Institute of Naturopathy (NIN), Pune took lead roles in this observance. The Naturopathy Day was observed by organising lectures, talks, walks, run and exhibitions in different parts of the country.

(c) The funds released to the CCRYN & NIN in the last 3 years and current year is as under:

(Rs. in lakhs)

Autonomous Body	2015-16	2016-17	2017-18	2018-19 (Current year)
CCRYN	1685.00	4300.00	5609.00	3634.00
MIN	1266.00	2590.00	490.00	2400.00

The details of targets set and achievements made so far are given in the enclosed Statement-I.

(d) Health is a State subject and promoting such centres in rural areas fall in purview of State Government.

However, in addition to the effort of State Governments, Central Council for Research in Yoga & Naturopathy (CCRYN), New Delhi, an autonomous body under Ministry of AYUSH has set up various OPDs and Wellness Centres of Yoga & Naturopathy in various Govt. Hospitals/ institutions in different location in India including rural areas. The details of OPDs is at enclosed Statement-II.

(e) and (f) There is no such proposal as of now with this Ministry.

However, CCRYN is in process of setting up following institutes of Yoga & Naturopathy with hospitals for better accessible treatment to the people of India:

1. Establishment of Post Graduate Institutes of Yoga and Naturopathy Education and Research (PGIYNER) with 200 bedded Yoga and Naturopathy hospital at Jhajjar, Haryana and Nagmangala, Karnataka.
2. Establishment of Central Research Institutes of Yoga & Naturopathy in Odisha, West Bengal, Rajasthan, Andhra Pradesh, Kerala, Jharkhand, Chhattisgarh and Jammu and Kashmir along with 100 bedded indoor hospital facilities to carry out in depth research studies to establish the efficacy of Yoga and Naturopathy in various remedies.

In addition to this, both CCRYN and NIN are offering Short Term Certificate Courses which are employment oriented.

Statement-I

I. Central Council for Research in Yoga & Naturopathy, New Delhi

Target & Achievements for the year 2015-16, 2016-17 and 2017-18

Main activities	Targets for 2015-16	Physical Achievements, 2015-16	Targets for 2016-17	Achievements, 2016-17	Targets for 2017-18	Achievements for 2017-18
1	2	3	4	5	6	7
Clinical and Literary Research Projects	Constitution of IEC and SAC	<ul style="list-style-type: none"> • SAC & IEC have been constituted. • Two meetings of SAC have been conducted. 	Multi-centric Research Studys	Multi-centric Research Study on Yoga & Diabetes completed	05	01

1	2	3	4	5	6	7
		• Collaborative Research Centre's is proposed by the committee.				
Research paper published	05	04	05	01	05	-
International Day of Yoga Celebration	677 districts	361 districts	680 districts	552 districts	712 districts	474 districts
Yoga & Diabetes Awareness Programme 2nd October, 2016	-	-	680 districts	279districts	-	-
Yoga Fest	-	-	10	09	10	0
Seminar/ Workshop/ Conference	02	• 04 State Level Seminar (NE) • 03 monthly Workshop (at Hq.)	08	• 03 State Level Seminar (NE) • 01 International Conference • 01 National Seminar	08	• 05 State Level Seminar (NE) • 01 International Conference. • 02 National Seminar
Participation in Health Mela	10	33	15	36	25	Participated in 26 Health Mela/ Arogyas/ Exhibitions
OPDs	10	08	10	08	10	Established 06 OPDs
Infrastructure development of CRIs and Post Graduate Institutes	Construction of CRIs at two places.	1st phase construction is completed.	1st phase of Construction of CRIs Bhubaneswar & 1st phase of PGI construction at Haryana & Karnataka.	construction started	05	• Funds have been transferred to CPWD Odisha for construction of boundary wall at Bhubaneswar, Odisha. • Work related to transfer of land to CCRYN in Kerala, West Bengal, Andhra Pradesh & Rajasthan is under process.

1	2	3	4	5	6	7
Collaborative Research Centre's	04	03 in process	04	03 in process	04	03 Collaborative Research is in process.
Grant in aid scheme for Establishment/ Running Clinics/ Hospital of 10/20/30/40 50/100 bed capacity.	-	-	100	Application received and proposals are being scrutinised.	100	Process of releasing Grant is under progress.

II. National Institute of Naturopathy, Pune

Targets and Achievements for the year 2018-19

Sl. No.	Particular	Targets-2018-19 (No.of Prog.)	Achievements April to September 18 (No.of Prog.)	Expenditure incurred (Rupees in lakhs)
1	2	3	4	5
1	Mass Education			
i)	Women Component Programme	3 Progs.	2 Prog.	0.67
ii)	Arogya & Other Exhibition	6 Exhibitions	1. Prog.	0
iii)	Monthly Workshop/Naturopathy Camps Regional Language Workshop Outreach Workshops/ Lectures	12 Workshops 6 Workshops 60 Workshops	4 Workshops 1 Work shop 28 Workshops	0.30
iv)	Food fairs by NIN	2Nos.	0	0.30
v)	Cookery Classes Other Seminars directly by NIN	1 No. 10 Nos.	1 Class 6 Seminars	0.72
vi)	Publication of Books & Magazine	12 Issues	6 Issues	3.30
vii)	Pathology Lab	No target fixed	154 Patients	0.87
vii)	Naturopathy Diet Centre	No target fixed	60000 Beneficiaries	Self Sustaining
viii)	Health Shop	No target fixed	45000 Beneficiaries	Self Sustaining
ix)	Accupressure Clinic	No target fixed	4500 Patients	0
x)	Library facility	No target fixed	85 Members	0
2.	Medicare Facility			
i)	O.P.D. Clinic /Outdoor OPD/R. Massage/Medi-Gym	62000 Patients	23044 Patients	4.10

1	2	3	4	5
iii)	Sanatorium for HIV+ve patients	No target fixed	24 Patients	2.35
3.	Training and Research			
ii)	1 Year Treatment Attendent Training Course	80 Students	80 students	17.30
iii)	BNYS Internship Programme	144 Internees	72 Internees	2.95
iv)	Yoga Classes/International Yoga Day Prog.	2520 Classes	1260 Classes	14.42
v)	CME, OTP Programmes	3 Progs.	3 Prog.	3.20
vi)	Research in Naturopathy	No target fixed	0	0.12
vii)	Gandhian Studies/Fellowship Prog.	3 Prog. (28 students)	3 Prog. (28 students)	2.85
viii)	Swacchata Action Plan	No target fixed	0	5.00
4.	Creation of capital assets	No target fixed		220.00
	i) Mobilisation Advance for Nisarga Gram Projet			1.18
	ii) Assets purchase			
5.	Salaries			206.00
6.	Establishment expenses			41.97
Total				513.18

Physical & Financial Targets & Achievements for the year 2017-18

Sl. No.	Schemes/Activities to be implemented during 2017-18	Physical		Financial	
		Targets - (No.of Prog.) (2017-18)	Achievements (No.of Prog.) (Up to 31.03.18)	Target (Rs. in lakhs)	Achievements (Rs. in lakhs) (Up to 31.03.18)
1	2	3	4	5	6
1	Mass Education				
i)	Women Component Programme	3 Progs.	5 Prog.	10.00	10.14
ii)	Arogya& Other Exhibition	6Exhibitions	6 Exhibitions	10.00	10.41
iii)	Monthly Workshop Regional Language Workshop Outreach workshops	12 Workshops 6 Workshops 48 Workshops	13 Workshops 2 Workshops 58 Workshops	3.00	1.69

1	2	3	4	5	6
iv)	Food fairs by NIN	2Nos.	2 Food fairs	10.00	10.43
v)	Cookery Classes Other Seminars directly byNIN	1 No. 10 Nos.	2 Classes 10 Seminars	1.00	0
vi)	Publication of Books & Magazine	12 Issues	12 Issues	13.00	13.22
vii)	Pathology Lab	No target fixed	540 Patients	4.00	2.24
vii)	Naturopathy Diet Centre sale	No target fixed	18000 beneficiaries	Self Sustained	0
viii)	Health Shop sale	No target fixed	14400 beneficiaries	Self Sustained	0
2.	Medicare Facility				
i)	O.P.D. Clinic	62000 Patients	64115 Patients	20.00	22.55
iii)	Sanatorium for HIV+ve patients	No target fixed	35 Patients	5.00	4.52
3.	Training & Research				
i)	Stipend to the 1 Year TATC Course students	80 Students	80 students	50.00	46.45
ii)	BNYS Internship Programme	144 Internees	150 Internees	5.00	6.27
iii)	Yoga Classes	2520 Classes	2520 classes 1978 Participants	1.00	1.53
iv)	CME, OTP Programmes	3 Progs.	6 Prog.	15.00	15.16
v)	Research in Naturopathy	No target fixed	2 Projects	10.00	10.27
vi)	NABH	No target fixed	NIN has received NABH Accreditation	0	2.10
4.	Office & Establishment Exp.			57.00	138.27
5.	Salary & Wages to Staff			300.00	382.67
6.	Creation of				
i)	Capital Assets			0	1663.69
ii)	Nisarga Gram Project Fixed Assets purchase			0	5.16
Total				514.00	2346.77

i) An expenditure of Rs. 1668.85 lakhs under major head "Creation of Capital Assets has been incurred from the unspent balance of the previous year (2016-17) Rs.2220.33 lakhs,

ii) The excess expenditure of Rs.82.67 lakhs under the major head "Salaries" has been incurred from the departmental receipts of the Institute,

iii) The excess expenditure of Rs. 81.27 lakhs under the major head "General" has been incurred from the unspent balance of the previous year 2016-17.

Total R.E.Rs.514.00 Lakhs.

Physical & Financial Targets & Achievements for the year 2016-17. Total R.E. Rs.2590.00 Lakhs.

Sl. No.	Schemes/Activities to be implemented during 2015-16	Physical		Financial	
		Targets - (No.of Prog.)	Achievements (No.of Prog.)	Target (Rs. in lakhs)	Achievements (Rs. in lakhs)
1	Mass Education				
i)	Women Component Programme	3 Progs.	4 Progs.	10.00	9.36
ii)	Arogya & Other Exhibition	6 Exhibitions	4 Exhibitions	10.00	8.60
iii)	Monthly WorkshopRegional Language Workshop	12 Workshops 6 Workshops	14 Workshops 3 Workshops	3.00	1.29
iv)	Food fairs by NIN	2 Nos.	2 Nos.	15.00	14.86
v)	Cookery ClassesOther Seminars directly by NIN	1 No. 10 Nos.	3 Progs. 42 Nos.	1.00	0.98
vi)	Publication of Books & Magazine	12 Issues	12 Issues	15.00	13.53
vii)	Pathology Lab	No target fixed	335 patients	5.00	3.13
vii)	Naturopathy Diet Centre	No target fixed	0	0	
viii)	Health Shop	No target fixed	0	0	
2.	Medicare Facility				
i)	O.P.D. Clinic	60000 Patients	55937 Patients	20.00	24.81
iii)	Sanatorium for HIV+ve patients	No target fixed	5.00	4.54	
3.	Training and Research				
i)	Stipend to the 1 Year TATC Course students	80 Students	80 Students	50.00	33.09
ii)	BNYS Internship Programme	144 Internees	97 Internees	3.00	6.68
iii)	Yoga Classes	2520 Classes	2520 Classes	1.00	1.38
iv)	CME, OTP Programmes	3 Progs.	10 Progs.	15.00	14.43
4.	Office and Establishment Exp.			117.00	76.24
5.	Salary & Wages to Staff			320.00	*** 335.54
6.	Purchase of Assets				
	Nisarga Gram Project			1990.00	49.27
	Fixed Assets purchase			10.00	5.24
	Total			2590.00	602.97

*** The excess expenditure incurred for payment of wages to the outsourcing staff has been incurred from the General head of grant.

Physical & Financial Targets & Achievements for the year 2015-16. Total R.E.Rs.1266.00 Lakhs.

Sl. No.	Schemes/Activities to be implemented during 2015-16	Physical		Financial	
		Targets - (No.of Prog.)	Achievements (No.of Prog.)	Target (Rs. in lakhs)	Achievements (Rs. in lakhs)
1	Mass Education				
i)	Women Component Programme	3 Progs.	3 Progs.	10.00	9.68
ii)	Arogya & Other Exhibition	6 Exhibitions	6 Exhibitions	10.00	5.11
iii)	Monthly Workshop Regional Language Workshop Weekly Lecture	12 Workshops 6 Workshops 48 Lectures	11 Workshops 4 Workshops 48 Lectures	3.00	1.64
iv)	Food fairs by NIN	2 Nos.	1 Nos.	10.00	11.81
v)	Cookery Classes Other Seminars directly by NIN Ayushyaman Bharat Awareness Prog, for school children	1 No. 10 Nos. 120 nos. 4 Nos.	1 Progs. 14 Nos. 11 Nos. 4 Nos.	5.00	0.17
vi)	Publication of Books & Magazine	12 Issues	12 Issues	25.00	14.96
vii)	Pathology Lab	No target fixed	363 patients	3.00	2.44
vii)	Naturopathy Diet Centre	No target fixed	Rs.21.14 lakhs	0	0
viii)	Health Shop	No target fixed	Rs. 44.84 lakhs	0	0
2.	Medicare Facility				
i)	O.P.D. Clinic	60000 Patients	60062 Patients	14.00	16.26
iii)	Sanatorium for HIV+ve patients	No target fixed	65 Patients	5.00	4.44
3.	Training and Research				
i)	2 Years NDNYT Course	80 Students	65 Students	58.00	29.94
ii)	BNYS Internship Programme	30 Internees	36 Internees	2.00	2.87
iii)	Yoga Classes	2520 Classes	2520 Classes	1.00	0.22
iv)	CME, OTP Programmes	3 Progs.	6 Progs.	10.00	10.74
4.	Office and Establishment Exp.			94.00	64.91
5.	Salary and Wages to Staff			240.00	274.54
6.	Purchase of Assets			10.00	8.35
7.	Purchase of Land for Naturopathy Hospital. College & Research Centre in Pune.			766.00	766.36
Total				1266.00	1224.97

Statement-II*List of OPDs run by CCRYN*

Sl. No.	State/UT	Name of the OPD with address
1	2	3
1.	Andhra Pradesh	"SAHAJA" Sri Sathyadeva Yoga-Prakrithi Chikitsalayam Sri Veera Venkata Satyanarayan Swamy Vari Devasthanam, Annavaram, East Godavari (Dt), Andhra Pradesh
2.	Delhi	OPD (Yoga & Naturopathy), Central Council for Research in Yoga & Naturopathy, No. 61-65, Institutional Area, Janakpuri, New Delhi-110058
3.	-do-	OPD (Yoga & Naturopathy), Room No.20, Psychiatry Wing, Dr. R. M. L. Hospital, New Delhi- 110001
4.	-do-	OPD (Yoga & Naturopathy), D/o Physiology, Lady Harding Medical College, New Delhi-110001
5.	-do-	OPD (Yoga & Naturopathy), Room. No.340 & 341, New OPD Block, Safdarjung Hospital & V.M.M.C., New Delhi-110029
6.	-do-	OPD (Yoga & Naturopathy), D/o Physiology, University College of Medical Sciences, Dilshad Garden, Delhi-110095
7.	-do-	OPD (Yoga & Naturopathy), Ch. Brahm Prakash Ayurvedic Charak Sansthan, Khera Dabar, Najafgarh, Delhi-110073
8.	Haryana	OPD (Yoga & Naturopathy) Pt. B. D. Sharma University of Health Sciences, Rohtak, Haryana

1	2	3
9.	Haryana	SHKM Govt. Medical College, Mewat, Haryana.
10.	Jharkhand	Yoga & Naturopathy Wellness Centre, State Yoga Centre, Ranchi.
11.	Kerala	Engandiyur Gram Panchayat, Thrissur, Kerala.
12.	Madhya Pradesh	Govt. Homeopathic Medical College & Hospital, Bhopal, Madhya Pradesh.
13.	Odisha	OPD (Y&N), AYUSH Centre, AIIMS, Sijua-751019, Bhubaneswar, Odisha.
14.	Tripura	Regional Research Institute for Homeopathy, Khumulwng, Jirania, Agartala, Tripura.

Cancellation of NBFCs Registration

2045. SHRI L.R. SHIVARAME GOWDA:

SHRI JYOTIRADITYA M. SCINDIA:

SHRI P.K. KUNHALIKUTTY:

Will the Minister of FINANCE be pleased to state:

(a) whether the number of Non-Banking Finance Companies (NBFCs) is increasing day by day in the country and operating without requisite registration, if so, the details thereof including the reaction of the Government thereto;

(b) whether the Reserve Bank of India (RBI) has recently cancelled certification of registration of a large number of such NBFCs for unspecified reasons, if so, the details of the NBFCs whose registrations have been cancelled across the country during the last two years along with the specific reasons each for cancelling the registration of NBFCs;

(c) the details of new NBFCs registered by RBI during the calendar year 2017 and 2018;

(d) the details of the NBFCs against whom complaints regarding non-payment of investors money have been received by the RBI during the last three years along with the reaction of the Government thereto; and

(e) whether the Government has any proposal to regulate/scrutinize such companies in the wake of the recent scams noticed therein and if so, the details thereof and the monitoring mechanism put in place to keep a

check on the activities of the said companies and to protect the interest of the investors?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (e) RBI has apprised that it registers and regulates NBFCs under Chapter IIIB of the RBI Act, 1934, and that as per section 45IA of the Act, it is mandatory for companies doing Non-Banking Financial Institution (NBFI) business and meeting Principal Business Criteria of company's financial assets constituting more than 50 per cent of the total assets and income from financial assets being more than 50 per cent of the gross income to get registered as NBFC with RBI.

RBI has further informed that the number of NBFCs registered with it has come down from 11,400 as on 31.3.2018 to 10,102 as on 30.9.2018, due to cancellation of the Certificate of Registration (CoR) of companies which did not comply with those mandatory RBI requirements. Details of cancelled NBFCs for the last two years are enclosed as Statement. These cancellations have happened due to either voluntary surrender of CoR or due to non-compliance with mandatory requirements like minimum Net Owned Fund (NOF) of Rs.2 crore, non-submission of statutory returns, not being traced at the given address, etc. RBI has also informed that NBFCs registered with RBI are subject to on-site inspection and off-site monitoring through return submission and through statutory auditors' reports. On the basis of assessment through the above supervisory process, necessary supervisory action is taken on registered NBFCs, if deemed necessary. Details of NBFCs registered by RBI from July 2017 to June 2018 are enclosed as Statement. As per inputs received from RBI, NBFCs against which complaints regarding non-payment of investor money have been received by RBI during the last three years are as under:

1. Singhland Investment Ltd.
2. Punjab State Industrial Development Corporation Ltd.

3. UK Fin Services Ltd.
4. IL & FS
5. SIGS Financial Services
6. Manappuram finance Ltd.

Statement-I

Details of NBFCs whose CoR has been cancelled by RBI during last two years

Sl. No.	Regional Office of RBI	Number of cancellation of CoR
1.	Ahmedabad	48
2.	Bengaluru	27
3.	Bhopal	11
4.	Bhubaneswar	4
5.	Chandigarh	79
6.	Chennai	103
7.	Guwahati	2
8.	Hyderabad	48
9.	Jaipur	28
10.	Jammu	16
11.	Kanpur	89
12.	Kolkata	617
13.	Mumbai	190
14.	New Delhi	203
15.	Patna	9
16.	Thiruvananthapuram	16
Total		1,490

Source: RBI

Statement-II

Classification-wise number of NBFCs registered from July 2017 to June 2018

Category	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	June 2018	Total
	2	3	4	5	6	7	8	9	10	11	12	13	14
Loan Company	5	15	6	11	8	12	9	8	9	7	16	7	113
Investment Company	-	-	-	-	2	1	-	2	1	-	5	4	15

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Core Investment Company	-	-	-	1	-	-	-	-	-	-	2	1	4
Asset Reconstruction Company	-	-	-	-	-	-	-	-	-	1	-	-	1
Factor P2P	-	-	-	-	-	-	-	1	-	-	-	1	
P2P	-	-	-	-	-	-	-	-	-	-	-	5	5
Total	5	15	6	12	10	13	9	11	10	8	23	17	139

Source: RBI

Dialysis Facilities

2046. ADV. NARENDRA KESHAV SAWAIKAR:
SHRI BHEEMRAO B. PATIL:
SHRI CHHOTE LAL:
SHRI BHAIKON PRASAD MISHRA:
SHRI VIJAY KUMAR HANSDAK:

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

(a) whether the number of patients requiring dialysis is steadily increasing in the country and if so, the details thereof during the last four years, State/UT-wise;

(b) whether the number of dialysis machines in the country is lesser than the actual requirement and if so, the details thereof indicating the number of hospitals where dialysis centre have been opened and where they are yet to be opened, State/UT-wise;

(c) whether Government hospitals are adequately equipped to provide free dialysis to the increasing number of patients and if so, the details thereof;

(d) whether the Government is providing any financial and logistic support to States to increase the number of dialysis machines and if so, the details thereof, indicating the financial and other assistance provided during each of the last three years, State/UT-wise; and

(e) the other steps being taken by the Government to effectively implement the Pradhan Mantri National Dialysis Programme in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) to (e) As informed by Indian Council of Medical

Research, Kidney diseases are estimated to be increasing, mostly due to increasing number of patients with diabetes and hypertension and increasing acute kidney injury cases which may require increased number of dialysis machines in the country.

Nationwide scientific estimation of number of patients of Chronic Kidney Diseases (CKDs) has not been carried out. However, in some of the small population based studies, prevalence was found to be 0.79% in North India and 0.16% in South India.

The details of dialysis machines available in the country is not maintained centrally. However, such facilities are provided at many Central and State Government institutions.

Public Health being a State subject, financial and technical support under NHM including under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke (NPCDCS) is being provided to States/UTs for strengthening of their healthcare system including for dialysis services in District Hospitals/public health facilities, based on the proposals received from State/UT governments in their Programme Implementation Plans.

The Government of India is implementing PMNDP, which was rolled out in 2016 for which guidelines for the Programme including model Request for Proposal (RFP) from the private providers (for Public Private Partnership Mode) have been issued. As per the guidelines, the private partner is envisaged to provide medical human resource, dialysis machine along with Reverse Osmosis (RO) water plant infrastructure, dialyzer and consumables, while the

space, power, and water supply within District Hospitals are to be provided by the State Governments.

The State-wise detail of approvals given for implementation of Pradhan Mantri National Dialysis Programme (PMNDP) for the FY 2016-17 & 2017-18 are enclosed as Statement respectively.

Statement-I

State-wise Details of approvals given for implementation of PMNDP under NHM for the year 2016-17

Sl. No.	State/UT	Total Amount Approved in 2016-17 (Rs. in Lakhs)
1	2	3
1	Andhra Pradesh	1170
2	Arunachal Pradesh	100
3	Assam	360
4	Bihar	2000
5	Chhattisgarh	600
6	Goa##	499
7	Gujarat	300
8	Haryana	400
9	Himachal Pradesh	100
10	Jammu and Kashmir	200
11	Jharkhand	630
12	Karnataka	2000
13	Kerala	40
14	Madhya Pradesh	1874.64
15	Maharashtra	673.41
16	Manipur#	115.2
17	Meghalaya	100
18	Mizoram##	0
19	Nagaland	46.74
20	Odisha	200
21	Punjab	100

1	2	3
22	Rajasthan	500
23	Sikkim	25
24	Tamil Nadu	425.99
25	Telangana	140
26	Tripura	192
27	Uttarakhand	400
28	Uttar Pradesh	1051.2
29	West Bengal	737
30	A& N Islands	0
31	Chandigarh	0
32	D & N Haveli	0
33	Daman and Diu	0
34	Delhi	300
35	Lakshadweep	0
36	Puducherry###	45.00
Total		15325.2

Approval for Operationalisation of Dialysis Unit at RIMS, JNIMS and Private Hospitals through PPP Model
State was approved 4 Dialysis machines previously. 2 functional in Aizawal and 2 would be functional in DH Lunglei.
General Hospital

Statement-II

State-wise Details of approvals given for implementation of PMNDP under NHM for the year 2017-18.

Sl. No.	Name of the State/UT	Amount Approved (Rs in Lakhs) FY 2017-18
1	2	3
1	Andhra Pradesh	1129.92
2	Assam	500
3	Bihar	1600
4	Delhi	1439.08
5	Goa	400
6	Gujarat	2162.42

1	2	3
7	Himachal Pradesh	200
8	Jammu and Kashmir	200
9	Karnataka	1494.8
10	Madhya Pradesh	571.44
11	Maharashtra	1626.18
12	Nagaland	46.74
13	Odisha	358.45
14	Puducherry	99
15	Rajasthan	1050
16	Sikkim	152.96
17	Tamil Nadu	272
18	Telangana	400
19	Tripura	150
20	Uttar Pradesh	2040.08
21	Uttarakhand	1000
22	West Bengal	913
Total		17806.07

[*Translation*]

Patients Burden on AIIMS, Delhi

2047. SHRI RAJESH RANJAN:
SHRI KAUSHALENDRA KUMAR:
SHRIMATI RANJEET RANJAN:

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

(a) whether AIIMS at Delhi is facing heavy rush of patients despite new AIIMS having been opened in other parts of the country;

(b) if so, the reasons therefor;

(c) whether all the newly opened AIIMS are not fully functional/working smoothly, if so, the details thereof; and

(d) the concrete steps being taken by the Government to ensure smooth functioning of new AIIMS and ease the pressure of patients in AIIMS at Delhi?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) The statistics do not indicate any downward trend in the patients load coming to AIIMS, New Delhi. No significant change in demographic profile of patients coming from Delhi or other States has been observed in the past few years.

(c) and (d) All the newly opened six AIIMS at Raipur, Rishikesh, Bhopal, Patna, Bhubneshwar and Jodhpur are functional. To ensure smooth functioning of new AIIMS and ease the pressure of patients in AIIMS at Delhi, systemic improvements in construction, procurement and faculty recruitment have been introduced.

[*English*]

AIIMS Institutions

2048. SHRI RK. BHARATHI MOHAN:
SHRI MD. BADARUDDOZA KHAN:
SHRI JITENDRA CHAUDHURY:
SHRI NISHIKANT DUBEY:
DR. SHRIKANT EKNATH SHINDE:
SHRI NINONG ERING:
SHRI PR. SENTHILNATHAN:
SHRI MOHAMMAD SALIM:
KUNWAR PUSHPENDRA SINGH CHANDEL:
SHRIMATI V. SATHYABAMA:

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

(a) the details of present: and proposed AIIMS like institutions in the country, State/UT-wise;

(b) the details of funds provided/ utilised for setting up of said institutions in the country during the last three years and current year;

(c) whether the Government has received any proposals/representations from State Governments for survey/ establishment of said institutions in the country and if so, the details thereof, State/ UT-wise;

(d) whether the Government has any proposal to set up more AIIMS like institutions in the country and if so, the details thereof, State/UT-wise along with funds released/allocated and the time by which the said proposal is likely to be implemented; and

(e) whether it is a fact that a number of newly established AIIMS like institutions are not fully functional, if so, the details thereof and the steps taken to make them fully operational?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) 21 AIIMS have been announced to be set under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY). Six (06) AIIMS i.e. Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh are functional. 15

new AIIMS are proposed to be set up under PMSSY. Details are as per Statement enclosed.

(b) Details of funds during the last three years and current year released for setting up of AIIMS are given below:

AIIMS	Budget Head	15-16	16-17	17-18	18-19
Six functional AIIMS	GiA (General)	155.00	229.90	220.00	332.44
	GiA (Capital)	690.00	443.02	314.00	262.50
	GiA (Salaries)	292.00	477.00	346.24	459.42
Other 15 AIIMS	Capital/Revenue	67.00	30.00	459.71	707.67

(c) Yes. Apart from 21 AIIMS which have been announced, proposals for survey have been received from Arunachal Pradesh, Goa, Haryana, Karnataka and Kerala. Requests for setting up of AIIMS like Institutions have also been received from Tripura and Mizoram.

(d) No. There are no proposals to set up more AIIMS like Institutions in the country at present.

(e) Functional six AIIMS at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh are substantially functional. However some departments are not functional mainly for non-availability of faculty.

The steps taken by the Government to ensure full functionality of all Departments under the six new AIIMS are as below:

- (i) To facilitate expeditious filling up of vacancies, standing HR Committees have been constituted for each of the aforesaid six AIIMS.
- (ii) Recruitment exercises are being held regularly in all the six AIIMS.
- (iii) System of walk-in-interview for engagement of faculty on contract basis has also been

introduced.

- (iv) The upper age limits for direct recruitment against the posts of Professor and Additional Professor in the six AIIMS have been raised from the present 50 years to 58 years. This will make available experienced willing faculty of various Government Medical Colleges.
- (v) Filling up of vacant faculty posts in the new AIIMS by taking serving Faculty from Government Medical Colleges / Institutes on deputation basis has also been allowed.
- (vi) Contractual engagement of retired faculty of Government Medical Colleges / Institutes has also been allowed to meet the shortage of Faculty in the six new AIIMS.
- (vii) Visiting Faculty scheme in new AIIMS has been formulated to allow national and international faculty to work in new AIIMS for teaching and academic purposes.
- (viii) Overseas citizens of India have been allowed to join as teaching faculty in new AIIMS.

Statement

Status of new AIIMS under PMSSY

Total AIIMS - 21

Sl. No.	State	AIIMS and location	Phase & year of Budget announcement	Date of Cabinet approval	Approved Outlay	Target date for completion of project
1	2	3	4	5	6	7
1	Chhattisgarh	AIIMS, Raipur	Phase-I	March, 2006.	Rs.820 Cr.	Full
2	Bihar	AIIMS, Patna		Revised Cabinet	Rs.820 Cr.	functionality

1	2	3	4	5	6	7
3	Rajasthan	AIIMS, Jodhpur		Approval in March 2010	Rs.820 Cr.	to be achieved by June, 2019
4	Madhya Pradesh	AIIMS, Bhopal				Rs.820 Cr.
5	Uttarakhand	AIIMS, Rishikesh				Rs.820 Cr.
6	Odisha	AIIMS, Bhubaneswar			Rs.820 Cr.	
7	Uttar Pradesh	AIIMS, Rae Bareli	Phase II	05th Feb, 2009 *Revised RCE was approved on 10.07.2017 by HFM/FM	Rs.823 Cr	March, 2020
8		AIIMS, Gorakhpur		20.07.2016 (Time frame for completion: 45 months)	Rs 1011 Cr	April 2020
9	Andhra Pradesh	AIIMS, Mangalagiri	Phase-IV (Budget announcement for the year 2014-15)	07.10.2015 (Time frame for completion: 60 months)	Rs 1618 Cr	Sep, 2020
10	West Bengal	AIIMS, Kalyani		07.10.2015 (Time frame for completion: 60 months)	Rs 1754 Cr	Sep, 2020
11	Maharashtra	AIIMS, Nagpur		07.10.2015 (Time frame for completion: 60 months)	Rs.1577 Cr	Sep, 2020
12	Punjab	AIIMS, Bathinda	Phase-V (Budget announcement for the year 2015-16)	27.07.2016 (Time frame for completion: 48 months)	Rs 925 Cr	June, 2020
13	Assam	AIIMS, Guwahati		24.05.2017 (Time frame for completion: 48 months)	Rs 1123 Cr	April, 2021
14	Himachal Pradesh	AIIMS, Bilaspur		03.01.2018 (Time frame for completion: 48 months)	Rs 1351 Cr	Dec,2021

1	2	3	4	5	6	7
15	Tamil Nadu	AIIMS, Madurai		17.12.2018 (Time frame for completion: 45 months)	Rs 1264 Cr	Sep, 2022
16	Jammu and Kashmir	AIIMS, Samba, Jammu		-	Rs. 1668 Cr*	-
17		AIIMS, Awantipora, Pulwama, Kashmir		-	Rs. 1828 Cr*	-
18	Bihar	AIIMS, Bihar (State Govt. yet to identify site for establishment of AIIMS.)		-	Rs. 1200 Cr*	-
19	Jharkhand	AIIMS, Deoghar	Phase-VI (Budget announcement for the year 2017-18)	16.05.2018 (Time frame for completion: 45 months)	Rs. 1103 Cr	Feb, 2022
20	Gujarat	AIIMS, Gujarat			Rs. 1200 Cr*	-
21	Telangana	AIIMS, Bibinagar	In-principal approval of M/o Finance	17.12.2018 (Time frame for completion: 45 months)	Rs. 1028 Cr	Sep, 2022

* Estimated cost

Impact of ATM Closure

2049. SHRI K.C. VENUGOPAL:
SHRI B. KESINENI SRINIVAS:
SHRIMATI SANTOSH AHLAWAT:
SHRI RAJU SHETTY:
SHRI PANKAJ CHAUDHARY:
SHRI K. PARASURAMAN:
SHRI BHAGWANTH KHUBA:
SHRI P.C. MOHAN:

Will the Minister of FINANCE be pleased to state:

(a) whether in the wake of likely closure of ATMs as per reports by Confederation of ATM Industry (CATMI) large number of non-urban ATMs may be shut down badly impacting financial inclusion efforts particularly in respect of millions of beneficiaries under Pradhan Mantri Jan Dhan Yojana (PMJDY) who withdraw subsidies in form of cash through ATMs and create long queues and chaos in ATMs, if so, the steps taken by the Government to avoid such a situation and solve the crisis;

(b) whether this forced closure is on account of unviability of operations brought about by recent regulatory guidelines for ATM hardware and software upgrades;

(c) if so, the details thereof and the failure on the part of the Government to foresee this before bringing in new regulation; and

(d) the steps taken/action plan prepared/alternate mechanism devised by the Government to stop lakhs of ATMs from shutting down and ensure that the customers do not face any difficulty and the time by which it is likely to be resolved?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (d) As apprised by the Public Sector Banks (PSBs), while they do not have any plan to shut down their ATMs, they have also initiated necessary steps to comply with the guidelines issued by Reserve Bank of India (RBI) on various control and risk mitigation measures.

In addition to the ATM, the beneficiaries of Pradhan Mantri Jan-Dhan Yojana (PMJDY) can avail banking services provided by the Business Correspondents (BCs) through their micro ATMs.

[*Translation*]

Deaths due to Air and Water Pollution

2050. SHRI RAM KUMAR SHARMA:
SHRI DUSHYANT CHAUTALA:
SHRI NISHIKANT DUBEY:
SHRI RAVINDRA KUMAR PANDEY:
SHRI RAJESH PANDEY:
SHRI SISIR KUMAR ADHIKARI:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether there is high child mortality rate in India than anywhere else in the world due to air pollution, according to the latest estimates released by the World Health Organization and if so, the details thereof;

(b) whether twenty-thirty per cent of the premature deaths in the country occurred due to air and water pollution;

(c) whether 1,00,000 children died in the country in 2016, due to air pollution and if so, the details thereof; and

(d) if so, the details of children and old people who died during the last three years and the preventive measures taken by the Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (d) The World Health Organization (WHO), from time to time, has been publishing estimates of mortality/ morbidity attributable to environmental pollution. These estimates are, however, based on models, simulations and extrapolations. Though air pollution is one of the triggering factors for respiratory ailments and associated diseases, there are no conclusive data available in the country to establish direct correlation of death/ disease exclusively due to air pollution. Health effects of air pollution are synergistic manifestation of factors which include food habits, occupational habits, socio-economic status, medical history, immunity, heredity, etc., of the individuals.

The Government has taken several steps to address air pollution, which inter alia include notification of National

Ambient Air Quality Standards; revision of emission standards for industrial sectors from time to time; setting up of monitoring network for assessment of ambient air quality; introduction of cleaner / alternate fuels like gaseous fuel (CNG, LPG etc.), ethanol blending, launching of National Air Quality index; leapfrogging from BS-IV to BS-VI fuel standards; notification of Construction and Demolition Waste Management Rules; banning of burning of biomass; streamlining the issuance of Pollution Under Control Certificate; issuance of directions under Section 18(l)(b) of Air (Prevention and Control of Pollution) Act, 1981 and under Section 5 of Environment (Protection) Act, 1986 for controlling air pollution; installation of on-line continuous (24x7) monitoring devices by major industries; notification of Graded Response Action Plan for Delhi and NCR; comprehensive action plan for air pollution control in Delhi and NCR; formulation of National Clean Air Programme (NCAP); organization of clean air campaigns, etc.

Family Planning Programme

2051. DR. SANJEEV BALYAN:
SHRI N.K. PREMACHANDRAN:
SHRI GOPAL SHETTY:
SHRI RAM MOHAN NAIDU KINJARAPU:
SHRI JAGDAMBIKA PAL:
SHRI RABINDRA KUMAR JENA:

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

(a) the details regarding the amount earmarked for family planning programme during the last two years;

(b) the total budget allocated for spacing methods under family planning component in the National Health Mission budget;

(c) whether the Government proposes to increase the budget provision in future;

(d) the total expenditure incurred State-wise for spacing methods during the financial years 2015-16, 2016-17 and 2017-18;

(e) whether the Government is planning to increase the budget/spending on spacing methods in view of the introduction of three new methods (injectable contraceptive, centchroman and progestin only pills);

(f) whether the Government is planning to roll out injectable contraceptive (DMPA) at pan India basis;

(g) if so, the details thereof and if not, the reasons therefor; and

(h) the steps taken to promote awareness about family planning amongst rural population of the country during the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) The amount earmarked for Family Planning Programme during last two years is Rs. 600693.4 lakhs.

(b) The total budget allocated for spacing methods under Family Planning component in the National Health Mission budget for the year 2017-18 is Rs. 21309.5 lakhs.

(c) Health being a state subject, Budget is provided from the Government of India based on the proposals received from the States/ UTs in their Programme Implementation Plans.

(d) The total expenditure incurred State-wise, for spacing methods during the financial years 2015-16, 2016-17 and 2017-18 is enclosed as Statement.

(e) The Government has made budgetary provision for the new spacing methods and funds are sanctioned to the States/ UTs for the same based on the proposals received from them in their Programme Implementation Plans.

(f) and (g) The Government has already rolled out Injectable contraceptive, Medroxy Progesterone Acetate (MPA) under 'Antara programme' at a pan-India level. Trainings have been conducted, commodity has been supplied and service provisioning started in all States and UTs.

(h) Steps taken to improve awareness about Family Planning amongst rural population in last 3 years:

- New Family Planning Media Campaign has been rolled out to generate awareness about contraceptives.
- World Population Day & fortnight as well as Vasectomy Fortnight are observed every year to boost awareness.
- The Government has launched Mission Parivar Vikas in 146 high fertility districts (TFR of 3 and above) of seven high focus states (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam). Promotional activities like Saas bahu

sammelans, Nayi Peהל Kits, Mobile publicity vans, and advocacy meetings are undertaken to increase awareness.

Statement

State wise total expenditure for spacing methods in the financial years 2015-16, 2016-17 and 2017-18

Sl. No.	State	Expenditure in spacing methods (Rs. in lakh)		
		2015-16	2016-17	2017-18
1	2	3	4	5
A. High Focus States				
1	Bihar	1021.1	754.0	883.0
2	Chhattisgarh	155.8	436.4	441.4
j	Himachal Pradesh	160.7	15.8	16.9
4	Jammu and Kashmir	21.1	17.7	32.0
5	Jharkhand	379.8	316.8	413.8
6	Madhya Pradesh	1846.4	2059.8	1233.7
7	Odisha	944.4	1145.9	765.0
8	Rajasthan	1092.1	1406.5	895.8
9	Uttar Pradesh	1092.4	1939.5	2523.9
10	Uttarakhand	286.2	141.9	225.4
B. NE States				
11	Arunachal Pradesh	1.3	31.8	15.0
12	Assam	183.5	780.0	764.7
13	Manipur	13.4	15.7	13.8
14	Meghalaya	18.1	8.4	25.5
15	Mizoram	4.2	0.1	0.2
16	Nagaland	4.3	3.3	0.1
17	Sikkim	2.7	2.6	1.0
18	Tripura	85.7	68.0	53.2
C. Non-High Focus States				
19	Andhra Pradesh	115.9	211.3	18.4
20	Telangana	0.1	0.0	0.3
21	Goa	1729.2	1717.2	997.3

1	2	3	4	5
22	Gujarat	544.6	502.3	329.3
23	Haryana	52.8	187.9	275.7
24	Karnataka	10.9	14.9	26.5
25	Kerala	88.7	232.2	470.7
26	Maharashtra	139.8	167.5	119.0
27	Punjab	78.2	315.7	313.4
28	Tamil Nadu	23.2	99.9	82.4
29	West Bengal	65.4	331.3	872.2
D. Small States/UTs				
30	Andaman and Nicobar Islands	1.1	0.0	0.9
31	Chandigarh	1.5	1.3	4.9
32	Dadra and Nagar Haveli	0.7	1.2	2.7
33	Daman and Diu	0.0	0.0	0.3
34	Delhi	56.2	42.0	41.1
35	Lakshadweep	0.0	0.0	0.0
36	Puducherry	1.8	4.6	4.3
Grand Total		10223.0	12973.4	11863.5

[English]

Prevention of Cancer

2052. SHRI BHARTRUHARI MAHTAB:
SHRI RAHUL SHEWALE:
SHRIMATI DARSHANA VIKRAM JARDOSH:
SHRIMATI NEELAM SONKER:
SHRI SANJAY DHOTRE:
SHRI SUKHBIR SINGH JAUNAPURIA:
SHRI SANJAY KAKA PATIL:
SHRI OM BIRLA:

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

(a) whether the cases of cancer in the country are increasing day-by-day despite spending crores of rupees by the Government to eradicate the disease and if so, the reaction of the Government thereto;

(b) the number of cases of cancer and death from cancer reported since 2014 along with the funds allocated to prevent the cancer during the said period, State/UT and year-wise;

(c) the salient features of the Tertiary Care for Cancer scheme being run in the country;

(d) the number of proposals received from various States under the said scheme during the last three years along with present status indicating the funds provided/ utilized during the said period, State/UT-wise; and

(e) whether the Government has received any complaints of irregularities in the implementation of the said scheme and if so, the details thereof and action taken in this regard, State/UT-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) to (e) As per the Indian Council of Medical Research's Cancer Registry data report on "Three-year Report of Population Based Cancer Registries: 2012-2014, Bengaluru, 2016", the estimated number of incidence of cancer cases in the country is increasing. The estimated number of incidence of cancer cases and deaths due to cancer reported from 2014 to 2018, in State/UT wise are at Statement-I and II, respectively.

To support the State/UTs for interventions upto district level, the Government of India is implementing National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) under National Health Mission (NHM). The focus is on three common cancers (oral, breast and cervical). Funds for the programme are released under the NCD Flexipool, details of which are enclosed as Statement.

In addition, population based prevention, control, screening and management for hypertension, diabetes and common cancers (oral, breast and cervical) is also being implemented in more than 200 districts under NHM.

Under the Strengthening of Tertiary Care Cancer facilities scheme under NPCDCS, financial assistance is provided for setting up of State Cancer Institutes (SCIs) and Tertiary Care Cancer Centres (TCCCs) in different parts of the country. The maximum permissible assistance for SCI is Rs. 120 crores and for TCCC is Rs. 45 crores, which includes State share of 40%, except for North-Eastern and Himalayan States where the State share is 10%. The broad objective of the scheme is to develop capacity for tertiary care for cancer in States. Assistance

under this scheme is for procurement of radio therapy equipment, diagnostic equipment, surgical equipment, enhancement of indoor patient facility for cancer and such other purposes relevant for diagnosis, treatment and care of cancer. Upto 30% of the approved cost can be used for construction.

The details of proposals for setting up of SCIs and TCCCs received from various States/UTs under the

scheme is enclosed as Statement-IV. The details of funds released as 1st installment of Central share to State Governments for setting up of SCI and TCCC, State/UT-wise, is enclosed as Statement-V.

Some issues are raised by individuals/ organizations on implementation of the scheme and appropriate action is taken in such cases after examining the facts relating to them.

Statement-I

Estimated Incidence of cancer cases in India - State/UT - All sites - Both sexes (2014-2018)

States	2014	2015	2016	2017	2018
1	2	3	4	5	6
Jammu and Kashmir	14115	14864	15652	16480	17351
Himachal Pradesh	7425	7722	8029	8348	8679
Punjab	30002	31214	32474	33781	35137
Chandigarh	1162	1217	1274	1335	1398
Uttaranchal	11240	11796	12381	12995	13640
Haryana	27933	29240	30611	32049	33558
Delhi	18356	19168	20015	20899	21821
Rajasthan	75642	79160	82836	86675	90686
Uttar Pradesh	222615	233659	245231	257353	270053
Bihar	117603	123949	130628	137656	145051
Sikkim	467	473	479	485	490
Arunachal Pradesh	1231	1252	1272	1292	1313
Nagaland	1288	1294	1300	1309	1318
Manipur	2836	2916	2998	3082	3168
Mizoram	1585	1618	1652	1687	1723
Tripura	2139	2169	2199	2229	2260
Meghalaya	3184	3246	3311	3376	3442
Assam	31124	31474	31825	32177	32530
West Bengal	99339	103532	107906	112466	117220
Jharkhand	37031	38947	40959	43071	45289
Odisha	45736	47666	49674	51763	53936
Chhattisgarh	28738	30239	31817	33477	35223
Madhya Pradesh	81034	85078	89315	93754	98403

1	2	3	4	5	6
Gujarat	66952	70171	73551	77097	80820
Daman and Diu	339	385	440	504	579
Dadra and Nagar Haveli	421	457	497	542	591
Maharashtra	122256	127390	132726	138271	144032
Telangana	38494	40177	41939	43784	45713
Andhra Pradesh	53570	55776	58072	60475	62978
Karnataka	67237	70302	73511	76867	80381
Goa	1587	1655	1726	1801	1881
Lakshadweep	77	82	89	96	104
Kerala	37550	39672	42004	44566	47382
Tamil Nadu	76091	78512	80999	83554	86180
Puducherry	1428	1510	1596	1687	1783
Andaman and Nicobar Islands	402	415	429	443	458
Total	1328229	1388397	1451417	1517426	1586571

Ref: Three-year Report of the PBCRs: 2012-2014, Bengaluru, 2016

* Projected cancer cases for India were computed using a projected incidence rates and the population (person-years)

Statement-II

Estimated Mortality of cancer cases in India - State/UT - All sites - Both sexes (2014-2018)

States	2014	2015	2016	2017	2018
1	2	3	4	5	6
Jammu and Kashmir	7144	7525	7925	8345	8788
Himachal Pradesh	3742	3893	4048	4210	4378
Punjab	15171	15784	16423	17084	17771
Chandigarh	590	618	646	678	709
Uttaranchal	5667	5949	6245	6556	6883
Haryana	14135	14797	15491	16219	16983
Delhi	9290	9699	10127	10573	11039
Rajasthan	38202	39985	41848	43795	45829
Uttar Pradesh	112514	118115	123985	130134	136579
Bihar	59431	62651	66040	69607	73361
Sikkim	236	240	242	245	248
Arunachal Pradesh	628	638	649	659	670

1	2	3	4	5	6
Nagaland	662	665	667	672	676
Manipur	1419	1460	1500	1542	1585
Mizoram	808	824	841	859	878
Tripura	1094	1109	1125	1140	1156
Meghalaya	1644	1676	1710	1744	1777
Assam	15853	16029	16206	16383	16561
West Bengal	50110	52231	54443	56750	59154
Jharkhand	18683	19653	20671	21741	22864
Odisha	23043	24019	25035	26091	27190
Chhattisgarh	14472	15231	16030	16868	17751
Madhya Pradesh	40917	42964	45110	47358	49713
Gujarat	33832	35466	37182	38983	40873
Daman and Diu	176	200	229	263	303
Dadra and Nagar Haveli	215	233	254	276	301
Maharashtra	61732	64332	67035	69843	72762
Telangana	19385	20235	21126	22058	23033
Andhra Pradesh	26970	28082	29244	30458	31725
Karnataka	33881	35430	37052	38747	40523
Goa	799	834	870	908	948
Lakshadweep	39	42	45	48	53
Kerala	18827	19892	21062	22348	23761
Tamil Nadu	38310	39537	40796	42091	43422
Puducherry	717	759	802	848	895
Andaman and Nicobar Islands	203	210	217	224	232
Total	670541	701007	732921	766348	801374

Ref: Three-year Report of the PBCRs: 2012-2014, Bengaluru, 2016

*Projected mortality cases for India were computed by applying Mumbai Mortality/Incidence (MI) ratio to the projected incidence cancer cases.

Statement-III

*Releases of funds under NHM (N C D Flexi Pool)
(NPCDCS is part of NCD Flexipool)*

(Rs. in Lakh)

Sl. No.	States/UTs	2016-17	2017-18
1	2	3	4
1	Bihar	1804	4726

1	2	3	4
2	Chhattisgarh	1485	3469
3	Jharkhand	1511	0
4	Madhya Pradesh	3540	5048
5	Odisha	1955	1785
6	Rajasthan	2678	6378

1	2	3	4	1	2	3	4
7	Uttar Pradesh	7181	15132	23	Delhi	564	1289
8	Himachal Pradesh	324	644	24	Puducherry	39	125
9	Jammu and Kashmir	1459	2357	25	Andaman and Nicobar Islands	121	108
10	Uttarakhand	890	186	26	Dadra and Nagar Haveli	82	89
11	Andhra Pradesh	3082	3645	27	Daman and Diu	39	19
12	Telangana	1123	2012	28	Lakshadweep	0	0
13	Goa	0	0	29	Arunachal Pradesh	841	1606
14	Gujarat	2132	4754	30	Assam	5533	6046
15	Haryana	380	1388	31	Manipur	250	675
16	Karnataka	2134	8284	32	Meghalaya	531	779
17	Kerala	693	1211	33	Mizoram	214	1297
18	Maharashtra	3768	6208	34	Nagaland	183	637
19	Punjab	835	1726	35	Sikkim	158	115
20	Tamil Nadu	2145	5461	36	Tripura	266	821
21	West Bengal	2485	2303	Total		50471	90432
22	Chandigarh	46	109				

Statement-IV

List of proposals received for setting up of SCIs and TCCCs under Strengthening of Tertiary Care Cancer scheme of NPCDCS.

Sl. No.	States/UTs	Tertiary Care Cancer Centre (TCCC)	State Cancer Institute (SCI)
1	2	3	4
1.	Andhra Pradesh	ACSR Government Medical College, Nellore	Kurnool Medical College, Kurnool
2.	Assam	Assam Medical College, Dibrugarh	Gauhati Medical College & Hospital, Guwahati
3.	Arunachal Pradesh	Government Hospital, Naharlagun	-
4.	Bihar	1. Dharbhanga Medical College, Dharbhanga 2. Jawaharlal Nehru Medical College, Bhagalpur	Indira Gandhi Institute of Medical Sciences (RCC), Patna
5.	Chhattisgarh	Central Hospital, SECL, Manendragarh, District Koriya	Chhattisgarh Institute of Medical Sciences, Bilaspur
6.	Delhi	Lok Nayak Hospital (Maulana Azad Medical College)	-

1	2	3	4
7.	Gujarat	1. Pandit Deen Dayal Upadhyay Medical College, Rajkot 2. Government Medical College and SSG Hospital, Vadodara	Gujarat Cancer Research Institute (RCC), Ahmedabad
8.	Goa	Goa Medical College, Panaji, Goa.	-
9.	Haryana	Civil Hospital, Ambala Cantt	-
10.	Himachal Pradesh	1. Indira Gandhi Medical College (RCC) Shimla 2. Lal Bahadur Shastri Govt. Medical College & Hospital, Mandi	-
11.	Jammu and Kashmir	1. District Hospital, Kishtwar 2. District Hospital, Udhampur 3. District Hospital, Kupwara,	1. Government Medical College (RCC) Jammu 2. Sher-I-Kashmir Institute of Medical Sciences (RCC), Srinagar.
12.	Jharkhand	MGM Medical College, Jamshedpur	Rajendra Institute of Medical Sciences, Ranchi
13.	Karnataka	1. Mandya Institute of Medical Sciences, Mandya 2. Gulbarga Institute of Medical Sciences, Gulbarga	Kidwai Memorial Institute of Oncology (RCC), Bangaluru
14.	Kerala	Govt. Medical College, Kozhikode	Regional Cancer Centre, Thiruvananthapuram
15.	Madhya Pradesh	1. G. R. Medical College, Gwalior 2. District Hospital, Vidisha	Netaji Subhas Chandra Bose Medical College, Jabalpur.
16.	Maharashtra	1. Vivekanand Medical Foundation & Research Centre, Latur 2. Rashtrasant Tukdoji Regional Cancer Hospital & Research Centre, Nagpur	Government Medical College, Aurangabad
17.	Manipur	Regional Institute Of Medical Sciences (RIMS), Imphal	-
18.	Nagaland	District Hospital, Kohima	-
19.	Mizoram	Civil Hospital Aizawl	-
20.	Odisha	1. Burla Medical College (Dist. Sambalpur) 2. M.K.C.G. Medical College Hospital, Berhampur	

1	2	3	4
		3. District Hospital, Bhawanipatna, District Kalahandi	Regional Cancer Centre, Cuttack
21.	Punjab	1. District Hospital, Hoshiarpur 2. District Hospital, Fazilka	Government Medical College, Amritsar
22.	Rajasthan	1. S. P. Medical College, Bikaner 2. Govt. Medical College/District Hospital, Jhalawar	SMS Medical College, Jaipur
23.	Sikkim	Multispecialty Hospital at Sichey, Sikkim	-
24.	Tamil Nadu	Madurai Medical College & Hospital, Madurai	Cancer Institute (RCC) Adyar, Chennai
25.	Telangana	-	M.N.J. Institute of Oncology (RCC), Hyderabad
26.	Tripura	-	Cancer Hospital (RCC), Agartala
27.	Uttar Pradesh	1. Sanjay Gandhi Institute of Medical Sciences, Lucknow 2. Jawaharlal Nehru Medical College, AMU, Aligarh 3. Government Medical College, Jhansi 4. Institute of Medical Sciences (BHU) Varanasi	Kamla Nehru Memorial Hospital (RCC), Allahabad
28.	Uttarakhand	Himalayan Institute of Medical Sciences, Dehradun	Government Medical College, Haldwani
29.	West Bengal	1. Government Medical College, Burdwan 2. Murshidabad Medical College & Hospital 3. Sagore Dutta Memorial Medical College and Hospital, Kolkata	
	Total	44	20

Statement-V

List of State Cancer Institutes (SCIs) and Tertiary Care Cancer Centres (TCCCs) approved till date and funds as 1st instalment of Central Share released to the State Governments.

Sl. No.	State	Name of the Institute	SCI/ TCCC	Amount Released (Rs. in Crore)
1	2	3	4	5
1	Andhra Pradesh	Kurnool Medical College, Kurnool	SCI	54.00
2	Assam	Gauhati Medical College & Hospital, Guwahati	SCI	80.9325
3	Bihar	Indira Gandhi Institute of Medical Sciences, Patna	SCI	33.06

1	2	3	4	5
4	Delhi	Lok Nayak Hospital	TCCC	29.87
5	Gujarat	Gujarat Cancer Research Institute, Ahmedabad	SCI	67.50
6	Goa	Goa Medical College, Panaji	TCCC	20.25
7	Haryana	Civil Hospital, Ambala Cantt	TCCC	20.25
8	Himachal Pradesh	Indira Gandhi Medical College, Shimla	TCCC	14.87
9	Himachal Pradesh	Shri Lal Bahadur Shastri Medical College, Mandi	TCCC	29.6362
10	Jammu and Kashmir	Sher-i-Kashmir Institute of Medical Sciences, Srinagar	SCI	47.25
11	Jharkhand	Rajendra Institute of Medical Sciences, Ranchi	SCI	22.95
12	Karnataka	Kidwai Memorial Institute of Oncology (RCC), Bangaluru	SCI	67.50
13		Mandya Institute of Medical Sciences, Mandya	TCCC	17.257
14	Kerala	Regional Cancer Centre, Tjiruvananthapuram	SCI	46.957
15		Government Medical College, Kozhikode	TCCC	25.03
16	Madhya Pradesh	G.R. Medical College, Gwalior	TCCC	18.90
17	Maharashtra	Rashtrasant Tukdoji Regional Cancer Hospital & Research Centre, Nagpur	TCCC	20.176
18		Government Medical College, Aurangabad	SCI	43.515
19		Vivekanand Foundation & Research Centre, Latur	TCCC	20.25
20	Mizoram	Mizoram State Cancer Institute, Aizawl	TCCC	14.64
21	Nagaland	District Hospital, Kohima	TCCC	13.23
22	Odisha	Acharya Harihar Regional Cancer Centre, Cuttack	SCI	35.829
23	Punjab	Government Medical College, Amritsar	SCI	51.58
24		Civil Hospital, Fazilka	TCCC	20.119
25	Rajasthan	S P Medical College, Bikaner	TCCC	17.123
26		SMS Medical College, Jaipur	SCI	44.8077
27		Jhalawar Medical College & Hospital, Jhalawar	TCCC	19.755
28	Sikkim	Multispecialty Hospital at Sochyang (Sichey), near Gangtok, Sikkim	TCCC	29.02
29	Tamil Nadu	Cancer Institute (RCC), Adyar, Chennai	SCI	67.38
30	Telangana	MNJ Institute of Oncology & RCC, Hyderabad	SCI	18.12
31	Tripura	Cancer Hospital (RCC), Agartala	SCI	55.00
32	Uttar Pradesh	Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow	TCCC	11.43
33	West Bengal	Government Medical College, Burdwan	TCCC	22.24
34		Murshidabad Medical College & Hospital, Berhampore, Murshidabad	TCCC	10.9843
35		Sagore Dutta Memorial Medical College and Hospital, Kolkata	TCCC	20.25
Total				1131.6615

*[Translation]***Non-Maintenance of Minimum Balance**

2053. SHRI SP. MUDDAHANUME GOWDA:
 SHRI VIJAY KUMAR HANSDAK:
 SHRIMATI RAMA DEVI:
 SHRI B.V. NAIK:

Will the Minister of FINANCE be pleased to state:

(a) whether the State Bank of India (SBI) and various other Banks have closed lakhs of savings accounts for non-maintenance of minimum balance and if so, the details thereof along with the reaction of the Government thereon;

(b) whether the Government has taken a decision to frame any rule regarding minimum balance amount and if so, the details thereof;

(c) whether the Government proposes to take any action against the officials who have taken the abovesaid decision and if so, the details thereof and if not, the reasons therefor;

(d) the amount recovered by various banks from bank account holders for not maintaining the minimum balance of Rupees five thousand in their accounts;

(e) whether a large number of bank account holders have resorted to close their accounts in view of such charges being recovered from them and if so, the details thereof along with the number of accounts closed; and

(f) whether the amount recovered by banks under the said heads is being used for social schemes, if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) As apprised by Public Sector Banks (PSBs), no savings account has been closed by banks for non-maintenance of minimum balance.

(b) and (c) Reserve Bank of India (RBI)'s Master Circular on "Customer Service in Banks" dated July 1, 2015 provides that banks are permitted to fix penal charges regarding non-maintenance of minimum balance in savings account, as per their Board approved policy, while ensuring that all such penal charges are reasonable and not out of line with the average cost of providing the services.

(d) As per their board approved policy, different banks have different norms regarding minimum balance requirement for savings account. As informed by PSBs, the details related to charges collected for non maintenance of minimum balance is enclosed as Statement.

(e) Public Sector Banks (PSBs) have apprised that no accounts have been closed in view of non-maintenance of minimum balance charges being recovered from them. Further, in the normal course of business closing of accounts by banks are customer initiated.

(f) As informed by RBI, as on 31.3.2017, there are 150.21 crore savings account opened in schedule commercial banks out of which 53.30 crore are BSBD accounts including accounts opened under PMJDY, for which banking services is provided without any charges.

As apprised by PSBs, charges recovered by banks for non-maintenance of minimum balance are part of banks income as a whole.

Statement

The amount of charges collected by Public Sector Banks for non-maintenance of minimum balance in Saving Bank accounts (Amount in Rs. Crore)

Bank	2015-16	2016-17	2017-18	2018-19 (Upto September 2018)
1	2	3	4	5
Allahabad Bank	26.75	24.34	16.16	7.31
Andhra Bank	47.16	56.85	56.80	28.32
Bank of Baroda	67.51	104.94	88.85	66.59
Bank of India	25.06	16.44	17.35	9.41

1	2	3	4	5
Bank of Maharashtra	93.18	50.54	19.17	18.34
Canara Bank	117.16	106.58	91.33	36.42
Central Bank of India	55.54	56.58	180.93	55.02
Corporation Bank	37.91	38.91	25.28	11.91
Dena Bank	11.84	14.15	18.25	4.53
IDBI Bank Ltd.	85.27	106.65	80.95	24.59
Indian Overseas Bank	54.25	77.57	41.95	7.19
Indian Bank	27.48	41.01	88.38	74.55
Oriental Bank of Commerce	21.37	33.02	97.55	37.99
Punjab & Sind Bank		Bank Has No Charge		
Punjab National Bank	98.10	130.64	151.67	112.36
State Bank of India ##	Nil	Nil	2433.87	459.88
Syndicate Bank	39.79	47.50	57.54	21.86
UCO Bank	14.55	3.65	2.79	0.58
Union Bank of India	11.48	12.88	17.17	9.17
United Bank of India	6.41	3.56	2.46	1.01
Vijaya Bank	0.60	0.55	1.07	2.12

Source: Banks

Note: The monthly average balance requirement was charged by SBI till 2012. Subsequently, SBI stopped charging for the same till 31.3.2016 while other banks, including Private Banks were charging as per their Board-approved policy. It was reintroduced by SBI with effect from 1.4.2017. The minimum balance requirements were subsequently reduced with effect from 1.10.2017. It is also clarified that there is no minimum balance requirement for Basic Savings Bank Deposit Accounts and Jan-Dhan accounts.

National Nutrition Mission

2054. SHRI MANSUKHBHAI DHANJIBHAI VASAVA:

PROF. RICHARD HAY:

SHRI JANARDAN MISHRA:

SHRI RODMAL NAGAR:

SHRI PANKAJ CHAUDHARY:

SHRIMATI RAMA DEVI:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) the salient features of the National Nutrition Mission (NNM);

(b) the details of the various schemes implemented by the Government under NNM in order to prevent malnutrition among women and children;

(c) the amount of funds allocated, released and utilised thereunder during each of the last three years and the current year, State/UT-wise;

(d) the total number of persons benefited under such schemes, State/UT-wise including Madhya Pradesh;

(e) whether the Government has proposed to review the schemes under NNM to prevent malnutrition among children and if so, the details thereof;

(f) whether the Government has reviewed the status of prevailing malnourishment across the country and if so, the details thereof, State/UT-wise including Gujarat; and

(g) the efforts made by the Government to address the challenges and shortcomings detected during the said review?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) and (b) National Nutrition Mission (NNM) renamed as POSHAN Abhiyan set up by Government on 30.11.2017, aims to reduce the level of stunting, under-nutrition, anaemia and low birth weight babies. The important components of the Abhiyaan are: ensuring convergence with various programmes; incentivizing States/ UTs for achieving goals; IT enabled Real Time Monitoring (ICT-RTM); Evaluation; weighing efficiency and making nutrition visible; Community mobilization awareness advocacy; IEC, Jan Andolan - to educate the people on nutritional aspects, on-line Course on Nutrition for Children, Nutrition message from folk songs and songs on WASH, sending messages on nutrition and also creating ring-tones, Yoga for children at AWCs; strengthening human resource; measuring height

and length of children below 6 years of age. Under POSHAN Abhiyaan, convergence of nutrition centric schemes is envisaged.

(c) The scheme was approved only on 30.11.2017. Therefore, the funds sanctioned to States/ UTs during 2017-18 and funds sanctioned/released during 2018-19 are given at enclosed Statement.

(d) POSHAN Abhiyaan is not a beneficiary centric scheme.

(e) to (g) The status of malnutrition is reviewed by Ministry of Health & Family Welfare through NFHS which is conducted periodically. Last such survey was conducted in 2015-16. For addressing the challenge of malnourishment, Government is implementing various nutrition related schemes, i.e., Anganwadi Services, Pradhan Mantri Matru Vandana Yojana (PMMVY), Scheme for Adolescent Girls (SAG), etc.

Statement

State/UT-wise Sanction/Release of Funds and Utilization as reported by the States/UTs under POSHAN Abhiyaan

(Amount in Rs. lakhs)

Sl. No.	State/UT	Funds sanctioned in 2017-18	Funds sanctioned/ released in 2018-19	Utilization Reported in 2018-19 (upto November, 2018)
1	2	3	4	5
1	Andaman and Nicobar Islands	100.22	170.77	2.37
2	Andhra Pradesh	1284.63	6381.78	976.28
3	Arunachal Pradesh	52.93	765.91	0.00
4	Assam	2298.27	9043.76	0.00
5	Bihar	6724.06	10317.79	1061.27
6	Chandigarh	158.88	71.47	137.21
7	Chhattisgarh	965.45	7235.16	474.52
8	Dadra and Nagar Haveli	108.83	64.47	76.05
9	Daman and Diu	42.06	74.26	26.88
10	Goa	238.07	116.92	0.00
11	Gujarat	3036.66	6056.96	7544.80
12	Haryana	400.97	2663.12	3064.09
13	Himachal Pradesh	1557.26	519.67	1931.36

1	2	3	4	5
14	Jammu and Kashmir	388.59	3194.21	1768.43
15	Jharkhand	1555.35	4471.33	4668.89
16	Karnataka	3351.05	3969.07	5254.55
17	Kerala	1273.37	671.72	0.00
18	Lakshadweep	60.00	76.86	82.41
19	Madhya Pradesh	3441.49	11474.12	3086.96
20	Maharashtra	2572.31	10448.14	6633.33
21	Manipur	340.46	2752.33	2859.79
22	Meghalaya	462.98	1073.20	1427.92
23	Mizoram	119.38	559.84	679.22
24	Nagaland	163.74	730.60	133.77
25	NCT of Delhi	945.95	1457.15	0.00
26	Odisha	4600.46	9777.65	0.00
27	Puducherry	39.24	242.51	262.78
28	Punjab	819.51	902.43	2.33
29	Rajasthan	2045.73	6920.14	8211.45
30	Sikkim	98.59	151.69	135.62
31	Tamil Nadu	1340.51	2613.92	4.22
32	Telangana	1736.94	4399.84	7716.24
33	Tripura	277.91	1042.29	1320.00
34	Uttar Pradesh	8440.60	21273.96	2767.29
35	Uttarakhand	1866.25	3443.57	5251.64
36	West Bengal	5545.27	18644.87	0.00
Total		58453.97	153773.49	67561.67

[English]

National Tobacco Control Programme

2055. SHRI ADHALRAO PATIL SHIVAJIRAO:
SHRI ANANDRAO ADSUL:
SHRI DHARMENDRA YADAV:
SHRI VINAYAK BHAURAO RAUT:
DR. SHRIKANT EKNATH SHINDE:

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

(a) whether the National Tobacco Control Programme (NTCP) was launched by the Government to

create awareness about the harmful effects of tobacco consumption, if so, the details thereof;

(b) the steps taken by the Union Government to ensure effective implementation of the provisions under Cigarettes and other Tobacco Products Act, 2003 to help the people quit tobacco use;

(c) the extent to which it has reduced the production and supply of tobacco products and the funds allotted to each State for National Tobacco Control Programme (NTCP) during the last three years and the current year, State/UT-wise;

(d) the details of the funds utilised by such States during the said period and the number of districts covered under NTCP; and

(e) whether there is any proposal to revise the NTCP guidelines and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) Yes, the National Tobacco Control Programme (NTCP) was launched in 2007-08 with the aim to create awareness about the harmful effects of tobacco consumption; reduce the production and supply of tobacco products; ensure effective implementation of the provisions under "Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003" (COTPA, 2003) & help the people quit tobacco.

Government of India undertakes public awareness campaigns on tobacco control on a regular basis about the adverse effects of tobacco usage on health through various anti-tobacco campaigns vide different mode of communication; display of anti-tobacco spots in films and television programmes depicting tobacco use; and mandating specified health warnings depicting harmful effects of tobacco use on tobacco products packages covering 85% of their principal display area. Tobacco quitline services have also been launched to provide tobacco cessation telephonic counselling services those who are willing to quit tobacco use.

(b) Enforcement of provisions of the Cigarettes and Other Tobacco Products Act (COTPA) 2003, is the responsibility of the States/UTs. Several guidelines/advisory viz. Guidelines for Law Enforcers for effective implementation of tobacco control laws; Operational

Guidelines on NTCP; Tobacco Dependence Treatment Guidelines; National Tobacco Control Programme-Health Worker Guide; etc. have been disseminated by this Ministry to States/UTs from time to time.

Union Government has taken several steps to help the people quit tobacco use which inter-alia includes setting up of Tobacco Quitline services, m-cessation facilities, and provision for setting up of Tobacco Cessation Centres (TCCs) at district level under NTCP.

(c) and (d) As per the information received from Department of Commerce, Government of India, Flue Cured Virginia (FCV) tobacco is produced in the states of Andhra Pradesh and Karnataka which is mostly exported. There is no institutional mechanism at present to oversee the regulation of production of Non-FCV tobaccos. The details regarding the production of FCV tobacco and export of unmanufactured tobacco are as under:

Crop season/ Year	Production of FCV tobacco (Qty in Million Kg)	Export of unmanufactured tobacco (Qty in MT)
2014-15	293.45	219572
2015-16	190.19	215316
2016-17	204.07	204447
2017-18	239.59	185363

The details of funds allotted under NTCP and utilization State/UT wise is enclosed as Statement. At present, 612 districts are covered under NTCP.

(e) No such proposal is under consideration.

Statement

Detail of SPIP Approvals Vs Expenditure for the programme NTCP for the FYs 2015-16 to 2018-19

Sl. No.	Name of the State/UT	Rs. in Lakhs						
		2015-16		2016-17		2017-18		2018-19
		SPIP	Exp	SPIP	Exp	SPIP	Exp	Exp
1	2	3	4	5	6	7	8	9
A. High Focus States								
1.	Bihar	794.82	38.99	460.50	41.35	490.89	22.65	2.13
2.	Chhattisgarh	90.20	5.58	431.50	49.33	441.78	88.42	875.85
3.	Himachal Pradesh	0.00	8.45	0.00	4.01	0.00	6.14	4.84

1	2	3	4	5	6	7	8	9
4.	Jammu and Kashmir	71.90	0.00	149.19	0.00	100.14	5.29	-
5.	Jharkhand	652.50	8.34	462.96	78.90	436.67	65.96	3.83
6.	Madhya Pradesh	602.05	73.77	21.05	27.02	0.00	20.72	0.14
7.	Odisha	245.45	18.70	458.29	76.57	343.81	51.16	5.60
8.	Rajasthan	682.90	2.39	558.32	415.01	483.78	390.79	26.14
9.	Uttar Pradesh	630.92	217.45	3001.28	716.16	2220.60	1009.35	394.99
10.	Uttarakhand	328.13	0.00	197.30	35.96	237.05	302.98	27.29
Sub Total		4098.87	373.68	5740.39	1444.30	4754.72	1963.46	1,340.81

B. NE States

11.	Arunachal Pradesh	137.00	0.00	30.57	118.02	621.03	98.74	102.49
12.	Assam	176.00	122.61	222.93	33.98	307.43	70.08	9.54
13.	Manipur	84.00	2.59	247.88	0.00	240.39	2.97	-
14.	Meghalaya	0.00	0.00	32.00	0.00	10.80	0.00	-
15.	Mizoram	458.27	90.51	430.77	176.62	291.50	86.91	14.46
16.	Nagaland	490.89	0.00	425.50	101.60	232.30	26.29	26.85
17.	Sikkim	88.00	30.39	0.00	8.56	32.06	11.82	7.40
18.	Tripura	139.50	24.38	186.21	60.54	134.53	78.38	4.14
Sub Total		1573.66	270.47	1575.86	499.31	1870.04	375.18	164.88

C. Non-High Focus States

19.	Andhra Pradesh	428.60	132.22	301.60	172.52	104.83	270.94	-
20.	Goa	83.50	16.10	47.41	13.18	33.13	9.82	1.27
21.	Gujarat	220.00	65.80	771.66	285.24	795.19	454.52	61.41
22.	Haryana	88.00	0.00	73.28	0.00	41.71	5.41	-
23.	Karnataka	662.66	0.00	752.86	283.99	777.51	346.39	50.53
24.	Kerala	89.55	0.00	37.31	9.98	88.02	42.99	9.99
25.	Maharashtra	545.50	41.12	645.10	90.09	457.43	206.59	49.82
26.	Punjab	45.15	9.00	0.00	29.00	197.72	0.00	-
27.	Tamil Nadu	225.00	100.00	258.33	13.93	125.15	3.02	6.50
28.	Telangana	420.10	0.00	36.00	0.00	58.00	24.34	1.36
29.	West Bengal	533.00	1.65	785.28	67.18	410.76	49.55	41.73
Sub Total		3341.06	365.89	3708.83	965.11	3089.45	1413.57	222.61

1	2	3	4	5	6	7	8	9
D. Small States								
30.	Andaman and Nicobar Islands	18.00	0.00	43.64	0.00	59.68	0.00	-
31.	Chandigarh	0.00	0.00	0.00	0.00	3.84	0.00	-
32.	Dadra and Nagar Haveli	47.50	16.34	44.54	32.66	33.24	18.08	1.67
33.	Daman and Diu	0.00	0.00	0.60	0.00	5.94	0.00	-
34.	Delhi	93.00	0.00	110.91	11.17	307.00	17.62	4.34
35.	Lakshadweep	23.80	0.00	23.80	3.21	18.24	3.82	0.79
36.	Puducherry	29.40	0.00	28.76	7.25	13.57	90.5	0.11
	Sub Total	211.70	16.34	252.25	54.29	441.51	48.57	6.91
	Grand Total	9225.29	1026.39	11277.33	2963.02	10155.72	3800.78	1,735.22

Note: 1. Expenditure includes expenditure against Central Release, State share & unspent balances at the beginning of the year. It is updated upto 30-09-2018, hence provisional.

2. The above figures are as per Financial Management Report (FMR) reported by the State/UTs.

3. SPIP stands for State Program Implementation Plan.

[*Translation*]

Illegal Transfer of Money

2056. SHRIMATI VEENA DEVI:

SHRI PREM SINGH CHANDUMAJRA:

Will the Minister of FINANCE be pleased to state:

(a) whether several India-based MNCs have transferred money as royalty to their company abroad during the past few years;

(b) if so, the details thereof;

(c) the average percentage of amount of annual foreign capital investment permissible to be transferred as royalty;

(d) the names of ten major industries in the country from where money in the form of royalty is transferred abroad; and

(e) the total amount in the form of royalty transferred to foreign countries during the year 2015-2016, 2016-2017 and 2017-2018?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) India-based MNCs transfer money as royalty to their parent company abroad depending upon the nature of business

and agreement thereof. Data in respect of the same is not maintained separately.

(c) The Government of India, vide Press Note 8 (2009), permitted payments for royalty, lumpsum fee for transfer of technology and payments for use of trademark/ brand name on the automatic route, i.e. without any approval of the Government of India.

(d) The major industries from where money in the form of royalty is transferred abroad are - (i) Automobile and Auto parts; (ii) IT and IT Enabled Services; (iii) Petroleum and Petrochemicals; (iv) Power and energy; (v) Electronics including Computer Hardware; (vi) Engineering goods; (vii) Cement; (viii) Mining and Construction; (ix) Wholesale Trading; and (x) Food Processing.

(e) The data on total amount in form of royalty transferred to foreign countries is not maintained. The data available in respect of royalty paid to a foreign company or non-residents other than a company extracted from income tax returns available for last three assessment years is tabulated below:

Assessment Year	Amount in Rs. (crores)
2015-16	16,553.39
2016-17	22,728.70
2017-18	27,002.19

[English]

E-Cigarettes

2057. SHRI DHARMENDRA YADAV:
SHRI VINAYAK BHAURAO RAUT:
DR. PRITAM GOPINATH MUNDE:
SHRI SHRIRANG APPA BARNE:

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

(a) whether Electronic Nicotine Delivery System (e-cigarettes) are highly addicting and potentially lethal and if so, the details thereof;

(b) whether e-cigarettes are mostly being used by children and youth because these are glamorized by the tobacco industry and if so, the reaction of the Government thereto;

(c) whether the Government has issued an advisory requesting all States and Union Territories not to allow the manufacture, sale and advertisement of e-cigarettes and other Electronic Nicotine Delivery Systems (ENDS) and if so, the details thereof along with the response of the States and Union Territories thereon;

(d) the steps taken by the Government to ensure that e-cigarettes or Electronic Nicotine Delivery Systems (ENDS) is banned across India; and

(e) whether any State has banned e-cigarettes so far, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) As per a report of WHO, Electronic Nicotine Delivery Systems (ENDS) (also known as e-cigarettes) heat a solution to create an aerosol which frequently contains flavourants, usually dissolved into Propylene Glycol or/and Glycerin. ENDS aerosol contains nicotine, the addictive component of tobacco products. In addition to dependence, nicotine can have adverse effects on the development of the foetus during pregnancy and may contribute to cardiovascular disease. The WHO report further says that although nicotine itself is not a carcinogen, it may function as a "tumour promoter" and seems to be involved in the biology of malignant disease, as well as of neurodegeneration. Foetal and adolescent nicotine exposure may have long-term consequences for brain development, potentially leading to learning and anxiety disorders. The evidence is sufficient to warn children and adolescents, pregnant women, and women of reproductive age against ENDS use and nicotine.

(b) to (d) Available literatures on e-cigarettes suggest that e-cigarettes are being used by children and youth.

In larger public health interest and in order to prevent the initiation of Electronic Nicotine Delivery Systems (ENDS) by non-smokers and youth with special attention to vulnerable groups, Ministry of Health & Family Welfare, Government of India, has issued an Advisory to all States/Union Territories to ensure that any Electronic Nicotine Delivery Systems (ENDS) including e-Cigarettes, Heat-Not-Burn devices, Vape, e-Sheesha, e-Nicotine Flavoured Hookah, and the like devices that enable nicotine delivery are not sold (including online sale), manufactured, distributed, traded, imported and advertised in their jurisdictions, except for the purpose & in the manner and to the extent, as may be approved under the Drugs and Cosmetics Act, 1940 and Rules made thereunder.

After the issuance of the Advisory, the State Government of Tamil Nadu vide its Order dated 03.09.2018 has prohibited the manufacture, sale (including online sale), distribution, trade, display, marketing, advertisement, use, import and possession of Electronic Nicotine Delivery Systems (ENDS).

State Government of Punjab has issued a modified Circular dated 03.10.2018, to prohibit the sale (including online sale), manufacture, distribution, trade, import and advertisement of ENDS including e-Cigarettes, Heat-Not Burn devices, vape, e-sheesha, e-nicotine flavoured hookah, and the like devices.

(e): As of now, the State Governments of Punjab, Karnataka, Mizoram, Kerala, Jammu and Kashmir, Uttar Pradesh, Bihar and Tamil Nadu, have prohibited e-cigarettes.

One Stop Centres for Women Protection

2058. SHRI MOHANBHAI KALYANJI BHAI
KUNDARIYA:
SHRIMATI REKHA VERMA:
DR. SUNIL BALIRAM GAIKWAD:
SHRI LALLU SINGH:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether the Women's Safety Centres/One Stop Centres have been set up to provide safety and protection to women in the country, if so, the salient features and facilities available for women in such centres;

(b) whether the Government has achieved the aims and objectives for which these centres were set up, if so, the details thereof along with the number of women benefited from such centres, State/UT-wise;

(c) whether certain States have sent proposals for setting up of more such centres under the scheme, if so, the details of proposals received and approved along with the funds released during the last three years and the current year, State/UT-wise including Tamil Nadu and Maharashtra;

(d) whether the Government has set up such centres in all the districts of the country in a time bound manner and if so, the details thereof and if not, the reasons for not setting up of such centres in each district; and

(e) whether any cases of harassment against women have been registered in such centres during the said period and if so, the details thereof along with the action taken/ being taken by the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) The Ministry is implementing scheme for setting up One Stop Centres (OSC) since 1st April 2015 to support women affected by violence. The scheme aims to facilitate access to an integrated range of services including medical aid, police assistance, legal aid/case management, psycho-social counselling, temporary support services to women affected by violence,

(b) to (e) One Stop Centres are being set up in a phased manner in all the districts of the country. So far, the Ministry of Women and Child Development of the Government of India has given approval to State Governments and Union Territory administrations for setting up 654 One Stop Centres. Also, the Hon'ble Supreme Court of India has directed on 11th December, 2018 that all the States/Union Territories should set up at least one OSC in every district within one year from the date of judgment.

OSCs have been set up in 234 districts till now. The details of One Stop Centres approved and operational along with number of women assisted so far are at enclosed Statement-I. State-wise details of funds released for the year 2015-16, 2016-17, 2017-18 and current year are at enclosed Statement-II.

Statement-I*State-wise details of One Stop Centres approved, operational and women assisted*

Sl. No.	State/UTs	Total approved OSCs	Number of functional OSCs	No. of women assisted
1	2	3	4	5
1.	Andaman and Nicobar Islands	3	1	472
2.	Andhra Pradesh	13	13	26,884
3.	Arunachal Pradesh	21	2	308
4.	Assam	33	5	720
5.	Bihar	38	8	3,755
6.	Chandigarh	1	1	326
7.	Chhattisgarh	27	27	10,868
8.	Dadra and Nagar Haveli	1	1	40
9.	Daman and Diu	2	1	25
10.	Goa	2	1	977
11.	Gujarat	23	10	894
12.	Haryana	22	7	3,878
13.	Himachal Pradesh	12	1	68
14.	Jammu and Kashmir	22	2	63
15.	Jharkhand	24	3	319
16.	Karnataka	30	7	517
17.	Kerala	14	4	393
18.	Madhya Pradesh	51	50	3,217
19.	Maharashtra	36	11	1,504
20.	Manipur	16	1	10
21.	Meghalaya	11	2	981
22.	Mizoram	9	1	65
23.	Nagaland	11	2	103
24.	Odisha	30	4	857

1	2	3	4	5	1	2	3	4	5
25.	Puducherry	1	1	51	32.	Uttar Pradesh	75	24	1,18,833
26.	Punjab	22	7	293	33.	Uttarakhand	13	4	993
27.	Rajasthan	16	16	4,964	34.	Lakshadweep	0	0	0
28.	Sikkim	4	1	115	35.	NCT of Delhi	0	0	0
29.	Tamil Nadu	32	6	197	36.	West Bengal	0	0	0
30.	Telangana	31	9	7807					
31.	Tripura	8	1	30		Total	654	234	1,90,527

Statement-II

State-wise details of funds released during the year 2015-16, 2016-17, 2017-18 and current years

(Rs. in lakh)

Sl. No.	Proposal Received States/UTs	2015-16	2016-17	2017-18	2018-19
1	2	3	4	5	6
1	Andaman and Nicobar Islands	13.19	--	31.21	0.50
2	Andhra Pradesh	13.19	268.97	330.14	112.49
3	Arunachal Pradesh	13.19	28.41	53.20	15.57
4	Assam	38.84	75.65	--	1.0
5	Bihar	13.19	198.90	--	--
6	Chandigarh	13.19	--	--	9.31
7	Chhattisgarh	48.30	734.27	167.04	374.87
8	Dadra Nagar Haveli	43.37	--	43.41	.50
9	Daman and Diu	45.88	--	0.00	--
10	Goa	45.88	19.41	10.85	1.0
11	Gujarat	45.88	38.82	127.15	165.76
12	Haryana	36.41	116.48	38.30	467.29
13	Himachal Pradesh	37.68	--	15.00	45.95
14	Jammu and Kashmir	45.88	95.65	87.52	--
15	Jharkhand	10.26	56.82	18.47	--
16	Karnataka	45.88	85.24	62.74	3.00
17	Kerala	45.08	113.65	11.80	2.00
18	Madhya Pradesh	45.88	773.04	131.27	1123.51
19	Maharashtra	45.88	213.55	437.69	20.32

1	2	3	4	5	6
20	Manipur	12.89	--	--	--
21	Meghalaya	13.19	28.41	7.75	30.50
22	Mizoram	37.68	--	61.41	15.63
23	Nagaland	45.88	55.41	80.41	439.87
24	Odisha	10.28	15.00	120.33	--
25	Puducherry	37.00	--	19.41	0.50
26	Punjab	43.82	97.07	335.87	276.21
27	Rajasthan	12.12	346.24	28.96	122.02
28	Sikkim	45.88	--	30.17	0.50
29	Tamil Nadu	45.88	--	38.83	129.59
30	Telangana	45.88	155.31	301.72	31.82
31	Tripura	45.88	--	--	13.78
32	Uttar Pradesh	45.88	454.63	266.22	1896.20
33	Uttarakhand	13.19	58.24	138.86	35.89
Total		1102.50	4029.17	2995.73	5335.61

Eradication of TB

2059. SHRI BADRUDDIN AJMAL:
SHRI SANJAY HARIBHAU JADHAV:
DR. SANJAY JAISWAL:
SHRI S.P. MUDDAHANUME GOWDA:
SHRI B.V. NAIK:

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

(a) the estimated number of patients of Tuberculosis (TB) in the country, State/ UT-wise;

(b) whether the Government has started Revised National Tuberculosis Control Programme aiming to eliminate TB by 2025 and if so, the details thereof;

(c) whether the health authorities in different States have scanned 2 lakh people across 120 districts in the first round and found nearly 10,000 new TB cases and if so, the details thereof, State/UT-wise;

(d) the time by which the second and third round of scanning is going to take place and the districts identified for the purpose; and

(e) the details of the schemes being run for welfare of TB patients under new National Strategic Plan (2017-2025) along with the funds earmarked for the purpose?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) The estimated number of TB patients in the country is 27.4 lakh as per Global TB report 2018.

(b) The Ministry has developed the National Strategic Plan (NSP) for Tuberculosis (2017-2025) with the goal of eliminating TB by 2025.

The key focus areas and initiatives are:

- Early diagnosis of all the TB patients, prompt treatment with quality assured drugs and treatment regimens along with suitable patient support systems to promote adherence.
- Engaging with the patients seeking care in the private sector and with private sector providers
- Prevention strategies including active case finding and contact tracing in high risk / vulnerable population

- Airborne infection control.
- Multi-sectoral response for addressing social determinants.

(c) and (d) Three rounds of Active Case finding were conducted during the year 2017. A total of 378 districts were involved in Active Case Finding. 5.5 crore people were screened for TB symptoms and 6.07 lakh presumptive TB cases (TB suspects) were identified & tested and additionally 26,256 TB patients were diagnosed and put on treatment. (State/ UT wise details are enclosed as Statement).

(e) The details of initiatives being implemented for the welfare of TB patients under the National Strategic Plan (2017-25), which is a part of the Revised National TB Control Programme (RNTCP) scheme are indicated at point no (b) above.

The funds earmarked for Revised National TB Control Programme (RNTCP) are as under:-

2017-18	Rs. 2791.00 crores
2018-19	Rs. 2,840.00 crores.

Statement

State/UT wise Active Case finding (2017)

State	Number screened for Symptoms	Number examined by Sputum testing	Number of patients Diagnosed
1	2	3	4
Andhra Pradesh	2145597	17579	1151
Andman and Nicobar Islands	24384	343	26
Arunachal Pradesh	63040	2368	23
Assam	94495	5532	41
Bihar	3077648	34545	3159
Chandigarh	28405	205	37
Chhattisgarh	119459	2262	206
Daman and Diu	46136	252	5
Delhi	444351	5558	621
Gujarat	2879181	12939	1722

1	2	3	4
Haryana	2174827	31851	517
Himachal Pradesh	198170	4399	95
Jammu and Kashmir	92238	3769	110
Jharkhand	417169	7830	551
Karnataka	13284327	118655	4357
Kerala	70537	1479	16
lakshadweep	714	548	14
Madhya Pradesh	762126	17313	2151
Maharashtra	9380868	48091	2336
Manipur	83027	4226	72
Meghalaya	54802	1017	17
Mizoram	13431	1317	17
Nagaland	17677	1732	34
Odisha	50617	15318	272
Punjab	945930	6651	239
Rajasthan	3775280	52773	1288
Sikkim	32479	1173	9
Tamil Nadu	2546740	87608	3953
Telangana	13968	1489	47
Tripura	94533	1494	25
Uttar Pradesh	8518823	87146	2341
Uttarakhand	122168	1818	43
West bengal	2682897	36928	761
Grand Total	55256044	607008	26256

Malnourishment Among Children and Women

2060. SHRI RAJESH PANDEY:
SHRI NISHIKANT DUBEY:
SHRI RAVINDRA KUMAR PANDEY:
SHRI RAJU SHETTY:
SHRI A.T. NANA PATIL:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether the Government is implementing National Child Health Programme and if so, the salient features of the programme along with the details thereof;

(b) whether the cases of malnourishment among children and women have increased in the country specially in rural areas and if so, the details thereof;

(c) whether the Government has conducted any study to identify the level of malnutrition among the children and women in rural and urban areas in the country, State/UT-wise including Maharashtra;

(d) the percentage of children and women suffering from malnutrition in the country, State/UT-wise including Maharashtra;

(e) whether the percentage of malnourishment in women and children has not declined despite various initiatives taken by the Government and if so, the reasons therefor; and

(f) whether it is a fact that malnourished mothers give birth to malnourished children and if so, the action plan proposed by the Government to implement schemes effectively?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) Ministry of Health and Family Welfare is implementing various Child Health Programmes at national level. The salient features of these programmes along with the details are given in enclosed Statement-I.

(b) As per the report of National Family Health Survey (NFHS) - 4 (2015-16), 35.7% children under 5 years of age are underweight and 38.4% are stunted indicating a reduction from the previous NFHS - 3 (2005-06), which reported 42.5% children under 5 years of age as underweight and 48% stunted. Further, in the rural areas, 38.3% children are underweight and 41.2% are stunted as per NFHS-4 report, which is also a reduction from the prevalence reported under NFHS-3, viz., 45.6% children underweight and 50.7% stunted.

Among women (15-49 years of age), 22.9% are underweight which is a decline from the previous NFHS-3 levels which reported underweight prevalence to be 35.5% among women. In the rural areas, 26.7% women (15-49 years) are underweight as per NFHS-4 which is reduction from the previous NFHS-3 levels of 40.6% women being underweight.

(c) Data on nutritional indicators is captured under the National Family Health Surveys (NFHS) conducted

periodically by the Ministry of Health and Family Welfare in the entire country including the State of Maharashtra. The latest round of the survey (NFHS-4) was conducted in 2015-16.

(d) The percentage of children and women suffering from malnutrition in the country, State/UT-wise including Maharashtra as per NFHS-4 is enclosed as Statement-II.

(e) The prevalence of malnourishment among women and children in the country has declined in the country as per the report of the National Family Health Surveys conducted in 2005-06 and 2015-16 as stated above.

(f) Yes, Madam. As per research evidence, malnourished mothers tend to give birth to malnourished children. In order to address this problem, this Ministry is implementing schemes like Anganwadi Services, Scheme for Adolescent Girls and Pradhan Mantri Matru Vandana Yojna under the Umbrella Integrated Child Development Services Scheme as direct targeted interventions. The problem of malnutrition is complex, multi-dimensional and inter-generational in nature and requires convergence of various sectors. In order to ensure convergence of these nutrition related and those of health and other nutrition impacting schemes, the Government has set up POSHAN Abhiyaan which consists of a robust convergence action plan. POSHAN Abhiyaan aims to prevent and reduce prevalence of anaemia among women (15-49 years) and reduction in prevalence of low birth weight in the country in a time bound manner.

Statement-I

Details of Child Health Programmes implemented by Ministry of Health and Family Welfare

Ministry of Health and Family Welfare is implementing various Child Health Programmes at national level. The salient features of these programmes along with the details are as follows:

- Essential newborn care is provided at all delivery points by establishing Maternal and Child Health (MCH) Wings in high caseload facilities. For this purpose, Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies are operationalized.
- Home Based Newborn Care (HBNC) is provided by ASHAs to improve child rearing practices.

- Home based Young Child Programme has been launched in April 2018 with provision of additional 5 home visits by ASHAs starting from 3 months of age till 15 months of age of the child.
- Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted under Mothers' Absolute Affection (MAA) programme.
- Anemia Mukh Bharat (AMB) programme has been launched in April 2018 for preventing wide-spread anaemia among women, children and adolescents.
- Vitamin A supplementation (VAS) for children till the age of 5 years.
- National De-worming Day is implemented as a fixed day strategy to administer Albendazole tablets to all the children in the age group of 1-19 years through the platform of AWCs and Schools.
- Childhood diarrhoea control activities are undertaken during intensified diarrhoea control fortnights (IDCF) which is organized across the country.
- Nutrition Rehabilitation Centres (NRCs) have been set up at public health facilities to treat and manage the children with Severe Acute Malnutrition (SAM) admitted with medical complications.
- Universal Immunization Programme (UIP) to provide vaccination to children against diseases pan India and for diseases in selected States and UTs. "Mission Indradhanush and Intensified Mission Indradhanush" was launched to fully immunize children who are either unvaccinated or partially vaccinated; those that have not been covered during the rounds of routine immunization for various reasons.
- Name based tracking of mothers and children till two years of age (Mother and Child Tracking System) is done to ensure complete antenatal, intranatal, postnatal care and complete immunization as per schedule.
- Rashtriya Bal Swasthya Karyakram (RBSK) for health screening, early detection of birth defects, diseases, deficiencies, development delays and early intervention services have been operationalized to provide comprehensive care to all the children in the age group of 0-18 years in the community.

Statement-II*Prevalence of Malnutrition among Women and Children as per NFHS - 4 (2015-16)*

S.No	State	Children under 5 years Women (15-49 years)		
		Underweight (%)	Stunting (%)	Chronic Energy Deficiency (%)
1	2	3	4	5
1	Andaman and Nicobar Islands	21.6	23.3	13.1
2	Andhra Pradesh	31.9	31.4	17.6
3	Arunachal Pradesh	19.4	29.4	8.5
4	Assam	29.8	36.4	25.7
5	Bihar	43.9	48.3	30.4
6	Chandigarh	24.5	28.7	13.3
7	Chhattisgarh	37.7	37.6	26.7
8	Dadra and Nagar Haveli	38.9	41.7	28.7
9	Daman and Diu	26.7	23.4	12.9
10	Delhi	27	31.9	14.9
11	Goa	23.8	20.1	14.7
12	Gujarat	39.3	38.5	27.2
13	Haryana	29.4	34	15.8
14	Himachal Pradesh	21.2	26.3	16.2
15	Jammu and Kashmir	16.6	27.4	12.1
16	Jharkhand	47.8	45.3	31.5
17	Karnataka	35.2	36.2	20.7
18	Kerala	16.1	19.7	9.7
19	Lakshadweep	23.6	26.8	13.5
20	Madhya Pradesh	42.8	42	28.4

1	2	3	4	5
21	Maharashtra	36	34.4	23.5
22	Manipur	13.8	28.9	8.8
23	Meghalaya	28.9	43.8	12.1
24	Mizoram	12.0	28.1	8.4
25	Nagaland	16.7	28.6	12.3
26	Odisha	34.4	34.1	26.5
27	Puducherry	22.7	24.0	11.2
28	Punjab	21.6	25.7	11.7
29	Rajasthan	36.7	39.1	27
30	Sikkim	14.2	29.6	6.4
31	Tamil Nadu	23.8	27.1	14.6
32	Telangana	28.4	28.0	22.9
33	Tripura	24.1	24.3	18.9
34	Uttar Pradesh	39.5	46.3	25.3
35	Uttarakhand	26.6	33.5	18.4
36	West Bengal	31.6	32.5	21.3
	India	35.7	38.4	22.9

National Clean Air Programme

2061. SHRI KOTHA PRABHAKAR REDDY:
SHRIMATI POONAMBEN MAADAM:
SHRI M. UDHAYAKUMAR:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has fixed a target of reducing air pollution by 2024 under the National Clean Air Programme and if so, the details and the salient features of the programme;

(b) whether the Government intends to carry out the programme in a phased manner and if so, the details thereof along with the various domestic and international stakeholders consulted in this regard; and

(c) the details of fund allocated/spent for combating pollution during the last three years and the current year along with the success achieved as a result thereof, State/ UT-wise?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) In order to address the increasing air pollution across the country in a comprehensive manner, Ministry of Environment, Forest and Climate Change has finalized the National Clean Air Program (NCAP) as a pan India time bound national level strategy to tackle the increasing air pollution problem across the country in a comprehensive manner. Taking into account the available international experiences and national studies, mid term target for reduction of PM2.5 and PM10 concentration by 2024 is part of the NCAP. This is keeping 2017 as the base year for comparison of concentration.

Overall objective of the NCAP is comprehensive mitigation actions for prevention, control and abatement of air pollution besides augmenting the air quality monitoring network across the country. The main components of NCAP include City specific air pollution abatement action plan for 102 polluting cities of the country, increasing number of monitoring stations, creation of Technical Assessment Cell, technology support," public participation on planning and implementation, setting up of certification agencies for monitoring equipment, setting up of Air Information Centre for data analysis, resource apportionment studies, setting up of national inventory, guidelines for Indoor Air Pollution and setting up of Rural Monitoring stations etc.

(b) NCAP will be mid-term five (5) years action plan to begin with keeping 2019 as base year. However, the international experiences and national studies indicate that significant outcome in terms of air pollution initiatives are visible only in long-term and hence the programme is further extendable to 20-25 years in long-term after mid-term review of the outcomes.

Since Collaborative and participatory approach with focus on all sources of pollution form crux of the Programme, extensive consultation with all the relevant stakeholders forms the foundation for formulation of NCAP. The NCAP has been finalized after due consultation with various stakeholders which inter-alia include general public, State Government, Central Ministries, local bodies, industries, civil societies etc.

(c) State-wise details of funds released to various Monitoring Agencies during last three years and current year for ambient air quality monitoring as operational and maintenance cost under National Air Quality Monitoring Programme (NAMP) is given at enclosed Statement.

Continuous Ambient Air Quality Monitoring System (CAAQMS) data has indicated some improvement in air quality of Delhi in 2018 (Jan- Dec 11, 2018) compared to 2017 (Jan -Dec 11, 2017), such as increase in number of 'Good' to 'Moderate' days to 158 from 151 in 2017, and

reduction in number of 'Poor' to 'Severe' days from 194 in 2017 to 187 in 2018, despite usual seasonal pattern wherein minimum pollutant levels are observed during monsoon, moderate levels during summers and high concentration of pollutants in winters.

Statement

Details of Funds Released to Various Monitoring Agencies under National Air Quality Monitoring Programme (NAMP)

Sl. No.	Name of Monitoring Agency	Funds released under NAMP for operation and maintenance in different financial years (Amount in Rs.)			
		2015-16	2016-17	2017-18	2018-19 Till Nov. 2018
1	2	3	4	5	6
1.	Andhra Pradesh SPCB	-	-	27555500	-
2.	Arunachal Pradesh SPCB	-	-	4109334	858667
3.	Assam SPCB	-	-	35912000	-
4.	Bihar SPCB	-	-	2216665	-
5.	Chandigarh PCC	-	4113833	3253333	-
6.	Chhattisgarh ECB	1526250	-	4465333	-
7.	Dadra and Nagar Haveli PCC and Daman and Diu PCC	-	-	3492333	-
8.	Goa SPCB	7789333	-	24410667	-
9.	Himachal Pradesh SEP & PCB	10128333	-	29309334	-
10.	Jammu and Kashmir SPCB	-	4528000	-	-
11.	Jharkhand SPCB	-	14893167	-	-
12.	Karnataka SPCB	6749583	-	21134667	-
13.	Kerala SPCB	-	-	22320000	-
14.	Madhya Pradesh SPCB	-	7984417	13566666	-
15.	Maharashtra SPCB	-	16316919	30544001	-
16.	Meghalaya SPCB	7845833	-	14485333	3541333
17.	Mizoram SPCB	5413333	4253333	7346667	3093333
18.	Nagaland SPCB	-	3658667	3061333	1344000
19.	Odisha SPCB	5872500	17080001	-	-
20.	Punjab SPCB	-	-	20361083	-
21.	Puducherry	-	5110333	3432000	-

1	2	3	4	5	6
22.	Rajasthan SPCB	4218750	-	13434667	-
23.	Sikkim SPCB	-	6149334	-	-
24.	Tamil Nadu SPCB	-	-	16813333	-
25.	Telangana SPCB	-	-	17985000	-
26.	Tripura SPCB	-	-	896000	-
27.	Uttar Pradesh SPCB	7263333	-	31390667	-
28.	Uttarakhand EP81PCB	4085833	-	14544000	-
29.	West Bengal SPCB	-	-	19439917	-
30.	NEERI	13612000	22288000	21600000	-
31.	IIT Kanpur	-	-	8040177	-
Total		6,85.32,581	6,95,98.002	45,77,70,512	

Note:- SPCB - State Pollution Control Board, SEP&PCB - State Environment Protection & Pollution Control Board, EP& PCB - Environment Protection & Pollution Control Board, PCC - Pollution Control Committee. NEERI is at present monitoring in 6 cities in 5 different states/Union territories namely Delhi, Maharashtra, West Bengal, Tamil Nadu and Andhra Pradesh.

IGST Reimbursement to States	Month	GST collection (in Rs. Crore)	
		2017-18	2018-19
2062. SHRIMATI R. VANAROJA:			
SHRI PR. SENTHILNATHAN:			
SHRI R.K. BHARATHI MOHAN:	April	--	1,03,459
SHRIMATI V. SATHYABAMA:	May	--	94,016
Will the Minister of FINANCE be pleased to state:	June	--	95,610
(a) whether the Government has generated income as expected from Goods and Services Tax (GST) collections since the introduction of GST and if so, the details thereof;	July	--	96,483
	August	95,633	93,960
	September	94,064	94,442
(b) the details of the GST collected in the last one year, State-wise;	October	93,333	100,710
	November	83,780	97,637
(c) whether the Government has paid any refunds to the States/UTs from the Integrated Goods and Services Tax collections; and	December	84,314	--
	January	89,825	--
(d) if so, the details thereof and the amount reimbursed to Tamil Nadu?	February	85,962	--
	March	92,167	--
	Average	89,885	97,040

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) The month-wise gross collection of Central Goods and Services Tax (CGST), State Goods and Services Tax (SGST), Integrated Goods and Services Tax (IGST) and Cess for FY 2017-18 and FY 2018-19 are as under:

From the above Table, it is clear that GST collection in the current FY (2018-19) has been showing improvement compared to last FY (2017-18) except for the month of August, 2018.

(b) Details are given in the enclosed Statement.

(c) and (d) The Integrated Goods and Services Tax (IGST) collected by the Centre has been either apportioned in case of final consumption or settled in case of cross-utilisation between Centre and States in terms of Sections 17 and Section 18 respectively of Integrated Goods and Services Tax Act, 2017. The residual IGST available with the Centre after apportionment/settlement has been settled ad-hoc basis from time to time. Rs 8706 crore (July'17-March'18) and Rs 11830 crore (April'18-November'18) has been settled to Tamil Nadu from IGST which includes ad-hoc settlement.

Statement

*State-wise SGST collection in 2017-18
(August'17 - March'18)*

Sl. No.	State/Union Territory	Amount (In Rs. Crore)
1	2	3
1	Jammu and Kashmir	2,611
2	Himachal Pradesh	1,833
3	Punjab	7,901
4	Chandigarh	800
5	Uttarakhand	2,611
6	Haryana	10,845
7	Delhi	13,625
8	Rajasthan	12,190
9	Uttar Pradesh	25,455
10	Bihar	6,746
11	Sikkim	193
12	Arunachal Pradesh	224
13	Nagaland	188
14	Manipur	302
15	Mizoram	170
16	Tripura	480
17	Meghalaya	376
18	Assam	4,077

1	2	3
19	West Bengal	15,174
20	Jharkhand	4,124
21	Odisha	6,628
22	Chhattisgarh	4,386
23	Madhya Pradesh	9,818
24	Gujarat	21,578
25	Daman and Diu	116.00
26	Dadra and Nagar Haveli	235
27	Maharashtra	50,876
28	Karnataka	24,305
29	Goa	1,464
30	Lakshadweep	7
31	Kerala	12,292
32	Tamil Nadu	24,907
33	Puducherry	519
34	Andaman and Nicobar Islands	157
35	Telangana	13,073
36	Andhra Pradesh	10,826

Destruction of Coral Reefs

2063. SHRI C. GOPALAKRISHNAN: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Union Government is aware of the rising sea temperature caused by climate change which killed several corals and destroyed coral reefs in the Gulf of Mannar and Konkan Coast during the years 2014-2017 as per the recent underwater survey conducted by Suganthi Devadason Marine Research Institute (SDMRI), Tuticorin;

(b) if so, the details thereof;

(c) whether the Union Government has taken any steps to save the remaining corals in the Gulf of Mannar and Konkan Coast;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) The Government is aware of impact of rising sea temperature on corals. As per reports of Suganthi Devadason Marine Research Institute (SDMRI), in Malvan (Maharashtra), about 85% corals were bleached and out of the total bleached corals, 8% live corals were dead and others recovered in 2015. In Gulf of Mannar, over 24% corals were bleached and out of the total bleached corals, about 16% live corals were dead in 2016.

(c) to (e) A Coral Bleaching Alert System has been operationalised by the Indian National Centre for Ocean Information Services. The Government is implementing a Centrally Sponsored Scheme entitled "Conservation and Management of Mangroves and Coral Reefs" at four sites namely Lakshadweep, Gulf of Kachchh, Gulf of Mannar and Andaman and Nicobar Islands for restoration, monitoring, conservation and management of coral reefs. Some projects have been implemented in Gulf of Mannar and Sindhudurg coast focusing on rehabilitation of coral communities and setting up of artificial reefs. Some species of Corals have been provided legal protection under the Wildlife (Protection) Act, 1972. The coral reef areas are declared as ecologically sensitive under the Coastal Regulation Zone Notification, 2011 and the Island Protection Zone Notification, 2011.

Environmental Coastal Protection Projects

2064. SHRI HEMANT TUKARAM GODSE: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether environmental coastal protection projects are being implemented in the country for different coastal States including Maharashtra;

(b) if so, the details of the projects indicating the work being done and the funds allocated for the purpose;

(c) whether there has been any delay in implementation of these projects; and

(d) if so, the reasons therefor and the corrective measures taken by the Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE

(DR. MAHESH SHARMA): (a) and (b) To protect and conserve the coastal and marine environment, Ministry of Environment, Forest and Climate Change is implementing the World Bank assisted Integrated Coastal Zone Management (ICZM) Project in selected coastal stretches of Gujarat, Odisha and West Bengal under Phase-I. The total budget for this project is Rs. 1655.10 Crores and activities aimed at conservation of natural coastal resources, pollution abatement, alternative livelihood for coastal community and capacity building have been undertaken under the project. The High Tide Line for the entire coast of the country have also been delineated in addition to mapping of Ecological Sensitive Areas and Sedimentation Cells along the Indian coast.

(c) and (d) The duration of the Integrated Coastal Zone Management (ICZM) Project was initially ^- from 2010 to March 2015 but was extended upto December 2018. The delay is due to natural catastrophe viz. Phallin Cyclone in Odisha, local elections in the states of West Bengal and Gujarat and repeated non responsive bids for some components of the project.

[*Translation*]

Felling of Trees

2065. DR .UDIT RAJ: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether in the recent past felling of 16500 trees in the name of redevelopment has been stayed by the High Court and NGT for the time being, if so, the details thereof;

(b) whether Delhi Development Authority, Government of Delhi and Union Government propose to come up with a plan to stop the said felling of trees and if so, the details thereof and if not, the reasons therefor;

(c) the manner in which Government proposes to compensate the damage caused to the environment due to felling of trees; and

(d) whether the Government is likely to make alternate arrangement to check damage being caused to the environments, if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) Hon'ble National Green Tribunal, New Delhi in OA. No. 410 of 2018 in the matter

of Society for Protection of Culture, Heritage, Environment, Traditions and Promotions of National Awareness vide its Order dated 02.07.2018 issued direction to maintain Status-quo, particularly in the matter relating to felling of the trees and it was directed that there shall be no felling/cutting/destruction of the trees till further order by this Tribunal.

Further, Hon'ble High Court of Delhi in the W.P.(C) 6680 of 2018 in the matter of Dr. Kaushal Kant Mishra Vs Union of India & Ors vide its Order dated 04.07.2018 inter alia directed that till further hearing in the matter, the respondent shall stand prohibited from cutting down or removal of any tree pursuant to permissions which have been granted by the Tree Officer without leave of the court.

(b) National Buildings Construction Corporation (NBCC) India Limited under the Ministry of Housing & Urban Affairs has informed that on the order of Hon'ble High Court, Ministry of Housing & Urban Affairs filed a detailed Affidavit in the Hon'ble High Court stating that proposals of all six General Pool Residential Accommodation (GPRA) colonies have been reviewed, whereas only 6997 nos. of trees shall be affected. It was further proposed to avoid cutting of trees to the maximum extent and instead transplantation of the affected trees shall be done within the site or in the vicinity, in a phased manner by engaging specialized agencies for such transplantation ensuring survival rate to the maximum. Compensatory plantation shall also be done at the project site at the first instance, on the available area in phases during construction.

(c) NBCC (India) Limited under the Ministry of Housing & Urban Affairs has informed that Government proposes to compensate the damage caused to the environment due to felling of trees by avoiding cutting of trees to the maximum extent, transplant the affected trees within the site or in the vicinity and by Compensatory Plantation of 10 trees in place of every affected trees (which also include transplanted trees).

(d) NBCC (India) Limited under the Ministry of Housing & Urban Affairs has informed that after redevelopment, GPRA colonies will become greener and smarter, since the ground coverage has been kept at about 20% against the permissible 33.33% and there will be more open and green spaces. The fresh water demand in post redevelopment will be less than the current supply of water due to recycling and reuse. Rain water

harvesting, Solid Waste Management, Sewage Treatment Plant, Solar energy utilization and all other specific stringent conditions given in the environmental clearance shall be complied to preserve and protect environment to the maximum possible extent.

[English]

Low-Cost Medical Facilities

2066. DR. PRABHAS KUMAR SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government proposes to develop low-cost medical facilities: for heart, kidneys and cancer patients; and

(b) if so, the details thereof and the steps being taken by the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) and (b) Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (PMJAY) has been launched. This scheme provides coverage of up to Rs. 5 lakh per family per year for secondary and tertiary hospitalisation to over 10 crore poor and vulnerable families (approx. 50 crore families).

Health is a State subject. However, for providing affordable medical facilities, initiatives have been taken by the Central Government.

The Central Government, under the National Health Mission (NHM), provides financial and technical support to the States/UTs for strengthening their healthcare system including for prevention and management of non-communicable diseases including heart diseases, kidney diseases and cancer.

National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) is being implemented under National Health Mission (NHM) for interventions upto the district level under which NCD Clinics are set up at District and Community Health Centre (CHC) level.

Population based screening of common NCDs, i.e. hypertension, Diabetes and common cancers (Oral, Breast and Cervical cancer) has also been initiated under National Health Mission (NHM). The initiative will help in early diagnosis and will generate awareness on risk factors of NCDs.

To enhance the facilities for tertiary care of cancer, the Central Government is implementing Tertiary Care Cancer Centre Scheme to support the setting up of State Cancer Institutes (SCI) and Tertiary Care Cancer Centres (TCCC) in different parts of the country.

Under Pradhan Mantri Swasthya Suraksha Yojna (PMSSY), new All India Institute of Medical Science (AIIMS) are being set up and many institutions are being upgraded. Many of these institutions have specialities dealing with Heart Diseases, Kidney Diseases and Cancer.

Setting up of National Cancer Institute at Jhajjar, Haryana and of Second Campus of Chittaranjan National Cancer Institute has been approved.

Plastic Waste

2067. SHRI DEVUSINH CHAUHAN: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) the average consumption of plastic and the plastic waste generated annually in the country;

(b) the major cities/States generating the maximum plastic waste;

(c) whether the Government has conducted any study on the harmful effects of plastic waste on human health and environment and if so, the details thereof;

(d) whether the National Green Tribunal has issued any directive/guideline in this regard, if so, the details thereof and the action taken by the Government thereon; and

(e) the steps being taken by the Government for management and safe disposal of plastic waste including plastic packaging along with the measures taken to ensure the safety of the workers employed in plastic industry in the country?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) According to National Accounts Statistics 2015, brought out by the Central Statistics Office (CSO), the average production/consumption of plastic products during the years 2011-12 to 2015-16 (up to September 2015) is 707 MMT/year with the growth rate of 8.3% per year in chemical and chemical products sector. Central Pollution Control Board (CPCB) conducted study in 60 major cities of India. It has been

estimated that around 4059 T/day of plastic waste is generated from these cities. Extrapolating this plastic waste generation data from 60 major cities to the entire country, it is estimated that around 25,940 T/day of plastic waste is generated in India.

(c) In a study sponsored by Central Pollution Control Board it was observed that the heavy metals, chloride, phthalates etc. migrate from plastic waste into the surrounding medium because these are not chemically bound and remain present as mobile and leachable phase.

(d) The National Green Tribunal vide its judgment in Original Application No. 199 of 2014 in the matter of Almitra H. Patel Versus Union of India issued consolidated directions to the states and the Union Territories for implementation of Solid Waste Management Rules, 2016 and Plastic Waste Management Rules, 2016.

(e) The Government has notified Plastic Waste Management Rules, 2016. As per the Rules, the generators of waste have been mandated to take steps to minimize generation of plastic waste, not to litter the plastic waste, ensure segregated storage of waste at source and handover segregated waste to local bodies or agencies authorised by the local bodies. The rules also mandate the responsibilities of local bodies, gram panchayats, waste generators, retailers and street vendors to manage plastic waste. The rules mandate the producers, importers and brand owners to work out modalities for waste collection system based on the principle of Extended Producer Responsibility. The occupational safety, health and welfare of workers employed in the factories are taken care by various legislations by Government of India i.e. the Factories Act 1948 and others.

[Translation]

Overcrowding in Hospitals

2068. SHRI RAJENDRA DHEDYA GAVIT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the hospitals in the country are overcrowded due to mismanagement on part of the hospitals and lack of adequate preparation in implementation of various health schemes by the Government;

(b) if so, the details thereof and corrective steps taken in this regard;

(c) whether the Government has prepared any study report in this regard; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) Health is a State subject and no such information is maintained centrally. It is the responsibility of the respective State/Union Territories (UTs) Government/ Administration to create adequate infrastructure/ manpower to avoid overcrowding of the hospitals. However, the Central Government supplements their efforts by way of providing assistance to the States/ UTs for creation/upgradation of health care infrastructure under various schemes like National Health Mission (NHM), etc. The implementation of NHM is also done by States/UTs. No such report regarding overcrowding due to mismanagement has been brought to notice in the recent past.

Under Ayushman Bharat, Sub Centers and Primary Health Centers are being strengthened as Health and Wellness Centers (HWCs) for provision of comprehensive primary care with continuum of care approach close to the community. In the Operational Guidelines for Comprehensive primary care, it is envisaged that among others, a strong network of HWCs at the sub district level would facilitate resolving more cases at primary level and reduce overcrowding at secondary and tertiary facilities for follow up cases as well as serve a gate keeping function to higher-level facilities.

As far as three Central Government Hospitals viz. Safdarjung Hospital, Dr. RML Hospital and LHMC and associated Hospitals are concerned, the number of patients visiting for surgery and treatment in these Institutes/Hospitals is much larger as compared to their handling capacity in terms of number of beds, manpower and other resources. This overcrowding is not due to mismanagement or lack of adequate preparation in implementation of various health schemes but due to the huge number of patients who come to these hospitals for treatment, not only from Delhi but also from neighbouring states.

Despite availability of huge infrastructure and other services in these Hospitals, there is a waiting period for certain procedures due to the ever increasing pressure on infrastructure and available manpower in these hospitals, which varies from Department to Department in these Hospitals.

Expansion of existing facilities and creation of new facility in a Hospital is an ongoing process and is undertaken as per the requirement and availability of resources. Projects for augmentation of capacity have also been approved in the three Central Government hospitals namely Safdarjung Hospital, Dr. RML Hospital and LHMC and associated Hospitals. Super Specialty Block with 807 beds and New Emergency Block with 500 beds constructed under redevelopment plan of Safdarjung Hospital have started functioning w.e.f. 29th June, 2018 and 07th February, 2018 respectively.

In addition, the Central Government has also set up 6 new AIIMS at Jodhpur, Bhopal, Bhubaneswar, Rishikesh, Raipur and Patna under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY). Government has also taken up up-gradation of existing Government Medical Colleges of States.

[English]

Ecologically Sensitive Area

2069. SHRI B. SENGUTTUVAN: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has any proposal to reduce the Ecologically Sensitive Area (ESA) in the Western Ghats by about 6000 square kms, i.e. from about 56000 square kms to about 50000 square kms extending over an area of 1500 kms and if so, the details thereof;

(b) whether Tamil Nadu, Kerala, Karnataka, Maharashtra, Goa and Gujarat will have reduced ESA to make room for sustainable development and if so, the details thereof;

(c) whether the reduced ESA would adversely affect the lives and livelihood of the people in these States and if so, the details thereof;

(d) whether the Government is likely to put in place moratorium on setting up any polluting industry near the ESA; and

(e) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) The Ministry of Environment, Forest and Climate Change (MoEF&CC) has no proposal to reduce the Ecologically Sensitive

Area (ESA) in the Western Ghats by about 6000 square kilometres, i.e. from 56,000 square kilometres to about 50,000 square kilometres, extending over an area of 1500 kilometres. Recently, this Ministry has republished the fresh draft Notification fourth times vide S.O.5135(E) dated 03.10.2108 to declare ESA of the Western Ghats, with an Ecologically Sensitive Area (ESA) of 56,825 square kilometres, in the States of Goa, Gujarat, Karnataka, Kerala, Maharashtra and Tamil Nadu. The republished draft is in accordance with the order of Hon'ble National Green Tribunal dated 24th August, 2018. After republishing the draft Notification, this Ministry had issued letters seeking views /comments of the concerned State Governments. Earlier, the concerned State Governments have undertaken physical verification for demarcation of ESA and proposed to alter the ESA of their States from the original recommendations of High level Working Group (HLWG). As a result, the draft notifications were not finalised in the past.

(c) The Western Ghats not only harbour rich biodiversity, but also support high human population density; therefore, there is a need to conserve and protect the unique biodiversity of Western Ghats while allowing for sustainable and inclusive development of the region. There will be no displacement or dislocation of the local people living in the habitations within the ESA demarcated in the Western Ghats and practicing of agriculture and plantation activities shall also not be affected.

(d) and (e) The report of HLWG was in principle accepted by the MoEF&CC. It recommends maintaining balance between development and environment protection in the ESA of Western Ghats region. The HLWG also recommended prohibition or regulation of identified projects and activities in the ESA, which have interventionist and destructive impacts on natural ecosystems. Accordingly, this Ministry had issued directions under Section 5 of Environment (Protection) Act, 1986 vide Order dated 13.11.2013 to respective State Governments of the Western Ghats regions to prohibit five categories of new and/or expansion projects/activities in the ESA of the Western Ghats, namely (i) Mining, quarrying and sand mining (ii) Thermal Power Plants (iii) Building and construction projects of 20,000 square meter area and above (iv) Township and area development projects with an area of 50 hectare and above and/or with built up area of 1,50,000 square meter and above (v) Red category of industries.

Income and Assets of Bank Employees

2070. SHRI GANESH SINGH: Will the Minister of FINANCE be pleased to state:

(a) whether any assessment of income and assets of the bank employees is likely to be carried out to assess the parity between their income and assets as per Office Memorandum (OM) of 1993 and if so, the details thereof;

(b) whether the Government is considering each matter on case to case basis and if so, the details thereof; and

(c) the reasons for the Government not to accept it when the banks has issued appointment and promotion letters while determining parity in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (c) No, Madam. However, the Government of India, Department of Personnel & Training (DoP&T) vide O.M. No.36012/22/93-Estt.(SCT) dated 08.9.1993, inter-alia, provided that son(s) and daughter(s) of persons having gross annual income of Rs.1 lakh or above for a period of three consecutive years fall under the creamy layer and would not be entitled to get the benefit of reservation available to Other Backward Classes (OBCs). Further, vide DoP&T's O.M. No.36033/1/2013-Estt.(Res.) dated 13.9.2017, the income limit for determination of creamy layer amongst the OBCs have been raised to Rs.8 lakhs w.e.f. 01st September, 2017 and the same has been informed to all Public Sector Banks (PSBs)/Public Financial Institutions(PFIs)/Public Sector Insurance Companies (PSICs) etc.

The Government has approved principles for determining the equivalence in respect of PSBs/PFIs/PSICs, as conveyed vide DoP&T's O.M. No.41034/5/2014-Estt.(Res.) Vol.IV-Part dated 06.10.2017, which inter-alia, provide as follows:

(a) Junior Management Scale-I of PSBs/PFIs/PSICs will be treated as equivalent to Group A in the Government of India and

(b) Clerks and Peons in PSBs/PFIs/PSICs will be treated as equivalent to Group C in the Government of India.

HON. SPEAKER: The House stands adjourned to meet again at 12 O' clock.

11.07 hrs.

The Lok Sabha then adjourned till Twelve of the Clock.

12.00 hrs.*The Lok Sabha re-assembled at Twelve of the Clock*(HON. SPEAKER *in the Chair*)*...(Interruptions)**At this stage, Shri G. Hah and some other hon.**Members came and stood on the Floor
near the Table.**[Translation]*

HON. SPEAKER: Hon. Members, I have received Adjournment Motions from some hon. Members on certain issues. Though these issues are important yet there is no necessity to interrupt today's proceedings. Therefore, I have not given approval to any Adjournment Motion.

*...(Interruptions)***12.01 hrs.***At this stage, Shri Ashok Gajapathi Raju, Shri Gaurav Gogai and some other hon. Members came and stood on the Floor near the Table.**...(Interruptions)***12.01 ½ hrs.**

PAPERS LAID ON THE TABLE

[English]

HON. SPEAKER: Papers to be laid.

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): Madam, I beg to lay on the Table:-

1. (i) A copy of the Annual Report (Hindi and English versions) of the National Institute of Ayurveda, Jaipur, for the year 2017-2018, along with Audited Accounts.
- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the National Institute of Ayurveda, Jaipur, for the year 2017-2018.
2. (i) A copy of the Annual Report (Hindi and English versions) of the National Institute of Siddha, Chennai, for the year 2017-2018, along with Audited Accounts.

- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the National Institute of Siddha, Chennai, for the year 2017-2018.

[Placed in Library, See No. L.T. 10073/16/18]

...(Interruptions)

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): Madam, on behalf of my colleague, Shri P. Radhakrishnan, I beg to lay on the Table:—

1. A copy each of the following Notifications (Hindi and English versions) under Section 31 of the Securities and Exchange Board of India Act, 1992—
 - (i) The Securities and Exchange Board of India (Listing Obligation and Disclosure Requirements) (Fifth Amendment) Regulations, 2018 published in Notification No. SEBI/LAD-NRO/GN/2018/30 in Gazette of India dated 6th September, 2018.
 - (ii) The Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2018 published in Notification No. SEBI/LADNRO/GN/2018/31 in Gazette of India dated 11th September, 2018.
 - (iii) The Securities and Exchange Board of India (Substantial Acquisition of Shares and Takeovers) (Second Amendment) Regulations, 2018 published in Notification No. SEBI/LAD-NRO/GN/2018/33 in Gazette of India dated 11th September, 2018.
 - (iv) The Securities and Exchange Board of India (Credit Rating Agencies) (Second Amendment) Regulations, 2018 published in Notification No. SEBI/LADNRO/GN/2018/36 in Gazette of India dated 11th September, 2018.
 - (v) The Securities and Exchange Board of India (Appointment of Administrator and Procedure for Refunding to the Investors) (Amendment) Regulations, 2018 published in Notification No. SEBI/LAD-NRO/GN/2018/39 in Gazette of India dated 3rd October, 2018.
 - (vi) The Securities and Exchange Board of India (Issue and Listing of Debt Securities) (Amendment) Regulations, 2018 published in

Notification No. SEBI/LADNRO/GN/2018/42 in Gazette of India dated 9th October, 2018.

(vii) The Securities and Exchange Board of India (Issue and Listing of Securitised Debt Instruments and Security Receipts) (Second Amendment) Regulations, 2018 published in Notification No. SEBI/LAD-NRO/GN/2018/43 in Gazette of India dated 9th October, 2018.

(viii) The Securities and Exchange Board of India (Issue and Listing of Non-Convertible Redeemable Preference Shares) (Amendment) Regulations, 2018 published in Notification No. SEBI/LAD-NRO/GN/2018/44 in Gazette of India dated 9th October, 2018.

(ix) The Securities and Exchange Board of India (Listing Obligation and Disclosure Requirements) (Sixth Amendment) Regulations, 2018 published in Notification No. SEBI/LAD-NRO/GN/2018/47 in Gazette of India dated 16th November, 2018.

(x) The Securities and Exchange Board of India (Buy-Back of Securities) Regulations, 2018 published in Notification No. SEBI/LAD-NRO/GN/2018/32 in Gazette of India dated 11th September, 2018.

(xi) The Securities and Exchange Board of India (Depositories and participants) Regulations, 2018 published in Notification No. SEBI/LAD-NRO/GN/2018/40 in Gazette of India dated 3rd October, 2018.

(xii) The Securities and Exchange Board of India (Regulatory Fee on Stock Exchanges) (Amendment) Regulations, 2018 published in Notification No. SEBI/LADNRO/GN/2018/45 in Gazette of India dated 23rd October, 2018.

(xiii) The Securities and Exchange Board of India (Delisting of Equity Shares) (Second Amendment) Regulations, 2018 published in Notification No. SEBI/LADNRO/GN/2018/46 in Gazette of India dated 14th November, 2018.

[Placed in Library, See No. L.T. 10074/16/18]

(2) A copy of the Securities Contracts (Regulation) (Stock Exchanges and Clearing Corporations) Regulations, 2018 (Hindi and English versions) published in Notification No. SEBI/LAD-NRO/GN/

2018/41 in Gazette of India dated 3rd October, 2018 under sub-section (3) of Section 30 of the Securities Contracts (Regulation) Act, 1956.

[Placed in Library, See No. L.T. 10075/16/18]

(3) A copy each of the following notifications (Hindi and English versions) under sub-section (3) of Section 48 of the Life Insurance Corporation Act, 1956—

(i) The Life Insurance Corporation of India Chairman (Certain Terms and Conditions of Service) (Amendment) Rules, 2018 (Hindi and English versions) published in Notification No. G.S.R.1008(E) in Gazette of India dated 9th October, 2018. (ii) The Life Insurance Corporation OF India Managing director (Revision of Certain Terms and Conditions of Service) (Amendment) Rules, 2018 (Hindi and English versions) published in Notification No. G.S.R.1009(E) in Gazette of India dated 9th October, 2018.

[Placed in Library, See No. L.T. 10076/16/18]

(4) A copy each of the following notifications (Hindi and English versions) under issued under Section 31 of the Securities and Exchange Board of India Act, 1992, sub-section (3) of Section 30 of the Securities Contracts (Regulation) Act, 1956 and Section 37 of the Depositories Act, 1996—

(i) The Securities Contracts (Regulation) (Second Amendment) Rules, 2018 published in Notification No. G.S.R.738(E) in Gazette of India dated 3rd August, 2018.

(ii) S.O.6033(E) in Gazette of India dated 4th December, 2018 regarding designation Special courts in various cities under the said Acts.

(iii) S/O.3997(E) in Gazette of India dated 16th August, 2018 regarding designation Special courts for trial of offences under the said Acts.

[Placed in Library, See No. L.T. 10077/16/18]

...(Interruptions)

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): I beg to lay on the Table:—

1. (i) A copy of the Annual Report (Hindi and English versions) of the Insurance Regulatory and

Development Authority of India, Hyderabad, for the year 2017-2018, alongwith Audited Accounts, (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Insurance Regulatory and Development Authority of India, Hyderabad, for the year 2017-2018.

[Placed in Library, See No. L.T. 10078/16/18]

(2) A copy each of the following papers (Hindi and English versions) under sub-section (1) of Section 394 of the Companies Act, 2013—

(a) (i) Review by the Government of the working of the Industrial Investment Bank of India Limited (Voluntary winding up of IIBI to the Equity shareholders), Kolkata, for the Quarter ended 30.06.2018.

(ii) Liquidator's Report on the Industrial Investment Bank of India Limited (Voluntary winding up of IIBI to the Equity shareholders), Kolkata, for the Quarter ended 30.06.2018, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. L.T. 10079/16/18]

(b) (i) Review by the Government of the working of the Industrial Investment Bank of India Limited (Voluntary winding up of IIBI to the Equity shareholders), Kolkata, for the Quarter ended 30.09.2018.

(ii) Liquidator's Report on the Industrial Investment Bank of India Limited (Voluntary winding up of IIBI to the Equity shareholders), Kolkata, for the Quarter ended 30.09.2018, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. L.T. 10080/16/18]

(c) (i) Review by the Government of the working of the IFCI Limited, New Delhi, for the year 2017-2018.

(ii) Annual Report of the IFCI Limited, New Delhi, for the year 2017-2018, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. L.T. 10081/16/18]

(d) (i) Review by the Government of the working of the India Infrastructure Finance Company Limited, New Delhi, for the year 2017-2018.

(ii) Annual Report of the India Infrastructure Finance Company Limited, New Delhi, for the year 2017-2018, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. L.T. 10082/16/18]

(e) (i) Review by the Government of the working of the General Insurance Corporation of India, Mumbai, for the year 2017-2018.

(ii) Annual Report of the General Insurance Corporation of India, Mumbai, for the year 2017-2018, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. L.T. 10083/16/18]

(f) (i) Review by the Government of the working of the National Insurance Company Limited, Kolkata, for the year 2017-2018.

(ii) Annual Report of the National Insurance Company Limited, Kolkata, for the year 2017-2018, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. L.T. 10084/16/18]

(g) (i) Review by the Government of the working of the New India Assurance Company Limited, Mumbai, for the year 2017-2018.

(ii) Annual Report of the New India Assurance Company Limited, Mumbai, for the year 2017-2018, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. L.T. 10085/16/18]

(h) (i) Review by the Government of the working of the Oriental Insurance Company Limited, New Delhi, for the year 2017-2018.

(ii) Annual Report of the Oriental Insurance Company Limited, New Delhi, for the year 2017-2018, along with Audited Accounts and

comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. L.T. 10086/16/18]

- (i) (i) Review by the Government of the working of the United India Insurance Company Limited, Chennai, for the year 2017-2018.
- (ii) Annual Report of the United India Insurance Company Limited, Chennai, for the year 2017-2018, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. L.T. 10087/16/18]

- (3) A copy of the 48th Valuation Report (Hindi and English versions) of the Life Insurance Corporation of India, Mumbai, for the year 2017-2018.

[Placed in Library, See No. L.T. 10088/16/18]

- (4) A copy of the Notification No. G.S.R.940(E) (Hindi and English versions) published in Gazette of India dated 28th September, 2018, together with an explanatory memorandum seeking to notify the rate of tax collection at source to be collected by every electronic commerce operator for intra-union territory (without legislature) taxable supplies under Section 24 of the Union Territory Goods and Service Tax Act, 2017.

[Placed in Library, See No. L.T. 10089/16/18]

- (5) A copy each of the following Notifications (Hindi and English versions) under Section 166 of the Central Goods and Services Act, 2017 and Section 24 of the Union Territory Goods and Service Tax Act, 2017—

- (i) G.S.R.1004(E) (Hindi and English versions) published in Gazette of India dated 8th October, 2018, together with an explanatory memorandum seeking to notify the constitution of the Authority for Advance Ruling in the Union Territories (without legislature).
- (ii) G.S.R.1005(E) (Hindi and English versions) published in Gazette of India dated 8th October, 2018, together with an explanatory memorandum seeking to notify the constitution of the Appellate Authority for Advance Ruling in the Union Territories (without legislature).

[Placed in Library, See No. L.T. 10090/16/18]

- (6) A copy of the Notification No. G.S.R.941(E) (Hindi and English versions) published in Gazette of India dated 28th September, 2018 seeking to notify the rate of tax collection at source to be collected by every electronic commerce operator for inter-union territory (without legislature) taxable supplies under Section 166 of the Central Goods and Service Tax Act, 2017, the Integrated Goods and Service Tax Act, 2017 and Section 24 of the Union Territory Goods and Service Tax Act, 2017, together with an explanatory memorandum.

[Placed in Library, See No. L.T. 10091/16/18]

- (7) A copy of the Prevention of Money-laundering (maintenance of Records) Second Amendment Rules, 2018 (Hindi and English versions) published in Notification No. G.S.R.1078(E) published in Gazette of India dated 31st October, 2018 under section 74 of the Prevention of Money Laundering Act, 2002 together with an explanatory memorandum.

[Placed in Library, See No. L.T. 10092/16/18]

- (8) A copy each of the following Notifications (Hindi and English versions) under Section 159 of the Customs Act, 1962—

- (i) G.S.R.1154(E) published in Gazette of India dated 30th November, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 57/2000-Cus., dated 8th May, 2000.
- (ii) G.S.R.918(E) published in Gazette of India dated 24th September, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 52/2003-Cus., dated 31st March, 2003.
- (iii) G.S.R.740(E) published in Gazette of India dated 3rd August, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 50/2017-Cus., dated 30th June, 2017.
- (iv) G.S.R.753(E) published in Gazette of India dated 7th August, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 50/2017-Cus., dated 30th June, 2017.
- (v) G.S.R.789(E) published in Gazette of India dated 21st August, 2018, together with an

explanatory memorandum exempting all goods failing under the First Schedule to the Customs Tariff Act, 1975 when imported into India and intended for donation for the relief and rehabilitation of the people affected by the recent floods in the State of Kerala.

- (vi) G.S.R.860(E) published in Gazette of India dated 11th September, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 158/95-Cus., dated 14th November, 1995.
- (vii) G.S.R.882(E) published in Gazette of India dated 14th September, 2018, together with an explanatory memorandum making certain amendments in the notifications, mentioned therein.
- (viii) G.S.R.889(E) published in Gazette of India dated 17th September, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 50/2017-Cus., dated 30th June, 2017.
- (ix) G.S.R.943(E) published in Gazette of India dated 28th September, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 25/2002-Cus., dated 1st March, 2002.
- (x) G.S.R.944(E) published in Gazette of India dated 28th September, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 50/2017-Cus., dated 30th June, 2017.
- (xi) G.S.R.1080(E) published in Gazette of India dated 1st November, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 50/2017-Cus., dated 30th June, 2017.
- (xii) G.S.R.926(E) published in Gazette of India dated 26th September, 2018, together with an explanatory memorandum making certain amendments in the notifications, mentioned therein.
- (xiii) G.S.R.892(E) published in Gazette of India dated 18th September, 2018, together with an explanatory memorandum making certain

amendments in the Notification No. 24/2015-Cus., dated 8th April, 2015.

[Placed in Library, See No. L.T. 10093/16/18]

- (9) A copy each of the following Notifications (Hindi and English versions) under sub-section (2) of section 38 of the Central Excise Act, 1944—
 - (i) G.S.R. 1019(E) published in Gazette of India dated 10th October, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 11/2017-C.E. dated 30th June, 2017.
 - (ii) G.S.R.994(E) published in Gazette of India dated 4th October, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 11/2017-C.E., dated 30th June, 2017.

[Placed in Library, See No. L.T. 10094/16/18]

- (10) A copy of the Notification No. G.S.R.906(E) (Hindi and English versions) published in Gazette of India dated 20th September, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 12/2017-Central Tax (Rate) dated 28th June, 2017 under Section 166 of the Central Goods and Service Tax Act, 2017.

[Placed in Library, See No. L.T. 10095/16/18]

- (11) A copy of the Notification No. G.S.R.907(E) (Hindi and English versions) published in Gazette of India dated 20th September, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 9/2017-Integrated Tax (Rate) dated 28th June, 2017 under Section 5(4) of the Integrated Goods and Service Tax Act, 2017.

[Placed in Library, See No. L.T. 10096/16/18]

- (12) A copy of the Notification No. G.S.R.908(E) (Hindi and English versions) published in Gazette of India dated 20th September, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 12/2017-Union Territory Tax(Rate) dated 28th June, 2017 under Section 7(4) of the Union Territory Goods and Service Act, 2017.

[Placed in Library, See No. L.T. 10097/16/18]

- (13) A copy of Notification No. G.S.R.917(E) (Hindi and English versions) published in Gazette of India dated 24th September, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 89/2017-Cus., (NT.) dated 21st September, 2017 under Section 159 of the Customs Act, 1962 and Section 37 of the Central Excise Act, 1944.

[Placed in Library, See No. L.T. 10098/16/18]

- (14) A copy of Notification No. G.S.R.1156(E) (Hindi and English versions) published in Gazette of India dated 30th November, 2018, together with an explanatory memorandum seeking to exempt under Section 11C of the Central Excise Act, 1944, as made applicable to Service Tax matters, the service tax payable under Section 66B of the Finance Act, 1994 read with section 174(2)(e) of the Central Goods and Services Act, 2017, on the services provided by way of granting of "right of way" by "local authorities" as defined in sub-section (7) of Section 3 of the Indian Telegraph Act, 1855 for the period 01.07.2012 to 30.06.2017 under sub-section (4) of Section 94 of the Finance Act, 1994 and sub-section (2) of section 38 of the Central Excise Act, 1944.

[Placed in Library, See No. L.T. 10099/16/18]

- (15) A copy each of the following Notifications (Hindi and English versions) under sub-section (7) of Section 9A of the Customs Tariff Act, 1975—

- (i) G.S.R.1166(E) published in Gazette of India dated 4th December, 2018, together with an explanatory memorandum seeking to levy definitive anti-dumping duty for a period of three years from the date of notification on the imports of "Uncoated Copier Paper" originating in, or exported from Indonesia, Thailand and Singapore.
- (ii) G.S.R.732(E) published in Gazette of India dated 2nd August, 2018 together with an explanatory memorandum seeking to extend anti-dumping duty imposed vide notification No. 24/2014-Customs (ADD) dated 21.05.2014 on imports of "Methylene Chloride" originating in or exported from European Union and United States of America at the specified rates upto and inclusive of the 20th October, 2019, in pursuance of the review initiated by the Designated Authority.

- (iii) G.S.R.786(E) published in Gazette of India dated 20th August, 2018 together with an explanatory memorandum seeking to extend anti-dumping duty imposed vide notification No. 26/2013-Customs (ADD) dated 28.10.2013 on imports of Paracetamol originating in or exported from China PR at the specified rates up to and inclusive of the 26th April, 2019, in pursuance of the review initiated by the Designated Authority.

- (iv) G.S.R.787(E) published in Gazette of India dated 20th August, 2018 together with an explanatory memorandum seeking to amend notification No. 08/2018-Customs (ADD) dated 15.03.2018 on imports of Ofloxacin originating in or exported from China PR, in pursuance of corrigendum issued by the Designated Authority.

- (v) G.S.R.810(E) published in Gazette of India dated 24th August, 2018 together with an explanatory memorandum seeking to prescribe provisional assessment of all imports of "Jute products viz Jute Yarn/ Twine (multiple folded/ cabled and single), Hessian fabric and Jute Sacking bags", originating in or exported from Bangladesh by M/s Natore Jute Mills (producer), Bangladesh and M/s PNP Jute trading LLC (Exporter/Trader), USA into India, without collecting anti-dumping duty already imposed vide Notification No. 1/2017-Customs (ADD), dated the 5th January, 2017, subject to furnishing of security or guarantee, pending the outcome of New Shipper Review initiated by Directorate General of Anti-dumping and Allied duties.

- (vi) G.S.R.811(E) published in Gazette of India dated 24th August, 2018 together with an explanatory memorandum seeking to prescribe provisional assessment of all imports of "Jute viz Jute Yarn/ Twine (multiple folded/ cabled and single), Hessian fabric and Jute Sacking bags", originating in or exported from Bangladesh by M/s Aziz Fibres Limited (Producer/Exporter), Bangladesh into India, without collecting anti-dumping duty already imposed vide Notification No. 1/2017-customs (ADD), dated the 5th January, 2017, subject to furnishing of security or guarantee, pending

- the outcome of New Shipper Review initiated by Directorate General of Anti-dumping and Allied duties.
- (vii) G.S.R.845(E) published in Gazette of India dated 6th September, 2018 together with an explanatory memorandum seeking to levy anti-dumping duty under section 9A of Customs Tariff Act, 1975, read with rule 27 of the Customs Tariff (Identification, Assessment and Collection of Anti-Dumping duty on Dumped Articles and for Determination of Injury) Rules, 1995, (i.e. Determination of Circumvention), on import of Chopped strands Mats of Glass Fibre, Originating in, or exported from the Thailand up to and inclusive of the 31st August 2021, based on recommendations of investigations conducted by the Directorate General of Anti - dumping and Allied Duties.
- (viii) G.S.R.846(E) published in Gazette of India dated 6th September, 2018 together with an explanatory memorandum discontinuing Anti-Dumping Duty levied on Graphite Electrodes of all diameters originating in or exported from China PR levied under notification No. 04/2015-Customs (ADD), dated the 13th February, 2015.
- (ix) G.S.R.876(E) published in Gazette of India dated 13th September, 2018 together with an explanatory memorandum extending definitive Anti-dumping duty for one year on imports of Flat Base steel Wheels" originating in or exported from China PR pending finalization of the Sunset Review (SSR) investigations by the DGAD.
- (x) G.S.R.877(E) published in Gazette of India dated 13th September, 2018 together with an explanatory memorandum seeking to impose definitive anti-dumping duty on the imports of Flat Base Steel Wheels originating in or exported from China PR at the specified rates 9 for five years, in pursuance of final findings notification no. 7/1/2018-DGAD dated 09.08.2018 issued in Sunset Review (SSR) investigation concerning imports of Flat Base Steel Wheels" originating in or exported from China PR.
- (xi) G.S.R.883(E) published in Gazette of India dated 14th September, 2018 together with an explanatory memorandum seeking to rescind notification No. 10/2017-Customs (ADD) 24th March, 2017 whereby provisional assessment was ordered for imports of imports of 1,1,1,2 - Tetrafluroethane or R-134a originating in or exported from Peoples Republic of China. Now all assessments done on provisional basis under notification No. 10/2017-Customs (ADD) dated 24th March, 2017 will be finalized at the rate of 1.22 US Dollar per Kg. in terms of notification No. 30/2016-Customs (ADD) dated 11th July, 2016.
- (xii) G.S.R.923(E) published in Gazette of India dated 25th September, 2018 together with an explanatory memorandum seeking to amend notification No. 28/2018-Customs (ADD) 25th May, 2018 concerning imports of Saturated Fatty Alcohols" originating in or exported from Indonesia, Malaysia, Thailand and Saudi Arabia.
- (xiii) G.S.R.924(E) published in Gazette of India dated 25th September, 2018 together with an explanatory memorandum seeking to amend notification No. 12/2017-Customs (ADD) 11th April, 2017 concerning imports of Linear Alkyl Benzene (LAB) originating in or exported from Iran, Qatar and China PR, in pursuance of amendment issued by the DGTR.
- (xiv) G.S.R.998(E) published in Gazette of India dated 5th October, 2018 together with an explanatory memorandum seeking to levy definitive anti-dumping duty on imports of "Nylon Filament Yarn" from Vietnam and European Union for a period of five years (unless revoked, superseded or amended earlier).
- (xv) G.S.R.1012(E) published in Gazette of India dated 9th October, 2018 together with an explanatory memorandum seeking to amend notification No. 23/2013-Customs (ADD), dated the 10th October, 2013, to extend the levy of anti-dumping duty imposed vide notification No. 23/2013-Customs (ADD), dated the 10th October, 2013 on imports of Ductile Iron Pipes originating in or exported from China PR up to and inclusive of the 9th April, 2019.

- (xvi) G.S.R.1033(E) published in Gazette of India dated 15th October, 2018 together with an explanatory memorandum seeking to rescind notification No. 58/2012-Customs (ADD) dated the 24th December, 2018 [which was further extended up to and inclusive of 23rd December, 2018 vide notification No. 56/2017-customs (ADD) dated 21st December, 2017] in pursuance of final findings in sunset review investigation concerning imports of Phthalic Anhydride originating in or exported from Korea RP, Taiwan and Israel.
- (xvii) G.S.R.1044(E) published in Gazette of India dated 18th October, 2018 together with an explanatory memorandum seeking to levy definitive anti-dumping duty on imports of 10 "Flax yarn below 70 Lea count" from China PR for a period of five years (unless revoked, superseded or amended earlier).
- (xviii) G.S.R.1045(E) published in Gazette of India dated 18th October, 2018 together with an explanatory memorandum seeking to levy definitive Anti-dumping duty under subsections (1) and (5) of section 9A of the Customs Tariff Act, read with rules 18 and 20 of the Customs Tariff (Identification, Assessment and Collection of Anti-dumping Duty on Dumped Articles and for Determination of Injury) Rules, 1995, on imports of "Straight Length Bars & Rods of Alloy Steel" originating in or exported from China PR and imported into India for a period of five years (with effect from 18.10.2018), based on recommendations of investigations conducted by the Directorate General of Trade Remedies.
- (xix) G.S.R.1118(E) published in Gazette of India dated 15th November, 2018 together with an explanatory memorandum seeking to extend of existing anti-dumping on "O-Acid" originating in or exported from china PR imposed vide notification No. 6/2018-Customs (ADD) dated the 12th March, 2018 to the imports of "Ofloxacin Ester" or "9, 10-Difluro - Methyl-7-Oxo-2, 3-Dihydro- 7H-Pyrido (1,2,3-De) 1.4-Benzoxazine-6-Carboxylic Ester" originating in and exported from the China PR.

[Placed in Library, See No. L.T. 10100/16/18]

- (16) A copy each of the following notifications (Hindi and English versions) under sub-section (3) of Section 36 of the Recovery of Debts Due to Banks and Financial Institutions Act, 1993—
- (i) The Debts Recovery Appellate Tribunal, Allahabad and Debts Recovery Tribunals at Allahabad, Ranchi, Jabalpur, Patna, Lucknow and Dehradun Recruitment Rules, 2018 published in Notification No. G.S.R.535(E) in Gazette of India dated 8th June, 2018.
 - (ii) The Debts Recovery Appellate Tribunal, Chennai and Debts Recovery Tribunals at Ernakulam, Chennai, Madurai, Coimbatore and Bangalore Recruitment Rules, 2018 published in Notification No. G.S.R.536(E) in Gazette of India dated 8th June, 2018.
 - (iii) The Debts Recovery Appellate Tribunal, Delhi and Debts Recovery Tribunals at Chandigarh, Delhi and Jaipur Recruitment Rules, 2018 published in Notification No. G.S.R.537(E) in Gazette of India dated 8th June, 2018.
 - (iv) The Debts Recovery Appellate Tribunal, Kolkata and Debts Recovery Tribunals at Hyderabad, Guwahati, Kolkata, Visakhapatnam, Siliguri and Cuttack Recruitment Rules, 2018 published in Notification No. G.S.R.538(E) in Gazette of India dated 8th June, 2018.
 - (v) The Debts Recovery Appellate Tribunal, Mumbai and Debts Recovery Tribunals at Aurangabad, Mumbai, Ahmedabad, Pune and Nagpur Recruitment Rules, 2018 published in Notification No. G.S.R.539(E) in Gazette of India dated 8th June, 2018.

[Placed in Library, See No. L.T. 10101/16/18]

- (17) A copy of the Draft Notification No. F. No. 31/52/2018-DRT (Hindi and English versions) regarding change of name and cancellation of Non-Banking Financial Companies earlier notified as "Financial Institution" under Section 2(1)(m)(iv) of the Securitisation and Reconstruction of Financial Assets and Enforcement of Security Interest Act, 2002 under sub-section (2) of Section 31A of the said Act.

[Placed in Library, See No. L.T. 10102/16/18]

- (18) A copy of the Corporation Bank (Officers) Service (Amendment) Regulations, 2017 (Hindi and English versions) published in Notification No. PAD:IR:2469:2017-18 in weekly Gazette of India dated 20th April, 2018 under Section 19 of the Banking Companies (Acquisition and Transfer of Undertakings) Act, 1980.

[Placed in Library, See No. L.T. 10103/16/18]

- (19) A copy of the Notification No. S.O.4176(E) (Hindi and English versions) published in Gazette of India dated 27th August, 2018 specifying 46 NBFCs as Financial Institutions" under sub-section 2(1)(m)(iv) read with Section 31A of the Securitisation and Reconstruction of Financial Assets and Enforcement of Security Interest Act, 2002 issued under sub-section (2) of the Section 31A of the said Act.

[Placed in Library, See No. L.T. 10104/16/18]

- (20) A copy of the Security Interest (Enforcement) Amendment Rules, 2018 (Hindi and English versions) published in Notification No. S.O.1040(E) in Gazette of India dated 18th October, 2018 under sub-section (1) & (2) of the Section 38 of the Securitisation and Reconstruction of Financial Assets and Enforcement of Security Interest Act, 2002.

[Placed in Library, See No. L.T. 10105/16/18]

...(Interruptions)

[Translation]

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): Madam, I beg to lay on the Table:—

- (1) (i) A copy of the Annual Report (Hindi and English versions) of the National Board of Examinations, New Delhi, for the year 2017-2018, alongwith Audited Accounts.
- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the National Board of Examinations, New Delhi, for the year 2017-2018.

[Placed in Library, See No. L.T. 10106/16/18]

- (2) (i) A copy of the Annual Report (Hindi and English versions) of the Mahatma Gandhi Institute of Medical Sciences and Kasturba Hospital, Wardha, for the year 2017-2018.

- (ii) A copy of the Annual Accounts (Hindi and English versions) of the Mahatma Gandhi Institute of Medical Sciences and Kasturba Hospital, Wardha, for the year 2017-2018, together with Audit Report thereon.

- (iii) A copy of the Review (Hindi and English versions) by the Government of the working of the Mahatma Gandhi Institute of Medical Sciences and Kasturba Hospital, Wardha, for the year 2017-2018.

[Placed in Library, See No. L.T. 10107/16/18]

- (3) (i) A copy of the Annual Report (Hindi and English versions) of the Indian Nursing Council, New Delhi, for the year 2017-2018, alongwith Audited Accounts.

- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Indian Nursing Council, New Delhi, for the year 2017-2018.

[Placed in Library, See No. L.T. 10108/16/18]

- (4) A copy each of the following Notifications (Hindi and English versions) under Section 93 of the Food Safety and Standards Act, 2006:-

- (i) The Food Safety and Standards (Alcoholic Beverages) Regulations, 2018 published in Notification No. F. No. 2/SA-24/2009(I)/FSSAI published in Gazette of India dated 21st March, 2018.

- (ii) The Food Safety and Standards (Food Products Standards and Food Additives) Ninth Amendment Regulations, 2018 published in Notification No. F. No. Stds/CPL&CP/Draft Notification/FSSAI-2017 published in Gazette of India dated 3rd August, 2018.

- (iii) The Food Safety and Standards (Food Products Standards and Food Additives) Eighth Amendment Regulations, 2018 published in Notification No. F. No. Stds/sp(Water 8i Beverages)/Notif(3)/FSSAI-2016 published in Gazette of India dated 23rd July, 2018.

- (iv) The Food Safety and Standards (Food Products Standards and Food Additives) Fifth Amendment Regulations, 2018 published in Notification No. F. No. Stds/SCSS&H/

Notification(03)/FSSAI-2016 published in Gazette of India dated 13th April, 2018.

- (v) The Food Safety and Standards (Food Products Standards and Food Additives) Seventh Amendment Regulations, 2018 published in Notification No. F. No. Stds/SP(SCSSH)/Ice lollies notification/FSSAI-2018 published in Gazette of India dated 23rd July, 2018.
- (vi) The Food Safety and Standards (Food Products Standards and Food Additives) Tenth Amendment Regulations, 2018 published in Notification No. F. No. 1/Additional Additives/Stds/Notification/FSSAI/2016 published in Gazette of India dated 12th November, 2018.
- (vii) The Food Safety and Standards (Prohibition and Restrictions on Sales) First Amendment Regulations, 2018 published in Notification No. F. No. Stds/O&F/Notification(8)/FSSAI-2017 published in Gazette of India dated 3rd August, 2018.
- (viii) The Food Safety and Standards (Food Products Standards and Food Additives) Fourth Amendment Regulations, 2018 published in Notification No. F. No. 1-110(3)/SP (Biological Hazards)/FSSAI/2010 published in Gazette of India dated 21st March, 2018.
- (ix) The Food Safety and Standards Authority of India (Recruitment and Appointment) Regulations, 2018 published in Notification No. F. No. 12/01/2010-Admn.FSSAI published in Gazette of India dated 3rd October, 2018.
- (x) The Food Safety and Standards (Food Products Standards and Food Additives) Sixth Amendment Regulations, 2018 published in Notification No. F. No. Stds/CPL&CP/Notification/FSSAI-2016 published in Gazette of India dated 7th May, 2018.
- (xi) The Food Safety and Standards (Food Safety Auditing) Regulations, 2018 published in Notification No. F. No. TPA/01/REG/FSSAI-2017 published in Gazette of India dated 29th August, 2018.
- (xii) The Food Safety and Standards (Fortification of Foods) Regulations, 2018 published in

Notification No. F. No. II/03/Reg/Fortification/2014 published in Gazette of India dated 3rd August, 2018.

- (xiii) The Food Safety and Standards (Contaminants, toxins and Residues) first Amendment Regulations, 2018 published in Notification No. F. No. 1-100/SPPAR-Notification-CTR/FSSAI/2016 published in Gazette of India dated 21st March, 2018.
- (xiv) The Food Safety and Standards (Recognition and Notification of Laboratories) Regulations, 2018 published in Notification No. F. No. 11/202/LAB REC/QA/FSSAI/2016 published in Gazette of India dated 12th November, 2018.
- (xv) The Food Safety and Standards (Contaminants, toxins and Residues) Second Amendment Regulations, 2018 published in Notification No. F. No. 1-100/SPPAR-Notification/ENF/FSSAI/2014 published in Gazette of India dated 23rd July, 2018.

[Placed in Library, See No. L.T. 10109/16/18]

[*English*]

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): I beg to lay on the Table:—

- (1) A copy of the Notification No. S.O.5726(E) (Hindi and English versions) published in Gazette of India dated 14th November, 2018, regarding constitution of Institute Body of National Institute of Mental Health and Neuro-Sciences, Bangalore under the National Institute of Mental Health and Neuro-Sciences, Bangalore Act, 2012 issued under Section 32 of the said Act.

[Placed in Library, See No. L.T. 10110/16/18]

- (2) A copy of the Notification No. S.O. 6032(E) (Hindi and English versions) published in Gazette of India dated 4th December, 2018, regarding constitution of Central Mental Health Authority framed under the Mental Healthcare Act, 2017 issued under sub-section (1) of Section 124 of the said Act.

[Placed in Library, See No. L.T. 10111/16/18]

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE

MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): I beg to lay on the Table—

- (1) (i) A copy of the Annual Report (Hindi and English versions) of the Competition Commission of India, New Delhi, for the year 2017-2018.
- (ii) A copy of the Annual Accounts (Hindi and English versions) of the Competition Commission of India, New Delhi, for the year 2017-2018, together with Audit Report thereon.
- (iii) Statement regarding Review (Hindi and English versions) by the Government of the working of the Competition Commission of India, New Delhi, for the year 2017-2018.

[Placed in Library, See No. L.T. 10112/16/18]

- (2) A copy of the State Engineering and Servicing Company of Tamil Nadu Limited (SESCOT) and the Tamil Nadu Small Industries Corporation Limited (TANSI) Amalgamation Order, 2018 (Hindi and English versions) published in Notification No. S.O.3839(E) in Gazette of India dated 3rd August, 2018 under sub-section (5) of Section 396 of the Companies Act, 1956.

[Placed in Library, See No. L.T. 10113/16/18]

- (3) A copy each of the following Notifications (Hindi and English versions) under sub-section (3) of Section 63 of the Competition Act, 2002—
- (i) The Competition Commission of India (Term of the Selection Committee and the manner of Selection of panel of names) Amendment Rules, 2018 published in Notification No. G.S.R.840(E) in Gazette of India dated 6th September, 2018.
- (ii) The Competition Commission of India (Procedure in regard to the transaction of business relating to combinations) Amendment Regulations, 2018 published in Notification No. CCI/CD/Amend/Comb. Regl./2018 in Gazette of India dated 9th October, 2018.

[Placed in Library, See No. L.T. 10114/16/18]

- (4) A copy of the Draft Notification No. F. No. 17/30/2018-CL-V (Hindi and English versions) directing the provisions of sections 90, 164, 165, 167, sub-section (5) of Section 2006, sub-section (3) of Section 207, 252 and section 439 of the Companies Act, 2013

shall apply to Limited Liability Partnership, except where the context otherwise requires, with the modifications, specified therein, under sub-section (2) of Section 67 of the Limited Liability Partnership Act, 2008.

[Placed in Library, See No. L.T. 10115/16/18]

... (Interruptions)

12.03 ½ hrs.

FINANCIAL COMMITTEES (2017-2018) - A Review

[English]

SECRETARY GENERAL: I beg to lay on the Table a copy each in Hindi and English version of the 'Financial Committees (2017-18) - A Review'.

... (Interruptions)

12.04 hrs.

COMMITTEE ON PUBLIC ACCOUNTS

132nd to 135th Reports

[English]

SHRI MALLIKARJUN KHARGE (Gulbarga): I beg to present the following Reports (Hindi and English versions) of the Public Accounts Committee (2018-19):-

1. 132nd Report on the subject 'Irregularities in procurement of goods and services', 'Award of work to non-existent firms', 'Unrealised VAT refund' and 'Excess payment of departmental charges'.
2. 133rd Report on the subject 'Preparedness for Implementation of National Food Security Act, 2013'.
3. 134th Report on the subject 'Pradhan Mantri Swasthya Suraksha Yojana'.
4. 135th Report on the subject 'Acquisition and Development of land by the Delhi Development Authority'.

12.04½ hrs.

STANDING COMMITTEE ON AGRICULTURE
STATEMENTS

[*Translation*]

SHRI MUKESH RAJPUT: Madam, I beg to present on behalf of Shri Hukum Narayan Yadav the Statements (Hindi and English versions) showing further action taken by the Government on the following reports:

- (1) 41st Report on action taken by the Government on the observations/ recommendations contained in the 34th Report (Sixteenth Lok Sabha) on the Subject 'Steps taken to Bridge the Gap Between the Demand and Availability of Fodder through Sub-Mission on Fodder and Feed Development' of the Ministry of Agriculture and Farmers Welfare (Department of Animal Husbandry, Dairying and Fisheries).
- (2) 44th Report on action taken by the Government on the observations/ recommendations contained in the 37th Report (Sixteenth Lok Sabha) on 'Demands for Grants (2017-18)' of the Ministry of Agriculture and Farmers Welfare (Department of Animal Husbandry, Dairying and Fisheries).
- (3) 57th Report on action taken by the Government on the observations/ recommendations contained in the 51st Report (Sixteenth Lok Sabha) on 'Variance in Cost and Quality of Agricultural Tools and Implements Being Provided to the Farmers Under Rashtriya Krishi Vikas Yojana (RKVY) and Problems Being Faced by the Farmers Due to Imported Power Tillers - A Review' of the Ministry of Agriculture and Farmers Welfare (Department of Agriculture, Cooperation and Farmers Welfare).
- (4) 61st Report on the action taken by the Government on the observations/ recommendations contained in the 49th Report on 'Demands for Grants (2018-19)' of the Ministry of Agriculture and Farmers Welfare (Department of Animal Husbandry, Dairying and Fisheries).

12.05 hrs.

STANDING COMMITTEE ON TRANSPORT, TOURISM
AND CULTURE

268th to 271st Reports

[*English*]

SHRIMATI ARPITA GHOSH (Balurghat): Madam, I beg to lay on the Table the following Reports (Hindi and English versions) of the Standing Committee on Transport, Tourism and Culture:—

1. Two Hundred Sixty-eighth Report on the Action Taken by the Government on the recommendations/observations of the Committee contained in its Two Hundred Fifty-sixth Report on 'Issues Related to Improving Consumers' Satisfaction of Airlines'.
2. Two Hundred Sixty-ninth Report on 'Cargo Handling at the Major Ports'.
3. Two Hundred Seventieth Report on 'Development of Tourism in Jammu and Kashmir'.
4. Two Hundred Seventy-first Report on 'Fellowships, Scholarships, Grants, Pensions and Schemes administered by the Ministry of Culture'.

12.05 ½ hrs.

BUSINESS OF THE HOUSE

[*English*]

THE MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS AND MINISTER OF STATE IN THE MINISTRY OF WATER RESOURCES, RIVER DEVELOPMENT AND GANGA REJUVENATION (SHRI ARJUN RAM MEGHWAL): With your permission Madam, I rise to announce that Government Business for the remaining part of the Session will consist of:—

1. Consideration of any items of Government Business carried over from today's order paper:- it contains consideration and passing of (a) Discussion on Statutory Resolution seeking disapproval of the Indian Medical Council (Amendment) Ordinance, 2018 (8 of 2018) and consideration and passing of the

Indian Medical Council (Amendment) Bill, 2018; (b) Discussion on Statutory Resolution seeking disapproval of the Muslim Women (Protection of Rights on Marriage) Ordinance, 2018 (7 of 2018) and consideration and passing of the Muslim Women (Protection of Rights on Marriage) Bill, 2018; and (c) Consideration and passing of (i) the National Medical Commission Bill, 2017; and (ii) the New Delhi International Arbitration Centre Bill, 2018.

2. Consideration and passing of the following Bills:-

- (a) The Dentists (Amendment) Bill, 2017;
- (b) The DNA Technology (Use and Application) Regulation Bill, 2018;
- (c) The Protection of Human Rights (Amendment) Bill, 2018;
- (d) The Personal Laws (Amendment) Bill, 2018;
- (e) The Major Port Authorities Bill, 2016;
- (f) The Public Premises (Eviction of Unauthorised Occupants) Amendment Bill, 2017;
- (g) The Dam Safety Bill, 2018;
- (h) The Central Universities (Amendment) Bill, 2018;
- (i) The National Institute of Design (NID) Amendment Bill, 2018;
- (j) The Airport Economic Regulatory Authority of India (Amendment) Bill, 2018.

3. Discussion on Statutory Resolution seeking disapproval of the Companies (Amendment) Ordinance, 2018 (9 of 2018) and consideration and passing of the Companies (Amendment) Bill, 2018, after introduction. (To replace an Ordinance)

4. Consideration and passing of the Appropriation Bill relating to the Second Batch of Supplementary Demands for Grants (including Railways) for 2018-19.

5. Discussion on Resolution seeking approval of the Proclamation issued by the President on

19th December, 2018 under Article 356 of the Constitution in relation to the State of Jammu and Kashmir.

HON. SPEAKER: Submission by Members may be laid on the Table of the House.

...(Interruptions)

*SHRI K. ASHOK KUMAR (Krishnagiri): The following items may be taken for discussion during the next week business.

Tamil Nadu Government has submitted proposals of Highways and Shipping sector, Bharatmala and Sagarmala Schemes. The Union Government approves and sanctions fund to the said proposals. But the proposals are not yet cleared by the union government. Early clearance of the proposals is required for improving the infrastructure facilities in Tamil Nadu.

*SHRI ADHIR RANJAN CHOWDHURY (Baharampur): I beg to lay the following items:

1. Time has come to explore the refugee policy of our country in view of the growing number of displacement of large number of people from neighbouring countries.
2. Thousands of poor people have been destined to face the winter onslaught which needs special measures so that life is not lost due to the cold wave.

[Translation]

*SHRI LAXMAN GILUWA (Singhbhum): The following items may be taken for discussion during the next week business.

1. 'Ho' language is spoken in various States of the country and it is an ancient and cultural language. For many years, it is being demanded to include this language in the Eighth Schedule of the Constitution. Due to non including this language in the Eighth Schedule, crores of tribals have been cut off from the mainstream of the country and their social and economic development has come to a standstill. Therefore, 'Ho' language should be included in the Eighth Schedule of the Constitution.

* Laid on the Table

2. The tribal people living in the jungles of the country have not yet been given the status of 'Sarna' religion. Due to which, sometimes their religion is linked with Christianity and sometimes with Hinduism. The people following 'Sarna' religion worship natural resources like ponds, trees and mountains. They do not worship idols. All the people of the country have been linked with religion. Therefore, the tribal people should be linked with 'Sarna' religion.

*SHRIMATI RAMA DEVI (Sheohar): The following items may be taken for discussion during the next week business.

1. Belsand sub-division of district Sitamarhi in my Parliamentary Constituency Sheohar is a backward area from the point of health services. As per the criteria, the community health centre here does not have 30 beds and medical facilities. The community health centre at Belsand should be provided beds and medical facilities as per the criteria.
2. In my Parliamentary Constituency Sheohar, the construction of Aduari-Khori Paakar bridge linking Baghmathi and Lalbakeya rivers between Sheohar and East Champaran will lead to the development of a major part of Sheohar and East Champaran districts. In public interest, the construction of Aduari-Khori Paakar bridge linking Sheohar and East Champaran districts should be started.

*SHRI RATTAN LAL KATARIA (Ambala): The following items may be taken for discussion during the next week business:

1. To make India strong from industrial point of view more investment should be done and funds should be made available for micro, small and medium industries.
2. Doubling the income of farmers by the Government should be taken for discussion during the next week's business.

*SHRI VISHNU DAYAL RAM (Palamu): The following items may be taken for discussion during the next week business:

1. Both the districts Palamu and Gadhwā in my Parliamentary Constituency Palamu come

under 115 Aspirational districts of the country. There was just a single industry, Japala cement factory in this area Avhich has been lying closed since long. It should be restarted at the earliest.

2. Fluoride and arsenic are in abundance in potable water in my Parliamentary Constituency Palamu due to which a number of diseases are being spread. Therefore, plants should be setup in the block headquarters of Palamu and Gadhwā districts to supply clean potable water.

[English]

*SHRI TEJ PRATAP SINGH YADAV (Mainpuri): Regarding need to provide remunerative price to potato farmers and need to expedite payment of arrears to sugarcane farmers of Uttar Pradesh.

Regarding need to restore old pension scheme in place of New Pension scheme (IMPS) for central government employees and employees/ teachers of Uttar Pradesh.

[Translation]

*SHRI RAM TAHAL CHAUDHARY (Ranchi): The following items may be taken up for discussion during next week business:-

1. Khalari Railway Station area and B.I.T. Mor Hundur new railway line fall under my Lok Sabha Constituency, Ranchi. The development work and works relating to maintenance are delayed by D.R.M. Office. Therefore, Khalari Railway Station area and B.I.T. Mor Hundur railway area may be shifted from D.R.M. Dhanbad to D.R.M. Ranchi.
2. My Parliamentary Constituency Ranchi is Capital of State of Jharkhand. Chakradharpur, Dhanbad, and Adra Divisional Office fall under Hajipur Zone which is very far from Division^offices due to which works pertaining to these Divisions are not being done on time and development of Railway is not taking place properly in these areas. A Zonal Office should be set up in Ranchi consisting of Chakradharpur, Dhanbad, Ranchi and Adra divisional offices.

*SHRI KAUSHALENDRA KUMAR (Nalanda): The following items may be taken for discussion during the next week business:

1. 90% subsidy should be made available to each farmers in my Parliamentary Constituency, Nalanda for installing tubewell to extract water from 500 feet depth for irrigation so that the farmers can prosperous.
2. The limit of BPL category for old, women, labourer, farmers, above the age of 60 years in the country should be abolished and they should be given pension so that all the people in the country can be self-reliant and will not have to face starvation.

*SHRI AJAY MISRA TENI (Kheri): The following items may be taken for discussion during the next week business:

1. Oyal railway station situated in district Lakhimpur on Sitapur-Melani rail route in Eastern Railway should be made a crossing railway station instead of halt station in the process of gauge conversion.
2. The construction work of 200 bedded mother-child hospital in district Lakhimpur has been completed with central assistance and its operation should be started at the earliest by making necessary arrangement and appointments and providing the required funds.

12.07 hrs.

CANCELLATION OF THE SITTING OF THE HOUSE

[Translation]

THE MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS AND MINISTER OF STATE IN THE MINISTRY OF WATER RESOURCES, RIVER DEVELOPMENT AND GANGA REJUVENATION (SHRI ARJUN RAM MEGHWAL): Hon. Speaker Madam, many hon. Members have demanded that there should be no sitting of the House on 24th and 26th December as the festival of Christmas is coming. ...*(Interruptions)* Many Hon. Members have demanded that there should not be the sitting of the House on 24th and 26th December. I urge you to take the sense of the House and make an announcement accordingly.

* Laid on the Table

HON. SPEAKER: If the House agrees, we will cancel the sittings of the House on 24th and 26th of December and treat them as holidays.

...*(Interruptions)*

[English]

SHRI K.C. VENUGOPAL (Alappuzha): Madam, I have also given a letter to you for allowing 24th and 26th as holiday for Christmas.

HON. SPEAKER: Alright.

...*(Interruptions)*

SHRI PRALHAD JOSHI (Dharwad): Madam, on 16th December, 2018, the Karnataka police rescued 52 bonded migrant labours who were put to work on farm and had been confined to Savan Airshed in Savankanahalli in Hassan district in Hassan taluka of Karnataka. This horrifying story of abuse and atrocities has come to light in Hassan district in Karnataka from where the Chief Minister of Karnataka hails. If it is happening in the Chief Minister's district, what is the state of the other people? ...*(Interruptions)*

All these 52 bonded labours were working in the most inhumane condition. They were engaged for plantation work in that village and had been forced to work in extremely poor condition. Out of 52, there were 32 men and 16 women and there were SC and ST labours also. ...*(Interruptions)*

Madam, as I have already mentioned they are all from the Hassan district from where the Chief Minister of Karnataka comes. I urge the Central Government to immediately send the National Commission for Scheduled Castes and Scheduled Tribes, National Commission for Women and National Human Rights Commission to have a detailed study, spot visit and not to repeat such things because the Karnataka Government is not taking proper action on such things. ...*(Interruptions)*

I urge upon the Central Government to send the team. ...*(Interruptions)*

HON. SPEAKER: Shri Bhairon Prasad Mishra is permitted to associate with the issue raised by Shri Pralhad Joshi.

[Translation]

SHRI RAHUL SHEWALE (Mumbai South Central): I am thankful to you for giving me an opportunity to speak on an important issue during the Zero Hour. For 70 long years the issue of providing reservation to the Dhargar

community in Maharashtra has been lying pending. ...*(Interruptions)* As per the Constitution of India, there is a mention of Orao and Dhangar community at serial No. 36 in the list of the Scheduled Tribes. As per the pronunciation in Hindi, both Dhangar and Dhangarh are the same words, and there is no tribe as Dhangarh in Maharashtra. There is a clear mention of Dhangar in the Gazettes of Maharashtra Government and the Union Government. Despite that Dhangar community has been deprived of reservation. ...*(Interruptions)* There are around 1.30 lakh Dhangar community people in Maharashtra. Due to lack of education and illiteracy no representative of these people has reached the Parliament or the Union Cabinet till date. Not even a single Deputy Commissioner or Police Superintendent represent this community in Maharashtra Administration. ...*(Interruptions)*

HON. SPEAKER: Shri Bhairu Prasad Mishra, Shri Shrirang Appa Barne, Dr. Srikant Eknath Shinde and Smt. Supriya Sule are allowed to associate themselves with the issue raised by Shri Rahul Shewale.

[English]

SHRI DINESH TRIVEDI (Barrackpur): Madam, I am grateful to you for giving me this time and I assure you that I am not going to take more than one and a half minutes.

Madam, there is an issue concerning all sides of the aisle no matter where we sit. It is disturbing to note that the Micro and Small Scale Enterprises (MSMEs) and traders have registered a huge decline jobs and profit in the last four and a half years, particularly after the rollout of GST and demonetisation ...*(Interruptions)*

As per the latest survey done by AIMO, the organisation of manufacturers consists of 3 lakh members, the MSME segment has lost 35 lakh jobs in the last four and a half years. There was a job loss of 32 per cent in the micro enterprises sector, 35 per cent loss in the small enterprise sector, 34 per cent loss in the medium enterprise sector, 34 per cent loss in the trader's sector, the worst affected sector is the unorganised labour sector. The operating profit of the traders fell drastically by 70 per cent ...*(Interruptions)*

SHRI N.K. PREMACHANDRAN (Kollam): I would like to draw the attention of the hon. Home Minister regarding a very serious issue which is violating the Fundamental Rights and Right to Privacy guaranteed by the Supreme Court Judgment ...*(Interruptions)*

The Ministry of Home Affairs on Thursday issued an order authorising ten Central Agencies to intercept, monitor and decrypt any information generated, transmitted, received or stored in any computer ...*(Interruptions)*

The agencies are the Intelligence Bureau, Narcotics Control Bureau, Enforcement Directorate, Central Boards of Direct Taxes, Directorate of Revenue Intelligence, Central Bureau of Investigation, National Investigation Agency, Cabinet Secretariat (R&AW), Directorate of Signal Intelligence and even the Commissioner of Police, Delhi ...*(Interruptions)*

According to the order, the subscriber or service provider or any person in-charge of the computer resource will be bound to extend all facilities to the agencies ...*(Interruptions)*

HON. SPEAKER: Dr. P. K. Biju is permitted to associate with the issue raised by Shri N. K. Premchandran

[Translation]

SHRI PREM SINGH CHANDUMAJRA (Anandpur Sahib): Hon. Speaker Madam, I would like to raise an important issue in the House. 100 years of Jallianwala Bagh Massacre are going to complet. ...*(Interruptions)* The Government of India has decided to celebrate the centenary year. ...*(Interruptions)* The Members of Parliament of Indian Origin in the Parliament of Britain are urging the Government of Britain to tender an apology for this massacre. ...*(Interruptions)* I urge the Government, through you to prevail upon the Government of Britain to tender an apology for this massacre. A delegation of our Parliamentarians should go to the U.K. Embassy and put pressure on the Government of Britain for apology ...*(Interruptions)* I urge, through you, that the massacre ...*(Interruptions)* it should be initiated from the Government of India. ...*(Interruptions)*

[English]

HON. SPEAKER: Shri Sharad Tripathi and Shri Bhairon Prasad Mishra are permitted to associate with the issue raised by Shri Prem Singh Chandumajra.

The House now stands adjourned till 11.00 a.m. tomorrow.

12.12 hrs.

*The Lok Sabha then adjourned till Eleven of the Clock on Thursday, December 27, 2018/
Pausha 06, 1940 (Saka).*

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4	Dr. Abdullah, Farooq	1856
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6	Shri Adhikari, Sisir Kumar	1850, 2050
7	Shri Adsul Anandrao	1969, 1991, 2009, 2055
8	Shri Agrawal, Rajendra	1912, 1930
9	Smt. Ahlawat, Santosh	1893, 2049
10	Smt. Ahmed, Sajda	1977
11	Shri Ajmal, Badruddin	2059
12	Shri Anto Antony	1908
13	Shri Arunmozhithevan, A.	1933
14	Shri Ashok Kumar K.	1884
15	Shri B. Senguttuvan	2069, 1849,
16	Smt. Bala, Anju	1907, 2013
17	Dr. Balyan, Sanjeev Kumar	2051
18	Adv. Bansode, Sharadkumar Maruti	2023
19	Shri Barne, Shrirang Appa	1975, 1991, 2009, 2057
20	Shri Basheer Mohammed E.T.	2017
21	Shri Bharathi, Mohan R.K.	2026, 2040, 2048, 2062

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22	Smt. Bhatt, Ranjanben	1897, 2017
23	Dr. Biju P.K.	1841
24	Shri Birla, Om	1935, 2052
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26	Dr. C. Gopalakrishnan	2063
27	Col. Choudhary, Sonaram	1990, 2007
28	Shri Chand, Nihal	1857
29	Shri Chandel, Kunwar Pushpendra Singh	1861, 1991, 2048
30	Shri Chandrakasi, M.	1958
31	Prof. Chandumajra, Prem Singh	2034, 2056
32	Shri Chaudhary, Pankaj	2029, 2049, 2054
33	Shri Chaudhury, Jitendra	1952, 2048
34	Shri Chauhan, Devusinh	1873, 2067
35	Shri Chautala, Dushyant	1962, 2050
36	Shri Chavan, Ashok Shankarrao	1872, 2031, 2032, 2033, 2034
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38	Shri Chavda, Vinod Lakhamashi	1979
39	Shri Chinnayan, S. Selvakumara	1858
40	Shri Choudhary, Ram Tahal	2002, 2038
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42	Shri Deo, Kalikesh N. Singh	1881, 1941
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46	Shri Dhotre Sanjay	1954, 1966, 2052
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49	Shri Dubey, Satish Chandra	2024
50	Shri Ering, Ninong	1996, 2048
51	Prof Gaikwad, Ravindra Vishwanath	1984
52	Dr. Gaikwad, Sunil Bali Ram	1995, 2058
53	Shri Gajanan, Kirtikar	1910
54	Shri Galla, Jayadev	1914
55	Dr. Gavit, Heena Vijaykumar	2035, 2042, 2043, 2044
56	Shri Gavit, Rajendra D.	2068
57	Adv. George, Joice	1877
58	Shri Ghubaya, Sher Singh	2018
59	Shri Giluwa, Laxman	1864
60	Shri Girri, Maheish	1846
61	Shri Gogoi, Gaurav	1844
62	Dr. Gopal, K.	1888
63	Shri Gopalakrishnan, R.	1893, 1940
64	Shri Gowda, L.R. Shivaram	1907, 2013, 2045
65	Shri Gupta, Sudheer	2031, 2032, 2033, 2034
66	Shri Hansdak, Vijay Kumar	2038, 2046, 2053
67	Shri Hari, G.	2041
68	Dr. Haribabu, Kambhampati	1998
69	Shri Harish Chandra <i>Alias</i> Harish Dwivedi	1892
70	Prof. Hay Richard	2005, 2054
71	Dr. Hazra, Anupam	1992
72	Shri Jadhav, Sanjay Haribhau	1911, 2059
73	Dr Jaiswal, Sanjay	2008, 2059
74	Smt. Jardosh, Darshana Vikram	2001, 2052

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76	Shri Jayadevan, Cn.	1886, 2041
77	Dr. Jayavardhan, J.	2035, 2042, 2043, 2044
78	Shri Jena, Rabindra Kumar	1997, 2051
79	Shri Joshi, Chandra Prakash	1851, 1874, 2018, 2036
80	Shri Joshi, Pralhad	1965, 2043
81	Shri Kachhadiya, Naranbhai	1851, 1874, 2018, 2036
82	Km. Karandlaje, Shobha	1886, 2039
83	Shri Karunakaran, P.	1896
84	Sh. Kataria, Rattan Lal	1974
85	Shri Kateel, Nalin Kumar	1882, 1957, 1978
86	Shri Kaushal, Kishore	1869
87	Shri Kaushalendra, Kumar	2047
88	Shri Kaushik, Ramesh Chander	1849
89	Smt. Khadse, Rakshatai	1909, 1933
90	Shri Khaire Chandrakant	1989, 2030
91	Shri Khan, Md. Badaruddoza	1960, 2048
92	Shri Khuba, Bhagwanth	2049
93	Shri Kinjarapu, Ram Mohan Naidu	1987, 2051
94	Shri Kishore, Jugal	1863, 1917
95	Shri Kodikunnil, Suresh	1865, 1981
96	Shri Kotha, Prabhakar Reddy	1891, 2061
97	Shri Kumar, B. Vinod	1922, 2041
98	Shri Kundariya Mohan Bhai Kalyanji Bhai	1995, 2058
99	Shri Kunhalikutty, P.K.	1878, 2045
100	Kunwar, Bharatendra	1982
101	Shri Lal, Chhote	2046
102	Smt. Lekhi, Meenakshi	1901

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103	Shri Lokhande, Sadashiv	2015
104	Adv. M. Udhayakumar	1906, 2061
105	Smt. Maadam, Poonamben	1921, 2061
106	Shri Mahadik, Dhananjay	2035, 2042, 2043, 2044
107	Smt. Mahajan, Poonam	1936
108	Dr. Mahato, Banshilal	1950
109	Sh. Mahato, Bidyut Baran	1851, 1874, 2018, 2036
110	Shri Mahendran, C.	1920
111	Shri Mahtab, Bhartruhari	1954, 1966, 2052
112	Shri Mallikarjun, Kharge	1915
113	Shri Manjhi, Hari	1982, 2011
114	Smt. Maragatham, K.	1918
115	Shri Mishra, Bhairon Prasad	1881, 2046
116	Shri Mishra, Janardan	2037, 2054
117	Shri Misra, Pinaki	1955
118	Shri Mohan P.C.	1847, 2049
119	Shri Mohan, M. Murali	1899
120	Shri Mohd. Salim	2030, 2048
121	Shri Muddahanumegowda, S.P.	2053, 2059
122	Shri Mukherjee, Abhijit	1919, 2010
123	Shri Mullappally Ramachandran	1948, 2034
124	Dr. Munde, Pritam Gopinath	1969, 1975, 1991, 2009, 2057
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126	Shri Nagarajan, P.	1932
127	Shri Naik, B,V.	1845, 2053, 2059
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131	Shri Nishad, Ajay	2010, 2020
132	Shri Nishad, Ram Charitra	1923
133	Smt. Noor, Mausam	1951
134	Shri Owaisi, Asaduddin	1879
135	Smt. Paatle, Kamla Devi	1889
136	Shri Pal, Jagdambika	1867, 2051
137	Shri Pala, Vincent H.	1943
138	Shri Panday, Hari Om	1980, 2012
139	Shri Pandey Ravindra Kumar	1956, 2050, 2060
140	Shri Pandey, Rajesh	1956, 1993, 2050, 2060
141	Shri Parasuraman, K.	1875, 2049
142	Shri Parthipan, R.	1890
143	Shri Patel, Devji M.	1945, 1965
144	Smt. Patel, Jayshreeben	1917, 1928
145	Shri Patel, Prahlad Singh	1926
146	Smt. Pathak, Riti	1917
147	Shri Patil A.T. Nana	2060
148	Shri Patil, Bheemrao B.	1867, 2046
149	Smt. Patil, Bhavana Pundalikrao Gawali	2010
150	Shri Patil, Sanjay Kaka	1931, 2052
151	Shri Patil, Kapil Moreshwar	1961
152	Shri Pradhan, Nagendra Kumar	1999
153	Shri Premachandran N.K.	1964, 2051
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156	Shri Raghavan M.K.	2025
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161	Dr. Rajoria, Manoj	1908, 1916
162	Shri Ram, Janak	1953
163	Shri Ram, Vishnu Dayal	1973
164	Shri Ramachandran, K.N.	1887, 1972
165	Shri Ranjan, Rajesh	1990, 2047
166	Smt. Ranjan, Ranjeet	1990, 2047
167	Shri Rao Konakalla Narayana	1895, 2040
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169	Shri Rathore, Hariom Singh	1870
170	Shri Rathwa, Ramsinh	1912
171	Dr. Ratna, De (Nag)	1980, 2012
172	Shri Raut, Vinayak Bhaurao	1969, 1975, 2055, 2057
173	Dr. Ray, Ravindra Kumar	1937, 2018
174	Shri Reddy, A.P. Jithender	1880
175	Shri Reddy, Gutha Sukender	1883
176	Shri Reddy, Konda Vishweshwar	1843
177	Shri Reddy, Ponguleti Srinivasa	2021
178	Prof. Roy, Saugata	1905
179	Shri Rudy, Rajiv Pratap	1978
180	Shri Sahu, Lakhan Lal	1925
181	Dr. Sampath, A.	1841, 2019
182	Shri Sarania, Naba Kumar	2010
183	Shri Sarswati, Sumedhanand	1874, 2018, 2036
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185	Adv. Sawaikar, Narendra Keshav	2046
186	Shri Sawant, Arvind	1988
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191	Shri Shetty Raju	2022, 2049, 2060	219	Shri Teni, Ajay Misra	1959, 1995
192	Shri Shetty, Gopal	1976, 2051	220	Shri Thakur, Anurag Singh	1854, 1867
193	Shri Shewale, Rahul	1954, 1966, 2052	221	Smt. Thakur, Savitri	1864, 1929
194	Dr. Shinde, Shrikant Eknath	1913, 1969, 2048, 2055	222	Dr. Tharoor, Shashi	1942
195	Shri Shirole, Anil	1891	223	Prof Thomas, K.V. Thomas	2013
196	Shri Siddeshwara, G.M.	1848, 2018	224	Shri Tiwari, Manoj	1853, 2012
197	Shri Sigriwal, Janardan Singh	1903	225	Shri Tripathi, Sharad	1985
198	Shri Simha, Prathap	1886, 2039	226	Shri Trivedi, Dinesh	1967
199	Shri Singh Ganesh	2070	227	Shri Tukaram, Godse Hemant	2064
200	Shri Singh Rakesh	1909	228	Shri Tumane, Krupal Balaji	1970
201	Shri Singh, Abhishek	1944	229	Shri Udasi, Shivkumar	1904
202	Shri Singh, Bharat	1885, 1990, 1995	230	Shri V. Elumalai	1861, 1918, 1986
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204	Shri Singh, Lallu	1963, 2058	232	Smt. Vanaroja, R.	2026, 2040, 2062
205	Shri Singh, Parvesh Sahib	1859	233	Smt. Vasanthi, M.	1861, 1894
206	Shri Singh, Ravneet	1895, 1947	234	Shri Vasava, Mansukhbhai Dhanjibhai	2054
207	Shri Singh, Sushil Kumar	2016	235	Shri Vasava, Parbhubhai Nararbai	2027
208	Dr. Singh, Prabhas Kumar	1862, 2066	236	Shri Venkatesh, Babu T.G.	1876
209	Smt. Singh, Pratyusha Rajeshwari	1852	237	Dr. Venugopal P.	1914, 1946
210	Shri Singh, Uday Pratap	2004	238	Shri Venugopal, K.C.	2049
211	Dr. Solanki, Kirit P.	1842, 1978, 2042	239	Shri Verma, Rajesh	1860, 1968
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