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Agrahayana 29, 1946 (Saka)

LOK SABHA DEBATES

(Original Version)

Third Session

(Eighteenth Lok Sabha)



(Vol. V contains Nos.11 to 20)

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NEW DELHI

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No. 20, Friday, December 20, 2024/ Agrahayana 29, 1946 (Saka)**

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LOK SABHA DEBATES

LOK SABHA

Friday, December 20, 2024/ Agrahayana 29, 1946 (Saka)

The Lok Sabha met at Eleven of the Clock.

[**HON. SPEAKER** *in the Chair*]

WRITTEN ANSWERS TO QUESTIONS

MORBIDITY AND MORTALITY OF TB PATIENTS

***361. SHRI SELVAGANAPATHI T.M.:**

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

- (a) whether it is a fact that Tuberculosis (TB) kills an estimated 4,80,000 Indians every year or over 1,400 patients every day in the country and if so, the details thereof;
- (b) whether it is also a fact that the country also has more than a million missing TB cases annually that are not notified and if so, the details thereof;
- (c) whether it is true that most of the TB patients remain either undiagnosed or unaccountably and inadequately diagnosed and treated in the private sector and if so, the details thereof;
- (d) whether the goal of the Government to achieve a rapid decline in the burden of TB morbidity and mortality while working towards the elimination of TB by 2025 has plateaued and if so, the details thereof; and
- (e) whether it is also true that the Government is considering reworking on the protocol to tackle the disease, specifically TB medication and its duration to reboot the TB-free initiative with Zero deaths, disease, and poverty resulting from the disease and if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):

(a) to (e): The National TB Elimination Programme (NTEP) is implemented under the aegis of the National Health Mission (NHM). As per Global TB Report, 2024 published by the World Health Organisation (WHO), the incidence rate of TB in India has reduced by 17.7% from 237/lakh population in 2015 to 195/lakh population in 2023 and the TB deaths has reduced by 21.4% from 28/lakh population in 2015 to 22/lakh population in 2023.

The concerted efforts of NTEP has caused considerable reduction in the missing cases from 15 lakh in 2015 to 2.5 lakh in 2023.

The notification of TB cases from private sector has increased from 1 lakh in 2015 to 9.32 lakhs in 2023 through a focused and targeted engagement with the private sector. The overall annual notification of TB cases has increased from 16.08 lakh in 2015 to 25.5 lakh in 2023, against the WHO's estimate of 28 lakh cases.

The steps taken by the Government to accelerate the decline in TB incidence and mortality are as under:

- Targeted interventions in high TB burden areas through State and District Specific Strategic plans.
- Provision of free drugs and diagnostics to TB patients.
- Active TB case-finding through campaigns in key vulnerable and co-morbid populations.

- Integration of Ayushman Arogya Mandir with TB screening and treatment services.
- Private sector engagement with incentives for notification and management of TB cases.
- Scaling up of molecular diagnostic laboratories to sub-district levels.
- Introduction of all oral, shorter, safer and more efficacious treatment for drug resistant TB.
- Enhancement of incentives to Rs 1000 / per month / per patient through direct benefit transfer (DBT), under Ni-kshay Poshan Yojana for nutritional support.
- Provision of additional nutritional, diagnostic and vocational support to TB patients and household contacts under Ni-kshay Mitra initiative.
- Provision of TB Preventive Treatment to contacts of TB patients and vulnerable population.
- Tracking of notified TB cases through Ni-kshay portal
- Intensified Information, Education and Communication (IEC) interventions to reduce stigma, enhance community awareness and improve health seeking behaviour.
- Convergence of efforts and resources of line ministries for TB elimination.

उर्वरकों की उपलब्धता

*362. डॉ. भोला सिंह:

क्या रसायन और उर्वरक मंत्री यह बताने की कृपा करेंगे कि:

- (क) पिछले तीन वर्षों के दौरान किसानों को उपलब्ध कराई गई यूरिया, डीएपी और अन्य उर्वरकों की कुल मात्रा का वर्षवार और राज्यवार ब्यौरा क्या है;
- (ख) क्या सरकार को किसानों से डीएपी/कीटनाशकों की कमी के संबंध में कोई शिकायत मिली है;
- (ग) यदि हां, तो पिछले दो वर्षों के दौरान ऐसी कितनी शिकायतें प्राप्त हुईं और इसके कारण सबसे अधिक प्रभावित क्षेत्रों का ब्यौरा क्या है;
- (घ) उक्त कमी के कारणों, जैसे कि-आयात संबंधी बाधाएं, उत्पादन में गिरावट या वितरण संबंधी मुद्दे आदि का ब्यौरा क्या है; और
- (ड.) उक्त कमी को दूर करने और किसानों को समय पर उर्वरक और कीटनाशक उपलब्ध कराने के लिए उठाए गए कदमों का ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्री; तथा रसायन और उर्वरक मंत्री (श्री जगत प्रकाश नड्डा):

- (क): वित्त वर्ष 2021-22, 2022-23 और 2023-24 के दौरान देश में यूरिया, डीएपी, एमओपी और एनपीके की आवश्यकता, उपलब्धता और बिक्री का राज्य-वार ब्यौरा संलग्न **विवरण -I** में दिया गया है।
- (ख) और (ग): कृषि एवं किसान कल्याण विभाग (डीएएंडएफडब्ल्यू) "कृषि आदानों के लिए क्षेत्रीय सम्मेलन" के माध्यम से प्रत्येक फसल मौसम (अर्थात् खरीफ और रबी) से पहले प्रमुख उर्वरकों अर्थात् यूरिया, डीएपी, एमओपी और एनपीकेएस उर्वरकों की आवश्यकता का आकलन करता है। डीएएंडएफडब्ल्यू द्वारा किए गए आकलन के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को उर्वरकों की पर्याप्त मात्रा आबंटित करता है। ये आपूर्तियां स्वदेशी उत्पादन के साथ-

साथ आयातों के माध्यम से की जाती हैं। तदनुसार, मासिक आपूर्ति योजनाओं के अनुसार राज्यों को उर्वरकों की उपलब्धता सुनिश्चित की जाती है। तथापि, राज्य के भीतर जिला स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकारों द्वारा किया जाता है। किसानों द्वारा जिला-वार अभाव के संबंध में की गई किसी भी शिकायत का समाधान संबंधित राज्य सरकारों द्वारा किया जाता है।

इसके अतिरिक्त, किसी भी राज्य/संघ राज्य क्षेत्र ने पिछले पांच वर्षों में कीटनाशकों की कमी की सूचना नहीं दी है। पिछले पांच वर्षों के दौरान कीटनाशकों की राज्य-वार मांग की तुलना में खपत पैटर्न के ब्यौरे संलग्न **विवरण -II** में दिए गए हैं।

(घ) और (ड.): भारत यूरिया, डीएपी, एनपीके उर्वरकों के घरेलू उत्पादन के लिए तैयार उर्वरकों जैसे कि यूरिया, डीएपी, एमओपी और कच्चे माल जैसे कि रॉक फॉस्फेट, फॉस्फोरिक एसिड और प्राकृतिक गैस के आयात पर निर्भर है। लाल सागर संकट जैसी प्रचलित भू-राजनीतिक स्थिति के कारण चुनौतियां रही हैं, जिसके कारण डीएपी और कच्चे माल के शिपमेंट को केप ऑफ गुड होप के रास्ते से लाया गया था, जिसके परिणामस्वरूप यात्रा समय लंबा हुआ और अधिक मालभाड़ा लागतें आईं। इसके अलावा, कुछ स्रोतों से डीएपी आयातों में कमी और मूल्यों में अत्यधिक अस्थिरता के कारण भी उर्वरकों की आपूर्ति श्रृंखला में व्यवधान आए।

उपर्युक्त चुनौतियों के बावजूद, उर्वरक विभाग ने खरीफ 2024 के साथ-साथ चालू रबी 2024-25 के दौरान इष्टतम स्तर पर आयात और घरेलू उत्पादन के माध्यम से देश भर में उर्वरकों की पर्याप्त उपलब्धता सुनिश्चित की है। देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक निगरानी प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब आधारित निगरानी प्रणाली द्वारा की जाती है। इसके अलावा, कृषि एवं किसान कल्याण विभाग और उर्वरक विभाग द्वारा संयुक्त रूप से राज्य कृषि अधिकारियों के साथ नियमित रूप से साप्ताहिक वीडियो कांफ्रेंस की जाती है और राज्य सरकारों द्वारा दी गई सूचना के अनुसार उर्वरक भेजने हेतु उचित कार्रवाई की जाती है।

खरीफ 2024 और रबी 2024-25 के दौरान देश में यूरिया, डीएपी, एमओपी और एनपीके की आवश्यकता, उपलब्धता, बिक्री और अंतिम स्टॉक का ब्यौरा संलग्न **विवरण -III** में दिया गया है। इसके अलावा, किसी भी राज्य/संघ राज्य क्षेत्र ने पिछले पांच वर्षों में कीटनाशकों के अभाव की सूचना नहीं दी है।

विवरण-I

वित्त वर्ष 2023-24 के दौरान उर्वरकों की मांग, उपलब्धता और खपत

आंकड़े एलएमटी में

क्र.सं.	राज्य	यूरिया			डीएपी			एमओपी			एनपीकेएस		
		मांग	उपलब्धता	खपत	मांग	उपलब्धता	खपत	मांग	उपलब्धता	खपत	मांग	उपलब्धता	खपत
1	अंडमान और निकोबार द्वीप समूह	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00
2	आंध्र प्रदेश	15.73	17.89	14.99	4.13	4.86	4.20	1.84	1.81	1.31	13.28	17.87	14.02
3	अरुणाचल प्रदेश	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	असम	3.46	4.56	3.73	0.75	0.87	0.72	0.66	0.69	0.44	0.30	0.39	0.23
5	बिहार	22.63	27.46	23.24	6.82	7.78	6.51	2.28	1.75	1.39	4.50	6.09	4.39
6	चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	छत्तीसगढ़	8.40	11.37	8.99	3.10	5.28	4.34	0.66	0.97	0.60	1.07	1.90	1.30
8	दादरा और नगर हवेली	0.01	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	दमन और दीव	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	दिल्ली	0.00	0.37	0.32	0.00	0.05	0.04	0.00	0.00	0.00	0.00	0.00	0.00
11	गोवा	0.03	0.02	0.02	0.01	0.01	0.01	0.01	0.00	0.00	0.04	0.03	0.02
12	गुजरात	24.71	26.78	24.30	5.86	6.71	6.29	1.30	1.00	0.80	6.00	8.93	6.97

[illegible]

31	तमिलनाडु	10.23	11.86	10.11	2.95	3.22	2.71	2.45	2.05	1.63	7.30	10.19	7.94
32	तेलंगाना	18.94	23.77	19.03	3.80	4.34	3.68	2.00	1.18	0.92	15.99	17.09	13.62
33	त्रिपुरा	0.24	0.26	0.14	0.05	0.04	0.03	0.07	0.06	0.02	0.02	0.03	0.02
34	उत्तराखंड	1.84	2.67	2.31	0.35	0.49	0.38	0.08	0.08	0.04	0.35	0.24	0.20
35	उत्तर प्रदेश	76.15	91.83	74.53	24.50	25.76	21.61	2.35	1.62	1.21	9.50	10.13	7.93
36	पश्चिम बंगाल	14.32	17.34	12.20	4.02	3.83	3.20	3.35	2.85	1.83	10.65	12.74	9.20
	संपूर्ण भारत	356.08	437.47	357.81	110.18	127.42	109.73	27.62	22.74	16.45	126.31	156.51	116.80

वित्त वर्ष 2022-23 के दौरान उर्वरकों की मांग, उपलब्धता और खपत													
आंकड़े एलएमटी में													
		यूरिया			डीएपी			एमओपी			एनपीकेएस		
क्र.सं.	राज्य	मांग	उपलब्धता	खपत	मांग	उपलब्धता	खपत	मांग	उपलब्धता	खपत	मांग	उपलब्धता	खपत
1	अंडमान और निकोबार द्वीप समूह	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.01	0.00	0.00
2	आंध्र प्रदेश	16.65	18.39	15.87	4.20	5.43	4.64	3.09	1.42	1.18	15.97	16.27	13.73
3	अरुणाचल प्रदेश	0.01	0.01	0.01	0.01	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00
4	असम	3.85	4.07	3.56	0.85	0.83	0.63	0.75	0.58	0.47	0.26	0.22	0.19
5	बिहार	22.80	24.68	21.96	6.82	7.15	5.66	2.16	1.55	1.26	3.72	5.35	4.25
6	चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	छत्तीसगढ़	8.74	10.57	8.38	3.70	4.68	3.14	1.01	0.77	0.56	1.45	1.63	1.06
8	दादरा और नगर हवेली	0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	दमन और दीव	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	दिल्ली	0.20	0.32	0.28	0.04	0.06	0.05	0.01	0.00	0.00	0.01	0.00	0.00
11	गोवा	0.03	0.02	0.02	0.01	0.00	0.00	0.01	0.00	0.00	0.04	0.03	0.03
12	गुजरात	24.00	27.30	24.73	5.50	7.48	6.10	1.15	0.91	0.81	5.85	7.08	5.23
13	हरियाणा	21.50	23.68	20.46	5.70	6.48	5.59	0.60	0.43	0.35	0.70	0.30	0.26
14	हिमाचल प्रदेश	0.76	0.85	0.74	0.02	0.02	0.02	0.07	0.07	0.04	0.39	0.41	0.35
15	जम्मू और कश्मीर	1.68	1.93	1.60	0.59	0.60	0.48	0.40	0.23	0.17	0.04	0.00	0.00

16	झारखंड	2.60	3.04	2.56	1.00	0.89	0.77	0.20	0.05	0.04	0.46	0.52	0.45
17	कर्नाटक	17.20	22.22	18.21	5.90	8.44	6.21	3.00	1.68	1.41	17.16	21.53	16.67
18	केरल	1.23	1.32	1.12	0.20	0.22	0.19	1.07	0.86	0.78	1.42	1.32	1.02
19	लक्षद्वीप	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	मध्य प्रदेश	33.00	36.94	32.39	18.50	17.61	13.85	1.57	0.76	0.62	4.85	6.25	4.79
21	महाराष्ट्र	25.29	30.39	24.66	8.20	9.34	7.18	4.30	1.68	1.38	23.50	28.89	20.46
22	मणिपुर	0.22	0.35	0.31	0.12	0.04	0.04	0.12	0.05	0.04	0.00	0.03	0.03
23	मेघालय	0.02	0.01	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
24	मिजोरम	0.09	0.11	0.10	0.06	0.01	0.01	0.04	0.00	0.00	0.00	0.00	0.00
25	नागालैंड	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	ओडिशा	5.84	7.08	5.60	2.69	2.55	1.94	1.35	0.84	0.61	3.05	3.26	2.63
27	पुदुचेरी	0.15	0.18	0.17	0.01	0.02	0.02	0.02	0.01	0.01	0.07	0.09	0.06
28	पंजाब	29.25	34.90	29.45	7.25	8.46	7.17	0.90	0.49	0.41	1.70	0.71	0.58
29	राजस्थान	21.50	27.91	25.17	7.40	9.70	8.47	0.30	0.18	0.14	0.95	0.85	0.72
30	सिक्किम	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	तमिलनाडु	9.96	11.38	10.05	2.73	3.49	2.76	2.53	1.85	1.65	6.45	9.19	7.38
32	तेलंगाना	18.39	21.63	18.83	3.55	4.70	3.71	2.27	0.86	0.74	15.16	16.24	12.90
33	त्रिपुरा	0.27	0.28	0.19	0.05	0.02	0.02	0.09	0.06	0.02	0.02	0.03	0.02
34	उत्तराखंड	2.20	2.38	2.05	0.35	0.64	0.52	0.09	0.07	0.03	0.35	0.15	0.11
35	उत्तर प्रदेश	77.50	87.39	74.72	24.70	27.69	22.38	3.36	1.42	1.22	7.00	6.64	4.79
36	पश्चिम बंगाल	14.25	16.49	14.05	4.05	4.36	3.77	3.70	2.70	2.36	10.12	11.16	9.61

संपूर्ण भारत	359.19	415.82	357.26	114.20	130.93	105.31	34.17	19.55	16.32	120.69	138.15	107.31
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[illegible]

[illegible]

31	तमिलनाडु	10.10	10.85	10.40	2.90	2.56	2.39	3.00	2.80	2.53	6.92	9.25	8.17
32	तेलंगाना	19.00	19.19	17.12	4.20	3.14	2.98	3.10	1.50	1.39	18.60	15.07	13.24
33	त्रिपुरा	0.27	0.32	0.18	0.05	0.04	0.01	0.09	0.05	0.01	0.02	0.03	0.01
34	उत्तराखंड	2.16	2.30	2.09	0.32	0.43	0.31	0.09	0.09	0.04	0.30	0.24	0.22
35	उत्तर प्रदेश	78.00	82.30	71.12	29.50	23.75	21.20	3.80	2.12	1.91	8.00	6.78	6.36
36	पश्चिम बंगाल	14.23	15.84	13.30	4.05	3.03	2.70	3.70	2.09	1.89	10.12	11.30	10.34
	संपूर्ण भारत	356.53	389.68	341.73	123.90	100.49	92.64	37.10	27.06	23.93	122.74	135.74	121.37

विवरण -II

पिछले पांच वर्षों के दौरान कीटनाशकों की राज्य-वार उपलब्धता का ब्यौरा

यूनिट: एम.टी. (टेक.ग्रेड/फॉर्मूलेशन)

क्र.सं.	राज्य/संघ राज्यक्षेत्र	2019-20		2020-21		2021-22		2022-23		2023-24	
		मांग	खपत	मांग	खपत	मांग	खपत	मांग	खपत	मांग	खपत
1	आंध्र प्रदेश	3850	1559	3850	1559	2750	1759	2650	2200	2600	1828
2	बिहार	1250	850	1295	995	1250	850	1305	1020	1295	995
3	छत्तीसगढ़	1672	1672	1693	1639	1740	1740	1775	1775	1790	1781
4	गोवा	31	30	31	30	36	32	38	34	36	35
5	गुजरात	1986	1784	1967	1573	2246	1869	2463	1747	2275	1835
6	हरियाणा	4400	4200	4200	4050	4220	4066	4220	4066	4216	4064
7	हिमाचल प्रदेश	1256	881	एनआर	56	279	279	470	470	1507	277
8	झारखंड	710	681	710	1161	710	450	760	507	725	455
9	कर्नाटक	1900	1568	1900	1930	1900	2224	2100	1875	2100	1830
10	केरल	821	656	588	585	431	532	479	540	454	529
11	मध्य प्रदेश	650	540	777	691	829	654	845	598	826	599
12	महाराष्ट्र	14396	12783	14396	13243	15881	13175	15457	6814	15457	8718
13	ओडिशा	1210	1115	1290	1158	1288	1240	1405	1348	1373	1144
14	पंजाब	5765	4995	5700	5193	5350	5376	6037	5130	5484	5257
15	राजस्थान	2112	2088	2590	2330	2450	2104	2200	1865	2000	1898
16	तमिलनाडु	1863	2225	2046	1834	2064	1851	2127	1922	2053	1970
17	तेलंगाना	5689	4915	6535	4986	6556	4920	6556	4920	6556	4920
18	उत्तर प्रदेश	11116	12217	11850	11557	11795	11688	11801	11824	11858	11828
19	उत्तराखंड	280	224	151	135	287	213	277	200	121	79
20	पश्चिम बंगाल	4400	3630	4400	3630	4400	3630	4400	3762	4068	4081

21	अरुणाचल प्रदेश	5	5	2	2	0.40	1	3	3	3	3
22	असम	410	410	420	420	474	474	543	543	472	472
23	मणिपुर	27	25	27	46	एनआर	एनआर	29	27	29	22
24	मेघालय	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	17	14	एनआर	एनआर
25	मिजोरम	171	27	एनआर	एनआर	189	29	199	36	192	94
26	नागालैंड	27	19	51	36	63	41	एनआर	एनआर	38	26
27	सिक्किम	ऑर्गेनिक राज्य	ऑर्गेनिक राज्य	ऑर्गेनिक राज्य	ऑर्गेनिक राज्य	ऑर्गेनिक राज्य	ऑर्गेनिक राज्य	ऑर्गेनिक राज्य	ऑर्गेनिक राज्य	ऑर्गेनिक राज्य	ऑर्गेनिक राज्य
28	त्रिपुरा	482	364	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	53	43
29	अंडमान और निकोबार	एनआर	एनआर	एनआर	1	एनआर	एनआर	एनआर	एनआर	0.88	एनआर
30	चंडीगढ़	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर
31	दादर एवं नगर हवेली तथा दमन और दीव	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर
32	दिल्ली	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	21
33	जम्मू और कश्मीर	2685	2198	4199	3352	4247	एनआर	400	391	412	433
34	लद्दाख	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर
35	लक्षद्वीप	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर
36	पांडिचेरी	46	40	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर	एनआर
सकल योग		69211	61702	70668	62193	71435	59198	68554	53630	67994	55236

स्रोत: रबी और खरीफ मौसमों के लिए पादप संरक्षण के इनपुट पर राज्यों/संघ राज्यक्षेत्रों की रिपोर्ट।

एनआर: रिपोर्ट प्राप्त नहीं हुई।

विवरण -III

सम्पूर्ण भारत में उर्वरक की स्थिति

I. रबी 2024-25 (16.12.2024 तक)

<मात्रा एलएमटी में>

क्र.सं.	उत्पाद समूह	मौसमी आवश्यकता	16.12.2024 तक यथानुपात आवश्यकता	16.12.2024 तक उपलब्धता	16.12.2024 तक डीबीटी बिक्री	16.12.2024 तक अंतिम स्टॉक
1	यूरिया	186.89	98.66	142.11	85.59	56.51
2	डीएपी	52.05	38.53	43.83	34.32	9.51
3	एमओपी	11.95	6.66	14.84	6.37	8.47
4	एनपीकेएस	77.10	44.15	63.60	40.43	23.16
* सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता						
** सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता > बिक्री						

II. खरीफ 2024

<मात्रा एलएमटी में>

क्र.सं.	उत्पाद समूह	मौसमी आवश्यकता	उपलब्धता	डीबीटी बिक्री	अंतिम स्टॉक
1	यूरिया	177.12	252.10	189.12	63.02
2	डीएपी	59.87	58.08	46.12	12.23
3	एमओपी	10.26	16.60	9.27	7.33
4	एनपीकेएस	74.19	111.66	75.46	35.94
* सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता					
** सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता > बिक्री					

गंभीर बीमारियों का निःशुल्क उपचार

*363. श्री हरीश चंद्र मीना:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) राजस्थान सहित देश में कैंसर, मधुमेह, हृदय रोग और स्ट्रोक की रोकथाम और नियंत्रण के लिए राष्ट्रीय कार्यक्रम के तहत हुई प्रगति का ब्यौरा क्या है;
- (ख) क्या इन बीमारियों के परीक्षण, निदान और प्रबंधन के लिए चिकित्सकों और अन्य स्वास्थ्य कर्मियों की कमी है जिसके कारण उपचार में देरी होती है और यहां तक कि उपचार के अभाव में कई रोगियों की मृत्यु भी हो जाती है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकारी अस्पतालों में कैंसर और न्यूरो जैसी गंभीर बीमारियों के इलाज का लाखों रुपये का खर्च है जिसके कारण आर्थिक रूप से कमजोर वर्ग और मध्यम वर्ग के लोग उपचार नहीं करा पाते हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या सरकार का इन बीमारियों का इलाज निःशुल्क करने का विचार है, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ) यदि नहीं, तो इसके क्या कारण हैं?

स्वास्थ्य और परिवार कल्याण मंत्री; तथा रसायन और उर्वरक मंत्री (श्री जगत प्रकाश नड्डा):

- (क) से (ङ): प्रमुख गैर-संचारी रोगों (एनसीडी) नामतः उच्च रक्तचाप, मधुमेह, मुख कैंसर, स्तन कैंसर और गर्भाशय ग्रीवा कैंसर की रोकथाम और नियंत्रण के लिए भारत सरकार के स्वास्थ्य और परिवार कल्याण विभाग द्वारा 2010 में गैर-संचारी रोगों की रोकथाम और नियंत्रण के लिए राष्ट्रीय कार्यक्रम (एनपी-एनसीडी) शुरू किया गया था, जिसमें बुनियादी ढांचे को मजबूत करना, मानव संसाधन विकास,

स्वास्थ्य संवर्धन, शीघ्र निदान, प्रबंधन और उचित स्तर के स्वास्थ्य परिचर्या सुविधा केंद्र के लिए रेफरल पर बल दिया जाता है। कार्यक्रम के तहत, देशभर में 770 जिला एनसीडी क्लीनिक, 233 कार्डियक केयर यूनिट (सीसीयू), 372 जिला डे केयर सेंटर और 6410 सामुदायिक स्वास्थ्य केंद्र स्थापित किए गए हैं। राजस्थान में, 48 जिला एनसीडी क्लीनिक, 08 कार्डियक केयर यूनिट (सीसीयू), 33 जिला डे केयर सेंटर और 760 सामुदायिक स्वास्थ्य केंद्र स्थापित किए गए हैं।

भारत सरकार ने वर्ष 2018 में एनपी-एनसीडी के तहत एनसीडी स्क्रीनिंग और प्रबंधन तथा पांच सामान्य एनसीडी के लिए निरंतर परिचर्या सुनिश्चित करने के लिए राष्ट्रीय एनसीडी पोर्टल शुरू किया है।

प्रशिक्षित फ्रंटलाइन कर्मियों [मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ता (आशा) और सहायक नर्स और दाई (मिडवाइफ) (एएनएम)] के माध्यम से रोकथाम, नियंत्रण और जांच सेवाएं प्रदान की जाती हैं, और सामुदायिक स्वास्थ्य केंद्रों, जिला अस्पतालों और अन्य विशिष्ट स्वास्थ्य परिचर्या संस्थानों के माध्यम से रेफरल सहायता और स्वास्थ्य परिचर्या की निरंतरता सुनिश्चित की जाती है। स्वास्थ्य कर्मचारियों की विभिन्न श्रेणियों अर्थात् नर्सों, एएनएम, आशा और चिकित्सा अधिकारियों के प्रशिक्षण हेतु एनसीडी के लिए जांच, प्रबंधन और जागरूकता सृजन पर प्रशिक्षण मॉड्यूल विकसित किए गए हैं।

स्वास्थ्य एवं परिवार कल्याण मंत्रालय की हेल्थ डायनेमिक्स ऑफ इंडिया (अवसंरचना और मानव संसाधन) 2022-2023 रिपोर्ट के अनुसार, सरकारी स्वास्थ्य सुविधा केंद्रों में डॉक्टरों और अन्य स्वास्थ्य कार्यकर्ताओं के संस्वीकृत पदों, उनकी तैनाती की स्थिति और कमी के बारे में विवरण निम्नलिखित यूआरएल पर सार्वजनिक डोमेन में उपलब्ध है:

[https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23 RE%20%281%29.pdf](https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23%20RE%20%281%29.pdf)

राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत स्वास्थ्य अवसंरचना में सुधार, स्वास्थ्य सुविधाओं के लिए पर्याप्त मानव संसाधनों की उपलब्धता के लिए सहायता प्रदान की जाती है ताकि ग्रामीण क्षेत्रों में विशेष रूप से अल्पसेवित और वंचित समूहों के लिए गुणवत्तापूर्ण स्वास्थ्य परिचर्या की उपलब्धता और पहुंच में सुधार किया जा सके। आवश्यक दवाओं और नैदानिक सुविधाओं की उपलब्धता सुनिश्चित करने और सरकारी स्वास्थ्य सुविधा केंद्रों पर जाने वाले रोगियों की जेब से होने वाले खर्च को कम करने के लिए राष्ट्रीय निःशुल्क दवा सेवा पहल और निःशुल्क निदान सेवा शुरू की गई है। एनपी-एनसीडी के तहत, कैंसर रोधी दवाएं जिला अस्पतालों और उप-मंडल अस्पतालों में आवश्यक दवाओं की सूची में उपलब्ध हैं।

स्वास्थ्य परिचर्या सुविधा केंद्रों में विभिन्न स्तरों पर गैर-संचारी रोगों का निदान और उपचार किया जाता है। सरकारी अस्पतालों में गरीबों और जरूरतमंदों के लिए उपचार या तो मुफ्त है या अत्यधिक सब्सिडी वाला है। प्रमुख गैर-संचारी रोगों का उपचार आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी पीएमजेवाई) के तहत भी उपलब्ध है। इस योजना में भारत की आबादी के निचले 40% हिस्से में आने वाले 12.37 करोड़ परिवारों के लगभग 55 करोड़ लाभार्थियों को माध्यमिक और विशिष्ट स्वास्थ्य परिचर्या हेतु अस्पताल में भर्ती होने के लिए प्रति वर्ष प्रति परिवार 5 लाख रुपये का स्वास्थ्य कवर प्रदान किया जाता है। केंद्र सरकार ने हाल ही में पीएम जेवाई के तहत 70 वर्ष और उससे अधिक आयु के सभी वरिष्ठ नागरिकों के लिए उनकी आय की परवाह किए बिना स्वास्थ्य कवरेज को मंजूरी दी है।

एबी पीएम-जेवाई के स्वास्थ्य लाभ पैकेज (एचबीपी) के नवीनतम राष्ट्रीय मास्टर के अंतर्गत एनसीडी और एनसीडी के कारण उत्पन्न जटिलताओं सहित 27 विशेषज्ञताओं में 1961 प्रक्रियाओं से संबंधित कैथलेस स्वास्थ्य परिचर्या सेवाएं प्रदान की जाती हैं, जैसे कैंसर के उपचार (रेडिएशन ऑन्कोलॉजी, कीमोथेरेपी और सर्जिकल ऑन्कोलॉजी), स्ट्रोक प्रबंधन, कोरोनरी एंजियोप्लास्टी, कोरोनरी बाईपास,

त्वरित उच्च रक्तचाप और डायबिटिक फुट, आदि के लिए पैकेज। ये उपचार योजना के तहत सूचीबद्ध 29,929 से अधिक अस्पतालों के नेटवर्क पर उपलब्ध हैं।

प्रधानमंत्री भारतीय जन औषधि परियोजना (पीएमबीजेपी) योजना सरकार द्वारा प्रधानमंत्री भारतीय जन औषधि केंद्र (पीएमबीजेके) के नाम से समर्पित आउटलेट स्थापित करने के लिए शुरू की गई थी, ताकि सस्ती कीमतों पर गुणवत्तापूर्ण जेनेरिक दवाइयाँ उपलब्ध कराई जा सकें। 21 अक्टूबर 2024 तक, देश में 14,000 से अधिक पीएमबीजेके खोले जा चुके हैं। पीएमबीजेपी के तहत, 2047 प्रकार की दवाओं और 300 सर्जिकल उपकरणों को योजना के दायरे में लाया गया है, जिसमें हृदय संबंधी, कैंसर रोधी, मधुमेह रोधी दवाएँ शामिल हैं।

स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा शुरू की गई एक पहल, उपचार के लिए वहनीय दवाएं और विश्वसनीय प्रत्यारोपण (अमृत), का उद्देश्य कैंसर, हृदय संबंधी और अन्य बीमारियों के उपचार के लिए किफायती दवाएं उपलब्ध कराना है। 30.11.2024 तक 29 राज्यों/संघ राज्य क्षेत्रों में 218 अमृत फार्मेशियाँ फैली हुई हैं, जिनपर 6,500 से अधिक दवाएँ (हृदय संबंधी, कैंसर, मधुमेह, स्टेंट आदि सहित), प्रत्यारोपण, सर्जिकल डिस्पोजेबल और अन्य उपभोग्य सामग्रियों को बाजार दरों पर 50% तक की महत्वपूर्ण छूट पर बेचा जा रहा है।

केंद्र सरकार विशिष्ट स्वास्थ्य परिचर्या स्तर पर कैंसर देखभाल के लिए सुविधाओं को बढ़ाने के उद्देश्य से कैंसर विशिष्ट स्वास्थ्य परिचर्या केंद्र सुदृढीकरण योजना कार्यान्वित करती है। इस योजना के तहत, 14 राज्य कैंसर संस्थान (एससीआई) और 18 विशिष्ट कैंसर स्वास्थ्य परिचर्या केंद्र (टीसीसीसी) कार्यरत हैं और रोगी स्वास्थ्य परिचर्या सेवाएँ प्रदान कर रहे हैं।

जेनेरिक दवाएं

*364. श्री श्यामकुमार दौलत बर्वे:

क्या रसायन और उर्वरक मंत्री यह बताने की कृपा करेंगे कि :

- (क) क्या भेषज कंपनियों द्वारा विनिर्मित जेनेरिक दवाएं दवा विक्रेताओं द्वारा इस दावे के साथ बेची जा रही हैं कि वे नैतिक मानक आधारित हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार ने रोगियों को जेनेरिक और नैतिक मानक आधारित दवाओं के बारे में जागरूक करने के लिए कोई तंत्र/प्रणाली विकसित की है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार ने भेषज कंपनियों को किसी भी जेनेरिक संघटक (कंपोजीशन) को दोबारा पेटेंट कराने की अनुमति दी है, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) क्या सरकार को यह जानकारी है कि भेषज कंपनियां अपने ब्रांड को तीव्रता से बढ़ावा देने और इसे चिकित्सक द्वारा नुस्खे के रूप में निर्धारित कराने के लिए मेडिकल रिप्रेजेंटेटिव के माध्यम से सरकारी अस्पतालों के चिकित्सकों और पंजीकृत मेडिकल प्रैक्टिशनर्स (आरएमपी) से संपर्क करती हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्री; तथा रसायन और उर्वरक मंत्री (श्री जगत प्रकाश नड्डा):

(क): जी, हां। सरकार ने सभी को किफायती मूल्य पर गुणवत्तापूर्ण जेनेरिक दवाइयां उपलब्ध कराने के उद्देश्य से प्रधानमंत्री भारतीय जन औषधि परियोजना (पीएमबीजेपी) शुरू की है। इस योजना के तहत, ब्रांडेड दवाओं की तुलना में 50%-80% किफायती दरों पर दवाइयाँ उपलब्ध कराने के लिए देश भर में जन औषधि केंद्र (जेएके) नामक समर्पित आउटलेट खोले गए हैं। दिनांक 30.11.2024 तक देश भर में कुल 14,320 जेएके खोले गए हैं। पीएमबीजेपी के तहत, 2047 प्रकार की दवाओं और 300

सर्जिकल/उपकरणों को उत्पाद टोकरी में शामिल किया गया है, जिसमें कार्डियोवैस्कुलर, कैंसर-रोधी, मधुमेह-रोधी, संक्रमण-रोधी, एलर्जी-रोधी, गैस्ट्रोइन्टेस्टाइनल दवाएं, न्यूट्रास्युटिकल्स आदि जैसे सभी प्रमुख चिकित्सीय समूह शामिल हैं। यह अनुमान है कि दैनिक आधार पर 10-12 लाख उपभोक्ता देश भर में फैले 14300 से अधिक जन औषधि केंद्रों से दवाओं की खरीद करते हैं। पिछले 10 वर्षों में, जेएके के माध्यम से 6462 करोड़ रुपये की दवाओं की बिक्री की गई है। इससे ब्रांडेड दवाओं की तुलना में नागरिकों को अनुमानित 30,000 करोड़ रुपये की बचत हुई है।

(ख): सरकार विभिन्न प्रकार के विज्ञापनों जैसे प्रिंट मीडिया, रेडियो विज्ञापन, टीवी विज्ञापन, सिनेमा विज्ञापन और आउटडोर प्रचार जैसे होर्डिंग्स, बस क्यू शेल्टर ब्रांडिंग, बस ब्रांडिंग, ऑटो रैपिंग आदि के माध्यम से पीएमबीजेपी की विशेषताओं और जन औषधि जेनेरिक दवाओं के लाभों के बारे में जागरूकता सृजित कर रही है। इसके अतिरिक्त, सरकार फेसबुक, ट्विटर, इंस्टाग्राम, यूट्यूब आदि जैसे सोशल मीडिया प्लेटफार्मों के माध्यम से नियमित रूप से जन औषधि जेनेरिक दवाओं के लाभों के बारे में जनता को शिक्षित कर रही है।

(ग): उद्योग संवर्धन एवं आंतरिक व्यापार विभाग (डीपीआईआईटी), वाणिज्य एवं उद्योग मंत्रालय द्वारा दी गई सूचना के अनुसार, पेटेंट अधिनियम, 1970 (संशोधित) के प्रावधानों के तहत, प्रौद्योगिकी के सभी क्षेत्रों में आविष्कार के लिए पेटेंट प्रदान किया जाता है तथा पेटेंट की अवधि उक्त प्रौद्योगिकी पर आवेदन दाखिल करने की तिथि से 20 वर्ष होती है। किसी जेनेरिक संरचना को पुनः पेटेंट कराने का कोई वैधानिक प्रावधान नहीं है।

(घ): सरकारी अस्पतालों के डॉक्टरों/पंजीकृत मेडिकल प्रैक्टिशनरों (आरएमपी) और मेडिकल प्रतिनिधियों के बीच बातचीत को विनियमित करने के लिए, औषध विभाग ने दिनांक 12.03.2024 को औषध विपणन कार्यकलाप संबंधी एकसमान संहिता (यूसीपीएमपी), 2024 को अधिसूचित किया। यह

संहिता विनिर्माताओं और वितरकों द्वारा सभी सूचनात्मक और प्रेरक गतिविधियों को बढ़ावा देने की अनुमति देती है, जिससे वर्ष 1988 में विश्व स्वास्थ्य सभा द्वारा समर्थित 'चिकित्सीय दवा संवर्धन संबंधी नैतिक मानदंड' के अनुसार चिकित्सा दवाओं के पर्चे, आपूर्ति, खरीद और/या उपयोग को प्रेरित करने पर प्रभाव डालना है। इसके अलावा, यह संहिता औषधियों को नैतिक रूप से संवर्धन देने और औषध कंपनियों द्वारा अनैतिक विपणन पद्धतियों संबंधी शिकायतों का निपटान करने के लिए अनुमेय और गैर-अनुमेय व्यावसायिक व्यय को दर्शाती है। यह दवा उद्योग और स्वास्थ्य परिचर्या चिकित्सकों के बीच बातचीत को नियंत्रित करती है, जिसमें यूसीपीएमपी 2024 में यथानिर्धारित वक्ताओं को मानदेय भुगतान और स्वास्थ्य परिचर्या चिकित्सकों को मुफ्त नमूने प्रदान करने जैसे वैध व्यावसायिक कार्यकलापों पर व्यय करने की अनुमति है। इसके अतिरिक्त, भारतीय आयुर्विज्ञान परिषद अधिनियम, 1956 (1956 का 102) के तहत गठित भारतीय आयुर्विज्ञान परिषद (व्यावसायिक आचरण, शिष्टाचार और नैतिकता) विनियमावली, 2002 में औषध और संबद्ध स्वास्थ्य उद्योग के साथ चिकित्सकों और चिकित्सकों के व्यवसायिक संघ के संबंधों के आचरण का प्रावधान है।

SETTING UP OF CANCER HOSPITAL IN TAMIL NADU

***365. DR. M. K. VISHNU PRASAD:**

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

- (a) whether there is a need to set up a Central Government hospital in Cuddalore Parliamentary Constituency in the State of Tamil Nadu, if so, the details thereof; and
- (b) whether the Government is aware of high cases of cancer in and around Cuddalore district, if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):

(a) and (b) The Central Government implements the Strengthening of Tertiary Cancer Care Centers Facilities Scheme in order to enhance the facilities for cancer care at tertiary level. Under this scheme, 19 State Cancer Institutes (SCIs) and 20 Tertiary Cancer Care Centers (TCCCs) have been approved. 14 SCIs and 18 TCCCs are functional and offering patient care services.

Under the above mentioned Scheme, in Tamil Nadu, State Cancer Institute has been established at Adyar, Chennai. Total financial support of Rs. 120 Crores has been approved which includes Central Share Rs. 72 Crores. Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), one AIIMS has been approved at Madurai. Also, in the vicinity, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry is providing high end cancer treatment.

The State Government of Tamil Nadu has informed that Raja Muthaiah Government Medical College and the District Head Quarters Hospital at Cuddalore offers basic investigations for confirmation and staging of common cancers. Further Oncology department at Villupuram Medical College Hospital located at a distance of 50 Km from Cuddalore is equipped with Cobalt Teletherapy unit for cancer treatment.

The Regional Cancer Centre attached to Thanjavur Medical College Hospital which is about 150 Km from Cuddalore, is equipped with high end diagnostics like PET CT and treatment services like LINAC teletherapy and brachytherapy.

The State Government of Tamil Nadu has informed as per the latest data of Tamil Nadu Cancer Registry Project (TNCRP)-2019, Cuddalore has a Crude Incidence Rate (CIR) of 90.5 which is lower than the State average with a CIR of 96.6.

The National Health Mission under National Programme on Non-communicable Diseases covers screening, diagnostic and treatment of the three common cancers, namely, oral cancer, breast cancer and cervical cancer. The State Government has informed that they have established screening services for the 3 common cancers namely cervical cancer, breast cancer and oral cancer in all Government Institutions in Cuddalore and rest of Tamil Nadu.

आंगनवाड़ी केंद्र

***366. श्री कौशलेन्द्र कुमार:**

श्री पर्वतगौड़ा चंदनगौड़ा गद्दीगौदर:

क्या **महिला और बाल विकास** मंत्री यह बताने की कृपा करेंगे कि:

(क) देश भर में राज्यवार कुल कितने आंगनवाड़ी केंद्र कार्यशील हैं;

(ख) क्या सरकार देश भर में आंगनवाड़ी केंद्रों की बढ़ती आवश्यकता से अवगत है और यदि हां, तो कर्नाटक सहित राज्यवार तत्संबंधी ब्यौरा क्या है;

- (ग) पिछले पांच वर्षों के दौरान देश भर में आंगनवाड़ी केंद्रों पर व्यय की गई धनराशि का वर्ष-वार और राज्यवार ब्यौरा क्या है;
- (घ) क्या अधिकांश आंगनवाड़ी केंद्रों के पास उचित भवन भी नहीं है, यदि हां, तो देश भर के सभी आंगनवाड़ी केंद्रों को उचित भवन उपलब्ध कराने की दिशा में सरकार द्वारा क्या कदम उठाए गए हैं; और
- (ड.) क्या सरकार की सभी आंगनवाड़ी केंद्रों को किराए के भवनों के बजाय उनके स्वयं के भवनों में स्थापित करने और लक्ष्यों को प्राप्त करने के लिए विशेष वित्तीय सहायता आवंटित करने की कोई योजना है, यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) से (ड.): देश भर में कार्यशील आंगनवाड़ी केन्द्रों (एडब्ल्यूसी) की राज्य-वार कुल संख्या संलग्न **विवरण-I** में दी गई है।

पिछले पांच वर्षों के दौरान देश भर में मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के अंतर्गत जारी और उपयोग की गई निधि का वर्ष-वार और राज्य/संघ राज्य क्षेत्र-वार ब्यौरा संलग्न **विवरण - II** में दिया गया है।

आंगनवाड़ी केंद्रों (एडब्ल्यूसी) में बुनियादी सुविधाओं को बेहतर बनाने के लिए मंत्रालय द्वारा विभिन्न कदम उठाए गए हैं। इनमें अन्य बातों के साथ-साथ पीने के पानी की सुविधा और शौचालयों के लिए वित्त पोषण सीमा को क्रमशः 10,000 रुपये से बढ़ाकर 17,000 रुपये प्रति आंगनवाड़ी केंद्र और 12,000 रुपये से बढ़ाकर 36,000 रुपये प्रति आंगनवाड़ी केंद्र करना शामिल है।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, प्रति वर्ष 10000 आंगनवाड़ी केंद्रों की दर से पांच वर्षों की अवधि में 50000 आंगनवाड़ी केंद्रों के भवनों के निर्माण का प्रावधान है। महात्मा गांधी राष्ट्रीय

ग्रामीण रोजगार गारंटी योजना (एमजीएनआरईजीएस) के साथ अभिसरण से आंगनवाड़ी केंद्रों के निर्माण के लिए लागत मानदंड को प्रति आंगनवाड़ी केंद्र 7 लाख रुपये से संशोधित कर 12 लाख रुपये प्रति आंगनवाड़ी केंद्र कर दिया गया है। इसमें 8.00 लाख रुपये एमजीएनआरईजीएस के तहत, 2.00 लाख रुपये 15वें वित्त आयोग (एफसी) (या किसी अन्य अबद्ध निधि) के तहत और 2.00 लाख रुपये केंद्र एवं राज्यों द्वारा निर्धारित लागत साझाकरण अनुपात में उनके बीच साझा किए जाएंगे। इसके अलावा, राज्यों/संघ राज्य क्षेत्रों को यह भी सलाह दी गई है कि वे आंगनवाड़ी केंद्रों के निर्माण के लिए विभिन्न अन्य योजनाओं जैसे सांसद स्थानीय क्षेत्र विकास योजना (एमपीएलएडीएस), ग्रामीण अवसंरचना विकास निधि (आरआईडीएफ), पंचायती राज संस्थाओं को वित्त आयोग अनुदान, राष्ट्रीय ग्रामीण रोजगार गारंटी अधिनियम (एनआरईजीए), अल्पसंख्यक कार्य मंत्रालय के बहु-क्षेत्रीय विकास कार्यक्रम (एमएसडीपी) इत्यादि से निधि प्राप्त करना जारी रखें।

15वें वित्त आयोग की अवधि के दौरान, प्रति वर्ष 40,000 आंगनवाड़ी केंद्रों की दर से 2 लाख आंगनवाड़ी केंद्रों को बेहतर पोषण वितरण और प्रारंभिक बाल्यावस्था देखरेख और विकास के लिए मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत सक्षम आंगनवाड़ी के रूप में उन्नत किया जाएगा। सक्षम आंगनवाड़ी पारंपरिक आंगनवाड़ी केंद्रों की तुलना में बेहतर बुनियादी ढांचे से सुसज्जित हैं क्योंकि उनमें एलईडी स्क्रीन, वाटर प्यूरीफायर/आरओ मशीन की स्थापना, पोषण वाटिका, ईसीसीई सामग्री और बाला पेंटिंग्स के प्रावधान शामिल हैं। आज तक, सक्षम आंगनवाड़ी केंद्रों के रूप में उन्नत करने के लिए स्वीकृत आंगनवाड़ी केंद्रों की कुल संख्या 1,70,337 है।

प्रधान मंत्री जनजाति आदिवासी न्याय महाअभियान (पीएम जनमन) योजना के तहत जनजातीय क्षेत्र में आंगनवाड़ी केंद्रों के निर्माण के लिए केंद्र सरकार द्वारा प्रति आंगनवाड़ी केंद्र 12 लाख रुपये की दर से निधि प्रदान की जाती है। अब तक, पीएम जनमन के तहत निर्माण के लिए 2139 आंगनवाड़ी केंद्रों को मंजूरी दी गई है। 2139 स्वीकृत आंगनवाड़ी केंद्रों में से, 786 आंगनवाड़ी केंद्र चालू हो गए हैं।

मिशन पोषण 2.0 के अंतर्गत ग्रामीण/जनजातीय क्षेत्रों में प्रति आंगनवाड़ी केन्द्र 2,000 रुपये प्रति माह, शहरी क्षेत्र में प्रति आंगनवाड़ी केन्द्र 6,000 रुपये प्रति माह तथा महानगरीय क्षेत्रों में प्रति आंगनवाड़ी केन्द्र 8,000 रुपये प्रति माह की दर से किराया प्रदान करने का प्रावधान है।

मिशन पोषण 2.0 के तहत आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू) को कुशल निगरानी और सेवा प्रदायगी के लिए स्मार्टफोन उपलब्ध करा कर तकनीकी रूप से सशक्त बनाया गया है। मोबाइल एप्लीकेशन पोषण ट्रैकर आंगनवाड़ी कार्यकर्त्रियों द्वारा उपयोग किए जाने वाले भौतिक रजिस्ट्रों को डिजिटल बनाता है। इससे उनके काम की गुणवत्ता में सुधार होता है और साथ ही उन्हें आंगनवाड़ी में चल रहे सभी कार्यकलापों की निगरानी करने के लिए अधिक समय मिलता है।

आंगनवाड़ी कार्यकर्त्रियों के अलावा पर्यवेक्षकों और ब्लॉक समन्वयकों को भी स्मार्टफोन उपलब्ध कराए गए हैं। इसी तरह आंगनवाड़ी कार्यकर्त्रियों, पर्यवेक्षकों और ब्लॉक समन्वयकों को पर्याप्त डेटा रिचार्ज सहायता भी उपलब्ध कराई गई है।

विवरण - I

कार्यशील आंगनवाड़ी केन्द्रों का राज्य-वार ब्यौरा

क्र.सं.	राज्य/संघ राज्य क्षेत्र	राज्य के अनुसार कार्यशील आंगनवाड़ी केन्द्र
1	आंध्र प्रदेश	55607
2	अरुणाचल प्रदेश	6225
3	असम	62093
4	बिहार	114968
5	छत्तीसगढ़	52382
6	गोवा	1261
7	गुजरात	53065
8	हरियाणा	25962
9	हिमाचल प्रदेश	18925
10	झारखंड	38515

11	कर्नाटक	65931
12	केरल	33120
13	मध्य प्रदेश	97329
14	महाराष्ट्र	110516
15	मणिपुर	11523
16	मेघालय	6162
17	मिजोरम	2244
18	नागालैंड	3980
19	ओडिशा	74192
20	पंजाब	27314
21	राजस्थान	61885
22	सिक्किम	1308
23	तमिलनाडु	54449
24	तेलंगाना	35700
25	त्रिपुरा	10222
26	उत्तर प्रदेश	189021
27	उत्तराखंड	20060
28	पश्चिम बंगाल	119481
29	अंडमान एवं निकोबार द्वीप समूह	720
30	चंडीगढ़	450
31	दादरा और नगर हवेली एवं दमन और दीव	405
32	दिल्ली	10897
33	जम्मू एवं कश्मीर	28426
34	लद्दाख	1173
35	लक्षद्वीप	59
36	पुद्दुचेरी	855
कुल		1396425

विवरण - II

पिछले पांच वर्षों के दौरान मिशन पोषण 2.0 के अंतर्गत जारी और उपयोग किए गए केंद्रीय अंश का ब्यौरा:

(रुपये करोड़ में)										
क्र.सं.	राज्य/संघ राज्य क्षेत्र का नाम	मिशन पोषण 2.0								
		2019-20		2020-21		2021-22		2022-23		2023-24*
		जारी निधि	उपयोग की गई निधि	जारी निधि	उपयोग की गई निधि	जारी निधि	उपयोग की गई निधि	जारी निधि	उपयोग की गई निधि	जारी निधि
1	अंडमान व निकोबार द्वीप समूह	14.98	13.34	16.37	6.37	19.71	13.36	3.85	5.17	12.15
2	आंध्र प्रदेश	825.24	686.20	701.82	763.99	744.60	749.91	827.79	721.45	705.68
3	अरुणाचल प्रदेश	134.71	134.79	82.92	65.01	170.83	230.77	137.78	145.74	162.06
4	असम	1365.53	1241.33	1109.75	1255.72	1319.90	1432.19	1651.63	1717.00	2233.31
5	बिहार	1539.37	1253.87	1288.98	1444.36	1574.43	1608.02	1740.09	1586.61	1859.29
6	चंडीगढ़	17.03	13.30	13.35	16.08	15.32	23.09	33.10	33.10	19.79
7	छत्तीसगढ़	483.88	548.81	513.95	542.07	606.73	522.72	668.96	571.80	579.46
8	दादरा और नगर हवेली एवं दमन और दीव	17.20	8.24	9.02	9.02	9.33	9.56	5.80	5.80	11.97
9	दिल्ली	133.06	140.49	102.70	139.84	133.11	125.52	182.77	142.84	161.81
10	गोवा	16.02	17.02	20.44	17.46	10.84	12.92	14.71	16.83	13.95
11	गुजरात	854.00	725.25	633.13	873.79	839.86	757.92	912.64	552.30	1126.80
12	हरियाणा	181.00	149.87	185.29	232.54	173.03	146.99	195.25	150.24	225.78
13	हिमाचल प्रदेश	251.82	295.25	258.55	295.89	247.99	386.68	270.24	247.76	301.09

14	जम्मू एवं कश्मीर	332.85	328.31	294.17	450.82	405.74	704.57	479.01	416.23	530.88
15	झारखंड	436.10	455.87	464.33	348.68	352.98	183.30	430.91	596.03	664.30
16	कर्नाटक	861.87	916.51	697.17	1012.84	1003.70	984.62	765.87	885.65	912.96
17	केरल	321.42	331.23	352.03	384.79	388.23	397.98	444.98	325.43	306.64
18	लद्दाख	0.00	0.00	24.18	24.69	14.70	14.67	18.79	18.79	19.62
19	लक्षद्वीप	2.59	1.27	3.06	2.06	2.11	2.73	0.44	0.44	2.88
20	मध्य प्रदेश	1225.60	1276.10	1238.06	1125.20	1085.47	1055.83	1011.57	1038.67	1123.11
21	महाराष्ट्र	1669.40	1416.45	1205.99	1517.51	1713.39	1609.02	1646.17	1589.97	1699.52
22	मणिपुर	162.54	142.27	175.77	148.45	228.92	177.28	135.95	167.74	201.28
23	मेघालय	225.66	181.19	177.92	185.25	173.33	177.86	192.39	200.24	269.69
24	मिजोरम	63.26	56.45	74.60	64.67	59.32	61.57	42.81	46.65	100.27
25	नागालैंड	178.92	169.55	167.23	169.19	159.80	160.21	199.30	190.47	262.91
26	ओडिशा	860.66	892.46	858.68	896.85	1065.98	871.20	923.92	884.92	968.80
27	पुद्दुचेरी	9.86	8.45	4.38	3.50	2.78	6.13	0.12	6.68	4.48
28	पंजाब	201.44	175.11	174.71	207.82	383.52	177.94	75.31	247.25	307.87
29	राजस्थान	673.95	665.42	641.77	702.90	682.65	771.64	974.02	936.17	1091.96
30	सिक्किम	29.47	33.70	24.50	26.06	25.73	24.59	20.33	24.09	33.49
31	तमिलनाडु	764.73	652.94	619.43	695.85	655.38	681.28	766.81	741.30	880.79
32	तेलंगाना	529.96	420.08	405.32	564.04	482.33	479.30	550.69	503.33	507.87
33	त्रिपुरा	166.47	164.05	154.16	177.85	186.72	171.66	150.52	186.55	244.22
34	उत्तर प्रदेश	2544.00	2480.79	2017.49	1925.75	2407.55	2341.91	2721.87	2622.64	2668.69
35	उत्तराखंड	373.96	378.21	327.92	350.07	353.65	336.03	425.84	364.77	288.24
36	पश्चिम	1165.26	1321.90	1066.64	897.89	668.35	1378.31	1227.59	1455.89	1237.56

	बंगाल									
कुल	18633.81	17696.07	16105.78	17544.87	18368.01	18789.28	19849.82	19346.54	21741.17	

* वित्त वर्ष 2023-24 के लिए उपयोगिता प्रमाणपत्र अभी तक देय नहीं है।

INCENTIVES FOR PRODUCTION OF MEDICAL DEVICES

*367. SHRI DAGGUMALLA PRASADA RAO:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

(a) whether the Government has any data regarding the successful bidders for the Production Linked Incentive (PLI) scheme for Domestic Manufacturing of Medical Devices across the country;

(b) if so, the details thereof, State-wise including factory locations, especially in the State of Andhra Pradesh;

(c) the details of the companies that have achieved the Determined Sales Value as specified by the scheme for medical devices;

(d) the detailed list of successful bidders who were not able to meet the Determined Sales Value outlined by the scheme for medical devices;

(e) whether the Government has any data regarding the employment opportunities generated by each company where their medical device manufacturing factories are located; and

(f) if so, the details thereof, State-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):

(a) and (b): Proposal were invited in five rounds from applicants between 2020 and February 2024 for the Production Linked Incentive (PLI) Scheme for Promoting Domestic Manufacturing of Medical Devices. The details of successful applicants and state-wise factory location including state of Andhra Pradesh is given in the enclosed **Statement-I**.

(c) and (d): Details of applicants who have achieved threshold sales value specified under the scheme is given in the enclosed **Statement-II**. Time available to approved applicants for achieving sales threshold in order to claim incentive under the scheme is upto FY 2026-27.

(e) and (f): Total employment of 5,453 persons generated under the scheme upto September 2024. The state-wise employment generation is given in the enclosed **Statement-III**.

STATEMENT-I

State-wise factory location:

S. No.	Name of Applicant	City	State
1	Innvolution Healthcare Private Limited	Visakhapatnam	Andhra Pradesh
2	Trivitron Healthcare Private Limited		

3	Varex Imaging Manufacturing India Private Limited		
4	Envision Scientific Private Limited	Surat	Gujarat
5	Sahajanand Medical Technologies Private Limited		
6	Bio India Interventional Technologies Private Limited	Valsad	
7	Meril Endo Surgery Private Limited	Vapi	
8	Meril Healthcare Private Limited		
9	Meril Life Sciences Private Limited		
10	Meril Medical Innovations Private Limited		
11	Poly Medicure Limited	Faridabad	Haryana
12	Deck Mount Electronics Limited	Gurugram	
13	Microtek New Technologies Private Limited	Solan	Himachal Pradesh
14	BPL Medical Technologies Private Limited	Bangalore	Karnataka
15	GE BE Private Limited		
16	Neurovasive Private Limited		
17	Siemens Healthcare Private Limited		
18	Wipro GE Healthcare Private Limited		
19	Indovasive Private Limited	Kolar	
20	Panacea Medical Technologies Private Limited		
21	Philips Global Business Services LLP	Pune	Maharashtra
22	Varex Imaging Manufacturing India Private Limited		
23	Trivitron Healthcare Private Limited	Raigarh	
24	Nipro India Corporation Private Limited	Satara	

25	Allengers Medical Systems Limited	Mohali	Punjab
26	Allied Medical Limited	Alwar	Rajasthan
27	Innvolution Healthcare Private Limited	Jaipur	
28	Johari Digital Healthcare Ltd	Jodhpur	
29	Samvardhana Motherson Maadhyam International Limited	Taluk	Tamil Nadu
30	Omron Healthcare Manufacturing India Private Limited	Thiruvallur	
31	Majik Medical Solutions Pvt Ltd	Hyderabad	Telangana
32	Sahajanand Medical Technologies Private Limited	Medak	

STATEMENT-II

The applicants achieving the Minimum Threshold Sales criteria are as follows:

S. No.	Name of Applicant	Target Segment
1	Panacea Medical Technologies Private Limited	Cancer Care/ Radiotherapy Medical Devices
2	Philips Global Business Services LLP	Radiology and Imaging medical devices (both Ionizing and Non-Ionizing Radiation products) and Nuclear Imaging Devices
3	Siemens Healthcare Private Limited	
4	Wipro GE Healthcare Private Limited	
5	Allengers Medical Systems Limited	
6	Allied Medical Limited	

7	Nipro India Corporation Private Limited	Anaesthetics and Cardio-Respiratory Medical Devices including Catheters of Cardio Respiratory Category and Renal Care Medical Devices
8	Majik Medical Solutions Pvt Ltd	
9	Meril Life Sciences Private Limited	All Implants including Implantable Electronic Devices
10	Sahajanand Medical Technologies Private Limited	
11	Meril Healthcare Private Limited	

STATEMENT-III

State-wise employment generation reported by applicants:

S. No.	State Name	Employment Generated as on September 2024 (In Number)
1	Andhra Pradesh	90
2	Gujarat	1,791
3	Haryana	610
4	Himachal Pradesh	22
5	Karnataka	626
6	Maharashtra	825
7	Punjab	497
8	Rajasthan	266
9	Tamil Nadu	89
10	Telangana	637
Total		5,453

AYUSH MEDICINE FOR CANCER PATIENTS

***368. SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:**

SHRI SUDHEER GUPTA :

Will the Minister of **AYUSH** be pleased to state:

- (a) whether India ranks third among nations in terms of the highest number of cancer patients and if so, the details thereof;
- (b) whether the Government has supported any project to develop Ayurveda, Siddha, Unani and Homoeopathy Medicines to fight cancer and other non-communicable diseases and if so, the details thereof;
- (c) the number of patients having cancer and other non-communicable diseases being treated in the AYUSH hospitals and dispensaries in the country, State/UT-wise; and
- (d) the steps taken/proposed to be taken by the Government to make Ayurveda, Siddha, Unani and Homoeopathy Medicines available at affordable costs in the medical shops in the country?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

- (a) As per information furnished by Ministry of Health and Family Welfare, no such information is available.

(b) The Central Council for Research in Ayurvedic Sciences (CCRAS) has undertaken research for development of Ayurvedic drugs through systematic process of Drug Development and developed various drugs for communicable/non-communicable diseases (enclosed as **Statement-I**). CCRAS has undertaken a research project entitled “A phase II trial to study efficacy, toxicity and immunomodulatory effect of Carctol-S in high grade serous epithelial ovarian cancer at first serological relapse”; and 55 drugs for non-communicable diseases are under different stages of drug development. Further, the Ministry of Ayush is implementing Central Sector Scheme namely Ayurswasthya Yojana since 2021-22. The Scheme has 02 components viz. (i) Ayush and Public Health (PHI) component and (ii) Up-gradation of facilities to Centre of Excellence (CoE). Under the above scheme, Ministry has financially supported following organizations under the Centre of Excellence component to develop Ayurveda, Siddha, Unani and Homoeopathy Medicines to fight cancer-(i) An amount of Rs.2.66 crores have been released to Arya Vaidya Sala (AVS), Kottakkal, Malappuram, Kerala for setting up CoE in Cancer Research. (ii)An amount of Rs.3.62 crores have been released to Tata Memorial Centre, (TMC) Mumbai, Maharashtra for Centre of Excellence for Discovery and Development of AYUSH Medicine for Cancer Care.

Advanced Centre for Integrative Health Research in Cancer Care at AIIMS, Nagpur has been approved to undertake the following studies-

1. Exploring Ayurvedic Combinations and Natural Compounds in Treatment of Oral Premalignant lesions and Oral Cancer and Integration with Modern Medicine: A Pilot Study.

2. Efficacy of classical Ayurvedic treatment (CAT) as add-on to conventional bio- medicine: Integrated approach to determine improvement in quality of life of head- neck (HNC) cancer patients

(c) The details of the number of patients having cancer and other non-communicable diseases being attended in the Ayush hospitals and dispensaries of Research Councils and National Institutes under the Ministry of Ayush in the country, State/UT-wise are given in the enclosed **Statement II.**

(d) Ayurveda products have been added in the product basket of Pradhan mantri Bhartiya Janaushadhi Pariyojana (PMBJP), which are being made available through selected Kendras at affordable rates. Further, an Ayush Aushadhi Kendra was inaugurated by Hon'ble President of India on 9th Oct, 2024 at All India institute of Ayurveda New Delhi. Ministry of Ayush running OPD/IPD facilities through peripheral institutes of Research Councils, hospital associated with National Institutes and their satellite centres, Ayushman Arogya Mandir (Ayush) across the country and dispensing the Ayush Medicines as per availability to the patients free of cost.

STATEMENT-I**List of some important drugs developed by CCRAS since inception**

S. No.	Name of the Drug	Indication
1.	AYUSH -64	(i) Malaria (ii) Mild to moderate COVID-19
2.	AYUSH-56	Epilepsy
3.	AYUSH-82	Diabetes Mellitus
4.	NIMBATIKTAM	Psoriasis and Duodenal ulcer
5.	AYUSH POSHAK YOGA AND PEYA	Immunomodulatory, Antistress and General Health Promotion
6.	SHUNTHI GUGGULU	Rheumatoid Arthritis (Amavata)
7.	KSHARASUTRA	Ano Rectal Disorders
8.	AYUSH BALARASAYANA	Promotion of Health in Children
9.	AYUSH GHUTTI	Prevention of Diarrhoea and Fever in Children
10.	AYURVEDIC FORMULATIONS	Antenatal Care

STATEMENT-II

OPD/IPD patients during the year 2023-24 (Non Communicable Disease Data)

S.No.	STATES/UTs	AYURVEDA	HOMOEOP ATHY	SIDDHA	UNANI	Total
1.	Andaman and Nicobar Islands	2979	4829	-	-	7808
2.	Andhra Pradesh	50817	70333	2423		123573
3.	Arunachal Pradesh	4265	-	-	-	4265
4.	Assam	27514	11865	-	-	39379
5.	Bihar	40735	12421	-	9	53165
6.	Delhi	161453	112492	374	1420	275739
7.	Goa	3582	360	698	-	4640
8.	Gujarat	18202	-	-	-	18202
9.	Himachal Pradesh	5715	5939	-	-	11654
10.	J and K	29400	-	-	21172	50572
11.	Jharkhand	-	5456	-	-	5456
12.	Karnataka	53286	-	2986	-	56272
13.	Kerala	100786	114053	663	-	215502
14.	Madhya Pradesh	38066	-	-	2584	40650
15.	Maharashtra	75562	30296	-	-	105858
16.	Manipur	-	1839	-	-	1839
17.	Meghalaya	14629	-	-	-	14629
18.	Mizoram	-	286	-	-	286
19.	Nagaland	7738	1235	-	-	8973
20.	Odisha	35822	22009	-	5893	63724
21.	Punjab	36681	-	-	-	36681
22.	Puducherry	-	24049	3495	-	27544
23.	Rajasthan	38050	32694	-	-	70744
24.	Sikkim	11483	1599	-	-	13082
25.	Tamil Nadu	3585	10456	5692	22728	42461
26.	Telangana	-	25224	-	-	25224

27.	Tripura	8694	9592	-	-	18286
28.	Uttar Pradesh	47382	133641	-	1336	182359
29.	Uttarakhand	13529	-	-	-	13529
30.	West Bengal	35585	53497	-	-	89082
	Total	865540	684165	17638	55142	1621178

TOTAL NO. OF SPECIAL CANCER OPD DURING THE PERIOD 2023-24		
ORGANIZATION	STATE	NUMBER OF PATIENTS
NIA	Rajasthan (Jaipur)	1012
AIIA	Delhi	5639
	Haryana (Jhajjar)	4162
NIH	Kolkata	1410
NEIAH	Meghalaya	27
CCRS	Tamilnadu	2
	Kerala	1
	Karnataka	36
	Andhra Pradesh	59
	Puducherry	26
	New Delhi	1881
	Goa	0
Total		14255

ब्राजील में जी-20 बैठक

*369. श्री अरुण गोविल:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या यह सच है कि हाल ही में ब्राजील की राजधानी रियो डी जनेरियो में आयोजित जी-20 बैठक में एक पूरा सत्र वैश्विक शासन के संस्थानों में सुधारों के लिए समर्पित था, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या जी-20 नेता इस विषय पर विस्तार से चर्चा करते हुए एकजुट होकर काम करने पर सहमत हुए, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या इसका उद्देश्य संयुक्त राष्ट्र संगठन जैसी अंतरराष्ट्रीय संस्थाओं को मजबूत करना था, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(घ) क्या हाल ही में ब्राजील में आयोजित जी-20 बैठक में संयुक्त राष्ट्र सुरक्षा परिषद की स्थायी सदस्यता के लिए भारत का दावा मजबूत हुआ है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

विदेश मंत्री (डॉ. सुब्रह्मण्यम जयशंकर):

(क) से (घ): 18 नवंबर 2024 को ब्राजील के रियो जेनेरियो में रियो जी20 नेताओं के शिखर सम्मेलन के पहले दिन वैश्विक शासन संस्थानों के सुधार पर एक विशिष्ट पूर्ण सत्र आयोजित किया गया।

शिखर सम्मेलन में अनुमोदित जी20 रियो डी जेनेरियो नेताओं के घोषणापत्र में नेताओं ने संयुक्त राष्ट्र चार्टर और अंतरराष्ट्रीय कानून के उद्देश्यों तथा सिद्धांतों में निहित एक पुनर्जीवित और सुदृढ़ बहुपक्षीय प्रणाली के लिए काम करने का संकल्प लिया, जिसमें अधिक प्रतिनिधित्व, प्रभावशीलता, पारदर्शिता

और जवाबदेही के साथ नवीनीकृत संस्थान और एक पुनर्गठित शासन व्यवस्था हो, जो 21वीं सदी की सामाजिक, आर्थिक और राजनीतिक वास्तविकताओं को दर्शाती हो। उन्होंने संयुक्त राष्ट्र और उसके अनुषंगी निकायों, अंतरराष्ट्रीय वित्तीय ढांचे और बहुपक्षीय व्यापार प्रणाली में सुधार और मजबूती लाने का आह्वान किया।

नेताओं ने संयुक्त राष्ट्र के मुख्य विचार-विमर्श, नीति निर्धारक और प्रतिनिधित्व अंग के रूप में संयुक्त राष्ट्र महासभा की भूमिका को मजबूत करके इसे सशक्त बनाने के लिए प्रतिबद्धता जताई। उन्होंने संयुक्त राष्ट्र सुरक्षा परिषद में एक परिवर्तनकारी सुधार का संकल्प लिया ताकि इसे 21वीं सदी की वास्तविकताओं और मांगों के अनुरूप बनाया जा सके, जिससे इसमें और अधिक प्रतिनिधित्व, समावेशिता, कुशलता, प्रभावशीलता, लोकतांत्रिक मूल्य, जवाबदेही और पारदर्शिता लायी जा सके। उन्होंने आर्थिक एवं सामाजिक परिषद और शांति व्यवस्था संबंधी आयोग को मजबूत करने के लिए भी प्रतिबद्धता व्यक्त की। नेताओं ने पारदर्शिता, समान भौगोलिक वितरण, राष्ट्रीयताओं के रोटेशन और पदों को भरने में योग्यता और लैंगिक संतुलन के माध्यम से एक बेहतर प्रतिनिधित्व वाले संयुक्त राष्ट्र सचिवालय के लिए प्रतिबद्धता जताई। नेताओं ने वैश्विक अभिशासन सुधार पर कार्रवाई के लिए जी20 आह्वान की भावना में संयुक्त राष्ट्र के सभी सदस्यों के साथ मिलकर काम करने की भी प्रतिबद्धता व्यक्त की।

नई दिल्ली में दिए गए अधिदेश के आधार पर, नेताओं ने बेहतर, बड़े और अधिक प्रभावी बहुपक्षीय विकास बैंकों की दिशा में जी20 रोडमैप का समर्थन किया और अंतरराष्ट्रीय आर्थिक एवं वित्तीय संस्थानों से जुड़े निर्णय लेने में विकासशील देशों के प्रतिनिधित्व और उनकी आवाज को सामने लाने की आवश्यकता को रेखांकित किया।

नेताओं ने विश्व व्यापार संगठन के कार्यों में सुधार के लिए आवश्यक परिवर्तन के प्रति अपना समर्थन दोहराया, ताकि एक नियम-आधारित, गैर-भेदभावपूर्ण, निष्पक्ष, खुली, समावेशी, न्यायसंगत, टिकाऊ

और पारदर्शी बहुपक्षीय व्यापार प्रणाली सुनिश्चित की जा सके, जिसमें सभी सदस्यों के लिए एक सुचारु रूप से काम करने वाली विवाद निपटान प्रणाली सुलभ हो।

संयुक्त राष्ट्र सुरक्षा परिषद की स्थायी सदस्यता के लिए भारत का दावा इस प्रकार से मजबूत हुआ है कि जी-20 सदस्यों ने सुरक्षा परिषद की संरचना को विस्तृत करने का आह्वान किया, जिससे अफ्रीका, एशिया-प्रशांत और लैटिन अमेरिका और कैरिबियन जैसे कम प्रतिनिधित्व वाले और बिना प्रतिनिधित्व वाले क्षेत्रों और समूहों का प्रतिनिधित्व बढ़ सके।

सिकल सेल रोग के उपचार के लिए संस्थान

***370. श्री बृजमोहन अग्रवाल:**

क्या **स्वास्थ्य एवं परिवार कल्याण मंत्री** यह बताने की कृपा करेंगे कि:

(क) क्या छत्तीसगढ़ में सिकल सेल रोग (सिकल सेल एनीमिया) के उपचार के लिए कोई संस्थान है, यदि हां, तो तत्संबंधी ब्यौरा क्या है और यह संस्थान कब से कार्यशील हुआ है;

(ख) क्या सरकार ने उक्त रोग के लिए किसी संस्थान की स्थापना को मंजूरी दी है, यदि हां, तो इस प्रयोजन के लिए स्थापित संस्थान की श्रेणी सहित ब्यौरा क्या है;

(ग) क्या सरकार ने उक्त रोग के उपचार और संस्थान की स्थापना के लिए कोई धनराशि संस्वीकृत की है और यदि हां, तो कितनी धनराशि संस्वीकृत की गई और उक्त धनराशि किन-किन मदों के अंतर्गत आवंटित की गई है; और

(घ) छत्तीसगढ़ में उक्त सिकल सेल एनीमिया रोग के व्यापक प्रसार को देखते हुए इसके रोग की रोकथाम और रोगियों के उपचार में सुगमता के लिए सरकार द्वारा क्या कार्रवाई की गई है/किए जाने का विचार है?

स्वास्थ्य और परिवार कल्याण मंत्री; तथा रसायन और उर्वरक मंत्री (श्री जगत प्रकाश नड्डा):

(क): सिकल सेल इंस्टीट्यूट छत्तीसगढ़ (एससीआईसी), रायपुर, सिकल सेल रोग (एससीडी) से संबंधित उपचार, अनुसंधान, परामर्श और प्रशिक्षण पर अभिकेंद्रित विशेष संस्थान है, जिसे छत्तीसगढ़ सरकार द्वारा स्थापित किया गया है और यह वर्ष 2013 से कार्यशील है।

(ख) से (घ): माननीय प्रधानमंत्री द्वारा सिकल सेल रोग (एससीडी) के उन्मूलन हेतु दिनांक 1 जुलाई, 2023 को मध्य प्रदेश से राष्ट्रीय सिकल सेल एनीमिया उन्मूलन मिशन (एनएससीईएम) की शुरुआत की गई है। इस मिशन का उद्देश्य सभी सिकल सेल रोगियों को किफ़ायती, सुलभ और गुणवत्तापरक परिचर्या प्रदान करना, जागरूकता सृजन के जरिए एससीडी की व्याप्तता को कम करना, जनजातीय क्षेत्रों के प्रभावित जिलों में वर्ष 2025-26 तक 0-40 वर्ष की आयु के 7 करोड़ लोगों की लक्षित जांच करना और केंद्रीय मंत्रालयों और राज्य सरकारों के सहयोगात्मक प्रयासों के जरिए परामर्श देना है। एनएससीईएम के तहत जिला अस्पतालों से लेकर आयुष्मान आरोग्य मंदिर (एएएम) स्तर तक सभी स्वास्थ्य सुविधा केंद्रों में जांच की जाती है। दिनांक 15.12.2024 की स्थिति के अनुसार 17 निर्धारित राज्यों के जनजातीय बहुल क्षेत्रों में छत्तीसगढ़ के 1,45,53,398 लोगों सहित कुल 4,84,24,580 लोगों की जांच की जा चुकी है।

हाइड्रोक्सीयूरिया को उप स्वास्थ्य केंद्रों, प्राथमिक स्वास्थ्य केंद्रों (पीएचसी)/ शहरी पीएचसी, सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों में राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) की अनिवार्य औषधि सूची में शामिल किया गया है ताकि औषधियों की उपलब्धता की समस्या न रहे।

यह मंत्रालय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत राज्यों/संघ राज्य क्षेत्रों को उनके कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर सिकल सेल एनीमिया के लिए जांच और औषधियों की खरीद के लिए तकनीकी और वित्तीय सहायता प्रदान करता है। प्रभावित राज्यों

में एनएससीआईएम सहित रक्त विकारों की जांच के लिए बजटीय आवंटन का ब्यौरा संलग्न **विवरण** में दिया गया है।

स्वास्थ्य और परिवार कल्याण मंत्रालय ने विभिन्न राज्यों में जनजातीय कार्य मंत्रालय (एमओटीए) द्वारा वित्तपोषित एससीडी पर उत्कृष्टता केंद्र (सीओई) की स्थापना के लिए लागत मानदंडों के लिए दिशा-निर्देश जारी किए हैं। आज की तिथि के अनुसार, देश में एमओटीए द्वारा 15 उत्कृष्टता केंद्रों को मंजूरी दी गई है, जिनकी कुल लागत 38.38 करोड़ रुपए है, जिसमें छत्तीसगढ़ के एम्स रायपुर में उत्कृष्टता केंद्र के लिए 2.016 करोड़ रुपए शामिल हैं।

विवरण

वित्त वर्ष 2023-24 के लिए एनएचएम के अंतर्गत सिकल सेल जांच सहित रक्त विकारों की जांच के लिए राज्य/संघ राज्य क्षेत्रवार राज्य कार्यक्रम कार्यान्वयन योजना (एसपीआईपी) अनुमोदनों को दर्शाने वाला ब्यौरा

(लाख रुपए में)

क्र.सं.	राज्य/संघ राज्य क्षेत्र	एसपीआईपी अनुमोदन (2023-24)
1.	आंध्र प्रदेश	798.83
2.	असम	31.20
3.	बिहार	50.00
4.	छत्तीसगढ़	1,536.36
5.	गुजरात	505.68
6.	झारखंड	407.50
7.	कर्नाटक	225.39
8.	केरल	3,848.40
9.	मध्य प्रदेश	1,210.00
10.	महाराष्ट्र	2,017.10
11.	ओडिशा	2,475.38

12.	राजस्थान	251.47
13.	तमिलनाडु	12,279.60
14.	तेलंगाना	-
15.	उत्तर प्रदेश	15,193.24
16.	उत्तराखंड	482.19
17.	पश्चिम बंगाल	777.96

नोट: उपर्युक्त डेटा राज्य/संघ राज्य क्षेत्रों द्वारा प्रस्तुत उपलब्ध रिपोर्टों के अनुसार है और अनंतिम है।

BAL VIVAH MUKT BHARAT CAMPAIGN

***371. SHRI SHRIRANG APPA CHANDU BARNE:**

SHRI ARVIND GANPAT SAWANT:

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

- (a) whether the Government of India has launched the 'Bal Vivah Mukt Bharat' campaign in the country, if so, the details thereof;
- (b) whether the Government has requested the State Governments to create specific action plans for reducing child marriage rates to below 5 per cent by 2029;
- (c) if so, the details thereof along with the achievements made in this regard;
- (d) the number of districts where child marriage rates are high as compared to the national average, State-wise including Madhya Pradesh; and

- (e) the number of child marriages prevented during the last three years and current year, State-wise, particularly in Maharashtra and Madhya Pradesh?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT

(SHRIMATI ANNPURNA DEVI):

(a) to (c): 'Bal Vivah Mukht Bharat' campaign launched on 27th November 2024 by the Government focuses on making the country child marriage free. It is one of the most important imperatives to promote education, skilling, enterprise and entrepreneurship among girls and women to realise the vision of a 'Viksit Bharat'.

A 'Bal Vivah Mukht Bharat / Child Marriage Free Bharat' portal, an online platform dedicated to supporting the campaign's vision by raising awareness, preventing child marriages, and facilitating the effective reporting of such incidents has also been launched. This will act as a centralised platform which can provide information about Child Marriage Prohibition Officers (CMPOs) at central level, awareness programmes conducted and to facilitate reporting of the child marriage incidences. A national-level training session was also conducted for all CMPOs on the day of launch of the campaign, for both attending physically and virtually, to enhance their effectiveness in this initiative.

(d) and (e): Since enactment of the PCMA Act, 2006, the prevalence of child marriage has been reduced by half from approximately 47% as per National Family Health Survey (NFHS-3) in 2005-06 to approximately 23.3% during 2019-21 as per NFHS-5. However, few States have higher prevalence of child marriage compared

to the national average. According to the NFHS-5 data, there are around 259 districts in the country where the rate of child marriage is higher than the national average.

As per the National Crime Records Bureau (NCRB), the number of cases registered under the PCMA are 501, 525, 785, 1050 and 1002 in the 2018, 2019, 2020, 2021 and 2022, respectively. The number of reported cases is now seeing an increasing trend that may be due to increased awareness among citizens. Different States have nominated the CMPOs at different levels and the data regarding child marriage prevented is maintained by them. In some States, the functionaries up to gram panchayat level have been nominated whereas in many States it is only up to the district or sub-district level.

भारत के राजनयिक संबंध

***372. श्री देवेश चन्द्र ठाकुर:**

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) दुनिया भर में कितने देशों के साथ भारत के कोई राजनयिक संबंध नहीं हैं;

(ख) ऐसे देशों के नाम क्या हैं और उनके साथ राजनयिक संबंध न रखने के क्या कारण हैं;

(ग) उक्त देशों के साथ संबंध स्थापित करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं/उठाए जाने का विचार है; और

(घ) इस संबंध में कितनी सफलता मिली है?

विदेश मंत्री (डॉ. सुब्रह्मण्यम जयशंकर):

(क) से (घ) संयुक्त राष्ट्र (यूएन) का ऐसा कोई सदस्य देश नहीं है जिसके साथ भारत के राजनयिक संबंध न हों। संयुक्त राष्ट्र के सभी 192 सदस्य देशों के साथ राजनयिक संबंध होने के अतिरिक्त, दो यूएन पर्यवेक्षक देशों अर्थात् होली सी तथा फिलिस्तीन राष्ट्र और दो गैर-यूएन सदस्य देशों अर्थात् नियू और कुक आइलैंड्स के साथ भी भारत के राजनयिक संबंध हैं।

BAN ON FDC MEDICINES

***373. SHRI S. VENKATESAN:**

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) whether the Government has banned 156 Fixed Dose Combination (FDC) medicines which included commonly used antibiotics, painkillers and multivitamins;
- (b) if so, the details thereof;
- (c) the number of FDCs identified by the Kokate Committee as irrational and under production without licences; and
- (d) the measures taken/proposed to be taken by the Government to protect people from risks associated with these irrational drugs?

**THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF
CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):**

(a) to (d): As per the information provided by M/o Health and Family Welfare, there are provisions under the Drugs and Cosmetics Act, 1940, under which Central Government may regulate, restrict or prohibit manufacture, etc of any drug including Fixed Dose Combination (FDCs) drugs in public interest if the use of drugs is likely to involve any risk to human beings or animals or there is no therapeutic justification for the ingredients contained in FDCs.

Whenever, any such concerns on any drug including FDCs are reported, the matter is examined in consultation with expert committee/ Drugs Technical Advisory Board (DTAB) and appropriate action is taken for prohibition of such drugs.

Central Government constituted an Expert Committee under the chairmanship of Prof C.K. Kokate to examine the safety and efficacy of such FDCs.

Based on the recommendations of the Prof. C. K. Kokate Expert Committee, Central Government prohibited several FDCs. List of such banned FDCs including 156 banned FDCs in the month of August, 2024 is available on the website of Central Drugs Standard Control Organisation (CDSCO) i.e www.cdsc.gov.in.

Under the provision of Drugs and Cosmetics Act and Rules, manufacture/ sale/ distribution of any banned drug is a punishable offence. State Licencing Authorities are empowered to take action in case of manufacture, sale of such unapproved FDCs.

OUTCOME OF PM'S VISIT TO NIGERIA, BRAZIL AND GUYANA

***374. DR. MALLU RAVI:**

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:

- (a) whether Prime Minister of India's visit to Nigeria, Brazil, and Guyana is aimed at diversifying India's energy sources and strengthening trade partnerships, particularly in the crude oil sector;
- (b) if so, the details and outcome thereof;
- (c) whether the visits to Nigeria and Guyana, both of which are rapidly expanding their petroleum production is likely to result in new energy agreements or collaborations to enhance energy security of the country;
- (d) if so, the details thereof; and
- (e) whether Prime Minister's participation in the G-20 Leaders Summit in Brazil focussed on advancing India's strategic interests in global trade and energy partnerships and if so, the details thereof?

THE MINISTER OF EXTERNAL AFFAIRS

(DR. SUBRAHMANYAM JAISHANKAR):

(a) to (e): India and Nigeria share warm and cordial relations and their ties have evolved into a "strategic partnership", with sound political understanding and diversifying economic engagement. Nigeria is India's largest trading partner in Africa and India is one of the largest trading partners of Nigeria. Our bilateral trade is dominated by India's import of crude oil from Nigeria. About 11 per cent of India's

energy supply comes from Nigeria annually. During Hon'ble PM's visit to Nigeria on November 16-17, 2024, both sides discussed various ways and means to strengthen the bilateral trade partnerships in all sectors, including the crude oil and natural gas.

Prime Minister participated in the G20 Leaders' Summit in Rio de Janeiro, Brazil from 18-19 November 2024. The G20 Rio Leader's Declaration, which was endorsed by India, reflects many provisions of the G20 New Delhi Leaders' Declaration adopted in September 2023 during India's Presidency of the G20, including on issues of global trade and energy, carrying forth and advancing India's strategic interests.

With respect to global trade, the G20 Rio Leader's Declaration inter alia emphasized the need to ensure a rules-based, non-discriminatory, fair, open, inclusive, equitable, sustainable and transparent, multilateral trading system with the WTO at its core and supported policies that enable trade to serve as an engine of growth and prosperity for all.

On energy, the G20 Rio Leader's Declaration inter alia committed to accelerate clean, sustainable, just, affordable and inclusive energy transitions; support the implementation of efforts to triple renewable energy capacity globally and double the global average annual rate of energy efficiency improvements globally through existing targets and policies; recognize the need to catalyze and scale up investment from all financial sources and channels for bridging the funding gap for

energy transitions globally, especially in developing countries; and support reliable, diversified, sustainable and responsible supply chains for energy transitions, including for critical minerals and materials beneficiated at source, semiconductors and technologies.

During the visit of Prime Minister to Guyana, an agreement on cooperation in the Hydrocarbons sector was signed between India and Guyana. With enhanced engagements in the hydrocarbon sector, enough potential lies ahead for growth in our bilateral trade. In 2021-22, the total bilateral trade reached its peak and stood at 223 million due to import of Crude oil; India imported Crude oil for the first time from Guyana worth US \$ 149 million. The agreement aims to enhance bilateral cooperation in the entire value chain of hydrocarbons sector and services, including promotion of investments in each other's countries, technology transfer, RandD, conducting joint studies and capacity building of human resources. Indian oil companies can also explore opportunities to participate in the exploration and production sector in Guyana.

SETTING UP OF CGHS CENTRE IN MALABAR REGION

***375. SHRI E. T. MOHAMMED BASHEER:**

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

(a) whether the Government has received any proposal for setting up CGHS Centre(s) in Malabar Region;

- (b) if so, the steps taken/proposed to be taken by the Government in this regard;
- (c) whether the Government has any plans to establish a CGHS Centre in Northern Part of Kerala i.e. Malappuram or Calicut; and
- (d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):

(a) to (d) Augmentation of CGHS infrastructure to serve the beneficiaries more effectively and efficiently is a continuous process. Presently, in the Malabar Region, one CGHS dispensary each is functioning in Calicut (Kozhikode) and Kannur, which caters to the medical needs of approximately 6047 and 2972 CGHS beneficiaries respectively. In total, approximately 9000 beneficiaries are benefited from these wellness centres which is in proportion to CGHS dispensary availability and beneficiaries count.

BACKLOG OF CRIMINAL CASES

***376. SHRI PARBHUBHAI NAGARBHAI VASAVA:**

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) the steps taken/proposed to be taken by the Government to reduce the backlog of criminal cases in courts;

- (b) the measures being implemented to ensure faster trials for undertrials in the criminal justice system; and
- (c) the manner in which the Government is ensuring timely delivery of justice to victims of crimes, particularly in high-profile cases?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a) and (b): The disposal of cases in courts is contingent upon several factors which, inter-alia, include availability of physical infrastructure and supporting court staff, complexity of facts involved, nature of evidence, co-operation of stake holders viz. bar, investigation agencies, witnesses and litigants and proper application of rules and procedures. Other factors that lead to the delay in the disposal of cases include lack of prescribed timeframe by respective courts for disposal of various kinds of cases, frequent adjournments and lack of adequate arrangement to monitor, track and bunch cases for hearing.

In order to reduce overcrowding of jails and help undertrials, the following provisions have been incorporated in the Bharatiya Nyaya Sanhita(BNS), 2023 and BharatiyaNagarik Suraksha Sanhita(BNSS), 2023:

- In section 290 of BNSS, plea bargaining has been made time bound and application for plea bargaining can be made within 30 days from date of framing

of charge. In a plea bargaining case, in working out a mutually satisfactory disposition of case under section 293 of the BNS, where the accused is first-time offender and has not been convicted of any offence in the past, the Court may sentence such accused person to one-fourth/one-sixth of punishment prescribed for such offence.

- The maximum period for which Undertrial prisoner can be detained has been prescribed in the section 479 of the BNSS. It has been provided that where a person is a first-time offender (who has never been convicted of any offence in the past), he shall be released on bond by the Court, if he has undergone detention for the period extending up to one-third of the maximum period of imprisonment specified for such offence under that law. Further, it shall be the duty of the Superintendent of Jail to make an application to the Court in this regard.
- For the first time, Community Service has been introduced as one of the punishments.

National Legal Services Authority (NALSA) is implementing a new Central Sector Scheme namely Legal Aid Defence Counsel System (LADCS) Scheme in order to strengthen the criminal court based legal services and provide free legal aid to undertrials. The Scheme has a Financial Outlay of Rs. 998.43 crore for 3 years (F.Y. 2023-24 to F.Y. 2025-26). As of 30th September 2024, LADC offices operate in 653 districts with 4674 staff handling 2.54 lakh criminal cases in 2024-25.

Further, the Undertrial Prisoner Review Committee (UTRCs) have been established in all the districts. From January, 2020 to March, 2024, 39,968 UTRC meetings were held leading to release of 1,04,577 inmates.

As per the provisions of the Legal Services Authorities Act, 1987 read with National Legal Services Authority (Lok Adalats) Regulations, 2009, Lok Adalats are organised across the country. In these Lok Adalats, the disputes/ cases including criminal compoundable cases viz. Section 138 N.I. Act, Section 420 IPC, etc. pending in the court of law or at pre-litigation stage are settled amicably.

The Statements showing the number of cases disposed of by the Lok Adalats State-wise during the last five years is annexed as detailed below:

- (i) The details of cases settled in National Lok Adalats is enclosed as **Statement-I.**
- (ii) The details of cases disposed of in the State Lok Adalats is enclosed as **Statement-II.**
- (iii) The details of cases settled in Permanent Lok Adalats is enclosed as **Statement-III.**

During the Covid pandemic, a virtual platform E- Lok Adalat was introduced to settle disputes, combining technology with alternative dispute resolution (“ADR”) mechanisms which improve access and reducing litigation cost. Around 112.39 lakh cases were resolved virtually across 28 States and UTs.

(c): In order to ensure timely delivery of Justice to victims of crimes, the following provisions have been incorporated in the Bharatiya Nyaya Sanhita(BNS) and BharatiyaNagarik Suraksha Sanhita(BNSS):

- **Faster and Fair Resolution:** The new laws promise a faster and fair resolution of cases, instilling confidence in the legal system. Crucial stages of investigation and trial like - Preliminary enquiry (to be completed in 14 days), further investigation (to be completed in 90 days), supply of document to the victim and accused (within 14 days), commitment of a case for trial (within 90 days), filling of discharge applications (within 60 days), framing of charges (within 60 days), pronouncement of judgment (within 45 days) and filling of mercy petitions (30 days before Governor and 60 days before President) – have been laid down and to be completed within stipulated time period.
- **Fast-Track Investigations:** The new laws prioritized the investigations for offences against women and children, ensuring timely completion within two months of recording information.
- **Limited Adjournments:** Courts can grant a maximum of two adjournments to avoid unnecessary delays in case hearings, ensuring timely justice delivery.

14th Finance Commission had recommended for setting up of 1800 Fast Track Courts (FTCs) during 2015-2020 for speedy trial of specific cases of heinous nature, civil cases related to women, children, senior citizen, disabled persons, persons

infected with terminal ailments etc. and property related cases pending for more than 5 years. The Finance Commission had further urged the State Governments to utilize enhanced fiscal space available through tax devolution for this purpose. The Union Government has also urged the State Governments to allocate funds for the setting up of FTCs, from the financial year 2015-16 onward. As per information made available by High Courts, 863 FTCs are functional in the country as on 31.10.2024. The State/UT-wise details of functional Fast Track Courts are given in the enclosed **Statement-IV**.

Further, in pursuance to the Criminal Law (Amendment) Act, 2018, the Central Government is implementing a Centrally Sponsored Scheme for setting up Fast Track Special Courts (FTSCs) including exclusive POCSO (e-POCSO) courts since October, 2019 for expeditious trial and disposal of pending cases pertaining to Rape and Protection of Children from Sexual Offences (POCSO) Act in a time-bound manner. As per the data submitted by the High Courts, 750 FTSCs including 408 exclusive POCSO (e-POCSO) courts are functional in 30 States/UTs, as on 31.10.2024. These courts have disposed of more than 2,87,000 cases since the inception of the Scheme. The State/UT-wise details of functional Fast Track Special Courts (FTSCs), are given in the enclosed **Statement-V**.

As directed by the Hon'ble Supreme Court of India in Writ Petition (Civil) 699/2016 (*Ashwini Kumar Upadhyaya vs. Union of India and Anr.*) vide its Orders dated 01.11.2017 and 14.12.2017, the Union Government facilitated setting up of 12

Special Courts in 11 States (NCT of Delhi-2, Andhra Pradesh-1, Telangana-1, Karnataka-1, Kerala-1, Tamil Nadu-1, Maharashtra-1, Madhya Pradesh-1, Uttar Pradesh-1, Bihar-1, and West Bengal-1) for the expeditious trial and disposal of criminal cases involving elected MPs/MLAs. As of now, **10 Special Courts are functional in 9 States** (Special court of Bihar and Kerala were discontinued as per direction of the Apex court dated 04.12.2018). Performance of these special courts is being monitored by the Hon'ble Supreme Court of India.

STATEMENT-I

The details of cases settled in National Lok Adalats during the last five years:

S.No.	Name of the State Authority	2019	2020	2021	2022	2023	2024 (upto September,24)
		Cases disposed of (Both Pre-litigative and Pending cases)	Cases disposed of (Both Pre-litigative and Pending cases)	Cases disposed of (Both Pre-litigative and Pending cases)	Cases disposed of (Both Pre-litigative and Pending cases)	Cases disposed of (Both Pre-litigative and Pending cases)	Cases disposed of (Both Pre-litigative and Pending cases)
1	Andaman and Nicobar	0	248	3997	3310	1536	2319
2	Andhra Pradesh	97415	37896	122839	647956	671612	139472
3	Arunachal Pradesh	588	104	1054	1071	990	1463
4	Assam	21596	12188	39642	113989	164445	129525

5	Bihar	164984	66451	151620	305483	357765	265649
6	Chandigarh	11188	2569	16833	15569	63764	31149
7	Chhattisgarh	57648	24464	134548	1125318	1664237	2374635
8	Dadra and Nagar Haveli and Daman and Diu	2270	1799	285	1538	20632	8592
9	Delhi	71377	83006	154992	535025	671278	509192
10	Goa	1565	351	1680	3934	3505	3007
11	Gujarat	193150	41584	748722	1185571	1863177	1584194
12	Haryana	103298	30298	123413	673487	985650	1010654
13	Himachal Pradesh	25432	5971	35556	111150	150181	128235

14	Jammu and Kashmir	32177	13258	166544	390496	404665	446944
15	Jharkhand	49228	53152	232473	1121405	2822947	3501128
16	Karnataka	281849	334681	1277856	3444607	14840452	10488183
17	Kerala	128729	15010	68681	136101	57726	46886
18	Ladakh	0	0	1463	1444	1781	1624
19	Lakshadweep	4	8	7	129	41	35
20	Madhya Pradesh	234433	108365	347333	419776	536105	357346
21	Maharashtra	428376	215837	2440375	4754239	3543736	3588920
22	Manipur	1994	204	794	1343	437	708
23	Meghalaya	695	303	852	956	680	756
24	Mizoram	495	218	790	4432	4087	951
25	Nagaland	973	251	941	888	801	782

26	Odisha	43197	18329	35557	337065	348288	565104
27	Puducherry	4194	1738	5084	6405	6297	3099
28	Punjab	89016	32528	138175	392256	760712	840072
29	Rajasthan	219098	103060	286834	4572315	16586071	8240293
30	Sikkim	165	30	110	232	126	76
31	Tamil Nadu	340594	88819	191604	447536	355762	243724
32	Telangana	110838	47560	349902	1611677	5591849	13399009
33	Tripura	3354	382	1070	4814	15724	32884
34	Uttar Pradesh	2484405	1171022	5551793	18698973	31644594	28258464
35	Uttarakhand	26058	8088	20882	67438	85032	58465
36	West Bengal	62890	28596	133736	788082	1115532	1006326
	Grand Total	5293273	2548368	12788037	41926010	85342217	77269865

	Daman and Diu												
9	Delhi	52	16340	300	195359	250	147103	60	11094	198	123151	182	141984
10	Goa	5	81	8	777	30	3209	43	1308	13	245	8	329
11	Gujarat	4542	20611	2851	21880	5157	15546	3805	19717	12	244	1569	6544
12	Haryana	66040	124952	33774	52789	54762	115797	43135	230018	92	29196	0	0
13	Himachal Pradesh	1865	68651	90	3205	260	22031	142	4198	59	2880	26	1126
14	Jammu and Kashmir	145	16774	125	9469	24	3271	225	76683	134	28170	138	26422
15	Jharkhand	743	14341	607	79649	1310	22954	1523	10868	1495	33718	721	748810
16	Karnataka	3890	45165	1912	121884	412	2524	229	2632	0	0	0	0
17	Kerala	1972	21408	721	4837	302	19226	607	23246	657	26231	291	1675
18	Ladakh	0	0	0	0	4	32	4	240	0	0	0	0
19	Lakshadweep	2	0	0	0	0	0	3	3	1	1	0	0
20	Madhya Pradesh	1166	10675	1714	14903	808	4110	1242	5367	1472	48996	548	1426
21	Maharashtra	592	7932	22	605	6	28	30	341	38	580	2	1
22	Manipur	0	0	1	21	0	0	4	43	0	0	0	0
23	Meghalaya	0	0	0	0	23	89	0	0	0	0	0	0
24	Mizoram	112	552	27	147	17	204	41	1202	12	94	35	398
25	Nagaland	0	0	0	0	0	0	0	0	0	0	0	0
26	Odisha	101	45210	239	4628	12	326	6	112422	3	244230	0	0
27	Puducherry	49	699	24	392	42	262	47	743	38	492	12	181
28	Punjab	803	4242	0	0	339	1108	6	15	154	2268	0	0
29	Rajasthan	3689	6522	607	34514	786	845	1202	1628	1086	1039	526	497
30	Sikkim	120	560	110	158	110	636	150	887	143	784	78	468

31	Tamil Nadu	2181	16621	767	13117	759	13066	1295	16369	1336	34744	263	3104
32	Telangana	1862	12352	1501	24327	2827	7363	2604	25365	2474	171817	1267	12089
33	Tripura	35	7353	12	6938	93	11624	19	2492	62	25637	11	3796
34	Uttar Pradesh	197	3916	200	100305	57	31414	30	259125	172	411941	224	59246
35	Uttarakhand	72	27258	121	6166	25	8605	125	26498	102	17407	43	3816
36	West Bengal	1307	25698	575	13853	774	74999	454	10830	0	0	0	0
	Grand Total	102056	545751	50451	744073	74480	532529	62194	851309	9865	1207103	5944	1011912

STATEMENT-III

The details of cases settled in Permanent Lok Adalats during the last five years:

[illegible]

[illegible]

20	Madhya Pradesh	368	510	455	270	886	574	1176	608	1071	409	422	156
21	Maharashtra	797	3304	541	249	918	765	1017	1208	1023	485	503	497
22	Manipur	0	0	0	0	0	0	0	0	0	0	0	0
23	Meghalaya	0	0	0	0	0	0	0	0	0	0	0	0
24	Mizoram	0	0	0	0	0	0	0	0	0	0	0	0
25	Nagaland	0	0	0	0	0	0	0	0	0	0	0	0
26	Odisha	935	1870	583	1350	742	1561	753	1612	1041	1891	632	968
27	Puducherry	0	0	0	0	0	0	0	0	0	0	0	0
28	Punjab	4504	8391	2868	3987	4538	9967	4902	14545	4969	20279	2573	9869
29	Rajasthan	4545	5254	1123	806	2960	3228	4435	5072	4230	5799	2600	2333
30	Sikkim	0	0	0	0	0	0	0	0	0	0	0	0
31	Tamil Nadu	245	47	236	80	671	272	1121	528	1119	427	553	237
32	Telangana	181	3546	66	549	108	6674	118	7540	104	12746	37	7086
33	Tripura	147	208	1	0	44	81	70	162	97	157	65	70
34	Uttar Pradesh	4274	1230	2714	383	3961	1087	3720	1173	4476	2516	2005	1001
35	Uttarakhand	461	379	156	522	484	765	590	510	649	432	375	245
36	West Bengal	0	0	0	0	0	0	0	0	0	0	0	0
	Grand Total	29776	110676	19777	40458	29153	118136	32487	171138	33020	232763	17309	98776

STATEMENT-IV**STATE-WISE STATUS OF FAST TRACK COURTS (FTCs) AS
ON 31.10.2024**

Sl. No.	Name of States/UTs	Number of Functional FTCs
1	Andhra Pradesh	21
2	Andaman and Nicobar Island	0
3	Arunachal Pradesh	0
4	Assam	15
5	Bihar	0
6	Chandigarh	0
7	Chhattisgarh	27
8	Dadra and Nagar Haveli and Diu and Daman	0
9	Delhi	26
10	Goa	4
11	Gujarat	54
12	Haryana	6
13	Himachal Pradesh	3
14	Jammu and Kashmir	8
15	Jharkhand	41
16	Karnataka	0
17	Kerala	0
18	Ladakh	0
19	Lakshadweep	0
20	Madhya Pradesh	0
21	Maharashtra	101
22	Manipur	6
23	Meghalaya	0
24	Mizoram	2

25	Nagaland	0
26	Odisha	0
27	Puducherry	0
28	Punjab	7
29	Rajasthan	0
30	Sikkim	2
31	Tamil Nadu	72
32	Telangana	0
33	Tripura	3
34	Uttar Pradesh	373
35	Uttarakhand	4
36	West Bengal	88
	TOTAL	863

STATEMENT-V

STATE-WISE STATUS OF FAST TRACK SPECIAL COURTS (FTSC) AS ON 31.10.2024

Sl. No.	State/UT	Functional Courts	
		FTSCs including ePOCSO	ePOCSO
1	Andhra Pradesh	16	16
2	Assam	17	17
3	Bihar	46	46
4	Chandigarh	1	0
5	Chhattisgarh	15	11
6	Delhi	16	11
7	Goa	1	0
8	Gujarat	35	24
9	Haryana	16	12
10	Himachal Pradesh	6	3

11	JandK	4	2
12	Jharkhand	22	16
13	Karnataka	31	17
14	Kerala	55	14
15	Madhya Pradesh	67	57
16	Maharashtra	8	4
17	Manipur	2	0
18	Meghalaya	5	5
19	Mizoram	3	1
20	Nagaland	1	0
21	Odisha	44	23
22	Puducherry*	1	1
23	Punjab	12	3
24	Rajasthan	45	30
25	Tamil Nadu	14	14
26	Telangana	36	0
27	Tripura	3	1
28	Uttarakhand	4	0
29	Uttar Pradesh	218	74
30	West Bengal	6	6
31	AandN**	-	-
32	Arunachal Pradesh***	-	-
	TOTAL	750	408

* Puducherry specially requested to join the Scheme and has since operationalized one exclusive POCSO Court in May 2023.

** A&N Islands has conveyed its willingness to join the Scheme, but has not yet established any FTSC.

*** Arunachal Pradesh has opted out of the Scheme citing a very low number of pending cases of Rape and POCSO Act.

DOMESTIC PRODUCTION OF FERTILISERS

***377: SHRI JAGDAMBIKA PAL:**

SHRI DILIP SAIKIA:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) the specific measures undertaken by the Government to enhance the domestic production and supply of fertilizers in India;
- (b) the manner in which the Government plans to address the challenges faced by farmers regarding fertilizer availability and affordability in the current agricultural landscape;
- (c) the role of public-private partnerships in the Government's strategy to increase fertilizer production and ensure a stable supply for agricultural needs in the country; and
- (d) the details of the domestic production of fertilizer and supply of the same in Palghar district of Maharashtra during the last three years, year-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):

(a): With regard to Urea, the Government had announced New Investment Policy (NIP) – 2012 on 2nd January, 2013 and its amendment on 7th October, 2014 to facilitate fresh investment in the urea sector and to make India self-sufficient in the urea sector. Total 6 new urea units have been set up under NIP-2012 which includes 4 urea units set up through

Joint Venture Companies (JVC) of nominated PSUs and 2 urea units set up by the private companies. The units set up through JVC are Ramagundam urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 urea units namely Gorakhpur, Sindri and Barauni of Hindustan UrvarakandRasayan Limited (HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. The units set up by private companies are Panagarh urea unit of Matix Fertilizers and Chemicals Ltd. (Matix) in West Bengal; and Gadepan-III urea unit of Chambal Fertilizers and Chemicals Ltd. (CFCL) in Rajasthan. Each of these units has installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). These units are highly energy efficient as they are based on latest technology. Therefore, these units have together added urea production of 76.2 LMTPA thereby total production urea production capacity has increased from 207.54 LMTPA during 2014-15 to 283.74 LMTPA at present.

In addition, the Government also notified the New Urea Policy (NUP) – 2015 on 25th May, 2015 for the existing 25 gas-based urea units with one of the objectives of maximizing indigenous urea production. The NUP-2015 has led to additional production of urea by 20-25 LMTPA as compared to the production during 2014-15.

These steps together have facilitated increase of Urea production from level of 225 LMT per annum during 2014-15 to a record Urea Production at 314.07 LMT during 2023-24.

With regard to PandK Fertilizers, the Government has implemented Nutrient Based Subsidy Policy w.e.f. 01.04.2010 for Phosphatic and Potassic (PandK) Fertilizers. Under the policy, a fixed amount of subsidy, decided on annual/bi-annual basis, is provided on notified PandK fertilizers depending on their nutrient content. The PandK sector is decontrolled and the fertilizer companies manufacture/import fertilizers as per the market dynamics. To enhance the domestic production and supply of fertilizers in India, the Government has notified Potash derived from Molasses (PDM) which is 100% indigenously manufactured fertilizer under Nutrient based subsidy (NBS) scheme.

(b): Under the Urea Subsidy Scheme, Urea is provided to the farmers at a statutorily notified Maximum Retail Price (MRP). The MRP of 45 kg bag of urea is Rs.242 per bag (exclusive of charges towards neem coating and taxes as applicable). The difference between the delivered cost of urea at farm gate and net market realization by the urea units is given as subsidy to the urea manufacturer/importer by the Government of India. Accordingly, all farmers are being supplied urea at the subsidized rate.

Under Nutrient Based Subsidy (NBS) scheme, subsidy is fixed keeping in view international prices of key fertilizers and raw materials and fluctuations, if any, are subsumed while fixing NBS rates for PandK fertilizers annually / bi-annually. During Kharif 2024, the subsidy per MT in respect of DAP was ₹21676 whereas during Rabi 2024-25, the subsidy

per MT in respect of DAP has been fixed at ₹21911. In addition, in order to ensure smooth availability of DAP at affordable prices to farmers, Government has provided special packages on DAP over and above the NBS subsidy rates on need basis. In 2024-25, the Government has approved one-time special package on DAP beyond the NBS rates on actual PoS (Point of Sale) sale of DAP for the period from 01.04.2024 till 31.12.2024 @ ₹ 3500 per MT to the P&K fertilizer companies with approximate financial implication of ₹2625 crores to ensure sustainable availability of DAP at affordable prices to the farmers and support the agriculture sector and related activities and strengthen food security scenario in the country.

Further, the following steps are taken by the Government every season for ensuring timely and adequate supply of fertilizers in the country:

- i. Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA and FW), in consultation with all the State Governments, assesses the state-wise and month-wise requirement of fertilizers.
- ii. On the basis of requirement projected, Department of Fertilizers allocates sufficient/ adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.

- iii. The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web based monitoring system called integrated Fertilizer Monitoring System (iFMS);
- iv. Regular Weekly Video Conference is conducted jointly by DA and FW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.
- v. The gap between demand (requirement) and production of fertilizers is met through imports. The import for the season is also finalized well in advance to ensure timely availability.

(c): Presently, there are no such specific public-private partnerships.

(d): There was no domestic production of fertilizers in Palghar District of Maharashtra during the last three years. With regard to the supply of fertilizers in Palghar District, the supply of fertilizers in Palghar District of Maharashtra are 24690 MT, 19980 MT and 22890 MT during the year 2021-22, 2022-23 and 2023-24 respectively.

QUALITY OF AYUSH MEDICINES

378. SHRI NARESH GANPAT MHASKE:

SHRI RAVINDRA DATTARAM WAIKAR:

Will the Minister of **AYUSH** be pleased to state:

- (a) whether the Government proposes to formulate any mechanism to address the issue of standardization and quality control of AYUSH medicines and products in the country;
- (b) if so, the details thereof, State/UT-wise along with the efforts to improve the quality of AYUSH medicines/products, particularly in Maharashtra and Bihar;
- (c) the measures taken/proposed to be taken to enhance research and development in the field of AYUSH along with the efforts to collaborate with international organizations;
- (d) the plans of the Government to promote quality AYUSH medicines and products for wider use by the consumers; and
- (e) whether any shortfall has been noticed in manufacturing of various AYUSH medicines and if so, the details thereof?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND
MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

- (a) and (b) Yes sir. The Drugs and Cosmetics Act, 1940 and Drugs and Cosmetics Rules, 1945 have exclusive regulatory provisions for Ayurvedic, Siddha, Unani, and Homoeopathy drugs. Provisions relating to Ayurveda, Siddha and Unani Drugs are contained in Chapter IVA and Schedule- I of the

Drugs and Cosmetics Act, 1940 and in Rules 151 to 169, Schedules E(I), T and TA of the Drugs and Cosmetics Rules, 1945. Further, second schedule (4A) of the Drugs and Cosmetics Act, 1940 provides standards for Homoeopathic drugs and Rules 2dd, 30AA, 67 (C-H), 85 (A to I), 106-A, Schedule K, Schedule M-I of the Drugs and Cosmetics Rules, 1945 pertain to Homoeopathic drugs. It is mandatory for the manufacturers to adhere to the prescribed requirements for licensing of manufacturing units and medicines including proof of safety and effectiveness, compliance with the Good Manufacturing Practices (GMP) as per Schedule T and Schedule M-I of Drugs and Cosmetics Rules, 1945 and quality standards of drugs given in the respective pharmacopoeia.

Ministry of Ayush, Government of India has established Pharmacopoeia Commission for Indian Medicine and Homoeopathy (PCIM&H) as its subordinate office. PCIM&H on behalf of Ministry of Ayush lays down the formulary specifications and pharmacopoeial standards for Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) drugs which serves as official compendia for ascertaining the quality (identity, purity and strength) of the ASU&H drugs. As per the Drugs and Cosmetics Act, 1940 and rules thereunder, the compliance to these quality standards are mandatory for the production of ASU&H drugs being manufactured in India. So far, 2259 quality standards on raw materials (single drugs of plant/ animal/ mineral/ metal/ chemical origin) used in ASU&H drugs, 405 quality standards of ASU

formulations and 2666 formulary specifications of ASU drugs has been published. In addition to above, supporting documents in the form of Macro-Microscopic and TLC Atlas on 351 single drugs incorporated in Ayurvedic Pharmacopoeia of India (API) has also published. Details are given in the enclosed **Statement-I**.

PCIM&H also acts as the Central Drugs Laboratory for Indian Medicine and Homoeopathy for the purpose of testing or analysis of ASU&H Drugs. Further, it imparts Capacity Building Trainings at regular interval for standardization/quality control/ testing or analysis of ASU&H drugs to Drug Regulatory Authorities, State Drug Testing Laboratories (Drug Analyst) and other stakeholders on quality control of ASU&H drugs on laboratory techniques and methods used to maintain the quality of ASU&H drugs.

Rule 160 A to J of the Drugs and Cosmetics Rules, 1945 provides the regulatory guidelines for approval of Drug Testing Laboratory for carrying out such tests of identity, purity, quality and strength of Ayurvedic, Siddha and Unani drugs as may be required under the provisions of these rules, on behalf of licensee for manufacture of Ayurvedic, Siddha and Unani drugs. As on date, 34 State Drug Testing Laboratories have been supported for strengthening their infrastructural and functional capacity. Further, 106 laboratories are approved or licensed under the provisions of Drugs and Cosmetics Rules, 1945 for quality testing of Ayurvedic, Siddha and Unani drugs and raw materials. Details of the State Drug Testing Laboratories and Private Drug

testing laboratories licensed under the provisions of Drugs and Cosmetics Rules, 1945 are available at https://ayush.gov.in/images/domains/quality_standards/StateDrugTestingLaboratoryASUHEng. and https://ayush.gov.in/images/domains/quality_standards/ListofAyurvedaSiddhaUnani.pdf.

As per the information received from states/UTs governments including Maharashtra and Bihar, the details of the mechanism to address the issue of standardization and quality control of Ayush medicines and products in the country along with the efforts to improve the quality of Ayush medicines/products are given in the enclosed **Statement-II**.

(c) Government of India has established Central Council for Research in Ayurvedic Sciences, Central Council for Research in Unani Medicine, Central Council for Research in Homoeopathy, Central Council for Research in Siddha and Central Council for Research in Yoga and Naturopathy under the Ministry of Ayush as apex organizations for undertaking, coordinating, formulating, developing and promoting research in Ayush system on scientific lines. Core Research activities comprise of Medicinal Plant Research (Medico-Ethno Botanical Survey, Pharmacognosy and in vitro-propagation technique), Drug Standardization, Pharmacological Research, Clinical Research, Literary Research and Documentation and Tribal Health Care Research Programme. Research activities are carried out through its peripheral Institutes/Units

located across the country and also in collaboration with various Universities, Hospitals and Institutes.

Further, the Ministry of Ayush is implementing the Central Sector Scheme namely AYURGYAN Scheme from FY 2021-22. The Scheme has 03 components viz. (i) Capacity Building and Continuing Medical Education (CME) in Ayush (ii) Research and Innovation in Ayush from the FY 2021-22 and iii) Ayurveda Biology Integrated Health Research is also added under the scheme from this FY 2023-24. Under the Research and Innovation in Ayush and Ayurveda Biology Integrated Health Research component, financial assistance is provided to the Organizations/Institutions for research studies, for promotion of research in Ayush system.

To promote Ayush practices globally, Ministry of Ayush signs Memorandum of Understandings (MoUs) with International Institutes/Universities/Organizations for research collaboration in the field of Traditional Medicines including Ayush. As of now, the Ministry signed 46 MoUs with International Institutions.

(d) Ministry of Ayush has implemented Central Sector Scheme Ayush Oushadhi Gunvatta Evam Utpadan Samvardhan Yojana (AOGUSY). The total financial allocation to this scheme is Rs. 122.00 crores for five years. The components of AOGUSY scheme are as follows -

A. Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards.

B. Pharmacovigilance of ASUandH drugs including surveillance of misleading advertisements.

C. Strengthening of Central and State regulatory frameworks including Technical Human Resource and Capacity Building programs for Ayush drugs.

D. Support for development of standards and accreditation/certification of Ayush products and materials in collaboration with Bureau of Indian Standards (BIS), Quality Control of India (QCI) and other relevant scientific institutions and industrial RandD centres. Detailed guidelines of AOGUSY scheme are available at <https://ayush.gov.in/images/Schemes/aoushdhi.pdf>.

Further Ministry of Ayush encourages following certifications of Ayush products as per details below: -

- The scheme for Certification of Pharmaceutical Product (CoPP) as per World Health Organization (WHO) guidelines is extended to Ayurvedic, Siddha and Unani (ASU) medicines. This scheme is administered by Central Drugs Standard Control Organization (CDSCO) and the certificate is granted on the basis of joint inspection of the applicant manufacturing unit by the representatives of CDSCO, Ministry of Ayush and the concerned State Licensing Authority.

- Quality Certifications Scheme implemented by the Quality Council of India (QCI) for grant of Ayush mark to Ayurvedic, Siddha and Unani products

on the basis of third party evaluation of quality in accordance with the status of compliance to international standards.

(e) As per the information received from States/ UTs governments, details of shortfall noticed in the manufacturing of various Ayush medicines are given in the enclosed **Statement-III**.

STATEMENT-I

Details of quality standards on raw materials used in ASU&H drugs, quality standards of ASU formulations, formulary specifications of ASU drugs and Macro-Microscopic and TLC Atlas on single drugs incorporated in Ayurvedic Pharmacopoeia of India (API) are as follows-

Publication	Part	Volume and Year	Number of Monographs
Ayurvedic Pharmacopoeia of India	Part I (Single Drugs)	Vol. I, 1986	80
		Vol. II, 1999	78
		Vol. III, 2001	100
		Vol. IV, 2004	68
		Vol. V, 2006	92
		Vol. VI, 2008	101
		Vol. VII, 2008 (Minerals and Metals)	21
		Vol. VIII, 2011 (Hydro-alcoholic and Water extracts)	60
		Vol. IX, 2016 (Hydro-alcoholic and Water extracts)	45

		Vol. X, 2022 (Minerals and Metals)	20
	Total		665
	Part II (Formulations)	Vol. I, 2007 Vol. I, 2011 (Hindi Ed.)	50
		Vol. II, 2008 Vol. II, 2011 (Hindi Ed.)	51
		Vol. III, 2010	51
		Vol. IV, 2017	50
		Pharmacopoeial Monograph of Ayush Kvatha Curṇa (Stand-alone) 2021	01
		Total	203
Supporting Pharmacopoeial Publications	Thin Layer Chromatography (TLC) Atlas	API Drugs Pt. I, Vol. I, 2009	80
		API Drugs Pt. I, Vol. III, 2016	99
	Macroscopy and Microscopy Atlas	API Drugs Pt.-I Vol. V, 2009	92
		API Drugs Pt.-I Vol. I, 2011	80

Publication	Part and Year	Number of Formulations
Ayurvedic Formulary of India	Part I, 2003 (2 nd Edition)	444
	Part II, 2000	191

	Part III, 2011 (Bilingual)	350
	Formulary specification of Ayush Kvatha Curṇa (Stand-alone) 2021	01
	Part IV, 2022 (Veterinary)	50
Total		1036

SIDDHA PHARMACOPOEIAL PUBLICATIONS

Publication	Part	Volume and Year	Number of Monographs
Siddha Pharmacopoeia of India	Part I (Single Drugs)	Vol. I, 2008	73
		Vol. II, 2011	66
		Total	139
	Part II (Formulations)	Pharmacopoeial Monograph of Ayush Kuṭṭinīr Cūraṇam (Stand-alone), 2021	01

Publication	Part and Year	Number of Formulations
Siddha Formulary of India	Part I (Tamil), 1984 Part I (English), 1992	248
	Part II (Tamil), 2011	151
	Formulary specification of Ayush Kutinir Curanam (Stand-alone), 2021	01
	Total	400

UNANI PHARMACOPOEIAL PUBLICATION

Publication	Part	Volume and Year	Number of Monographs
The Unani Pharmacopoeia of India	Part-I (Single Drug)	Vol. I, 2007	45
		Vol. II, 2007	50
		Vol. III, 2007	53
		Vol. IV, 2007	50
		Vol. V, 2008	52
		Vol. VI, 2009	48
		Vol. VII, 2022	40
	Total		338

Publication	Part	Volume and Year	Number of Monographs
The Unani Pharmacopoeia of India	Part II (Formulations)	Vol. I, 2009	50
		Vol. II, 2010	50
		Vol. III, 2016	50
		Vol. IV, 2019	50
		Pharmacopoeial Monograph of Ayush Safūf-i-Joshānda (Stand-alone), 2021	01
Total			201

Publication	Part and Year	Number of Formulations
National Formulary of Unani Medicine	Part I, 1984	441
	Part II, 1994	202
	Part III, 2001	103
	Part IV, 2006	166
	Part V, 2008	178
	Part VI, 2011	139
	Formulary specification of Ayush Safūf-i-Joshānda (Stand-alone), 2021	01
	Total	1230

HOMOEOPATHY PHARMACOPOEIAL PUBLICATION

Publication	Volume and Year	Number of Monographs
Homoeopathic Pharmacopoeia of India	Vol. I, 1971	180
	Vol. II, 1974	100
	Vol. III, 1978	105
	Vol. IV, 1984	107
	Vol. V, 1987	114
	Vol. VI, 1990	104
	Vol. VII, 1999	105
	Vol. VIII, 2000	101
	Vol. IX, 2006	100
	Vol. X, 2013	101
	Total	1,117

STATEMENT-II

State/UT wise details of the mechanism to address the issue of standardization and quality control of Ayush medicines and products with the efforts to improve the quality of Ayush medicines/products are as follows:

S.no.	Name of the State/ UT	Details
1.	Rajasthan	Drug manufacturing firms are inspected by drug inspectors regularly. Samples are collected and government Testing is done from approved laboratories.
2.	Tamil Nadu	There are 23 Drug Inspectors available in Tamil Nadu state. All drug inspectors are instructed to take minimum of 08 statutory samples per month with effect from 01.03.2015 and it send to the State Drug Testing Laboratory (IM) for testing. These samples are tested as per concerned pharmacopoeia. The action has been taken against declared spurious/ misbranded/ adulterated drugs as per section 33-I and 33-J and Rule 159 of the Drugs and Cosmetics Act 1940 and Rules, 1945.
3.	Karnataka	<p>Technical Expert Committee has been constituted comprising experts in field of Dravyaguna and Rasashastra and Drug regulatory authorities.</p> <p>Technical Expert committee is convened every 21 days and Patent and Proprietary Drug master formulas are approved after verifying the submission of documents relating to safety study, evidence of effectiveness and stability studies as per Rule 158B, Rule 161 B and Rule 169 of Drugs and Cosmetics Rules 1945.</p>
4.	Kerala	The Government of Kerala has constituted an expert committee to study the various challenges and problems regarding Ayurveda drug standardization. The Secretary of Ayush Department, Government of Kerala is the chairman of the Committee in which the Deputy Drugs Controller (Ayurveda) serves as the convener. The State Government has also constituted a committee to study the problems related to cultivation, collection and storage of raw

		materials for manufacture of Ayurveda siddha and Unani drugs. The Deputy Drugs Controller (Ayurveda) is the Chairman of the committee.
5.	Uttarakhand	<p>State government nominated 14 Drug Inspectors in the State to check the quality and production of Ayurvedic and Unani medicines.</p> <p>There are 06 Drug testing laboratories are working in Uttarakhand in which 01 Government and 05 drug testing laboratories are approved by Ministry of Ayush in Private sector are sanctioned under Drug and Cosmetic Act 1940, Ruls1945 under rule 160A to 160J, for checking the quality of Ayurvedic and Unani medicines.</p>
6.	Odisha	One state drug testing and Research laboratory (ISM), Bhubaneshwar is functioning in the state for quality testing of the drugs and address the issue of standardization. The drug inspectors are in the state to supervise the manufacture of the Ayurvedic medicines to improve the quality of those medicines/products.
7.	Maharashtra	<p>As per the provisions of the Drugs and Cosmetics Act 1940 and Rules 1945, the measures are taken to check Quality of Drugs are as follows:</p> <ol style="list-style-type: none"> 1. Periodic inspections are carried out of the Ayurvedic manufacturers to ensure compliance of the provisions of the Drugs and Cosmetics Act 1940 and Rules thereunder. The GMP compliance as per Schedule T is checked. Action against the manufacturers for non-compliance of the provisions of the Drugs and Cosmetics Act 1940 and Rules thereunder. 2. Samples of Ayurvedic medicines are drawn from manufacturers and distributors to ensure the quality of Ayurvedic medicines. Administrative / Legal action is taken against the concerned for non-compliance of the provisions of the Drugs and Cosmetics Act 1940 and Rules thereunder.
8.	Himachal Pradesh	The provisions of Drugs and Cosmetic Act/Rules made there under strictly followed.
9.	Mizoram	Government of Mizoram has state drug testing laboratory for checking sample and quality testing of ASU and H drugs and

		peripheral Pharmacovigilance centre under the scheme of AOGUSY.
10.	Delhi	Routine inspections and testing of samples is done to improve the quality of Ayush medicines/products.
11.	Chhattisgarh	Standardization and quality control of Ayush medicines/ products are done as per the Ayurvedic Pharmacopoeia of India.
12.	Puducherry	As per the Rules 168 of Chapter XIX of the Drugs and Cosmetics Act, 1940 and Rules 1945.
13.	Arunachal Pradesh	Ayush DTL is set up for quality control of Ayush Drugs.
14.	Jammu and Kashmir	One Ayush Drug Pharmacy and one Ayush Drug testing Laboratory are envisaged to address the issue of Standardization and quality control of Ayush medicines and products in the UT of JandK.
15.	Bihar	The department is strictly follows the conditions laid down in Drug Rule 158B- (1)(A)and(B),(11)(A)andB,(111), (iv) and (v) the State Govt. has also notified government Analyst and Laboratories for the test and Analysis of Ayurvedic, Unani and Homoeopathic Medicines.
16.	Manipur	Officials of the Drugs section conducted Regular inspections of the Ayush Medicines selling in the local markets.
17.	Goa	NIL
18.	Assam	NIL
19.	Gujrat	NIL

STATEMENT-III

State/ UT-wise details of shortfall noticed in the manufacturing of various Ayush medicines are as follows -

S.n o.	Name of the State/ UT	Details of shortfall noticed
1.	Maharashtra	The details of the actions taken against the Ayush companies that are identified for selling adulterated

		<p>Ayurveda Drugs in the Country since 01.04.2023 to 31.11.2024 is as follow: -</p> <p>1. Period – 01/04/2023 to 31/03/2024</p> <ul style="list-style-type: none"> • Ayurvedic Samples collected -761 • Ayurvedic Samples tested – 476 • No. of samples declared NSQ – 08 <p>2. Period – 01/04/2024 to 31/11/2024</p> <ul style="list-style-type: none"> • Ayurvedic Samples collected-569 • Ayurvedic Samples tested -327 • No. of samples declared NSQ -86
2.	Rajasthan	Samples of Ayush medicines were tested and if a deficiency was found in the manufacturing of these medicines. Action is taken against them as per rules.
3.	Tamil Nadu	NIL
4.	Jammu and Kashmir	In the UT of JandK there is no separate Ayush Drug Controlling Authority which can monitor any shortfalls in manufacturing of various Ayush medicines.
5.	Bihar	Shortfall has been noticed in manufacturing of Ayush Medicines under provisions mentioned in Schedule-T and M-1 i.e., Good Manufacturing Practice respectively. Action taken like seizure of drugs, show cause. cancelation of Mfg. Licence was done.
6.	Puducherry	NIL
7.	Goa	NIL
8.	Mizoram	NIL
9.	Kerala	NIL
10.	Karnataka	NIL
11.	Delhi	NIL

12	Gujrat	NIL
13	Arunachal Pradesh	NIL
14	Odisha	NIL

NUTRITIONAL FOOD FOR WOMEN AND CHILDREN

***379. SHRIMATI MALVIKA DEVI:**

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

- (a) the steps taken by the Ministry to ensure nutritional food for children especially in the rural and tribal areas during their mid day meals;
- (b) whether any steps are being taken to ensure the dietary requirements of pregnant and lactating mothers in rural and tribal areas to prevent malnutrition in young infants; and
- (c) if so, the details there of?

**THE MINISTER OF WOMEN AND CHILD DEVELOPMENT
(SHRIMATI ANNPURNA DEVI):**

(a) to (c) Under the 15th Finance Commission, various components like Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) to address the challenge of malnutrition. It is a Centrally

Sponsored mission, where the responsibility for implementation and day-to-day execution of activities lies with the States and UTs. Mission is a universal self-selecting umbrella scheme that is being implemented across the country including rural and tribal areas.

Nutrition goes beyond mere eating of food; it requires proper digestion, absorption, and metabolism which are influenced by factors like sanitation, education and access to safe drinking water. As malnutrition requires a multi-sectoral approach involving dimensions of food, health, water, sanitation and education, it is crucial to effectively address the issue of malnutrition. The challenge of malnutrition is being addressed under Mission Saksham Anganwadi and Poshan 2.0 by establishing cross cutting convergence amongst 18 Ministries/Departments.

Under Mission Poshan 2.0 a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioral change, and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight.

Under this mission, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls to beat the intergenerational cycle of malnutrition by adopting a life cycle approach.

Supplementary nutrition is provided in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act. These norms have been revised and upgraded last year. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity that provides quality protein, healthy fats and micronutrients.

Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets for preparation of Hot Cooked Meal at least once a week and Take Home ration at Anganwadi centers.

Ministries of Women and Child Development and Health and Family Welfare have jointly released the protocol for Community Management of Malnutrition (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.

Under this Mission, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to a Jan Andolan to educate the people on nutritional aspects. State and UTs are conducting and reporting regular sensitisation activities under community engagement programmes during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. To give high importance to issues around anaemia, dedicated anaemia related themes have been undertaken by Ministry of Women and Child

Development under Poshan Abhiyaan. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

Pradhan Mantri Poshan Shakti Nirman (PM POSHAN) Scheme, under Ministry of Education, is one of the foremost rights based Centrally Sponsored Schemes implemented in partnership with States and UTs providing one hot cooked and nutritious meal to the eligible children. This scheme is implemented across the country including rural and tribal areas and covers all children of Balvatika (just before class I) and Classes I-VIII studying in Government and Government-Aided Schools. The objectives of the Scheme are to address two of the pressing problems for majority of children in India, viz. malnutrition and education by:

- i.Improving the nutritional status of children studying in Bal Vatika (just before class I) and classes I–VIII in Government and Government-Aided Schools without any discrimination.
- ii.Encouraging poor children, belonging to disadvantaged sections, to attend school more regularly and help them concentrate on classroom activities.
- iii.Providing nutritional support to children of elementary stage in drought / disaster affected areas during summer vacation and disaster times.

The overall responsibility for smooth functioning of the scheme including providing hot cooked and nutritious meal to the eligible children lies with the State Governments and Union Territory Administrations. The Government of India has issued detailed guidelines on quality, safety and hygiene to ensure serving of good

quality meal under the Scheme to all the States/UTs. These guidelines are available on official website <https://pmposhan.education.gov.in>.

NUTRITION PROGRAMME IN RAJASTHAN

***380. SHRI RAHUL KASWAN:**

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

- (a) the steps taken/proposed to be taken by the Government to tackle the alarming increase in anaemia and malnutrition as indicated by NFHS-5 data in the State of Rajasthan particularly in Churu Parliamentary Constituency where anaemia among children and women has significantly risen;
- (b) the mechanism in place to sustain and accelerate progress in reducing stunting and wasting in Rajasthan with a focus on Churu Parliamentary Constituency;
- (c) the details of specific nutritional interventions targeting women and children under various Government schemes in Rajasthan; and
- (d) the details of funds allocated and utilized for nutrition programme in Churu Parliamentary Constituency during the last five years?

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):

(a) to (c) The Government of India implements several health programmes to address the problem of anaemia and malnutrition among women and children

across the country including State of Rajasthan and Churu Parliamentary Constituency. The interventions are placed as under:

1. **Anaemia Mukht Bharat (AMB):** The Government of India implements Anaemia Mukht Bharat (AMB) programme in 6X6X6 strategy to reduce the prevalence of anaemia among six beneficiary groups - Children 6-59 months, Children 5-9 years, Adolescents (10-19 years), Women of reproductive age (15-49 years), pregnant women and lactating mothers in lifecycle approach through six interventions - Prophylactic Iron and Folic Acid supplementation (IFA Red is provided on weekly basis to Women of Reproductive age group and IFA Red tablets are provided daily for 180 days to pregnant women and lactating mothers); Deworming; Intensified year-round behaviour change communication campaign; Testing of anaemia using digital invasive hemoglobinometer and point of care treatment; Mandatory provision of iron and folic acid fortified foods in public health programmes; and addressing non-nutritional causes of anaemia in endemic pockets, with special focus on malaria, haemoglobinopathies and fluorosis, via robust institutional mechanisms.

2. **Nutrition Rehabilitation Centres (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years of age suffering from Severe Acute Malnutrition (SAM) with medical complications. In addition, counselling support is provided to mothers for identifying nutrition and health problems in child.

3. **Mothers' Absolute Affection (MAA)** is implemented to improve breastfeeding coverage which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by age-appropriate complementary feeding practices through capacity building of frontline health workers and comprehensive IEC campaigns.
4. **Lactation Management Centres** are established to ensure availability of Mother's Own Milk or safe, pasteurized Donor Human Milk for feeding of sick, pre-term and low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units.
5. Under **National Deworming Day (NDD)**, albendazole tablets are administered in a single fixed day approach via schools and anganwadi centres to reduce the soil transmitted helminth (STH) infestation among all children and adolescents (1-19 years).
6. Under **Home Based New-born Care (HBNC)** and **Home-Based Care of Young Children (HBYC)** programme, home visits are performed by ASHAs to improve child rearing practices and to identify sick new-born and young children.
7. **STOP Diarrhoea** initiative is implemented for promoting use of ORS and Zinc and for reducing morbidity and mortality due to childhood diarrhoea.
8. **Monthly Village Health, Sanitation and Nutrition Day (VHSND)** is an outreach activity for provision of maternal and child care including nutrition in convergence with the ICDS.

9. **MCP Cards** are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.

10. **Mission Poshan 2.0** is a centrally sponsored scheme which focusses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and underweight. It includes Supplementary Nutrition Program, Community mobilization and awareness advocacy through Jan Andolan, Supply of fortified rice to AWCs and monitoring through the Poshan tracker application.

(d) The details of funds approved and expenditure for Nutrition programmes for Churu Parliamentary Constituency during the last five years, year-wise from FY 2019-20 to FY 2023-24 (in Rs) as provided by the State of Rajasthan are placed under:

Approvals and Expenditure for Nutrition Programmes under National Health Mission and ICDS for Churu Parliamentary Constituency from period of F.Y. 2019-20 to 2023-24				
	National Health Mission		Integrated Child Development Services (ICDS)	
Years	Approvals (Rs.)	Expenditure (Rs.)	Approvals (Rs.)	Expenditure (Rs.)
2019-20	2448000	1019357	24452543	20393589
2020-21	3245000	972691	13917340	13000930
2021-22	2250000	1444911	34273932	29754512
2022-23	1994000	1719660	6838806	3504674
2023-24	1996000	811406	30326550	28042346

धर्म के प्रचार-प्रसार की स्वतंत्रता

4141. डॉ. मन्ना लाल रावत :

क्या **विधि और न्याय** मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या भारत की सीमा में धर्म का प्रचार-प्रसार करने की स्वतंत्रता संविधान के अनुच्छेद 25 में प्रतिष्ठापित है ;

(ख) यदि हां, तो इस संबंध में जारी दिशानिर्देशों का ब्यौरा क्या है ;

(ग) यदि नहीं, तो क्या सरकार का विचार इस संबंध में दिशानिर्देश जारी करने का है ;

(घ) क्या ऐसे दिशानिर्देशों के अभाव में विदेशियों द्वारा इस उपबंध का दुरुपयोग किया गया है और धर्म के प्रचार की आड़ में देश के विभिन्न भागों में धर्मांतरण किया गया है ; और

(ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है ?

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री (श्री अर्जुन राम मेघवाल):

(क) से (ङ) : भारत का संविधान के अनुच्छेद 25 अंतःकरण की और धर्म के अबाध रूप से मानने, आचरण और प्रचार करने की स्वतंत्रता से संबंधित है। भारत का संविधान की 7वीं सूची के अनुसार लोक व्यवस्था और पुलिस राज्य के अधीन हैं। धर्मांतरण के मामले 'लोक व्यवस्था' से जुड़े हुए हैं और इसलिए यह मुख्यतः राज्य सरकारों और संघ राज्यक्षेत्र प्रशासनों के विषय हैं। धर्मांतरण से संबंधित कोई डाटा केन्द्रीकृत रूप से नहीं रखा जाता है। इसके अतिरिक्त, कई राज्य सरकारों ने किसी एक धार्मिक विश्वास से दूसरे धार्मिक विश्वास में बलपूर्वक या छलपूर्वक या कपटपूर्ण साधनों द्वारा धर्मांतरण को प्रतिषिद्ध करने के लिए विशेष विधियों को अधिनियमित किया है।

SPEEDY TRIALS IN TERRORISM INCIDENTS

4142. SHRI ANIL YESHWANT DESAI:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) whether there is any special speedy trial and judgement delivery mechanism available for terrorist incidents in the country, if so, the details thereof;
- (b) the number of the cases pending relating to terrorist activities since 2014;
- (c) the number of terrorists freed by the various courts for failure of prosecution to prove the crime in the courts; and
- (d) the steps taken by the Government to train the police officials to increase their competency to produce concrete evidence to prove the crime committed by the terrorists?

THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS (SHRI ARJUN RAM MEGHWAL):

(a): The Central Government and State Government have power to designate Special Courts under sections 11 and 22 of the National Investigation Agency (NIA) Act respectively, for the purpose of speedy trials. Additionally, under section 19 of NIA Act, trial of any offence by a Special Court shall be held on day to day basis and have precedence over the trial of any other case against the accused in any other court.

Further, the Government has designated 51 NIA Special Courts across the country, out of which 02 NIA Special Courts at Ranchi and Jammu have been designated as the Special Courts for the purpose of sub-section (1) of section 11 of the NIA Act, exclusively for the trial of the scheduled offences investigated by the NIA and for the speedy trial and judgment delivery mechanism for terrorist incidents in the country.

(b): Since 2014 to 2024 (upto 05.12.2024), NIA has registered 456 cases in which 3059 accused persons have been arrested and 3087 accused have been chargesheeted.

During this period judgments have been pronounced in 103 cases, in which 460 accused persons have been convicted under Unlawful Activities (Prevention) Act [UAPA] and 269 cases are under trial.

(c): Since 2014 to 2024 (upto 05.12.2024), judgments have been pronounced in 103 cases, in which 460 accused persons have been convicted under UAPA and 65 accused persons have been acquitted.

(d): Regular training programmes/ refresher courses for NIA officers are being conducted for effective investigation and prosecution. NIA has signed MoUs with Central Bureau of Investigation (CBI), Sardar Vallabhbhai Patel National Police Academy (SVPNPA) and National Forensic Sciences University (NFSU) to train NIA officials in this regard. NIA officers are also being nominated to attend courses at other organization like, SVPNPA, Hyderabad and Central Detective Training Institutes (CDTIs) etc.

Since 2019, NIA has organised 108 in house training programmes in which 4471 officers had participated, 50 training programmes in cooperation with other organizations in which 2006 officers had participated, 36 Capacity Building Training Programmes (CBTP) for State Police Forces in which 4172 officers had participated and 19 CBTP in association with foreign agencies for NIA officers in which 597 officers had participated.

APPOINTMENT OF JUDGES IN JUDICIARY

4143. SHRI MATHESWARAN V. S. :

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) whether the Government has any plan to bring constitutional amendment to provide reservation in appointment of judges to Supreme court and High court and if so, the details thereof; and
- (b) the number of Supreme Court collegium recommendations on appointment of High Court judges that are pending with the Government for more than one year?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a) and (b) : Appointment of Judges of the Supreme Court and High Courts is made under Articles 124, 217 and 224 of the Constitution of India, which do not provide for reservation for any caste or class of persons.

The procedure for appointment of Judges of the Supreme Court and High Courts is laid down in the Memorandum of Procedure (MoP) prepared in 1998 pursuant to the Supreme Court Judgment of October 6, 1993 (Second Judges case) read with their Advisory Opinion of October 28, 1998 (Third Judges case). As per the MoP, initiation of proposal for appointment of Judges in the High Courts vests with the Chief Justice of the concerned High Court. Chief Justice of the High Court is required to initiate the proposal for filling up of vacancy of a High Court Judge six (06) months prior to the occurrence of vacancy. All the names recommended by High Court Collegium are sent with the views of the Government to the Supreme Court Collegium (SCC) for advice. Only those persons are appointed as Judges of High Courts who are recommended by the SCC.

Appointment of the Judges of the Constitutional Courts is a continuous, integrated and collaborative process between the Executive and the Judiciary. It requires consultation and approval from various constitutional authorities both at state and central level. The Government has been requesting the Chief Justices of High Courts that while sending proposals for appointment of Judges, due consideration be given to suitable candidates belonging to Scheduled Castes, Scheduled Tribes, Other Backward Classes, Minorities and Women to ensure social diversity in the appointment of Judges in High Courts.

As on 16.12.2024, 32 proposals recommended by the Supreme Court Collegium for appointment of High Court Judges, are under various stages of processing.

मध्य प्रदेश में अस्पतालों का उन्नयन और विनिर्माण

4144. श्री आलोक शर्मा:

क्या **स्वास्थ्य एवं परिवार कल्याण मंत्री** यह बताने की कृपा करेंगे कि:

- (क) मध्य प्रदेश में पिछले तीन वर्षों के दौरान उन्नयन किए गए, नए तैयार किए गए और योजना के चरण वाले अस्पतालों की वर्षवार कुल संख्या कितनी है; और
- (ख) इन परियोजनाओं के लिए किए गए बजटीय आवंटन का ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) और (ख): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) स्वास्थ्य संबंधी बुनियादी ढांचे में सुधार, स्वास्थ्य सुविधा केंद्रों में पर्याप्त मानव संसाधनों की उपलब्धता, विशेष रूप से ग्रामीण क्षेत्रों में अल्पसेवित और हाशिए पर रह रहे समूहों के लिए गुणवत्तापूर्ण स्वास्थ्य सेवा की उपलब्धता और पहुंच में सुधार के लिए सहायता प्रदान करता है। स्वास्थ्य और परिवार कल्याण मंत्रालय एनएचएम के तहत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर सार्वजनिक स्वास्थ्य सेवा प्रणाली को मजबूत करने के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही के रिकॉर्ड (आरओपी) के रूप में प्रस्तावों को मंजूरी प्रदान करती है।

भारत के स्वास्थ्य आयाम (एचडीआई) (अवसंरचना और मानव संसाधन), 2022-23 एक वार्षिक प्रकाशन है, जो राज्यों/संघ राज्य क्षेत्रों द्वारा रिपोर्ट किए गए स्वास्थ्य परिचर्या प्रशासनिक आंकड़ों पर आधारित है। मध्य प्रदेश सहित देश के ग्रामीण और शहरी क्षेत्रों में कार्यरत स्वास्थ्य सुविधा केंद्रों का विवरण एचडीआई 2022-23 के निम्नलिखित लिंक पर देखा जा सकता है:

[https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23 RE%20%281%29.pdf](https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23%20RE%20%281%29.pdf)

इसके अलावा, प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के तहत मध्य प्रदेश राज्य को सुपर स्पेशियलिटी ब्लॉक स्थापित करके 04 सरकारी मेडिकल कॉलेजों के उन्नयन के लिए भी सहायता प्रदान की गई है। इसके अलावा, भोपाल में एम्स की भी स्थापना की गई है।

पिछले 3 वर्षों के दौरान मध्य प्रदेश में स्वीकृत और निर्माणाधीन स्वास्थ्य सुविधा केंद्रों की संख्या निम्नानुसार है:

योजना	सुविधा केंद्र	पूर्ण	निर्माणाधीन
एनएचएम	जिला अस्पताल	0	7
	उप स्वास्थ्य केंद्र(एसएचसी)	0	200
प्रधान मंत्री-आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम)	गंभीर परिचर्या ब्लॉक्स (सीसीबी)	1	54
	एकीकृत सार्वजनिक स्वास्थ्य प्रयोगशालाएँ (आईपीएचएल)	18	37
15वां वित्त आयोग (एफसी-XV)	एसएचसी	38	1769
	प्राथमिक स्वास्थ्य केंद्र (पीएचसी)	21	103
	सामुदायिक स्वास्थ्य केंद्र (सीएचसी)	0	101

पिछले तीन वर्षों में एनआरएचएम के अंतर्गत मध्य प्रदेश के लिए जारी धनराशि का विवरण इस प्रकार है:

राज्य	2021-22	2022-23	2023-24
मध्य प्रदेश	2,295.66	2,582.10	2,545.68

नोट: उपरोक्त निधि केंद्र सरकार के अनुदान से संबंधित हैं और इसमें राज्य का हिस्सा शामिल नहीं है।

वित्त वर्ष 2021-26 की अवधि के लिए मध्य प्रदेश राज्य के लिए पीएम-एबीएचआईएम के अंतर्गत कुल 1567.91 करोड़ रुपये की राशि को मंजूरी दी गई है। वित्त वर्ष 2021-26 के लिए मध्य प्रदेश राज्य के लिए वित्त आयोग-XV के स्वास्थ्य अनुदान के अंतर्गत कुल 4498.74 करोड़ रुपये की राशि को मंजूरी दी गई है।

MEDICAL EQUIPMENT

4145. SHRI PRABHAKAR REDDY VEMIREDDY:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) whether the Government has issued a Memorandum indicating revised imported list of high-end and high-value, used or refurbished, medical equipment, such as MRI machines, CT scanners, etc., if so, the details thereof;
- (b) whether the said Memorandum is in violation of National Medical Devices Policy 2023, if so, the details thereof;
- (c) whether the Government has also expanded the list recently; and
- (d) if so, the details of equipment allowed earlier and details of each of the equipment allowed in the expanded list along with the reasons for allowing the above mentioned equipments?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a), (c) and (d): The Ministry of Environment, Forest and Climate Change (MoEFCC) has informed that initially, Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare (MoHFW) vide OM dated 05.06.2023 forwarded a list of 50 numbers of High End and High Value used Medical Equipment other than critical care medical equipment for import for reuse purpose. Thereafter, OM dated 19.06.2023 was issued by MoEFCC providing list of 50 nos. of High End and High value used Medical Equipment other than critical care medical equipment (enclosed as **Statement-I**). Further, on receipt of OM dated 20.08.2024 from Director General of Health Services (DGHS), Ministry of Health and Family Welfare forwarding revised list of High End and High Value used/refurbished Medical Equipment reducing the number of equipment to 38. MoEFCC in super session of OM dated 19.06.2023, issued OM dated 15.10.2024 with revised list of 38 nos. of High End and High Value used/refurbished Medical Equipment other than critical care medical equipment (enclosed as **Statement-II**).

(b): The Union Cabinet approved the National Medical Device Policy, 2023 on 26.04.2023. The Policy envisions to place the Indian medical devices sector on an accelerated growth path with a patient-centric approach to meet the evolving healthcare needs of patients by building an innovative and globally competitive industry in India, enabling ecosystem, streamlined regulatory framework and quality manpower. This will ensure access to patent-centric, innovative and affordable healthcare products of excellent quality for better healthcare outcomes.

STATEMENT-I

List of 50 nos. of High End and High value used Medical Equipment other than critical care medical equipment

S. No.	Name of Equipment
1	MRI
2	CT
3	PET-CT
4	SPECT/SPECT-CT/Gamma camera
5	Mammography
6	High end X ray- Non -ICU
7	Ultrasound — Non-ICU
8	Interventional Radiology equipment
9	C- arm (surgery)
10	Radiotherapy Device
11	Microbiology — Microbial identification and AST
12	Microbiology — detecting systems for the presence or absence of microorganisms in Blood. Sterile body fluids.
13	Multi parametric immunoassay Analyzer based on ELFA technology
14	Molecular diagnostic — molecular infectious disease diagnostics systems
15	Microbiology — advanced mass spectrometry microbial identification system
16	Blood cell Analyzer
17	Microscope slide maker / stainer
18	Chemiluminescent immunoassay analyzer
19	Clinical chemistry analyzer
20	Immunohematology Auto Analyzer
21	URINE Analyzers
22	Robotic Assisted surgical system, instruments and Accessories
23	Femtosecond ophthalmic solid — state laser system
24	Phacoemulsification and vitrectomy system
25	Ophthalmic Excimer Laser system
26	OCT posterior and anterior segment
27	Fundus imagine system preferably ultrawide field along with FFA and ICG

28	Corneal topography
29	Optical biometer
30	Clinical corneal specular microscope
31	High end operating microscope
32	Ablation system
33	Endoscopic Camera system
34	Endoscopes
35	Orthopedic Robotic Navigation system
36	Medical — grade monitors
37	Image Management system
38	Medical —grade electromechanical drill
39	Flow control pump
40	Insufflation device
41	NCV/EMG system
42	EFG system
43	Repetitive transcranial magnate stimulator
44	Flexible video Ureterorenoscope with Monitor
45	Video Urodynamic system with chair
46	Cryd Ablation system
47	4K Advance Laparoscopy surgery system
48	OT integration system.
49	High intensity Focused Ultrasound system
50	3D — 4K Laparoscopy system

STATEMENT-II

Revised list of 38 nos. of High End and High Value used/refurbished Medical Equipment other than critical care medical equipment

S. No.	Name of Equipment
1	MRI
2	CT
3	PET-CT
4	SPECT/SPECT-CT/Gamma Camera
5	Mammography

6	Interventional Radiology Equipment
7	Radiotherapy Devices
8	OT Integration System
9	4K Advance Laparoscopy Surgery System
10	Molecular Diagnostic — Molecular infectious disease diagnostics system
11	Microbiology — advanced mass spectrometry microbial identification system
12	Robotic Assisted Surgical System, Instruments and Accessories
13	Femtosecond ophthalmic solid — state laser system
14	Phacoemulsification and vitrectomy system
15	Ophthalmic Excimer Laser system .
16	OCT posterior and anterior segment
17	Fundus imaging system preferably ultrawide field along with FFA and ICG
18	Corneal topography
19	Optical Bio meter
20	High end operating microscope
21	Ablation system
22	Endoscopic Camera system
23	Endoscopes
24	Orthopaedic Robotic Navigation System
25	High End Medical — grade monitors
26	Image Management System
27	Medical —grade electromechanical drill
28	Flow control pump
29	Insufflation device
30	NCV/EMG system
31	EEG system
32	Repetitive transcranial magnetic stimulator
33	Video Urodynamic system with Chair
34	Cryo Ablation system
35	High Intensity Focused Ultrasound System
36	3D — 4K Laparoscopy System
37	High End Dental Chair
38	Cone-Beam Computed Tomography Systems (CBCT)

WOMEN'S PARTICIPATION IN THE WORKFORCE

4146. SHRI BAIJAYANT PANDA

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

- (a) whether the Government has any specific targets to improve gender equality as reflected in the Gender Inequality Index (GII), if so, the details thereof;
- (b) the details of the specific initiatives implemented by the Government to encourage women to pursue advanced degrees and join the organised workforce; and
- (c) the details of the steps taken by the Government to overcome the barriers that limit women's participation in higher education and employment?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (c) The Gender Inequality Index (GII) is released as a part of Human Development Report (HDR), which is published by the United Nations Development Programme. GII is calculated on the basis of indicators, viz., Maternal Mortality Ratio, Adolescent Birth Rate, Women's share of seats in parliament, Population with at least some secondary education, and Labour force participation rate. The Government of India has been working in collaboration with all State/UTs and different stakeholders to enhance the accessibility and quality of healthcare services for pregnant women and young children through various initiatives/schemes like Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), Surakshit Matritva Aashwasan (SUMAN), Pradhan Mantri Matru Vandana Yojana (PMMVY), Labour room Quality Improvement initiatives (LaQshya) etc. HDR 2023-24 has ranked India at 108 out of 193 countries in GII 2022. In GII 2021, India was ranked at 122 out of 191 countries.

Government of India has given utmost priority to reduce disparity between men and women and by encouraging women to pursue higher education and join workforce. Some major initiatives taken by the Government for improving economic and educational empowerment of women to promote gender equality and to overcome barriers that limit women's participation in higher education and join the organized workforce are follows:

- Under the scheme '**Women in Science and Engineering-KIRAN (WISE-KIRAN)**', the Department of Science and Technology (DST) is creating various opportunities to support women in Science and Technology fields through several programmes.
- The **CURIE (Consolidation of University Research for Innovation and Excellence) Programme** is developing research infrastructure in women universities and Women PG Colleges.
- **Vigyan Jyoti** was launched in 2020 to balance low representation of girls in different streams of Science and Technology from 9th to 12th standards benefiting over 80,000 girl students.
- **Gender Advancement for Transforming Institutions (GATI) (2020)** initiative encourages transformational changes at institutional level towards achieving Gender Equality in the STEM area. In its pilot phase, 30 scientific institutions are working under GATI pilot towards achieving Gender Equality in STEM.

- **Women Technology Parks (2017-18)** have been established as resource centers where all necessary support is made available to women on Science and Technology based training, capacity building in various technologies.
- **WISE Fellowship** for Ph.D. (WISE-PhD) and **WISE Post-Doctoral Fellowship (WISE-PDF)** to carry out research in Basic and Applied Sciences, **WISE-SCOPE** to encourage women scientists to utilize their scientific knowledge for benefit of society, **WIDUSHI** programme to support senior women scientists and **WISE-IPR** programme for creating self-employment opportunities have also been started.
- **SERB POWER Scheme, Science and Engineering Research Board (SERB)'s Promoting Opportunities for Women in Exploratory Research (POWER)**, designed exclusively for women scientists, launched in 2020, has funded 97 projects in Research grant, of which 42 Fellowships given to women.
- The “**Development of Women's Studies in Indian Universities and Colleges**” scheme by UGC provides funds for setting up Women Studies Centers (WSCs) in universities and colleges, focusing on teaching, research, curriculum development, trainings and outreach activities.
- Synergising the School Education and Higher Education, the IIT-Madras has undertaken “Vidya Shakti” scheme which aims at enhancing conceptual and foundational learning skills of children from rural areas to enhance enrolment

(including women) in STEM branches in Higher Educational Institutions (HEIs).

- **Pradhan Mantri Mudra Yojana (PMMY)** has been initiated by Government, inter alia, for facilitation of self-employment. Under PMMY, collateral free loans upto Rs. 20 lakh are extended to micro/small business enterprises and to individuals to enable them to setup or expand their business activities. Majority of the beneficiaries under this yojana are women.
- **Stand Up India** scheme promotes entrepreneurship amongst women, SC and ST categories, i.e., those sections of the population understood to be facing significant hurdles due to lack of advice/ mentorship as well as inadequate and delayed credit. 84% of the loans sized Rs 10 lakh to Rs. 1 crore were made available to women.
- The **Pradhan Mantri Uchchatar Shiksha Abhiyan (PM-USA)**, a Centrally Sponsored Scheme by Ministry of Education caters to needs of educationally unserved/ underserved areas and aimed at funding specific State government universities and colleges, including in the rural areas, so as to improve their quality by ensuring their conformity to prescribed norms and standards.
- The **Overseas Fellowship Scheme** started in 2017-18, provides opportunities to Indian Women to undertake international collaborative research in areas of their choice.

- The **Skill India Mission** aligned to the National Skill Development Policy, designed with special focus on skilling of disadvantaged groups, Women, Transgender and Persons with Disabilities (PwDs).
- Labour laws have specific provisions relating to women workers besides all other rights. **The Maternity Benefit Act, as amended in 2017**, has enhanced paid maternity leave from 12 weeks to 26 weeks for two surviving children. It also has enabled provision of “Work from Home”, after availing of the maternity benefit by the woman, where the nature of work being assigned of such nature, for such period and on such conditions mutually agreed upon by the employer and the woman employee.
- The Government has also enacted the four Labour Codes, namely the **Code on Wages 2019; the Industrial Relations Code 2020; the Code on Social Security 2020**, and **the Occupational Safety, Health and Working Conditions Code 2020**, which *inter alia*, promote participation of women in workforce in a dignified manner through a number of provisions; such as no discrimination on the ground of gender in matters relating to wages, recruitment and in the conditions of employment; Women are entitled to be employed in all establishments for all types of work even before 6 AM and beyond 7 PM subject to their consent and other adequate safety measures.

- **Sakhi Niwas** (Working Women's Hostel) scheme provides safe and affordable housing for working women and thereby encourages more women to seek employment.
- **Palna**, the National Crèche Scheme, ensures that women take up gainful employment through providing a safe, secure and stimulating environment to the children.
- **Hubs for Empowerment of Women (HEW)** at National, State and District level have been approved under Mission Shakti. The support under HEW is available for guiding, linking and hand holding women to various institutional and schematic set-up for their empowerment and development including equal access to healthcare, quality education, career and vocational counselling/training, financial inclusion, entrepreneurship, backward and forward linkages, health and safety for workers, social security and digital literacy at various levels across the country.

SALE OF BANNED/PROHIBITED DRUGS IN NER

4147. SHRI KAMAKHYA PRASAD TASA:

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

(a) whether the Government has banned/prohibited many drugs/medicines in the country especially in the North Eastern Region (NER) and if so, the details thereof;

- (b) whether the Government has conducted any rigorous inspection drive across north-eastern region, if so, the details thereof and if not, the reasons therefor;
- (c) whether it is a fact that due to lack of regular inspection in the pharmaceutical stores, many stores have been selling prohibited illegal drugs;
- (d) if so, the details thereof and the action taken by the Government in this regard;
- (e) whether the Government has taken note that some unauthorized or unqualified persons are running pharmaceutical stores; and
- (f) if so, whether any departmental inquiry has been conducted against such persons, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

- (a): The Central Government has prohibited manufacture, sale or distribution of number of drugs including Fixed Dose Combination (FDCs) in public interest under section 26A of Drugs and Cosmetics Act 1940 in the country. However, there is no such prohibition for manufacture, sale or distribution of any drug specifically for north-eastern region.
- (b) to (f): Under the Drugs and Cosmetics Act, 1940, and Rules thereunder the license for Sale and Distribution of drugs are granted by the State Licensing Authority appointed by the respective State Government. Licensee is required to comply with all the conditions of license. State Licensing Authorities are empowered to take action on violation of any conditions of such license s. As per

the conditions of license, sales of Drugs shall be effected only by or under the personal supervision of a registered pharmacist and no person can sale by retail the Schedule H, H1 and X drugs without prescription of Registered Medical Practitioner (RMP).

Manufacture, sale and distribution of prohibited/banned drugs is a punishable offence under Section 18 of the Drugs and Cosmetics Act and the State Licensing Authorities are empowered to take action in this regard.

In order to ensure that prescription drugs are not sold by retail without prescription of RMP, the State Drugs Controllers/other stakeholders have been sensitized by CDSCO from time to time in this regard. Various notices/Advisories/Letters have been issued to all State Drugs Controllers, other stakeholders for strict compliance of the requirements of the Drugs and Cosmetics Act and Rules made there under.

SAGARMALA PROGRAMME

4148. SHRI MITESH PATEL (BAKABHAI):

SHRI PARSHOTTAMBHAI RUPALA:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

the status of implementation and impact of the Sagarmala program projects in the North Eastern Region, particularly regarding the development of ferry terminals and their role in improving local transportation and trade?

**THE MINISTER OF PORTS, SHIPPING AND WATERWAYS
(SHRI SARBANANDA SONOWAL):**

The Sagarmala programme is the flagship programme of the Ministry of Ports, Shipping and Waterways to promote port-led development in the country through harnessing India's 7,500 km long coastline, 14,500 km of potentially navigable waterways and strategic location on key international maritime trade routes. The projects under Sagarmala Programme are categorized into five pillars – port modernization, port connectivity, port-led industrialization, coastal community development and coastal shipping and inland water transport. 06 projects at a total cost of Rs. 763 Cr. have been included under Sagarmala Programme for development of the Inland Water Transport (IWT) infrastructure on National Waterways in the North-Eastern Region (NER). The details of IWT projects are enclosed as **Statement**.

Further, the proposal of Government of Assam for development of eight smaller terminal and two slipways along the National Waterways-2 for enhancing the infrastructure related to National Waterways and connectivity has been in-principally agreed by Ministry of Ports, Shipping and Waterways for 100 % financial assistance under Sagarmala Scheme with total outlay of Rs. 645.56 Cr.

Ferry terminals play a pivotal role in improving local transportation networks and boosting trade by enhancing connectivity, supporting economic activity, and

contributing to regional development. As sustainable transportation options, they can alleviate congestion, foster tourism, and contribute to greener alternatives.

STATEMENT

The details of IWT projects

S. No.	Project	Cost (INR in cr.)
1.	Comprehensive Development of NW-2 (river Brahmaputra) in Assam	461
2.	Multimodal terminal at Pandu across NW-2	103
3.	Intermodal terminal at Dhubri across NW-2	48
4.	Intermodal terminal at Badarpur across NW-16	3
5.	Intermodal terminal at Karimganz across NW-16	3
6.	Comprehensive Development of NW-16 (river Barak) and Indian Portion of Indo-Bangladesh Route	145

TRANSPARENCY IN ALLOCATION OF CASES TO PANEL COUNSELS

4149. SHRI PRAVEEN PATEL:

SHRI BHARTRUHARI MAHTAB:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

(a) the manner in which new guidelines for allocation of case among the panel counsel will be implemented across various Ministries;

- (b) the measures that have been taken to ensure compliance with these guidelines by all designated Litigation In-charge; and
- (c) the manner in which the Government monitor the adherence to the case allocation guidelines by Litigation In-charges?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a) The new guidelines issued by the Department of Legal Affairs, vide Office Memorandum No. J-16/20/2024-Judicial dated 16th October, 2024, for fair and transparent allocation of cases is a self-speaking guideline. Para 3(i) to 3(v) of the O.M. dated 16.10.2024 specifically contains the instructions to be followed by the designated litigation In-charges in allocation of cases among the panel counsels.

These are:

- 3(i) cases of ordinary/routine nature may be assigned to Panel Counsel (except Addl. SGI/Dy. SGI/ Senior Panel Counsel) on turn basis;
- 3(ii) if the Ministry/Department recommends the name of a particular Panel Counsel in writing, it should have proper justification;
- 3(iii) important, sensitive, and high stake matters including those involving constitutional vires of the provision being under challenge may be assigned to Addl. SGI/Dy. SGI/ Senior Panel Counsel and/or on the specific request in writing of the Ministry/Department concerned;

3(iv) two or more cases in which substantially identical questions of law or facts are involved and where the main difference is in the names, address of the parties concerned, amount of money involved etc. irrespective of the fact whether all such cases are heard together or not, may be assigned to the same Panel counsel and not different ones;

3(v) a Panel Counsel, except Addl. SGI/ Dy. SGI/ Sr. Panel Counsel, should at a given point have not more than 10% cases out of total pendency of Central Government litigation before the High Court/Tribunal/District and Subordinate Court concerned;

The guidelines issued vide Department of Legal Affairs' OM No. J-12017/1/2019-Judicial dated 21.10.2019 and modified vide O.M. No. J-12017/1/2022-Judicial dated 13.09.2022 describes procedure regarding allocation of cases pertaining to Union of India amongst the Panel Counsel for the Courts/Tribunal by the designated litigation In-charges.

In the said O.M.s it has been specified that in respect of cases before Supreme Court of India, allocation of cases to be done by Ld. Attorney General for India and thereafter by Ld. Solicitor General of India.

For Various Courts/Tribunals at Delhi, the In-charge of attached offices of Department of Legal Affairs i.e. Litigation (High Court/CAT), Litigation (Lower Court) Section shall be responsible for engagement of Law Officers/Panel Counsels for High Court, CAT (PB) and other Tribunals in Delhi; District and Subordinate Courts respectively. For cases before the High Court of Delhi,

allocation of cases to be done in consultation with the Additional Solicitor General of India concerned.

For various Courts/Tribunal at Mumbai, Kolkata, Chennai and Bengaluru, In-charge Branch Secretariats of Department of Legal Affairs at these places have been entrusted with the responsibility of engagement of Panel Counsel for respective Court/Tribunal within their jurisdiction. However, for cases before High Courts (PB) at these places, consultation with the Additional Solicitor General of India concerned will be required for allocation of cases to Law Officers/Panel Counsel.

In places except those mentioned above, the engagement of Panel Counsel is done as under:

For High Courts- by Additional Solicitor General of India (ASGI) or Deputy Solicitor General of India (DSGI),

For remaining CAT, AFT, NGT Benches-by concerned Senior Central Government Standing Counsel,

For remaining District and Subordinate Courts-by concerned Standing Government Counsel.

(b) and (c) The new guidelines issued by Department of Legal Affairs', vide O.M. dated 16.10.2024, requires designated litigation In-charges to send monthly report of allocation of cases to Panel Counsels on regular basis to Department of Legal Affairs through email.

In addition the Department of Legal Affairs has developed an online portal namely, 'Legal Information Management and Briefing System (LIMBS)' in the month of February 2016. It is a web based application used for monitoring of all court cases involving Union of India. Further, it is easy to access and it available 24X7 to various Ministries/Departments of the Government of India, its organizations, Law Officers and the empanelled Counsels, enabling to them to upload data related to cases of Union of India, pertaining to them.

The aforesaid new guidelines, issued vide O.M. dated 16.10.2024, insist upon Panel Counsels to get their LIMBS ID activated and regularly update the status of cases assigned to them, which are to be monitored on LIMBS portal by the Administrative Ministry/ Department..

DM COURSE IN GENETICS AND ENDOCRINOLOGY

4150. SHRI DHARAMBIR SINGH:

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

(a) whether the eligibility criteria for the Doctorate of Medicine (DM) superspeciality course in Genetics and Endocrinology are restricted to certain medical qualifications, excluding MD Biochemistry which was previously considered eligible;

(b) the rationale behind not allowing MD Biochemistry graduates for super-specialization in Genetics and Endocrinology, despite the relevance of their curriculum to these fields;

(c) whether the Ministry acknowledge that MD Biochemistry is well-suited for a super-specialization in Genetics and Endocrinology, and that such a move is likely to benefit both the medical profession and healthcare services; and

(d) whether the Government is considering to revise the eligibility criteria to include MD Biochemistry graduates for DM courses in Genetics and Endocrinology so as to enhance opportunities for more qualified healthcare professionals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (d): The National Medical Commission was constituted by the Government under the provisions of the National Medical Commission Act, 2019. Section 10(a) of the NMC Act, 2019 empowers the Commission to lay down policies for maintaining high quality and standards in medical education and to make necessary regulations in this regard. Further, Section 57 of the NMC Act, 2019 also mandates the Commission to make various regulations consistent with this Act and the rules made thereunder, to carry out its provisions. In pursuance of its powers and functions, the Commission has framed regulation, which, inter alia, specify the eligibility criteria for the Doctorate of Medicine (DM) super-speciality course in Genetics and Endocrinology.

CLAIMS SETTLEMENT UNDER AB-PMJAY**4151. SHRI BHASKAR MURLIDHAR BHAGARE:****DR. AMOL RAMSING KOLHE:****PROF. VARSHA EKNATH GAIKWAD:****SHRI BAJRANG MANOHAR SONWANE:****SHRI NILESH DNYANDEV LANKE:****SHRIMATI SUPRIYA SULE:****SHRI DHAIRYASHEEL RAJSINH MOHITE PATIL:****SHRI SANJAY DINA PATIL:****SHRI AMAR SHARADRAO KALE:**

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

- (a) the average time taken for settlement of claims under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY);
- (b) the percentage of claims settled within the stipulated timeline during the last one year;
- (c) the number of Ayushman cards that have been created during the last three years in the State of Maharashtra, year-wise/district-wise;
- (d) the details of expenditure incurred on Out Patient Department (OPD) treatment and hospital admitted cases of the beneficiaries;
- (e) the details of the eligibility criteria and procedure prescribed to provide medical facility related benefits to the patients under the said Yojana; and

(f) whether many SC/ST/OBC households from rural and remote areas have not been enrolled under AB-PMJAY thereby depriving them of the benefits therein and if so, the details thereof, along with the corrective steps taken/proposed to be taken in the regard?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

(a) and (b): Under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), claims are settled by respective State Health Agencies (SHAs). Funds are released to the State for implementation of the scheme after State government contributes their share. As per the established process, the State Health Agencies then settle the claims within the stipulated time, subject to availability of funds and resolution of any queries for the cases.

Timely settlement of claims is one of the key parameters against which the scheme performance is measured. Therefore, the status of claim settlement under the scheme is constantly monitored to ensure that claims are settled within defined turnaround time. Additionally, the issue of overdue claims is also taken up regularly during State review meetings. Further, capacity building activities are organised for efficient claims settlement.

(c): District-wise details of number of Ayushman cards created during the last three years in the State of Maharashtra are given in the enclosed **Statement**.

(d): AB-PMJAY provides free in-patient care only i.e. hospitalization. OPD services are not covered under the scheme. As on 30.11.2024, an expenditure of Rs.1.16 lakh crore has been incurred for the treatment of beneficiaries under the scheme.

(e): AB-PMJAY is a flagship scheme of the Government which provides health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to approximately 55 crore beneficiaries corresponding to 12.37 crore families constituting economically vulnerable bottom 40% of India's population. In the latest national master of the Health Benefit Package (HBP), the scheme provides cashless healthcare services related to 1961 procedures across 27 medical specialties.

The beneficiary families under AB-PMJAY were identified from the Socio-Economic Caste Census (SECC) of 2011 on the basis of 6 deprivation and 11 occupational criteria across rural and urban areas respectively. Further, in January 2022, on the basis of decadal growth rate of 11.7%, Government of India revised the beneficiary base to 12 crore families and provided the flexibility to States/UTs to use other databases for verification of beneficiaries against such SECC beneficiaries who could not be identified and verified. Many of the 33 States and Union Territories (UTs) implementing AB-PMJAY have further expanded the beneficiary base at their own cost using non-SECC data sources (including National Food Security Act, State specific datasets).

In March 2024, 37 lakh families of ASHA, Anganwadi Worker and Anganwadi Helpers were also included in the scheme. Further, on 29.10.2024, the Government

of India expanded AB-PMJAY to provide free treatment benefits of up to Rs. 5 lakh per year on a family basis to all senior citizens aged 70 years and above, irrespective of their socio-economic status.

(f): As on 05.11.2024, a total of 1.97 crore and 0.97 crore Ayushman cards have been issued to SC and ST beneficiaries respectively under AB-PMJAY. Further, States/UTs have adopted various beneficiary databases along with SECC database.

STATEMENT

District-wise details of number of Ayushman cards created during the last three years in the State of Maharashtra

District	FY 2021-2022	FY 2022-2023	FY 2023-2024
Ahmednagar	14,906	45,680	12,44,481
Akola	3,194	21,793	3,02,202
Amravati	18,213	51,058	4,93,344
Beed	4,869	23,480	4,61,926
Bhandara	2,101	25,067	2,96,360
Buldhana	8,730	23,706	3,87,987
Chandrapur	4,265	1,45,062	3,34,018
Chhatrapati Sambhajnagar	2,627	19,407	6,05,017
Dharashiv	7,883	92,920	3,63,569
Dhule	6,624	23,766	4,37,940
Gadchiroli	20,157	25,659	2,76,249
Gondia	4,548	35,561	2,51,961
Hingoli	10,196	27,782	2,61,487
Jalgaon	33,078	63,207	5,28,283
Jalna	11,190	1,03,860	4,32,353

Kolhapur	9,167	57,554	11,52,872
Latur	3,456	49,043	3,31,003
Mumbai	25,079	15,388	1,54,135
Mumbai Suburban	48	13	6,22,380
Nagpur	12,101	42,550	10,37,254
Nanded	15,605	44,669	7,29,835
Nandurbar	6,323	22,701	2,94,305
Nashik	15,488	2,42,038	9,77,828
Palghar	1,228	13,344	3,19,662
Parbhani	3,504	26,901	3,48,330
Pune	76,852	53,079	8,84,642
Raigad	1,118	12,737	3,33,180
Ratnagiri	822	26,033	3,64,652
Sangli	10,647	61,964	7,70,520
Satara	2,910	67,776	6,79,748
Sindhudurg	1,476	12,234	3,15,054
Solapur	11,038	52,952	6,37,982
Thane	10,702	58,592	5,29,288
Wardha	608	50,711	2,25,840
Washim	3,084	29,398	3,37,351
Yavatmal	7,034	99,408	2,65,648

Note: Data as on 16.12.2024

बिहार में एबी-पीएमजेएवाई के अंतर्गत निधि आवंटन

4152. श्री प्रदीप कुमार सिंह:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

बिहार के अररिया संसदीय निर्वाचन क्षेत्र में पिछले तीन वर्षों के दौरान आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत आवंटित, जारी और उपयोग की गई निधि का वर्षवार ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री

(श्री प्रतापराव गणपतराव जाधव):

आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) का वित्तपोषण पूर्ण रूप से से मांग आधारित है। राज्यों/संघ राज्य क्षेत्रों को उनसे प्राप्त वास्तविक मांग के आधार पर निधियां जारी की जाती हैं। राज्य/संघ राज्य क्षेत्र-वार निधियों का आवंटन नहीं किया जाता है। इसके अतिरिक्त, निधियां राज्यों/संघ राज्य क्षेत्रों को जारी की जाती हैं, परंतु अलग-अलग जिलों को नहीं की जाती हैं। विगत तीन वर्षों के दौरान एबी-पीएमजेएवाई के तहत बिहार राज्य के लिए जारी और उपयोग की गई निधियों का विवरण इस प्रकार है:

वित्त वर्ष	जारी निधि (रुपए करोड़ में)	उपयोग की गई निधि (रुपए करोड़ में)
2021-22	59.77	74.37
2022-23	145.51	135.25
2023-24	172.5	184.43
नोट: वित्त वर्ष 2021-22 और वित्त वर्ष 2023-24 के लिए उपयोग की गई निधियां जारी की गई निधियों से अधिक हैं क्योंकि विगत वित्तीय वर्षों से अव्ययित निधियों को अग्रेनीत किया गया था।		

TRAINING OF MALDIVIAN CIVIL SERVANTS

4153. SHRI MANOJ TIWARI

SHRI P. P. CHAUDHARY

SHRI MUKESHKUMAR CHANDRAKAANT DALAL

SHRI ANURAG SINGH THAKUR

SHRIMATI SMITA UDAY WAGH

SHRI BHARTRUHARI MAHTAB

SHRI JAGDAMBIKA PAL

SHRIMATI SHOBHANABEN MAHENDRASINH BARAIYA

SHRI RAO RAJENDRA SINGH

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:-

- (a) the key objectives of the renewed Memorandum of Understanding (MoU) signed for training of 1,000 Maldivian civil servants indicating the key components, duration and financial outlay of the programmes;
- (b) the manner in which this renewed partnership align with India's broader foreign policy objectives in the Indian Ocean region;
- (c) the details of the outcomes of the previous capacity building programmes conducted by the National Centre for Good Governance (NCGG) for Maldivian civil servants from 2019 to 2024 indicating the number of civil servants trained and the areas of capacity building covered, year-wise;
- (d) whether any assessment has been conducted regarding the effectiveness of previous training programs, if so, the findings thereof and improvements incorporated in the renewed MoU; and
- (e) whether similar capacity building initiatives are planned with other Indian Ocean region countries, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (e) Under the MoU between the National Centre for Good Governance (NCGG), Department of Administrative Reforms and Public Grievances, Government of India and Maldives Civil Service Commission, Republic of Maldives on Training and Capacity Building Programme for Maldivian Civil Servants, signed on 08 June 2019, 1000 Maldivian Civil Servants were trained in India through customized, tailor-made and need-based modules and programmes, as per the requirements of Maldives, in areas of public policy, governance and field administration. The five-year MoU was renewed on 09 August 2024 to train additional 1000 Maldivian civil servants in India over a period of five years.

Maldives is an important partner in India's 'Neighbourhood First' policy and Vision SAGAR. Capacity building and training is one of the key pillars of the India-Maldives partnership. This has been reflected in the India-Maldives 'Comprehensive Economic and Maritime Security Partnership' adopted in October 2024, wherein, both countries agreed that capacity building initiatives have positively contributed towards human resource developmental needs of Maldives and have decided to continue with customized training programmes for Maldivian civil servants.

Similarly, an MoU between the NCGG and the Sri Lanka Institute of Development Administration (SLIDA) has been signed during the State Visit of President of Sri

Lanka to India on 16 December 2024, to train 1,500 Sri Lankan civil servants in India over a period of five years.

RISE IN CEILING PRICES OF SCHEDULED DRUGS

4154. SHRI GAURAV GOGOI:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) the primary factors contributing to the recent increase in ceiling prices of scheduled drugs in the country;
- (b) the steps taken by the Government to ensure that these price increases do not disproportionately affect vulnerable populations, such as low-income individuals and senior citizens;
- (c) the mechanism of the Government to monitor the impact of these price increases on patients' affordability and ensure adherence to treatment regimens;
- (d) whether the Government will implement stricter price control mechanisms or other regulatory interventions to mitigate the impact of rising drug prices; and
- (e) the manner in which the Government is promoting the production and availability of generic medicines to reduce the cost of treatment for patients?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (d): National Pharmaceutical Pricing Authority (NPPA) under Department of Pharmaceuticals, fixes the ceiling price of medicines included in Schedule-I of the

Drugs (Prices Control) Order, 2013 (DPCO, 2013) in accordance with the provisions of DPCO, 2013. As per the provisions of DPCO 2013, the ceiling prices of scheduled medicines are revised annually on the basis of Wholesale Price Index (WPI) (all commodities) for the preceding calendar year on or before 1st April of every year. The ceiling prices of scheduled medicines for the year 2024-25 were increased by 0.00551% w.e.f. 01.04.2024 based on annual change in the WPI (all commodities). Further, NPPA received applications from various pharmaceutical manufacturing/marketing companies and industry associations requesting for upward revision of price for some of the formulation(s) on the grounds of increase in cost of production, increase in cost of active pharmaceutical ingredients (APIs), changes in exchange rate, request for discontinuation of some of the formulations etc. that made supply of such drugs at existing rates unviable. After detailed scrutiny, NPPA approved increase in the price of 11 formulations of 8 drugs to ensure their continued availability so that the public including vulnerable population is not forced to switch to expensive alternatives due to non-availability of these drugs in the market.

All manufactures of scheduled medicines (branded or generic) have to sell their products within the ceiling price (plus applicable Goods and Service Tax) fixed by the NPPA. The prices of both scheduled and non-scheduled drugs are monitored by NPPA. Monitoring activities are based on references from Price Monitoring Resource Units (PMRUs), State Drugs Controllers (SDCs), market samples, market-based databases, and complaints received through the Pharma

Jan Samadhan (PJS) portal, CPGRAMS, and other reliable sources. Instances of overcharging are dealt by NPPA under the relevant provisions of DPCO, 2013.

(e): The Government has taken various measures to promote the production and availability of generic medicine which *inter alia* include the Production Linked Incentive (PLI) scheme for Pharmaceuticals, PLI Scheme for critical Key Starting Materials, Drug Intermediates and Active Pharmaceutical Ingredients, the Bulk Drug Park Scheme, Scheme for Promotion of Research and Innovation in the Pharma-Meditech Sector, provision of quality generic medicines at 50%-90% cheaper rates than branded medicines under Pradhan Mantri Bhartiya Janaushadhi Pariyojana through Jan Aushadhi Kendras opened across the country etc. In addition, Ministry of Health and Family Welfare, Government of India is implementing **Free Drugs Service Initiative (FDSI)** under NHM to provide technical and financial support to States and Union Territories to improve access to free medicines and ensure the availability of essential medicines for patients at all level of facilities.

AFFORDABILITY OF FERTILIZERS

4155. DR. NAMDEO KIRSAN:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) whether the Government is taking any steps to ensure that fertilizers remain affordable to the farmers in the country;
- (b) if so, the details thereof;

- (c) whether any scientific study has been conducted to assess the impact of chemical fertilizer on the soil and plants; and
- (d) if so, the details thereof including the steps taken/proposed to be taken by the Government to phase out all chemical fertilizers in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) and (b): For Phosphatic and Potassic (PandK) fertilizers, Government has implemented Nutrient Based Subsidy (NBS) scheme w.e.f. 1.4.2010. Under NBS scheme, a fixed amount of subsidy, decided on annual/bi-annual basis, is provided on subsidized PandK fertilizers depending on their nutrient content including Di-Ammonium Phosphate (DAP). Under this scheme, MRP is fixed by fertilizer companies as per market dynamics at reasonable level which is monitored by the Government. The PandK sector is a decontrolled and under the NBS scheme the companies are free to take initiatives to produce/import fertilizers as per market dynamics.

Further, in order to ensure smooth availability of DAP at affordable prices to farmers, Government has provided special packages on DAP over and above the NBS subsidy rates on need basis. Recently, in 2024-25, due to geo-political situation, adversely affecting the viability of procurement of DAP by the fertilizer companies, the Government has approved One-time special package on DAP beyond the NBS rates on actual PoS (Point of Sale) sale of DAP for the period from

01.04.2024 till 31.12.2024 @ ₹ 3500 per MT to the PandK fertilizer companies to ensure sustainable availability of DAP at affordable prices to the farmers. Further, the guidelines on evaluation of reasonableness of MRPs fixed by the PandK Fertilizer companies also ensure availability of fertilizers at affordable prices to farmers.

Urea, is provided to the farmers at a statutorily notified Maximum Retail Price(MRP). The MRP of 45 kg bag of urea is Rs.242 per bag (exclusive of charges towards neem coating and taxes as applicable) and the MRP has remained unchanged since 01.03.2018 to till date. The difference between the delivered cost of urea at farm gate and net market realization by the urea units is given as subsidy to the urea manufacturer/importer by the Government of India. Accordingly, all farmers are being supplied urea at the subsidized rates.

(c) and (d): The Indian Council of Agricultural Research (ICAR) under All India Coordinated Research Project on 'Long-Term Fertilizer Experiments' has assessed the impact of long-term use of chemical fertilizers in different soil types (fixed locations) under dominant cropping systems. Investigations carried out over five decades at fixed sites have indicated that there is no harmful effect of chemical fertilizers on soil fertility with balanced and judicious use. However, imbalanced use of chemical fertilizers coupled with low addition of organic matter over years may cause multinutrient deficiencies vis-à-vis decline in soil health. Continuous use of nitrogenous fertilizer alone had deleterious effect on soil health and crop productivity showing deficiencies of other nutrients. The investigation over the last

few decades indicated that even in NPK fertilized system, nutritional disorders in terms of deficiency of micro and secondary nutrients surfaced after few years affecting soil health and crop productivity. Highest decline in crop yield was observed in plot receiving only urea. In case of drip irrigation (fertigation), comparable crop yield can be obtained with less amount of water and fertilizers due to higher water and nutrient use efficiencies.

ICAR recommends soil test based balanced and integrated nutrient management through conjunctive use of both inorganic and organic sources (manure, biofertilizers etc.) of plant nutrients for judicious use of chemical fertilizers and to improve soil health. The ICAR also imparts training, organises FLDs etc. to educate farmers on all these aspects. All these measures reduce chemical fertilizer use in the country.

Further, the Government has approved the Market Development Assistance (MDA) @ Rs. 1500/MT to promote organic fertilizers, i.e. manure produced at plants under GOBARdhan initiative covering different Biogas/CBG support schemes/programmes of stakeholder Ministries/Departments such as Sustainable Alternative Towards Affordable Transportation (SATAT) scheme of Ministry of Petroleum and Natural Gas (MoPNG), 'Waste to Energy' programme of Ministry of New and Renewable Energy (MNRE), Swachh Bharat Mission (Rural) of Department of Drinking Water and Sanitation (DDWS), etc. with total outlay of Rs. 1451.84 crore (FY 2023-24 to 2025-26), which includes a corpus of Rs. 360 crore for research gap funding, etc.

AYUSH HOSPITALS IN KOLAR**4156. SHRI M. MALLESH BABU:**

Will the Minister of **AYUSH** be pleased to state:

- (a) whether all the districts in the State of Karnataka are equipped with Advanced AYUSH/Ayurvedic Hospitals except Kolar district;
- (b) if so, the details thereof along with the reasons therefor;
- (c) whether the Government is aware that most of the people living in Kolar district are dependent on Ayurveda and AYUSH hospitals for treatments like Parshvavayu, Asthama, respiratory infections, other allied infections and diseases, if so, the details thereof;
- (d) whether the Government has initiated any necessary action to establish an advanced AYUSH/Ayurvedic Hospital in the said district; and
- (e) if so, the details of the commissioning and functioning of this advanced AYUSH/Ayurvedic hospital in Kolar district of Karnataka?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

- (a) to (e) Public Health being a State subject, the primary responsibility to ensure the availability of equipments with advanced AYUSH/Ayurvedic hospitals in all the districts in the State Karnataka lies with respective State Government and similarly

the subject matter of establishment of Advanced AYUSH/Ayurvedic Hospital in the Kolar district also comes under the purview of State Government. However, as reported by the State Government of Karnataka, all the districts in the State of Karnataka including Kolar District under National Ayush Mission are equipped with necessary procedural equipments and State has upgraded 83 Ayush Hospitals including 2 hospitals in Kolar district.

State Government has also informed that most of the people living in Kolar district are dependent on Ayurveda and Ayush Hospitals for treatments like Parshvavayu, Asthma, respiratory infections, other allied infections and diseases. Further, the Ministry is already implementing a Centrally Sponsored Scheme of National Ayush Mission (NAM) which is having a provision of financial assistance to States/UTs including Karnataka for setting up of 50/30/10 bedded Integrated Ayush Hospitals and State Government may avail financial assistance by submitting suitable proposal through State Annual Action Plan (SAAP) as per the provision of NAM guideline.

SUICIDE CASES IN MEDICAL INSTITUTIONS

4157. SHRI ANTO ANTONY:

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

(a) whether the Government has any data regarding suicide cases reported in the Medical Educational Institutions including Medical Colleges, Nursing Colleges and Schools and other Paramedical institutions across the country;

(b) if so, the details of such cases reported in the country during the last ten years, year and institution-wise; and

(c) the details of the action taken by the Government to stop such incidents in these institutions in future?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (c) The government has taken various measures to address mental health challenges and promote student well-being which include implementation of National Mental Health Programme (NMHP), strengthening of mental healthcare services, National Tele Mental Health Programme (NTMHP), Tele MANAS Mobile Application, National Suicide Prevention Strategy, etc. The Department of Higher Education has also been requested for wide publicity of NTMHP / Tele MANAS in the educational institutes under their Department and share the helpline number among the students to access the helpline during stressful and challenging times. Further, all States/UTs have been requested for wide circulation and publicity of NTMHP/Tele MANAS in the respective States/UTs especially among students in educational institutions. All Institutes of National Importance, AIIMS and Central Government Medical Colleges have also been requested to publicise Tele MANAS among students to access the helpline at any time for free and confidential support. Furthermore, a 15-Member National Task Force was constituted by the Anti-Ragging committee of the National Medical Commission (NMC) in February 2024.

The NMC has published its report in August, 2024. Aggrieved students can lodge complaints related to mental health and ragging on NMC's website as well as other portals such as Centralized Public Grievance Redress and Monitoring System (CPGRAMS). National Medical Commission Regulations such as Prevention and Prohibition of Ragging in Medical College and Institutions Regulations, 2021 require Colleges to submit annual compliance report and prescribe punitive actions for offenders. The data regarding suicide cases reported in the Medical Educational Institutions has not been compiled centrally.

DEVELOPMENT OF INFRASTRUCTURE FOR SHIP BUILDING

4158. SHRI P. P. CHAUDHARY:

SHRI DULU MAHATO:

SHRI KOTA SRINIVASA POOJARY:

DR. NISHIKANT DUBEY:

SHRI BIDYUT BARAN MAHATO:

SHRI LUMBA RAM:

SHRI YOGENDER CHANDOLIA:

SHRI ANURAG SHARMA:

SHRI DILIP SAIKIA:

SHRI ANURAG SINGH THAKUR:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) the steps taken/proposed to be taken by the Ministry for developing/enhancement of ship building infrastructure and creating all allied facilities in the country;
- (b) the total amount of financial allocation sanctioned for maritime infrastructure development during the last three years, project, port and year-wise;
- (c) whether any assessment has been made regarding gaps in existing ship building capabilities, if so, the steps taken/proposed to be taken by the Government to address them;
- (d) whether any timeline has been fixed for completion of ongoing infrastructure projects, if so, the details thereof along with the progress achieved so far in this regard;
- (e) whether there is any plan to include the North Eastern States of the country for the said project; and
- (f) if so, the details thereof?

**THE MINISTER OF PORTS, SHIPPING AND WATERWAYS
(SHRI SARBANANDA SONOWAL):**

- (a) to (f) The steps taken/proposed to be taken by the Ministry for developing/enhancement of ship building infrastructure and creating all allied facilities in the country are as under:

(i). To increase indigenous shipbuilding with regard to modern technologies and machinery, the Ministry has amended the Shipbuilding Financial Assistance Policy(SBFAP) guidelines vide letter no. SY-16023/6/2015-SBR, Part-I to include:

- a) Wind Turbine Installation Vessel, Windfarm Service and Maintenance Vessel and Self-Propelled Dredgers as specialized vessels which are eligible to get higher financial assistance, over and above ₹40 Crores which is upper limit for non-specialized vessels.
- b) Flat 30% Financial Assistance for vessels where main propulsion is achieved by means of green fuels such as Methanol/ Ammonia / Hydrogen fuel cells etc.
- c) Flat 20% Financial Assistance for vessels fitted with fully electric or hybrid propulsion system.

(ii). Funds allocated under SBFAP for shipbuilding contracts signed between April 1, 2016 to March 31, 2026 in Indian Shipyards is Rs. 4,000 crore and the utilization till date is Rs 385.16 crore.

(iii). Government of India vide Gazette Notification No. 112 dated April 13, 2016 has included 'Shipyards' in the updated Harmonized Master List of Infrastructure Sub-sectors.

(iv). In order to promote indigenous shipbuilding, Government has issued guidelines on 19.05.2016 for evaluating and awarding tenders for new shipbuilding orders floated by government departments or agencies including public sector undertakings for acquisition of any type of vessel(s) used by them for Governmental

purposes or for their own use. Whenever acquisition of a vessel(s) is undertaken through tendering route, the qualified Indian Shipyards will have a “Right of First Refusal” to enable them to match the evaluated lowest price offered by the foreign shipyard which is aimed at increasing ship building activities in Indian shipyards.

Further, the Government entities dealing with ship building and ship-owning are advised to ensure local content as per the Government of India Public Procurement (Preference to Make in India) Order, 2017. As per this Order, procurement of ships of less than ₹200 crores is required to be from Indian shipyards.

(v). The Government, in November, 2021, has released Standard Tug Designs of five variants for use by Major Ports for procurement of tugs to be built in Indian Shipyards.

(vi). To promote indigenous shipbuilding, the Ministry of Ports, Shipping and Waterways on 20.09.2023 has revised the hierarchy of Right of First Refusal (RoFR) to be followed in any kind of charter of a vessel which is undertaken through a tender process. The revised hierarchy of RoFR is:

- (1) Indian built, Indian flagged and Indian owned
- (2) Indian built, Indian flagged and Indian IFSCA owned
- (3) Foreign built, Indian flagged and Indian owned
- (4) Foreign built, Indian flagged and Indian IFSCA owned
- (5) Indian built, foreign flagged and foreign owned

(vii) In order to achieve the objective of Atmanirbhar Bharat, the Union Cabinet in 2021 had approved a scheme to provide Rs. 1,624 crore as subsidy over a period

of five years to Indian Shipping Companies in global tenders floated by Ministries/Department and CPSEs for import of Government Cargo. The CPSE, concerned have provided subsidy amounting Rs. 213.54 crore upto 08.10.2024.

(viii) Ministry of Ports, Shipping and Waterways has launched the Green Tug Transition Programme (GTTP) which aims to reduce carbon emissions and minimize environmental impact by encouraging adoption of environmentally sustainable tugboat operations.

(ix) Government has launched the Harit Nauka guidelines for inland vessels which aim to promote the adoption of greener technologies in inland waterway vessels.

(x) Further, Government of India has released Maritime India Vision 2030 and Maritime Amrit Kaal vision 2047, which have assessed gaps in the existing shipbuilding capabilities.

AYUSH PACKAGES FOR NON-COMMUNICABLE DISEASES

4159. SHRI DULU MAHATO:

SHRI MANISH JAISWAL:

SHRI ARUN GOVIL:

DR. BHOLA SINGH:

DR. HEMANT VISHNU SAVARA:

SHRI ALOK SHARMA:

SHRI BIDYUT BARAN MAHATO:

SHRI YOGENDER CHANDOLIA:

SHRI KANWAR SINGH TANWAR:

SHRIMATI SMITA UDAY WAGH:

SHRI BHARTRUHARI MAHTAB:

SHRIMATI SHOBHANABEN MAHENDRASINH BARAIYA:

SHRI SURESH KUMAR KASHYAP:

SHRI LUMBA RAM:

DR. NISHIKANT DUBEY:

Will the Minister of **AYUSH** be pleased to state:

(a) the details of the AYUSH treatment packages to be included in Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) stores and the manner in which these packages are likely to be helpful in treating the non-communicable diseases like diabetes, high blood pressure, arthritis and hypertension, State/UT-wise and district-wise especially in Jharkhand and tribal dominated Palghar district of Maharashtra;

(b) the manner in which the Government is working with insurance companies to finalize the cost structure of packages for the Ayush treatment under Ayushman Bharat Yojana and cooperating with the health insurance companies for their coverage;

(c) whether the Government proposes to include Panchkarma, Yoga, Ayurvedic drugs, Unani treatment, Homoeopathy and Naturopathy under Ayush packages;

(d) if so, the details thereof alongwith the introduction of these AYUSH treatment packages in AB-PMJAY to improve access to affordable and effective healthcare

for vulnerable populations, particularly those suffering from non-communicable diseases;

(e) the details of the scheme to implement the Ayush packages in a phased manner by 2025 along with the details of the pilot projects to be introduced in the selected States;

(f) whether the Government has taken some special steps to ensure equal access to Ayush services in the rural and urban areas in the country and if so, the details thereof;

(g) the details of the measures taken by the Government to raise awareness among beneficiaries regarding the availability of AYUSH treatments under AB-PMJAY as on date; and

(h) the manner in which the inclusion of AYUSH treatments in the AB-PMJAY scheme contribute to integrating traditional medicine with mainstream healthcare in the country alongwith the benefits is likely to bring to the general public?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

(a) Ayushman Bharat Pradhan Mantri-Jan Arogya Yojana (AB-PMJAY) aims to provide health cover of Rs. 5 Lakhs per family per year for secondary and tertiary care hospitalization to approximately 55 Crore beneficiaries corresponding to 12.37 Crore families constituting the bottom 40% of India's population.

The latest National Health Benefits Packages include 1,961 packages across 27 specialties, offering secondary and tertiary care services to PM-JAY beneficiaries. All pre-existing conditions are covered from day one and services include a list of predetermined procedures covering all the costs related to treatment.

Addition of the new packages to the National Health Benefits Packages is done by Medical Expert committees set up for different specialties comprising of experts from leading institutions.

The committee assesses the need for the inclusion of the new package evaluating the clinical relevance, cost-effectiveness, and overall impact of the proposed packages on patient care and health outcomes. The committee also finalises the standard treatment guidelines and required documentation to guide healthcare providers and streamline the claims process. Recommendations of the committee are reviewed by the Health Policy and Quality Assurance Division of National Health Authority (NHA) and after consultation with the State Health Authorities, the packages are finalized for inclusion in the National Health Benefits Package with approval of the competent authority.

The Ayush packages are not included in Ayushman Bharat Pradhan Mantri-Jan Arogya Yojana (AB-PM JAY).

(b) to (h) Does not arise.

SHORTAGE OF RAW MATERIAL FOR AYUSH

4160. DR. K. SUDHAKAR:

Will the Minister of **AYUSH** be pleased to state:

- (a) the details of growth of the AYUSH sector in the country during the last five years, year-wise;
- (b) whether there is a shortage of raw materials, especially due to over reliance on forest produce and if so, the details thereof along with the steps taken/proposed to be taken by the Government to overcome the shortage of raw material;
- (c) the steps taken/proposed to be taken by the Government to promote Ayurveda and also to boost Ayurvedic tourism in the country;
- (d) whether the Government has any plan to set up AYUSH hospitals in all districts of the country and if so, the details thereof; and
- (e) the steps taken by the Government to ensure that India's AYUSH brand is promoted globally along with the details of benefits included under Ayushman Bharat Health packages for AYUSH?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

- (a) Ministry of Ayush has published a report entitled “A Decade of Transformative Growth in Ayush, 2014-2024”. Details are available at <https://ayush.gov.in/resources/pdf/annualReport/DecadeAyushReport.pdf>. Year-

wise details of the growth made in the Ayush sector during the last five years are as follows –

1. Budget of Ministry of Ayush:

During the last five years, budget allocation to Ministry of Ayush has been increased which reflects a growing recognition of the importance of the sector. Year wise details of budget allocated to Ministry of Ayush are given at the enclosed **Statement-I.**

2. Ayush Infrastructure:

Total Number of Ayush Hospitals, Beds, Dispensaries and Registered Practitioners (Doctors) across the countries during the years 2019-2023 are given at the enclosed **Statement-I.**

3. Ayush drug industry:

As per the Research and Information System for Developing Countries (RIS) report of 2020, the Ayush manufacturing industry size has been estimated at Rs.1,37,800 crores (USD 18.1 Bn) that is 6 times rise in 7 years. Similarly, preliminary study of RIS shows Rs.1,66,797 Crores Revenue in Ayush Service sector. Total number of Ayush manufacturing units in the country during the years 2019-2023 (as reported by State/UT Governments and Concerned Agencies) are given in the enclosed **Statement-I.**

4. Education:

National Commission for Indian System of Medicine (NCISM) Act 2020 and National Commission for Homoeopathy (NCH) Act 2020 were enacted in

September 2020. These acts replaced the old Indian Medicine Central Council Act 1970 and Homoeopathy Central Council Act 1973 respectively. Year-wise details of Ayush colleges increased in last five years from 2020-2025 are given in the enclosed **Statement-I**.

v. Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H):

Government of India has established Pharmacopoeia Commission for Indian Medicine and Homoeopathy (PCIM&H) as its subordinate office by merging Pharmacopoeial Laboratory for Indian Medicine (PLIM), Ghaziabad and Homoeopathic Pharmacopoeia Laboratory (HPL), Ghaziabad, both subordinate offices and Pharmacopoeia Commission for Indian Medicine and Homoeopathy (PCIM&H), Ghaziabad, an autonomous organization under Ministry of Ayush vide gazette notification dated 06th July, 2020.

PCIMandH on behalf of Ministry of Ayush lays down the formulary specifications and Pharmacopoeial Standards for Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) drugs/ medicines, which serve as official compendia for ascertaining the quality control (identity, purity and strength) of the ASU&H drugs, included herein, as per Drugs and Cosmetics Act, 1940 and Rules 1945, thereunder and compliance to these quality standards are mandatory for the production of ASU&H drug being manufactured in India. During the last five years, 60 quality standards on raw materials (Single Drugs of plant/animal/Mineral/ Chemical origin) used in Ayurveda and Unani system of medicine, 03 quality

standards of Ayurveda, Siddha and Unani (ASU) formulations, 219 formulary specifications of ASU drugs has been published in respective pharmacopoeias and formularies.

PCIM&H also act as an appellate drug testing laboratory and receives samples from government agencies as per the Drugs and Cosmetics Act, 1940 and rules thereunder for ascertaining their quality. Year-wise details of drug samples tested and trainings conducted by PCIM&H to Drug Regulatory Authorities, State Drug Testing Laboratories etc. are given in the enclosed **Statement-I**.

(b) No shortage of raw materials has been reported to Ministry of Ayush. To ensure **sustainable supply** of medicinal plants raw material, National Medicinal Plants Board (NMPB), Ministry of Ayush under its "Central Sector Scheme for Conservation, Development and Sustainable Management of Medicinal Plants" is providing support to Regional Cum Facilitation Centres (RCFCs) for development of Quality Planting Material (QPM) of medicinal plants and their distribution to farmers/growers to increase the cultivation of medicinal plants.

The details of Quality Planting Material (QPM) of Medicinal Plants species developed through RCFCs projects of NMPB during the year 2017-18 to 2023-24 are given in the enclosed **Statement-II**.

Central Council for Research in Homoeopathy (CCRH) has Centre of Medicinal Plants Research in Homoeopathy (CMPRH), Ooty, Tamil Nadu. This institute is engaged in cultivation, survey, collection and maintenance of germplasm

of exotic and indigenous plants used in Homoeopathy. Centre of Medicinal Plant Research in Homoeopathy (CMPRH) at Emerald, Nilgiris district, Tamil Nadu under Central Council for Research in Homoeopathy (CCRH) is maintaining and cultivating the germplasm of 104 plant species (92 exotic and 12 indigenous) medicinal plants used in Homoeopathy.

Central Council for Research in Siddha (CCRS) through Siddha Medicinal Plants Garden, Mettur Dam cultivates medicinal plants to meet the demand for the production of Siddha formulations at Pharmacy of CCRS and also for supply for the research and related purpose.

(c) Ministry of Ayush has implemented the Centrally Sponsored Scheme of National Ayush Mission (NAM) through States/UTs and supporting their efforts for promotion and overall development of Ayush system including Ayurveda. Under NAM, grant-in-aid is being provided to the State/UT Governments against their proposals received through State Annual Action Plans (SAAPs) as per the provisions of NAM guidelines. The NAM inter-alia makes provision for the following activities:

- (i) Operationalization of Ayush Health and Wellness Centres (AHWCs) now renamed as Ayushman Arogya Mandir (Ayush).
- (ii) Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs).
- (iii) Upgradation of existing standalone Government Ayush Hospitals.
- (iv) Upgradation of existing Government/Panchayat/Government aided Ayush Dispensaries/Construction of building for existing Ayush Dispensary

(Rented/dilapidated accommodation)/Construction of building to establish new Ayush Dispensary.

(v) Setting up of 10/30/50 bedded integrated Ayush Hospitals.

(vi) Supply of essential drugs to Government Ayush Hospitals, Government Dispensaries and Government / Government aided Teaching Institutional Ayush Hospitals.

(vii) Ayush Public Health Programs.

(viii) Establishment of new Ayush colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector.

(ix) Infrastructural development of Ayush Under-Graduate Institutions and Ayush Post-Graduate Institutions/add on PG/ Pharmacy/Para-Medical Courses.

Central Council for Research in Ayurvedic Sciences (CCRAS) under Ministry of Ayush, through Information Education and Communication (IEC) activities, has been engaged in popularizing the Ayurveda system in the country among the masses through electronic and print media for common people in English, Hindi, and regional languages, which are widely distributed through National/State level Arogya melas, health camps, exhibitions and expos etc. The rural and tribal areas are targeted through CCRAS outreach programs viz. Scheduled Caste Sub Plan (SCSP) Research Program, Tribal Health Care Research Program (THCRP) etc. in different states of the country through its network of peripheral institutes. Further, IEC materials are also put on the Council's website for wider publicity. The Council has three journals named Journal of Drug Research in Ayurvedic Sciences

(JDRAS), Journal of Research in Ayurvedic Sciences (JRAS), and Journal of Indian Medical Heritage (JIMH) which is also available electronically in the public domain free of cost to enable dissemination of the outcomes of research among the public. So far, the Council has published about 409 books, monographs, technical reports and they are being sold or distributed to disseminate research outcomes and merits of Ayurveda at large. To boost Ayurveda tourism, 20 institutes of CCRAS are registered as centres providing services under the Ayush Visa for Ayush treatment of foreign nationals.

(d) As public health is a State subject, establishment of hospitals in all districts comes under the purview of respective State/UT Governments. However, under Centrally Sponsored Scheme of National Ayush Mission (NAM), there is a provision of financial assistance for 10/30/50 bedded Integrated Ayush Hospital. In this regard, State/UT Governments may avail the eligible financial assistance by submitting the suitable proposals through State Annual Action Plans (SAAPs) as per the provision of NAM guidelines.

(e) The Ministry of Ayush has developed a Central Sector Scheme for the Promotion of International Co-operation in Ayush (IC Scheme) under which the Ministry of Ayush provides support to Indian Ayush drug Manufacturers/Ayush Service providers to give boost to the export of Ayush products and services; facilitates the International promotion, development and recognition of Ayush system of medicine; foster interaction of stakeholders and market development of Ayush at international level; promote academics and research through the

establishment of Ayush Academic Chairs in foreign countries and holding training workshop/symposiums for promoting and strengthening awareness and interest about Ayush Systems of Medicine at international level.

The Ministry of Ayush has taken the following steps towards the international recognition for Ayush systems of medicine:

- Collaboration with Foreign Countries by signing of country level Memorandum of Understanding (MoU) for undertaking Ayush related activities on mutual interest. Signed 24 Country to Country MoUs for Cooperation in field of Traditional Medicine and Homoeopathy with foreign nations;
- Signing of MoUs with foreign institute for research/academic collaboration;
- 15 MoUs for establishment of Ayush Chairs in Foreign Universities/Institutes;
- Deputation of Ayush expert (short term/long term);
- Collaboration with World Health Organisation (WHO) or United Nations (UN) agencies for cooperation in the field of Ayush, support or organizing international training;
- Conference, seminar, expo etc. in India or abroad for promoting and strengthening awareness and interest about Ayush Systems of Medicine at international level;

- Establishment of 42 Ayush information cell (centre) in different countries across the world to provide authentic information about Ayush system;
- Representing Ayush in various bilateral meetings and multilateral forums, support for undertaking clinical research in Ayush at international level;
- Provides support to Indian Ayush Manufacturers/ Ayush Service providers to give boost to export of Ayush products and services etc.
- Offering Ayush scholarships to foreign nationals for courses in recognized Ayush institutions in India.
- International Day of Yoga (IDY), celebrated annually on June 21, IDY has become a flagship event following its adoption by the United Nations in 2014, with large-scale participation across the globe through embassies, yoga practitioners, and local communities.
- Educational Initiatives such as support for yoga education through courses, and the establishment of Ayush chairs in foreign universities. The Yoga Certification Board (YCB), established by the Ministry of Ayush, provides internationally recognized certification for yoga professionals and institutions, ensuring quality standards in teaching and practice.

The Ayush packages are not included in Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PM JAY).

STATEMENT-I

(i) Year-wise details of the budget allocated to Ministry of Ayush -

S. No.	Year	Allocation of budget (Rs. In Crores)
1.	2019-20	Rs.1939.76
2.	2020-21	Rs.2122.08
3.	2021-22	Rs.2970.30
4.	2022-23	Rs.3050.00
5.	2023-24	Rs.3647.50

(ii) Total Number of Ayush Hospitals, Beds, Dispensaries and Registered Practitioners (Doctors) across the country during the years 2019-2023 -

S. No.	Facility	2019	2020	2021	2022	2023
1.	Hospitals	3,781	3,859	3,844	3,859	3,885
2.	Beds	60,632	60,653	60,943	61,549	62,670
3.	Dispensaries	29,091	29,951	36,848	37,385	37,804
4.	Registered Practitioners (Doctors)	6,46,013	7,12,132	7,55,780	7,30,317	7,51,768

(Source: State/UT Governments and Concerned Agencies)

(iii) Total number of Ayush manufacturing units in the country during the years 2019-2023 -

	2019	2020	2021	2022	2023
Ayush Manufacturing Units	8,407	8,104	8,648	8,705	8,369

(Source: State/UT Governments and Concerned Agencies)

(iv) Year-wise details of Ayurveda, Siddha, Unani and Sowa-Rigpa colleges increased during last five years -

S. No.	Year	Ayurveda	Siddha	Unani	Sowa-Rigpa	Homoeopathy
1.	2020-21	01	00	01	00	00
2.	2021-22	47	00	00	01	10
3.	2022-23	42	02	00	01	11
4.	2023-24	46	02	01	00	07
5.	2024-25	35	00	00	00	13
Total increased colleges		171	04	02	02	41

(v) Year-wise details of drug samples tested by PCIMandH are as follows –

S. No.	Year	Homoeopathy	Ayurveda, Siddha and Unani (ASU)	Total
1	2019-20	599	44	643
2	2020-21	303	24	327
3	2021-22	1006	02	1008
4	2022-23	243	28	271
5	2023-24	NIL	45	45
6	2024-25 (Till date)	01	05	06

(vi) Year-wise details of training conducted by PCIMandH to Drug Regulatory Authorities, State Drug Testing Laboratories etc. are as follows –

Year	No. of training programs conducted	No. of participants attended
2019-20	02	23
2020-21	03	263
2021-22	02	54
2022-23	02	88
2023-24	04	49
2024-25	03	50

STATEMENT-II

Details of Quality Planting Material (QPM) of Medicinal Plants species developed through RCFCs projects of NMPB during the year 2017-18 to 2023-24:

S. No.	Regional Cum Facilitation Centres	No. of saplings of QPM Developed (In Nos.) 2017-18 to 2023-24
1.	RCFC (Northern Region -1) Research Institute in Indian Systems of Medicine (RIISM), Joginder Nagar, Dist. Mandi, Himachal Pradesh-175 015	15,45,880
2.	RCFC (Northern Region - 2) Sher-e-Kashmir University of Agricultural Sciences and Technology of Kashmir (SKUAST	22,86,695

	K), Faculty of Agriculture, Wadura, Sopore- 193 201, Jammu and Kashmir	
3.	RCFC (Central Region) State Forest Research Institute (SFRI). Jabalpur, Madhya Pradesh (Project implemented from 2017-18 to 2022-23)	9,43,534
4.	RCFC (Eastern Region) Jadavpur University, 188, Raja S.C. Mallick Road, Kolkata – 700032, West Bengal	25,80,503
5.	RCFC (Southern Region) Kerala Forest Research Institute (KFRI), Peechi – 680653, Thrissur, Kerala	48,37,650
6.	RCFC (North Eastern Region) (i) Assam Agriculture University, Jorhat, Assam 785006 Project implemented from 2018-19 to 2020-2021) (ii) Council of Scientific and Industrial Research - North East Institute of Science and Technology (CSIR–NEIST), NH-37, Pulibor, Jorhat, Assam 785006 (Project ongoing from Sept., 2021 to till date)	30,63,310
7.	CFC (Western Region) Department of Botany, Savitribai Phule Pune University, Ganeshkhind, Pune-411007, Maharashtra	11,77,704
	TOTAL	1,64,35,276

INCREASE IN MEDICAL FACILITIES AND SEATS FOR STUDENTS**4161. SHRI DUSHYANT SINGH:**

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

- (a) whether any steps are being taken by the Government to increase medical facilities and the number of medical seats for students in the country, especially in underserved areas like Rajasthan and if so, the details thereof;
- (b) the total number of district hospitals currently operational in the country, State/UT-wise, especially in Rajasthan;
- (c) the status of the district hospitals in the 112 aspirational districts across the country, particularly in terms of infrastructure, staffing and healthcare services provided in these hospitals;
- (d) the schemes or initiatives implemented by the Government to support and improve medical facilities in these aspirational districts of the country, district-wise especially in Baran district of Rajasthan to address healthcare challenges and enhance service delivery in the country; and
- (e) the manner in which the medical schemes of the Government including funding and capacity-building is impacting the quality of healthcare in district hospitals of Rajasthan and aspirational districts of the country?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

- (a) to (e): The National Health Mission (NHM) provides support for improvement in health infrastructure, availability of adequate human resources in health facilities,

to improve availability and accessibility to quality health care especially for the under served and marginalized groups in rural areas. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under NHM. Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms and available resources.

Details of district hospitals currently operational in the country, State/UT-wise, including in Rajasthan may be seen at the following link of Health Dynamics of India (Infrastructure and Human Resources) 2022-23:

https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23_RE%20%281%29.pdf

Under Centrally Sponsored Scheme (CSS) for establishment of new medical colleges by upgrading district/ referral hospital, 157 new medical colleges have been approved in the country, including 40 medical colleges in Aspirational Districts. Out of 157 medical colleges, 23 medical colleges have been approved in the State of Rajasthan, out of which 21 are functional as on date, adding about 2100 MBBS seats in the State.

Under CSS for strengthening/ upgradation of existing State Government/ Central Government medical colleges to increase the number of MBBS (UG), support has

been provided for increase of 4977 MBBS seats in 83 colleges, including 750 MBBS seats in 11 medical colleges in the State of Rajasthan.

Further, under CSS for strengthening/ upgradation of existing State Government/ Central Government medical colleges for increasing PG seats and Starting new PG disciplines, a total of 8058 PG seats have been approved in two phases including 1467 PG seats in the State of Rajasthan.

The various initiatives carried out under NHM by the Government of India in various States including Rajasthan are operationalisation of Ayushman Arogya Mandir, National Ambulance Services, Mobile Medical Units, ASHAs, 24 x 7 Services and First Referral facilities, Prime Minister's National Dialysis Programme, Free Diagnostics Service Initiative and Free Drugs Service Initiative, various activities under Reproductive and Child Health, Anemia Mukh Bharat (AMB) strategy, Pradhan Mantri TB Mukh Bharat Abhiyaan (PMTBMBA) and Universal Immunization programme.

As on 18.12.2024, there are 254 Ayushman Arogya Mandir(AAM) operationalized in the district of Baran, in Rajasthan.

As an impact of these Schemes, Maternal Mortality Ratio (MMR) of Rajasthan have reduced from 199 (SRS 2014-16) to 113 (SRS 2018-20), Infant Mortality Rate (IMR) have reduced from 46 (SRS 2014-16) to 32 (SRS 2018-20) and Total Fertility Rate (TFR) have reduced from 2.4 (NFHS-4) to 2.0 (NFHS-5).

CHENNAI – VLADIVOSTOK MARITIME CORRIDOR**4162. SHRI A. RAJA:**

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) the status India-Middle East-Europe Economic Corridor project;
- (b) the time by which the said project is likely to become operational, connecting India with UAE, Saudi Arabia, Jordan, Italy, France and Greece;
- (c) whether the Chennai – Vladivostok maritime corridor has become operational;
- (d) if so, the details thereof along with the status of the other connected ports along the Bay of Bengal to Far East Russia; and
- (e) the quantum of traffic, this project is likely to generate in the next three years with transportation of crude oil, food, machines etc.?

**THE MINISTER OF PORTS, SHIPPING AND WATERWAYS
(SHRI SARBANANDA SONOWAL):**

(a) and (b) The Memorandum of Understanding for the India – Middle East – Europe Economic Corridor (IMEEC) was signed during the G20 Summit held in New Delhi, followed by the Union Cabinet's approval of the Inter-Governmental Framework Agreement (IGFA) on co-operation for the empowerment and operation of the corridor. The Virtual Trade Corridor (VTC) under the framework agreement between India and UAE on the IMEEC was soft launched on 10th September 2024.

(c) and (d) Yes, the Chennai – Vladivostok Maritime Corridor is operational. All the Major Ports in India along the Bay of Bengal are connected to Far East.

(e) Over the past decade, eastern ports such as Syama Prasad Mookerjee Port, Paradip Port, Visakhapatnam Port, Kamarajar Port, Chennai Port and V.O Chidambaranar Port have shown a consistent compound annual growth rate (CAGR) of 7% in dry bulk cargo, 8% in liquid bulk cargo, and 5% in container cargo and the same is expected to continue.

रेवाड़ी एम्स

4163. श्री सतपाल ब्रह्मचारी:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार ने देश भर में एम्स में चिकित्सा विभागों की संख्या निर्धारित करने के लिए कोई मानदंड निर्धारित किए हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) रेवाड़ी एम्स में आज की तिथि के अनुसार कार्यरत न होने वाले चिकित्सा विभागों के नाम का ब्यौरा क्या है;

(ग) क्या रेवाड़ी एम्स के लिए खरीदे गए सभी चिकित्सा उपकरण/मशीनरी वर्तमान में उपयोग में लाए जा रहे हैं या आज तक अप्रयुक्त पड़े हैं; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (घ): प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के तहत स्वीकृत अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), रेवाड़ी 750 बिस्तरों वाला अस्पताल है, जिसमें (i) सर्जिकल और संबद्ध विशेषज्ञता (ii) चिकित्सा और संबद्ध विशेषज्ञता (iii) 15 सुपर स्पेशियलिटी विभाग (iv) ट्रॉमा और गहन चिकित्सा इकाई तथा गंभीर स्वास्थ्य परिचर्या सहित अन्य चिकित्सा सुविधाएं उपलब्ध हैं। दिनांक 17.12.2024 की स्थिति के अनुसार परियोजना की वास्तविक प्रगति 5.02% है।

FOOD IMPORT REJECTION ALERT

4164. SHRI MANISH JAISWAL:

SHRI MUKESHKUMAR CHANDRAKAANT DALAL:

SHRI KANWAR SINGH TANWAR:

SHRI DAMODAR AGRAWAL:

SHRI RAVINDRA SHUKLA ALIAS RAVI KISHAN:

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

- (a) whether the Government has fixed any norms for import of food into the country and if so, the details thereof;
- (b) the salient features of Food Import Rejection Alert (FIRA) along with the details of benefits thereof;
- (c) the status of the implementation of the FIRA in Jharkhand;
- (d) the details of rejected food imports during the last three years and the names of the countries from where such food items are being imported, year-wise/country-wise;
- (e) the details of the existing infrastructure for checking food imports; and

(f) whether the Government has made any assessment of the effectiveness of the said alert and if so, the details thereof?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

(a) to (f): The Food Safety and Standards Authority of India (FSSAI), as the Food regulator of the country, ensures food safety of imported food items. FSSAI has its own Food Import Clearance System (FICS), which is an advanced paperless digital platform integrated with the Customs' ICE-GATE (Indian Customs Electronic Commerce/Electronic Data Interchange (EC/EDI) Gateway) under SWIFT (Single window interface for facilitating trade).

In order to regulate food import with the objective of ensuring food safety, FSSAI has notified Authorised Officers (AO) at a total of 162 food import entry points [Airports/Sea Ports/Inland Container Depots (ICDs) /Special Economic Zones (SEZs)/ Land Customs Stations(LCSs)].

As per the provisions of Food Safety and Standards (Import) Regulations, 2017, FSSAI launched Food Import Rejection Alert (FIRA) portal in September 2024. 'FIRA' serves the purpose of an online Alert notification platform for both general public and Food Safety Authority of exporting country, which is also integrated with the Food Import Clearance System (FICS 2.0) of FSSAI. This portal provides information regarding the rejection of imported food items from exporting

countries to India. Therefore, such rejected food items do not enter the Indian territory including Jharkhand. This Portal has several benefits: -

- i. Rapid exchange of information amongst food authorities worldwide on rejected imported food items in India;
- ii. Enables relevant food authorities/stakeholders to take corrective action for prevention and control any food related in their country;
- iii. Online interactive interface for rapid dissemination of information;
- iv. Serves as a valuable database for tracking rejected food products and further strengthening of the Risk Management System (RMS).

The details of Food Import Rejection Data is available in public domain on the FIRA portal at fira.fssai.gov.in.

चिकित्सा अधिकारियों के लिए भत्ते

4165. श्री संजय हरिभाऊ जाधव:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या शैक्षणिक, गैर-शैक्षणिक, सार्वजनिक स्वास्थ्य उप-संवर्गों के चिकित्सा अधिकारियों और अन्य जनरल ड्यूटी चिकित्सा अधिकारियों को विभिन्न भत्ते सातवें केन्द्रीय वेतन आयोग की सिफारिशों के अनुसार दिए जाते हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या जवाहरलाल नेहरू विश्वविद्यालय जैसे कई स्वायत्त निकायों और कई विश्वविद्यालयों में कार्यरत स्वास्थ्य/चिकित्सा अधिकारियों को उक्त भत्ते नहीं दिए जा रहे हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसके क्या कारण हैं;

(ग) क्या सरकार को इस संबंध में कोई शिकायत/अभ्यावेदन प्राप्त हुआ है;

(घ) यदि हां, तो तत्संबंधी वर्तमान स्थिति क्या है; और

(ङ) सरकार द्वारा इस संबंध में क्या कदम उठाए गए हैं/उठाए जा रहे हैं?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

(क) से (ङ): केंद्रीय स्वास्थ्य सेवा (सीएचएस) के 04 उप-संवर्गों नामतः शिक्षण, गैर-शिक्षण, जन स्वास्थ्य और सामान्य ड्यूटी चिकित्सा अधिकारियों से संबंधित डॉक्टर सातवें केंद्रीय वेतन आयोग की सिफारिश तथा सरकार के अनुमोदन के अनुसार मकान किराया भत्ता, महंगाई भत्ता, परिवहन भत्ता, बच्चों की शिक्षा भत्ता, वार्षिक भत्ता, स्नातकोत्तर भत्ता, वाहन भत्ता, गैर-प्रैक्टिसिंग भत्ता आदि जैसे विभिन्न भत्ते प्राप्त कर रहे हैं। स्वास्थ्य और परिवार कल्याण मंत्रालय के तहत स्वायत्त निकाय लागू नियमों के अनुसार भत्ते प्रदान करते हैं। जब भी अभ्यावेदन/शिकायतें प्राप्त होती हैं, तो उनका तुरंत उत्तर दिया जाता है।

INDIAN STUDENTS GOING ABROAD FOR HIGHER STUDIES

4166. SHRI SHAFI PARAMBIL:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state :-

- (a) the data of the list of Indian students going abroad for undergraduate, graduate, and research studies across the country, State- wise;
- (b) whether the Government has taken note of the increasing number of students going abroad for higher studies recently; and
- (c) if so, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (c) As per information received from Missions and Posts abroad, the total number of Indian students pursuing higher education in universities and other tertiary institutions abroad were 1.33 million as of January 2024. State-wise and academic course-wise data of Indian students pursuing higher education abroad is not available.

Indian students have gone to foreign countries for various reasons, including personal choices in respect of education. This is also reflected in decisions that they make after completion of education.

FINANCIAL SUPPORT TO TAMIL NADU UNDER NRHM

4167. DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN:

SHRI D. M. KATHIR ANAND:

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

- (a) whether the Government has provided adequate financial support to Tamil Nadu under the National Rural Health Mission (NRHM) program, if so the details thereof;
 - (b) whether the schemes for recruitment of medical officers, Dentists and Ophthalmologists to serve the rural areas under the NRHM, if so, details thereof;
- and

(c) whether the Government has any special schemes to recruit ASHA workers and trained nurses in various Primary Healthcare Centres (PHCs) under the National Health Mission and if so the details thereof, State-wise?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

(a) to (c): With the objective of attainment of universal access to equitable, affordable and quality health care services, the Ministry of Health and Family Welfare is implementing National Health Mission including National Rural Health Mission. The details of central release under the National Health Mission (NHM) from the FY 2021-22 to FY 2023-24 to the State of Tamil Nadu is as follows:

Financial Year	Central Release
2021-22	1,631.91
2022-23	1,652.24
2023-24	1,996.06

Note:

- a. The above releases relate to Central Govt. Grants and do not include State share contribution.

Public Health and hospitals is a State subject. All personal matters including recruitment of Medical officers, Dentist, Ophthalmologist, ASHA workers and trained nurses lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides the technical and financial support to the

States/UTs to strengthen their public healthcare system, based on the requirements posted by States/UTs in their Programme Implementation Plans (PIPs) and within the overall resource envelope.

In order to address the shortage of human resources (HR), under NHM, following types of incentives and honorarium are provided for encouraging doctors and paramedics to practice in rural and remote areas of the country under NHM:

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters.
- Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians and Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural and remote area.
- Incentives like special incentives for doctors, incentive for ANM for ensuring timely ANC checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote

We Pay”.

- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NHM for achieving improvement in health outcomes.

Further, the details of Human Resources under NHM may be accessed from the Health Dynamics of India (Infrastructure and Human Resources) report for FY 2022-23, link as below:

https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23_RE%20%281%29.pdf

CONNECTIVITY OF PORTS

4168. CAPTAIN BRIJESH CHOWTA:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) whether the Government has any plans to increase connectivity of the ports along the west coast in line with global connectivity projects such as the India-Middle East-Europe Economic Corridor and if so, the details thereof;
- (b) whether there are specific plans to expand the ports in the Dakshina Kannada region in Karnataka to support increased cargo movement and if so, the details thereof;
- (c) whether the Government is considering enhancing maritime connectivity between Lakshadweep and Mangalore Port given Mangalore's proximity to Lakshadweep to improve access for trade and transport; and
- (d) if so, the expected benefits of this connectivity for the region and any planned infrastructure developments to support it?

**THE MINISTER OF PORTS, SHIPPING AND WATERWAYS
(SHRI SARBANANDA SONOWAL):**

- (a) A Memorandum of Understanding for the IMEEC was signed during the G20 Summit in New Delhi on 9th September 2023, followed by the Indian Cabinet's approval of the Inter-Governmental Framework Agreement on 12th March 2024 for activation of the same. The Virtual Trade Corridor under the framework agreement between India and UAE on the IMEEC was soft launched on 10th September 2024.
- (b) Ports other than Major Ports (Non- Major Ports) are under the administrative control of the respective State Government. Ministry under Sagarmala Scheme provides financial assistance to State Governments / UTs for Port infrastructure projects, Coastal berth projects, Road and Rail projects, fish harbours, skill development projects, Coastal community development, International standard cruise terminal and unique and innovative projects such as Ro-Pax ferry services etc. The details of port infrastructure projects in the State of Karnataka including Dakshina Kannada district under Sagarmala Scheme is annexed as **Statement**.
- (c) and (d) Ministry of Ports, Shipping and Waterways under Sagarmala Scheme had undertaken the project for Development of dedicated jetty for Lakshadweep with allied infrastructure facilitates for cargo and cruise terminal at Old Mangalore Port with estimated expenditure of Rs. 65 Crores. Administrative Approval and Administrative Sanction for 100% funding of the same was conveyed to Lakshadweep Administration on 20.7.2022. Further, due to non-award of project even after 18 months of In-Principle approval, the project was categorised under

‘Deemed Deferred Category’ as per Sagarmala funding guidelines. Improving maritime connectivity between Lakshadweep and Mangalore Port offers substantial economic, social, health and infrastructural benefits, ranging from enhanced trade to better tourism prospects.

STATEMENT-I

The details of port infrastructure projects in the State of Karnataka including Dakshina Kannada district under Sagarmala Scheme

S N	Project Name	District	Implementin g Agency	Cost (INR Cr)
1.	Modernisation of the existing fishing harbour at Amadalli	Uttara Kannada	Dept. of Fisheries	19
2.	Third stage expansion including modernisation of the existing fishing harbour of Malpe	Udupi	Dept. of Fisheries	50
3.	Construction of coastal cargo berth at Old Mangaluru Port	Dakshina Kannada	Karnataka Maritime Board	65
4.	Development of fishing harbour at Kulai	Dakshina Kannada	NMPA	197
5.	Development of Hejmaadi Kodi Fishing Harbour	Udupi	Dept. of Fisheries	138.6
6.	Installation of Firefighting Equipment at Karwar	Uttara Kannada	Karnataka Maritime Board	19.00

NATIONAL ORAL HEALTH PROGRAMME

4169: DR. PRABHA MALLIKARJUN:

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

- (a) whether the Government has launched the National Oral Health Programme (NOHP) under the National Health Mission (NHM) and if so, the details of the aims and objectives of the programme;
- (b) the manner in which the Government proposes to implement the NOHP along with the details of financial assistance/Budget allocation to be made through the State Programme Implementation Plans (PIP) as per requirements in Karnataka State; and
- (c) whether the Government proposes to hike the Budget of NOHP and if so, the details thereof including Karnataka?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (c) National Oral Health Programme (NOHP) is an initiative of the 12th Plan period launched in the year 2014-15 under the National Health Mission (NHM) to strengthen the public health facilities of the country for an accessible, affordable and quality oral health care delivery.

Aim: To improve the oral health status of the population across all age groups by reducing the oral disease burden (incidence, prevalence and impact) through

provision of accessible, affordable, acceptable, appropriate and comprehensive oral health care.

Objectives:

1. Strengthening the oral healthcare delivery system at all levels to render promotive, preventive, curative and rehabilitative services.
2. Providing support for generating evidences, innovations, and implementation of oral health policy to control and reduce the risk factors and prevent oral diseases.
3. To build the capacity of service providers and public health facilities for availability of skilled oral health care professionals and provision of essential oral healthcare services.
4. To ensure integration of oral health with relevant National Programmes under NHM in line and convergence with National Health Policy and commitments under National Oral Health Policy.
5. Identifying Centers of Excellence at National, Regional and State levels for generating research innovations and evidences to strengthen oral health Programme in the country
6. Supporting Centers of Excellence in various activities including capacity building of service providers in the States/UTs.

7. To ensure regular monitoring and periodic evaluation of oral health program for improving the implementation and outcome envisaged under NOHP.

The program has two components as under:

NHM Component: Support is provided to States to set up Dental Care Units at District Hospitals or below. Under the NHM component, total 9587 dental care units have been supported by NOHP either partially or fully, across 773 districts across all States/UTs.

Tertiary Component: This component is for central level activities. The Center for Dental Education and Research at All India Institute of Medical Sciences (AIIMS), New Delhi was identified as the National Center of Excellence for implementation of NOHP in 2014-15.

Budget allocation made to Karnataka through PIP (excluding Human Resources) during last 5 years :

Financial Year	Allocated Budget (₹ in lakhs)
2020-21	264.6
2021-22	139.6
2022-23	379
2023-24	286.1
2024-25	299.7

The budget allocation is as per the demand of the States/UTs during the State PIP meetings. Total funds of ₹ 309.34 Lakhs have been recommended for Karnataka during 2025-26.

गुरदासपुर में चिकित्सा महाविद्यालय

4170. श्री सुखजिंदर सिंह रंधावा:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार को पंजाब राज्य के गुरदासपुर में नया चिकित्सा महाविद्यालय खोलने के लिए कोई प्रस्ताव प्राप्त हुआ है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस पर क्या कार्रवाई की गई है और उक्त प्रस्ताव को कब तक स्वीकृति प्रदान किए जाने की संभावना है; और

(ग) पंजाब के गुरदासपुर और पठानकोट में वर्तमान में कितने सरकारी और निजी चिकित्सा महाविद्यालय स्थित हैं?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

(क) से (ग): स्वास्थ्य और परिवार कल्याण मंत्रालय 'मौजूदा जिला/रेफरल अस्पतालों से संलग्न नए मेडिकल कॉलेजों की स्थापना' के लिए एक केंद्र प्रायोजित योजना (सीएसएस) का संचालन करता है, जिसमें ऐसे अल्पसेवित क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जाती है, जहाँ कोई सरकारी या निजी मेडिकल कॉलेज मौजूद नहीं है। केंद्र और राज्य सरकारों के बीच निधि हिस्सेदारी की व्यवस्था पूर्वोत्तर और विशेष श्रेणी के राज्यों के लिए 90:10 के अनुपात में और अन्य के लिए 60:40 के अनुपात में है। इस योजना के तहत, पंजाब में 03 मेडिकल कॉलेज (प्रथम चरण में एसएसएस नगर, तृतीय चरण में कपूरथला और होशियारपुर) को मंजूरी दी गई है। एसएसएस नगर में सरकारी मेडिकल कॉलेज कार्यशील है। इसके अतिरिक्त, राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) की वेबसाइट पर उपलब्ध सूचना के अनुसार

पठानकोट में 01 निजी मेडिकल कॉलेज सहित पंजाब में 13 मेडिकल कॉलेज (5 सरकारी और 8 निजी) हैं।

OBJECTIVES OF SAKSHAM ANGANWADI

4171. ADV. CHANDRA SHEKHAR:

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

- (a) the manner in which the Government ensures that the objectives of Mission Saksham Anganwadi and Poshan 2.0 are met effectively to address malnutrition;
- (b) the measures being implemented to monitor and evaluate the impact of these programs on vulnerable populations, particularly in rural and underserved areas;
- (c) the steps taken/proposed to be taken to enhance the capacity of Anganwadi workers in delivering quality nutrition services, considering the reported gaps in training and resources; and
- (d) the manner in which the Government addresses the disparities in access to these services State-wise, especially in aspirational districts?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

- (a) Under the 15th Finance Commission, various components like Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in

Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) to address the challenge of malnutrition. It is a Centrally Sponsored mission, where the responsibility of implementation and day-to-day execution of activities is with the States and UTs. This mission is a universal self-selecting umbrella scheme that is being implemented across the country including rural, underserved areas and aspirational districts.

The objectives of Mission are as follows:

- To contribute to the development of human capital in the country;
- Address challenge of malnutrition;
- Promote nutrition awareness and good eating habits for sustainable health and wellbeing

Nutrition goes beyond mere eating of food; it requires proper digestion, absorption, and metabolism which are influenced by factors like sanitation, education and access to safe drinking water. As malnutrition requires a multi-sectoral approach involving dimensions of food, health, water, sanitation and education, it is crucial to effectively address the issue of malnutrition. The challenge of malnutrition is being addressed under Mission Saksham Anganwadi and Poshan 2.0 by establishing cross cutting convergence amongst 18 Ministries/Departments.

Under Mission Poshan 2.0 a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like

community engagement, outreach, behavioral change, and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight.

Under this scheme, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls to beat the intergenerational cycle of malnutrition by adopting a life cycle approach. Supplementary nutrition is provided in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act. These norms have been revised and upgraded last year. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity that provides quality protein, healthy fats and micronutrients.

Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets for preparation of Hot Cooked Meal at least once a week and Take Home ration at Anganwadi centers.

Ministries of Women and Child Development and Health and Family Welfare have jointly released the protocol for Community Management of Malnutrition (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.

Under this Mission, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to a Jan Andolan to educate people on nutritional aspects. State and UTs are conducting and reporting regular sensitisation activities under community engagement programmes during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

(b) to (d) Hon'ble PM has launched PM- JANMAN (Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan) on 15th November, 2023. The Mission is aimed at targeted development of 75 Particularly Vulnerable Tribal Groups (PVTGs) residing in 18 States and a UT. This Mission focuses on 11 critical interventions related to 9 key Ministries including Ministry of Women and Child Development.

Under PM-JANMAN, a total of 2139 AWCs has been sanctioned for construction across the country as on date for which funds amounting to Rs. 256.68 crore has been allocated out of which Rs. 138.12 crore is released.

IT systems have been leveraged to strengthen and bring about transparency in nutrition delivery systems at the Anganwadi centres. The 'Poshan Tracker' application was rolled out on 1st March, 2021 as an important IT governance tool. It facilitates monitoring and tracking of all Anganwadi Centres (AWCs), Anganwadi Workers (AWWs) and beneficiaries on defined indicators. Poshan Tracker is being

leveraged for dynamic identification of stunting, wasting, under-weight prevalence among children.

The mobile application has also facilitated digitization and automation of physical registers used by AWWs that helps in improving their quality of work. Poshan Tracker is available in 24 languages including Hindi and English. It has facilitated near real time data collection for Anganwadi Services such as, daily attendance, Early Childhood Care and Education (ECCE), Provision of Hot Cooked Meal /Take Home Ration, Growth Measurement etc.

National eGovernance Division (NeGD) regularly conducts field level trainings/workshops directly for Anganwadi Workers regarding use of the Poshan Tracker Application. Multiple rounds of trainings have been held both virtually and physically, in various districts across the country.

Poshan Bhi Padhai Bhi (PBPB) launched by MWCD in 2023 is a path breaking Early Childhood Care and Education (ECCE) program to ensure that India has a high-quality pre-school network with well-trained Anganwadi workers which is in alignment with the National Education Policy (NEP) 2020. PBPB advocates for a play-based, joyful low-cost Teaching Learning Materials (TLMs), Do-It-Yourself (DIY) kit, activity-based learning pedagogy, targeted specifically at developmental milestones of 0-3-yearold children as well as 3-6-year old children. It also advocates using simple teaching-learning material and indigenous toys which are locally sourced and culturally acceptable.

A Two-Tier Training Implementation Model is being followed throughout the country for Training of functionaries. Tier 1 involves two days training of State Level Master Trainers (SLMTs). Tier 2 involves a 3 Days Training of Anganwadi Workers (AWWs). Up to 16th December 2024, 26,425 SLMTs and 71,745 Anganwadi Workers have been trained under PBPB programme.

An MoU was signed between Ministry of Women and Child Development and Ministry of AYUSH for the nutritional improvement in adolescent girls through Ayurveda interventions. Under the MoU, both ministries have collaborated for implementation of a pilot project in five Aspirational Utkarsh Districts (Dhubri-Assam, Bastar-Chhattisgarh, West Singhbhum- Jharkhand, Gadchiroli-Maharashtra and Dholpur-Rajasthan) for management of anaemia in adolescent girls (aged 14-18 years) through evidence-based Ayurvedic interventions.

UPGRADATION OF MINOR PORTS

4172. SHRI ROBERT BRUCE C.:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) whether the Government has any schemes for the upgradation of minor ports into major ports and if so, the details thereof;
- (b) whether the Government has any plans to develop a new port in Tirunelveli region in the State of Tamil Nadu and if so, the details thereof; and
- (c) if not, the reasons therefor?

**THE MINISTER OF PORTS, SHIPPING AND WATERWAYS
(SHRI SARBANANDA SONOWAL):**

(a) Major Ports are under the administrative control of Ministry of Ports, Shipping and Waterways and Ports other than Major Ports (Non-Major/Minor) are under the jurisdiction of respective State Government. Under Sagarmala Scheme, Ministry is providing financial assistance and support to Coastal States/UTs for projects related to port infrastructure development.

(b) and (c) Govt. of Tamil Nadu has informed that there are no new plans in Tamil Nadu Maritime Board for developing a new Non-Major Port in Thirunelveli District at present as V. O. Chidambaranar Port (Major Port) in Thoothukudi District, and Kanyakumari (Non Major ports) are available in the region.

POSHAN ABHIYAAN

4173.SHRI DURAI VAIKO:

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

(a) the details of the outcome of the MoU between the Ministry of Women and Child Development (WCD) and Ministry of AYUSH to tackle the challenging issue of malnutrition amongst women and children, as part of the POSHAN Abhiyaan, year wise, State-wise; and

(b) the details of activities undertaken and funds allocated for such activities during the last five years to promote nutrition-centric Jan Andolans to support one or the other theme of Poshan Maah, Ministry-wise, Year-wise, State-wise?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) and (b) Poshan Abhiyaan was launched in March 2018. Under the 15th Finance Commission, various components like Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) to address the challenge of malnutrition.

Under Mission Poshan 2.0 a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioral change, and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight.

Moreover, an MoU was signed between Ministry of Women and Child Development and Ministry of AYUSH for the nutritional improvement in adolescent girls through Ayurveda interventions. Under the MoU, both ministries have collaborated for implementation of a pilot project in five Utkarsh Districts (Dhubri-Assam, Bastar-

Chhattisgarh, West Singhbhum- Jharkhand, Gadchiroli-Maharashtra and Dholpur-Rajasthan) for management of anaemia in adolescent girls (aged 14-18 years) through evidence-based Ayurvedic interventions.

Under this Mission, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to a Jan Andolan to educate people on nutritional aspects. State and UTs are conducting and reporting regular sensitisation activities under community engagement programmes during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

So far, more than 100 crore Jan Andolan activities have been conducted since 2018 through 13 Jan Andolans, with 7 Poshan Maah and 6 Poshan Pakhwada, each helped sensitizing not only the target beneficiaries but communities at large also.

As per the guidelines for Saksham Aanganwadi and Mission Poshan 2.0, a total of Rs. 5 lakh per district per annum is released for activities related to Poshan Pakhwada and Poshan Maah which is included in the total budget for the State/UTs.

The year-wise number of activities conducted in all Jan Andolans so far are given in the enclosed **Statement- I.**

Total funds released under Mission Poshan 2.0 are given in the enclosed **Statement- II.**

STATEMENT-I

The year-wise number of activities conducted in all Jan Andolans so far are as follows:

Years	Poshan Maah Activities (in Cr.)	Poshan Pakhwada Activities (in Cr.)
2024	13.70	17.15
2023	39.38	4.89
2022	17.57	2.96
2021	20.30	2.21
2020	14.08	1.36
2019	3.62	0.83
2018	0.22	-

STATEMENT-II

State-wise and year wise funds released under Mission Poshan 2.0 from the period FY2021-22 till FY2024-25 are as follows:

S. No.	Name of the State	Amount in ₹ crores			
		2021-22	2022-23	2023-24	2024-25
		Funds released	Funds released	Funds released	Funds released*
1	Andaman and Nicobar Islands	19.71	3.85	12.15	2.06
2	Andhra Pradesh	744.60	827.79	705.68	145.75
3	Arunachal Pradesh	170.83	137.78	162.06	7.47
4	Assam	1319.90	1651.63	2233.31	370.14
5	Bihar	1574.43	1740.09	1859.29	1358.19

6	Chandigarh	15.32	33.10	19.79	12.08
7	Chhattisgarh	606.73	668.96	579.46	386.80
8	Dadra and Nagar Haveli and Daman and Diu	9.33	5.80	11.97	1.02
9	Delhi	133.11	182.77	161.81	30.92
10	Goa	10.84	14.71	13.95	9.75
11	Gujarat	839.86	912.64	1126.80	188.86
12	Haryana	173.03	195.25	225.78	177.77
13	Himachal Pradesh	247.99	270.24	301.09	217.60
14	Jammu and Kashmir	405.74	479.01	530.88	340.16
15	Jharkhand	352.98	430.91	664.30	333.40
16	Karnataka	1003.70	765.87	912.96	624.78
17	Kerala	388.23	444.98	306.64	214.75
18	Ladakh	14.70	18.79	19.62	9.03
19	Lakshadweep	2.11	0.44	2.88	1.07
20	Madhya Pradesh	1085.47	1011.57	1123.11	1133.95
21	Maharashtra	1713.39	1646.17	1699.52	867.90
22	Manipur	228.92	135.95	201.28	136.50
23	Meghalaya	173.33	192.39	269.69	80.28
24	Mizoram	59.32	42.81	100.27	0.00
25	Nagaland	159.80	199.30	262.91	109.84
26	Odisha	1065.98	923.92	968.80	665.91
27	Puducherry	2.78	0.12	4.48	2.60
28	Punjab	383.52	75.31	307.87	171.00
29	Rajasthan	682.65	974.02	1091.96	656.86
30	Sikkim	25.73	20.33	33.49	0.00
31	Tamil Nadu	655.38	766.81	880.79	493.87

32	Telangana	482.33	550.69	507.87	55.29
33	Tripura	186.72	150.52	244.22	69.92
34	Uttar Pradesh	2407.55	2721.87	2668.69	1767.11
35	Uttarakhand	353.65	425.84	288.24	118.69
36	West Bengal	668.35	1227.59	1237.56	1266.17

* funds released up to 20 November 2024

PRODUCTION OF GENERIC MEDICINES

4174. SHRI NAVASKANI K.:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) the details of the current production levels of generic medicines in the country;
- (b) the percentage of the total pharmaceutical market in the country comprised of generic medicines and the manner in which the Government plans to increase this percentage to improve affordability;
- (c) the incentives or schemes that are in place to support the establishment and growth of manufacturing units dedicated to producing generic medicines;
- (d) the data on the estimated savings to patients as a result of increased generic medicine usage particularly for chronic diseases; and
- (e) the percentage of domestically produced generic medicines exported and the manner in which the Government is balancing domestic demand with export opportunities?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (e): India's pharmaceutical market for FY 2023-24 is valued at USD 50 billion with domestic consumption valued at USD 23.5 billion and export valued at USD 26.5 billion. India's pharma industry is considered to be the world's third largest by volume and 14th in terms of value of production. With an extremely diversified product base covering generic drugs, bulk drugs, over-the-counter drugs, vaccines, biosimilars, and biologics, the Indian pharmaceutical industry has a strong presence at the global level. According to National Accounts Statistics 2024, published by the Ministry of Statistics and Programme Implementation, total output for industry i.e. Pharmaceuticals, medicinal and botanical products is Rs. 4,56,246 crores for FY 2022-23 at constant prices, of which value added is Rs. 1,75,583 crores. The production level of generic medicines is not available separately.

The Government launched Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) with an objective of making quality generic medicines available at affordable prices to all. Under this scheme, dedicated outlets known as Jan Aushadhi Kendras (JAKs) are opened across the country to provide medicines at 50%-80% cheaper rates than branded medicines. A total of 14,320 JAKs have been opened across the country till 30.11.2024. Under PMBJP, 2047 medicines and 300 surgicals/devices are part of the product basket, covering all major therapeutic groups such as cardiovascular drugs, anti-cancers, anti-diabetics, anti-infectives,

anti-allergic, gastro-intestinal medicines, nutraceuticals, etc. It is estimated that on a daily basis 10-12 lakhs consumers buy medicines from more than 14300 Jan Aushadhi Kendras spread across the country. In last 10 years, sales of medicines worth Rs. 6,462 crore have been made through JAKs. This has led to estimated savings of Rs. 30,000 crore for citizens, compared with spending on branded medicines.

Also, Government of India has taken several measures to encourage domestic manufacturing in Pharmaceutical Sector to reduce import dependence, boost domestic manufacturing and attract large investments. The Production Linked Incentive (PLI) scheme for Pharmaceuticals has been launched in FY 2020-21, with a financial outlay of Rs. 15,000 crores and the production tenure from FY 2022- 2023 to FY 2027-28, provides for financial incentive to 55 selected applicants for manufacturing of identified products under three categories for a period of six years. Under this scheme, apart from patented drugs, biopharmaceuticals, bulk drugs, In Vitro Diagnostic (IVD) devices and excipients (used in production of medicines), generic medicines of various categories such as - complex generics, auto immune drugs, anti-cancer drugs, anti-diabetic drugs, anti-infective drugs, cardiovascular drugs, psychotropic drugs and anti-retroviral drugs are produced and incentivised under the scheme.

National Pharmaceutical Pricing Authority (NPPA) is an attached office of the Department of Pharmaceuticals and is entrusted to implement and enforce the provisions of the Drugs Price Control Order (DPCO), 2013, in accordance with the

powers delegated to it. NPPA is entrusted with the function of monitoring the availability of drugs in the country, identify shortages, if any, and to take remedial steps, in accordance with the provisions of the Drugs (Prices Control) Order, 2013.

SCHEME FOR HOLISTIC HEALTH AND NUTRITION

4175. SHRI MUKESH KUMAR CHANDRAKAANT DALAL:

SHRI ARUN GOVIL:

SHRIMATI KAMALJEET SEHRAWAT:

SHRI ANURAG SINGH THAKUR:

SHRI DAMODAR AGRAWAL:

SHRI DILIP SAIKIA:

SHRI SURESH KUMAR KASHYAP:

SHRI ALOK SHARMA:

SHRI RAVINDRA SHUKLA ALIAS RAVI KISHAN:

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

- (a) whether any scheme has been launched by the Government to focus on the overall health and nutrition of the future generations;
- (b) if so, the details thereof, along with the status of the scheme in Himachal Pradesh;

- (c) the details of the success achieved under PM-POSHAN Scheme particularly in the improvement of the nutritional status of children, State-wise including Himachal Pradesh; and
- (d) the number of beneficiaries served under the said scheme in Rajasthan, year-wise and district-wise including Bhilwara Parliamentary constituency?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) and (b) Under the 15th Finance Commission, various components like Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) to address the challenge of malnutrition through improved nutrition content and delivery. It is a Centrally Sponsored mission, where the responsibility for implementation lies with the States/UTs. Mission is a universal self-selecting umbrella scheme that is being implemented across the country including Himachal Pradesh.

Nutrition goes beyond mere eating of food; it requires proper digestion, absorption, and metabolism which are influenced by factors like sanitation, education and access to safe drinking water. As malnutrition requires a multi-sector approach involving dimensions of food, health, water, sanitation and education, it is crucial to effectively address the issue of malnutrition. The challenges of malnutrition is

being addressed under Mission Saksham Anganwadi and Poshan 2.0 by establishing cross cutting convergence amongst 18 Ministries/Departments.

Under this Mission, a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioral change, and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight.

Under this scheme, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls to beat the intergenerational cycle of malnutrition by adopting a life cycle approach. Supplementary nutrition is provided in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act. These norms have been revised and upgraded last year. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity that provides quality protein, healthy fats and micronutrients.

Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being

laid on the use of millets for preparation of Hot Cooked Meal at least once a week and Take Home ration at Anganwadi centers.

Ministries of Women and Child Development and Health and Family Welfare have jointly released the protocol for Community Management of Malnutrition (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.

Under this Mission, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to a Jan Andolan to educate people on nutritional aspects. State and UTs are conducting and reporting regular sensitisation activities under community engagement programmes during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

Various rounds of the National Family Health Survey (NFHS) conducted by Ministry of Health and Family Welfare since 1992-93 have shown improvement in malnutrition indicators in children across India. Details of these indicators for children since NFHS-1 to NFHS-5 are given below:

NFHS Survey	Stunting %	Underweight %	Wasting %
NFHS-1 (1992-93)*	52	53.4	17.5
NFHS-2 (1998-99)**	45.5	47	15.5

NFHS-3 (2005-6)***	48.0	42.5	19.8
NFHS-4 (2015-16)***	38.4	35.8	21.0
NFHS-5 (2019-21)***	35.5	32.1	19.3

* Under 4 years

** Under 3 years

*** Under 5 years

The above table gives a representative picture of malnutrition indicators among all children of 0-3 years, 0-4 years and 0-5 years age at the relevant time.

The projected population of all children up to 5 years in India for the year 2021 is 13.75 crores approximately (source: Population Projections for India and States 2011-2036, National Commission on Population, Ministry of Health and Family Welfare). However, only 7.54 crores children up to 5 years are enrolled in Anganwadis and registered on Poshan Tracker of the Ministry of Women and Child Development as per the October 2024 data. 7.31 crores of these children were measured on growth parameters of height and weight. 38.9% of these children have been found to be stunted, 17% children have been found to be underweight and 5.2% wasted.

Further, the projected population of all children in India up to 6 years for the year 2021 is approximately 16.1 crores. As per the October 2024 data of Poshan Tracker, 8.82 crores children (0-6 years) are enrolled in Anganwadis out of whom 8.55 crores were measured on growth parameters of height and weight. 37% of

these children (0-6 years) have been found to be stunted and 17% children (0-6 years) have been found to be underweight.

The analysis of the above NFHS data and the Poshan Tracker data shows improvement in malnutrition indicators in children across India.

As per NFHS-5, the malnutrition indicators of the children (0-5 years) in Himachal Pradesh: Stunting – 30.8%, Wasting – 17.4% and Underweight – 25.5%. Whereas as per Poshan Tracker data for the month of October 2024, Stunting is 18.4%, Wasting – 1.7% and Underweight – 6.3%. The analysis of the above NFHS data and the Poshan Tracker data shows improvement in malnutrition indicators in children in Himachal Pradesh.

(c) and (d) Pradhan Mantri Poshan Shakti Nirman (PM POSHAN) Scheme is one of the foremost rights based Centrally Sponsored Schemes implemented in partnership with States and UTs providing one hot cooked and nutritious meal to the eligible children. This Scheme is implemented across the country including Himachal Pradesh and Rajasthan. The Scheme covers all children of Bal vatika (just before class I) and Classes I-VIII studying in Government and Government-Aided Schools. The objectives of the scheme are to address two of the pressing problems for majority of children in India, viz. malnutrition and education by:

- i. Improving the nutritional status of children studying in Bal Vatika (just before class I) and classes I–VIII in Government and Government-Aided Schools without any discrimination.

- ii. Encouraging poor children, belonging to disadvantaged sections, to attend school more regularly and help them concentrate on classroom activities.
- iii. Providing nutritional support to children of elementary stage in drought / disaster affected areas during summer vacation and disaster times.

Nutrition and food norms under the scheme are as under:

S. N.	Items	Primary and Bal vatika	Upper Primary
A. Nutrition norm per child per day			
1.	Calorie	450	700
2.	Protein	12 gms	20 gms
B. Food norms per child per day			
1.	Food grains	100 gms	150 gms
2.	Pulses	20 gms	30 gms
3.	Vegetables	50 gms	75 gms
4.	Oil and fat	5 gms	7.5 gms
5.	Salt and condiments	As per need	As per need

Meal is prepared with Fortified rice, (Iron, folic acid and Vitamin) double fortified salt (Iron and Iodine) and fortified oil (Vitamin A and D). Vegetables from school nutrition gardens are used. The meal is tested from accredited laboratories for quality

purposes. Many States and UTs are also providing additional food items viz., eggs, fruits, milk and chikki etc.

The district wise number of beneficiaries under PM POSHAN in Rajasthan are given in the enclosed **Statement**.

STATEMENT

The district wise number of beneficiaries under PM POSHAN in Rajasthan during 2024-25 are as follows:

S. No.	Districts	Beneficiary
1	Neem Ka Thana	34957
2	Bikaner	151381
3	Ajmer	83666
4	Anupgarh	44065
5	Baran	90731
6	Bhilawara	145726
7	Bundi	94579
8	Beawar	106211
9	Chittorgarh	116563
10	Churu	128585
11	Dausa	92569
12	Dungarpur	159616
13	Deedwana-Kuchaman	94690
14	Deeg	77830
15	Dudu	18293
16	Kekri	52682
17	Ganganagar	68127
18	Khairthal-Tijara	72251
19	Gangapur City	54336
20	Kotputli-Behror	49614

21	Hanumangarh	92754
22	Sikar	82775
23	Jaipur	62922
24	Shahpura	71021
25	Jaipur (Rural)	138607
26	Pali	109599
27	Jaisalmer	83348
28	Santhore	88099
29	Pratapgarh	97755
30	Salumber	71566
31	Jalore	80627
32	Tonk	79992
33	Jhalawar	112685
34	Udaipur	243732
35	Jhunjhunu	70746
36	Jodhpur	26305
37	Karauli	76033
38	Phalodi	81569
39	Kota	83162
40	Nagaur	103137
41	Banswara	191168
42	Barmer	200095
43	Sirohi	85305
44	Bharatpur	74961
45	Jodhpur (Rural)	115901
46	Sawai Madhopur	47516
47	Rajsamand	94169
48	Alwar	105271
49	Balotra	105117
50	Dholpur	91904
	Total	4704313

HEALTH COVERAGE FOR SENIOR CITIZENS

4176. SHRI HAMDULLAH SAYEED:

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

- (a) whether the Government proposes to expand the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY) to include health coverage for senior citizens aged above 70 years regardless of income;
- (b) if so, the details thereof; and
- (c) whether the Government has introduced any mechanism to streamline the issuance of Ayushman Vaya Vandana cards for beneficiaries across the country, if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

- (a) and (b): On 29.10.2024, Government of India expanded Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to provide free treatment benefits of up to ₹5 lakh per year on a family basis to all senior citizens aged 70 years and above, irrespective of their socio-economic status.
- (c): Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is an entitlement-based scheme, all the eligible beneficiary families are covered from day one of the implementation of the scheme in the State/UT. The scheme does not require enrolment, however, a beneficiary verification process is undertaken to verify the genuineness of the beneficiary. Ayushman cards are issued to all eligible beneficiaries as part of this process.

The enrolment of all eligible senior citizens aged 70 years and above is application-based, allowing beneficiaries to apply for and obtain their Ayushman Vay Vandana card. Different modes of application are available for enrolment in the scheme including mobile phone application (Ayushman App) and web portal (beneficiary.nha.gov.in). The feature of self-registration is also available in the above mentioned application. For further enquiries about the Ayushman Vay Vandana card, beneficiaries can give a missed call to the helpline number 1800-110-770. A dedicated call center (14555) is available 24x7 to provide assistance to the beneficiaries.

Further, beneficiaries may visit any empaneled hospital to avail the benefits under this scheme. Additionally, Pradhan Mantri Arogya Mitras (PMAM) have been deployed at empaneled hospitals, who are responsible for guiding the beneficiaries and providing information related to prompt treatment by interfacing with the treating doctors / caregivers. Uniform kiosks have also been deployed in these hospitals as the first point of contact for beneficiaries, offering awareness, assistance with card creation and support in accessing treatment.

RISE IN CASES OF HEPATITIS -C

4177: SHRI GURMEET SINGH MEET HAYER:

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

- (a) whether the Government is aware that according to a recent report, young men and women in Punjab are at the highest risk for Hepatitis C, primarily due to unsafe medical practices and unsterilized equipment and if so, the details thereof;
- (b) the specific measures implemented by the Government to address these risks for the said groups;
- (c) whether the Government has conducted any research to understand its causes and spread in the said State and if so, the details thereof; and
- (d) the manner in which the Government helps in improving awareness, early diagnosis and treatment to curb this public health issue?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (d) The Government of India (GoI) launched National Viral Hepatitis Control Program (NVHCP) under the aegis of National Health Mission (NHM) in 2018. Under NVHCP free diagnostics and drugs are being made available to all including young men and women in need for treatment of hepatitis C. The above scheme has been implemented in all the districts of Punjab.

- (i) Awareness campaigns are being carried every year amongst general population on risks factors for HCV infections and where to go for testing and treatment.

(ii) Every year training sessions are held with medical officers regarding diagnosing HCV infections early on and standard treatment protocol to be followed. This helps in strengthening diagnosis and improves treatment outcomes.

(iii) Peer Supports have been appointed in all 23 districts in Punjab to counsel HCV and HBV patients so that they complete their treatment and also avoid risk factors that will make them prone to re-infection and spreading infection to others.

SCHEME FOR ADOLESCENT GIRLS

4178. SHRI KOTA SRINIVASA POOJARY:

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

- (a) the details of objectives and the number of beneficiaries benefitted under Scheme for Adolescent Girls (SAG) in Karnataka;
- (b) whether Government has made any proposal for skill training, and to expand health functionaries for assistance under the SAG scheme, if so, the details thereof;
- (c) the number of Anganwadi centres which were digitally empowered and Poshan Vatikas being set up in these centres along with the details of fortified rice and millets provided under the said scheme in the said State; and

- (d) whether Government has made any “nutrition provision” to extend scheme for women and children in the said State, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (d): In the 15th Finance Commission, components of nutritional support for children below the age of 6 years, pregnant women and lactating mothers and Adolescent Girls; Early Childhood Care and Education [3-6 years] and Anganwadi infrastructure including modern, upgraded Saksham Anganwadi have been reorganised under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) for effective implementation of the scheme and for better nutritional delivery to end beneficiaries.

Scheme for Adolescent Girls (SAG) under Mission Poshan 2.0 aims to provide nutritional support to Adolescent Girls (AGs) [14-18 years] for improving their health and nutritional status. There are two main components under the scheme. Under the nutrition component, supplementary nutrition containing 600 calories, 18-20 grams of protein and micronutrients is provided to adolescent girls in the age group of 14-18 years for 300 days in a year. The non-nutrition component is based on convergence with different ministries for IFA supplementation, health check-up and referral services, nutrition and health education, skilling etc.

In the State of Karnataka, a total of 66,331 Adolescent Girls are registered under the Scheme for Adolescent Girls as per data on the Poshan Tracker as on

15.12.2024. Supplementary Nutrition is provided at AWC to registered beneficiaries.

Supplementary Nutrition under the Scheme is served for a minimum of 300 days in a calendar year, i.e., on an average 25 days in a month in the form of Hot Cooked Meals (HCM) and Take Home Ration (THR –Not Raw Ration).

Local dietary inputs and fresh produce (green vegetables, fruits, medicinal plants and herbs), fortified rice and millets, nuts and oilseeds like groundnut and sesame seeds are actively incorporated in meals which is served to different categories of beneficiaries under the Scheme to promote health, wellness and immunity and to manage anaemia. The food items for Take Home Ration (not raw ration) and Hot Cooked Meals (HCM) are specific to the States and include locally grown/available wholesome fruits and vegetables.

A total of 35.19 Metric Tons of Fortified Rice has been allocated to the State of Karnataka under Scheme for Adolescent Girls (SAG) during FY 2024-25.

Under Mission Poshan 2.0, Anganwadi workers (AWWs) have been technologically empowered with the provision of smartphones for efficient monitoring and service delivery through the Poshan Tracker app. This online system digitizes physical registers used by Anganwadi workers. This improves the quality of their work while simultaneously allowing them more time for monitoring of the all activities in the Anganwadi.

In addition to AWWs, Smartphones are provided to Supervisors and Block Coordinators also. Similarly, data recharge support is provided to AWWs, Supervisors and Block Coordinators. Ministry has advised States/UTs to procure 'high-quality devices/smartphones' with 4G/5G support, State Government of Karnataka has procured 72,049 smartphones.

Regular monitoring of growth parameters is essential for identifying children who may be malnourished and to make timely interventions therefore, Anganwadi centres have been equipped with Growth Monitoring Devices like infantometer, stadiometer, weighing scale infant, weighing scale – Mother and Child. As on date, 65,911 GMDs have been procured by Karnataka.

During the 15th Finance Commission cycle, 2 lakh Anganwadi Centres (AWCs) @ 40,000 AWCs per year are to be upgraded as Saksham Anganwadis for improved nutrition delivery and for early childhood care and development under Mission Saksham Anganwadi and Poshan 2.0. Saksham Anganwadis are equipped with infrastructure better than the conventional Anganwadi Centres by providing LED screens, water purifier/installation of RO Machine, Poshan Vatika, ECCE and BALA Paintings. As on date, total AWCs approved for upgradation as Saksham AWCs throughout the country are 1,70,337, out of which 17,732 AWCs are of State of Karnataka.

SHORTAGE OF CONTAINERS FOR EXPORT

4179. SHRI MADDILA GURUMOORTHY:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) whether the Government has taken note of the issue of shortage of containers for export;
- (b) if so, the details thereof along with the steps taken/proposed to be taken to address the problem; and
- (c) if not, the reasons therefor?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI SARBANANDA SONOWAL):

(a) to (c) There is no acute shortage of containers as reported. The long voyage time due to ships taking longer routes through Cape of Good Hope has impacted global trade, including Indian exports. This has resulted in increased time for goods to reach international markets.

APPROVAL OF ANTIBIOTICS AS NEW DRUGS

4180: SHRI S. JAGATHRATCHAKAN:

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

(a) whether the national regulatory body, Central Drugs Standard Control Organisation (CDSCO) is considering a proposal to treat all antibiotics as “new drugs” and, thereby, making centralized approval mandatory for launching any drug in this category;

(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; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (c): The Drugs Technical Advisory Board (DTAB), a statutory body under the Drugs and Cosmetics Act, 1940, deliberated that Antimicrobial resistance can be caused due to misuse of antibiotic, antiviral, antifungal drugs, etc. The Drugs Consultative Committee (DCC) under Section 7 of the Drugs and Cosmetics Act, 1940 is the advisory committee to advise the Central Government, the State Government and the DTAB on any matter tending to secure uniformity throughout India in the administration of the said Act.

AYUSH HOSPITALS IN BIHAR

4181. DR. ALOK KUMAR SUMAN:

Will the Minister of **AYUSH** be pleased to state:

(a) whether it is a fact that AYUSH hospitals in various districts of Bihar are pending for a long time and if so, the details thereof along with the reasons therefor;

(b) whether it is a fact that the Government has not released proposed amount to the States for completion of AYUSH Hospitals especially in Gopalganj district of Bihar, if so, the reasons therefor;

(c) whether it is a fact that the proposed amount for construction of AYUSH Hospital in the said district is pending with the Ministry and if so, the details thereof along with the reasons therefor; and

(d) whether it is a fact that the Ministry has not taken any major steps to disburse the amount as early as possible for construction of AYUSH Hospitals and if so, the details thereof?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

(a) to (d) Public Health being a State subject, responsibility of establishment of Ayush hospitals in various districts of Bihar including Gopalganj lies with the respective State Government. However, Ministry of Ayush is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments and having the provision of financial assistance for setting up of 50/30/10 bedded Integrated Ayush Hospitals and accordingly States/UTs including Bihar may avail assistance by submitting suitable proposals through State Annual Action Plans (SAAPs) as per the provision of NAM guideline.

As per the proposals received from the State Government of Bihar through SAAP of financial year 2015-16, one unit of 50 bedded Integrated Ayush Hospital

at district Patna had been approved for an amount of Rs. 900.00 Lakhs and as reported by the State, they have made expenditure of Rs. 853.20 lakhs.

Further, during the year 2023-24 submitted SAAP of State Government of Bihar has been approved for an amount of Rs.7743.746 Lakhs for different activities including establishment of 3 units of 50 bedded Integrated Ayush Hospitals one each at districts at Gopalganj, Darbhanga and Khagaria with an amount of Rs. 500.00 Lakhs to each unit. However, only one instalment of Rs 1161.06 Lakhs only (Central Share of 25% of total approved amount of SAAP) could be released to State Government of Bihar and subsequent instalments could not be released due to non-fulfilment of preconditions for releasing grants, as indicated in issued Guidelines of Department of Expenditure. As implementation of the Scheme comes under the purview of State Government, accordingly, utilization of released grants is being done by them as per their felt need and requirement and as reported by State Government of Bihar no funds have been allocated by them so far to the Hospitals at Gopalganj, Darbhanga and Khagaria.

NUTRITION PROGRAMS AND SAKSHAM ANGANWADI

4182. SHRI P. V. MIDHUN REDDY:

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

- (a) the reasons for the inadequate budget increases for nutrition-related programs such as Saksham Anganwadi and the Mid-Day Meal Scheme, though 50% of children under five suffer from chronic malnutrition in the country; and
- (b) the plans of the Government to address above issue and improve nutrition outcomes for children in Andhra Pradesh?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) and (b) Under the 15th Finance Commission, various components like Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) to address the challenge of malnutrition. This mission is a universal self-selecting umbrella scheme available to all the eligible beneficiaries who enroll at the Anganwadi Centers (AWCs). It is a Centrally Sponsored mission, where the responsibility for implementation lies with the States/UTs including the State of Andhra Pradesh.

Nutrition goes beyond mere eating of food; it requires proper digestion, absorption, and metabolism which are influenced by factors like sanitation, education and access to safe drinking water. As malnutrition requires a multi-sectoral approach involving dimensions of food, health, water, sanitation and education, it is crucial to effectively address the issue of malnutrition. The challenge of malnutrition is being

addressed under Mission Saksham Anganwadi and Poshan 2.0 by establishing cross cutting convergence amongst 18 Ministries/Departments.

Under Mission Poshan 2.0 a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioral change, and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight.

Under this scheme, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls to beat the intergenerational cycle of malnutrition by adopting a life cycle approach. Supplementary nutrition is provided in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act. These norms have been revised and upgraded last year. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity that provides quality protein, healthy fats and micronutrients.

Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid

on the use of millets for preparation of Hot Cooked Meal at least once a week and Take Home ration at Anganwadi centres.

Ministries of Women and Child Development and Health and Family Welfare have jointly released the protocol for Community Management of Malnutrition (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.

Under this Mission, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to a Jan Andolan to educate people on nutritional aspects. State and UTs are conducting and reporting regular sensitisation activities under community engagement programmes during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

Various rounds of the National Family Health Survey (NFHS) conducted by Ministry of Health and Family Welfare since 1992-93 have shown improvement in malnutrition indicators in children across India. Details of these indicators for children since NFHS-1 to NFHS-5 are given below:

NFHS Survey	Stunting %	Underweight %	Wasting %
NFHS-1 (1992-93)*	52	53.4	17.5
NFHS-2 (1998-99)**	45.5	47	15.5
NFHS-3 (2005-6)***	48.0	42.5	19.8
NFHS-4 (2015-16)***	38.4	35.8	21.0
NFHS-5 (2019-21)***	35.5	32.1	19.3

* Under 4 years

** Under 3 years

*** Under 5 years

The above table gives a representative picture of malnutrition indicators among all children of 0-3 years, 0-4 years and 0-5 years age at the relevant time.

The projected population of all children up to 5 years in India for the year 2021 is 13.75 crores approximately (source: Population Projections for India and States 2011-2036, National Commission on Population, Ministry of Health and Family Welfare). However, only 7.54 crores children up to 5 years are enrolled in Anganwadis and registered on Poshan Tracker of the Ministry of Women and Child Development as per the October 2024 data. 7.31 crores of these children were measured on growth parameters of height and weight. 38.9% of these children have been found to be stunted, 17% children have been found to be underweight and 5.2% wasted.

Further, the projected population of all children in India up to 6 years for the year 2021 is approximately 16.1 crores (source: Population Projections for India and States 2011-2036, National Commission on Population, Ministry of Health and

Family Welfare). As per the October 2024 data of Poshan Tracker, 8.82 crores children (0-6 years) are enrolled in Anganwadis out of whom 8.55 crores were measured on growth parameters of height and weight. 37% of these children (0-6 years) have been found to be stunted and 17% children (0-6 years) have been found to be underweight.

The analysis of the above NFHS data and the Poshan Tracker data shows improvement in malnutrition indicators in children across India.

As per NFHS-5, the malnutrition indicators of the children (0-5 years) in Andhra Pradesh: Stunting – 31.2%, Wasting – 16.1% and Underweight – 29.6%. Whereas as per Poshan Tracker data for the month of October 2024, Stunting is 22.6%, Wasting – 5.3% and Underweight – 10.8%. The analysis of the above NFHS data and the Poshan Tracker data shows improvement in malnutrition indicators in children in Andhra Pradesh.

Grants are being released based on inputs from States/UTs including the funds requirement and the actual expenditure incurred by States, their Statement of Expenditure (SoE), Utilization Certificates (UCs) and Single Nodal Account (SNA) compliances as per guidelines. Details of funds released under Mission Poshan 2.0, during the FY 2021-22 to FY 2023-24 are as follows:

Amount (in ₹ crore)		
2021-22	2022-23	2023-24
18,368.01 crore	19,849.82 crore	21,741.17 crore

PM POSHAN Scheme, under Ministry of Education, is one of the foremost rights based Centrally Sponsored Scheme implemented in partnership with the States and UTs for providing one hot cooked and nutritious meal to children studying in Bal vatika (pre-primary class) and classes I to VIII of Government and Government-aided schools on all school-working days. The National Food Security Act, 2013, Rules, Guidelines and Instructions issued under the PM POSHAN Scheme from time to time, provides that every child attending an eligible institution is to be covered under the scheme and shall be served hot cooked nutritious meal or provided with Food Security Allowance, as applicable, on all school days. The funds are released as central assistance to cover children attending the school on all working days. Every year, Government of India has enhanced the Budget Estimate (BE) for this scheme. Though, PM POSHAN is a centrally sponsored scheme, the Central Government provides 100% cost of foodgrains including subsidy per annum through Department of Food and Public Distribution, 100% transportation cost of foodgrains from FCI depot to schools and 100% funds for Management Monitoring and Evaluation (MME).

MOU BETWEEN AYUSH AND TB DIVISION

4183. SHRI BALASHOWRY VALLABHANENI:

Will the Minister of **AYUSH** be pleased to state:

(a) whether it is a fact that an MoU was signed between AYUSH Ministry and the Central TB Division to forge convergence so as to eliminate TB from the country;

- (b) if so, the details thereof;
- (c) the extent to which the MoU has helped AYUSH Ministry to develop linkages and integrate TB care services with other healthcare infrastructure; and
- (d) the manner in which the Government has orientated and sensitised not only people but also AYUSH UG and PG students towards TB and its elimination from the country?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

(a) to (d) Yes, an MoU was signed between the Ministry of Ayush and the Central TB Division on 04.07.2019 with the objectives of convergence at policy, programme, and implementation levels across both ministries for a multi-sectoral and accelerated response toward Tuberculosis (TB) -Free India with following scope of collaborations:

- Development of linkages and integration of TB care services under the health infrastructure and institutional network affiliated with the Ministry of Ayush;
- Awareness generation and sensitization among various communities including Ayush service providers about Revised National Tuberculosis Control Programme (RNTCP) guidelines, TB diagnosis and treatment and recent policy changes and initiatives;
- Orientation and Sensitization of final year Undergraduate students, Interns, Postgraduate students, faculty of Ayush on TB prevention, diagnostics and

treatment through modular lectures and inclusion in the Continuing Medical Education (CME) programs;

- Capacity building of in-service and private Ayush practitioners through modular trainings and Continuing Medical Education (CME) for early diagnosis of TB, improving referral of patients and their engagement as community Directly Observed Therapy (DOT) providers and involvement in the implementation of Tuberculosis Control Programme.
- Promote adjuvant use and undertake research collaboration about evidence based Ayush interventions for TB control and management; and
- Facilitate development of TB-Free workplaces by adoption of inclusive workplace policies and best practices at Ayush institutions, offices, health facilities etc.

A guidance document on collaborative initiatives between the National Tuberculosis Elimination Program (NTEP) and the Ministry of Ayush, has been released which has been endorsed by the Ministry of Health and Family Welfare, Government of India.

All Ayush Medical Officers are encouraged to actively screen for presumptive TB cases and refer to the nearest NTEP diagnostic health facility. Linkages of Ayush facilities for TB diagnosis and treatment is being facilitated by the State Governments.

Training of Trainers (ToTs) have been organized by Central TB Division, Ministry of Health and Family Welfare for in-service Ayush Practitioners, and Research Officers in four batches at National Institute of Tuberculosis and Respiratory Diseases (NITRD), New Delhi from 18. 12. 2023 to 21. 12. 2023.

स्वाधार गृह योजना

4184. श्री ज्ञानेश्वर पाटील:

श्रीमती कलाबेन मोहनभाई देलकर:

क्या महिला एवं बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

- (क) स्वाधार गृह योजना के आरंभ होने से लेकर अब तक इसके अंतर्गत देश के विभिन्न राज्यों में आवंटित, जारी और उपयोग की गई निधियों का राज्य-वार ब्यौरा क्या है;
- (ख) उक्त योजना के अंतर्गत दादरा और नगर हवेली तथा मध्य प्रदेश में जिला-वार कितने स्वाधार गृह स्थापित किए गए हैं;
- (ग) उक्त योजना के अंतर्गत दादरा और नगर हवेली तथा मध्य प्रदेश सहित लाभार्थियों की राज्य-वार संख्या कितनी है; और
- (घ) देश में उक्त योजना के कार्यान्वयन के लिए सरकार के साथ सहयोग करने वाले गैर-सरकारी संगठनों और स्व-सहायता समूहों की राज्य-वार विशेषकर दादरा और नगर हवेली तथा मध्य प्रदेश में संख्या कितनी है?

महिला और बाल विकास राज्य मंत्री (श्रीमती सावित्री ठाकुर):

- (क) से (घ): व्यापक 'मिशन शक्ति' के अंतर्गत, कठिन परिस्थितियों में रह रही महिलाओं के लिए 'स्वाधार गृह' और मानव दुर्व्यापार की रोकथाम के लिए 'उज्ज्वला गृह' जैसी पूर्ववर्ती योजनाओं को विलय कर

दिया गया है और इन्हें 'शक्ति सदन योजना' के रूप में जाना जाता है, जो मानव दुर्व्यापार की शिकार महिलाओं सहित संकटपूर्ण परिस्थितियों में रह रही महिलाओं के लिए एकीकृत राहत और पुनर्वास गृह है। इसका उद्देश्य ऐसी कठिन परिस्थितियों में महिलाओं के लिए सुरक्षित और सहायक वातावरण बनाना है, ताकि वे प्रतिकूल परिस्थितियों से उबरने में समर्थ हो सकें।

शक्ति सदन योजना मांग आधारित केन्द्र प्रायोजित योजना है, जिसके अंतर्गत योजना के कार्यान्वयन के लिए राज्यों/संघ राज्य क्षेत्रों को सीधे निधियां जारी की जाती हैं। राज्य/संघ राज्य क्षेत्र स्थानीय आवश्यकताओं के अनुसार अपनी आवश्यकता का आकलन करते हैं और राज्यों/संघ राज्य क्षेत्रों के साथ चर्चा के बाद प्रस्तावों को कार्यक्रम अनुमोदन बोर्ड (पीएबी) द्वारा अनुमोदित किया जाता है। इस योजना के अंतर्गत किराए के परिसर में शक्ति सदन चलाने के लिए वित्तीय सहायता प्रदान की जाती है।

शक्ति सदन के संबंध में पिछले तीन वित्तीय वर्षों के दौरान जारी निधियों का ब्यौरा संलग्न **विवरण-I** में दिया गया है। दादरा एवं नगर हवेली तथा मध्य प्रदेश में कार्यशील शक्ति सदनों की जिलावार संख्या **विवरण -II** में दी गई है। वर्तमान में दादरा एवं नगर हवेली तथा मध्य प्रदेश सहित शक्ति सदन योजना के अंतर्गत लाभान्वित होने वाली महिलाओं की राज्य/संघ राज्य क्षेत्र-वार संख्या **विवरण -III** में दी गई है।

विवरण -I

पिछले तीन वित्तीय वर्षों के दौरान जारी निधियां – शक्ति सदन

(लाख रुपये में)

क्र. सं.	राज्य/संघ राज्य क्षेत्र	2021-22*	2022-23**	2023-24
1.	अंडमान और निकोबार द्वीप	7.26	0	0
2.	आंध्र प्रदेश	0	0	1160.82
3.	अरुणाचल प्रदेश	11.83	0	0
4.	असम	0	138.60	1852.12
5.	बिहार	0	0	0
6.	चंडीगढ़	0	26.82	0
7.	छत्तीसगढ़	20.75	0	100.61
8.	दादरा और नगर हवेली एवं दमन और दीव	0	0	0
9.	दिल्ली	0	0	62.19
10.	गोवा	0	0	0
11.	गुजरात	0	0	0
12.	हरियाणा	0	0	0
13.	हिमाचल प्रदेश	9.13	3.23	35.95
14.	जम्मू एवं कश्मीर	25.64	0	67.24
15.	झारखंड	0	0	94.76
16.	कर्नाटक	639.98	0	1128.17
17.	केरल	46.02	0	49.46
18.	लद्दाख	0	0	0

19.	लक्षद्वीप	0	0	0
20.	मध्य प्रदेश	74.35	23.17	341.52
21.	महाराष्ट्र	0	0	338.19
22.	मणिपुर	0	1062.38	2889.94
23.	मेघालय	20.74	0	0
24.	मिजोरम	137.69	0	304.59
25.	नागालैंड	0	0	52.34
26.	ओडिशा	473.83	132.38	246.10
27.	पुद्दुचेरी	10.80	0	24.57
28.	पंजाब	0	0	0
29.	राजस्थान	0	0	117.02
30.	सिक्किम	10.65	0	38.31
31.	तमिलनाडु	0	0	1517.08
32.	तेलंगाना	0	0	634.84
33.	त्रिपुरा	49.28	0	121.79
34.	उत्तर प्रदेश	90.2	158.25	0
35.	उत्तराखण्ड	0	0	0
36.	पश्चिम बंगाल	218.85	0	720.36
	कुल	1847.00	1544.83	11897.97

*स्वाधार गृह के लिए जारी

**दिनांक 01.04.2022 से शक्ति सदन के नाम से जाना जाता है।

विवरण -II

दादरा एवं नगर हवेली तथा मध्य प्रदेश में कार्यशील शक्ति सदनों की जिलावार संख्या

क्र.सं.	राज्य/संघ राज्य क्षेत्र का नाम	जिले का नाम	कार्यशील शक्ति सदन की संख्या *
01	दादरा और नगर हवेली	कोई शक्ति सदन कार्यशील नहीं है	0
02	मध्य प्रदेश	भोपाल	2
		बैतुल	1
		छिंदवाड़ा	1
		मंडला	1
		मुरैना	1
		छतरपुर	1
		उज्जैन	1
		जबलपुर	1
		बालाघाट	1
		ग्वालियर	1
		राजगढ़	1
		होशंगाबाद	1
		खंडवा	1
		कुल	14

*राज्य/संघ राज्य क्षेत्र से प्राप्त जानकारी के अनुसार

विवरण -III

शक्ति सदन योजना के अंतर्गत लाभान्वित होने वाली महिलाओं की राज्य/संघ राज्य क्षेत्र-वार संख्या

क्र.सं.	राज्य/संघ राज्य क्षेत्र	शक्ति सदन
		लाभार्थियों की संख्या#
1.	अंडमान और निकोबार	0
2.	आंध्र प्रदेश	950
3.	अरुणाचल प्रदेश	66
4.	असम	241
5.	बिहार	0
6.	चंडीगढ़	09
7.	छत्तीसगढ़	209
8.	दादरा और नगर हवेली एवं दमन और दीव	0
9.	दिल्ली	115
10.	गोवा	5
11.	गुजरात	0
12.	हरियाणा	0
13.	हिमाचल प्रदेश	11
14.	जम्मू और कश्मीर	38
15.	झारखंड	504
16.	कर्नाटक	998
17.	केरल	235
18.	लद्दाख	0
19.	लक्षद्वीप	0
20.	मध्य प्रदेश	205
21.	महाराष्ट्र	902
22.	मणिपुर	325
23.	मेघालय	41
24.	मिजोरम	270
25.	नागालैंड	22
26.	ओडिशा	3052

27.	पुद्दुचेरी	35
28.	पंजाब	21
29.	राजस्थान	219
30.	सिक्किम	34
31.	तमिलनाडु	1422
32.	तेलंगाना	324
33.	त्रिपुरा	72
34.	उत्तराखंड	0
35.	उत्तर प्रदेश	0
36.	पश्चिम बंगाल	871
	कुल	11196

#राज्यों/संघ राज्य क्षेत्रों से प्राप्त जानकारी के अनुसार।

RATES OF FERTILIZERS

4185: SHRI TANUJ PUNIA:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- the details of per quintal price of urea, DAP, phosphate, potash and other fertilizers as on date, fertilizer-wise;
- the comparative details of rate per quintal of urea, DAP, phosphate, potash and other fertilizers as in 2013 and 2024, fertilizer-wise;
- the details of increase in price of urea, DAP, Potash, phosphate and other fertilizers per quintal during the last five years, year-wise and fertilizer-wise; and
- the reasons for reduction in weight of packets of above fertilizers?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): The MRP of 45 kg bag of urea is Rs.242 per bag (exclusive of charges towards neem coating and taxes as applicable) i.e. Rs.538 per quintal.

At present, the average MRP of DAP (18-46-0-0) and MOP (0-0-60-0) is Rs.2700.00 per Quintal and Rs.3224.95 per Quintal respectively.

(b): The details of fertilizer wise rates as in 2013 and 2024 are as under:-

I. Urea

MRP of Urea (exclusive of Central/State levies/GST and charges towards neem coating)		
Year	Rs. Per Bag	Rs.per quintal
2013-14	268 (Per 50 Kg Bag)	536
2023-24	242 (Per 45 Kg Bag)	538

II. Major P&K Fertilizers

S. No.	NPK Fertilizer Grade	Average MRP(approx.) (in Rs. per Quintal)	
		2013-14	2023-24
1	DAP (18-46-0-0)	2273.14	2700.00
2	MOP (0-0-60-0)	1626.26	3398.70

(c): The details of fertilizer wise rates during the last five years are as under:-

I. Urea

The MRP of Urea (exclusive of Central/State levies/GST and charges towards neem coating) from 1.3.2018 to till date is Rs. 242 Per 45 Kg Bag.

II. Major P& K Fertilizers

S. No.	NPK Fertilizer Grade	Average MRP(approx.) (in Rs. per Quintal)				
		2019-20	2020-21	2021-22	2022-23	2023-24
1	DAP (18-46-0-0)	2651.82	2496.68	2500.40	2694.00	2700.00
2	MOP (0-0-60-0)	1898.10	1787.26	2333.80	3414.80	3398.70

(d): Subsequent to the introduction of Neem Coated Urea (NCU), one of the primary benefits of Neem Coating is that due to slow release, the consumption of NCU reduces as compared to normal urea. Hence, vide notification dated 4th September, 2017 it was decided to introduce 45 Kg bag of urea in place of 50 kg bag. The weight of bags of DAP, Potash and other NPK complex fertilizers has remained unchanged at 50 kg.

ADOPTION OF NANO-FERTILIZERS

4186. SHRI NAVEEN JINDAL:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) whether it is true that adoption of nano-fertilizers by farmers in the country is about 5% only;
- (b) if so, the reasons behind such a situation; and
- (c) the steps taken by the Government to apprise the farmers about the huge benefits of nano-fertilizers so as to popularize its usage?

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE;
AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS
(SHRIMATI ANUPRIYA PATEL):**

(a) and (b): Department of Agriculture and Farmers Welfare (DAandFW) had provisionally notified Nano Urea as Nano Nitrogen Fertilizers in Fertilizer Control Order, 1985. Additionally, the Government of India has also notified Nano DAP under the FCO, 1985.

Accordingly, 11.53 crore bottles of Nano Urea have been produced by the Fertilizer Companies, out of which 9.07 crore bottles (500 ml each) have been dispatched to States. Similarly, 2.62 crore bottles of Nano DAP have been produced by the Fertilizer Companies, out of which 1.82 crore bottles (500ml each) have been dispatched to States.

(c): In order to promote the use of Nano Fertilizers amongst the farmers, the following steps have been taken:

- i. Use of Nano Urea is promoted through different activities such as awareness camps, webinars, nukkad nataks, field demonstrations, Kisan Sammelans and films in regional languages etc.
- ii. Nano Urea is made available at Pradhan Mantri Kisan Samridhi Kendras (PMKSKs) by concerned companies.
- iii. Nano Urea has been included under monthly supply plan issued by Department of Fertilizers regularly.
- iv. ICAR through Indian Institute of Soil Science, Bhopal recently organized National Campaign on “Efficient and Balanced Use of Fertilizer (including Nano-fertilizers)”.
- v. Promotion of use of nano fertilizers was done during the Viksit Bharat Sankalp Yatra (VBSY) which was launched on 15th November, 2023.
- vi. With an aim to provide drones to 15,000 women Self Help Groups (SHGs), the Government of India has launched the 'Namo Drone Didi' Scheme. Under the said scheme, 1094 drones have been made available by fertilizer companies to Namo Drone Didis of Women Self Help Groups, which is ensuring increased application of nano fertilizers through drones.
- vii. DoF in collaboration with fertilizer companies has initiated a Maha Abhiyan for adoption of Nano DAP in all 15 agro-climatic zones of the country through consultations and field level demonstrations. Further, DoF in collaboration with fertilizer companies has also launched campaign for

field level demonstrations and awareness programs of Nano Urea plus in 100 districts of the country.

INDIA – MIDDLE EAST – EUROPE ECONOMIC CORRIDOR

4187. SHRI ARVIND DHARMAPURI:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) the steps taken/proposed to be taken by the Government to upgrade Indian ports for readiness to handle the India – Middle East – Europe Economic Corridor (IMEC);
- (b) the data on amount of funds allocated and utilized for infrastructure improvements across all major Ports in the country; and
- (c) the progress achieved in increasing the capacity and connectivity of ports to align with the requirements of the IMEC corridor?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI SARBANANDA SONOWAL):

(a) to (c) Major Ports at western coast i.e Deendayal Port and Jawaharlal Nehru Port have made investment of around Rs.11773 Crores in last decade to upgrade port infrastructure. Further, the Union Cabinet approved the development of a new Major Greenfield Port at Vadhavan in Maharashtra with an estimated project cost of Rs.76,220 Crores. The Vadhavan port has a natural draft of 20 meters and a cumulative capacity of 298 Million Metric Tons (MMT) per annum, catering the requirement to handle mega size new generation vessels. Also, the Virtual Trade

Corridor (VTC) under the framework agreement between India and UAE on the IMEEC has been soft launched. These upgradation/developments at these ports aligns with the requirements of India – Middle East – Europe Economic Corridor (IMEEC).

CHILD BEGGARS

4188. SHRI RAJEEV RAI:

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

- (a) whether the Government has conducted any survey on the number of children begging at road crossings and traffic lights in big cities and Tier-II towns;
- (b) if so, the approximate number and average age group of these children;
- (c) whether the Government has prepared any rehabilitation plan for these children; and
- (d) if so, the details thereof along with the expenditure incurred during the last five years to ameliorate their conditions?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (d) : Ministry of Social Justice and Empowerment implements a Central Sector Scheme “SMILE - Support for Marginalized Individuals for Livelihood and Enterprise”, which includes sub-scheme for the ‘Comprehensive Rehabilitation of persons engaged in the act of Begging’ including children engaged in the act of

begging. The first stage of the implementation of the sub-scheme involves survey/ identification work in 31 identified cities/ towns. So far 352 children of average age group of 6-14 years old have been identified as engaged in the act of begging. All 352 children have been rehabilitated (169 united with parents, 79 sent to Anganwadi, 33 sent to Child Welfare Committee and 71 enrolled with the schools). The scheme provides for necessities like food, shelter homes, medical facilities, counselling, rehabilitation, basic documentation, skill development, economic linkages including education to the children/ children of persons found to be engaged in begging.

The Ministry of Women and Child Development administers the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015), which is the primary legislation for ensuring safety, security, dignity and well-being of children. The Act provides for protection of Children in Need of Care and Protection (CNCP) and Children in Conflict with Law (CCL) by catering to their basic needs through care, protection, development, treatment and social re-integration. It defines standards of care and protection to secure the best interest of the child.

Section 2(14)(ii) of the JJ Act, 2015 provides that a child who is found working in contravention of labour laws for the time being in force or is found begging, or living on the street is included as a “Child in Need of Care and Protection”. Sections 27-30 of the JJ Act, 2015 empowers the Child Welfare Committees to take decisions with regard to the CNCP category of children, keeping their best

interest in mind. The primary responsibility and execution of the JJ Act, 2015 lies with the States/UTs.

The Mission Vatsalya Scheme of the Ministry of Women and Child Development, services are provided to the CNCP and CCL category of children which include both institutional care and non-institutional care services. The scheme provides services to children including child beggars for their rehabilitation and social re-integration into the mainstream of the society. The Child Care Institutions (CCIs) established under the Mission Vatsalya scheme support, *inter-alia*, age-appropriate education, access to vocational training, recreation, health care, counselling etc. Support under non-institutional care is provided by way of sponsorship, foster care and after care to children in need of care and protection. An expenditure of Rs.4317.14 crore has been incurred under Mission Vatsalya Scheme during the last five years (2019-20 to 2023-24).

Besides this, the National Commission for Protection of Child Rights at national level and State Commissions for Protection of Child Rights at State level are authorised to monitor the implementation of the JJ Act.

National Commission for Protection of Child Rights has developed and shared with the States/ UTs, Standard Operating Procedure on “Children in Street Situations (CiSS) 2.0” in the identified districts to ensure zero tolerance on Child begging/ Child labour/ Child abuse.

The number and age group of children as reported on the portal of the National Commission for Protection of Child Rights is given below :

Age group (in years)	Number of Children
0-6	1536
7-12	2537
13-18	1113

ई-कोर्ट मिशन के कार्यान्वयन में विलंब

4189. डॉ. प्रशांत यादवराव पडोले :

क्या **विधि और न्याय** मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि महाराष्ट्र में ई-कोर्ट मिशन मोड परियोजना के कार्यान्वयन में लगातार विलंब हो रहा है और यदि हां, तो इसके क्या कारण हैं ;

(ख) न्यायालय के अभिलेखों के डिजिटाइजेशन और जिला न्यायालयों में सूचना प्रौद्योगिकी अवसंरचना में सुधार लाने के लक्ष्यों को प्राप्त नहीं कर पाने के क्या कारण हैं और इन विलंबों को दूर करने के लिए क्या उपाय किए जा रहे हैं ;

(ग) महाराष्ट्र में ग्राम न्यायालय योजना, विशेषकर इसकी स्थापना और प्रचालन के संदर्भ में, का ब्यौरा क्या है ;

(घ) विभिन्न ग्राम न्यायालयों के निष्क्रिय रहने के क्या कारण हैं और इन चुनौतियों से निपटने के लिए क्या कदम उठाए जा रहे हैं ; और

(ड) क्या सरकार द्वारा मध्यस्थता जैसे वैकल्पिक विवाद समाधान तंत्र को बढ़ावा देने के लिए हाल ही में कोई पहल की गई है अथवा सहायता कार्यक्रम शुरू किया गया है ?

**विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री
(श्री अर्जुन राम मेघवाल):**

(क) और (ख) : जी, नहीं। केंद्रीय परियोजना समन्वयक (सीपीसी), ई-न्यायालय परियोजना, बॉम्बे उच्च न्यायालय से प्राप्त जानकारी के अनुसार, महाराष्ट्र राज्य में ई-न्यायालय परियोजना के कार्यान्वयन में कोई देरी नहीं हुई है। जैसा कि बताया गया है, परियोजना के पहले चरण और दूसरे चरण के दौरान आवंटित लगभग पूरी निधियों का पूरी तरह से उपयोग किया जा चुका है और चरण-III वर्तमान में प्रगति पर है। चरण-II के अधीन जारी 125,24,30,700 रुपये में से 125,19,68,985 रुपये का उपयोग किया गया। इसी प्रकार, चरण-III के भाग के रूप में वित्तीय वर्ष 2023-24 में जारी 69,53,84,392 रुपये में से 69,53,83,820 रुपये का उपयोग किया गया। 2023 तक, बॉम्बे उच्च न्यायालय के अंतर्गत 2201 न्यायालयों सहित 18,735 न्यायालयों को डिजिटल अवसंरचना प्रदान की गई है।

बॉम्बे उच्च न्यायालय में अभिलेखों का डिजिटलीकरण तेजी से आगे बढ़ रहा है और आज तक उच्च न्यायालय में 1,66,47,045 पृष्ठों का डिजिटलीकरण किया जा चुका है। अभिलेखों के डिजिटलीकरण के संबंध में सांगली में जिला स्तर और मुंबई के सिटी सिविल न्यायालय में एक पायलट परियोजना शुरू की गई है। चूंकि दस्तावेजों को संग्रहीत करने के लिए केंद्रीय क्लाउड रिपोजिटरी प्रदान करने की प्रक्रिया भारत के उच्चतम न्यायालय की ई-कमेटी के स्तर पर प्रबंधित की जा रही है, इसलिए जल्द ही इसे राज्य भर के जिला न्यायालयों में भी अपनाया जाएगा।

(ग) और (घ) : नागरिकों को उनकी दहलीज पर न्याय उपलब्ध कराने के लिए, केंद्रीय सरकार ने ग्राम न्यायालय अधिनियम, 2008 अधिनियमित किया गया था। ग्राम न्यायालय अधिनियम, 2008 की धारा 3 (1) के अनुसार, राज्य सरकारें अपने संबंधित उच्च न्यायालयों के परामर्श से ग्राम न्यायालय स्थापित

करने के लिए उत्तरदायी हैं। बॉम्बे उच्च न्यायालय द्वारा उपलब्ध कराए गए आंकड़ों के अनुसार, आज की तारीख में महाराष्ट्र राज्य में 39 अधिसूचित ग्राम न्यायालय हैं, जिनमें से 26 राज्य में प्रचालित हैं। महाराष्ट्र में अधिसूचित और प्रचालित ग्राम न्यायालयों की जिलावार सूची **संलग्न विवरण** में दी गई है।

कुछ अध्ययनों के अनुसार, ग्राम न्यायालयों की स्थापना में धीमी प्रगति के मुख्य कारणों में कई राज्यों में न्यायाधिकारियों के पद न भरना, लोक अभियोजकों, नोटरी की अनुपलब्धता और प्रथम श्रेणी के न्यायिक मजिस्ट्रेटों की साधारण कमी, ग्राम न्यायालयों का सीमित आर्थिक अधिकार क्षेत्र, अपर्याप्त कर्मचारी, राज्यों से अपर्याप्त वित्तीय सहायता, विधिक और राज्य प्राधिकारियों की अनिच्छा और सामुदायिक जागरूकता की कमी शामिल है। इसके अतिरिक्त, नियमित न्यायालयों के साथ क्षेत्राधिकार के परस्पर व्यापन मुद्दा कुछ राज्यों में ग्राम न्यायालयों के संबंध में धीमी गति से आगे बढ़ने का एक और कारण है। इसके सिवाय, कई राज्यों में पंचायत स्तर पर काम करने वाली ग्राम न्यायालयों की अपनी समानांतर प्रणाली है।

देश में ग्राम न्यायालयों की स्थापना के लिए 7 अप्रैल, 2013 को उच्च न्यायालयों के मुख्य न्यायामूर्तियों और राज्यों के मुख्यमंत्रियों के सम्मेलन में यह विनिश्चय किया गया था कि राज्य सरकार और उच्च न्यायालयों को स्थानीय मुद्दों और स्थितियों को ध्यान में रखते हुए, जहाँ भी संभव हो, ग्राम न्यायालयों की स्थापना पर विनिश्चय करना चाहिए, क्योंकि यह एक स्वैच्छिक स्कीम है। केंद्रीय सरकार नियमित आधार पर बैठकों के माध्यम से राज्यों से पहले से अधिसूचित ग्राम न्यायालयों को प्रचालित करने का आग्रह करती रही है।

(ड) : पिछले दशक के दौरान, भारत सरकार ने वैकल्पिक विवाद समाधान (एडीआर) तंत्र के क्षेत्र में विभिन्न पहल की हैं। सरकार माध्यस्थता और मध्यकता सहित एडीआर तंत्रों का संवर्धन कर रही है, क्योंकि ये तंत्र कम विरोधाभासी हैं और विवादों को सुलझाने के पारंपरिक पद्धतियों का बेहतर विकल्प प्रदान करने में सक्षम हैं। इन तंत्रों को मजबूत करने और उन्हें अधिक प्रभावी और शीघ्र बनाने के लिए

विभिन्न पहल की गई हैं। इस संबंध में केंद्रीय सरकार द्वारा पिछले कुछ वर्षों में की गई प्रमुख पहलों में निम्नलिखित शामिल हैं:

- i. माध्यस्थम् और सुलह अधिनियम, 1996 को वर्ष 2015, 2019 और 2020 में उत्तरोत्तर संशोधित किया गया है। इन संशोधनों का उद्देश्य माध्यस्थम् कार्यवाही का समय पर निष्कर्ष, मध्यस्थों की तटस्थता, माध्यस्थम् प्रक्रिया में न्यायिक हस्तक्षेप को कम करना और माध्यस्थम् पुरस्कारों का प्रभावकारी प्रवर्तन सुनिश्चित करना है। संशोधनों का उद्देश्य संस्थागत माध्यस्थम् को बढ़ावा देना, सर्वोत्तम वैश्विक प्रथाओं को प्रतिबिंबित करने के लिए विधिक को अद्यतन करना और अस्पष्टताओं को हल करना है, जिससे एक माध्यस्थम् पारिस्थितिकी तंत्र स्थापित हो सके जहां मध्यस्थ संस्थान फल-फूल सकें।
- ii. संस्थागत माध्यस्थम् की सुविधा के लिए एक स्वतंत्र, स्वायत्त और विश्व स्तरीय निकाय बनाने और केंद्र को राष्ट्रीय महत्व की संस्था घोषित करने के उद्देश्य से भारत अंतर्राष्ट्रीय माध्यस्थम् केंद्र (केंद्र) की स्थापना के लिए भारत अंतर्राष्ट्रीय माध्यस्थम् केंद्र अधिनियम, 2019 अधिनियमित किया गया था। केंद्र की स्थापना तब से की गई है और इसका उद्देश्य माध्यस्थम् के माध्यम से वाणिज्यिक विवादों के समाधान के लिए एक तटस्थ विवाद समाधान मंच प्रदान करके घरेलू और अंतर्राष्ट्रीय दोनों पक्षों के बीच विश्वास को प्रेरित करना है। केंद्र ने कुशल और समयबद्ध माध्यस्थम् प्रक्रिया पर ध्यान केंद्रित करते हुए घरेलू और अंतर्राष्ट्रीय माध्यस्थम् के संचालन को सुविधाजनक बनाने के लिए भारत अंतर्राष्ट्रीय माध्यस्थम् केंद्र (माध्यस्थम् का संचालन) विनियम, 2023 को भी अधिसूचित किया है। भारत अंतर्राष्ट्रीय माध्यस्थम् केंद्र अधिनियम, 2019 की धारा 28 के अधीन स्थापित माध्यस्थम् चैंबर घरेलू और अंतर्राष्ट्रीय माध्यस्थम् दोनों के लिए प्रतिष्ठित मध्यस्थों को सशक्त बनाना जारी रखता है। केंद्र की

परिकल्पना देश में एक आदर्श माध्यस्थम् संस्थान बनने की है, जिससे माध्यस्थम् के लिए संस्थागत ढांचे की गुणवत्ता बढ़ाने का मार्ग प्रशस्त होगा।

- iii. वाणिज्यिक न्यायालय अधिनियम, 2015 को वर्ष 2018 में संशोधित किया गया था जिससे अन्य बातों के साथ-साथ पूर्व-संस्था मध्यकता और निपटान (पीआईएमएस) तंत्र प्रदान किया जा सके। इस तंत्र के अधीन, जहां निर्दिष्ट मूल्य के वाणिज्यिक विवाद में किसी तत्काल अंतरिम राहत की आवश्यकता नहीं होती है, तो पक्षकारों को न्यायालय का दरवाजा खटखटाने से पहले पीआईएमएस के आज्ञापक उपाय को समाप्त करना होता है। इसका उद्देश्य पक्षों को माध्यस्थम् के माध्यम से वाणिज्यिक विवादों को सुलझाने का अवसर प्रदान करना है।
- iv. मध्यकता अधिनियम, 2023, विवाद के पक्षकारों द्वारा अपनाई जाने वाली मध्यकता, विशेष रूप से संस्थागत मध्यकता के लिए वैधानिक रूपरेखा निर्धारित करता है, जिसमें देश में एक मजबूत और प्रभावी मध्यकता पारिस्थितिकी तंत्र स्थापित करने के लिए विभिन्न हितधारकों की भी पहचान की गई है।

विवरण

ई-न्यायालय मिशन के कार्यान्वयन में देरी के संबंध में लोकसभा अतारांकित प्रश्न संख्या 4189 जिसका उत्तर 20/12/2024 को दिया जाना है, के संदर्भ में विवरण। महाराष्ट्र में अधिसूचित और प्रचालित ग्राम न्यायालयों की जिलावार सूची नीचे दी गई है :

क्र.सं.	ब्लॉक/क्षेत्र का नाम	जिले का नाम	अधिसूचित	प्रचालित
1	सेवाग्राम (वर्धा)	वर्धा	हां	हां
2	गडचांदुर (कोरपना)	चंद्रपुर	हां	हां
3	उरालिकंचन(हवेली)	पुणे	हां	हां
4	कसारखेड़ा(नांदेड़)	नांदेड़	हां	हां
5	निजामपुर(सकरी)	धुले	हां	हां
6	रालेगांव-सद्धि (पारनेर)	अहमदनगर	हां	हां
7	पाली (रत्नागिरी)	रत्नागिरि	हां	हां

8	खारवाली (महाड)	अलीबाग-रायगढ़	हां	हां
9	जवाहर	थाणे	हां	हां
10	बोडवाड	जलगांव	हां	हां
11	कोरची	गडचिरोली	हां	हां
12	मुलचेरा	गडचिरोली	हां	हां
13	वैभववाडी	सिंधुदुर्ग	हां	हां
14	गोरेगांव	गोंदिया	हां	हां
15	ताला	रायगढ़	हां	हां
16	जलकोट	लातूर	हां	हां
17	शिरूर अनंतपाल	लातूर	हां	हां
18	मंडनगढ़	रत्नागिरि	हां	हां
19	सालेकसा	गोंदिया	हां	हां
20	माले (ताल मुलशी)	पुणे	हां	हां
21	देवला	नासिक	हां	हां
22	अलीपुर (हिंगनघाट)	वर्धा	हां	हां
23	पोलादपुर	रायगढ़-अलीबाग	हां	हां
24	त्र्यंबकेश्वर	नासिक	हां	हां
25	चिखलदरा	अमरावती	हां	नहीं
26	जिवति	चंद्रपुर	हां	नहीं
27	अक्कलकुवा	धुले	हां	नहीं
28	भामरागढ़	गडचिरोली	हां	नहीं
29	इटापल्ली	गडचिरोली	हां	नहीं
30	गगनबावड़ा	कोल्हापुर	हां	नहीं
31	पेठ	नासिक	हां	नहीं
32	उमरी	नांदेड़	हां	नहीं
33	वेल्ले	पुणे	हां	हां
34	म्हासाला	रायगढ़-अलीबाग	हां	नहीं
35	डोडामार्ग	सिंधुदुर्ग	हां	नहीं
36	विक्रमगढ़	थाणे	हां	नहीं
37	मोखाडा	थाणे	हां	नहीं
38	तलासरी	थाणे	हां	नहीं
39	देवली	वर्धा	हां	हां

चेक बाउंस के लंबित मामले

4190. श्री अशोक कुमार रावत :

क्या **विधि और न्याय** मंत्री यह बताने की कृपा करेंगे कि :

(क) देश भर के विभिन्न न्यायालयों में चेक बाउंस के कितने मामले लंबित हैं,

(ख) क्या ऐसे मामलों से निपटने के लिए एक पृथक श्रेणी बनाई गई है और उक्त मामलों पर ध्यान देने तथा इनके त्वरित निपटान के लिए कोई विशेष योजना बनाई गई है/बनाई जा रही है;

(ग) यदि हां, तो उक्त मामलों की वर्तमान स्थिति क्या है और उनके लंबित रहने के क्या कारण हैं ; और

(घ) क्या ऐसे मामलों के शीघ्र निपटान के लिए कोई कदम उठाए जा रहे हैं ?

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री
(श्री अर्जुन राम मेघवाल):

(क) : राष्ट्रीय न्यायिक डाटा ग्रिड (एनजेडीजी) पर उपलब्ध सूचना के अनुसार, देश भर में परक्राम्य लिखत अधिनियम के अधीन लंबित मामलों का राज्य/संघ राज्यक्षेत्र-वार ब्यौरा संलग्न **विवरण** में दिया गया है।

(ख) से (घ) : चेक अनादरण के मामलों का निपटान परक्राम्य लिखत अधिनियम की धारा 138 के अधीन किया जाता है। न्यायालयों में मामलों का निपटान कई कारकों पर निर्भर करता है, जिसमें अन्य बातों के साथ-साथ, भौतिक अवसंरचना और सहायक न्यायालय कर्मचारिवृंदों की उपलब्धता, अंतःवर्लित तथ्यों की जटिलता, साक्ष्य की प्रकृति, पणधारियों जैसे बार, अनुसंधान अभिकरणों, गवाहों और वादियों का सहयोग और नियमों और प्रक्रियाओं का उचित अनुप्रयोग सम्मिलित है। मामलों के निपटान में देरी के अन्य कारकों में विभिन्न प्रकार के मामलों के निपटान के लिए संबंधित न्यायालयों द्वारा विहित समय

सीमा का अभाव, बार-बार स्थगन और सुनवाई के लिए मामलों की मानीटरी, ट्रैक और समूहीकरण के लिए पर्याप्त व्यवस्था का अभाव सम्मिलित है।

भारतीय बैंक संघ ने अन्य याचिकाकर्ताओं के साथ मिलकर माननीय उच्चतम न्यायालय के समक्ष एक रिट याचिका (डब्ल्यू.पी. (सिविल) संख्या 2013 का 18) दायर की थी, जिसमें अन्य बातों के साथ-साथ, परक्राम्य लिखत अधिनियम, 1881 (एनआई अधिनियम) की धारा 143 के अधीन विहित संक्षिप्त प्रक्रिया का कड़ाई से पालन सुनिश्चित करने के लिए न्यायालय से समुचित मार्गदर्शक सिद्धांत/निदेश जारी करने की मांग की गई थी। इस मामले का निर्णय करते हुए, भारत के माननीय उच्चतम न्यायालय ने परक्राम्य लिखत अधिनियम के मामलों के निपटान के लिए सभी दाण्डिक न्यायालयों को विस्तृत मार्गदर्शक सिद्धांत जारी किए हैं।

स्वप्रेरणा से दायर याचिका (सीआरएल) संख्या 2/2020 में माननीय उच्चतम न्यायालय ने परक्राम्य लिखत अधिनियम के अधीन मामलों के निपटान में देरी पर विचार किया, जो सभी स्तरों पर न्यायालयों, विशिष्टतया विचारण न्यायालयों और उच्च न्यायालयों में गतिरोध पैदा कर रहा है। माननीय उच्चतम न्यायालय ने अपने तारीख 10.03.2021 के आदेश के माध्यम से, अन्य बातों के साथ-साथ, परक्राम्य लिखत अधिनियम के अधीन मामलों के शीघ्र निपटान की सुविधा के लिए उठाए जाने वाले कदमों को विनिदिष्ट करने वाली रिपोर्ट प्रस्तुत करने के उद्देश्य से एक 10-सदस्यीय समिति गठित करने का आदेश दिया था।

समिति ने अपनी रिपोर्ट माननीय न्यायालय को सौंप दी, जिसमें अन्य बातों के साथ-साथ, उसने नए सिरे से विशेष परक्राम्य लिखत न्यायालय के गठन का भी सुझाव दिया। मामले के न्याय मित्र ने सबसे अधिक लंबित मामलों वाले 5 राज्यों (अर्थात् महाराष्ट्र, राजस्थान, गुजरात, दिल्ली और उत्तर प्रदेश) के 5 न्यायिक जिलों में एक पायलट अध्ययन का सुझाव दिया ताकि पायलट अध्ययन के परिणामों के आधार पर स्कीम की व्यवहार्यता की परीक्षा की जा सके। इसके पश्चात्, तारीख 19.05.2022 के अपने आदेश

के माध्यम से, माननीय उच्चतम न्यायालय ने निदेश दिया है कि पायलट अध्ययन उक्त आदेश में उपदर्शित रीति से 01.09.2022 से 31.08.2023 तक 1 वर्ष की अवधि के लिए आयोजित किया जाएगा। यह कुल 25 विशेष न्यायालयों में आयोजित किया जाएगा, जिसमें 5 न्यायिक जिलों में से प्रत्येक में एक विशेष न्यायालय होगा, जिन्हें ऊपर उल्लिखित पांच उच्च न्यायालयों में से प्रत्येक द्वारा परक्राम्य लिखत अधिनियम के मामलों की सबसे अधिक लंबित मामले वाले के रूप में पहचाना गया है।

विवरण

18.12.2024 को देश भर में परक्राम्य लिखत अधिनियम के अधीन मामलों की संख्या

क्र.सं.	राज्य का नाम	लंबित मामले
1	राजस्थान	641898
2	महाराष्ट्र	589836
3	गुजरात	473236
4	दिल्ली	454653
5	उत्तर प्रदेश	376298
6	पश्चिमी बंगाल	286191
7	हरियाणा	240843
8	मध्य प्रदेश	192120
9	तमिलनाडु	151932
10	पंजाब	150357
11	कर्नाटक	126640
12	केरल	120251
13	छत्तीसगढ़	66446
14	ओडिशा	63868
15	आन्ध्र प्रदेश	61669
16	हिमाचल प्रदेश	56613
17	बिहार	53247
18	तेलंगाना	49853
19	उत्तराखंड	48216
20	झारखंड	35646
21	चंडीगढ़	25437
22	असम	21394
23	गोवा	11314
24	पुडुचेरी	6035
25	दादरा और नागर हवेली तथा दमण और दीव	1417
26	त्रिपुरा	409

27	अरुणाचल प्रदेश	64
28	सिक्किम	20
29	नागालैंड	16
30	लक्षद्वीप	13
	कुल	4305932

स्रोत:- राष्ट्रीय न्यायिक डेटा ग्रिड (एनजेडीजी) पोर्टल पर तारीख 18.12.2024 को उपलब्ध आंकड़ों के अनुसार रिपोर्ट।

नकली उर्वरकों की बिक्री

4191. श्रीमती कलाबेन मोहनभाई देलकर:

क्या रसायन और उर्वरक मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार ने दादरा और नगर हवेली में नकली उर्वरकों की बिक्री पर ध्यान दिया है अथवा इस संबंध में कोई निरीक्षण कराया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) उन राज्यों का ब्यौरा क्या है जहां नकली उर्वरक बेचने वाले व्यक्तियों के संबंध में निरीक्षण किया गया है और सरकार द्वारा उनके विरुद्ध क्या दंडात्मक कार्रवाई की गई है;
- (ग) नकली उर्वरकों की बिक्री को रोकने के लिए सरकार द्वारा क्या प्रभावी उपाय किए गए हैं/किए जाने का विचार है;
- (घ) क्या सरकार ने ऐसे स्थानों की पहचान की है जहां नकली उर्वरकों के उपयोग में वृद्धि होने की सूचना मिली है;
- (ङ.) यदि हां, तो तत्संबंधी राज्य-वार ब्यौरा क्या है; और
- (च) ऐसे उर्वरकों के उपयोग के कारण किसानों को हुए नुकसान का ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

(क): संघ राज्यक्षेत्र दादरा और नगर हवेली तथा दमन और दीव से प्राप्त सूचना के अनुसार, नकली उर्वरकों की बिक्री के किसी भी मामले की सूचना नहीं मिली है।

(ख) से (च): उर्वरक नियंत्रण आदेश (एफसीओ)-1985 में उर्वरक-वार विस्तृत विनिर्देशन निर्धारित किए गए हैं। कोई भी उर्वरक, जो उक्त विनिर्देशनों को पूरा नहीं करता है, को कृषि प्रयोजन के लिए देश में बेचा नहीं जा सकता है। एफसीओ के खंड 19 में उन उर्वरकों की बिक्री अथवा उत्पादन का कड़ाई से निषेध किया गया है, जो निर्धारित मानकों के अनुरूप नहीं हैं। घटिया/नकली उर्वरकों की कोई भी बिक्री आवश्यक वस्तु अधिनियम, 1955 के अंतर्गत दंडनीय है।

इसके अलावा, उर्वरकों का गुणवत्ता नियंत्रण राज्य सरकारों के कार्यक्षेत्र में आता है। राज्य में नकली उर्वरकों की बिक्री को विनियमित करने के लिए, फील्ड स्तर पर जागरूकता और सतर्कता के लिए एक जिला गुणवत्ता नियंत्रण तंत्र है तथा प्रेस नोट, टीवी वार्ता, किसान गोष्ठी, कृषि मेला, कृषि महोत्सव आदि के माध्यम से नियमित रूप से किसानों के बीच जागरूकता का प्रसार किया जाता है।

आयुर्वेदिक दवाओं का निर्यात और आयात

4192. श्रीमती मंजू शर्मा:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) विगत तीन वर्षों के दौरान वर्ष-वार कुल कितनी आयुर्वेदिक दवाओं का निर्यात और आयात किया गया;
- (ख) क्या सरकार ने आयुर्वेदिक दवाओं की सुरक्षा और गुणवत्ता सुनिश्चित करने तथा अंतर्राष्ट्रीय बाजार में उनकी मांग बढ़ाने के लिए आयातक देशों से अंतर्राष्ट्रीय मानकों के अनुसार आयुर्वेदिक दवाओं के लिए अपना स्वयं का विनियामक ढांचा/प्रक्रिया तैयार की है;
- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;

(घ) क्या सरकार विश्व भर में आयुर्वेदिक उत्पादों और सेवाओं के विकास और निर्यात के लिए परिषद/नीति गठित करने का विचार रखती है; और

(ङ) यदि हां, तो इसके संघटन और उद्देश्यों सहित तत्संबंधी ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क): आयुष मंत्रालय द्वारा ऐसे कोई आंकड़ें नहीं रखे जाते हैं। तथापि, वाणिज्यिक जानकारी एवं सांख्यिकी महानिदेशालय (डीजीसीआईएस) के आंकड़ों के अनुसार, पिछले तीन वर्षों के दौरान आयात तथा निर्यात की गई आयुर्वेदिक दवाओं की कुल धनराशि का वर्षवार ब्यौरा संलग्न **विवरण** में उपलब्ध है।

(ख) और (ग): सरकार ने आयुर्वेदिक दवाओं की सुरक्षा और गुणवत्ता सुनिश्चित करने तथा अंतर्राष्ट्रीय बाजार में उनकी मांग बढ़ाने के लिए आयातक देशों के अंतर्राष्ट्रीय मानकों के अनुसार आयुर्वेदिक दवाओं के लिए निम्नलिखित नियामक ढांचा/प्रक्रिया तैयार की है:

i. आयुष मंत्रालय, भारत सरकार ने अपने अधीनस्थ कार्यालय के रूप में भारतीय चिकित्सा एवं होम्योपैथी भेषजसंहिता आयोग (पीसीआईएम एंड एच) की स्थापना की है। आयुष मंत्रालय की ओर से पीसीआईएम एंड एच आयुर्वेद, सिद्ध, यूनानी तथा होम्योपैथी (एएसयूएंडएच) औषधियों के लिए फार्मूलरी विनिर्देश और भेषजसंहिता मानक निर्धारित करता है जो एएसयूएंडएच औषधियों की गुणवत्ता (पहचान, शुद्धता तथा शक्ति) का पता लगाने के लिए आधिकारिक सार-संग्रह के रूप में काम आते हैं। औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 तथा उसके तहत बनाए गए नियमों के अनुसार, भारत में विनिर्मित, बेची, संग्रहीत या प्रदर्शित की जाने वाली एएसयूएंडएच दवाओं के उत्पादन के लिए इन गुणवत्ता मानकों का अनुपालन अनिवार्य है। एएसयूएंडएच औषधियों की भेषजसंहिताओं और फॉर्मूलरियों, जो अनिवार्य विनियामक मानक निर्धारित करती हैं, में शामिल मानकों तथा गुणवत्ता मापदंडों की पहचान की गई है ताकि इन्हें विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ)/विश्वभर में प्रचलित अन्य प्रमुख भेषजसंहिताओं द्वारा

निर्धारित मापदंडों के अनुरूप तैयार किया जा सके। इन भेषजसंहिता मानकों के कार्यान्वयन से यह सुनिश्चित होता है कि देश के साथ-साथ वैश्विक स्तर पर आम जनता तक पहुंचने वाली दवाएं पहचान, शुद्धता तथा शक्ति की दृष्टि से उत्तम गुणवत्ता मानकों के अनुरूप हैं। अब तक, एएसयूएंडएच औषधियों में इस्तेमाल होने वाले कच्चे माल (पौधे/पशु/खनिज/धातु/रासायनिक मूल की एकल दवाएं) पर 2259 गुणवत्ता मानक, एएसयू फॉर्मूलेशन के 405 गुणवत्ता मानक और एएसयू औषधियों की 2666 फॉर्मूलेरी विशिष्टताएं प्रकाशित की जा चुकी हैं। उपर्युक्त के अलावा, भारतीय आयुर्वेदिक भेषजसंहिता (एपीआई) में शामिल 351 एकल औषधियों पर मैक्रो-माइक्रोस्कोपिक तथा टीएलसी एटलस के रूप में सहायक दस्तावेज भी प्रकाशित किए गए हैं। पीसीआईएम एंड एच सरकारी एजेंसियों से नमूने प्राप्त करने के लिए अपीलीय औषधि परीक्षण प्रयोगशाला के रूप में भी कार्य करता है ताकि औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 और उसके तहत बनाए गए नियमों के अनुसार उनकी गुणवत्ता सुनिश्चित की जा सके।

पीसीआईएम एंड एच ने भारतीय आयुर्वेदिक भेषजसंहिता (एपीआई), भारतीय सिद्ध भेषजसंहिता (एसपीआई), भारतीय यूनानी भेषजसंहिता (यूपीआई), भारतीय होम्योपैथिक भेषजसंहिता (एचपीआई) और भारतीय भेषजसंहिता (आईपी) के माध्यम से प्रकाशित/प्रकाशित होने वाले सभी मोनोग्राफों को सुसंगत बनाने का कार्य किया है। पीसीआईएम एंड एच तथा भारतीय भेषजसंहिता आयोग (आईपीसी) ने “वन हर्ब-वन स्टैंडर्ड” विकसित करने के लिए एक समझौता ज्ञापन पर हस्ताक्षर किए हैं। इस सहयोग के माध्यम से प्रकाशित प्रत्येक मोनोग्राफ में अंतर्राष्ट्रीय गुणवत्ता आवश्यकताओं के साथ-साथ भारतीय मानक भी होंगे, ताकि सभी भारतीय मानक वैश्विक मानकों के समकालिक बन सकें।

ii. वर्ष 2021 में, आयुष मंत्रालय ने केंद्रीय क्षेत्रीय योजना, आयुष औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना (एओजीयूएसवाई) को लागू किया है और इस योजना के लिए 05 वर्षों के लिए कुल वित्तीय आवंटन 122.00 करोड़ रुपये है। एओजीयूएसवाई योजना के घटक निम्न प्रकार हैं –

क. उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं को सुदृढ़ और उन्नत बनाना।

ख. भ्रामक विज्ञापनों की निगरानी सहित एएसयू एवं एच औषधियों की भेषज सतर्कता।

ग. आयुष औषधियों के लिए तकनीकी मानव संसाधन एवं क्षमता निर्माण कार्यक्रमों सहित केंद्रीय और राज्य नियामक ढांचे को मजबूत बनाना।

घ. भारतीय मानक ब्यूरो (बीआईएस), भारतीय गुणवत्ता नियंत्रण (क्यूसीआई) और अन्य प्रासंगिक वैज्ञानिक संस्थानों और औद्योगिक अनुसंधान एवं विकास केंद्रों के सहयोग से आयुष उत्पादों और सामग्रियों के मानकों और मान्यता/प्रमाणन के विकास के लिए समर्थन।

iii. इसके अलावा, आयुष उत्पादों के निर्यात को सुविधाजनक बनाने के लिए, आयुष मंत्रालय नीचे दिए गए विवरण के अनुसार, आयुष उत्पादों के निम्नलिखित प्रमाणन को प्रोत्साहित करता है:-

- विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) के दिशा-निर्देशों के अनुसार भेषज उत्पाद प्रमाणन (सीओपीपी) की योजना को आयुर्वेद, सिद्ध एवं यूनानी (एएसयू) दवाओं तक विस्तारित किया गया है। यह योजना केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) द्वारा प्रशासित की जाती है तथा प्रमाण पत्र, सीडीएससीओ, आयुष मंत्रालय और संबंधित राज्य लाइसेंसिंग प्राधिकरण के प्रतिनिधियों द्वारा, आवेदक विनिर्माण इकाई के संयुक्त निरीक्षण के आधार पर प्रदान किया जाता है।
- आयुर्वेद, सिद्ध एवं यूनानी उत्पादों को, अंतर्राष्ट्रीय मानकों के अनुपालन की स्थिति के अनुसार, गुणवत्ता के तृतीय पक्षीय मूल्यांकन के आधार पर आयुष प्रीमियम मार्क प्रदान करने के लिए, भारतीय गुणवत्ता परिषद (क्यूसीआई) द्वारा कार्यान्वित गुणवत्ता मानकीकरण योजनाएं।

(घ) और (ङ): आयुष निर्यात संवर्धन परिषद (आयुषएक्सिल), एक नवगठित निर्यात संवर्धन परिषद (आयुष मंत्रालय द्वारा स्थापित और वाणिज्य मंत्रालय, भारत सरकार द्वारा समर्थित) है, जिसका शुभारम्भ दिनांक 20 अप्रैल, 2022 को गांधीनगर, गुजरात में आयोजित वैश्विक आयुष निवेश और नवाचार शिखर सम्मेलन में किया गया था। इसका उद्देश्य आयुर्वेद, होम्योपैथी, सिद्ध, सोवा रिग्पा और यूनानी पद्धतियों के उत्पादों के समुद्रपार निर्यातों की निगरानी करना और इन क्षेत्रों से संबंधित व्यापार संबंधी मुद्दों का समाधान करना है। इसमें निर्यात क्रियापद्धतियों पर अपने सदस्यों के क्षमता निर्माण

को बढ़ाने, आयुष उत्पादों के निर्यात पर व्यवसाय दर व्यवसाय बैठकें, अंतर्राष्ट्रीय कार्यक्रम, रोड शो, सेमिनार और कार्यशालाएं आयोजित करना और आयुष स्वास्थ्य देखभाल के क्षेत्र में वैज्ञानिक अनुसंधान का संरक्षण करना अधिदेशित है।

विवरण

पिछले तीन वर्षों के दौरान, वाणिज्यिक गोपनीयता एवं सांख्यिकी महानिदेशालय (डीजीसीआईएस) के आंकड़ों के अनुसार, निर्यात तथा आयात की गई आयुर्वेदिक औषधियों की कुल धनराशि का वर्षवार ब्यौरा निम्न प्रकार है:

निर्यात विवरण:

एचएस कोड	वस्तु	2021-22 मूल्य (यूएस \$)	2022-23 मूल्य (यूएस \$)	2023-24 मूल्य (यूएस \$)
30039011	आयुर्वेदिक पद्धति की औषधियां	1,36,23,321	1,40,89,391	1,24,97,813
30049011	आयुर्वेदिक पद्धति की औषधीय सामग्रियां	17,35,53,933	17,75,43,788	16,23,83,335
कुल		18,71,77,254	19,16,33,179	17,48,81,148

आयात विवरण:

एचएस कोड	वस्तु	2021-22 मूल्य (यूएस \$)	2022-23 मूल्य (यूएस \$)	2023-24 मूल्य (यूएस \$)
30039011	आयुर्वेदिक पद्धति की औषधियां	1,29,74,950	1,15,85,655	99,91,795
30049011	आयुर्वेदिक पद्धति की औषधीय सामग्रियां	20,96,846	24,57,447	26,42,360
कुल		1,50,71,796	1,40,43,102	1,26,34,155

स्रोत: वाणिज्यिक गोपनीयता एवं सांख्यिकी निदेशालय (डीजीसीआईएस) डेटा@

<https://ftddp.dgciskol.gov.in/dgcis/userindex.html#!/pcgroupsearch>

NATIONAL POLICY FOR RARE DISEASES

4193. SHRIMATI DAGGUBATI PURANDESWARI :

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

- (a) the key features of the National Policy for Rare Diseases;
- (b) the data on total number of rare diseases that have been identified under the said policy and the support given to patients;
- (c) the budget allocated and utilized for the treatment of rare diseases during the last three years; and
- (d) the data on the number of patients who have benefitted under the National Policy for Rare Diseases particularly in Andhra Pradesh?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

(a) Ministry of Health and Family Welfare launched National Policy for Rare Diseases (NPRD) in March 2021. The key features of NPRD, 2021 are as under:

- The rare diseases have been identified and categorized into 3 groups as below:
 - Group 1:** Disorders amenable to one-time curative treatment.
 - Group 2:** Diseases requiring long term/lifelong treatment with relatively lower cost of treatment.

Group 3:- Diseases for which definitive treatment is available but challenges are to make optimal patient selection for benefit, very high cost and lifelong therapy.

- 12 (Twelve) Centres of Excellence (CoEs) have been identified so far, which are premier Government tertiary hospitals with facilities for diagnosis, prevention and treatment of rare diseases. List of Centres of Excellence (CoEs) is given in enclosed **Statement**.
- In order to receive financial assistance for treatment of rare disease, the patient may approach nearby or any Centre of Excellence to get registered.
- Ministry of Health and Family Welfare has obtained exemption from Department of Expenditure on Goods and Services Tax (GST) and Basic Customs Duty on drugs imported for Rare Diseases for individual use and through CoE.
- As envisaged in the policy, Department of Health Research has established the National Consortium for Research and Development on Therapeutics for Rare Diseases (NCRDTRD) for streamlining the research activities for rare diseases.

(b) Currently, 63 rare diseases are included under National Policy for Rare Diseases on recommendation of Central Technical Committee for Rare Diseases (CTCRD). Financial support of up to Rs. 50 lakhs per patient is provided for the treatment at the identified Centres of Excellence (CoEs) for Rare Diseases.

(c) Budget allocation made and utilized for the treatment of rare diseases during the last three years including the current financial year (till date) is as under:

(Rs. in lakhs)

Financial Year	Grant-in Aid General for Treatment		
	Budget Estimate	Revised Estimate	Expenditure till date
2022-23	2500	3500	3499
2023-24	9284	7400	7400
2024-25	8241	-	4337

(d) Since the launch of the policy, a total number of Eight Hundred and Seventy Six (876) patients have benefited under NPRD, 2021 across the country. State-wise data is not available as financial assistance is extended to CoEs and not to State Governments as per the provisions of NPRD. The patients can approach any CoE across the country as per their convenience.

STATEMENT

List of Centres of Excellence (CoEs)

1. All India Institute of Medical Sciences, New Delhi
2. Maulana Azad Medical College, New Delhi
3. Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow
4. Post Graduate Institute of Medical Education and Research, Chandigarh
5. Centre for DNA Fingerprinting and Diagnostics with Nizam's Institute of

Medical Sciences, Hyderabad

6. King Edward Medical Hospital, Mumbai
7. Institute of Post-Graduate Medical Education and Research, Kolkata
8. Center for Human Genetics(CHG) with Indira Gandhi Hospital, Bengaluru
9. Institute of Child Health and Hospital for Children (ICH and HC), Chennai
10. All India Institute of Medical Sciences (AIIMS), Jodhpur
11. Sree Avittam Thirunal Hospital (SAT), Government Medical College, Thiruvananthapuram
12. All India Institute of Medical Sciences, Bhopal

MEGA PORTS BY 2047

4194. SHRI MALAIYARASAN D.:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) the details of the plan formulated in order to make Indian Ports, Mega Ports by 2047 including the current status of the said projects;
- (b) the amount of funds sanctioned, allocated and utilized for this purpose across the country, State/UT-wise including Tamil Nadu; and
- (c) whether the Government has set any target to achieve the said plan and if so, the details thereof?

**THE MINISTER OF PORTS, SHIPPING AND WATERWAYS
(SHRI SARBANANDA SONOWAL):**

(a) to (c) Yes Sir. Six port clusters out of which four port clusters i.e. Cochin – Vizhinjam Port cluster, Galathea South Bay Port, Chennai -Kamarajar –Cuddalore Port cluster, Paradip and Other Non-Major Ports cluster with capacity of more than 300 Million Tonnes Per Annum (MTPA) and two port clusters i.e. Deendayal and Tuna Tekra Port cluster, Jawaharlal Nehru – Vadhavan Port cluster with capacity of more than 500 MTPA are to be developed as Mega Ports by the year 2047. The activities to be undertaken by Major Ports for augmentation of capacity and improving infrastructure are included in the Maritime Amrit Kaal Vision, 2047. The works for Infrastructure enhancement and capacity augmentation in the Major Ports are already under progress through Public Private Partnership (PPP) mode and also through internal resources.

PROTECTION OF GIRLS

4195. SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:

SHRI B. MANICKAM TAGORE:

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

- (a) whether the Government is aware that as per recent reports, 20% of women in the 20-24 age group in the country are married before the age of 18, if so, the details thereof; and

- (b) the steps being taken by the Government to eliminate child marriage and ensure the protection of girls in the country?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a): As per National Family Health Survey (NFHS-5) conducted in 2019-21, 23.3% of women aged 20- 24 years were married before the age of 18 years. This shows that prevalence of child marriage which was approximately 47% reported under NFHS-3 conducted in 2005-06 i.e. since enactment of the 'The Prohibition of Child Marriage Act, 2006' (PCMA) has reduced by half during the period 2019-21 reported under NFHS- 5.

(b): 'Police' and 'Public Order' are State subjects under the Seventh Schedule to the Constitution of India. The responsibility to maintain law and order, protection of life and property of the citizens, investigation and prosecution of crime against women and children including prohibition of child marriages, rest with the respective State Governments/ UT Administrations; they are competent to deal with such offenses/ criminal acts.

Government has enacted PCMA to curb child marriages and to take punitive action against those associated with child marriages. Section 16 of the PCMA authorises the State Government to appoint for the whole State, or such part there of as may be specified, an officer or officers to be known as the 'Child Marriage Prohibition

Officers (CMPO)' having jurisdiction over the area or areas specified in the notification. This section also specifies the functions to be discharged by CMPOs, which include preventing solemnisation of child marriages by taking such action as they may deem fit; to collect evidence for the effective prosecution of persons contravening the provisions of the Act; to advise the individuals or counsel the residents of the locality not to indulge in promoting, helping, aiding or allowing the solemnisation of child marriages; to create awareness about the ill effects of child marriages; and to sensitize the community on the issue of child marriages. These authorities function under the respective State Governments/ UT Administrations. As such, implementation of the provisions of the Act lies with them.

The Central Government at its level undertakes awareness drives, media campaigns and outreach programs and issues advisories to the States/ UTs from time to time to highlight evil effects of this practice. The Ministry has also written to all States/ UTs to increase the number of CMPOs, as presence of Statutory Officer at local levels results in even more effective public engagement on the subject and prevention of solemnisation of child marriage. Further, the Ministry of Women and Child Development (MWCD) implements the Beti Bachao Beti Padhao (BBBP) component under the umbrella scheme 'Mission Shakti', wherein creation of awareness on matters pertaining to gender equality and discouraging child marriage is an important focus area. The National Commission for Protection of Child Rights (NCPCR) also undertakes awareness programs and consultations with stakeholders from time to time in this regard.

In addition, Government of India has introduced 'Child Helpline' with short code 1098, a toll-free 24X7X365 telephone emergency outreach service for children in crisis which responds with suitable interventions to call for any form of assistance which a child requires, including for prevention of child marriages in coordination with police, CMPOs, District Child Protection Units etc. The ChildLine has also been integrated with Emergency Response Support System (ERSS-112) to provide for 24x7x365 emergency and nonemergency response and services. Further, the Ministry of Women and Child Development launched 'Bal Vivah Mukht Bharat' campaign on 27.11.2024 at New Delhi. Under the campaign, a portal '<https://stopchildmarriage.wcd.gov.in>' has been launched to support the States/UTs in raising awareness against child marriage and for effective reporting and prevention of incidences of child marriage. The portal also has facility to provide information to citizens about Child Marriage Prohibition Officers (CMPOs) of all States/ UTs.

ONE NATION ONE ELECTION

4196. ADV. ADOOR PRAKASH:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

(a) whether the Government is planning to implement the proposal 'One Nation One Election' for conducting simultaneous elections to Lok Sabha and State Assemblies in 2029, if so, the details thereof; and

(b) whether the Government has started any consultations with States regarding this, if so, the details thereof?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a): The Government has introduced the Constitution (One Hundred and Twenty-ninth Amendment) Bill, 2024 and the Union Territories Laws (Amendment) Bill, 2024 in Lok Sabha on 17.12.2024 to implement the proposal of One Nation One Election for elections to Lok Sabha and all Legislative Assemblies as per the provisions of the Bill.

(b): The Government had constituted a High Level Committee under the Chairmanship of Shri Ram Nath Kovind, former President of India, to examine the issue of simultaneous elections and make recommendations for holding simultaneous elections in the country. The Committee held extensive consultations with the stakeholders on the subject and summarised the outcome of such consultations in Chapter 3 of its Report. The said report is available at website <https://onoe.gov.in/HLC-Report>.

INLAND WATERWAYS IN MAHARASHTRA

4197. DR. HEMANT VISHNU SAVARA:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) the details of the inland waterways in the country along with funds sanctioned and date of their completion during the last five years, State/UT-wise including coastal district of Palghar, Maharashtra along with the steps taken by the Government for developing waterways in the said area;
- (b) whether inland waterways are included in the Sagarmala project; and
- (c) if so, the details and the status thereof along with the targets set and projects sanctioned in this regard, State/UT-wise, including Maharashtra?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI SARBANANDA SONOWAL):

- (a) For development of Inland Water Transport (IWT) in the country, 111 waterways (including 5 existing and 106 new) spread over 24 States have been declared National Waterways (NWs) under the National Waterways Act, 2016. Details of the NWs projects approved by the Government, funds sanctioned along with completion timelines are given in the enclosed **Statement-I**. The approved projects include three NWs of Maharashtra namely NW-10 (river Amba), NW-28 (Dabhol Creek- Vashishti river) and NW-53 (River Kalyan- Thane Vasai Creek- Ulhas River). The NW-53 passes through Palghar district.

(b) and (c) Sagarmala is a flagship Central Sector Scheme of Ministry of Ports, Shipping and Waterways to promote port-led development in the country. 'Coastal shipping and Inland Water Transport' is one of the five pillars of Sagarmala Scheme. The state wise details of the projects including the State of Maharashtra under 'Coastal shipping and Inland Water Transport' are given in the enclosed **Statement - II.**

STATEMENT - I

The sanctioned cost and timelines of National Waterways (NWs) projects:

Sl. No.	Name of Project	Sanctioned Amount (In Rs. Crores)	Timelines
1	Jal Marg Vikas Project (JMVP-I and II) from Varanasi-Haldia stretch on NW-1 (Ganga-Bhagirathi-Hooghly River System) in Uttar Pradesh, Bihar, Jharkhand and West Bengal	5061.15	December, 2025
2	Comprehensive Development of NW-2 (River Brahmaputra from Bangladesh Border –Dhubri to Sadiya) in Assam	474	March, 2025
4	<ul style="list-style-type: none"> Development of Approach Road from Pandu Port Terminal to NH-27 Development of Ship Repair Facility on NW-2 at Pandu, Guwahati(Assam) 	388	<ul style="list-style-type: none"> March, 2025 May, 2025
5	Comprehensive Development of NW-16 (River Barak from Lakhimpur to Tukur Gram) in Assam and Indian Portion of Indo-Bangladesh Route in Assam	147.79	March, 2025
6	Development of 16 NWs (NW-3, 4, 5 and 13 new NWs) in the States of Kerala, Andhra Pradesh, Odisha,	267	March, 2026

	Goa, West Bengal, Uttar Pradesh, Bihar, Maharashtra and Assam-		
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STATEMENT - II

The state-wise details of the projects under Sagarmala Scheme including the State of Maharashtra.

S No.	State	Completed		Under Implementation	
		# Project	Cost (In Rs. Crores)	# Project	Cost (In Rs. Crores)
1	Andaman and Nicobar Islands	1	13	1	25
2	Andhra Pradesh	1	43		
3	Goa			1	102
4	Gujarat	3	364	2	252
5	Karnataka			1	65
6	Kerala	2	31		
7	Maharashtra	13	370	7	638
8	Odisha			2	164
9	Tamil Nadu	2	116	3	31
10	West Bengal			1	15
	Total	22	937	18	1292

Further, the proposal of Government of Assam for development of eight smaller terminals and two slipways along the National Waterway-2 for enhancing the Inland Water Transport infrastructure and connectivity has been in-principally agreed by Ministry of Ports, Shipping and Waterways for 100 % financial assistance under Sagarmala Scheme with total outlay of Rs. 645.56 Cr.

प्रयागराज उच्च न्यायालय की खंडपीठ

4198. श्री इमरान मसूद :

क्या विधि और न्याय मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार का पश्चिमी उत्तर प्रदेश में रहने वाले लोगों को न्याय तक आसान और वहनीय पहुंच प्रदान करने के लिए प्रयागराज उच्च न्यायालय की खंडपीठ की स्थापना करने का विचार है ; और

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं ?

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री

(श्री अर्जुन राम मेघवाल):

(क) और (ख) : जसवंत सिंह आयोग द्वारा की गई सिफारिशों और वर्ष 2000 की रिट याचिका संख्या (सी) संख्या 379 में उच्चतम न्यायालय द्वारा सुनाए गए निर्णय के अनुसार उच्च न्यायालय की न्याय पीठों की स्थापना की जाती है और राज्य सरकार के पूर्ण प्रस्ताव पर सम्यक रूप से विचार करने के पश्चात् संबंधित उच्च न्यायालय के मुख्य न्यायमूर्ति जो कि उच्च न्यायालय के दैनिक प्रशासन का कार्यभार संभालते हैं, की सहमति से आवश्यक उचित व्यय और असंरचनात्मक सुविधाएं प्रदान करने के लिए सहमति दी जाती है। प्रस्ताव पर संबंधित राज्य के राज्यपाल की सहमति भी होनी चाहिए।

वर्तमान में, सरकार के समक्ष पश्चिमी उत्तर प्रदेश में इलाहाबाद उच्च न्यायालय की खंडपीठ की स्थापना करने का कोई प्रस्ताव लंबित नहीं है।

STRESS FACTORS AFFECTING TROOPS

4199. ADV. DEAN KURIAKOSE:

Will the Minister of **DEFENCE** be pleased to state:

- (a) whether the Government is aware of the study in August, 2023 regarding stress factors affecting troops and their families;
- (b) if so, the details thereof along with the steps taken by the Government regarding progress on understanding and mitigating stress factors affecting troops and their families;
- (c) whether any screening has been conducted to recognise the affected persons and if so, the details thereof;
- (d) whether any other measure has been taken by the Government for the mental well-being of officers and army troops; and
- (e) if so, the details thereof and if not, the reasons therefor?

**THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE
(SHRI SANJAY SETH):**

(a) and (b): Yes, Sir. Under the *ibid* study, a team of wellness enablers which included members from Discipline and Vigilance Directorate, Specialists from Directorate General of Medical Services (Army), Scientists from Defence Institute of Psychological Research (DIPR) and Psychological Counsellors visited 12 military stations and interacted with Officers, Junior Commissioned Officers, Other Ranks and their families from August to December 2023 during Wellness Enabling Campaign to identify issues affecting mental health and suggested measures to build mental resilience.

Further, this team collected data of 2500 officers, Junior Commissioned Officers and Other Ranks for wellness profiling through questionnaires, open house, focused group discussions and one-on-one interactions during this campaign.

(c): Yes, Sir. Tool/test designed by Defence Institute of Psychological Research (DIPR) and Psychometric Assessment by Disha Kiran were utilized, to screen risk-prone personnel with intention of imparting timely and appropriate intervention.

(d) and (e): The Army has taken numerous steps for mental well-being of Officers and troops: -

- (i) Conduct of Yoga and Meditation as part of Unit routine.

- (ii) Better manpower management and prompt attendance of grievances by Unit and Formations.

- (iii) Improved accessibility of leaders and frequent interaction of Junior Leaders with the Soldiers.

- (iv) Unit Administration and Officer-men relationship are being accorded high priority.

- (v) Buddy system has been expanded from two to four / five Other Ranks, to be more effective.

(vi) Group activities like sports, games and recreational activities are being encouraged at Unit / Formation level, within the constraints of operational deployment.

(vii) Liberalized Leave Policy to attend to domestic problems and authorization of Additional Railway Warrant to personnel deployed in Counter Insurgency / Counter-Terrorism Areas.

(viii) Widespread dissemination of reading material in vernacular languages on management of stress.

(ix) Counselling of susceptible individuals by Religious Teachers, and Psychological Counselling by Psychological Counsellors / Psychiatrists, where required.

(x) Training and deployment of Army Medical Corps Junior Commissioned Officers as Psychological Counsellors in Commands.

(xi) Officers are trained every year by DIPR as Psychological Counsellors.

(xii) In addition, Nursing Technician Junior Commissioned Officers as well as selected Unit personnel are being trained on psychological counselling.

(xiii) Military Hospitals have facilities to provide medical care to serving soldiers with psychiatric illness and Psychiatrists are posted at these hospitals.

(xiv) Counselling facilities are being created at numerous Military Stations by outsourcing civilian psychological counsellors. Remaining facilities will be operational by end of Financial Year 2024-25.

In addition, following initiatives have been undertaken by the Indian Army: -

- (a) Introduction of psychometric assessment at recruitment stage.
- (b) Introduction of psychometric assessment of recruits at all training centres from training year 2024-25.
- (c) Counselling facilities at Psychiatry Centres.
- (d) Training of Officers and Junior Commissioned Officers in basic Psychological counselling at Defence Institute of Psychological Research and Institute of National Integration, respectively.
- (e) Mental Health Helplines at Psychiatry Centres at Service Hospitals.
In addition, Tele-MANAS node has been established at Armed Force Medical College, Pune with effect from 1st December, 2023 in association with Ministry of Health and Family Welfare.
- (f) MANAS, an application to address mental health issues in Indian Army has been developed by Armed Forces Medical College in association with C-DAC and NIHMHANS.

(g) Personnel are also sensitized to use the Government of India Helpline “KIRAN” (Ministry of Social Justice and Empowerment) for online counselling.

(h) Employment of Psychological Counsellors in stations exclusively outside the hospital location, with a view to maintain confidentiality to avoid social stigma. Over 100 facilities are being established at identified locations, for which funds have already been allocated.

PROMOTION OF AYURVEDA AND TRADITIONAL MEDICINES

4200. DR. NISHIKANT DUBEY:

SHRI DILIP SAIKIA:

DR. RAJESH MISHRA:

SHRIMATI SMITA UDAY WAGH:

SHRI SURESH KUMAR KASHYAP:

SHRI ALOK SHARMA:

SHRI MANOJ TIWARI:

Will the Minister of **AYUSH** be pleased to state:

(a) the details of the key initiatives undertaken by the Government to promote Ayurveda and traditional medicines across the country, including their reach

and impact on overall healthcare landscape especially in urban areas such as Delhi;

(b) whether the Government is planning to open new AYUSH Institutes in the coming years in the country;

(c) if so, the details thereof, State/UT-wise , district-wise and budget-wise especially in North-Eastern States, Madhya Pradesh, Jalgaon district of Maharashtra and the North-East Delhi constituency of Delhi;

(d) the manner in which the establishment of new AYUSH institutes in Maharashtra, including areas like Jalgaon district, contribute to the growth of local healthcare services and other new opportunities for healthcare professionals;

(e) the details of the importance of setting up of these new AYUSH Institutes in the coming years along with measures being taken by the Government to ensure their accessibility and benefits for the citizens in these regions, particularly in terms of access to alternative healthcare; and

(f) the manner in which the Government envisages the role of these institutes in enhancing healthcare options, creating awareness and creating employment opportunities about traditional medicines among the populace of the country especially in urban areas and the local communities in Jalgaon district of Maharashtra?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) Ministry of Ayush is implementing Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments for overall development and promotion of Ayush systems including Ayurveda and traditional medicines across the country which also includes urban area of Delhi. Under NAM, Ministry supports the efforts of State/UT Governments by providing financial assistance to them under different activities as per the provision of NAM guidelines against their submitted State Annual Action Plans (SAAPs). The Mission *inter-alia* makes provision for the following activities: -

(i) Operationalization of Ayush Health and Wellness Centres now renamed as Ayushman Arogya Mandir (Ayush) by upgrading existing Ayush dispensaries and Sub health Centres.

(ii) Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs).

(iii) Upgradation of existing standalone Government Ayush Hospitals.

(iv) Upgradation of existing Government/Panchayat/Government aided Ayush Dispensaries/ Construction of building for existing Ayush Dispensary (Rented/ dilapidated accommodation)/ Construction of building to establish new Ayush Dispensary in the area where there are no Ayush facilities available.

(v) Setting up of 10/30/50 bedded Integrated Ayush Hospitals.

(vi) Supply of essential drugs to Government Ayush Hospitals, Government Dispensaries and Government/Government aided Teaching Institutional Ayush Hospitals.

(vii) Ayush Public Health Programmes.

(viii) Establishment of new Ayush colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector.

(ix) Infrastructural development of Ayush Under-Graduate Institutions and Ayush Post-Graduate Institutions/ add on PG/ Pharmacy /Para-Medical Courses.

As per the proposals received from the State/UT Governments through SAAPs under NAM, Ministry of Ayush has released an amount of Rs. 4534.28 Crores from the year 2014-15 to 2023-24. After implementation of NAM Scheme, the scale of achievement for development of Ayush system of medicine in the States/UTs has increased significantly. Accordingly, budget allocation of NAM enhanced gradually from Rs. 75.28 Crore (in 2014-15) to Rs.1200.00 Crore (in 2024-25) for implementation of different activities of NAM Scheme through States/UTs. Under NAM, Ministry of Ayush has approved 167 integrated Ayush hospitals from 2014-15 to 2022-23. Out of approved integrated Ayush hospitals, 46 hospitals are functional and providing treatment to public at

large. Further, Ministry of Ayush has also approved 12500 Ayush Health and Wellness Centres (AHWCs) now known as Ayushman Arogya Mandir (Ayush) to be operationalized by upgrading Ayush Dispensaries and Sub Health Centres. As reported by State/UT Governments, 12250 AHWCs are functional and providing holistic Ayush services at the grass root level to the community.

(b) to (f) Public Health being a State subject, establishment of new Ayush institutes in the country including North-Eastern States, Madhya Pradesh, Jalgaon district of Maharashtra and the North-East Delhi constituency of Delhi comes under the purview of respective State/UT Governments. However, under NAM, there is a provision of financial assistance to State/UT Governments for setting up of 50 /30 /10 bedded integrated AYUSH hospitals in the country. Accordingly, as per the proposals received through SAAPs, 167 units of integrated Ayush Hospitals have been approved in different parts of the country. The State/UT-wise, district-wise and budget-wise status of approved integrated Ayush hospitals is given in the enclosed **Statement**.

As per the provision of NAM guidelines, State/UT Governments are required to furnish Detailed Project Report (DPR), Land ownership rights and commitment for creation of regular posts for proposed hospital for identified posts while submitting the proposal of 10/30/50 bedded integrated AYUSH hospitals. This would facilitate State/UT for long term running of the hospital beyond schematic assistance from Central Government. Further 50 bedded Integrated AYUSH Hospitals in the district should be located in such a place where

adequate connectivity is available and will function as referral hospitals to the AYUSH Dispensaries, AHWCs and Primary Health Centres etc. The patients requiring further diagnostics and specialized treatment like panchakarma/marma/specialized procedures under ilaj bil-Tadbir like Hijama bil Shart (cupping with scarification), Fasd (Venesection), Ta'liq (Leeching)/physiotherapy or surgery will be referred to these AYUSH Hospitals.

STATEMENT

Details of State/UT-wise, district-wise and budget-wise status of approved integrated Ayush hospitals

Sl. No.	State/UT	Location (District)	No. of beds	Funds sanctioned/ allocated (Rs. In lakhs)	Funds utilized as reported by state Govt. (Rs. In lakhs)
1	Andaman and Nicobar Islands	Port Blair (South Andaman)	50	124.95	107.40
2	Andhra Pradesh	Kakinada	50	814.25	491.18
		Visakhapatnam	50	309.43	120.00
3	Arunachal Pradesh	Yingkiong (Upper Siang)	10	80.00	27.00
		Seppa (East Kameng)	10	80.00	0.00
		Ziro (Lower Subansiri)	10	80.00	0.00
		Bhalukpong (West Kameng)	50	275.00	247.50
		Likabali (Lower Siang)	50	175.00	157.50
4	Assam	Goalpara	50	959.89	794.60
		Majuli	50	1189.72	823.61
		Kokrajhar	50	1.00	0.00
		Baksa	50	1.00	0.00

		Morigaon	50	1.00	0.00
		Kaliabor (Nagaon)	50	1.00	0.00
		Diphu (KarbiAnglong)	30	1.00	0.00
		Bajali	10	1.00	0.00
5	Bihar	Patna	50	902.70	137.27
6	Chandigarh	Chandigarh	50	783.12	511.77
7	Chhattisgarh	Janjgir-Champa	10	255.50	31.11
		Mahasamund	10	255.50	102.45
		Korea	10	255.50	42.56
		Korba	10	255.50	65.42
		Kanker (Uttar BastarKanker)	10	255.50	123.45
		Narayanpur	10	255.50	21.25
		Bijapur	10	255.50	0.00
		Dantewada (DakshinBastarDantewada)	10	255.50	20.84
		DalliRajhara (Balod)	30	25.50	29.75
8	Dadra Nagar Haveli and Daman and Diu	Silvassa (Dadra and Nagar Havel)	50	167.45	0.00
9	Goa	Margao (South Goa)	50	912.77	366.96
		Velguem (North Goa)	50	125.00	0.00
10	Gujarat	Surat	50	950.00	380.00
11	Haryana	Hisar	50	675.34	405.01
12	Himachal Pradesh	Kullu	50	1409.62	1268.72
		Mandi	50	25.00	22.50
13	Jammu and Kashmir	Kishtwar	50	500.00	360.00
		Kupwara	50	737.17	644.62
		Billawar	50	711.37	633.25
		Kulgam	50	725.96	464.62
		Samba	50	253.65	240.35
		GadiGarh (Jammu)	10	75.00	0.00
		Bandipayeen (Baramulla)	10	75.00	45.62
14	Jharkhand	Ranchi	50	1500.00	414.51
		Gumla	10	750.00	0.00
		Bokaro	10	750.00	31.55

		Deoghar	10	750.00	49.73
		Palamu	10	750.00	32.46
		Dumka	10	750.00	91.97
		Jamshedpur (East Singhbhum)	50	1500.00	130.91
15	Karnataka	Gadag	50	900.00	420.00
		Mangalore (Dakshina Kannada)	50	900.00	564.60
		Thirthahalli (Shivamogga)	10	35.03	0.00
16	Kerala	Chalaky (Thiruvananthapuram)	50	900.00	342.38
		Mattannur (Kannur)	50	900.00	332.00
		Adoor (Pathanamthitta)	10	60.00	6.00
		Attapadi (Palakkad)	50	10.00	6.00
		Kottarakara (Kollam)	30	100.00	12.00
		Wayanad	30	25.00	0.00
		Idukki	30	25.00	0.00
		Aranmula (Pathanamthitta)	30	25.00	0.00
		Varkala (Thiruvananthapuram)	30	25.00	0.00
		Kappukad (Thiruvananthapuram)	50	25.00	0.00
17	Lakshadweep	Kavaratti (Lakshadweep)	30	221.80	219.05
18	Maharashtra	Nandurbar	30	633.79	304.04
		Sindhudurg	30	821.92	268.88
		Pune	30	696.28	373.57
		Ahmednagar	30	644.43	338.22
		Dharashiv (Osmanabad)	50	100.00	4.51
		Jalgaon	30	300.00	0.00
		Jalna	50	300.00	0.00
		Thane	50	300.00	5.98
		Nagpur	50	100.00	0.00
19	Manipur	Moreh (Tengnoupal)	50	654.50	586.93
		Churachandpur	50	650.00	585.00
		KwakeithelKonjengLeikai (Imphal West)	50	393.59	337.37
		Keirao AC (Imphal East)	50	667.30	600.57
		Chandel	10	187.50	127.97
		Jiribam	10	187.50	127.97

		Kangpokpi	10	187.50	127.97
		Bishnupur	10	187.50	127.97
		Noney	10	187.50	127.97
		Thoubal	10	187.50	127.97
		Senapati	10	187.50	127.97
20	Madhya Pradesh	Bhopal	50	750.00	450.00
		Indore	50	550.00	330.00
		Narsinghpur	50	776.92	344.63
		Amarkantak (Anuppur)	50	500.00	300.00
		Mandleshwar (Khargone)	50	324.75	194.85
		Balaghat	50	250.00	150.00
		Sehore	50	425.00	255.00
		Guna	50	100.00	15.00
		Panna	50	100.00	60.00
		Bhind	50	100.00	60.00
		Barwani	30	25.00	0.00
21	Meghalaya	Sohra (Cherrapunji) (East Khasi Hills)	50	1011.04	877.31
		Umtrew (RiBhoi)	50	733.91	575.30
		Jowai (West Jaintia Hills)	30	150.00	101.25
22	Mizoram	Aizwal	50	80.72	72.65
		Saitual	10	150.00	135.00
23	Nagaland	Noklak, Tuensang (Noklak)	30	896.04	806.44
		Razha, Chedema (Kohima)	50	900.00	810.00
		Sapangya (Chungtia) (Mokokchung)	50	276.68	249.01
		Yachem(Longleng)	30	175.00	157.50
		Kiphire (Kiphire)	30	37.50	27.67
		Tizit (Mon)	30	15.00	11.00
		Akuhaito (Zunheboto)	30	15.00	11.33
24	Odisha	Dhenkanal	50	800.00	480.00
		Berhampur (Ganjam)	50	300.00	105.60
		Balasore	50	100.00	0.00
25	Puducherry	Villianur (Puducherry)	50	954.06	776.27
		Yanam	50	848.42	626.32
26	Punjab	Dunneke (Moga)	50	650.00	390.00

		DayalpurSodhianZirakpur (S.A.S Naga (old Name Mohali))	50	650.00	390.00
27	Rajasthan	Bhilwara	50	450.00	270.00
		Ajmer	50	450.00	270.00
		Churu	50	450.00	270.00
		Bikaner	50	450.00	270.00
		Jaipur	50	436.00	247.66
		Sikar	50	450.00	266.95
		Sawaimadhopur	50	500.00	0.00
		Bharatpur	50	500.00	0.00
28	Sikkim	Kyongsa, West Sikkim (Gyalshing)	50	959.46	863.52
		NIT, Deorali (Gangtok)	30	260.49	218.09
29	Tamil Nadu	Theni	50	733.33	440.00
		Tiruvannamalai	50	733.33	440.00
		Pudukkottai	50	400.00	240.00
		Namakkal	50	100.00	60.00
		Chennai	50	500.00	300.00
30	Telangana	Siddipet	50	167.91	100.74
		Vikarabad	50	167.91	100.74
		JayashankarBhupalapally	50	167.91	100.74
31	Tripura	Paradise Chowmuhan, Agartala(West Tripura)	50	550.00	495.00
		South Sabroom (South Tripura)	50	622.26	560.03
32	Uttar Pradesh	Jaunpur	30	525.00	315.00
		Bulandshahar	50	900.00	539.99
		Bilhaur (Kanpur Nagar)	50	900.00	539.99
		West Kalli (Lucknow)	50	900.00	539.99
		Badrasi (Varanasi)	50	900.00	539.99
		NawabGanj (Bareilly)	50	900.00	539.99
		Basti	50	900.00	540.00
		SirathuKaushambi	50	900.00	540.00
		Sonbhadra	50	900.00	540.00
		Orai (Jalaun)	50	900.00	540.00

		SantKabir Nagar	50	900.00	540.00
		Saharanpur	50	900.00	540.00
		Deoria	50	900.00	540.00
		Lalitpur	50	900.00	540.00
		Amethi	50	900.00	540.00
		Kanpur Dehat	50	900.00	540.00
		Firozpur (Ballia)	50	900.00	540.00
		Raebareli	50	900.00	435.98
		Baghpat	50	900.00	436.41
		Fatehpur	50	900.00	465.21
		Shrawasti	50	899.99	559.51
		Unnao	50	899.99	559.51
		Hardoi	50	1165.00	590.75
		Gorakhpur	50	1165.00	498.37
		Sambhal	50	1165.00	590.75
		Mirzapur	50	900.00	431.75
33	Uttarakhand	Haldwani (Nainital)	50	556.61	500.95
		Jakhnidhar (TehriGarhwal)	50	1177.408	1059.66
		Tanakpur (Champawat)	50	200.00	180.00
		Pathri (Haridwar)	10	392.50	90.00
		Kotdwar (PauriGarhwal)	50	100.00	90.00
		Bhimtal (Nainatal)	10	207.50	0.00
		PiranKaliyar (Haridwar)	50	200.00	0.00
34	West Bengal	Tapsikhata (Alipurduar)	50	900.00	630.00
		Abas Khas Jungle (PaschimMedinipur)	50	900.00	515.96
		Total = 167 units		83816.63	46505.71

PRADHAN MANTRI TB MukT BHARAT ABHIYAAN**4201. SHRI RAJU BISTA:**

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

- (a) the steps taken/proposed to be taken by the Government to create awareness and prevent the person from being affected by the Tuberculosis (TB) since January 2022;
- (b) the details of the persons diagnosed from the Tuberculosis since January 2022, State/UT- wise;
- (c) the total amount of funds allocated, disbursed and expended by the Government for the Nutrition support to the Tuberculosis patients under Ni-Kshay Poshan Yojana (NPY); and
- (d) whether the Government is considering to include other initiatives under Pradhan Mantri TB MukT Bharat Abhiyaan (PMTBMBA) and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

- (a) The National TB Elimination Programme (NTEP) under the aegis of National Health Mission (NHM) is implemented across the country and the Government has taken following steps for early diagnosis, prompt treatment and preventive measures as under:

- Targeted interventions in high TB burden areas through State and District Specific Strategic plans.
- Provision of free drugs and diagnostics to TB patients.
- Active TB case-finding through campaigns in key vulnerable and co-morbid populations.
- Integration of Ayushman Arogya Mandir with TB screening and treatment services.
- Private sector engagement with incentives for notification and management of TB cases.
- Scaling up of molecular diagnostic laboratories to sub-district levels.
- Introduction of all oral, shorter, safer and more efficacious treatment for drug resistant TB.
- Enhancement of incentives to Rs. 1000 per month per patient through direct benefit transfer (DBT), under Ni-kshay Poshan Yojana for nutritional support.
- Provision of additional nutritional, diagnostic and vocational support to TB patients and household contacts under Ni-kshay Mitra initiative.
- Provision of TB Preventive Treatment to contacts of TB patients and vulnerable population.
- Tracking of notified TB cases through Ni-kshay portal.

- Intensified Information, Education and Communication (IEC) interventions to reduce stigma, enhance community awareness and improve health seeking behaviour.
- Convergence of efforts and resources of line ministries for TB elimination.

(b) The details of the persons diagnosed from Tuberculosis since January 2022, State/UT- wise is enclosed as **Statement**.

(c) and (d) The government has enhanced the incentive under Ni-kshay Poshan Yojana (NPY) for nutritional support to TB patients, from the existing Rs. 500 to Rs. 1000 / month as Direct Benefit Transfer (DBT) for the entire duration of treatment with effect from 1st November 2024. The total budgetary allocation for NPY for 2024-25 is Rs. 864.53 Cr. Since inception, Rs. 3286.40 Cr has been disbursed to over 1.16 Cr beneficiaries from April 2018 to October 2024.

Further, the Government has expanded the scope of Ni-kshay Mitra Initiative under which nutritional and social support are provided to TB patients. All household contacts of TB patients are eligible to get benefits under this initiative.

STATEMENT

State/UT wise TB cases Notification in 2022, 2023 and 2024*

State/UT	2022 (Jan-Dec)	2023 (Jan-Dec)	2024 (Jan- Oct)
Andaman and Nicobar Islands	534	561	445
Andhra Pradesh	92187	89064	69371
Arunachal Pradesh	2863	2604	2430
Assam	47822	51862	42202

Bihar	161165	186974	167193
Chandigarh	6066	6721	5885
Chhattisgarh	38521	38924	32526
Dadra and Nagar Haveli and Daman and Diu	1399	1167	889
Delhi	106731	100523	88868
Goa	2091	2082	1710
Gujarat	151912	144507	113431
Haryana	75838	80490	73703
Himachal Pradesh	16089	15648	13429
Jammu and Kashmir	11804	11754	10442
Jharkhand	57320	61717	53213
Karnataka	80416	81862	65186
Kerala	23388	21799	17267
Ladakh	320	320	235
Lakshadweep	11	6	6
Madhya Pradesh	186293	184691	149093
Maharashtra	234105	227664	186706
Manipur	2554	2495	2067
Meghalaya	4989	4908	3890
Mizoram	2085	2273	1985
Nagaland	4125	4287	3419
Odisha	60372	62387	48917
Puducherry	3835	4169	2843
Punjab	55150	55224	49739
Rajasthan	169522	165123	145405
Sikkim	1395	1391	1122
Tamil Nadu	93879	98251	77820
Telangana	72941	74994	62722
Tripura	3024	3386	2760
Uttar Pradesh	522850	632872	563573
Uttarakhand	27553	26829	24984
West Bengal	100972	102728	83962
*As on 19 th Nov 2024			
Data source: Ni-kshay			

उच्च न्यायालयों में न्यायाधीशों की नियुक्ति के लिए संस्तुत किया जाना

4202. श्री मुरारी लाल मीना :

क्या विधि और न्याय मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या देश के उच्च न्यायालयों में न्यायाधीशों की नियुक्ति के लिए कॉलेजियम द्वारा पुनः संस्तुत किए गए नाम अभी भी लंबित हैं ;

(ख) यदि हाँ, तो ऐसे मामलों में नियुक्ति प्रक्रिया में विलंब के मुख्य कारण क्या हैं और यह विलंब किस स्तर पर हो रहा है ;

(ग) क्या सरकार ने उच्चतम न्यायालय के निर्णय के अनुसरण में कॉलेजियम द्वारा पुनः संस्तुत किए गए न्यायाधीशों की नियुक्ति के लिए निर्धारित दिशानिर्देशों का पालन किया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है ;

(घ) राजस्थान उच्च न्यायालय में न्यायाधीशों के कितने पद रिक्त हैं और इन रिक्तियों को भरने के लिए सरकार द्वारा क्या कदम उठाए गए हैं ; और

(ङ) उच्च न्यायालय में मुख्य न्यायाधीश और अन्य न्यायाधीशों की नियुक्ति में होने वाले विलंब को समाप्त करने के लिए सरकार द्वारा क्या कदम उठाए जा रहे हैं ?

**विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री
(श्री अर्जुन राम मेघवाल):**

(क) से (ङ.) : उच्च न्यायालयों के न्यायाधीशों की नियुक्ति भारत के संविधान के अनुच्छेद 217 और अनुच्छेद 224 के अधीन और 28 अक्तूबर 1998 (तृतीय न्यायाधीश मामला) की उच्चतम न्यायालय की सलाहकारी राय के साथ पठित 6 अक्तूबर 1993 के उच्चतम न्यायालय के निर्णय (द्वितीय न्यायाधीश

मामला) के अनुसरण में 1998 में तैयार प्रक्रिया ज्ञापन (एमओपी) में अधिकथित प्रक्रिया के अनुसार की जाती है।

उच्चतम न्यायालय ने तारीख 6 अक्तूबर, 1993 को उच्चतम न्यायालय के एडवोकेट ऑन रिकार्ड बनाम भारत संघ (द्वितीय न्यायाधीश मामला) में दिए गए अपने निर्णय में अन्य बातों के साथ-साथ यह भी कहा था कि न्यायिक चयन के लिए योग्यता के आधार पर चयन प्रमुख तरीका है और चयनित किए जाने वाले अभ्यर्थियों में उच्च निष्ठा, ईमानदारी, कौशल, उच्च कोटि की भावनात्मक स्थिरता, दृढ़ता, शांति, विधिक सुदृढ़ता, योग्यता और सहनशीलता होनी चाहिए।

उच्चतर न्यायपालिका में न्यायाधीशों की नियुक्ति कार्यपालिका और न्यायपालिका के बीच एक सतत, एकीकृत और सहयोगात्मक प्रक्रिया है। इसके लिए राज्य और केंद्र दोनों स्तरों पर विभिन्न संवैधानिक प्राधिकरणों से परामर्श और अनुमोदन की आवश्यकता होती है। सरकार इस सहयोगात्मक प्रक्रिया के आधार पर उच्चतम न्यायालय कॉलेजियम (एससीसी) द्वारा की गई सिफारिशों पर अपनी राय रखती है ताकि यह सुनिश्चित किया जा सके कि संवैधानिक न्यायालयों में न्यायाधीश के प्रतिष्ठित पद पर सबसे उपयुक्त और प्रतिभाशाली उम्मीदवार की नियुक्ति की जाए। केवल उन्हीं व्यक्तियों को उच्चतम न्यायालय और उच्च न्यायालय के न्यायाधीश के रूप में नियुक्त किया जाता है जिनके नाम एससीसी द्वारा सिफारिश किए गए हों।

17.12.2024 तक, राजस्थान उच्च न्यायालय में स्वीकृत न्यायाधीशों की पद संख्या 50 के प्रति कार्यरत न्यायाधीशों की संख्या 32 है।

छत्तीसगढ़ में राष्ट्रीय स्वास्थ्य मिशन

4203. श्री भोजराज नाग:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) छत्तीसगढ़ में राष्ट्रीय स्वास्थ्य मिशन शुरू होने के बाद से आज की तिथि तक कितनी धनराशि आवंटित और उपयोग की गई है;

(ख) क्या उक्त मिशन को और अधिक प्रभावी बनाने तथा और अधिक निधियां आवंटित करने के लिए कोई ठोस योजना/स्कीम बनाई गई है;

(ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(घ) उक्त मिशन के अंतर्गत छत्तीसगढ़ में कितने स्वास्थ्य केन्द्र स्थापित किए गए हैं?

**आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री
(श्री प्रतापराव गणपतराव जाधव):**

(क) से (घ): सरकार स्वास्थ्य अवसंरचना में सुधार और स्वास्थ्य सेवा प्रणालियों को सुदृढ़ करने के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करती है। वित्त वर्ष 2013-14 से वित्त वर्ष 2024-25 तक एनएचएम के तहत छत्तीसगढ़ राज्य को केंद्रीय निर्गमन और व्यय का विवरण इस प्रकार है:

(करोड़ रु. में)

क्र.सं.	वित्त वर्ष	केंद्रीय निर्गमन	व्यय
1	2013-14	370.52	820.03
2	2014-15	512.13	727.76
3	2015-16	423.31	769.33
4	2016-17	586.97	999.33
5	2017-18	825.76	1,180.27
6	2018-19	875.10	1,138.90
7	2019-20	816.07	1,464.47

(करोड़ रु. में)

क्र.सं.	वित्त वर्ष	केंद्रीय निर्गमन	व्यय
8	2020-21	979.41	1,521.30
9	2021-22	969.61	1,833.45
10	2022-23	1,195.08	2,152.45
11	2023-24	875.80	1,743.79
12	2024-25	464.31	926.77

नोट:

1. उपरोक्त निर्गमन केंद्र सरकार के अनुदान से संबंधित हैं और इनमें राज्य का हिस्सा शामिल नहीं है।
2. वित्त वर्ष 2024-25 के लिए केंद्रीय निर्गमन 13.11.2024 तक अद्यतन और अनंतिम है।
3. व्यय में केंद्रीय निर्गमन, राज्य निर्गमन और वर्ष की शुरुआत में अव्ययित शेष राशि की तुलनात्मक व्यय शामिल है। व्यय राज्यों/संघ राज्य द्वारा प्रस्तुत एफएमआर के अनुसार और अनंतिम है। 2024-25 के संबंध में व्यय 30.09.2024 तक अद्यतन है।

वित्त वर्ष 2024-25 के दौरान राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत बजट अनुमान (बीई) में 36,000.00 करोड़ रुपये आवंटित किए गए हैं, जबकि वित्त वर्ष 2023-24 में बजट अनुमान 29,085.26 करोड़ रुपये है।

भारत सरकार राष्ट्रीय स्वास्थ्य मिशन के तहत कार्यक्रम कार्यान्वयन योजना (पीआईपी) के रूप में राज्यों/संघ राज्य क्षेत्रों से प्राप्त प्रस्तावों के आधार पर मानदंडों और उपलब्ध संसाधनों के अनुसार कार्रवाई के रिकॉर्ड (आरओपी) के रूप में प्रस्ताव के लिए अनुमोदन प्रदान करती है। छत्तीसगढ़ राज्य को दिए गए अनुमोदन का विवरण सार्वजनिक डोमेन <https://nhm.gov.in/index4.php?lang=1andlevel=0andlinkid=44andlid=57> पर उपलब्ध है।

इसके अलावा, वित्त वर्ष 2022-23 के लिए एनएचएम के तहत स्वास्थ्य केंद्रों का विवरण हेल्थ डायनेमिक्स ऑफ इंडिया (अवसंरचना और मानव संसाधन) रिपोर्ट से प्राप्त किया जा सकता है, जिसका लिंक नीचे दिया गया है:

[https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23 RE%20%281%29.pdf](https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23%20RE%20%281%29.pdf)

NATIONAL MYOPIA AWARENESS WEEK CAMPAIGN

4204. SHRI SURESH KUMAR SHETKAR:

SHRIMATI D.K ARUNA:

SHRI EATALA RAJENDER:

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

- (a) Whether the Government in collaboration with States and other Organizations including NGOs recently organized a National Myopia Awareness Week campaign to observe World Children's Day and if so, the details thereof;
- (b) Whether it is a fact that over the past two decades, the prevalence of Myopia or short sightedness, a pediatric eye condition, has increased due to lifestyle factors such as fewer outdoor activities;
- (c) if so, the details thereof; and
- (d) the details of the funds sanctioned/spent therefor and results achieved in this regard, State/UT –wise?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

(a) Under the National Programme for Control of Blindness and Visual Impairment (NPCBVI), the Government of India in collaboration with States and other Organizations including Non Governmental Organizations (NGOs) observed World Sight Day on 10th October, 2024 with a theme 'Love your Eyes, kids'. The aim was to ensure and inspire children for understanding the importance of eye care. However, particularly National Myopia Awareness Week campaign to observe World Children's Day was not organized by NPCBVI, Ministry of Health and Family Welfare.

(b) to (d) No survey/study with this conclusion has been conducted under NPCBVI, MOHFW and no funds have been sanctioned/spent particularly on National Myopia Awareness Campaign Week under NPCBVI, MoHFW.

HEALTH INSURANCE COVERAGE

4205. SHRI KRISHNA PRASAD TENNETI:

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

- (a) the total percentage of population that is covered under a medical insurance scheme in the country;
- (b) the details of out-of-pocket-expenditure incurred by individuals on healthcare as a percentage of total medical expenses; and
- (c) whether there is a target year set for saturation of universal healthcare coverage in the country and if so, the details thereof?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

(a): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a flagship scheme of the Government which provides health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to approximately 55 crore beneficiaries corresponding to 12.37 crore families constituting economically vulnerable bottom 40% of India's population.

Many of the States/UTs implementing the scheme have converged their respective State Health Insurance Schemes with AB-PMJAY, thereby increasing the population covered under government funded medical insurance to include more than 18 crore families.

In March 2024, 37 lakh families of ASHA, Anganwadi Worker and Anganwadi Helpers were also included in the scheme. Further, on 29.10.2024, the Government expanded AB-PMJAY to provide free treatment benefits of up to ₹5 lakh per year to all senior citizens aged 70 years and above, irrespective of their socio-economic status. The estimated number of beneficiary families aged 70 years and above across the country is 4.5 crore corresponding to the 6 crore individuals under the scheme.

(b): As on 30.11.2024, approximately 36 crore beneficiaries have been verified under AB-PMJAY. Further, 8.39 crore hospital admissions worth over Rs. 1.16 lakh crore have been authorized under the scheme. The cost of treatment under PMJAY

benefits from the economies of scale and the concept of pre-defined bundled package rate. Accordingly, it is estimated that if these treatments would have been availed by the beneficiaries in the open market, they would have spent at least 1.5-2 times more than the hospital admission costs under PMJAY. Thus, there has been significant saving towards Out-of-Pocket-Expenditure (OOPE) for beneficiaries related to hospitalization costs.

(c): Under National Health Mission, the Government has taken many steps towards universal health coverage by supporting the State Government in providing accessible and affordable healthcare to people. Under the National Health Mission, financial and technical support is provided to States/UTs to provide accessible, affordable and quality healthcare, especially to the poor and vulnerable sections of the population, in both urban and rural areas. The National Health Mission provides support for improvement in health infrastructure, availability of adequate human resources in health facilities, to improve availability and accessibility to quality health care to all.

Ayushman Arogya Mandir (AAM) is India's commitment for achieving promotive, preventive, curative, palliative and rehabilitative aspects of Universal Health Coverage with a goal to provide Comprehensive Primary Health Care (CPHC) including both maternal and child health services and non-communicable diseases as well as free essential drugs and diagnostic services closer to the homes of people.

PRODUCTION OF PHOSPHATE FERTILIZERS

4206. SHRI ABU TAHER KHAN:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) whether the production of phosphate fertilizer is required to be increased to make it easily accessible to all farmers, if so, the details thereof; and
- (b) the measures proposed to be taken to control the prices of other chemical fertilizers and prevent its black marketing?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): In case of Phosphatic and Potassic (PandK) fertilizers, Government has implemented Nutrient Based Subsidy (NBS) Policy w.e.f. 1.4.2010. Under the policy, a fixed amount of subsidy, decided on annual/bi-annual basis, is provided to manufacturer / importer on subsidized PandK fertilizers depending on their nutrient content i.e. Nitrogen (N), Phosphorus (P), Potassium (K) and Sulphur (S) to improve availability of fertilizers to farmers. Import of PandK fertilizers is decontrolled and companies are free to import / produce fertilizer raw materials, intermediaries and finished fertilizers as per their business dynamics. Based on the requests, the new manufacturing units or increase in manufacturing capacity of existing units have been recognized / taken on record under the NBS subsidy scheme, with a view to boost manufacturing and make country self-reliant in

fertilizer production. Further, to promote Potash derived from Molasses (PDM) which is 100% indigenously manufactured fertilizer, it has been notified under Nutrient based subsidy (NBS) regime w.e.f 13.10.2021. Also, freight Subsidy on SSP, which is an indigenously manufactured fertilizer, has been made applicable since Kharif 2022 to help in promotion of SSP usage for providing Phosphatic or “P” nutrient to the soil.

(b): Urea is provided to the farmers at a statutorily notified Maximum Retail Price (MRP) irrespective of the cost of production. The subsidized MRP of 45 kg bag of urea is Rs.242 per bag (exclusive of charges towards neem coating and taxes applicable). The difference between the delivered cost of urea at farm gate and net market realization by the urea units is given as subsidy to the urea manufacturer/importer by the Government of India.

In Phosphatic and Potassic (PandK) fertilizers, under Nutrient Based Subsidy (NBS) scheme, subsidy is fixed keeping in view international prices of key fertilizers and raw materials and fluctuations, if any, are subsumed while fixing NBS rates for PandK fertilizers annually / bi-annually.

Accordingly, all farmers are being supplied urea and PandK fertilizers at the subsidized affordable rates.

Fertilizers are declared as an essential commodity under the Essential Commodities Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in black-marketing, hoarding and smuggling as per provisions of EC Act. Any complaint

received at Department of Fertilizers level regarding black marketing/over-pricing of fertilizers is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985.

POSHAN BHI PADHAI BHI PROGRAMME

4207. SHRI Y. S. AVINASH REDDY:

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

- (a) the number of beneficiaries under the; Poshan Bhi Padhai Bhi' programme;
- (b) the total number of anganwadi centres planned to be up skilled under the programme;
- (c) whether the Government is planning to bring any special initiative for the Divyang children under the programme, if so, the details thereof; and
- (d) the overall impact of this programme across the country?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (d) Government of India launched Poshan Bhi Padhai Bhi (PBPB) initiative on 10th May, 2023 for upgrading skills of all anganwadi workers to strengthen their capacity to provide early childhood care and education (ECCE) and nutrition service to children below six years of age, including divyang children.

Capacity Building of Anganwadi Workers is envisioned as the first step in transforming the Anganwadi into a Learning Centre (a pre-primary school) which should have High-quality infrastructure, games and play equipments and well trained Anganwadi workers. Under this programme, Ministry of Women and Child Development (MWCD) focuses on a Two Tier Training Implementation Model. National Institute of Public Cooperation and Child Development (NIPCCD) is entrusted with Capacity Building of Anganwadi functionaries under Poshan Bhi Padhai Bhi through its Headquarters at New Delhi and five Regional Centres located across the country.

Tier I involves training of State Level Master Trainers (SLMTs), comprising CDPOs, Supervisors and State-Nominated Additional Resource Persons, through NIPCCD Headquarters and its five Regional Centres. They are trained for 2 days, in a hybrid model comprising both online and offline (in person) trainings. Further, Tier II involves 3-day training workshop by SLMTs in physical mode for the Anganwadi workers across the country.

To empower the Anganwadi workers and ensure optimal learning for all children including Divyang children, this Ministry has developed two curriculum frameworks - “Navchetana- National Framework for Early Childhood Stimulation for Children from Birth to 3 Years” and “Aadharshila- National Curriculum for Early Childhood Care and Education for Children from 3 to 6 Years” under Poshan Bhi Padhai Bhi programme.

The National framework – “Navchetna” guides engagement inside the home as well as at Anganwadi centres, assisting caregivers in conducting stimulation activities to support and measure a child’s growth and development in the first three years of life. It provides detailed information on the importance of brain development in the first three years, and step by step instructions for caregivers and frontline workers on conducting early stimulation activities. It also focuses on the screening, inclusion and referrals of children with disabilities.

The National Curriculum – “Adharshila” improves the quality of early childhood education transacted at the Anganwadi Centre to all the children of age 3-6 years attending Anganwadi Centres, by prioritising competency based lesson plans and activities, covering all learning domains. The document enables easy planning with age appropriate activities and assessments, emphasising the use of indigenous toys and low-cost, no-cost materials. The annual plan is divided into 4+36+8 weeks, that is, 4 weeks of initiation, 36 weeks of active learning, and 8 weeks of reinforcement. Each week is divided into 5+1 days, that is, 5 for introduction and practice of activities and one day for weekly reinforcement. Each day comprises 3 blocks, one for welcome and free play, one for learning and play through activities and one for reflection and closing.

As on 16.12.2024 a total of 25,938 State Level Master Trainers (CDPOs, Supervisors and Additional Resource Persons) and 71,845 Anganwadi Workers

have been trained across the country to deliver the Poshan Bhi Padhai Bhi programme.

Ministry of Women and Child Development launched “Anganwadi Protocol for Divyang Children” on 28th November, 2023 with inputs from Department of Empowerment of Persons with Disabilities (DePwD) and Ministry of Health and Family Welfare (MoHandFW). The protocol embodies a Social Model for Divyang inclusive care under the POSHAN Abhiyan, with a step-by-step approach. The protocol provides guidance to district administration for addressing special needs of Divyang Children relating to education and nutrition. The protocol adopts a social model of disability, as against a purely medical model. It has been simplified for ease of communication, to be more effective on the ground for providing better quality care and service to Divyang children.

EXPENDITURE ON CGHS

4208. SHRI YUSUF PATHAN:

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

(a) the total amount of funds spent on Central Government Health Scheme (CGHS) during the last five years, State-wise and year-wise;

(b) the total amount of funds distributed as medical reimbursement during the last five years, State-wise/year-wise;

(c) the names and details of currently empanelled hospitals and previously empanelled hospitals that have withdrawn from CGHS along with the years of their withdrawal, Statewise/year-wise; and

(d) the steps taken/proposed to be taken by the Government to retain and increase the number of empanelled hospitals?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

(a) to (d) : The details of State-wise, year-wise expenditure on Central Government Health Scheme (CGHS) and Medical reimbursement during last 05 years are given in the enclosed **Statement-I** and **Statement-II** respectively.

The State-wise and year-wise details of Health Care Organizations (HCOs) that have withdrawn from CGHS is given in the enclosed **Statement-III**. Government has taken several steps for retaining and increasing the number of empaneled HCOs, which are:

- i. The Government implements continuous empanelment scheme.
- ii. Timely payment to the empanelled HCOs is ensured.
- iii. Need based revision of rates for Investigations and Procedures under CGHS is done.
- iv. Coverage area expansion to facilitate increase in empanelment of HCOs.

STATEMENT-I

State-wise Details of Expenditure by CGHS (₹ in Thousands)						
Sl. No.	State / Union Territory	Expenditure (2019-20)	Expenditure (2020-21)	Expenditure (2021-22)	Expenditure (2022- 23)	Expenditure (2023-24)
1	Andhra Pradesh	90708	163281	130000	190540	159250
2	Assam +Mizoram+Nagaland+ Sikkim	314588	434901	421477	549397	615706
3	Bihar	385103	334737	398721	506584	616027
4	Chhattisgarh	60779	66395	85536	101481	95953
5	Delhi and NCR	20192628	20497909.8	20343402	31134953.32	29366072
6	Goa	12261	15408	21059	44265	37426
7	Gujarat	591427.669	631293.895	746800	1198252	1257566. 845
8	Haryana	126502	152691	195004	367547	477380
9	Himachal Pradesh	63215	76195	92502	26708	49690
10	Jammu and Kashmir (UT)	31608	38098	46251	91887	119345
11	Jharkhand	61481	71125	84967	72800	61615
12	Karnataka	1156439	1178687	1204223	1937201	1708225
13	Kerala	471967	484955	651335	710366	1087726
14	MP	1060798.607	1423910	1187012	1887659.83	1682912. 361
15	Maharashtra	3651738	3518534	4139175	6051784	5875646

16	Manipur	13514	15899	18024	26430	38788
17	Meghalaya	60641	58991	67227	78296	81801
18	Odisha	312978	272385	340141	526660	157664
19	Punjab	158038	190788	231255	66771	124225
20	Puducherry(UT)	12394	11985	14652	23299	25836
21	Rajasthan	814574	829232	1091286	1657492	1460992
22	Tamil Nadu	1474238	1232689	1412647	1762918	1710593
23	Telangana	576820	885229	3697530	2468370	3273720
24	Tripura	60641	58991	67227	78296	81801
25	Uttarakhand	284740	560254	479470	861407	613935
26	UP	2852855	3090863	3089115	4505706	4537829
27	West Bengal	2675418.36	1972730	2469131.33	4258309.31	4102173.34
28	Chandigarh (UT)	252861	304782	370008	734937	954760

STATEMENT-II

State-wise Details of Expenditure on Medical Reimbursement (₹ in Thousands)						
Sl. No.	State / Union Territory	Expenditure (2019-20)	Expenditure (2020-21)	Expenditure (2021-22)	Expenditure (2022-23)	Expenditure (2023-24)
1	Andhra Pradesh	6392	28300	49203	32528	21824

2	Assam+Mizoram+Nagaland+Sikkim	5748	8913	15972	13148	149612
3	Bihar	27688	28573	31884	15387	14833
4	Chhattisgarh	1831	7394	20443	19388	22021
5	Delhi and NCR	5888974	9589414	10682174	19326642	18265632
6	Goa	5487	7919	12715	32653	23624
7	Gujarat	359988.141	398693.716	425685.987	856369.844	766742.126
8	Haryana	7990	96055	120015	26387	31610
9	Himachal Pradesh	53015	64000	79870	17451	21000
10	Jammu and Kashmir (UT)	7985	96065	120020	26392	31555
11	Jharkhand	47983	48972	39882	68916	69965
12	Karnataka	518980	488446	498334	1025615	972821
13	Kerala	181222	176476	228725	405549	561426
14	MP	663285.77	745704.107	685630	1165738.33	833735.976
15	Maharashtra	1796915	1759508	2210225	3888608	3692112
16	Manipur	289	253	92	421	1087
17	Meghalaya	6607	6229	9729	7834	16040
18	Odisha	11984	13218	13768	14469	15604
19	Punjab	132565	160050	199800	43754	52715
20	Puducherry	2208	1652	2937	6134	11504
21	Rajasthan	293428	260919	347055	636576	762753
22	Tamil Nadu	420500	291368	437411	527344	598639
23	Telangana	36221	160373	278820	184329	123673
24	Tripura	6607	6229	9729	7834	16040
25	Uttarakhand	91781	3,38,118.00	255500	553686	437640
26	UP	1119152	983519	929996	2086026	2398159

27	West Bengal	13720	97651	315932	1898162	1744032
28	Chandigarh (UT)	185545	224060	279795	61232	73680

STATEMENT-III

State-wise and Year-wise details of the Hospitals that have withdrawn from CGHS:

S.No.	STATE	Year of Withdrawal from CGHS	Name of the Hospitals that have withdrawn from CGHS
1	ANDHRA PRADESH	NIL	NIL
2	ASSAM	2024	MADONNA Diagnostic and Research Centre
3	BIHAR	2024	Anupama Hospital Pvt. Ltd.
4	CHHATTISGARH	NIL	NIL
5	DELHI and NCR	2020	New Balaji Hospital, Plot No. 734, Haldauni More, Main Dadri Road, Greater Noida
		2020	Nayantara Eye Centre, B-106, Subhadra Colony, Near Shastri Nagar Metro Station, Delhi.
		2020	Mantracare X-ray and Diagnostics, 1041-P, Sector-22, Gurgaon.
		2021	Dr. Arora's Dental and Laser Centre, C-44, Pamposh Enclave Greater Kailash-I, New Delhi-48.
		2021	Kiran Eye Care Centre, B-50, Derawal Nagar, Delhi 110009.
		2021	Delhi Institute of Functional (A Unit of Chhaitanya Diagnostic Pvt. Ltd.), SCO-304 Complex, Sector-29, Gurugram-122002.
		2021	Delhi Institute of Functional Imaging (A Unit of Chhaitanya Diagnostic Pvt. Ltd.), K-16, South Extension, Part-1, New Delhi 110049.
		2021	Sharp Sight Centre (East), 81 defence Enclave, Vikas Marg, Delhi-110092.
		2022	Dr. M. L. Aggarwal Imaging Centre Pvt. Ltd. A-1/150, Safdarjung Enclave, Delhi-110029.

		2022	Kansal Path Lab and Diagnostics, C-9/16, Yamuna Vihar, New Delhi 110053.
		2022	Max Multi Speciality Hospital (A Unit of Four seasons foundation), Plot No. 4A, Sector Institutional Green, Opp. NTPC, Near Crown Plaza, Greater Noida-201306.
		2022	Isan Hospital, Plot No. 1, Pocket – 8B, Sector-19, Rohini, Delhi 110089.
		2022	Hamdard Imaging Centre (A Unit of ClearMedi Healthcare Pvt. Ltd.) HAH Centenary Hospital, Jamia Hamdard, New Delhi 110062
		2023	Bhagwan Mahavir Hospital, Sector-14 Extension, Madhuban Chowk, Rohini, Delhi 110085.
		2023	Human Care Medical Charitable Trust (Manipal Hospital), Adjoining MTNL Building, Sector-6, Dwarka, Delhi 110075.
		2023	Shanti Dentals, A-12, First Floor, Opp. Lancer's Convent School, Prashant Vihar, Rohini, Delhi- 85.85- -
6	GOA	NIL	NIL
7	GUJARAT	2019	CIMS Hospital
		2019	Sterling Hopsital
		2020	Shalby hospital,SG high ,Ahmedabad
		2020	Sterling Accuris Wellness Pvt Ltd,Vadodara
		2021	Tricolour hospital,vadodara
		2022	32 pearl multispeciality dental clinic and implant centre

		2022	Samvedana Happiness Hospital
		2023	Kanoria hospital and research centre
		2024	Shah hospital
		2024	Sterling Cancer Hospital
8	HARYANA	NIL	NIL
9	HIMACHAL PRADESH	NIL	NIL
10	JHARKHAND	NIL	NIL
		2021	Apollo Hospitals - Seshadripuram
		2021	Padmabhushana Dr. M C Modi Eye Hospital
		2021	Narayana Nethralaya Unit - 3
		2021	Mallya Hospital
		2022	Sakra World Hospital
		2022	Imperial Hospitals and Research Centre (Apollo Hospitals - Bannerghatta Road
		2023	Aster CMI Hospital
11	KARNATAKA	2023	Apollo Hospitals - Jayanagar
12	KERALA	NIL	NIL
13	MADHYA PRADESH	2024	Jamdar Hospital Pvt. Ltd.
		2021	Sadhu Vasvani Hospital
		2022	Shree Balaji Multispeciality Dental Clinic

14	MAHARASHTRA	2022	Sengupta Hospital
		2022	Central India Institute of Haematology and Oncology(CIIHO)
		2022	Kotbaghi hospital
		2022	Deendayal Hospital
		2023	Jahangir hospital kothrud
		2024	Mure Memorial Hospital
15	MANIPUR	NIL	NIL
16	MEGHALAYA	NIL	NIL
17	ODISHA	2021	Care Hospital
18	PUNJAB	2024	Pulse Hospital, Amritsar
19	RAJASTHAN	2020	Teeth Care and Orthodontic Clinic Centre, Mansarovar Jaipur
		2020	Jain Eye clinic and Hospital, MD Road, Jaipur
		2022	Santokba Durlabhji Memorial Hospital, Rambagh Circle, Jaipur
20		2019	Endocare Multi Splty Dental Clinic
		2020	Hindu Mission Hospital
		2020	Apollo Cancer Hospital
		2021	Miot Hospital
		2021	Nirmal Eye Care
		2023	Sankara Laboratories
		2024	M/S Bharat Scans Pvt. Ltd.

	TAMIL NADU		
21	TELANGANA	2024	M/S Onus Robotic Hospital
22	TRIPURA	2021	ILS Hospital, Agartala
23	UTTAR PRADESH	2021	Tandon Eye Hospital, Varanasi
		2023	M/s Samvedana Hospital, Varanasi
		2024	Indra Diagnostic Centre
		2024	Divine Heart and Multispeciality Hospital
		2024	Dr. Shukla Dental Clinic
		2024	MM Diagnostics, Kanjari Saria, Moradabad
		2024	CFS Netralaya Pvt. Ltd, Roop Netralaya Building, Meerut
24	UTTARAKHAND	2021	NIL
25	WEST BENGAL	2023	Apollo Gleneagles Cancer Hospital (a unit of Apollo Gleneagles Hospital Ltd)
		2023	Rabindranath Tagore International Institute of Cardiac Sciences (RNTIICS)
26	CHANDIGARH	NIL	NIL
27	JAMMU and KASHMIR	NIL	NIL
28	PUDUCHERRY	2023	Aravind Eye Hospital, Pondicherry

महिला शक्ति केंद्र योजना

4209. श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकर:

क्या महिला और बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

(क) विगत पांच वर्षों के दौरान महिला शक्ति केंद्र योजना के अंतर्गत आवंटित निधियों का राज्यवार ब्यौरा क्या है;

(ख) क्या उक्त योजना आकांक्षी जिलों में भी लागू कर दी गई है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या कई राज्यों और संघ राज्य क्षेत्रों को वर्ष 2017 में शुरू की गई उक्त योजना के अंतर्गत निधियां प्राप्त नहीं हुई हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसके क्या कारण हैं;

(घ) क्या सरकार को इस बात की जानकारी है कि कई राज्य और संघ राज्य क्षेत्र इस योजना के अंतर्गत कार्यरत कर्मचारियों को भुगतान करने में विफल रहे हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसके क्या कारण हैं;

(ड.) क्या भारत की जनगणना, 2011 के अनुसार सभी जिलों में उक्त योजना के अंतर्गत जिला स्तरीय केंद्रों को स्वीकृति प्रदान की गई है; और

(च) यदि हां, तो इस संबंध में विशेष रूप से महाराष्ट्र के एक आकांक्षी जिले उस्मानाबाद के संबंध में ब्यौरा क्या है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) से (च): महिला शक्ति केंद्र (एमएसके) योजना को सामुदायिक भागीदारी के माध्यम से ग्रामीण महिलाओं को सशक्त बनाने के लिए केंद्र प्रायोजित योजना के रूप में नवंबर, 2017 में अनुमोदित किया गया था। एमएसके योजना का एक तृतीय पक्ष मूल्यांकन अध्ययन 2020 में नीति आयोग द्वारा आयोजित किया गया था। मूल्यांकन के निष्कर्षों को ध्यान में रखते हुए और राज्यों/केंद्र शासित

प्रदेशों और हितधारकों से परामर्श के बाद इस योजना को 01.04.2022 से बंद कर दिया गया था और जैसा कि योजना के तहत राज्यों/केंद्र शासित प्रदेशों द्वारा दावा की गई 31.03.2022 तक की देनदारियों को भी जारी/निपटाया गया है।

महिला एवं बाल विकास मंत्रालय दिनांक 01.04.2022 से 'मिशन शक्ति' नामक व्यापक योजना अब लागू कर रहा है जिसका उद्देश्य महिला सुरक्षा, संरक्षण और सशक्तिकरण के लिए कार्यकलापों को मजबूत करना है। मिशन शक्ति के दो वर्टिकल 'संबल' और 'समर्थ्य' हैं।

"संबल" वर्टिकल महिलाओं की सुरक्षा और संरक्षण के लिए है। इसमें वन स्टॉप सेंटर (ओएससी), महिला हेल्पलाइन (डब्ल्यूएचएल), बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) और नारी अदालत जैसी योजनाएँ शामिल हैं।

"समर्थ्य" वर्टिकल महिलाओं के सशक्तिकरण के लिए है। इसमें प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई), शक्ति सदन, सखी निवास, पालना और संकल्प: हब फॉर एम्पावरमेंट ऑफ वीमेन (एचईडब्ल्यू) योजनाएं शामिल हैं।

HOSPITALS EMPANELLED UNDER ECHS

4210. SHRI M. K. RAGHAVAN:

Will the Minister of **DEFENCE** be pleased to state:

(a) whether the Government has noticed that a large number of veterans have been denied their rightful services from hospitals empanelled under the ECHS scheme, if so, the details thereof;

(b) whether the Government has noticed any delay in clearing dues of the hospitals empanelled under ECHS, if so, the details thereof including remedial measures taken by the Government to resolve the issue;

(c) whether the Government has noticed unwillingness from hospitals to remain in the ECHS scheme, if so, the details thereof, hospital-wise, State/UT-wise and year-wise along with the reasons for their withdrawal;

(d) whether the Government revises rates of services of Hospitals under ECHS scheme from time to time to assure their presence in ECHS; and

(e) if so, the details thereof including the time of last revision?

**THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE
(SHRI SANJAY SETH):**

(a): No, Sir.

(b): Under ECHS, Hospital claims are settled through an online Bill Processing Portal by respective Regional Centres after obtaining approval of the Competent Financial Authority. Claims are auto assigned for processing on First In First Out (FIFO) basis on the Transaction Management System (TMS). Timely settlement of claims is one of the key parameters against which scheme performance is measured. The status of claim settlement under the scheme is constantly monitored to ensure that claims are settled within defined turnaround

time and Hospitals can check the status of their claims online. Review meetings are organized regularly to take stock of the progress with regards to the claims.

(c): The number of Hospitals empanelled in ECHS scheme has shown an increasing trend over the last few years. There has been no report during the year of any hospital showing unwillingness to remain in ECHS.

(d): ECHS follows the CGHS rates of services of Hospitals and accordingly revises its rates whenever the rates in CGHS are revised.

(e): The last revision in ECHS rates was made in respect of consultation fee, room rent and ICU charges w.e.f 12.04.2023 while the rates of certain imaging services, General surgery besides addition of certain treatment/procedures were done w.e.f 01.02.2024. Details of all revisions are available in the public domain on ECHS website (<https://www.echs.gov.in>) and CGHS website (<http://cghs.nic.in>).

UPGRADATION OF ANGANWADIS IN KERALA

4211. SHRI KODIKUNNIL SURESH:

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

(a) the steps taken by the Government for the modernization and upgradation of Anganwadis to improve infrastructure and service delivery in Kerala;

- (b) whether the Government has initiated any specific schemes to equip Anganwadis with digital learning facilities, child-friendly infrastructure, hygienic amenities and if so, the details thereof;
- (c) the total funds allocated, released and utilized for the upgradation of Anganwadis in Kerala under the ICDS scheme during the last three years;
- (d) the number of Anganwadis currently operating in rented or temporary spaces and the measures being taken to provide permanent buildings for centres in Kerala;
- (e) whether the Government has formulated any plans to enhance the training and capacity-building of Anganwadi workers in Kerala and if so, the details thereof; and
- (f) the details regarding implementation of Poshan Abhiyaan in Kerala and its impact on improving nutrition levels through Anganwadis?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (d) During the 15th Finance Commission cycle, 2 lakh Government owned Anganwadi Centres (AWCs) @ 40,000 AWCs per year are to be upgraded as Saksham Anganwadis for improved nutrition delivery and for early childhood care and development under Mission Saksham Anganwadi and Poshan 2.0. Saksham Anganwadis are equipped with infrastructure better than the conventional Anganwadi Centres by providing LED screens, water purifier/installation of RO Machine, Poshan Vatika, ECCE and BALA

Paintings. As on date, the total AWCs approved for upgradation as Saksham AWCs is 1,70,337 including 1960 AWCs in the State of Kerala for which funds amounting to Rs. 11.76 crore have been allocated during the last three years for upgradation.

As per Poshan Tracker data, a total of 33120 AWCs are operational in the State of Kerala out of which 7229 AWCs are operational in rented buildings. District wise detail of Anganwadi Centers (AWCs) operating in rented buildings (as per Poshan tracker data, November, 2024) in Kerala is as under:

S No.	District	No. of AWCs operating in rented buildings
1	Alappuzha	934
2	Ernakulam	675
3	Idukki	168
4	Kannur	290
5	Kasargod	100
6	Kollam	836
7	Kottayam	639
8	Kozhikode	454
9	Malappuram	696
10	Palakkad	407
11	Pathanamthitta	489
12	Thiruvananthapuram	1045
13	Thrissur	419
14	Wayanad	77
	Total	7229

Under Mission Saksham Anganwadi and Poshan 2.0, there is a provision of construction of 50000 AWC buildings over a period of five years @10000 AWCs per year. The cost norms for construction of Anganwadi Centres in convergence with Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) have been revised from Rs.7 Lakh per AWC to Rs.12 Lakh per AWC wherein Rs.8.00 Lakh would be provided under MGNREGS, Rs.2.00 Lakh under 15th Finance Commission (FC) (or any other untied funds) and Rs.2.00 Lakh by Central and State Government in prescribed cost sharing ratio. Further, States/UTs have also been advised to continue to tap funds for construction of AWC buildings from various other schemes such as Member of Parliament Local Area Development Scheme (MPLADS), Rural Infrastructure Development Fund (RIDF), Finance Commission Grants to Panchayati Raj Institutions, National Rural Employment Guarantee Act (NREGA), Multi-Sectoral Development Programme (MSDP) of Ministry of Minority Affairs, etc. A total of 172 AWCs have been sanctioned for construction to State of Kerala in the past three years in convergence with Mahatma Gandhi Rural Employment Guarantee Scheme (MGNREGS).

In order to improve the infrastructure facilities at the Anganwadi Centres (AWCs) various steps have been undertaken by the Ministry that, inter alia, include increasing the funding for drinking water facilities and toilets from

Rs.10,000/- to Rs.17,000/- per AWC and Rs.12,000/- to Rs.36,000/- per AWC respectively.

Advisories have been issued to States/UTs to co-locate Anganwadi Centres, which are running on rent without sufficient infrastructure, at nearby Primary Schools, where space is available.

Further, Government has also decided to upgrade all Mini AWCs with only one worker to full-fledged Anganwadi Centres with one worker and one helper each. Under Mission Poshan 2.0, Anganwadi workers (AWWs) have been technologically empowered with the provision of smartphones for efficient monitoring and service delivery. The mobile application Poshan Tracker digitizes physical registers used by Anganwadi workers. This improves the quality of their work while simultaneously allowing them extra time to monitor all activities in the Anganwadi.

In addition to AWWs, Smartphones are provided to Supervisors and Block Coordinators also. Similarly, data recharge support is also provided to AWWs, Supervisors and Block Coordinators.

Regular monitoring of growth parameters is essential for identifying children who may be malnourished and to make timely interventions. Therefore, Anganwadi centres have been equipped with Growth Monitoring Devices like

infantometer, stadiometer, weighing scale-infant, weighing scale – Mother and Child.

(e) Government of India launched Poshan Bhi Padhai Bhi (PBPB) initiative on 10th May, 2023 for upgrading skills of all anganwadi workers to strengthen their capacity to provide early childhood care and education and nutrition service to children below six years of age, including divyang children.

Capacity Building of Anganwadi Workers is envisioned as the first step in transforming the Anganwadi into a Learning Centre which should have High-quality infrastructure, play equipment and well trained Anganwadi workers. Under this programme, Ministry of Women and Child Development focuses on a Two Tier Training Model. NIPCCD is entrusted with Capacity Building of Anganwadi functionaries under Poshan Bhi Padhai Bhi through its Headquarters at New Delhi and five Regional Centres located across the country.

Tier I involves training of State Level Master Trainers (SLMTs), comprising CDPOs, Supervisors and State-Nominated Additional Resource Persons, through NIPCCD Headquarters and its five Regional Centres. They are trained for 2 days, in a hybrid model comprising both online and offline (in person) trainings. Further, Tier II involves 3-day training workshop in physical mode for the Anganwadi workers across the country.

To empower the Anganwadi workers and ensure optimal learning for all children including Divyang children, this Ministry has developed two curriculum frameworks - “Navchetana- National Framework for Early Childhood Stimulation for Children from Birth to 3 Years” and “Aadharshila- National Curriculum for Early Childhood Care and Education for Children from 3 to 6 Years” under Poshan Bhi Padhai Bhi programme.

As on 16.12.2024 a total of 25,938 State Level Master Trainers (CDPOs, Supervisors and Additional Resource Persons) and 71,845 Anganwadi Workers have been trained across the country including State of Kerala to deliver the Poshan Bhi Padhai Bhi programme.

(f) Under the 15th Finance Commission, various components like Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) to address the challenge of malnutrition through improved nutrition content and delivery. It is a Centrally Sponsored mission, where the responsibility for implementation lies with the States/UTs.

Under this Mission, a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioural change, and advocacy. It

focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight.

Under this scheme, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls to beat the intergenerational cycle of malnutrition by adopting a life cycle approach. Supplementary nutrition is provided in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act. These norms have been revised and upgraded last year. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity that provides quality protein, healthy fats and micronutrients.

Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets for preparation of Hot Cooked Meal at least once a week and Take Home ration at Anganwadi centers.

Ministries of Women and Child Development and Health and Family Welfare have jointly released the protocol for Community Management of Malnutrition

(CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.

Under this Mission, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to a Jan Andolan to educate people on nutritional aspects. State and UTs are conducting and reporting regular sensitisation activities under community engagement programmes during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

STATUS OF MISSION SHAKTI IN ANDHRA PRADESH

4212. SHRI G. LAKSHMINARAYANA:

SHRI APPALANAIDU KALISETTI:

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

- (a) the number of One Stop Centres (OSCs) established in Andhra Pradesh along with their operational status, number of women beneficiaries served and the challenges faced in their functioning, district-wise;

- (b) number of Nari Adalats established in the said State along with number of cases resolved promoting gender justice and alternative dispute resolution, district-wise;
- (c) the number of Swadhar Greh facilities and Working Women Hostels operational in the said State including the number of women beneficiaries served or accommodated and the average occupancy rate of the hostels, district-wise;
- (d) the details of funds allocated, disbursed and utilized for the aforementioned schemes during the last three years, district-wise; and
- (e) the steps taken by the Government to improve effectiveness of these schemes in addressing the needs of women in difficult circumstances?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a): The One Stop Centre (OSC) is a component of the Sambal vertical under the umbrella Mission Shakti. It provides integrated support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women. As on date, out of approved 878 One

Stop Centres (OSCs), 802 OSCs are operational across the country and over 10.43 lakh women have been assisted till 30.11.2024.

In the State of Andhra Pradesh, 26 One Stop Centres (OSCs) have been approved, one each in all 26 districts. All the 26 OSCs are operational. 42,699 women have been assisted in these OSCs since inception till 30.11.2024.

(b): The Nari Adalat is a component under Sambal vertical of Mission Shakti. It is currently implemented in the State of Assam and UT of Jammu and Kashmir on a pilot basis.

(c): In the State of Andhra Pradesh, 28 Shakti Sadan (Swadhar Greh) and 23 Sakhi Niwas (Working Women Hostel) are functional. So far, 950 and 730 women have been benefitted in Shakti Sadan (Swadhar Greh) and Sakhi Niwas (Working Women Hostel) respectively.

(d): Details of scheme-wise and year-wise fund released and utilised during the last three years are as under:

(Amount in lakh)

S. No.	Scheme	2021-22		2022-23		2023-24	
		Released	Utilised	Released	Utilised	Released	Utilised
1	One Stop Centre	249.57	197.25	72.96	33.04	605.57	418.42
2	Shakti Sadan	0	0	0	0	1,160.82	970.18
3	Sakhi Niwas	0	0	0	0	21.52	21.52

(e): As per the Mission Shakti guidelines, these schemes are Centrally Sponsored and the Central Government provides financial assistance to States/ UTs. The overall implementation of these schemes lies with the State Governments/UT Administrations. Further, once in a year, the Programme Approval Board monitors with States/UTs, the progress of the overall activities of these schemes and reviews status of achievement of objectives. Apart from this, officials of the Ministry continuously review the scheme through meetings, video conferencing and by making field visits to States/UTs from time to time.

डायलिसिस इकाइयां खोलना

4213. श्री राहुल कस्वां:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार ने गरीबी रेखा से नीचे जीवनयापन करने वाले और उपचार का खर्च वहन न कर सकने वाले रोगियों को निःशुल्क डायलिसिस सुविधाएं प्रदान करने के लिए देश भर के जिला अस्पतालों में डायलिसिस इकाइयां खोलने के लिए कोई नीति तैयार की है और यदि हां, तो तत्संबंधी राज्य/संघ राज्यक्षेत्रवार ब्यौरा क्या है;

(ख) क्या सरकार को इस संबंध में राज्यों/संघ राज्यक्षेत्रों से कोई प्रस्ताव प्राप्त हुआ है और यदि हां, तो राजस्थान सहित तत्संबंधी राज्य/संघ राज्यक्षेत्रवार ब्यौरा क्या है;

(ग) आज की तिथि तक राज्य/संघ राज्यक्षेत्रवार कितने स्वीकृत/लंबित प्रस्ताव हैं और इसके लिए कितनी धनराशि आवंटित/उपयोग की गई है;

(घ) लंबित प्रस्तावों को कब तक स्वीकृति प्रदान किए जाने की संभावना है;

(ङ) क्या देश में हृदय और कैंसर की बीमारियों से पीड़ित लोगों की मृत्यु दर तेजी से बढ़ रही है; और

(च) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (घ): वर्ष 2016-17 में राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत प्रधानमंत्री राष्ट्रीय डायलिसिस कार्यक्रम (पीएमएनडीपी) को जिला अस्पतालों में इन-हाउस मोड/सार्वजनिक निजी भागीदारी (पीपीपी) मोड में क्रोनिक किडनी रोग (सीकेडी) के रोगियों के लिए शुरू किया गया था। देश में गरीबी रेखा से नीचे (बीपीएल) जीवनयापन करने वाले सभी लाभार्थियों को डायलिसिस सेवाएं निःशुल्क प्रदान की जाती हैं। कार्यक्रम के तहत हेमोडायलिसिस सेवाएं प्रदान की जाती हैं। वर्ष 2020 के बाद से पेरिटोनियल डायलिसिस भी इसमें शामिल कर लिया गया है।

दिनांक 30 नवंबर 2024 की स्थिति के अनुसार, पीएमएनडीपी को सभी 36 राज्यों/संघ राज्य क्षेत्रों के 748 (50 आस-पास के जिलों से जुड़े) जिलों में 1558 केंद्रों पर 10824 हेमो-डायलिसिस मशीनों और कुल 311.23 लाख हेमो-डायलिसिस सत्रों के साथ लागू किया गया है। राज्य/संघ राज्य क्षेत्र-वार आवंटित/उपयोग की गई निधि का ब्यौरा संलग्न **विवरण** में दिया गया है।

(ड) और (च): भारतीय आयुर्विज्ञान अनुसंधान परिषद के राष्ट्रीय कैंसर पंजीकरण कार्यक्रम (आईसीएमआर-एनसीआरपी) के अनुसार, पिछले पांच वर्षों (2019-2023) के दौरान देश में कैंसर के मामलों की अनुमानित मृत्यु दर निम्नानुसार है:

कैंसर के मामलों और मृत्यु दर की अनुमानित मृत्यु दर (2019-2023) - दोनों लिंग के लिए					
वर्ष	2019	2020	2021	2022	2023
भारत में कैंसर के मामलों की अनुमानित मृत्यु दर	7,51,517	7,70,230	7,89,202	8,08,558	8,28,252

विवरण

वर्ष 2020-21 से वर्ष 2023-24 के दौरान पीएमएनडीपी के तहत राज्य/संघ राज्य क्षेत्र-वार एसपीआईपी अनुमोदन/व्यय (रुपये लाख में)

क्र.सं.	राज्य/संघ राज्य क्षेत्र	2021-22		2022-23		2023-24	
		एसपीआईपी अनुमोदन	व्यय	एसपीआईपी अनुमोदन	व्यय	एसपीआईपी अनुमोदन	व्यय*
1	अंडमान और निकोबार द्वीप समूह	-	-	-	-	8.5	-
2	आंध्र प्रदेश	4,934.42	3,592.73	5,307.87	4,061.58	5,680.55	5,143.70
3	अरुणाचल प्रदेश	150.76	263	611.66	405.9	728.99	93.98
4	असम	859.01	801.84	1,715.75	1,587.45	1,985.98	2,100.71
5	बिहार	2,962.57	907.13	3,112.37	2,597.89	3,521.01	1,144.30
6	चंडीगढ़	28	1.44	4	0.02	4.25	0.13
7	छत्तीसगढ़	768.48	188.1	1,182.40	617.78	1,225.48	395.81
8	दादरा एवं नगर हवेली दमन और दीव	-	-	2.22	-	2.22	-
9	दिल्ली	2,010.00	429.29	703.84	416.76	709.03	511.14
10	गोवा	1,064.32	198.33	1,247.32	937.74	1,234.32	443.04
11	गुजरात	3,267.50	2,000.00	4,308.05	1,869.73	4,280.60	6.13
12	हरियाणा	350	199.24	337.95	243.71	337.95	103.91
13	हिमाचल प्रदेश	200	125.11	291.5	10.78	309.5	7.5
14	जम्मू एवं कश्मीर	562.71	302.69	303	67.57	768.6	20.36
15	झारखंड	18.5	-	826.76	324.04	674.56	139.89
16	कर्नाटक	4,554.00	2,971.88	7,735.07	3,413.39	6,604.02	2,938.02
17	केरल	947.3	3.19	1,522.36	401.89	1,024.14	440.99
18	लद्दाख	100.06	55.12	204.86	89.71	194.06	36.14
19	लक्षद्वीप	14	-	18.7	-	19.64	2.54
20	मध्य प्रदेश	1,063.73	599.92	1,965.30	1,704.39	3,073.97	542.3
21	महाराष्ट्र	247.88	16.8	2,516.93	466.76	1,488.39	350.36
22	मणिपुर	444.74	15	563.33	334.05	568.83	152.59
23	मेघालय	63.36	-	65.07	74.31	50.05	24.22
24	मिजोरम	6.54	-	49.01	-	40.95	0.37
25	नगालैंड	199.2	101.37	247.28	133.24	208.53	138.37
26	उड़ीसा	2,377.10	1,908.10	2,413.73	2,202.31	3,317.57	1,456.89
27	पुदुचेरी	81.4	24.49	107.2	44.36	105.1	4.82
28	पंजाब	267	22.82	185.14	58.97	196.29	58.2
29	राजस्थान	1,267.40	409.71	877.31	213.12	877.31	113.38
30	सिक्किम	206.03	-	98.5	31.06	14.83	73.51
31	तमिलनाडु	3,644.85	1	966.32	1,226.81	1,224.30	583.64

32	तेलंगाना	-	-	64.74	2.38	54.95	10.33
33	त्रिपुरा	73.14	45.53	210.41	86.05	202.85	65.66
34	उत्तर प्रदेश	-	4,240.16	8,097.37	5,613.32	11,691.30	3,474.67
35	उत्तराखंड	280	117.64	259.74	78.02	263.26	41.02
36	पश्चिम बंगाल	4,568.13	2,480.82	6,586.68	5,276.15	7,248.67	1,497.11
	कुल	37,582.13	22,022.45	54,709.74	34,591.24	59940.55	22,115.73
नोट: उपरोक्त डेटा राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तुत वित्तीय प्रबंधन रिपोर्ट (एफएमआर) के अनुसार है। *व्यय दिनांक 31.12.2023 तक अद्यतन किया गया है।							

URBAN PRIMARY HEALTHCARE CENTRES

4214. SHRI P. C. MOHAN:

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

(a) the total amount of fund allocated to Urban Primary Healthcare Centres (UPHCs) in Bengaluru for maternity and child health services during the last three years; and

(b) the total amount of fund utilized along with the impact in terms of service improvements?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(a) and (b): Public health and Hospitals are state subject and the responsibility of delivery of healthcare services to the public lies with State Government. However, under the National Health Mission, technical and financial support is provided to the States/UTs for strengthening the healthcare systems, based on the proposals received from the States/UTs in their Annual Programme

Implementation Plan (PIP) and subject to the available resources.

Release of funds under NHM is subject to compliance by States/UTs of the guidelines prescribed in this regard by Department of Expenditure, Ministry of Finance.

The details of SPIP Approval and Expenditure for the Health System Strengthening (HSS) including Urban Primary Healthcare Centres under National Health Mission (NHM) from the FY 2021-22 to FY 2023-24 for the State of Karnataka is as under:

(Rs. in Lakhs)

Sl. No.	States	2021-22		2022-23		2023-24	
		SPIP Approvals	Expenditure	SPIP Approvals	Expenditure	SPIP Approvals	Expenditure
1	Karnataka	136.97	102.21	14,394.32	9,431.32	14,136.30	11,609.38

Note:

1. Expenditure includes utilisation against Central Release, State share and unspent balances at the beginning of the year.
2. Source: Financial Management Reports of State/UTs (Provisional).

The details of SPIP Approval and Expenditure for the Reproductive Child Health (RCH) under National Health Mission (NHM) from the FY 2021-22 to FY 2023-24 for the State of Karnataka is as under:

(Rs. in Lakhs)

Sl. No.	States	2021-22		2022-23		2023-24	
		SPIP Approvals	Expenditure	SPIP Approvals	Expenditure	SPIP Approvals	Expenditure
1	Karnataka	24,176.72	13,708.78	60,341.49	36,468.14	43,585.67	32,608.26

Note:

1. Expenditure includes utilisation against Central Release, State share and unspent balances at the beginning of the year.
2. Source: Financial Management Reports of State/UTs (Provisional).

RMNCHA+N services in urban areas are being provided through Urban Primary Health Centers (UPHC). The indicators for Antenatal care (ANC) , institutional deliveries, Caesarean sections, distribution of IFA tablets, follow up of high-risk pregnancies, immunization coverage, provision of postnatal and newborn care have shown improvement as per National Family Health Survey 5 (NFHS). The average out-of-pocket expenditure per delivery in a public health facility has decreased to Rs 3,633 from Rs 9,333 as per NFHS 5 and 4. The factsheet containing reflecting the improvements in the above stated surveys in district Bengaluru (Urban) is available:

https://dhsprogram.com/pubs/pdf/OF43/KA_Bangalore.pdf

SHORTAGE OF MEDICINES

4215. SHRI ESWARASAMY K.:

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

- (a) whether many health centres both primary and secondary in several States have faced severe shortage of medicines;
- (b) if so, the details thereof and the reasons therefor;
- (c) whether the existing stocks of medicines have either expired or are outdated and if so, the details thereof; and
- (d) the steps taken/proposed to be taken by the Government to ensure that medicines supplied to the health centres are fresh and adequate?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (d): Under Free Drugs Service Initiative (FDSI), Government of India supports procurement of drugs and strengthening robust systems of procurement, Quality Assurance, Supply chain management and warehousing, Prescription audit, grievance redressal, dissemination of Standard Treatment Guidelines and Establishment of IT enabled platform DVDMS (Drugs and Vaccine Distribution Management System) for monitoring the real status of procurement and availability of essential medicines.

Ministry of Health and Welfare (MoHFW) has recommended facility wise Essential Medicines List (EML) to be made available at the public healthcare facilities which includes provision of a variety of free services related to maternal health, child health, adolescent health, family planning, universal

immunisation programme, and for major diseases such as Tuberculosis, HIV/AIDS, vector borne diseases like Malaria, Dengue and Kala Azar, Leprosy etc. The facility wise number of medicines in the EML includes 106 drugs at Sub Health Centre level, 172 at Primary Health Centre level, 300 at Community Health Centre level, 318 at Sub-district Hospital level and 381 drugs at district Hospital level. However, States have the flexibility to add more medicines.

The alert mechanism to monitor expiry dates of medicines involves robust tracking systems i.e. Batch Tracking, Inventory Management Systems and Barcode/RFID Technology. States/UTs monitor expiry dates at the district and local levels, ensuring no expired products are distributed. In cases where products are approaching their expiry date, they are often redistributed to areas where they can be used before expiry.

Quality of drugs procured, under FDSI, is ensured through the operational guidelines of the initiative that

- i. All drugs must be sourced from Good Manufacturing Practices (GMP) compliant manufacturers through robust procurement mechanism.
- ii. Post supply testing of every batch before distributing to the health facilities.

**नौकरियों में अनुसूचित जातियों और अनुसूचित जनजातियों के आरक्षण के संबंध में
उच्चतम न्यायालय की टिप्पणी**

4216. श्री भाऊसाहेब राजाराम वाकचौरे :

क्या **विधि और न्याय** मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार ने आज की तिथि तक सरकारी नौकरियों में अनुसूचित जातियों और अनुसूचित जनजातियों के आरक्षण के संबंध में 01 अगस्त, 2024 को उच्चतम न्यायालय द्वारा दिए गए निर्णय/टिप्पणी के संबंध में कोई कदम उठाया है/उठाने का विचार है ;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है ; और

(ग) यदि नहीं, तो इसके क्या कारण हैं ?

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री (श्री अर्जुन राम मेघवाल):

(क) से (ग) : उच्चतम न्यायालय ने पंजाब राज्य और अन्य बनाम दविंदर सिंह और अन्य (सिविल अपील संख्या 2317/2011) और इससे जुड़े मामलों में 1 अगस्त, 2024 को दिए गए अपने निर्णय में कहा है कि अनुसूचित जातियों और अनुसूचित जनजातियों का उप-वर्गीकरण स्वीकार्य है। सरकार ने निर्णय की विषय-वस्तु पर गौर किया है और कोई कदम उठाने पर विचार नहीं किया है।

BREAST AND CERVICAL CANCER DEATHS

4217. SHRIMATI HARSIMRAT KAUR BADAL:

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

- (a) whether it is true that there is 26 per cent rise in breast and cervical cancer deaths in the State of Punjab claiming 31,879 women from 2014-2023 due to Government negligence;
- (b) if so, the details thereof;
- (c) whether the Government has taken any steps to address the high cost and low awareness around HPV vaccines in the country;
- (d) if so, the measures implemented by the Government to make the vaccine more accessible to the women in the said State and if not, the reasons therefor; and
- (e) the specific strategies implemented by the Government to improve early cancer detection and reduce mortality rates among women in Punjab?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND
MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE**

(SHRI PRATAPRAO GANPATRAO JADHAV):

(a) and (b): As per the Indian Council of Medical Research (ICMR) - National Cancer Registry Programme (NCRP) data, the estimated mortality due to breast and cervical cancer cases in Punjab during the years (2014-2023) are given as under:

Estimated mortality of cancer cases in Punjab during years 2014 to 2023											
Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total

Estimated mortality due to Breast Cancer	1972	2024	2079	2133	2189	2246	2303	2361	2421	2480	22,208
Estimated mortality due to Cervical Cancer	857	880	904	924	953	978	1003	1029	1056	1082	9,671

(c) and (d): “CERVAVAC” is India’s first indigenously developed vaccine for the prevention of cervical cancer. Human Papilloma Virus (HPV) vaccine is not a part of the Universal Immunization Programme (UIP).

Government of Punjab has done pilot of HPV vaccination in Bhatinda and Mansa districts. Cervical cancer screening project was also launched in a collaborative effort by preventing deaths from cervical cancer by catalyzing the use of optimal screening tests and treatment devices. All district hospitals are equipped with Thermal Ablation Device for early treatment of cervical cancer.

(e) : The Department of Health and Family Welfare, Government of India, provides technical and financial support to the States and Union Territories including Punjab under the National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) as part of National Health

Mission (NHM). The programme focusses on strengthening infrastructure, human resource development, early diagnosis, referral to an appropriate level of healthcare facility for treatment and management and health promotion and awareness generation for prevention, of Non-Communicable Diseases (NCDs) including breast and cervical cancer.

A population-based initiative for screening, management and prevention of common NCDs including breast and cervical cancer have been rolled out as a part of comprehensive Primary Health Care in the country under National Health Mission (NHM). Screening of these common NCDs is an integral part of service delivery. As per the National NCD Portal, as of 16th December 2024, in Punjab a total of 4,03,165 females aged 30 years and above have been screened for cervical cancer and 10,25,587 for breast cancer.

In the community, Accredited Social Health Activist (ASHA) plays a pivotal role in spreading awareness about NCDs including breast and cervical cancer. ASHAs educate individuals and families on the importance of adopting healthy lifestyles, including nutritious diets, regular physical activity, and avoidance of tobacco and alcohol. ASHAs emphasize the significance of early detection through regular health check-ups and screenings, enabling timely intervention through home visits, group meetings, and participation in health campaigns.

Further, initiatives for increasing public awareness about NCDs and for promotion of healthy lifestyle include observance of health days related to NCDs including cancer, use of electronic and social media for continued community awareness. Financial support under National Health Mission (NHM) for awareness generation activities for NCDs is provided to States/Union Territories as per their Programme Implementation Plans (PIPs).

The State Government of Punjab has informed that it has undertaken mass awareness campaign for early signs and symptoms of common cancers among general population and in rural regions across the State of Punjab. There are screening camps at all public health facilities across the State. The National cancer awareness day is observed every year in all 23 districts at all health facilities. Other initiatives for mass awareness include Cycle rallies, FM radio messages and Short Message Service (SMS). The cervical cancer elimination day was observed by the Government of Punjab on 17th November, 2024 and screening activities were conducted at all District hospitals. Further, poster making activities with prize distribution for school girls, printing and distribution of various Information, Education and Communication (IEC) material like Pamphlets, Posters for creating awareness for early screening of common cancers were done.

पासपोर्ट कार्यालय

4218. श्री अरुण कुमार सागर:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) आज की तिथि की स्थिति के अनुसार देश में पासपोर्ट कार्यालयों की राज्यवार संख्या कितनी है;

(ख) इन पासपोर्ट कार्यालयों में प्रतिमाह औसतन कितने आवेदनों की जांच की जाती है;

(ग) क्या पासपोर्ट जारी करने में कोई विलंब होता है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या देश में और अधिक पासपोर्ट कार्यालय खोलने का कोई प्रस्ताव विचाराधीन है; और

(ड.) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय में राज्य मंत्री; तथा विदेश मंत्रालय में राज्य मंत्री

(श्री कीर्ति वर्धन सिंह):

(क) और (ख) पासपोर्ट कार्यालयों का ब्यौरा राज्य/संघ राज्य क्षेत्र (यूटी) वार तथा प्रतिमाह औसतन जांचे गए आवेदनों की संख्या संलग्न **विवरण** में है।

(ग) पासपोर्ट जारी करने में लगने वाला औसत समय (पुलिस सत्यापन समय को छोड़कर) सामान्य पासपोर्ट के लिए 7-10 दिन और तत्काल पासपोर्ट के लिए 1-3 दिन है। पासपोर्ट समय पर जारी करने में आवेदकों के व्यक्तिगत विवरण का पुलिस सत्यापन (पीवी) महत्वपूर्ण भूमिका निभाता है। भारत में पुलिस सत्यापन करने में औसतन 15 दिनों का समय लगता है।

मांग में वृद्धि के कारण, सरकार पासपोर्ट जारी करने में तेजी लाने और पासपोर्ट की उच्च या समय विशेष संबंधी मांग को पूरा करने के लिए विभिन्न कदम उठा रही है, जिसमें दैनिक नियुक्तियों की संख्या में वृद्धि और सप्ताहांत पर विशेष अभियान आयोजित करना शामिल है।

(घ) एवं (ङ) पासपोर्ट कार्यालय (पीओ)/पासपोर्ट सेवा केंद्र (पीएसके)/डाकघर पासपोर्ट सेवा केंद्र (पीओपीएसके) खोलना एक सतत प्रक्रिया है और यह मौजूदा पीओ/पीएसके/पीओपीएसके से दूरी और किसी विशेष क्षेत्र से पासपोर्ट आवेदनों की मात्रा सहित विभिन्न कारकों पर निर्भर करता है।

विवरण

पासपोर्ट कार्यालयों की राज्य/संघ राज्य क्षेत्रवार सूची तथा इन पासपोर्ट कार्यालयों में प्रतिमाह औसतन जांचे गए आवेदनों की संख्या

क्र०संख्या	राज्य/संघ राज्य क्षेत्र	पासपोर्ट कार्यालय	प्रतिमाह औसतन जांचे गए आवेदनों की संख्या [1 जनवरी, 2024 से 30 नवंबर, 2024 की अवधि तक]
1.	आंध्र प्रदेश	आरपीओ विजयवाड़ा	23,859
2.		आरपीओ विशाखापट्टनम	16,262
3.	असम	आरपीओ गुवाहाटी	15,511
4.	बिहार	आरपीओ पटना	32,813
5.	चंडीगढ़	आरपीओ चंडीगढ़	68,399
6.	छत्तीसगढ़	आरपीओ रायपुर	5,205
7.	दिल्ली	आरपीओ दिल्ली	59,281
8.	गोवा	आरपीओ गोवा	4,956
9.	गुजरात	आरपीओ अहमदाबाद	61,105
10.		आरपीओ सूरत	16,710
11.	हिमाचल प्रदेश	आरपीओ शिमला	6,010
12.	जम्मू एवं कश्मीर	आरपीओ जम्मू	5,130
13.		आरपीओ श्रीनगर	8,171
14.	झारखंड	आरपीओ रांची	9,645
15.	कर्नाटक	आरपीओ बेंगलुरु	76,789
16.	केरल	आरपीओ कोचीन	54,616
17.		आरपीओ कोझिकोड	58,988
18.		आरपीओ तिरुवनंतपुरम	21,341
19.	मध्य प्रदेश	आरपीओ भोपाल	22,612
20.	महाराष्ट्र	आरपीओ मुंबई	74,188
21.		आरपीओ नागपुर	9,160
22.		आरपीओ पुणे	37,983
23.	ओडिशा	आरपीओ भुवनेश्वर	8,602
24.	पंजाब	आरपीओ अमृतसर	19,478
25.		आरपीओ जालंधर	32,478
26.	राजस्थान	आरपीओ जयपुर	35,331

27.		आरपीओ कोटा	6,995
28.	तमिलनाडु	आरपीओ चेन्नई	45,040
29.		आरपीओ कोयंबटूर	15,063
30.		आरपीओ मदुरै	22,373
31.		आरपीओ तिरुचिरापल्ली	18,717
32.	तेलंगाना	आरपीओ हैदराबाद	62,770
33.	उत्तर प्रदेश	आरपीओ बरेली	16,478
34.		आरपीओ गाजियाबाद	27,411
35.		आरपीओ लखनऊ	64,807
36.	उत्तराखंड	आरपीओ देहरादून	11,555
37.	पश्चिम बंगाल	आरपीओ कोलकाता	48,349

MEDICAL INFRASTRUCTURE IN ANDHRA PRADESH

4219. SHRI PUTTA MAHESH KUMAR:

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

(a) the total number of Primary Health Centres (PHCs), Community Health Centres (CHCs), Medical College Hospitals and hospitals proposed, under construction and presently functional during the last five years across the country, State-wise and district-wise in Andhra Pradesh particularly Eluru district;

(b) the total amount of fund(s) allocated and utilised under various schemes for construction and upgradation of the said centres and hospitals during the said period across the country, State/district-wise particularly in Eluru district;

(c) the present status of each project proposed including under

construction/upgradation projects pertaining to the said medical infrastructure in Andhra Pradesh especially in Eluru district; and

(d) whether the Government has any plans to establish medical college hospitals in the State of Andhra Pradesh over the next five years especially in Eluru District and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (d): Health Dynamics of India (HDI) (Infrastructure and Human Resources), 2022-23 is an annual publication, based on Health care administrative data reported by States/UTs. Details of health facilities functioning in rural and urban areas in the country including Andhra Pradesh and Eluru district may be seen at the following link of HDI 2022-23:

[https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23 RE%20%281%29.pdf](https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23%20RE%20%281%29.pdf)

The National Health Mission (NHM) provides support for improvement in health infrastructure, availability of adequate human resources in health facilities, to improve availability and accessibility to quality health care especially for the under served and marginalized groups in rural areas. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in

the form of Programme Implementation Plans (PIPs) under NHM. Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms and available resources.

Number of projects approved and completed in Andhra Pradesh and Eluru district under various schemes during last five years is as follows:

Scheme	Facility	Andhra Pradesh		Eluru district	
		Approved	Completed	Approved	Completed
NHM	Primary Health Centres (PHC)	6	5	4	0
	Maternal and Child Health wings	4	3	0	0
	Health and Wellness Centres	2,727	2,727	107	107
XV -Finance Commissin (FC)	PHC	100	1	4	0
	Block Public Health Units	334	35	15	1
	Community Health Centres	9	0	0	0
Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)	Integrated Public Health Labs	26	13	1	0
	Critical Care Blocks	24	0	1	0

Details of State/UT-wise SPIP approvals given and Expenditure incurred on Infrastructure Strengthening under NHM in the last five years including Andhra Pradesh is given in the enclosed **Statement**. Total amount of Rs. 1271.8 crore has been approved under PM-ABHIM for the State of Andhra Pradesh for FY 2021-22 to FY 2025-26. Total amount of Rs 2600.8 crore has been approved

under FC-XV health grant for the State of Andhra Pradesh for FY 2021-22 to FY 2025-26.

This Ministry administers a Centrally Sponsored Scheme (CSS) for 'Establishment of new Medical Colleges attached with existing district/referral hospitals' with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college with fund sharing between the Centre and State Governments in the ratio of 90:10 for North Eastern and Special Category States and 60:40 for others. Under the Scheme, 157 Medical colleges have been approved in three phases including 3 medical colleges in the State of Andhra Pradesh, in Piduguralla, Paderu and Machilipatnam districts. Out of the three Medical colleges in Andhra Pradesh, Paderu and Machilipatnam are functional.

STATEMENT

State/UT-wise SPIP approvals and Expenditure on Infrastructure Strengthening under National Health Mission (NHM) from FY 2019-20 to FY 2023-24											
(Rs. in Lakhs)											
Sl. No.	States	2019-20		2020-21		2021-22		2022-23		2023-24	
		SPIP Approvals	Expenditure	SPIP Approvals	Expenditure	SPIP Approvals	Expenditure	SPIP Approvals	Expenditure	SPIP Approvals	Expenditure
1	Andaman and Nicobar Islands	340.00	47.05	135.00	59.76	159.00	2.52	2.00	3.70	5.00	0.00
2	Andhra Pradesh	43,234.00	9,016.00	14,399.00	44,164.00	2,583.25	2,682.25	633.06	315.88	875.72	52.56
3	Arunachal Pradesh	2,549.94	1,555.67	2,828.89	1,893.17	5,674.45	4,386.79	4,737.52	6,568.85	2,069.80	5,382.51
4	Assam	18,009.34	12,329.25	33,641.14	18,510.37	23,425.82	15,546.48	35,925.05	9,521.74	10,500.34	9,024.95
5	Bihar	52,755.20	49,729.68	36,745.92	23,441.59	37,842.57	13,032.84	99,387.56	36,055.09	52,900.70	45,692.16

6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	12,983.45	12,360.49	14,686.45	10,227.16	15,047.86	4,106.67	7,789.77	6,970.37	7,789.77	6,682.68
8	Dadra and Nagar Haveli	1.92	0.00	5.76	3.11	2.88	0.00	2.88	0.00	2.88	0.00
	Daman and Diu	5.76	0.90								
9	Delhi	1,012.12	208.30	381.96	200.48	681.80	172.50	1,399.96	2,285.11	1,399.96	2,255.23
10	Goa	36.32	31.11	119.60	15.31	125.95	54.58	260.26	134.17	225.34	197.82
11	Gujarat	3,901.65	2,151.18	2,185.12	2,110.96	878.22	564.05	5,028.85	253.57	353.08	642.44
12	Haryana	7,603.28	480.06	17,020.75	991.97	12,804.52	755.18	8,555.93	8,937.08	335.90	303.64
13	Himachal Pradesh	5,521.00	1,759.30	8,731.00	3,067.99	3,547.39	3,149.75	0.00	0.00	600.00	0.00
14	Jammu and Kashmir	6,805.35	2,676.43	4,505.65	2,157.84	3,433.33	579.19	1,599.96	498.41	3,375.46	2,905.67
15	Jharkhand	11,349.15	3,413.16	10,591.96	4,982.45	2,494.78	2,389.54	9,373.36	3,713.19	8,850.36	6,599.20
16	Karnataka	25,128.33	17,575.18	19,381.04	22,122.67	15,324.05	15,833.87	7,613.96	5,158.75	4,789.20	6,307.16
17	Kerala	14,310.07	3,119.15	11,316.81	6,700.47	5,897.00	4,539.01	12,709.03	5,319.77	18,104.34	3,856.56
18	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19	Madhya Pradesh	30,611.22	22,132.43	53,937.59	29,953.79	25,482.92	14,190.80	19,866.87	22,572.53	42,679.70	25,574.97
20	Maharashtra	79,683.45	38,415.53	49,479.00	39,940.64	55,881.84	21,942.42	61,535.48	24,932.60	60,134.13	33,948.75
21	Manipur	1,779.33	633.92	2,633.15	273.96	2,999.42	683.74	1,796.82	44.62	16.41	14.77
22	Meghalaya	954.68	517.93	1,444.80	722.91	1,656.32	262.55	1,096.27	864.35	69.49	886.06
23	Mizoram	449.17	207.73	570.03	235.33	35.40	44.42	36.75	14.37	33.79	25.42
24	Nagaland	1,100.19	611.24	3,943.01	616.37	1,074.84	1,370.75	3,073.78	1,138.36	2,132.23	1,375.81
25	Odisha	43,027.62	42,120.12	21,229.04	37,077.63	32,846.14	35,621.88	62,574.68	84,110.12	48,034.45	58,810.00
26	Puducherry	58.00	67.69	14.88	124.65	26.16	1.17	6.36	8.54	6.48	2.78
27	Punjab	7,121.00	3,598.90	9,096.00	6,820.97	5,201.90	3,759.31	990.10	40.87	190.60	190.60
28	Rajasthan	53,999.20	27,741.29	96,888.58	31,983.06	85,616.83	14,112.39	57,577.61	28,782.14	57,736.11	46,950.24
29	Sikkim	693.17	409.03	388.52	394.38	391.84	237.11	52.51	6.44	64.37	32.18
30	Tamil Nadu	27,386.93	36,814.46	36,251.27	31,670.27	26,196.13	27,738.27	56,033.70	41,677.06	79,790.36	45,563.89
31	Telangana	31,612.33	1,758.59	15,012.86	10,626.89	7,640.83	12,909.19	11,534.19	15,478.29	41,042.91	6,920.11
32	Tripura	5,051.69	1,643.88	4,549.00	3,451.67	4,998.54	4,206.31	5,149.70	4,185.24	4,518.05	3,010.20
33	Uttar Pradesh	45,650.91	34,651.36	1,47,304.31	26,830.36	1,24,665.62	12,736.34	42,730.00	18,346.25	1,71,102.14	5,026.42
34	Uttarakhand	7,082.25	7,278.15	10,574.88	7,963.54	13,588.14	15,159.27	10,604.54	5,195.83	1,238.88	3,454.42
35	West Bengal	16,703.00	4,783.51	18,282.20	11,930.55	7,984.58	2,217.18	11,212.94	1,899.55	3,005.22	3,506.23
36	Ladakh	0.00	0.00	3,240.67	518.06	3,125.00	470.95	2,691.15	1,215.87	2,334.65	1,349.92
Note:											
1. Expenditure includes expenditure against Central Release, State share and unspent balances at the beginning of the year.											

2. SPIP Approval and Expenditure is as per the available Financial Management Reports submitted by State/UTs and are provisional.
3. After the Reorganisation of the State of Jammu and Kashmir (JandK) into the Union Territory of JandK and Union Territory of Ladakh, NHM funds to the UT of Ladakh were disbursed for the first time during 2020-21.

ESTABLISHMENT OF AIIMS, MADURAI

4220. DR. RANI SRIKUMAR:

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

- (a) the details of the funds allocated by the Government for the establishment of AIIMS, Madurai including provisions for infrastructure development and modernization, and the specific details of their utilization till date;
- (b) the total amount of funds spent/utilized so far on the construction of AIIMS, Madurai, along with the projected timeline for the completion of the said project; and
- (c) the measures being taken to ensure that students of AIIMS, Madurai, are provided with facilities on par with other AIIMS institutes, especially considering the current absence of a dedicated campus and the interim arrangement at the Government Medical College and Hospital in Ramanathapuram?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (c) Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), AIIMS, Madurai is being set up at a total project cost of Rs.2021.51 crore. As on date, Rs.176.89 crore has been released for construction of AIIMS Madurai. The targeted date of completion of the project is October 2026.

Presently, total 198 students are pursuing MBBS course in AIIMS Madurai. Adequate infrastructure including smart Classrooms, Hostels with mess facility, Library, Skill lab, Canteen, Sports facilities, WiFi etc. have been provided to the students. OPD and IPD clinical exposure to the students of AIIMS Madurai are provided at Government Medical College at Ramanathapuram in addition to the Thopur TB hospital and Primary Health Centres at Valayankulam and Thirumangalam villages of Madurai.

SHORTAGE OF DOCTORS AND HEALTHCARE PROFESSIONALS IN PUNJAB

4221. SHRI CHARANJIT SINGH CHANNI:

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

- whether the Government is aware of the significant shortage of doctors and healthcare professionals in the State of Punjab, as highlighted in recent reports and if so, the details thereof;
- whether the Government proposes to take measures to address the issue including incentivizing medical education and ensuring equitable distribution of healthcare workers across the State and if so, the details thereof;
- whether the Government has any plan to introduce special recruitment drives or training programmes to mitigate the shortage of doctors in Punjab; and
- if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a): The details of doctors and healthcare professionals in the State of Punjab are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

[https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23 RE%20%281%29.pdf](https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23%20RE%20%281%29.pdf)

(b) to (d): Government of India has allocated the following funds to incentivize medical education and ensuring its equitable distribution for developing public healthcare infrastructure and services to Punjab:

- The **Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)** aims at correcting regional imbalances in the availability of affordable tertiary healthcare services and to augment facilities for quality medical education in the country. Under the Scheme approvals has been accorded for Establishment of One new All India Institute of Medical Sciences (AIIMS) at Bhatinda and upgradation of two Government Medical Colleges/ Institutions (GMCIs) at Amritsar and Patiala for the State of Punjab.
- Under Centrally Sponsored Scheme (CSS), '**Establishment of new medical colleges attached with existing district/referral hospitals**', with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college. 03 Medical Colleges were approved in the State of Punjab at Districts SAS Nagar, Kapurthala and Hoshiarpur.

Under the National Health Mission, the Ministry of Health and Family Welfare provides technical and financial support to the States/UTs including State of Punjab to strengthen the public healthcare system including recruitment of health care professionals and their training in rural areas based on the proposals received in the form of Programme

Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms and available resources. The details are available in public domain at:

<https://nhm.gov.in/index1.php?lang=1andlevel=1andsublinkid=1377andlid=744>

Under NHM, following types of incentives and honorarium are provided for encouraging doctors to practice in rural and remote areas of the country:

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
- Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians and Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural and remote area.
- Incentives like special incentives for doctors, incentive for Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (ANC) checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.

- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.

Further, as informed by the State of Punjab, in the past two years, there has been recruitment for 400 posts of Medical Officers, 523 posts of House Surgeons and 754 posts of Multipurpose Health Worker (Female). Additionally, 1390 new posts of Medical Officers have been created by the State Government.

MALNUTRITION AMONG PVTG

4222. SHRI SAPTAGIRI SANKAR ULAKA:

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

- (a) the current prevalence of malnutrition among children, pregnant women and nursing mothers in tribal areas of Odisha, especially among the Particularly Vulnerable Tribal Groups (PVTGs);
- (b) the specific steps taken under the Integrated Child Development Services (ICDS) scheme to combat malnutrition and improve child development outcomes in these tribal regions;
- (c) whether there are any ongoing or planned initiatives for the capacity-building of Anganwadi workers in these areas and if so, the details thereof;
- (d) the funds allocated and utilized under the ICDS scheme for tribal areas in Odisha over the last five years; and
- (e) the measurable outcomes achieved so far through ICDS interventions in improving nutrition and health indicators in these tribal regions?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (e) Under the 15th Finance Commission, various components like Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) to address the challenge of malnutrition through improved

nutrition content and delivery. It is a Centrally Sponsored mission, where the responsibility for implementation lies with the States/UTs. Mission is a universal self-selecting umbrella scheme that is being implemented across the country including tribal areas of Odisha.

Nutrition goes beyond mere eating of food; it requires proper digestion, absorption, and metabolism which are influenced by factors like sanitation, education and access to safe drinking water. As malnutrition requires a multi-sectoral approach involving dimensions of food, health, water, sanitation and education, it is crucial to effectively address the issue of malnutrition. The challenge of malnutrition is being addressed under Mission Saksham Anganwadi and Poshan 2.0 by establishing cross cutting convergence amongst 18 Ministries/Departments.

Under Mission Poshan 2.0 a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioral change, and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight.

Under this scheme, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls to beat

the intergenerational cycle of malnutrition by adopting a life cycle approach. Supplementary nutrition is provided in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act. These norms have been revised and upgraded last year. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity that provides quality protein, healthy fats and micronutrients.

Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets for preparation of Hot Cooked Meal at least once a week and Take Home ration at Anganwadi centers.

Ministries of Women and Child Development and Health and Family Welfare have jointly released the protocol for Community Management of Malnutrition (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.

Under this Mission, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to a Jan Andolan to educate people on nutritional aspects. State and UTs are conducting and reporting regular sensitisation activities under community engagement programmes

during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

Various rounds of the National Family Health Survey (NFHS) conducted by Ministry of Health and Family Welfare since 1992-93 have shown improvement in malnutrition indicators in children across India. Details of these indicators for children since NFHS-1 to NFHS-5 are given below:

NFHS Survey	Stunting %	Underweight %	Wasting %
NFHS-1 (1992-93)*	52	53.4	17.5
NFHS-2 (1998-99)**	45.5	47	15.5
NFHS-3 (2005-6)***	48.0	42.5	19.8
NFHS-4 (2015-16)***	38.4	35.8	21.0
NFHS-5 (2019-21)***	35.5	32.1	19.3

* Under 4 years

** Under 3 years

*** Under 5 years

The above table gives a representative picture of malnutrition indicators among all children of 0-3 years, 0-4 years and 0-5 years age at the relevant time.

The projected population of all children up to 5 years in India for the year 2021 is 13.75 crores approximately (source: Population Projections for India and

States 2011-2036, National Commission on Population, Ministry of Health and Family Welfare). However, only 7.54 crores children up to 5 years are enrolled in Anganwadis and registered on Poshan Tracker of the Ministry of Women and Child Development as per the October 2024 data. 7.31 crores of these children were measured on growth parameters of height and weight. 38.9% of these children have been found to be stunted, 17% children have been found to be underweight and 5.2% wasted.

As per Poshan Tracker data for the month of October 2024, the malnutrition indicators of the children (0-5 years) in Odisha: Stunting is 29.1%, Wasting – 2.9% and Underweight – 12.8%.

Further, the projected population of all children in India up to 6 years for the year 2021 is approximately 16.1 crores. As per the October 2024 data of Poshan Tracker, 8.82 crores children (0-6 years) are enrolled in Anganwadis out of whom 8.55 crores were measured on growth parameters of height and weight. 37% of these children (0-6 years) have been found to be stunted and 17% children (0-6 years) have been found to be underweight.

As per Poshan Tracker data for the month of October 2024, the malnutrition indicators of the children (0-6 years) in Odisha: Stunting is 27% and Underweight – 13%.

The analysis of the above NFHS data and the Poshan Tracker data shows improvement in malnutrition indicators in children across India.

As per National Family Health Survey 5 (2019-21), the prevalence of anemia in the State of Odisha among all women age 15-49 years is 64.3 percent.

Hon'ble PM has launched PM- JANMAN (Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan) on 15th November, 2023. The Mission is aimed at targeted development of 75 Particularly Vulnerable Tribal Groups (PVTGs) residing in 18 States and a UT. This Mission focuses on 11 critical interventions related to 9 key Ministries including Ministry of Women and Child Development.

Under PM-JANMAN, total 138.12 crore has been released till now to all States/UTs. As on date, the ministry has sanctioned 90 AWCs for construction of AWCs in the State of Odisha for which funds amounting to Rs. 10.8 crore has been allocated.

National eGovernance Division (NeGD) regularly conducts field level trainings/workshops directly for Anganwadi Workers regarding use of the Poshan Tracker Application. Multiple rounds of trainings have been held both virtually and physically, in various districts across the country.

Poshan Bhi Padhai Bhi (PBPB) launched by MWCD in 2023 is a path breaking Early Childhood Care and Education (ECCE) program to ensure that India has

a high-quality pre-school network with well-trained Anganwadi workers which is in alignment with the National Education Policy (NEP) 2020. PBPB advocates for a play-based, joyful low-cost Teaching Learning Materials (TLMs), Do-It-Yourself (DIY) kit, activity-based learning pedagogy, targeted specifically at developmental milestones of 0-3-yearold children as well as 3-6-year old children. It also advocates using simple teaching-learning material and indigenous toys which are locally sourced and culturally acceptable.

A Two-Tier Training Implementation Model is being followed throughout the country for Training of functionaries. Tier 1 involves two days training of State Level Master Trainers (SLMTs). Tier 2 involves a 3 Days Training of Anganwadi Workers (AWWs). Up to 16th December 2024, 26,425 SLMTs have been trained under PBPB programmes in all States/UTs including 830 SLMTs in Odisha.

Under the Mission Poshan 2.0, funds are released to States/UTs. Details of funds released to Odisha including tribal areas from FY 2021-22 till FY 2023-24 and funds utilized by the State are given in the enclosed **Statement**.

STATEMENT

Under Mission Poshan 2.0, funds are released to States/UTs. Details of funds released and utilized from FY 2021-22 till FY 2023-24 to Odisha are as follows:

Funds	Released (in crore)	Utilized (in crore)
2021-22	1065.98	871.20
2022-23	923.92	884.96
2023-24	968.80	Utilization Certificate not yet due

PASSPORT OFFICE IN KATNI DISTRICT

4223. SHRI VISHNU DATT SHARMA

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state :-

(a) whether the Government has taken note that due to the absence of any passport office in or around Katni city which is a big industrial centre and a growing city in the State of Madhya Pradesh with a large international local people there are facing lots of inconveniences;

(b) if so, whether efforts are being made by the Government to set up Passport office in Katni;

(c) if so, the details thereof; and

(d) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (d) For the convenience of citizens, Ministry of External Affairs in association with Department of Posts (DoP) decided in January 2017 to open Passport Seva Kendras (PSK) at Head Post Offices (HPO)/Post Offices (PO) in the country called Post Office Passport Seva Kendras (POPSK) in each Lok Sabha Constituency (LSC) where there is no PSK or POPSK. As on date, 93 PSKs and 442 POPSKs have been set up across the country and are operational to cater to the needs of passport seekers. Some parts of Katni district come under the Khajuraho LSC and some under Shahdol LSC. These LSCs already have operational PoPSKs at Chhatarpur and Shahdol since 10.02.2019 and 02.03.2024 respectively.

Appointment for Passport application are available for the next working day. In addition to this, POPSK Jabalpur (95 kms) and POPSK Damoh (107 kms) are also operational in neighbouring LSCs. Additionally, there are two (02) Passport Seva Kendras (PSKs) - one each in Bhopal and Indore; and twenty two (22) Post Office Passport Seva Kendras (POPSKs) working under the jurisdiction of Regional Passport Office, Bhopal, in Madhya Pradesh.

PMMV YOJANA

4224. SHRI RAJESHBHAI NARANBHAI CHUDASAMA:

SHRIMATI KALABEN MOHANBHAI DELKAR:

SHRI GYANESHWAR PATIL:

**SHRI OMPRAKASH BHUPALSINH ALIAS PAVAN
RAJENIMBALKAR:**

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

- (a) the salient features of Pradhan Mantri Matru Vandana Yojana (PMMVY) launched in the country;
- (b) the details of funds allocated along with the number of women benefitted under the said scheme during the last five years, State/UT-wise and district-wise in Madhya Pradesh and Dadra and Nagar Haveli;
- (c) whether Government has formulated any scheme to provide assistance to women under PMMVY in the country particularly in aspirational districts, if so, the details and the status thereof;
- (d) whether women in Madhya Pradesh and Dadra and Nagar Haveli are not getting the benefits of said scheme; if so, the details thereof along with the reasons therefor;
- (e) the details of the measures/action being taken by the Government to make the said scheme accessible to deprived women, in the said State and UT; and
- (f) whether the Government is implementing any other scheme for this purpose, if so, the details thereof particularly in Osmanabad district in Maharashtra?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) The salient features of the Pradhan Mantri Matru Vandana Yojana (PMMVY) are given in the enclosed **Statement-I**.

(b) The State/UT-wise details of central share of funds released and total number of beneficiaries provided maternity benefits under PMMVY during the last five years are given in the enclosed **Statement-II**. The funds under PMMVY are released to States/UTs. The district-wise total number of beneficiaries provided maternity benefits under PMMVY in the State of Madhya Pradesh and Union Territory of The Dadra and Nagar Haveli and Daman and Diu during the last five years is given in the enclosed **Statement-III**.

(c) The Ministry of Women and Child Development is implementing PMMVY across the country including aspirational districts of the country. However, the State Government of Telangana is not implementing PMMVY in the State. The details of number of beneficiaries provided maternity benefits since inception of the scheme and till 16.12.2024 in aspirational districts of the country is given in the enclosed **Statement-IV**.

(d) No, Sir. Eligible beneficiaries across the country, including Madhya Pradesh and The Dadra and Nagar Haveli and Daman and Diu are provided maternity benefits under PMMVY.

(e) The Ministry conducts various awareness programs including those on Maternity Benefits through SANKALP-Hub for Empowerment of Women (HEW) scheme for all States/UTs including Madhya Pradesh and UT of The Dadra and Nagar Haveli and Daman and Diu. It includes various Information, Education and Communication (IEC) and Behavior Change Communication (BCC) activities such as Prabhat Pheri, Nukkad Natak, Newspaper Advertisements, Airing Radio Jingles, Selfie Campaign, Door to Door Campaign, Community Programmes which are conducted at field functionary levels. Further, the Ministry is also running special campaign for registration of eligible beneficiaries in all the States and UTs, including Madhya Pradesh and UT of The Dadra and Nagar Haveli and Daman and Diu, under PMMVY on a periodic basis.

(f) Beti Bachao Beti Padhao (BBBP) scheme was launched on January 22, 2015 as a collaborative effort by the Ministry of Women and Child Development with the Ministry of Education, and Ministry of Health and Family Welfare. It focuses on preventing gender-biased sex-selective practices, ensuring survival and protection of the girl child and promoting her education. BBBP is a centrally sponsored scheme with 100% funding by the Central Government in all the districts of the country, including Osmanabad district of Maharashtra, under Sambal vertical of Mission Shakti. The government of West Bengal is not implementing BBBP.

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Health Mission (NHM) being implemented by Ministry of Health and Family Welfare. Launched with the objective of reducing maternal and neonatal mortality, the JSY promotes institutional delivery among pregnant women especially with weak socio-economic status i.e. women from Scheduled Castes (SC), Scheduled Tribes (ST) and Below Poverty Line (BPL) households. The scheme, launched on 12 April 2005, is under implementation in all states and Union Territories (UTs), with a special focus on Low Performing States (LPS). Financial assistance under JSY is available to all pregnant women in those States/UTs that have low institutional delivery rates, namely, the States of Assam, Bihar, Chhattisgarh, Jharkhand, Jammu and Kashmir, Ladakh, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand. These States are categorized as Low Performing States (LPS). However, in remaining States where the levels of institutional delivery are satisfactory, pregnant women from BPL/SC/ST households only are entitled for JSY benefit. These states are categorized as High Performing States (HPS) under JSY. The State of Maharashtra including Osmanabad district falls under HPS where cash assistance of Rs.1,400 and Rs.700 is provided for institutional delivery to pregnant women from BPL/SC/ST in rural and urban area respectively. The cash assistance of Rs.500 is also provided to pregnant women from BPL in case of home delivery across the country.

STATEMENT-I

Salient features of the Pradhan Mantri Matru Vandana Yojana (PMMVY)

(i) The maternity benefit, is available to Pregnant Woman and Lactating Mothers (PWandLM) aged between 18 years 7 months and 55 years belonging to socially and economically disadvantaged section of the society for the first two living children subject to condition that the second child is girl upon fulfilment of conditionalities. All PWandLM 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 for first child are as under:

Cash Transfer	Conditions	Amount in ₹
First Installment	On registration of pregnancy and at least one Ante-natal check-up within 6 months from Last Menstrual Period (LMP) date at the Anganwadi Centre (AWC)/ approved Health facilities identified by the respective administering State/UT	3,000/-
Second Installment	<ul style="list-style-type: none"> • Child Birth is registered • Child has received all due vaccines till the age of fourteen weeks as admissible under the Universal 	2,000/-

	Immunization Programme of Ministry of Health and Family Welfare	
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(iii) The conditionalities and number of instalments under PMMVY for second child are as under:

Cash Transfer	Conditions	Amount in ₹
Single Installment	On registration of pregnancy and at least one Ante-natal check-up within 6 months from LMP date at the Anganwadi Centre (AWC)/approved Health facilities identified by the respective administering State/UT. The girl child birth shall be registered under this scheme. The girl child has received all due vaccines till the age of fourteen weeks as admissible under the Universal Immunization Programme of Ministry of Health and Family Welfare.	6,000/-

(iv) The criteria for determining socially and economically disadvantaged section of the society are:

Women belonging to scheduled castes and scheduled tribes;

- i. Women who are partially (40%) or fully disabled (Divyang Jan)
- ii. Women holder of BPL ration Card

- iii. Women Beneficiaries under Pradhan Mantri Jan Aarogya Yojana (PMJAY) under Ayushman Bharat.
 - iv. Women holding E-shram card
 - v. Women farmers who are beneficiaries under Kisan Samman Nidhi
 - vi. Women holding MGNREGA Job Card
 - vii. Women whose net family income is less than ₹8 Lakh per annum
 - viii. Pregnant and Lactating AWWs/ AWHs/ ASHAs
 - ix. Women holding Ration Card under NFSA Act 2013
- (v) Mother and Child Protection (MCP) Card is the verification tool for verification of fulfilment of conditionalities.
- (vi) The maternity benefits to the beneficiaries under PMMVY are transferred directly to their Aadhaar seeded Bank/Post Office account in Direct Benefit Transfer Mode.
- (vii) The beneficiary can apply for benefits under the PMMVY Scheme within 270 days from the date of Childbirth subject to fulfilment of all the other eligibility criteria under the Scheme.
- (viii) 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 and Child Development Department/Social Welfare Department or through Health and Family Welfare Department.

STATEMENT-II

State/UT-wise and Year-wise details of central share of funds released and number of beneficiaries provided maternity benefits during the last five years under PMMVY

Sl. No	State/UT	2019-20		2020-21		2021-22		2022-23		2023-24	
		Funds Released (Rupees in Crore)	No. of Beneficiaries Provided Maternity Benefits	Funds Released (Rupees in Crore)	No. of Beneficiaries provided Maternity Benefits	Funds Released (Rupees in Crore)	No. of Beneficiaries provided Maternity Benefits	Funds Released (Rupees in Crore)	No. of Beneficiaries provided Maternity Benefits	Funds Released (Rupees in Crore)	No. of Beneficiaries provided Maternity Benefits
1	ANDAMAN AND NICOBAR ISLANDS	1.27	2,357	0.98	2,189	1.19	1,646	0.18	2,063	0.00	856
2	ANDHRA PRADESH	101.25	5,12,663	14.39	2,92,244	20.22	71,393	71.89	5,22,323	57.99	1,50,288
3	ARUNACHAL PRADESH	0.00	9,320	8.72	8,527	0.56	4,639	1.43	5,770	0.00	1,399
4	ASSAM	125.95	4,17,902	94.69	2,01,408	35.47	2,85,496	79.18	2,34,220	155.05	1,60,354
5	BIHAR	101.88	8,91,182	319.98	11,87,062	211.74	4,88,941	171.74	8,52,364	0.00	1,01,686
6	CHANDIGARH	3.99	9,372	4.40	7,945	1.89	8,083	0.62	9,597	4.08	3,038
7	CHHATTISGARH	52.93	2,49,697	9.66	1,83,329	38.66	1,92,977	72.75	2,36,812	0.00	83,540
8	DELHI	26.88	1,04,049	5.46	80,606	28.31	1,26,519	31.46	1,25,739	27.15	42,130
9	GOA	1.40	6,342	0.12	6,171	1.09	4,416	1.61	8,652	0.00	1,486
10	GUJARAT	102.68	4,07,749	0.00	1,62,831	46.32	93,346	17.92	3,04,041	75.64	1,58,132
11	HARYANA	65.87	2,16,901	7.36	1,19,876	40.02	2,10,775	63.66	2,22,934	0.00	12,624
12	HIMACHAL PRADESH	33.69	81,510	7.73	67,528	21.17	68,439	14.19	71,966	10.56	9,315
13	JAMMU AND KASHMIR	30.12	84,365	7.50	60,382	39.34	1,11,941	20.60	83,247	33.60	13,012
14	JHARKHAND	63.38	2,72,433	16.27	1,80,113	58.39	1,86,996	29.27	1,46,338	0.00	64,824
15	KARNATAKA	119.53	5,37,546	37.92	50,7991	142.77	4,79,537	148.87	8,15,729	113.96	1,64,345
16	KERALA	64.19	2,73,194	15.29	2,16,856	53.37	2,88,413	53.96	2,46,069	61.06	76,924
17	LADAKH*	0.00	1,437	0.76	1,173	0.38	1,071	0.31	906	0.69	1,400
18	LAKSHADWEEP	0.18	327	0.06	673	0.11	481	0.14	116	0.23	531
19	MADHYA PRADESH	285.16	9,88,762	62.78	9,33,840	130.29	9,10,123	204.02	9,52,957	105.51	4,18,306
20	MAHARASHTRA	294.14	10,31,881	113.11	8,08,456	99.50	8,06,294	240.83	9,89,233	0.00	93,891
21	MANIPUR	4.12	23,980	6.48	16,441	1.15	8,352	3.45	8,009	7.93	7,685

22	MEGHALAYA	4.21	16,816	5.08	10,004	5.08	12,689	6.26	11,806	0.00	3,818
23	MIZORAM	8.12	9,397	5.46	7,378	2.90	8,155	1.99	8,771	1.40	2,423
24	NAGALAND	2.67	15,208	1.39	6,074	4.98	4,677	2.03	5,883	2.42	2,473
25	ODISHA	0.00	1	0.00	0	0.00	0	0.00	0	0.00	0
26	PUDUCHERRY	1.60	10,554	0.85	6,472	2.39	9,135	1.96	9,293	0.00	243
27	PUNJAB	35.54	1,49,721	12.79	1,27,690	16.47	59,588	18.82	1,95,429	32.05	83,221
28	RAJASTHAN	96.52	5,35,320	100.02	4,51,779	108.20	4,76,480	81.84	5,66,822	123.23	1,86,182
29	SIKKIM	0.88	4,630	0.57	3,314	0.42	3,334	0.70	3,568	1.28	898
30	TAMIL NADU	46.21	5,24,125	93.39	4,73,257	52.31	2,78,921	68.03	2,42,546	0.00	2,86,823
31	TELANGANA	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
32	THE DADRA AND NAGAR HAVELI AND DAMAN AND DIU	2.51	6,527	0.34	4,734	0.00	4,771	1.84	6,448	0.91	2,845
33	TRIPURA	5.29	42,712	7.55	25,197	6.04	18,052	3.27	29,787	11.31	7,690
34	UTTAR PRADESH	405.56	16,45,123	99.28	13,02,774	290.85	9,91,992	500.68	17,60,492	0.00	2,77,011
35	UTTARAKHAND	27.66	75,864	18.97	80,992	20.71	71,954	16.69	90,803	30.35	48,451
36	WEST BENGAL	87.69	5,10,900	0.00	12,864	46.94	166	63.22	9,21,812	0.00	0

* Before 2020-21, Ladakh has been included as part of Jammu and Kashmir.

STATEMENT-III

Year-wise and District-wise details of number of beneficiaries provided maternity benefits during the last five years under PMMVY in Madhya Pradesh and The Dadra and Nagar Haveli and Daman and Diu

Madhya Pradesh

S. No.	Name of the District	Number of Beneficiaries provided Maternity Benefits				
		2019-20	2020-21	2021-22	2022-23	2023-24
1	AGAR MALWA	7,458	7,090	6,820	6,777	3,404
2	ALIRAJPUR	11,292	10,114	8,668	9,577	3,402
3	ANUPPUR	9,715	7,898	7,504	8,557	4,474
4	ASHOKNAGAR	12,408	12,008	12,509	11,446	7,305
5	BALAGHAT	20,650	19,690	22,178	21,002	11,963
6	BARWANI	18,230	17,857	17,504	17,298	11,753
7	BETUL	18,946	19,834	20,493	21,613	10,528
8	BHIND	21,287	19,237	17,376	16,752	6,732

9	BHOPAL	32,389	30,570	29,644	28,893	10,920
10	BURHANPUR	8,954	9,355	9,858	9,459	4,957
11	CHHATARPUR	20,976	21,927	21,346	24,706	11,660
12	CHHINDWARA	25,269	26,775	27,389	29,728	12,507
13	DAMOH	16,766	15,640	16,372	17,160	5,978
14	DATIA	10,723	9,636	9,968	11,057	5,191
15	DEWAS	22,830	19,858	20,791	21,346	9,062
16	DHAR	34,441	30,992	29,875	32,821	13,703
17	DINDORI	9,666	9,384	8,870	9,687	4,988
18	EAST NIMAR	18,732	16,368	16,831	16,804	5,261
19	GUNA	18,247	18,413	17,157	17,488	9,252
20	GWALIOR	26,048	23,085	23,622	23,983	8,894
21	HARDA	7,024	7,877	7,615	8,010	2,535
22	INDORE	40,577	46,017	50,718	51,878	21,513
23	JABALPUR	34,391	29,366	31,314	33,453	14,445
24	JHABUA	25,586	17,778	13,116	14,321	6,970
25	KATNI	16,868	15,740	14,278	15,424	7,229
26	KHARGONE	23,681	24,024	23,744	23,805	12,405
27	MAIHAR	0	0	0	0	0
28	MANDLA	14,136	11,866	11,874	12,893	7,804
29	MANDSAUR	17,297	16,190	16,038	17,184	7,774
30	MAUGANJ	0	0	0	0	,312
31	MORENA	27,876	26,247	23,893	23,198	8,232
32	NARMADAPURAM	14,751	15,529	15,108	16,231	6,376
33	NARSINGHPUR	12,196	12,434	12,643	13,376	4,782
34	NEEMUCH	9,177	9,327	9,757	10,209	4,363
35	NIWARI	5,283	5,288	5,329	5,221	1,876
36	PANDHURNA	0	0	0	0	0
37	PANNA	12,429	12,677	12,815	13,716	6,755
38	RAISEN	17,887	18,919	17,311	18,674	7,292
39	RAJGARH	24,710	22,480	21,755	23,063	8,533
40	RATLAM	21,105	19,293	18,788	20,974	9,431
41	REWA	33,005	28,166	25,177	26,783	8,020
42	SAGAR	29,357	29,331	27,829	29,231	11,265
43	SATNA	29,620	25,824	23,196	26,303	11,926
44	SEHORE	19,179	20,228	18,681	18,716	8,873
45	SEONI	18,817	18,270	18,583	20,217	9,457
46	SHAHDOL	15,986	13,569	12,057	13,137	6,857
47	SHAJAPUR	13,871	12,683	12,481	12,500	6,583
48	SHEOPUR	10,642	9,903	8,789	9,671	4,070

49	SHIVPURI	22,332	20,765	21,679	22,167	9,798
50	SIDHI	16,079	14,718	12,694	13,240	4,997
51	SINGRAULI	16,198	16,037	13,686	15,258	5,879
52	TIKAMGARH	15,525	13,669	13,792	14,022	7,747
53	UJJAIN	27,268	25,320	24,333	27,605	9,853
54	UMARIA	9,691	8,352	7,494	7,908	4,660
55	VIDISHA	21,191	20,222	18,781	18,415	7,760

Note:- Number of Beneficiaries who have been paid at least one instalment under PMMVY. The number of beneficiaries paid in a particular FY may include those who have been enrolled in the previous years as well.

The Dadra & Nagar Haveli and Daman & Diu

S. No.	Name of the District	Number of Beneficiaries provided Maternity Benefits				
		2019-20	2020-21	2021-22	2022-23	2023-24
1	DADRA AND NAGAR HAVELI	4,412	3,280	3,200	4,559	1,979
2	DAMAN	1,757	1,137	1,356	1,612	697
3	DIU	358	317	215	277	169

Note:- Number of Beneficiaries who have been paid at least one instalment under PMMVY. The number of beneficiaries paid in a particular FY may include those who have been enrolled in the previous years as well.

STATEMENT-IV

Details showing number of beneficiaries provided maternity benefits under PMMVY since inception of the scheme and till 16.12.2024 in Aspirational Districts of the country

Sl. No.	Name of the State	Name of the Aspirational District	Number of Beneficiaries Provided Maternity Benefits
1	Andhra Pradesh	Vizianagaram	72,928
2	Andhra Pradesh	Visakhapatnam	65,690
3	Andhra Pradesh	Y.S.R. Kadapa	82,355
4	Arunachal Pradesh	Namsai	1,728
5	Assam	Goalpara	42,784
6	Assam	Barpeta	96,935

7	Assam	Hailakandi	27,550
8	Assam	Baksa	35,988
9	Assam	Darrang	47,508
10	Assam	Udalguri	27,803
11	Assam	Dhubri	68,306
12	Bihar	Sitamarhi	93,710
13	Bihar	Araria	85,493
14	Bihar	Purnia	86,455
15	Bihar	Katihar	1,15,757
16	Bihar	Muzaffarpur	1,70,446
17	Bihar	Begusarai	1,56,171
18	Bihar	Khagaria	58,744
19	Bihar	Banka	92,491
20	Bihar	Sheikhpura	21,728
21	Bihar	Aurangabad	91,456
22	Bihar	Gaya	1,33,556
23	Bihar	Nawada	95,963
24	Bihar	Jamui	54,101
25	Chhattisgarh	Korba	40,023
26	Chhattisgarh	Rajnandgaon	67,140
27	Chhattisgarh	Mahasamund	43,791
28	Chhattisgarh	Kanker	26,033
29	Chhattisgarh	Narayanpur	3,129
30	Chhattisgarh	Dantewada	9,639
31	Chhattisgarh	Bijapur	4,924
32	Chhattisgarh	Bastar	29,177
33	Chhattisgarh	Kondagaon	16,573
34	Chhattisgarh	Sukma	7,577
35	Gujarat	Dahod	63,938
36	Gujarat	Narmada	14,193
37	Haryana	Mewat (Nuh)	18,935
38	Himachal Pradesh	Chamba	22,822
39	Jammu and Kashmir	Kupwara	29,795
40	Jammu and Kashmir	Baramulla	37,613
41	Jharkhand	Garhwa	33,186
42	Jharkhand	Chatra	24,065
43	Jharkhand	Giridih	58,163
44	Jharkhand	Godda	40,932
45	Jharkhand	Sahibganj	37,940
46	Jharkhand	Pakur	25,410

47	Jharkhand	Bokaro	53,472
48	Jharkhand	Lohardaga	18,112
49	Jharkhand	Purbi Singhbhum	45,825
50	Jharkhand	Palamu	57,426
51	Jharkhand	Latehar	18,782
52	Jharkhand	Hazaribagh	47,952
53	Jharkhand	Ramgarh	23,947
54	Jharkhand	Dumka	47,394
55	Jharkhand	Ranchi	60,479
56	Jharkhand	Khunti	17,389
57	Jharkhand	Gumla	41,239
58	Jharkhand	Simdega	19,672
59	Jharkhand	Pashchimi Singhbhum	41,728
60	Karnataka	Raichur	89,329
61	Karnataka	Yadgir	81,805
62	Kerala	Wayanad	23,559
63	Madhya Pradesh	Chhatarpur	1,09,579
64	Madhya Pradesh	Damoh	73,484
65	Madhya Pradesh	Barwani	93,583
66	Madhya Pradesh	Rajgarh	97,587
67	Madhya Pradesh	Vidisha	85,221
68	Madhya Pradesh	Guna	80,370
69	Madhya Pradesh	Singrauli	70,232
70	Madhya Pradesh	Khandwa (East Nimar)	74,291
71	Maharashtra	Nandurbar	50,578
72	Maharashtra	Washim	37,854
73	Maharashtra	Gadchiroli	45,597
74	Maharashtra	Osmanabad	53,925
75	Manipur	Chandel	1,750
76	Meghalaya	Ribhoi	7,488
77	Mizoram	Mamit	5,206
78	Nagaland	Kiphire	1,700
79	Odisha	Dhenkanal	State was not implementing PMMVY
80	Odisha	Gajapati	State was not implementing PMMVY
81	Odisha	Kandhamal	State was not implementing PMMVY
82	Odisha	Balangir	State was not implementing PMMVY
83	Odisha	Kalahandi	State was not implementing PMMVY
84	Odisha	Rayagada	State was not implementing PMMVY
85	Odisha	Koraput	State was not implementing PMMVY
86	Odisha	Malkangiri	State was not implementing PMMVY

87	Odisha	Nabarangpur	State was not implementing PMMVY
88	Odisha	Nuapada	State was not implementing PMMVY
89	Punjab	Moga	22,184
90	Punjab	Firozpur	27,760
91	Rajasthan	Dholpur	58,068
92	Rajasthan	Karauli	52,117
93	Rajasthan	Jaisalmer	17,005
94	Rajasthan	Sirohi	34,267
95	Rajasthan	Baran	65,282
96	Sikkim	West Sikkim (Gyalshing)	4,161
97	Tamil Nadu	Virudhunagar	44,714
98	Tamil Nadu	Ramanathapuram	34,060
99	Telangana	Asifabad	State is not implementing PMMVY
100	Telangana	Bhoopalapally	State is not implementing PMMVY
101	Telangana	Bhadradi-Kothagudem	State is not implementing PMMVY
102	Tripura	Dhalai	10,456
103	Uttar Pradesh	Chitrakoot	36,142
104	Uttar Pradesh	Fatehpur	60,304
105	Uttar Pradesh	Bahraich	1,39,041
106	Uttar Pradesh	Shrawasti	29,913
107	Uttar Pradesh	Balrampur	73,201
108	Uttar Pradesh	Siddharthnagar	69,842
109	Uttar Pradesh	Chandauli	55,612
110	Uttar Pradesh	Sonbhadra	51,505
111	Uttarakhand	Udham Singh Nagar	74,150
112	Uttarakhand	Haridwar	66,536

EMPANELMENT OF THE GOVERNMENT ADVOCATES

4225. SHRIMATI ROOPKUMARI CHOUDHARY:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) the details of empanelled advocate posts across the country and the number of the said posts that are currently vacant, State-wise;

- (b) the number of advocate posts empanelled under the Central Government and the number of said posts that are currently vacant;
- (c) the steps taken/proposed to be taken by the Government to fill up the existing vacancies of empanelled advocates and ensure efficient legal representation; and
- (d) the details of any specific guidelines or criteria established for the empanelment of advocates under the Central Government?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE;
AND MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY
AFFAIRS (SHRI ARJUN RAM MEGHWAL):**

- (a) and (b): The Department of Legal Affairs empanels Advocates for various Courts/ Tribunals in the country generally for a period of three years or until further orders, whichever is earlier. There are several categories in which the Department of Legal Affairs empanels Advocates and such empanelled Advocates are collectively called as 'Panel Counsel' for Union of India. Panel Counsels are not appointed against a civil post. They are paid professional fee on case to case basis and monthly retainer fee (applicable to a few categories of panel counsel) in lieu of their services as per the applicable fee structure of the Department of Legal Affairs.

In light of the above description, the concept of sanctioned strength is not applicable in case of 'Panel Counsel'. However, Advocates are

empaneled for various Courts/Tribunals by the Department of Legal Affairs in numbers as required from time to time to conduct Central Government litigation in various Courts/Tribunals.

The State-wise chart of present strength of Panel Counsel is enclosed **Statement.**

(c): In view of reply to part (a) and (b) above, does not arise.

(d): As per extant procedure, an Advocate who is enrolled with Bar Council and suitable with regard to his/her qualification, experience, reputation, expertise, professional competence and standing at Bar, is empanelled for conducting Central Government litigation before various Courts/Tribunals.

STATEMENT

The State-wise list of Panel Counsel of Department of Legal Affairs before various Courts / Tribunals

S.No.	Name of State / UT	Total number of Panel Counsels
1.	Andaman and Nicobar	13
3.	Andhra Pradesh	40
4.	Arunachal Pradesh	11
5.	Assam	49

6.	Bihar	147
7.	Chandigarh	336
8.	Chattisgarh	37
9.	Dadra Nagar Haveli	0
10.	Daman and Diu	0
11.	Delhi (including Supreme Court of India)	2322
12.	Goa	4
13.	Gujarat	34
14.	Haryana	81
15.	Himachal Pradesh	77
16.	Jammu and Kashmir	88
17.	Jharkhand	100
18.	Karnataka	227
19.	Kerala	293
2.	Ladakh	1
20.	Lakshadeep	6
21.	Madhya Pradesh	184
22.	Maharashtra	460
23.	Manipur	19
24.	Meghalaya	3
25.	Mizoram	1
26.	Nagaland	5
27.	Odisha	194
28.	Puducherry	0
29.	Punjab	87
30.	Rajasthan	434
31.	Sikkim	2
32.	Tamil Nadu	330
33.	Telengana	216
34.	Tripura	57

36.	Uttar Pradesh	731
35.	Uttarakhand	39
37.	West Bengal	683
	Total	7311

Note: Apart from above, a total of **267 Advocates** are empaneled by the Central Board of Direct Taxes as Standing Counsel, across the country, for conducting Income Tax matters before various judicial forums.

DISEASE PREVENTION PROGRAMME IN DEPRIVED AREAS

4226. SHRI SASIKANTH SENTHIL:

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

- (a) the steps taken/proposed to be taken by the Government to strengthen the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in deprived areas;
- (b) the measures taken by the Government to address mental health challenges, especially in rural areas including integration of mental health education in schools;
- (c) the details of progress achieved in implementing tobacco and alcohol control measures including amendments to the COTPA Act; and
- (d) the efforts being made to combat rising obesity rates and improve maternal and child health outcomes particularly in high-burden regions?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a): The Department of Health and Family Welfare, Government of India, provides technical and financial support to the States and Union Territories across the country including in deprived areas under the National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) as part of National Health Mission (NHM). The programme focuses on strengthening infrastructure, human resource development, early diagnosis, referral to an appropriate level of healthcare facility for treatment, management, health promotion and awareness generation for prevention, of Non-Communicable Diseases (NCDs). Under NP-NCD, 770 District NCD Clinics, 372 District Day Care Centres, 233 Cardiac Care Units and 6410 Community Health Centre NCD Clinics have been set up.

A population-based initiative for screening, management and prevention of common NCDs including diabetes, hypertension, oral cancer, breast cancer and cervical cancer have been rolled out as part of comprehensive Primary Health Care under National Health Mission (NHM). Screening of these common NCDs is an integral part of service delivery.

Further, initiatives for increasing public awareness about NCDs and for promotion of healthy lifestyle include observance of health days related to

NCDs, use of social media for continued community awareness. Financial support under National Health Mission (NHM) for awareness generation activities for NCDs is provided to States/Union Territories as per their Programme Implementation Plans (PIPs).

In the community, Accredited Social Health Activist (ASHA) plays a pivotal role in spreading awareness about NCDs. ASHAs educate individuals and families on the importance of adopting healthy lifestyles, including nutritious diets, regular physical activity, and avoidance of use of tobacco and alcohol. (ASHAs emphasize the significance of early detection through regular health check-ups and screenings, enabling timely intervention through home visits, group meetings, and participation in health campaigns).

(b) to (d): National Mental Health Programme (NMHP) focus on providing affordable and accessible mental healthcare facilities under National Health Mission. Mental health facilities made available at the Community Health Centre (CHC) and Primary Health Centre (PHC) levels, include outpatient services, assessment, counselling/ psycho-social interventions, continuing care and support to persons with severe mental disorders, drugs, outreach services, ambulance services etc. In addition to above services there is a provision of 10 bedded in-patient facility at the District level.

Mental health services have been added in the package of services under Comprehensive Primary Health Care provided at Ayushman Arogya Mandirs. Operational guidelines on Mental, Neurological, and Substance Use Disorders (MNS) at Ayushman Arogya Mandirs have been released under the ambit of Ayushman Bharat. As on 22.11.2024, 36 States and Union Territories have set up 53 Tele MANAS Cells and have started tele mental health services. More than 15,95,000 calls have been handled on the helpline number. Tele Manas Mobile Application has also launched to provide support for mental health issues.

Details of progress in implementation of tobacco control measures are as follow:

(i) Regular communication with the States and Union Territories for effective implementation of tobacco control laws “Cigarette and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act 2003” (COTPA 2003) and Prohibition of Electronic Cigarette (Production, manufacture, import, export, transport, sale, distribution, storage and advertisement) Act 2019 (PECA 2019) and to take action against violations.

(ii) Extending the TV and Film rules, 2012, to the Over-The -Top (OTT) platforms and Regulation of Trade and Commerce, Production, Supply and Distribution)[COPTA Amendment Rules 2023].

(iii) 60 days Tobacco Free Youth Campaign was launched in 2023. This year too, a 60 days Tobacco Free Youth Campaign 2.0 was launched with the expanded strategies and a stronger focus on social media engagement for educating and empowering the youth regarding the harmful effect of tobacco.

(iv) As on date, 43,793 educational institutions are made tobacco free.

(v) 7,62,147 persons have received counselling services through Quitline Centres and tobacco cessation centres established across the country.

(vi) Three important guidelines (a) Health Workers Guide, (b) SOPs for villages to be Tobacco Free and (c) Guidelines for Law Enforcers for Effective Implementation of Tobacco Control Laws 2024 were also launched during this year.

(vii) A major achievement has been made under this programme to make the workplace and public space tobacco free.

Food Safety and Standards Authority of India (FSSAI) has notified the Food Safety and Standards (Safe food and balanced diets for children in school) Regulations, 2020. These regulations place a restriction on sale of food products high in saturated fat or transfat or added sugar or sodium to school children in school canteens/mess premises/hostel kitchens or within 50 meters of the school campus and also a restriction on advertisement of such products in these areas. Further, it also specifies when marketing foods to children in school premises or campus, the Food Business Operators shall

provide food to children which is not high in saturated fat or trans-fat or added sugar or sodium.

FSSAI has also notified Food Safety and Standards (Alcoholic Beverages) Regulations, 2018 and has mandated 'Specific Labelling Requirements for Alcoholic Beverages', Statutory warning on the label has to be mandatorily printed on the label of the alcohol products being sold.

FSSAI conducts awareness camps on regular basis across the country on adoption of healthy eating habits amongst citizens through its "Eat Right India" initiative. So far 531 number of "Eat Right India" camps have been conducted. As part of the initiative, awareness is generated about side effects due to consumption of foods high in fat, salt and sugar through its nationwide media campaign called 'Aaj se Thoda Kam' and a series of short videos (with dubbing in 12 regional languages).

FSSAI has also launched social media campaign "Recipe Ravivaar" to promote healthier food options. Further, online competitive challenges are also organized by FSSAI for spreading awareness among the citizens of the country to reduce consumption of fat, salt and Sugar. Also, Network of Professionals in Food and Nutrition (NETPROFAN) has also been carried out for intensive campaigns for awareness on healthy eating habits.

Children from 0 to 18 years of age are screened for 32 health conditions (i.e. Diseases, Deficiencies, Defects and Developmental delay) under Rashtriya Bal Swasthya Karyakram (RBSK) to improve child survival. District Early Intervention Centres (DEICs) at district health facility level are established for confirmation and management of children screened under RBSK.

School Health and Wellness Programme (SHandWP) is a joint initiative of Ministry of Health and Family Welfare and Ministry of Education to foster growth, development and educational achievement of school going children by promoting their health and wellbeing. Two teachers from each school are identified and trained as 'Health and Wellness Ambassadors (HWAs)' on 11 thematic areas including the Emotional Well-being and Mental Health.

NANO UREA

4227. SHRI MURASOLI S:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) the details of the steps taken to promote Nano Urea;
- (b) whether scientific studies have been undertaken for the efficacy of Nano urea, if so, the details thereof;
- (c) whether Nano urea is safe for crops, if so, the details thereof; and
- (d) the details of the side effects of Nano urea?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): In order to promote the use of “Nano Urea” amongst the farmers, the following steps have been taken :-

- i. Use of Nano Urea is promoted through different activities such as awareness camps, webinars, nukkad nataks, field demonstrations, Kisan Sammelans and films in regional languages etc.
- ii. Nano Urea is made available at Pradhan Mantri Kisan Samridhi Kendras (PMKSKs) by concerned companies.
- iii. Nano Urea has been included under monthly supply plan issued by Department of Fertilizers regularly.
- iv. ICAR through Indian Institute of Soil Science, Bhopal recently organized National Campaign on “Efficient and Balanced Use of Fertilizer (including Nano-fertilizers)”.
- v. Promotion of use of nano fertilizers was done during the Viksit Bharat Sankalp Yatra (VBSY) which was launched on 15th November, 2023.
- vi. With an aim to provide drones to 15,000 women Self Help Groups (SHGs), the Government of India has launched the 'Namo Drone Didi' Scheme. Under the said scheme, 1094 drones have been made available by fertilizer companies to Namo Drone Didis of Women Self Help Groups, which is ensuring increased application of nano fertilizers through drones.

vii. DoF in collaboration with fertilizer companies has initiated a Maha Abhiyan for adoption of Nano DAP in all 15 agro-climatic zones of the country through consultations and field level demonstrations. Further, DoF in collaboration with fertilizer companies has also launched campaign for field level demonstrations and awareness programs of Nano Urea plus in 100 districts of the country.

(b) to (d): Based on the bio-efficacy trials at multiple locations by Indian Council of Agricultural Research (ICAR) institutions and State Agricultural Universities (SAUs) and bio-safety test results, Department of Agriculture and Farmers Welfare (DAandFW) had provisionally notified Nano Urea as Nano Nitrogen Fertilizers in Fertilizer Control Order, 1985. These experimental trials were conducted of Nano urea on different crops such as paddy, Wheat, Mustard, Maize, Tomato, Cabbage, Cucumber, Capsicum and Onion in different agro-climatic zones.

The study indicated that two spray of nano urea as top-dressing alongwith recommended basal dose of nitrogen gave comparable yield to that obtained with full recommended dose of nitrogen with yield advantage of 3-8% and urea saving of 25-50% in various crops.

ONE NATION ONE ELECTION

4228. SHRI DAYANIDHI MARAN:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) the manner in which the One Nation One election proposal ensure that the federal autonomy of States is maintained, especially if elections are held simultaneously;
- (b) the steps taken/proposed to be taken to address logistical, technological, and legal challenges to unify electoral rolls required for common electoral roll alignment between the ECI and State commissions;
- (c) whether the Government studied the potential impact of simultaneous elections on voter behaviour and engagement, especially regarding the risk of national parties' election expenditure overpowering regional parties and the subsequent effect of money power in holding free and fair elections; and
- (d) whether Election Commission is currently prepared to manage simultaneous elections, in terms of infrastructure, manpower and technology, if so, the details thereof?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

- (a): The Government has introduced in Lok Sabha on 17-12-2024, a Bill, namely, the Constitution (One Hundred and Twenty-ninth Amendment) Bill, 2024 which seeks to insert a new article 82A and to amend the articles 83 and 172 of the Constitution and another Bill, namely the Union Territories Laws (Amendment) Bill, 2024, so as to enable the holding of simultaneous elections

to the House of the People and Legislative Assemblies together which does not affect the federal autonomy of States. Moreover, the first four General elections to the House of the People and all the State Legislative Assemblies were held simultaneously. Hence, adoption of One Nation, One Election in India is in line with the principles of collaborative federalism.

(b): The Government had constituted a High Level Committee (HLC) under the Chairmanship of Shri Ramnath Kovind, former President, to examine the issue of simultaneous elections and make recommendations for holding simultaneous elections in the country. The HLC for the purpose of, common electoral roll alignment between the Election Commission of India (ECI) and State Commissions, recommended that article 325 may suitably be amended to the effect that the ECI shall make the electoral roll and Elector's Photo Identity Card in consultation with the State Election Commissions. The Report of the HLC has since been accepted by the Government.

(c): The HLC in Chapter 7 of its Report, while explaining the rationale of simultaneous election has discussed the impact of simultaneous elections on regional parties. The same is available at website <https://onoe.gov.in/HLC-Report>.

(d): The HLC during its consultation process also consulted with the Election Commission of India which in turn had submitted its written response detailing the various requirements for conduct of simultaneous elections. The response

of the Election Commission is at pages 3552 -3573 of Volume V of the Annexure of the HLC Report, which is available on its website at <https://onoe.gov.in/HLC-Report-annexure>.

INDIAN FISHERMEN DETAINED IN PAKISTAN JAILS

4229. DR. KALANIDHI VEERASWAMY:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state :-

- (a) whether the government has the data of Indian fishermen arrested and detained in Pakistan jails;
- (b) if so, the details thereof, State-wise including Tamil Nadu;
- (c) the details of the duration of their imprisonment; and
- (d) the steps taken/proposed to be taken by the Government to ensure their safe release and repatriation?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

- (a) to (d) As per the 'India-Pakistan Agreement on Consular Access' signed on 21 May 2008, the lists of civilian prisoners and fishermen of each country, lodged in the jails of the other, are exchanged on 1 January and 1 July of every

year. According to the lists exchanged on 1 July 2024, Pakistan acknowledged the custody of 211 Indian/believed-to-be-Indian fishermen, which included 7 fishermen believed-to-be from Tamil Nadu. However, out of 211 fishermen, 2 fishermen from Gujarat have died since the exchange of the last list on 1 July 2024.

The number of Indian/believed-to-be Indian fishermen, State-wise, in Pakistani jails is given below:

State/ UT	No. of Indian/ believed-to-be-Indian fishermen in Pakistan's custody
Gujarat	134
Daman and Diu	24
Maharashtra	18
Uttar Pradesh	17
Tamil Nadu	7
West Bengal	7
Bihar	1
Odisha	1
Total	209

Out of the 209 fishermen under Pakistan's custody, 51 fishermen have been in Pakistani jails since 2021; 130 fishermen since 2022; 9 fishermen since 2023; and 19 fishermen since 2024.

Government of India attaches the highest priority to the welfare, safety and security of Indian fishermen. As soon as cases of apprehension of Indian fishermen by Pakistan are reported, immediate steps are taken by the Indian Mission in Islamabad towards seeking Consular Access from the Pakistan Government. During Consular Access, officials from the High Commission of India visit the Indian fishermen in Pakistani jails to ascertain their well-being and distribute daily-use welfare items. All possible assistance, including legal assistance, is extended to the Indian fishermen. The matter of early release and repatriation of Indian fishermen is consistently raised with the Pakistan Government and it is conveyed that this issue may be considered purely on humanitarian and livelihood grounds.

As a result of sustained efforts by the Government, 2639 Indian fishermen have been repatriated from Pakistan since 2014.

CHALLENGES CONCERNING IMEC PROJECT

4230. SUSHRI PRANITI SUSHILKUMAR SHINDE:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state :-

(a) whether the Government has faced any challenges concerning the IMEC project with respect to the current situation in Gaza;

(b) if so, the details thereof; and

(c) the measures taken/proposed to be taken by the Government to ensure the progress of the IMEC project?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (c) On the sidelines of the G20 Leaders' Summit in New Delhi, the leaders of India, European Union, France, Germany, Italy, Saudi Arabia, UAE and US announced an MoU on 9 September 2023, committing to work together to develop a new India-Middle East-Europe Economic Corridor (IMEEC). The IMEEC will comprise two separate corridors, the east corridor connecting India to the Gulf and the northern corridor connecting the Gulf to Europe. The corridor intends to enhance connectivity, increase efficiency, reduce costs, secure regional supply chains, increase trade accessibility, generate jobs and lower greenhouse gas emissions, resulting in a transformative integration of Asia, Europe and Middle East.

An Intergovernmental Framework Agreement (IGFA) between India and the United Arab Emirates (UAE) concerning cooperation for operation of the India-Middle East-Europe Economic Corridor (IMEEC) was signed on 13 February

2024. The main elements of the Framework include development and management of a logistics platform, including a digital ecosystem, and provision of supply chain services to handle all types of general cargo, bulk, containers and liquid bulk in order to enable IMEEC.

The implementation of the IMEEC involves multiple stakeholders and is at an initial stage.

FUTURE OF AYUSH HEALTHCARE

4231. SHRI DINESHBHAI MAKWANA:

Will the Minister of **AYUSH** be pleased to state:

(a) whether the Government has taken any initiatives towards enhancing the future of AYUSH-based healthcare and medical value travel in the country;

and

(b) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) and (b) Yes, the Government has introduced a separate category of Ayush Visa for foreigners visiting India for availing treatment under Ayush system of medicine on 27th July, 2023. Ayush Visa is available under four sub-categories i.e. (i) Ayush Visa (AY-1), (ii) Ayush Attendant Visa (AY2), (iii) e-Ayush Visa

and (iv) e-Ayush Attendant Visa. Ayush Visa is granted to a foreigner whose sole purpose is to seek treatment through Ayush systems like therapeutic care and Wellness in a Hospital/Wellness Centre accredited and registered with any Government authority (ies) concerned or National Accreditation Board for Hospitals and Healthcare Providers (NABH)/ National Commission for Homoeopathy (NCH)/ National Commission for Indian System of Medicine (NCISM) accredited hospitals providing Ayush services.

A total of 123 regular Ayush Visa, 221 e-Ayush Visa and 17 e-Ayush Attendant Visa have been issued till 04.12.2024.

The Ministry of Health and Family Welfare has launched India's official portal for Medical Value Travel (MVT), which is the Advantage Healthcare India portal. It is a "One- Stop" portal developed for the facilitation of information for those who want to avail medical treatment in India from abroad. Any international patient seeking medical care or wellness services in India can visit the Advantage Healthcare India portal by logging on to www.healinindia.gov.in.

The Government organized the Ayush Medical Value Travel Summit 2024 on 30.09.2024 in Mumbai, themed 'Global Synergy in Ayush: Transforming Health and Wellness through Medical Value Travel', with the aim of strengthening India's position in Medical Value Travel (MVT) by integrating traditional Indian systems of medicine with modern healthcare systems.

भेषज क्षेत्र में स्टार्टअप्स

4232. श्री सनातन पांडेय:

श्री चन्द्र प्रकाश चौधरी:

क्या रसायन और उर्वरक मंत्री यह बताने की कृपा करेंगे कि :

- (क) क्या सरकार देश के भेषज क्षेत्र में स्टार्टअप्स को बढ़ावा देने के लिए कोई विशेष योजना लागू कर रही है;
- (ख) यदि हां, तो पिछले तीन वर्षों के दौरान देश के भेषज क्षेत्र में स्टार्टअप्स के माध्यम से कुल कितने नए उद्योग स्थापित हुए हैं;
- (ग) क्या सरकार उक्त उद्योगों की स्थापना के लिए कोई वित्तीय सहायता प्रदान करती है;
- (घ) यदि हां, तो सरकार द्वारा इन स्टार्टअप्स के माध्यम से स्थापित उद्योगों को कितनी वित्तीय सहायता प्रदान की गई है; और
- (ङ) पिछले तीन वर्षों के दौरान उत्तर प्रदेश और झारखंड में भेषज क्षेत्र में कुल कितने नए उद्योग स्थापित हुए हैं?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

(क): जी, हां। भारत सरकार ने औषध क्षेत्र सहित विभिन्न क्षेत्रों में स्टार्टअप को प्रोत्साहित करने के लिए कई योजनाएं लागू की हैं, जिनमें *अन्य बातों के साथ-साथ* निम्नलिखित शामिल हैं:-

16 जनवरी, 2016 को शुरू की गई स्टार्टअप इंडिया पहल का उद्देश्य औषध क्षेत्र सहित विभिन्न उद्योगों में नवाचार को बढ़ावा देना और निवेश को प्रोत्साहित करना है। इस पहल में तीन प्रमुख

योजनाएं शामिल हैं - फंड ऑफ फंड्स फॉर स्टार्टअप्स (एफएफएस), स्टार्टअप इंडिया सीड फंड स्कीम (एसआईएसएफएस) और क्रेडिट गारंटी स्कीम फॉर स्टार्टअप्स (सीजीएसएस)।

जैव प्रौद्योगिकी विभाग के अंतर्गत जैव प्रौद्योगिकी उद्योग अनुसंधान सहायता परिषद (बीआईआरएसी) जैव प्रौद्योगिकी इन्निशन अनुदान (बीआईजी), सतत उद्यमिता और उद्यम विकास (एसईईडी), और उद्यमशीलता प्रेरित किफायती उत्पाद (एलईएपी) योजनाओं जैसी पहल के माध्यम से वित्तीय सहायता प्रदान करती है। प्रत्येक स्टार्टअप के लिए 30 लाख रुपये से लेकर 100 लाख रुपये तक का वित्तपोषण दिया जाता है, जिससे उन्हें अपने विचारों को परिष्कृत करने, अवधारणाओं का प्रमाण स्थापित करने, प्रयोगीकरण और अपने उत्पादों और प्रौद्योगिकियों का व्यावसायीकरण करने में मदद मिलती है। बीआईआरएसी आई4 कार्यक्रम और पीएसीई कार्यक्रम के माध्यम से जैव प्रौद्योगिकी में नवाचार और अनुसंधान को भी बढ़ावा देता है।

इसके अलावा, औषध विभाग ने फार्मा-मेडटेक क्षेत्र में अनुसंधान और नवाचार के संवर्धन संबंधी एक योजना (पीआरआईपी) शुरू की है। पीआरआईपी योजना के घटक बी-III के तहत, पहचाने गए छह प्राथमिकता वाले क्षेत्रों में 125 अनुसंधान परियोजनाओं में से 50 इस क्षेत्र में स्टार्टअप के लिए हैं।

(ख): पिछले तीन कैलेंडर वर्षों (अर्थात् 2021 से 2023) के दौरान औषध क्षेत्र में कुल 1,397 डीपीआईआईटी-मान्यता प्राप्त स्टार्टअप स्थापित किए गए थे।

(ग) और (घ): एसआईएसएफएस इनक्यूबेटरों के माध्यम से सीड स्टेज स्टार्टअप को वित्तीय सहायता प्रदान करता है। 31 अक्टूबर, 2024 की स्थिति के अनुसार चयनित इनक्यूबेटरों ने इस योजना के तहत औषध क्षेत्र में 14 स्टार्टअप को 2.9 करोड़ रुपये और स्वास्थ्य सेवा प्रौद्योगिकी क्षेत्र में 78 स्टार्टअप को 14.23 करोड़ रुपये के कुल वित्तपोषण को मंजूरी दी है। उद्यम पूंजी निवेश को उत्प्रेरित करने के लिए एफएफएस की स्थापना की गई है और इसका संचालन भारतीय लघु

उद्योग विकास बैंक (सिडबी) द्वारा किया जाता है, जो सेबी-पंजीकृत वैकल्पिक निवेश कोष (एआईएफ) को पूंजी प्रदान करता है, जो बदले में स्टार्टअप में निवेश करते हैं। 31 अक्टूबर 2024 की स्थिति के अनुसार, चयनित एआईएफ ने स्वास्थ्य सेवा/ स्वास्थ्य सेवा प्रौद्योगिकी क्षेत्र में 115 स्टार्टअप में लगभग 2,455.9 करोड़ रुपये का निवेश किया है। सीजीएसएस को पात्र वित्तीय संस्थानों के माध्यम से डीपीआईआईटी द्वारा मान्यता प्राप्त स्टार्टअप्स को जमानत मुक्त ऋण उपलब्ध कराने के लिए क्रियान्वित किया गया है। सीजीएसएस का संचालन राष्ट्रीय ऋण गारंटी ट्रस्टी कंपनी (एनसीजीटीसी) लिमिटेड द्वारा किया जा रहा है और यह 1 अप्रैल 2023 से प्रायोगिक आधार पर चालू हो गया है। 31 अक्टूबर 2024 की स्थिति के अनुसार, इस योजना के तहत औषध और जैव प्रौद्योगिकी क्षेत्र में पात्र मान्यता प्राप्त स्टार्टअप्स को 4.23 करोड़ रुपये की राशि के कुल 5 ऋणों और स्वास्थ्य सेवा उपकरण और आपूर्ति क्षेत्र में 7 करोड़ रुपये की राशि के 2 ऋणों की गारंटी दी गई है। ये पहल भारत में एक सशक्त स्टार्टअप पारिस्थितिकी तंत्र को बढ़ावा देने की सरकार की प्रतिबद्धता को दर्शाती हैं।

(ड): पिछले तीन कैलेंडर वर्षों (अर्थात् 2021 से 2023) में, डीपीआईआईटी ने औषध क्षेत्र में उत्तर प्रदेश राज्य में 159 स्टार्टअप और झारखंड राज्य में 8 स्टार्टअप को मान्यता प्रदान की है।

PALNA SCHEME

4233.SHRI G. M. HARISH BALAYOGI:

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

- (a) the number of women employed in creches under PALNA scheme, State-wise, especially Andhra Pradesh during the last five years, year-wise;
- (b) the working hours of the women employed in the said creches, State-wise, especially the said State, during the last five years, year-wise;
- (c) whether the women working in the said creches receive minimum wages, if so, the details thereof during the last five years, year-wise, State-wise, especially the said State and if not, the reasons therefor;
- (d) whether the women working in the said creches are entitled to maternity benefits, if so, the details thereof and if not, the reasons therefor;
- (e) whether the women working in the said creches are provided any other welfare benefits, if so, the details thereof and if not, the reasons therefor; and
- (f) the details of the funds allocated and utilized under the said scheme?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) The Ministry introduced Palna scheme under the umbrella Mission Shakti w.e.f. 01 April 2022, to provide quality crèche facility in safe and secure environment for children (from ages 6 months – 6 years). Palna is a Centrally Sponsored Scheme ensuring the participation of State/ UT government to

ensure better day-to-day monitoring and proper implementation of scheme, and is implemented with a funding ratio of 60:40 between Centre and State Governments and UTs with legislature except North East and Special Category States where ratio is 90:10. For UTs without legislature, 100% funding is provided by the central government.

There are 2 types of Crèches under Palna: Standalone Crèches and Anganwadi-cum-Crèches (AWCCs). As per Mission Shakti guidelines, for Standalone Creches, there is a provision of one Creche Worker and one Creche Helper. Similarly, for AWCCs, in addition to the already existing Anganwadi Worker and Anganwadi Helper, a provision for a Creche Helper and a Creche Worker has been made in Mission Shakti Guidelines. Gender-disaggregated data of Creche Workers and Creche Helpers is not available at Central level.

(b) The Mission Shakti Guidelines state that the crèche timings need to be flexible depending on the local requirements. Crèches shall be open for 26 days in a month and for seven and half (7.5) hours per day as per the work schedule of majority of the mothers in the area. The Standard Operating Procedures for AWCCs also state that the Creche timings may be decided by State/ UT governments as per local need, however, it has to be ensured that timing should facilitate Working mothers.

(c) The Creche Workers and Creche Helpers under Palna are honorary workers. There is no provision of salary or wages to the Creche Workers or Creche Helpers. However, the scheme guidelines have provision for grant of honorarium to Creche Workers and Creche Helpers. The amount of honorarium is governed through the type of Creche, and is detailed as below:

Type of Creche	Amount of Monthly Honorarium	
	Creche Worker	Creche Helper
Standalone Creches	Rs. 6,500	Rs. 3,250
Anganwadi cum Creches	Rs. 5,500	Rs. 3,000

Palna as a Centrally Sponsored Scheme is implemented through the respective State/ UT Government. The respective States/ UTs may provide additional amount of honorarium to Creche Worker/ Helpers, as a Top-Up from their own funds. There is no bar or restriction from the Central Government about this.

(d) and (e): The Maternity Benefit Act, 1961 allows every woman paid maternity leave for 26 weeks for the first two children. Further, the act also grants leave with wages for 12 weeks for commissioning and adoptive mothers and leave with wages for miscarriage for 6 weeks immediately after miscarriage or medical termination of pregnancy. The act entitles payment of maternity benefit in case of death of woman by employer to the person nominated by the woman, and in case of no such nominee, to her legal representative.

(f): The funds allocated and released under Palna scheme since its introduction, are detailed as under:

(Amount in Rs. Crores)			
Financial Year	2022-23	2023-24	2024-25
Amount allocated	35	85	150.11
Amount released	4.68	64.15	43.66*

* as on 19.12.2024

VACANCY OF SECOND SECRETARY POST

4234. SHRI JANARDAN SINGH SIGRIWAL:

will the Minister of **EXTERNAL AFFAIRS** be pleased to state :-

(a) whether the Ministry had conducted interview through UPSC to fill up the vacancy of Second Secretary (Hindi and Culture) in High Commission of India at Suva, Fiji in 2022;

(b) if so, the details and the present status thereof;

(c) whether the selected candidates had been appointed;

(d) if so, the details thereof; and

(e) if not, the reasons therefor and the time by which the selected candidates are likely to be appointed?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (e) Yes, in December 2022, as per then existing rules and regulations, UPSC was consulted in the process of selection to the post of Second Secretary (Hindi and Culture) at High Commission of India, Suva, Fiji for a deputation – basis post. However, the short-listed candidate was not approved by the competent authority.

CONDUCTING CASES IN REGIONAL LANGUAGES

4235. SHRI K. C. VENUGOPAL:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) whether it is a fact that English language is being predominantly used in various High Courts across the country, if so, the details thereof;
- (b) whether the Government proposes to promote use of regional languages in conducting cases in various High Courts, if so, the details thereof;
- (c) whether the Government has received the proposals from some States regarding conducting of cases in regional languages;
- (d) if so, the details thereof; and
- (e) the response of Government thereon?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a) to (e) Article 348(1)(a) of the Constitution of India states that all proceedings in the Supreme Court and in every High Court, shall be in English language. Clause (2) of the Article 348 of the Constitution states that notwithstanding anything in sub-clause (a) of clause (1), the Governor of a Statemay, with the previous consent of the President, authorize the use of Hindi Language, or any other language used for any official purposes of the State, in proceedings in the High Court having its principal seat in that State.

Section 7 of the Official Language Act, 1963 states that the Governor of a State, may with previous consent of the President, authorize the use of Hindi or the official language of the State, in addition to English language, for the purpose of any judgement, decree or order passed or made by the High Court for that State and where any judgement, decree or order passed or made in any such language (other than the English language), it shall be accompanied by a translation of the same in English language issued under the authority of the High Court.

The Cabinet Committee's decision dated 21.05.1965 has stipulated that consent of the Hon'ble Chief Justice of India be obtained on any proposal relating to use of a language other than English in the High Court.

The use of Hindi in the proceedings of High Court of Rajasthan was authorized under Article 348(2) of the Constitution in 1950. After the Cabinet Committee's decision dated 21.05.1965 as mentioned above, the use of Hindi was authorized in the High Courts of Uttar Pradesh (1969), Madhya Pradesh (1971) and Bihar (1972) in consultation with the Chief Justice of India.

Government of India had received proposals from the Government of Tamil Nadu, Gujarat, Chhattisgarh, West Bengal and Karnataka to permit use of Tamil, Gujarati, Hindi, Bengali and Kannada in the proceedings of the Madras High Court, Gujarat High Court, Chhattisgarh High Court, Calcutta High Court and Karnataka High Court respectively. The advice of Chief Justice of India was sought on these proposals as per the Cabinet Committee's decision taken in 1965 and the Chief Justice of India vide his D.O. letter dated 16.10.2012 intimated that the Full Court in its meeting held on 11.10.2012, after due deliberations, decided not to accept the proposals.

Based on another request from the Government of Tamil Nadu, the Government requested the Chief Justice of India to review the earlier decisions in this regard and convey the consent of the Supreme Court of India in July, 2014. The Chief Justice of India vide his D.O. letter dated 18.01.2016 conveyed that the Full Court, after extensive deliberations, unanimously resolved that the proposals could not be accepted.

उर्वरकों की उपलब्धता एवं वहनीयता

4236. श्री कंवर सिंह तंवर:

श्रीमती स्मिता उदय वाघ:

श्रीमती शोभनाबेन महेन्द्रसिंह बारैया:

श्री आलोक शर्मा:

क्या रसायन और उर्वरक मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार ने देश में घरेलू उत्पादन और उर्वरकों की आपूर्ति बढ़ाने के लिए कोई विशिष्ट उपाय किए हैं और यदि हां, तो विशेष रूप से उत्तर प्रदेश सहित तत्संबंधी राज्य-वार ब्यौरा क्या है;
- (ख) वर्तमान कृषि परिदृश्य में उर्वरकों की उपलब्धता और वहनीयता के संबंध में किसानों के सामने आने वाली चुनौतियों से निपटने के लिए सरकारी योजनाओं का ब्यौरा क्या है;
- (ग) उर्वरक उत्पादन बढ़ाने और कृषि आवश्यकताओं के लिए निरंतर आपूर्ति सुनिश्चित करने की सरकार की कार्यनीति में सरकारी-निजी भागीदारी की भूमिका क्या है और किस तरह से इन साझेदारियों से किसानों को, विशेष रूप से कृषि उत्पादकता और किसान की आजीविका के लिए अपेक्षित परिणाम सहित, लाभ मिलेगा;
- (घ) आत्मनिर्भर भारत योजना के तहत उर्वरक उद्योग में आत्मनिर्भरता बढ़ाने के लिए सरकार द्वारा क्या कदम उठाए गए हैं;
- (ड.) राजसहायता संबंधी योजनाओं के माध्यम से किसानों को सस्ती कीमतों पर उर्वरकों की उपलब्धता सुनिश्चित करने के लिए कितनी निधियां आवंटित और खर्च की गई हैं; और
- (च) उर्वरक आपूर्ति श्रृंखला को मजबूत करने के लिए तकनीक और डिजिटलीकरण के उपयोग का ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

(क) और (घ): यूरिया के संबंध में, सरकार ने यूरिया क्षेत्र में नए निवेश को सुविधाजनक बनाने और यूरिया क्षेत्र में भारत को आत्मनिर्भर बनाने के लिए 2 जनवरी, 2013 को नई निवेश नीति (एनआईपी)-2012 की घोषणा की और 7 अक्टूबर, 2014 को इसमें संशोधन किया। एनआईपी-2012 के तहत कुल 6 नई यूरिया इकाइयां स्थापित की गई हैं जिनमें नामित सार्वजनिक क्षेत्र उपक्रमों की संयुक्त उद्यम कंपनियों (जेवीसी) के माध्यम से स्थापित 4 यूरिया इकाइयां और निजी कंपनियों द्वारा स्थापित 2 यूरिया इकाइयां शामिल हैं। तेलंगाना में रामागुंडम फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (आरएफसीएल) की रामागुंडम यूरिया इकाई तथा हिंदुस्तान उर्वरक एंड रसायन लिमिटेड (एचयूआरएल) की 3 यूरिया इकाइयां नामतः गोरखपुर, सिंदरी और बरौनी क्रमशः उत्तर प्रदेश, झारखंड और बिहार में जेवीसी के माध्यम से स्थापित इकाइयां हैं। पश्चिम बंगाल में मैटिक्स फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (मैटिक्स) की पानागढ़ यूरिया इकाई; और राजस्थान में चंबल फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (सीएफसीएल) की गड़ेपान-III यूरिया इकाई निजी कंपनियों द्वारा स्थापित की गई हैं। इनमें से प्रत्येक इकाई की संस्थापित क्षमता 12.7 लाख मीट्रिक टन प्रति वर्ष (एलएमटीपीए) है। ये इकाइयां अत्यधिक ऊर्जा कार्यकुशल हैं क्योंकि ये अद्यतन प्रौद्योगिकी पर आधारित हैं। अतः, इन इकाइयों ने मिलकर यूरिया उत्पादन क्षमता में 76.2 एलएमटीपीए की वृद्धि की है जिससे वर्ष 2014-15 के दौरान हुई 207.54 एलएमटीपीए की कुल यूरिया उत्पादन क्षमता बढ़कर वर्तमान में 283.74 एलएमटीपीए हो गई है।

इसके अतिरिक्त, सरकार ने स्वदेशी यूरिया उत्पादन अधिकतम करने के एक उद्देश्य से मौजूदा 25 गैस-आधारित यूरिया इकाइयों के लिए 25 मई, 2015 को नई यूरिया नीति (एनयूपी)-2015 भी

अधिसूचित की है। एनयूपी-2015 से वर्ष 2014-15 के दौरान हुए उत्पादन की तुलना में यूरिया का 20-25 एलएमटीपीए तक अतिरिक्त उत्पादन हुआ है।

इन सभी उपायों की मदद से वर्ष 2014-15 के दौरान यूरिया उत्पादन 225 एलएमटी प्रतिवर्ष के स्तर से बढ़कर वर्ष 2023-24 के दौरान यूरिया उत्पादन रिकार्ड 314.07 एलएमटी हुआ।

पीएण्डके उर्वरकों के संबंध में, सरकार ने फास्फेटयुक्त एवं पोटाशयुक्त (पीएण्डके) उर्वरकों के लिए दिनांक 01.04.2010 से पोषकतत्व आधारित सब्सिडी नीति कार्यान्वित की है। इस नीति के अंतर्गत, अधिसूचित पीएण्डके उर्वरकों पर उनकी पोषकतत्व मात्रा के आधार पर वार्षिक/अर्ध-वार्षिक आधार पर तय की गई सब्सिडी की एक नियत राशि प्रदान की जाती है। पीएण्डके क्षेत्र विनियंत्रित है और उर्वरक कंपनियां बाजार की गतिशीलता के अनुसार उर्वरकों का उत्पादन/आयात करती हैं। भारत में उर्वरकों के घरेलू उत्पादन और आपूर्ति को बढ़ाने के लिए सरकार ने शीरे से प्राप्त पोटाश (पीडीएम), जो 100% स्वदेशी रूप से विनिर्मित उर्वरक है, को पोषक-तत्व आधारित सब्सिडी (एनबीएस) स्कीम के अंतर्गत अधिसूचित किया है।

पिछले तीन वर्षों के दौरान देश में उर्वरकों के उत्पादन का ब्यौरा नीचे दिया गया है -

(एलएमटी में)

वर्ष	यूरिया	पीएण्डके
2021-22	250.72	185.23
2022-23	284.94	200.35
2023-24	314.07	189.26

वर्तमान रबी 2024-25 और खरीफ 2024 मौसम के दौरान उर्वरकों जैसे यूरिया, डीएपी, एमओपी और एनपीकेएस की उत्तर प्रदेश सहित राज्य-वार उपलब्धता संलग्न **विवरण -I** में दी गई है।

(ख): यूरिया सब्सिडी स्कीम के अंतर्गत, किसानों को यूरिया सांविधिक रूप से अधिसूचित अधिकतम खुदरा मूल्य (एमआरपी) पर उपलब्ध कराया जाता है। यूरिया की 45 कि.ग्रा. बोरी की

एमआरपी 242 रुपए प्रति बोरी (नीम लेपन के प्रभार और लागू करों को छोड़कर) है। फार्म गेट पर यूरिया की सुपुर्दगी लागत और यूरिया इकाइयों द्वारा निवल बाजार प्राप्ति के बीच के अंतर को भारत सरकार द्वारा यूरिया उत्पादक/आयातक को सब्सिडी के तौर पर दिया जाता है। तदनुसार, सभी किसानों को यूरिया की आपूर्ति सब्सिडी प्राप्त दरों पर की जा रही है।

पोषक तत्व आधारित सब्सिडी (एनबीएस) स्कीम के तहत, प्रमुख उर्वरकों और कच्चे माल के अंतरराष्ट्रीय मूल्यों को ध्यान में रखते हुए सब्सिडी तय की जाती है और पीएण्डके उर्वरकों के लिए वार्षिक/अर्ध-वार्षिक आधार पर एनबीएस दरें तय करते समय कीमतों में उतार-चढ़ाव, यदि कोई हो, को शामिल किया जाता है। खरीफ 2024 के दौरान, डीएपी के संबंध में प्रति मीट्रिक टन सब्सिडी ₹21676 थी जबकि रबी 2024-25 के दौरान, डीएपी के संबंध में प्रति मीट्रिक टन सब्सिडी ₹21911 तय की गई है। इसके अतिरिक्त, किसानों को वहनीय कीमतों पर डीएपी की सहज उपलब्धता सुनिश्चित करने के लिए सरकार ने आवश्यकता के आधार पर एनबीएस सब्सिडी दरों के अतिरिक्त डीएपी पर विशेष पैकेज प्रदान किए हैं। वर्ष 2024-25 में, सरकार ने किसानों को वहनीय कीमतों पर डीएपी की सतत उपलब्धता सुनिश्चित करने और कृषि क्षेत्र एवं संबंधित गतिविधियों का समर्थन करने एवं देश में खाद्य सुरक्षा परिदृश्य को सुदृढ़ करने के लिए लगभग ₹2625 करोड़ के वित्तीय निहितार्थ के साथ पीएण्डके उर्वरक कंपनियों को ₹3500 प्रति मीट्रिक टन की दर पर 01.04.2024 से 31.12.2024 तक की अवधि के लिए डीएपी की वास्तविक पीओएस (प्वाइंट ऑफ सेल) बिक्री पर एनबीएस दरों के अतिरिक्त डीएपी पर एक-बारगी विशेष पैकेज को मंजूरी दी है।

साथ ही, देश में उर्वरकों की समय पर और पर्याप्त आपूर्ति सुनिश्चित करने के लिए सरकार द्वारा प्रत्येक मौसम में निम्नलिखित उपाए किए जाते हैं:

- i. प्रत्येक फसल मौसम के प्रारंभ होने से पहले, कृषि एवं किसान कल्याण विभाग (डीएण्डएफडब्ल्यू), सभी राज्य सरकारों के परामर्श से उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है।
- ii. अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को उर्वरकों की यथेष्ट/पर्याप्त मात्रा का आवंटन करता है और उपलब्धता की लगातार निगरानी करता है।
- iii. देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक निगरानी प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब आधारित निगरानी प्रणाली द्वारा की जाती है;
- iv. कृषि एवं किसान कल्याण विभाग (डीएण्डएफडब्ल्यू) और उर्वरक विभाग द्वारा संयुक्त रूप से राज्य कृषि अधिकारियों के साथ नियमित रूप से साप्ताहिक वीडियो कांफ्रेंस की जाती है और राज्य सरकारों द्वारा दी गई सूचना के अनुसार उर्वरकों के प्रेषण हेतु सुधारात्मक कार्रवाई की जाती है।
- v. उर्वरकों की मांग (आवश्यकता) तथा उत्पादन के बीच के अंतर को आयात के माध्यम से पूरा किया जाता है। समय पर उपलब्धता सुनिश्चित करने हेतु मौसम में किए जाने वाले आयात को भी पहले से ही सुनिश्चित किया जाता है।

(ग): वर्तमान में, ऐसी कोई विशिष्ट सार्वजनिक-निजी भागीदारी नहीं है।

(ड.): वर्ष 2023-24 के दौरान सब्सिडी स्कीमों के माध्यम से किसानों को वहनीय कीमतों पर उर्वरकों की उपलब्धता सुनिश्चित करने के लिए आबंटित और खर्च की गई धनराशि नीचे दी गई है:

(करोड़ रु.में)

स्कीम	आबंटन	व्यय
पीएंडके उर्वरक	65,200.00	65,199.57
यूरिया	1,30,221.00	1,30,220.93
ऑर्गेनिक उर्वरकों के लिए एमडीए	5.00	0.00
कुल	1,95,426.00	1,95,410.51

(च): जून 2016 में सफलतापूर्वक शुरू की गई एकीकृत उर्वरक प्रबंधन प्रणाली (आईएफएमएस) एक व्यापक सर्वसमावेशी प्रणाली है जोकि आपूर्ति श्रृंखला सहित उर्वरक वितरण प्रणाली के सभी कार्यकलापों को सम्मिलित करती है। एकीकृत उर्वरक प्रबंधन प्रणाली में कई मॉड्यूल और पूरे देश में उर्वरकों की निगरानी, आपूर्ति और उपलब्धता के लिए एक उर्वरक डैशबोर्ड है। सभी राज्यों/संघ राज्य क्षेत्रों की सरकारों को उनसे संबंधित लॉगिन के माध्यम से उर्वरक डैशबोर्ड तक पहुंच दी गयी है। सब्सिडी प्राप्त उर्वरकों को उर्वरकों की खुदरा दुकानों पर आईएफएमएस एकीकृत बिक्री केन्द्र (पीओएस) उपकरणों के माध्यम से बेचा जा रहा है। क्रेताओं की पहचान आधार कार्ड प्रमाणीकरण के माध्यम से की जाती है।

विवरण -I**रबी 2024-25 (01.10.2024 से 16.12.2024 तक) के लिए राज्यवार उर्वरक स्थिति**

आंकड़े एलएमटी में

क्र.सं	राज्य	यूरिया					डीएपी				
		रबी 2024-25 के लिए आवश्यकता	16.12.2024 तक यथानुपातिक आवश्यकता	16.12.2024 तक उपलब्धता	16.12.2024 तक डीबीटी बिक्री	16.12.2024 तक अंतिम स्टॉक	रबी 2024-25 के लिए आवश्यकता	16.12.2024 तक यथानुपातिक आवश्यकता	16.12.2024 तक उपलब्धता	16.12.2024 4 तक डीबीटी बिक्री	16.12.2024 तक अंतिम स्टॉक
1	अण्डमान और निकोबार द्वीप समूह	0.00	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00
2	आंध्र प्रदेश	9.40	3.06	5.99	3.23	2.76	2.00	0.95	1.81	1.25	0.55
3	अरुणाचल प्रदेश	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	असम	1.65	0.85	1.40	0.70	0.70	0.25	0.13	0.28	0.19	0.10
5	बिहार	13.00	6.30	8.71	4.61	4.10	3.00	2.11	3.20	2.38	0.82
6	चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	छत्तीसगढ़	2.40	1.51	2.06	0.60	1.46	0.70	0.50	0.56	0.27	0.29
8	दादरा और नगर हवेली	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	दमन और दीव	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	दिल्ली	0.15	0.00	0.14	0.10	0.04	0.00	0.00	0.03	0.02	0.00
11	गोवा	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12	गुजरात	13.75	7.35	7.70	5.83	1.87	2.75	1.95	2.57	2.08	0.49
13	हरियाणा	11.20	6.45	9.14	7.31	1.84	2.60	2.35	2.59	2.38	0.21
14	हिमाचल प्रदेश	0.37	0.14	0.23	0.09	0.14	0.01	0.00	0.02	0.01	0.01
15	जम्मू और कश्मीर	0.70	0.11	0.46	0.11	0.34	0.25	0.08	0.25	0.11	0.13
16	झारखंड	1.00	0.48	1.25	0.48	0.77	0.25	0.20	0.34	0.22	0.12
17	कर्नाटक	6.50	2.84	6.34	2.86	3.48	1.74	0.82	1.20	0.82	0.38
18	केरल	0.57	0.31	0.49	0.36	0.13	0.07	0.03	0.08	0.07	0.01
19	लक्षद्वीप	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	मध्य प्रदेश	20.00	15.58	16.75	12.76	3.98	8.00	6.40	6.10	4.74	1.36
21	महाराष्ट्र	10.00	3.34	9.67	4.37	5.29	2.50	1.01	2.01	1.31	0.71

22	मणिपुर	0.10	0.04	0.02	0.00	0.02	0.01	0.00	0.00	0.00	0.00
23	मेघालय	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	मिजोरम	0.01	0.00	0.07	0.05	0.02	0.00	0.00	0.00	0.00	0.00
25	नागालैंड	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	ओडिशा	1.85	0.48	1.89	0.56	1.33	0.70	0.18	0.43	0.21	0.22
27	पुदुचेरी	0.09	0.04	0.05	0.04	0.02	0.01	0.00	0.01	0.01	0.00
28	पंजाब	15.00	9.93	11.44	8.24	3.20	4.50	4.30	3.58	3.20	0.38
29	राजस्थान	15.00	11.05	12.16	10.14	2.03	3.00	2.83	3.24	2.93	0.31
30	सिक्किम	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	तमिलनाडु	6.00	3.56	5.05	3.24	1.81	1.30	0.76	1.17	0.80	0.38
32	तेलंगाना	9.80	4.28	6.03	2.11	3.91	1.50	0.78	1.10	0.62	0.49
33	त्रिपुरा	0.10	0.03	0.11	0.03	0.09	0.01	0.00	0.02	0.00	0.01
34	उत्तराखंड	1.03	0.44	0.63	0.41	0.22	0.15	0.12	0.27	0.18	0.09
35	उत्तर प्रदेश	39.00	17.16	27.92	14.78	13.14	15.00	12.16	11.66	9.64	2.01
36	पश्चिम बंगाल	8.20	3.31	6.38	2.57	3.82	1.75	0.84	1.30	0.87	0.43
संपूर्ण भारत		186.89	98.66	142.11	85.59	56.51	52.05	38.53	43.83	34.32	9.51
1. सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता											
2.सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता > विक्री											

क्र.सं	राज्य	एमओपी					एनपीकेएस				
		रबी 2024-25 के लिए आवश्यकता	16.12.2024 तक यथानुपातिक आवश्यकता	16.12.2024 तक उपलब्धता	16.12.2024 तक डीबीटी बिक्री	16.12.2024 तक अंतिम स्टॉक	रबी 2024-25 के लिए आवश्यकता	16.12.2024 तक यथानुपातिक आवश्यकता	16.12.2024 तक उपलब्धता	16.12.2024 तक डीबीटी बिक्री	16.12.2024 तक अंतिम स्टॉक
1	अण्डमान और निकोबार द्वीप समूह	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	आंध्र प्रदेश	0.80	0.43	1.05	0.41	0.64	9.00	4.40	7.50	4.66	2.84
3	अरुणाचल प्रदेश	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	असम	0.28	0.16	0.20	0.06	0.13	0.35	0.20	0.22	0.12	0.11
5	बिहार	1.15	0.85	1.81	0.91	0.90	4.00	3.19	3.49	2.42	1.08
6	चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	छत्तीसगढ़	0.15	0.09	0.34	0.05	0.28	0.60	0.38	0.52	0.15	0.37
8	दादरा और नगर हवेली	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	दमन और दीव	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	दिल्ली	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11	गोवा	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00
12	गुजरात	0.64	0.43	0.67	0.41	0.26	4.00	2.39	3.92	2.83	1.08
13	हरियाणा	0.30	0.13	0.39	0.13	0.26	1.20	0.70	0.74	0.61	0.13
14	हिमाचल प्रदेश	0.03	0.02	0.02	0.00	0.01	0.21	0.12	0.16	0.09	0.07
15	जम्मू और कश्मीर	0.13	0.03	0.04	0.01	0.03	0.02	0.01	0.00	0.00	0.00
16	झारखंड	0.03	0.02	0.03	0.01	0.02	0.30	0.25	0.31	0.16	0.15
17	कर्नाटक	0.65	0.31	1.18	0.43	0.75	6.30	2.41	6.93	3.66	3.27
18	केरल	0.40	0.23	0.49	0.28	0.21	0.60	0.32	0.62	0.43	0.18
19	लक्षद्वीप	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	मध्य प्रदेश	0.60	0.35	0.92	0.44	0.48	6.00	4.02	5.42	4.40	1.02
21	महाराष्ट्र	1.00	0.36	1.34	0.42	0.92	12.00	5.08	9.30	4.89	4.42
22	मणिपुर	0.02	0.01	0.00	0.00	0.00	0.02	0.01	0.00	0.00	0.00
23	मेघालय	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	मिजोरम	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	नागालैंड	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	ओडिशा	0.25	0.07	0.36	0.06	0.30	0.75	0.20	0.79	0.22	0.57
27	पुदुचेरी	0.01	0.00	0.01	0.00	0.01	0.04	0.02	0.05	0.02	0.02
28	पंजाब	0.50	0.33	0.54	0.22	0.32	1.50	1.25	1.00	0.79	0.21

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29	राजस्थान	0.10	0.06	0.16	0.10	0.07	1.50	1.34	1.67	1.43	0.24
30	सिक्किम	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	तमिलनाडु	1.20	0.64	1.16	0.54	0.63	6.00	3.34	3.73	2.47	1.26
32	तेलंगाना	0.70	0.33	0.59	0.19	0.40	7.00	3.17	4.60	2.26	2.34
33	त्रिपुरा	0.02	0.00	0.05	0.01	0.04	0.01	0.00	0.02	0.01	0.01
34	उत्तराखंड	0.05	0.04	0.06	0.01	0.05	0.20	0.13	0.10	0.08	0.02
35	उत्तर प्रदेश	1.25	0.95	1.65	0.98	0.67	8.50	7.02	7.20	5.86	1.34
36	पश्चिम बंगाल	1.70	0.81	1.77	0.69	1.08	7.00	4.21	5.31	2.88	2.43
संपूर्ण भारत		11.95	6.66	14.84	6.37	8.47	77.10	44.15	63.60	40.43	23.16
1. सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता											
2. सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता > बिक्री											

खरीफ 2024 के लिए उर्वरकों की राज्यवार स्थिति									
आंकड़े एलएमटी में									
		यूरिया				डीएपी			
क्र.सं	राज्य	आवश्यकता	उपलब्धता	बिक्री	अंतिम स्टॉक	आवश्यकता	उपलब्धता	बिक्री	अंतिम स्टॉक
1	अण्डमान और निकोबार द्वीप समूह	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00
2	आंध्र प्रदेश	6.50	8.72	6.32	2.40	2.30	2.54	2.01	0.52
3	अरुणाचल प्रदेश	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00
4	असम	1.63	2.60	1.93	0.67	0.36	0.40	0.26	0.14
5	बिहार	9.87	14.01	10.41	3.60	2.50	2.58	1.78	0.80
6	चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	छत्तीसगढ़	6.50	8.63	7.20	1.44	3.40	3.13	2.89	0.29
8	दादरा और नगर हवेली	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	दमन और दीव	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	दिल्ली	0.08	0.22	0.18	0.04	0.01	0.02	0.02	0.00
11	गोवा	0.01	0.01	0.01	0.00	0.01	0.00	0.00	0.00
12	गुजरात	11.85	13.13	10.73	2.40	3.50	3.22	2.61	0.61
13	हरियाणा	10.30	14.04	10.05	3.98	3.20	3.14	2.60	0.54
14	हिमाचल प्रदेश	0.34	0.46	0.35	0.12	0.01	0.02	0.01	0.01
15	जम्मू और कश्मीर	0.78	1.13	0.75	0.39	0.24	0.28	0.17	0.11
16	झारखंड	1.65	2.63	2.02	0.60	0.65	0.55	0.42	0.12
17	कर्नाटक	10.75	15.13	11.55	3.58	3.90	4.38	3.87	0.58
18	केरल	0.54	0.73	0.52	0.21	0.10	0.13	0.10	0.03
19	लक्षद्वीप	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	मध्य प्रदेश	15.38	23.06	17.57	5.49	8.57	6.78	5.75	1.05
21	महाराष्ट्र	13.73	21.67	15.54	6.14	5.00	4.63	3.96	0.82

खरीफ 2024 के लिए उर्वरकों की राज्यवार स्थिति									
क्र.सं	राज्य	एमओपी				एनपीकेएस			
		आवश्यकता	उपलब्धता	बिक्री	अंतिम स्टॉक	आवश्यकता	उपलब्धता	बिक्री	अंतिम स्टॉक
1	अण्डमान और निकोबार द्वीप समूह	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	आंध्र प्रदेश	0.70	1.11	0.69	0.43	7.00	9.84	5.88	3.99
3	अरुणाचल प्रदेश	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	असम	0.19	0.36	0.28	0.09	0.20	0.34	0.19	0.15
5	बिहार	0.35	0.78	0.33	0.45	2.00	4.06	2.12	1.94
6	चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	छत्तीसगढ़	0.58	0.84	0.59	0.25	1.20	2.20	1.80	0.35
8	दादरा और नगर हवेली	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	दमन और दीव	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	दिल्ली	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11	गोवा	0.00	0.00	0.00	0.00	0.03	0.02	0.02	0.00
12	गुजरात	0.35	0.64	0.26	0.38	3.00	5.68	3.86	1.83
13	हरियाणा	0.30	0.56	0.26	0.30	0.50	0.77	0.34	0.43
14	हिमाचल प्रदेश	0.01	0.02	0.01	0.01	0.16	0.19	0.13	0.06
15	जम्मू और कश्मीर	0.09	0.10	0.07	0.04	0.02	0.01	0.00	0.00
16	झारखंड	0.03	0.04	0.02	0.02	0.35	0.66	0.50	0.17
17	कर्नाटक	1.30	1.89	1.24	0.67	9.90	17.06	12.17	4.81
18	केरल	0.42	0.50	0.38	0.12	0.77	0.96	0.61	0.35
19	लक्षद्वीप	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	मध्य प्रदेश	0.45	1.05	0.44	0.60	2.50	7.09	4.73	2.33
21	महाराष्ट्र	1.30	2.23	1.13	1.10	18.00	24.98	18.34	6.48
22	मणिपुर	0.02	0.01	0.01	0.00	0.00	0.01	0.01	0.00

23	मेघालय	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00
24	मिजोरम	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	नागालैंड	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	ओडिशा	0.60	0.71	0.55	0.16	2.00	3.05	2.42	0.64
27	पुदुचेरी	0.01	0.01	0.00	0.00	0.04	0.06	0.03	0.03
28	पंजाब	0.50	0.69	0.34	0.35	1.00	1.03	0.44	0.59
29	राजस्थान	0.11	0.15	0.08	0.07	0.75	1.66	0.99	0.68
30	सिक्किम	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	तमिलनाडु	1.04	1.11	0.74	0.37	4.54	5.57	3.54	2.03
32	तेलंगाना	0.60	0.74	0.48	0.25	10.00	11.22	8.55	2.69
33	त्रिपुरा	0.01	0.06	0.01	0.05	0.03	0.03	0.02	0.01
34	उत्तराखंड	0.03	0.07	0.01	0.05	0.20	0.14	0.09	0.05
35	उत्तर प्रदेश	0.47	1.53	0.48	1.05	6.00	6.80	3.42	3.40
36	पश्चिम बंगाल	0.80	1.41	0.89	0.52	4.00	8.20	5.28	2.93
संपूर्ण भारत		10.26	16.60	9.27	7.33	74.19	111.66	75.46	35.94

HUBS FOR EMPOWERMENT OF WOMEN

4237. SHRI DILESHWAR KAMAIT:

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

- (a) whether the Government has set up Hubs for Empowerment of Women in the country including Bihar;
- (b) if so, the details and the salient features thereof;
- (c) the number of such hubs presently operational in the country, district-wise particularly in Supaul, Madhepura and Saharsa district of the said State;
- (d) whether the Government proposes to set up more such hubs with the help of Panchayats in the country; and
- (e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (e): The Ministry of Women and Child Development is implementing the Umbrella Scheme named as 'Mission Shakti' with effect from 01.04.2022 which aims at strengthening interventions for women safety, security and empowerment in the country including the State of Bihar.

The Mission Shakti has two verticals 'Sambal' and 'Samarthya'. The "Samarthya" vertical is for empowerment of women and one of the schemes under Samarthya is SANKALP: Hub for Empowerment of Women (HEW).

The SANKALP: Hub for Empowerment of Women (HEW), operates as a Project Management Unit (PMU) to oversee and implement various components of Mission Shakti. Its primary role is to function as a single-window inter-sectoral convergence mechanism for supporting women across the country. The initiative is structured at three levels- National, State/UT and District, which work in coordination to provide effective outreach and support to women. Through SANKALP: HEWs, information on various components of Mission Shakti and other women-centric schemes/ initiatives of Government of India and States/UTs, is provided to women seeking support.

To enable dissemination of information to the women at grassroot level, regular capacity-building training is provided to the staff to ensure that SANKALP: HEWs are well-equipped to discharge their duties, which includes providing them with a 'Standard Operating Procedure (SOP)' and a comprehensive Compendium detailing Central Government women-centric schemes, policies, laws, and legislations. Also, the SANKALP: HEWs have been equipped with additional funds for hiring of vehicles for mobility support to outreach activities, to enhance their effectiveness and reach of these awareness efforts.

SANKALP: HEWs at State level are functional in all States/UTs except the State of West Bengal.

State-wise number of SANKALP: HEWs functional at district level including Supaul, Madhepura and Saharsa districts of Bihar is given in the enclosed **Statement.**

STATEMENT

State/UT-wise number of SANKALP: HEWs functional at district level including Supaul, Madhepura and Saharsa districts of Bihar

Sl. No.	States/ UTs	No. of DHEW Functional
1	Andaman and N Islands	3
2	Andhra Pradesh	26
3	Arunachal Pradesh	25
4	Assam	35
5	Bihar	38
6	Chandigarh	1
7	Chhattisgarh	33
8	Dadra Nagar Haveli and Daman and Diu	3
9	Delhi	11
10	Goa	2
11	Gujarat	33
12	Haryana	22
13	Himachal Pradesh	12
14	Jammu and Kashmir	20
15	Jharkhand	24
16	Karnataka	31
17	Kerala	14
18	Ladakh	2
19	Lakshadweep	1
20	Madhya Pradesh	52
21	Maharashtra	36
22	Manipur	16

23	Meghalaya	12
24	Mizoram	11
25	Nagaland	16
26	Odisha	30
27	Puducherry	4
28	Punjab	23
29	Rajasthan	33
30	Sikkim	6
31	Tamil Nadu	38
32	Telangana	33
33	Tripura	8
34	UP	75
35	Uttarakhand	13
	Total	742

District Hub for Empowerment of Women (DHEW)

INDIA'S LEADERSHIP IN GLOBAL GOVERNANCE REFORM

4238. SHRIMATI SANGEETA KUMARI SINGH DEO:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state :-

- (a) whether India has sought increased global support for its candidature for a permanent seat in the UN Security Council, if so, the details thereof;
- (b) the specific measures undertaken to strengthen India's case for UNSC reforms during FY 2023-24;
- (c) the current status of India's diplomatic efforts to align Global South countries in reforming international multilateral institutions; and
- (d) the steps taken/proposed to be taken by the Government to ensure India's representation aligns with its strategic global role?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (d) The Government of India accords highest priority to getting permanent membership for India in an expanded United Nations Security Council (UNSC). India remains engaged, both at the bilateral and multilateral level, in this endeavour. India strongly believes that it has all the credentials to be a permanent member of a reformed and expanded UN Security Council that reflects contemporary global realities.

India is actively engaged in the ongoing Inter-Governmental Negotiations (IGN) on UNSC reforms. India worked alongside other reform-oriented countries through its membership in the G-4 Group (India, Japan, Brazil and Germany) and the L.69 Group (cross- regional group of developing countries from Asia, Africa and Latin America) to build support among the UN Member States for expansion of the UN Security Council. We have also been constantly engaging with countries of the Global South including through the Voice of the Global South Summits.

A large number of countries have supported India's initiatives for reform of the UNSC as well as endorsed our candidature for permanent membership in a reformed UNSC.

Prime Minister in his address at the Summit of the Future reiterated the need for reforms of global institutions. A large number of countries also called for reforms of institutions of global governance, including the UNSC.

CONDITIONS OF ANGANWADI CENTRES

4239. SHRI ARUN BHARTI:

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

- (a) the number of Anganwadi Centres (AWCs) functioning in the country along with funds allocated by Government to these AWCs during the last three years, State-wise and UT-wise including Bihar;
- (b) whether Government has taken note that most of the Anganwadi Kendras are functioning in dilapidated/damaged buildings and if so, the number of such buildings along with timeframe by which funds are likely to be released for their repair, State-wise and UT-wise;
- (c) the number of AWCs operating from rented building in the country, State-wise and UT wise; and
- (d) the number of new Anganwadi Kendras proposed to be set up, State-wise and UT-wise particularly in Jamui Parliamentary constituency

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (d): The number of Anganwadi Centres (AWCs) operating in the country is given in the enclosed **Statement-I**. Funds allocated by Government to the States/UTs under Mission Saksham Anganwadi and Poshan 2.0 during the last three years, State-wise and UT-wise including Bihar are given in the enclosed **Statement- II**. A total of 1950 AWCs are operational in the Jamui District of the State of Bihar.

Under Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0), there is a provision for Rs.3,000/- per annum for maintenance of Govt. owned AWC Buildings.

Under Mission Poshan 2.0, two lakh Anganwadi Centres (AWCs) located in Government buildings @ 40,000 AWCs per year are to be strengthened and upgraded as Saksham Anganwadis for delivery of improved nutrition and for Early Childhood Care and Education in the 15th Finance Commission cycle. Saksham Anganwadis are to be provided with better infrastructure than the conventional Anganwadi Centres including internet/Wi-Fi connectivity, LED screens, water filtration system/installation of RO Machine, Poshan Vatika, ECCE material etc. As on 25.11.2024, a total of 170337 AWCs have been approved for upgradation for which an amount of Rs. 1004.48 crores has been allocated to all States/UTs across the country.

Funds are also provided to States/UTs for providing drinking water facility @ Rs.17,000 per AWC and for construction of toilet @ Rs.36,000 per AWC. In the 15th finance cycle an amount of Rs.14660.42 lakhs has been released for providing drinking water facilities in 146199 AWCs and an amount of Rs. 28474.01 lakhs has been released for construction of toilet facilities in 142522 AWCs across the country.

In convergence with MGNREGS, 50000 AWCs @10000 AWCs per year are to be constructed over a period of five years, for which funds are provided @ Rs.12 Lakh per AWC wherein Rs.8.00 Lakh would be provided under MGNREGS,

Rs.2.00 Lakh under 15th Finance Commission (FC) (or any other untied funds) and Rs.2.00 Lakh by the Ministry to be shared between Centre and States/UTs in the prescribed cost sharing ratio.

Directions have been issued to States/UTs to co-locate Anganwadi Centres, which are running on rent without basic facilities, at nearby Primary Schools, where space is available.

The number of AWCs operating from rented buildings in the country, State-wise and UT wise is placed in the enclosed **Statement-III**.

Under PM JANMAN for the targeted development of 75 Particularly Vulnerable Tribal Groups (PVTGs) out of the total 2500 Anganwadi Centres to be constructed in three Financial Years (FYs) upto 2025-26, a total of 2139 Anganwadi centres have been approved by this Ministry out of which 786 have been actually operationalized. The State wise details are placed in the enclosed **Statement-IV**.

STATEMENT-I

The number of Anganwadi Centres (AWCs) operational in the country, State-wise and UT-wise including Bihar:

S. No	State/UTs	Operational AWCs as per State
1	Andhra Pradesh	55607
2	Arunachal Pradesh	6225
3	Assam	62093
4	Bihar	114968
5	Chhattisgarh	52382
6	Goa	1261

7	Gujarat	53065
8	Haryana	25962
9	Himachal Pradesh	18925
10	Jharkhand	38515
11	Karnataka	65931
12	Kerala	33120
13	Madhya Pradesh	97329
14	Maharashtra	110516
15	Manipur	11523
16	Meghalaya	6162
17	Mizoram	2244
18	Nagaland	3980
19	Odisha	74192
20	Punjab	27314
21	Rajasthan	61885
22	Sikkim	1308
23	Tamil Nadu	54449
24	Telangana	35700
25	Tripura	10222
26	Uttar Pradesh	189021
27	Uttarakhand	20060
28	West Bengal	119481
29	A and N Islands	720
30	Chandigarh	450
31	Dadra and N Haveli and Daman and Diu	405
32	Delhi	10897
33	Jammu and Kashmir	28426
34	Ladakh	1173
35	Lakshadweep	59
36	Puducherry	855
Total		1396425

STATEMENT-II

The details of Central share released and utilized under Mission Poshan 2.0 during the last three years, State-wise and UT-wise including Bihar:

Mission Poshan 2.0 (Rupees in crores)						
S. No.	Name of the State/UT	2021-22		2022-23		2023-24*
		Funds released	Fund utilised	Funds released	Fund utilised	Funds released
1	Andaman and Nicobar Islands	19.71	13.36	3.85	5.17	12.15
2	Andhra Pradesh	744.60	749.91	827.79	721.45	705.68
3	Arunachal Pradesh	170.83	230.77	137.78	145.74	162.06
4	Assam	1319.90	1432.19	1651.63	1717.00	2233.31
5	Bihar	1574.43	1608.02	1740.09	1586.61	1859.29
6	Chandigarh	15.32	23.09	33.10	33.10	19.79
7	Chattisgarh	606.73	522.72	668.96	571.80	579.46
8	Dadra and Nagar Haveli and Daman and Diu	9.33	9.56	5.80	5.80	11.97
9	Delhi	133.11	125.52	182.77	142.84	161.81
10	Goa	10.84	12.92	14.71	16.83	13.95
11	Gujarat	839.86	757.92	912.64	552.30	1126.80
12	Haryana	173.03	146.99	195.25	150.24	225.78
13	Himachal Pradesh	247.99	386.68	270.24	247.76	301.09
14	Jammu and Kashmir	405.74	704.57	479.01	416.23	530.88
15	Jharkhand	352.98	183.30	430.91	596.03	664.30
16	Karnataka	1003.70	984.62	765.87	885.65	912.96
17	Kerala	388.23	397.98	444.98	325.43	306.64
18	Ladakh	14.70	14.67	18.79	18.79	19.62
19	Lakshadweep	2.11	2.73	0.44	0.44	2.88
20	Madhya Pradesh	1085.47	1055.83	1011.57	1038.67	1123.11
21	Maharashtra	1713.39	1609.02	1646.17	1589.97	1699.52

22	Manipur	228.92	177.28	135.95	167.74	201.28
23	Meghalaya	173.33	177.86	192.39	200.24	269.69
24	Mizoram	59.32	61.57	42.81	46.65	100.27
25	Nagaland	159.80	160.21	199.30	190.47	262.91
26	Odisha	1065.98	871.20	923.92	884.92	968.80
27	Puducherry	2.78	6.13	0.12	6.68	4.48
28	Punjab	383.52	177.94	75.31	247.25	307.87
29	Rajasthan	682.65	771.64	974.02	936.17	1091.96
30	Sikkim	25.73	24.59	20.33	24.09	33.49
31	TamilNadu	655.38	681.28	766.81	741.30	880.79
32	Telangana	482.33	479.30	550.69	503.33	507.87
33	Tripura	186.72	171.66	150.52	186.55	244.22
34	Uttar Pradesh	2407.55	2341.91	2721.87	2622.64	2668.69
35	Uttarakhand	353.65	336.03	425.84	364.77	288.24
36	West Bengal	668.35	1378.31	1227.59	1455.89	1237.56
Total		18368.01	18789.28	19849.82	19346.54	21741.17

*-Utilisation certificate of funds released to the States/UTs during FY 2023-24 is not yet due.

STATEMENT- III

The number of AWCs operating from rented buildings in the country as per Poshan Tracker data (as of Nov, 2024), State-wise and UT wise:

S. No.	State	Rented (as per Poshan Tracker data)
1.	Andhra Pradesh	23176
2.	Arunachal Pradesh	807
3.	Assam	5902
4.	Bihar	68178
5.	Chhattisgarh	7978

6.	Goa	711
7.	Gujarat	10077
8.	Haryana	5877
9.	Himachal Pradesh	10057
10.	Jharkhand	11261
11.	Karnataka	13309
12.	Kerala	7229
13.	Madhya Pradesh	26641
14.	Maharashtra	22688
15.	Manipur	8956
16.	Meghalaya	610
17.	Mizoram	9
18.	Nagaland	905
19.	Odisha	5498
20.	Punjab	3344
21.	Rajasthan	10132
22.	Sikkim	219
23.	Tamil Nadu	7605
24.	Telangana	12380
25.	Tripura	694

26.	Uttar Pradesh	21208
27.	Uttarakhand	7030
28.	West Bengal	28026
29.	Andaman and Nicobar Islands	181
30.	Dadra and Nagar Haveli - Daman and Diu	89
31.	Delhi	10765
32.	JandK	25211
33.	Ladakh	653
34.	Lakshadweep	0
35.	Puducherry	421
36.	UT-Chandigarh	337
	Total	358164

STATEMENT-IV

State-wise details of the operational AWCs under PM-JANMAN

S.No	State	Total no. of AWCs sanctioned under PM- JANMAN	Total operational AWCs under PM-JANMAN (including both newly sanctioned and already existing)
1	Gujarat	67	67

2	Bihar	49	49
3	Rajasthan	51	12
4	Tamil Nadu	34	26
5	Karnataka	22	20
6	Manipur	42	13
7	Tripura	141	88
8	Madhya Pradesh	572	217
9	Odisha	90	58
10	Maharashtra	145	70
11	Chhattisgarh	174	30
12	Jharkhand	386	111
13	Telangana	85	4
14	Andhra Pradesh	266	7
15	Kerala	7	7
16	Uttar Pradesh	1	1
17	Uttarakhand	7	6
	TOTAL	2139	786

राजस्थान में आंगनवाड़ी कार्यकर्ताओं को लाभ

4240. श्री दामोदर अग्रवाल:

क्या महिला और बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार द्वारा आंगनवाड़ी कार्यकर्ताओं (एडब्ल्यूडब्ल्यू) को समय पर प्रोत्साहन और अन्य लाभ प्रदान किए जा रहे हैं;
- (ख) यदि हां, तो राजस्थान के भीलवाड़ा जिले सहित तत्संबंधी जिलेवार ब्यौरा क्या है;
- (ग) क्या सरकार राजस्थान की आंगनवाड़ी कार्यकर्ताओं को लाभ देने की निगरानी करती है;

- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;
- (ङ) क्या सरकार की महिलाओं और बच्चों के स्वास्थ्य और कल्याण में सुधार के लिए गांवों और ग्राम पंचायतों के लिए कोई विशिष्ट योजना है; और
- (च) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) से (च): आंगनवाड़ी सेवाएं मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के अंतर्गत एक केंद्र प्रायोजित योजना है। केंद्र सरकार नीति और आयोजना के लिए जिम्मेदार है और राज्य सरकारें दिन-प्रतिदिन के कार्यक्रम कार्यान्वयन के लिए जिम्मेदार हैं। भारत सरकार मुख्य आंगनवाड़ी केंद्रों (एडब्ल्यूसी) की आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू) को 4,500/- रुपये प्रति माह; लघु आंगनवाड़ी केन्द्रों की आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू) को 3,500/- रुपये प्रति माह और आंगनवाड़ी सहायिकाओं को 2,250/- रुपये प्रति माह के परिभाषित लागत साझाकरण अनुपात के अनुसार राज्यों/संघ राज्य क्षेत्रों को आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू) और आंगनवाड़ी सहायिकाओं (एडब्ल्यूएच) को मानदेय प्रदान करने के लिए निधि जारी करती है। आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू) और आंगनवाड़ी सहायिकाओं (एडब्ल्यूएच) को दिए जाने वाले मानदेय के लिए केंद्र और राज्य सरकारों तथा संघ राज्य क्षेत्रों के बीच परिभाषित लागत साझाकरण अनुपात निम्नानुसार है:

राज्य और विधानमंडल वाले संघ राज्य क्षेत्र - 60:40

पूर्वोत्तर एवं हिमालयी राज्य (जम्मू एवं कश्मीर सहित)- 90:10

बिना विधानमंडल वाले संघ राज्य क्षेत्र - 100:0

इसके अलावा, आंगनवाड़ी कार्यकर्त्रियों को 500 रुपये और आंगनवाड़ी सहायिकाओं को 250 रुपये प्रति माह का निष्पादन आधारित प्रोत्साहन प्रदान किया जाता है। आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू) और आंगनवाड़ी सहायिकाओं (एडब्ल्यूएच) को प्रोत्साहित करने के उद्देश्य से निम्नलिखित सहित विभिन्न पहलें की गई हैं:

- (i) पदोन्नति: मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के 005A तहत आंगनवाड़ी कार्यकर्त्रियों के लिए पदोन्नति के अवसर बढ़ाए गए हैं। आंगनवाड़ी कार्यकर्त्रियों के 50% पद 5 वर्ष के अनुभव प्राप्त आंगनवाड़ी सहायिकाओं द्वारा भरे जाते हैं और पर्यवेक्षकों के 50% पद अन्य मानदंडों की पूरा किए जाने के अधीन 5 वर्ष के अनुभव प्राप्त आंगनवाड़ी कार्यकर्त्रियों की पदोन्नति द्वारा भरे जाते हैं।
- (ii) सामाजिक सुरक्षा बीमा योजनाएं: प्रधान मंत्री जीवन ज्योति बीमा योजना (पीएमजेजीबीवाई) के अंतर्गत 18 से 50 वर्ष की आयु वर्ग की आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को 2.00 लाख रुपये का बीमा लाभ (जीवन जोखिम, किसी भी कारण से मृत्यु शामिल) और प्रधानमंत्री सुरक्षा बीमा योजना के अंतर्गत 18-59 वर्ष की आयु वर्ग में 2.00 लाख रुपये (आकस्मिक मृत्यु और स्थायी पूर्ण विकलांगता)/(आंशिक लेकिन स्थायी विकलांगता) 1.00 लाख रुपये का दुर्घटना कवर प्रदान किया जाता है।
- (iii) प्रधान मंत्री गरीब कल्याण पैकेज के अंतर्गत बीमा कवर: जो आंगनवाड़ी कार्यकर्त्रियां और आंगनवाड़ी सहायिकाएं कोविड-19 से संबंधित कार्यों में लगी थीं, उन्हें कुछ शर्तों के साथ "प्रधानमंत्री गरीब कल्याण पैकेज" के अंतर्गत 50 लाख रुपये का बीमा कवर प्रदान किया गया है।
- (iv) राज्य सरकारों और संघ राज्य क्षेत्र के प्रशासनों से अनुरोध किया गया है कि वे पात्र आंगनवाड़ी कार्यकर्त्रियों तथा आंगनवाड़ी सहायिकाओं को प्रधान मंत्री श्रम योगी मानधन (पीएम-एसवाईएम) पेंशन योजना के तहत नामांकन कराने के लिए प्रोत्साहित करें। यह वृद्धावस्था

सुरक्षा सुनिश्चित करने के लिए देश में असंगठित क्षेत्रों के लिए स्वैच्छिक और अंशदायी पेंशन योजना है।

- (v) सेवानिवृत्ति तिथि: राज्यों और संघ राज्य क्षेत्रों से अनुरोध किया गया है कि वे उचित मानव संसाधन नियोजन सुनिश्चित करने के लिए आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं के संबंध में एक समान सेवानिवृत्ति तिथि अर्थात् प्रत्येक वर्ष के 30 अप्रैल को अपनाएं।
- (vi) अंतरिम बजट वित्त वर्ष 2024-25 में सभी आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को आयुष्मान भारत प्रधान मंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत 5 लाख रुपये का वार्षिक स्वास्थ्य सेवा कवरेज देने की घोषणा की गई है।

CONNECTIVITY OF PORTS TO INDUSTRIAL CORRIDORS

4241. SHRI MAGUNTA SREENIVASULU REDDY:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) whether the Government has conducted any survey/study recently regarding the connectivity of ports (major/minor) to industrial corridors/zones and Special Economic Zones (SEZs) in the country;
- (b) if so, the list of ports (major/minor) that have been identified having low connectivity to the said areas/zones of the country, State-wise and district-wise in Andhra Pradesh;
- (c) the details of the projects proposed, under implementation and presently being constructed to provide proper connectivity of ports to the said areas/zones across the country, State-wise and district-wise in Andhra Pradesh including Prakasam district; and

(d) the total amount of fund(s) allocated, released and utilised for the purposes of increasing connectivity of ports (major/minor) to the said areas/zones across the country, State-wise and district-wise in Andhra Pradesh including Prakasam district?

**THE MINISTER OF PORTS, SHIPPING AND WATERWAYS
(SHRI SARBANANDA SONOWAL):**

(a) and (b) A report on 'Connectivity of Ports to Industrial Nodes' has been prepared by Ministry of Ports, Shipping and Waterways, wherein an assessment and gap analysis of connectivity of the seaports vis-a-viz all the existing and upcoming nodes under different industrial corridors under NICDIT, has been done. The report has identified 62 new road and rail infrastructure gaps across all Industrial nodes under NICDIT. The list of ports and industrial nodes in the State of Andhra Pradesh where gaps in road / rail infrastructure are identified is enclosed as **Statement-I**.

(c) and (d) One of the objective of Sagarmala Programme is better port connectivity, efficient cargo movement between ports and their respective hinterland to minimize overall logistics cost. Sagarmala Programme has a dedicated pillar of Port Connectivity which focuses on the last mile and immediate hinterland connectivity of the ports. Ministry has identified 266 projects of nearly 2 Lakh Crore across the country under Port Connectivity Pillar of Sagarmala programme. These projects are to be implemented by M/o Road, Transport and Highways, Ministry of Railways, Major Ports and other Central / State agencies. The State wise details of Port Connectivity projects under

Sagarmala Programme including the State of Andhra Pradesh is enclosed as

Statement-II.

Under Sagarmala Scheme, Ministry has partially funded 17 projects of more than Rs. 1259 Cr. across Coastal State / UTs under port connectivity pillar.

The details of projects under Port Connectivity pillar of Sagarmala Scheme along with funds released in the State of Andhra Pradesh is enclosed as **Statement-**

III.

STATEMENT-I

List of ports and industrial nodes in the State of Andhra Pradesh where gaps in road / rail infrastructure are identified

S.No.	Port Name	Industrial Corridor	State	District
1	Rail Connectivity: <ul style="list-style-type: none"> ● Krishnapatnam Port ● Kamarajar Port Limited ● Visakhapatnam Port Authority ● Chennai Port Road Connectivity: <ul style="list-style-type: none"> ● Krishnapatnam Port 	KRISHNAPATNAM INDUSTRIAL AREA (2,006 ACRE) UNDER CBIC	Andhra Pradesh	Nellore
2	Rail Connectivity: <ul style="list-style-type: none"> ● Krishnapatnam Port ● Kamarajar Port Limited ● Visakhapatnam Port Authority ● Chennai Port 	KOPPARTHY (5,760 ACRE) UNDER VCIC	Andhra Pradesh	Kadapa
3	Rail Connectivity: <ul style="list-style-type: none"> ● Krishnapatnam Port ● Kamarajar Port Limited ● Visakhapatnam Port Authority 	CHITTOOR (8967 ACRE) UNDER VCIC	Andhra Pradesh	Chittoor

S.No.	Port Name	Industrial Corridor	State	District
	<ul style="list-style-type: none"> Chennai Port 			
4	Rail Connectivity: <ul style="list-style-type: none"> Visakhapatnam Port Authority Gangavaram Port Kakinada Port Road Connectivity: <ul style="list-style-type: none"> Visakhapatnam Port Authority Kakinada Port 	NAKKAPALLI (4318.63 ACRE) NODE UNDER VCIC	Andhra Pradesh	Anakapalli
5	Rail Connectivity: <ul style="list-style-type: none"> Krishnapatnam Port Kamarajar Port Limited Chennai Port 	ORVAKAL (9305 ACRE) UNDER HBIC	Andhra Pradesh	Kurnool

STATEMENT – II

State wise details of Port Connectivity projects under Sagarmala Programme including the State of Andhra Pradesh

S.No	State	Completed		Under Implementation		Under Development	
		#	Cost (Rs.Cr.)	#	Cost (Rs.Cr.)	#	Cost (Rs.Cr.)
1.	Andhra Pradesh	16	9312	21	33340	17	11116
2.	Assam					4	251
3.	Bihar					1	125
4.	Goa	4	51	4	3643	1	1332
5.	Gujarat	8	8048	2	1153	22	11316
6.	Jharkhand					1	37.5
7.	Karnataka	4	388	5	2487	18	4267
8.	Kerala	4	4699	2	1426	16	5069
9.	Maharashtra	10	5327	5	3705	24	24810
10.	Odisha	11	13800	8	8735	8	11744
11.	Puducherry	1	3081	1	1549		

12.	Tamil Nadu	16	3724	5	10956	8	3972
13.	Telangana					1	25
14.	Uttar Pradesh					1	45
15.	West Bengal	10	3769	1	14	6	5703

STATEMENT-III

Details of projects under Port Connectivity pillar of Sagarmala Scheme along with funds released in the State of Andhra Pradesh

S.No	Project Name	Project Cost (Rs. Cr.)	Funds Sanctioned	Funds Released
1.	Construction of grade separator from H-7 area to Port connectivity Road by passing Convent Junction - Visakhapatnam Port	46.34	23.17	21.99
2.	2 to 4 laning of port road connectivity to NH – 5 -Phase II	77.00	20.00	20.00

HARMFUL GAS AND CHEMICAL LEAKS

4242 SHRI AJAY KUMAR MANDAL:

Will the minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) the number of incidents regarding leakage of harmful gas and chemicals reported in last 10 years in the country, State-wise;
- (b) the number of people affected including fatalities in these tragedies;

(c) the types of assistance given by the Government to the victims and the penal action taken by the Government on the individuals/groups responsible for these leaks; and

(d) the steps being taken by the Government to check occurrence of such incidents in the future?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) and (b): Based on the information received from the State Governments/UTs, the details of the number of incidents of leakage of harmful gas and chemicals reported in last 10 years along with number of persons affected including fatalities are given in the enclosed **Statement-I**.

(c): Central Government has notified Public Liability Insurance Act, 1992 which mandates industrial units handling hazardous substance to take out an insurance policy covering legal liability to pay compensation for injury / death to third party or damage to property affected by accidents while handling such hazardous substance and for the matters connected therewith or incidental thereto. In case no insurance policy is taken by the required industrial units, the Central Government has also established an Environmental Relief Fund (ERF) in 2008 to provide immediate relief to the affected persons.

Government has enacted the Factories Act, 1948, for ensuring the occupational safety, health and welfare of the workers employed in the factories registered under the Act. The Factories Act, 1948 and the rules framed thereunder are

enforced by States / Union Territories through their Chief Inspector of Factories (CIF) / Director of Industrial Safety and Health (DISH). The Occupier and Managers of the factories registered under the Factories Act, 1948 are required to comply with the provisions of the Factories Act, 1948 and rules framed thereunder. In case of violations of any of the provisions thereof, the CIF / DISH of the State Governments are empowered to initiate penal action against the occupier and manager of the factories. Separate data regarding details of such prosecution and conviction with respect to the incident involving leakage of harmful gas and chemicals is not maintained. However the details of prosecutions under Section 92 and 96-A of the Factories Act, 1948 in respect of all cases involving violation of factories act, 1948 for the years 2013 to 2022 are placed in the enclosed **Statement-II**.

(d): Government has taken the following actions to check the occurrence of such incidences in the future: -

- i. There are elaborate provisions in the Factories Act, 1948 and the rules framed thereunder pertaining to health, safety, welfare, hazardous processes, working hours, penalties and procedures etc.
- ii. National Disaster Management Authority (NDMA) had issued National Disaster Management Guidelines on Chemical Disasters (Industrial) in April, 2007. The Guidelines inter- alia contains the roles and responsibilities of different stakeholders to deal with such situations.

- iii. NDMA had also released National Disaster Management Plan (NDMP) in May, 2016 (updated in 2019) to assist stakeholders including State Governments in disaster risk management of various hazards including chemical (Industrial). The Plan provides a framework and direction to government agencies for all phases of disaster management i.e. prevention, mitigation, response and recovery.
- iv. Further, the Ministry of Environment, Forest and Climate Change (MOEFandCC) has also notified Manufacture, Storage and Import of Hazardous Chemical Rules, 1989 (MSIHC Rules, 1989) and Chemical Accident (Emergency Planning, Preparedness and Response) Rules, 1996 under the provisions of Environment (Protection) Act, 1986. The rules were notified with the objective of preventing chemical accidents from industrial activities, mitigate associated impacts and provide statutory backup to crisis management set up with four-tier system at Central, State, District and Local level. The State Chief Inspector of Factories (CIFs) (appointed under the Factories Act, 1948) are the nodal agencies to enforce directions and procedures in respect of industrial installations and isolated storages covered under the Factories Act, 1948 dealing with hazardous chemicals and pipelines including inter-state pipelines. Similarly, Petroleum and Explosives Safety Organization (PESO) has been mandated to approve the sites of industrial installation and isolated Storages.

- v. The Department of Chemicals and Petrochemicals has launched the training programme on “Chemical and Petrochemical Industrial Safety”. These training programmes are intended to enhance awareness and mitigating risk on chemical safety and security for all the Major Accident Hazard (MAH) Units identified across the country.
- vi. The MoEFandCC and Central Pollution Control Board (CPCB) have developed an ‘Integrated Guidance Framework for Chemicals Safety in respect of Isolated Storage(s) and Industries covered under MSIHC Rules, 1989’ in compliance to the directions of Hon'ble National Green Tribunal. The framework was circulated to the Chief Secretaries/ UT Administrators of all States/ UTs in January-2022. The Integrated Guidance Framework prescribes for regular inspections of industrial and chemical sites, ensuring preparation of the on-site emergency plans, undertaking safety audits, and sharing information among other stakeholders agencies, in case of observed non-compliance.

STATEMENT-I

Details of the number of incidents of leakage of harmful gas and chemicals reported in last 10 years along with number of persons affected including fatalities

STATE	No. of Incidents of Gas/ Chemical Leakage	Fatalities	Injuries
YEAR 2013			
Punjab	1	--	--

Tamil Nadu	1	--	--
Telangana	6	6	1
Uttar Pradesh	5	5	--
YEAR 2014			
Chhattisgarh	1	2	--
Andhra Pradesh	1	16	20
Madhya Pradesh	1	--	--
Punjab	2	--	--
Tamil Nadu	1	--	--
Telangana	6	--	7
West Bengal	2	4	22
YEAR 2015			
Arunachal Pradesh	1	--	--
Assam	1	--	11
Delhi	5	4	7
Gujarat	12	7	24
Haryana	1	--	--
Himachal Pradesh	1	--	3
Jharkhand	3	--	18
Madhya Pradesh	3	--	3
Maharashtra	2	1	--
Punjab	1	6	100
Rajasthan	1	--	--
Tamil Nadu	2	9	--
Telangana	18	29	33
Uttar Pradesh	5	12	29
West Bengal	2	--	--
YEAR 2016			
Assam	1	--	--
Delhi	1	2	--
Gujarat	10	18	--
Maharashtra	6	17	165
Odisha	1	--	--

Rajasthan	5	14	1
Telangana	26	33	17
Uttar Pradesh	1	1	--
YEAR 2017			
Delhi	1	--	475
Gujarat	2	1	--
Maharashtra	4	2	1
Odisha	4	3	9
Rajasthan	6	22	20
Tamil Nadu	1	--	--
Telangana	17	9	12
Uttar Pradesh	1	-	200
West Bengal	3	6	8
YEAR 2018			
Assam	9	--	---
Bihar	1	1	---
Gujarat	8	15	15
Maharashtra	2	1	11
Telangana	10	9	16
Uttar Pradesh	2	2	--
YEAR 2019			
Assam	5	--	---
Gujarat	30	27	--
Karnataka	1	1	--
Maharashtra	6	4	2
Odisha	1	--	--
Telangana	9	7	11
YEAR 2020			
Andhra Pradesh	4	14	4018
Assam	4	3	2
Gujarat	39	46	26
Maharashtra	8	6	6
Tamil Nadu	2	12	23

Telangana	21	11	23
YEAR 2021			
Andhra Pradesh	1	--	--
Assam	2	--	--
Gujarat	25	42	35
Jammu and Kashmir	1	--	--
Kerala	1	--	--
Maharashtra	10	32	19
Tamil Nadu	3	32	60
Telangana	9	1	2
Uttar Pradesh	6	4	14
YEAR 2022			
Assam	5	---	---
Goa	1	3	--
Gujarat	10	32	18
Rajasthan	1	6	1
Uttar Pradesh	5	4	1
YEAR 2023			
Assam	2	--	--
Goa	1	1	--
Gujarat	24	23	30
Uttar Pradesh	3	1	2

STATEMENT-II

Prosecutions and Convictions under Section 92 and 96 A (2013-2022)

Prosecutions and Convictions under Section 92 and 96 A (2013)

Sl. No.	State/UT	2013					
		No. of prosecutions			No. of convictions	Penalty imposed	
		Pending from previous year	Launched during the year	Decided during the year		Imprisonment	Total fine imposed

1	Andaman and Nicobar Islands	**	**	**	**	**	**
2	Andhra Pradesh	4831	1216	886	525	**	4360750
3	Arunachal Pradesh	*	*	*	*	*	*
4	Assam	31	17	**	**	**	**
5	Bihar	81	33	**	**	**	**
6	Chandigarh	**	**	**	**	**	**
7	Chhattisgarh	1030	529	331	100	9	15516150
8	DD and DNH	**	**	**	**	**	**
9	Delhi	233	22	166	166	**	158900
10	Goa	42	15	8	7	**	208500
11	Gujarat	8921	2047	382	137	**	2669800
12	Haryana	8032	4712	4686	2398	**	**
13	Himachal Pradesh	208	96	57	57	**	445550
14	Jammu and Kashmir	**	**	**	**	**	**
15	Jharkhand	223	42	3	**	**	**
16	Karnataka	450	199	109	48	1	1623911
17	Kerala	96	66	38	32	**	516750
18	Lakshadweep	*	*	*	*	*	*
19	Madhya Pradesh	3177	150	99	**	**	2629000
20	Maharashtra	1119	910	791	791	**	13693500
21	Manipur	**	**	**	**	**	**
22	Meghalaya	**	**	**	**	**	**
23	Mizoram	*	*	*	*	*	*
24	Nagaland	**	**	**	**	**	**
25	Odisha	1812	162	54	6	**	25000
26	Puducherry	8	4	10	10	**	795000
27	Punjab	1121	119	183	15	**	24269500
28	Rajasthan	991	66	107	103	1	1715000
29	Sikkim	*	*	*	*	*	*
30	Tamil Nadu	9836	4054	3591	2560	3	23393390
31	Telangana	*	*	*	*	*	*
32	Tripura	12	9	6	6	**	13000
33	Uttar Pradesh	**	**	**	**	**	**
34	Uttarakhand	91	44	2	**	**	100000
35	West Bengal	338	118	103	103	**	2096500
Total		42683	14630	11612	7064	14	94230201

Source: Data collected by DGFASLI through correspondence with Chief Inspector of Factories (CIF) of State/UT.

Note: (i) *: There are no registered factories in this State/UT.

(ii) **: Data not reported by the CIF/NIL Data.

Prosecutions and Convictions under Section 92 and 96 A (2014)

Sl. No.	State/UT	2014					
		No. of prosecutions			No. of convictions	Penalty imposed	
		Pending from previous year	Launched during the year	Decided during the year		Imprisonment	Total fine imposed
1	Andaman and Nicobar Islands	**	**	**	**	**	**
2	Andhra Pradesh	2068	546	431	303	#	4276500
3	Arunachal Pradesh	*	*	*	*	*	*
4	Assam	48	10	**	**	**	**
5	Bihar	114	34	**	**	**	**
6	Chandigarh	**	**	**	**	**	**
7	Chhattisgarh	1228	674	272	82	6	17186000
8	DD and DNH	**	**	**	**	**	**
9	Delhi	89	88	53	53	**	582000
10	Goa	25	15	15	10	**	175900
11	Gujarat	28989	2430	633	223	**	4174450
12	Haryana	8795	10242	7498	5905	**	14923450
13	Himachal Pradesh	247	195	73	73	**	511500
14	Jammu and Kashmir	139	17	5	**	**	50000
15	Jharkhand	356	34	1	**	**	**
16	Karnataka	598	310	112	98	**	2239000
17	Kerala	129	57	42	37	**	855000
18	Lakshadweep	*	*	*	*	*	*
19	Madhya Pradesh	3228	165	146	**	**	3090800
20	Maharashtra	1238	745	473	473	**	8847500
21	Manipur	**	**	**	**	**	**
22	Meghalaya	**	**	**	**	**	**
23	Mizoram	*	*	*	*	*	*
24	Nagaland	**	**	**	**	**	**
25	Odisha	1920	172	**	**	**	**
26	Puducherry	2	10	9	9	**	520000
27	Punjab	1057	109	80	50	**	877300
28	Rajasthan	950	44	61	58	**	529000
29	Sikkim	*	*	*	*	*	*
30	Tamil Nadu	9420	4003	2374	3276	7	26051050
31	Telangana	1814	793	886	385	**	3454700
32	Tripura	16	5	10	10	**	64000

33	Uttar Pradesh	1995	53	292	35	**	1024500
34	Uttarakhand	133	43	31	**	**	710000
35	West Bengal	355	101	68	68	**	2161500
Total		64953	20895	13565	11148	13	92304150

Source: Data collected by DGFASLI through correspondence with Chief Inspector of Factories (CIF) of State/UT.

Note: (i) *: There are no registered factories in this State/UT.

(ii) **: Data not reported by the CIF/NIL Data.

Prosecutions and Convictions under Section 92 and 96 A (2015)

Sl. No.	State/UT	2015					
		No. of prosecutions			No. of convictions	Penalty imposed	
		pending from previous year	launched during the year	decided during the year		Imprisonment	Total fine imposed
1	Andaman and Nicobar Islands	**	**	**	**	**	**
2	Andhra Pradesh	2145	456	615	591	**	5171000
3	Arunachal Pradesh	*	*	*	*	*	*
4	Assam	58	9	**	**	**	**
5	Bihar	148	15	**	**	**	**
6	Chandigarh	**	**	**	**	**	**
7	Chhattisgarh	1632	499	549	365	13	22041100
8	DD and DNH	**	**	**	**	**	**
9	Delhi	124	63	27	27	**	322000
10	Goa	24	5	9	8	**	170000
11	Gujarat	30786	1733	1498	1199	**	10245900
12	Haryana	9585	5963	5136	3728	**	14742100
13	Himachal Pradesh	369	94	113	113	**	1401700
14	Jammu and Kashmir	151	39	23	4	**	228000
15	Jharkhand	389	47	**	**	**	**
16	Karnataka	718	175	**	**	**	**
17	Kerala	219	73	48	38	**	898000
18	Lakshadweep	*	*	*	*	*	*
19	Madhya Pradesh	3213	169	147	**	**	3100800
20	Maharashtra	1238	632	599	599	**	11662500
21	Manipur	**	**	**	**	**	**
22	Meghalaya	**	**	**	**	**	**
23	Mizoram	**	**	**	**	**	**
24	Nagaland	**	**	**	**	**	**
25	Odisha	2150	157	18	18	**	3410000

26	Puducherry	3	10	11	11	**	507000
27	Punjab	1086	121	143	11	1	901500
28	Rajasthan	933	22	31	31	**	182000
29	Sikkim	*	*	*	*	*	*
30	Tamil Nadu	11049	4138	3450	3448	12	24613200
31	Telangana	2634	1412	645	677	**	5682800
32	Tripura	10	3	4	3	**	21000
33	Uttar Pradesh	2041	82	52	51	**	1230000
34	Uttarakhand	145	44	5	**	**	81000
35	West Bengal	388	26	6	6	**	251000
Total		71238	15987	13318	11095	27	110925200

Source: Data collected by DGFASLI through correspondence with Chief Inspector of Factories (CIF) of State/UT.

Note: (i) *: There are no registered factories in this State/UT.

(ii) **: Data not reported by the CIF/NIL Data.

Prosecutions and Convictions under Section 92 and 96 A (2016)

Sl. No.	State/UT	2016					
		No. of prosecutions			No. of convictions	Penalty imposed	
		Pending from previous year	Launched during the year	Decided during the year		Imprisonment	Total fine imposed
1	Andaman and Nicobar Islands	**	**	**	**	**	**
2	Andhra Pradesh	1991	463	616	582	**	8984000
3	Arunachal Pradesh	*	*	*	*	*	*
4	Assam	30	49	**	**	**	**
5	Bihar	163	3	**	**	**	**
6	Chandigarh	**	**	**	**	**	**
7	Chhattisgarh	1582	387	241	211	4	15421800
8	DD and DNH	**	**	**	**	**	**
9	Delhi	160	90	53	53	**	698500
10	Goa	17	6	5	5	**	140000
11	Gujarat	30786	1637	1198	1166	**	10424600
12	Haryana	8617	2986	2419	1675	**	6995950
13	Himachal Pradesh	350	89	61	61	**	735700
14	Jammu and Kashmir	167	45	36	36	**	167000
15	Jharkhand	351	44	1	**	**	100000
16	Karnataka	704	122	179	162	**	3031000
17	Kerala	141	44	51	45	**	801250
18	Lakshadweep	*	*	*	*	*	*
19	Madhya Pradesh	3235	119	17	**	**	41500

20	Maharashtra	1271	584	421	421	**	8072500
21	Manipur	**	**	**	**	**	**
22	Meghalaya	**	**	**	**	**	**
23	Mizoram	**	**	**	**	**	**
24	Nagaland	**	**	**	**	**	**
25	Odisha	2289	93	11	**	**	330000
26	Puducherry	**	6	4	2	**	144000
27	Punjab	1064	52	54	12	**	686000
28	Rajasthan	924	43	21	21	**	121000
29	Sikkim	*	*	*	*	*	*
30	Tamil Nadu	11737	2669	3189	2989	18	28012100
31	Telangana	3194	398	199	199	3	3302500
32	Tripura	10	9	5	5	**	385000
33	Uttar Pradesh	2134	114	23	**	**	770000
34	Uttarakhand	123	37	4	**	**	714000
35	West Bengal	408	25	24	23	**	1163000
Total		71448	10114	8832	7668	25	91241400

Source: Data collected by DGFASLI through correspondence with Chief Inspector of Factories (CIF) of State/UT.

Note: (i) *: There are no registered factories in this State/UT.

(ii) **: Data not reported by the CIF/NIL Data.

Prosecutions and Convictions under Section 92 and 96 A (2017)

Sl. No.	State/UT	2017					
		No. of prosecutions			No. of convictions	Penalty imposed	
		Pending from previous year	Launched during the year	Decided during the year		Imprisonment	Total fine imposed
1	Andaman and Nicobar Islands	**	**	**	**	**	**
2	Andhra Pradesh	1481	405	510	379	**	5608000
3	Arunachal Pradesh	*	*	*	*	*	*
4	Assam	79	14	8	2	**	**
5	Bihar	166	3	**	**	**	**
6	Chandigarh	**	**	**	**	**	**
7	Chhattisgarh	1728	282	183	172	**	23849000
8	DD and DNH	**	**	**	**	**	**
9	Delhi	197	150	41	41	**	887000
10	Goa	21	7	6	5	**	130000

11	Gujarat	31460	1515	1639	1580	**	13697500
12	Haryana	7694	1945	1932	1668	**	5999500
13	Himachal Pradesh	378	110	69	69	**	1102000
14	Jammu and Kashmir	132	32	68	68	**	262865
15	Jharkhand	354	30	3	**	**	**
16	Karnataka	632	149	129	114	**	2656500
17	Kerala	136	60	47	40	**	732000
18	Lakshadweep	*	*	*	*	*	*
19	Madhya Pradesh	3337	154	11	**	**	506500
20	Maharashtra	584	424	475	475	#	6054000
21	Manipur	**	**	**	**	**	**
22	Meghalaya	**	**	**	**	**	**
23	Mizoram	**	**	**	**	**	**
24	Nagaland	**	**	**	**	**	**
25	Odisha	2371	91	4	**	**	410000
26	Puducherry	4	13	13	**	**	520000
27	Punjab	1062	293	199	17	**	1193600
28	Rajasthan	912	39	19	19	**	132800
29	Sikkim	*	*	*	*	*	*
30	Tamil Nadu	11217	2367	2304	1720	**	22041675
31	Telangana	2708	255	51	45	**	657500
32	Tripura	14	**	4	1	**	500
33	Uttar Pradesh	2280	244	98	**	**	3578000
34	Uttarakhand	105	21	**	**	**	**
35	West Bengal	**	**	**	**	**	**
Total		69052	8603	7813	6415	0	90018940

Source: Data collected by DGFASLI through correspondence with Chief Inspector of Factories (CIF) of State/UT.

Note: (i) *: There are no registered factories in this State/UT.

(ii) **: Data not reported by the CIF/NIL Data.

Prosecutions and Convictions under Section 92 and 96 A (2018)

Sl. No.	State/UT	2018					
		No. of prosecutions			No. of convictions	Penalty imposed	
		Pending from previous year	Launched during the year	Decided during the year		Imprisonment	Total fine imposed
1	Andaman and Nicobar Islands	**	**	**	**	**	**
2	Andhra Pradesh	1290	170	226	166	**	3721000

3	Arunachal Pradesh	**	**	**	**	**	**
4	Assam	93	29	**	**	**	**
5	Bihar	169	42	**	**	**	**
6	Chandigarh	**	**	**	**	**	**
7	Chhattisgarh	1827	186	121	31	**	9678000
8	DD and DNH	**	**	**	**	**	**
9	Delhi	250	72	40	40	**	805000
10	Goa	20	5	7	5	**	134000
11	Gujarat	30263	1954	17674	1351	**	11172100
12	Haryana	4049	2543	1216	792	**	3789200
13	Himachal Pradesh	419	95	87	87	**	1684500
14	Jammu and Kashmir	117	**	75	**	**	**
15	Jharkhand	290	24	2	1	**	**
16	Karnataka	683	184	183	84	**	2819200
17	Kerala	154	68	33	37	**	883500
18	Lakshadweep	*	*	*	*	**	*
19	Madhya Pradesh	3480	160	16	**	**	887000
20	Maharashtra	1687	598	268	250	**	5666000
21	Manipur	**	**	**	**	**	**
22	Meghalaya	**	**	**	**	**	**
23	Mizoram	**	**	**	**	**	**
24	Nagaland	**	**	**	**	**	**
25	Odisha	2458	85	1	**	**	10000
26	Puducherry	4	6	5	**	**	194000
27	Punjab	1156	258	288	50	**	1364000
28	Rajasthan	300	35	24	24	**	278000
29	Sikkim	*	*	*	*	*	*
30	Tamil Nadu	11280	1863	1917	1877	**	19085300
31	Telangana	3191	770	90	90	**	396500
32	Tripura	10	13	6	**	**	54000
33	Uttar Pradesh	2134	244	98	98	**	3578000
34	Uttarakhand	126	16	126	**	**	**
35	West Bengal	423	41	17	17	**	1713000
Total		65873	9461	22520	5000	0	67912300

Source: Data collected by DGFASLI through correspondence with Chief Inspector of Factories (CIF) of State/UT.

Note: (i) *: There are no registered factories in this State/UT.

(ii) **: Data not reported by the CIF/NIL Data.

Prosecutions and Convictions under Section 92 and 96 A (2019)

Sl. No.	State/UT	2019					
		No. of prosecutions			No. of convictions	Penalty imposed	
		Pending from previous year	Launched during the year	Decided during the year		Imprisonment	Total fine imposed
1	Andaman and Nicobar Islands	**	**	**	**	**	**
2	Andhra Pradesh	1234	196	115	96	**	1022000
3	Arunachal Pradesh	**	**	**	**	**	**
4	Assam	122	11	**	**	**	**
5	Bihar	211	32	**	**	**	**
6	Chandigarh	**	**	**	**	**	**
7	Chhattisgarh	219	312	167	117	**	14744499
8	DD and DNH	**	**	**	**	**	**
9	Delhi	262	48	104	104	**	1109000
10	Goa	16	3	6	5	**	118500
11	Gujarat	15346	2922	1623	1871	**	15098580
12	Haryana	6850	6108	2883	1944	**	15698600
13	Himachal Pradesh	427	147	119	119	**	1270000
14	Jammu and Kashmir	42	18	34	**	**	108400
15	Jharkhand	353	27	3	**	**	**
16	Karnataka	610	247	161	115	**	3067600
17	Kerala	190	57	46	52	1	1272000
18	Lakshadweep	*	*	*	*	*	*
19	Madhya Pradesh	3639	144	16	**	**	1588000
20	Maharashtra	2115	636	300	300	**	8283000
21	Manipur	**	**	**	**	**	**
22	Meghalaya	**	**	**	**	**	**
23	Mizoram	**	**	**	**	**	**
24	Nagaland	**	**	**	**	**	**
25	Odisha	2542	69	5	3	**	34000
26	Puducherry	5	13	8	**	**	258000
27	Punjab	1126	29	53	22	**	816000
28	Rajasthan	280	28	25	**	**	203300
29	Sikkim	*	*	*	*	*	*
30	Tamil Nadu	11226	1830	2129	2113	3	28789300
31	Telangana	1806	388	458	238	**	1746000
32	Tripura	8	8	2	**	**	17000
33	Uttar Pradesh	2354	58	48	48	**	1206500
34	Uttarakhand	16	23	20	**	**	**
35	West Bengal	**	**	**	**	**	**

Total	50999	13354	8325	7147	4	96450279
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Source: Data collected by DGFASLI through correspondence with Chief Inspector of Factories (CIF) of State/UT.

Note: (i) *: There are no registered factories in this State/UT.

(ii) **: Data not reported by the CIF/NIL Data.

Prosecutions and Convictions under Section 92 and 96 A (2020)

Sl. No.	State/UT	2020					
		No. of prosecutions			No. of convictions	Penalty imposed	
		Pending from previous year	Launched during the year	Decided during the year		Imprisonment	Total fine imposed
1	Andaman and Nicobar Islands	**	**	**	**	**	**
2	Andhra Pradesh	1281	256	18	8	**	317000
3	Arunachal Pradesh	**	**	**	**	**	**
4	Assam	133	5	**	**	**	**
5	Bihar	243	20	**	**	**	**
6	Chandigarh	**	**	**	**	**	**
7	Chhattisgarh	364	204	108	98	**	4554501
8	DD and DNH	**	**	**	**	**	**
9	Delhi	206	30	33	33	**	70000
10	Goa	12	1	1	**	**	**
11	Gujarat	16397	1466	379	379	**	3615800
12	Haryana	9157	2180	912	598	**	3522500
13	Himachal Pradesh	427	44	**	**	**	**
14	Jammu and Kashmir	26	16	10	10	**	49000
15	Jharkhand	369	11	1	**	**	**
16	Karnataka	694	103	83	27	8	1172000
17	Kerala	197	33	24	14	**	246000
18	Lakshadweep	*	*	*	*	*	*
19	Madhya Pradesh	2112	98	4	**	**	114000
20	Maharashtra	2481	405	226	224	**	6408000
21	Manipur	**	**	**	**	**	**
22	Meghalaya	**	**	**	**	**	**
23	Mizoram	**	**	**	**	**	**
24	Nagaland	**	**	**	**	**	**
25	Odisha	2606	77	**	**	**	**
26	Puducherry	5	4	4	**	**	**
27	Punjab	1102	9	16	2	1	256700
28	Rajasthan	283	31	4	**	**	60000

29	Sikkim	*	*	*	*	*	*
30	Tamil Nadu	10927	2231	1089	1067	1	10242500
31	Telangana	2668	184	111	98	**	1840000
32	Tripura	4	**	**	**	**	**
33	Uttar Pradesh	2391	70	5	5	**	194000
34	Uttarakhand	19	12	19	**	**	**
35	West Bengal	**	**	**	**	**	**
Total		54104	7490	3047	2563	10	32662001

Source: Data collected by DGFASLI through correspondence with Chief Inspector of Factories (CIF) of State/UT.

Note: (i) *: There are no registered factories in this State/UT.

(ii) **: Data not reported by the CIF/NIL Data.

Prosecutions and Convictions under Section 92 and 96 A (2021)

Sl. No.	State/UT	2021					
		No. of prosecutions			No. of convictions	Penalty imposed	
		Pending from previous year	Launched during the year	Decided during the year		Imprisonment	Total fine imposed
1	Andaman and Nicobar Islands	**	**	**	**	**	**
2	Andhra Pradesh	1562	602	215	215	**	3459500
3	Arunachal Pradesh	**	**	**	**	**	**
4	Assam	22	**	**	**	**	**
5	Bihar	263	30	**	**	**	**
6	Chandigarh	**	**	**	**	**	**
7	Chhattisgarh	460	178	181	104	**	15861000
8	DD and DNH	**	**	**	**	**	**
9	Delhi	203	32	15	32	**	159000
10	Goa	17	6	3	2	**	60000
11	Gujarat	17484	2312	1376	1285	**	13022500
12	Haryana	8146	3120	2541	1823	**	7302500
13	Himachal Pradesh	471	26	34	34	**	623000
14	Jammu and Kashmir	31	17	7	7	**	20000
15	Jharkhand	367	16	1	**	**	**
16	Karnataka	714	88	80	30	6	1172000
17	Kerala	207	31	37	26	2	683500
18	Lakshadweep	*	*	*	*	*	*
19	Madhya Pradesh	2206	91	30	**	**	1554000

20	Maharashtra	2429	547	412	83	**	5675500
21	Manipur	**	**	**	**	**	**
22	Meghalaya	**	**	**	**	**	**
23	Mizoram	**	**	**	**	**	**
24	Nagaland	**	**	**	**	**	**
25	Odisha	2683	60	3	**	**	**
26	Puducherry	5	8	7	**	**	440000
27	Punjab	**	**	**	**	**	**
28	Rajasthan	310	22	7	**	**	655000
29	Sikkim	*	*	*	*	*	*
30	Tamil Nadu	7559	1682	1335	1297	**	12149000
31	Telangana	2825	179	144	72	**	1935000
32	Tripura	8	1	2	2	**	11000
33	Uttar Pradesh	**	**	**	**	**	**
34	Uttarakhand	12	20	19	**	**	**
35	West Bengal	**	**	**	**	**	**
TOTAL		47984	9068	6449	5012	8	64782500

Source: Data collected by DGFASLI through correspondence with Chief Inspector of Factories (CIF) of State/UT.

Note: (i) *: There are no registered factories in this State/UT.

(ii) **: Data not reported by the CIF/NIL Data.

Prosecutions and Convictions under Section 92 and 96 A (2022)

Sl. No.	State/UT	2022					
		No. of prosecutions			No. of convictions	Penalty imposed	
		Pending from previous year	Launched during the year	Decided during the year		Imprisonment	Total fine imposed
1	Andaman and Nicobar Islands	**	**	**	**	**	**
2	Andhra Pradesh	1925	269	168	137	**	2526000
3	Arunachal Pradesh	**	**	**	**	**	**
4	Assam	22	26	**	**	**	**
5	Bihar	273	34	**	**	**	**
6	Chandigarh	**	**	**	**	**	**
7	Chhattisgarh	457	238	238	144	**	19198000
8	DD and DNH	**	**	**	**	**	**
9	Delhi	220	30	49	49	**	614000
10	Goa	22	2	2	1	**	50000
11	Gujarat	14619	2806	3890	1497	**	22444000
12	Haryana	6814	4787	3256	1946	**	10924200

13	Himachal Pradesh	**	**	**	**	**	**
14	Jammu and Kashmir	41	13	**	**	**	**
15	Jharkhand	412	33	2	**	**	**
16	Karnataka	613	194	155	86	10	3311100
17	Kerala	216	22	45	37	**	811000
18	Lakshadweep	*	*	*	*	*	*
19	Madhya Pradesh	2267	118	44	**	**	3069000
20	Maharashtra	2546	481	457	377	**	14526000
21	Manipur	**	**	**	**	**	**
22	Meghalaya	**	**	**	**	**	**
23	Mizoram	**	**	**	**	**	**
24	Nagaland	**	**	**	**	**	**
25	Odisha	2740	80	4	**	**	**
26	Puducherry	6	1	1	**	**	90000
27	Punjab	**	**	**	**	**	**
28	Rajasthan	325	20	13	4	**	15000
29	Sikkim	*	*	*	*	*	*
30	Tamil Nadu	7906	2688	1872	1858	**	23124250
31	Telangana	2704	182	111	62	**	2605000
32	Tripura	8	4	4	2	**	90000
33	Uttar Pradesh	**	**	**	**	**	**
34	Uttarakhand	13	19	19	**	**	**
35	West Bengal	**	**	**	**	**	**
TOTAL		44149	12047	10330	6200	10	103397550

Source: Data collected by DGFASLI through correspondence with Chief Inspector of Factories (CIF) of State/UT.

Note: (i) *: There are no registered factories in this State/UT.

(ii) **: Data not reported by the CIF/NIL Data.

ORGAN DONATION

4243. SHRIMATI POONAMBEN MAADAM:

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

- (a) whether any guidelines regarding organ donation exist in the country;
- (b) if so, the details thereof along with the details of the organs donated during the last three years, State/UT-wise; and

(c) the steps taken/proposed to be taken by the Government to promote organ donation?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) and (b) The Transplantation of Human Organs and Tissues Act, 1994 (as amended in 2011), and The Transplantation of Human Organs and Tissues Rules, 2014, provide guidelines for organ donation. Further, the following guidelines have also been issued in respect of organ donation and transplantation in the country (available on the website of National Organ Tissue Transplant Organization (NOTTO) i.e. <https://www.notto.mohfw.gov.in/>):

1. Highlights of National Organ and Tissue Transplant Programme and Operational Guidelines for its implementation, published in 2015 with updated guidelines published in 2021.
2. Allocation criteria for major organs and tissues viz. kidney, heart, liver, lung, heart-lung and cornea transplant (Guidelines).
3. Standard Operative Procedures (SOPs) / Protocols for :
 - management of brain stem dead donors
 - retrieval of different organs
 - donor and recipient of kidney and heart
 - Organ transport (published in 2024)

4. NOTTO Transplant Manual, published in 2024.

The details of the organs donated during the last three years, State/UT-wise are given in the enclosed **Statement**.

(c) The Ministry of Health and Family Welfare has taken following steps to promote organ and tissue donation and transplant in the country during the last ten years:

- Implementation of National Organ Transplant program (NOTP), which aims to improve access to organ transplantation for needy citizens of the country by enhancing awareness about deceased organ donation, organizing an efficient mechanism for organ procurement and distribution for transplantation, strengthening public sector infrastructure, training of manpower etc. ;
- Under NOTP, a three-tiered network has been set up with dedicated institutions at three levels: one National Organ and Tissue Transplant Organization (NOTTO), five Regional Organ and Tissue Transplant Organizations (ROTTOs), and 21 State Organ and Tissue Transplant Organizations (SOTTOs). Currently, over 900 institutions and hospitals involved in organ/tissue transplantation, organ retrieval and tissue banking are linked with the network ;
- Activities are organized across the country for generating awareness, such as celebration of Indian Organ Donation Day annually, seminars,

webinars, workshops, debates, sports events, walkathons, marathons, nukkad natak, legal symposium, NOTTO Scientific Dialogue etc. ;

- The government engages with various stakeholders like Government Ministries and Departments, legal representatives, medical and paramedical professionals, corporates, police personnel, various NGOs, school and college students, community-based organizations etc. to enhance awareness on Brain Stem Death and Organ Donation. Regular programs are organized with school children for imparting knowledge about organ donation. Special campaigns for improving awareness, pledge registration and competitions through MyGov have been conducted. NOTTO promotes organ donation through talks by experts and program officers on TV, Radio and other audio-visual media, social media, print media etc. ;
- Display boards on organ donation are exhibited outside ICUs and other strategic locations in the transplant/retrieval hospitals ;
- Angdaan Mahotsav was organized during the month of July, 2023 involving all Central Ministries and State/UT Governments wherein various awareness and organ donation pledging activities and competitions through MyGov platforms were undertaken. Organ donation is promoted every year through India International Trade Fair and it was recently promoted during the G-20 events. To improve the outreach of awareness till village level, organ donation was promoted during Sewa

Pakhwada, Ayushman Bhava initiative, Viksit Bharat Sankalp Yatra etc. in the year 2023 ;

- In 2024, Angdaan Jan Jagrukta Abhiyaan has been initiated, wherein Organ Donation Month has been observed in July. Campaign activities have been carried out through Ministries/Departments of Union Government, State Governments, Medical colleges and Hospitals, NGOs, and other organizations. The 14th Indian Organ Donation Day was organized on 3rd August, 2024 wherein families of deceased organ donors were felicitated, and awards were distributed for exemplary contributions in the field of organ donation and transplantation. During the event, the Annual Report of NOTTO, Standard operative procedures (SOPs) for organ transport, and the NOTTO e-newsletter were also released ;
- A website (www.notto.mohfw.gov.in) has been launched, along with establishment of a 24x7 call-centre with a toll free helpline number (1800114770) to provide information, tele-counseling and to help in coordination for organ donation ;
- In September 2023, an Aadhar-linked digital web portal (notto.abdm.gov.in) has been launched to facilitate the registration of organ and tissue donation pledges. As on date, over 2 lakh citizens have pledged to donate their organs and tissues after death ;

- Under NOTP, grants are provided to States/UTs for the establishment of ROTTOs/SOTTOs, augmentation of infrastructure in public sector such as Organ Transplant/Retrieval Centers/Tissue Banks, hiring of Transplant Coordinators by Medical Colleges and Trauma Centers, maintenance of deceased donors, organ transport, post-transplant immune-suppressant medicines, awareness initiatives, training and capacity building programs etc. ;
- A grant of Rs. 10,000/- is provided for the dignified funeral of each deceased donor. States/UTs have also been requested to felicitate deceased organ donors and their family members by presenting a shawl, certificate and flowers as a mark of respect to deceased organ donors at the time of donation, for which an additional grant of Rs. 1,000/- per donor is provided under NOTP ;
- For ensuring a uniform organ transport policy, the SOPs for organ transport were launched on 3rd August, 2024, on the occasion of 14th Indian Organ Donation Day.

STATEMENT

State/UT-wise details of the organs donated during the last three years

S. No.	State/UT	Number of Organ Donations during the last 3 years, as reported by States/UTs (Between 1 st January to 31 st December each year)		
		2021	2022	2023
1	Andaman and Nicobar Islands	0	0	0

2	Andhra Pradesh	235	333	397
3	Arunachal Pradesh	0	0	0
4	Assam	38	64	57
5	Bihar	25	22	25
6	Chandigarh	168	180	323
7	Chhattisgarh	32	71	67
8	Dadra and Nagar Haveli and Daman and Diu	0	0	0
9	Delhi	1750	3795	4341
10	Goa	7	3	4
11	Gujarat	670	827	780
12	Haryana	898	81	94
13	Himachal Pradesh	2	2	0
14	Jammu and Kashmir	21	52	51
15	Jharkhand	2	7	8
16	Karnataka	374	510	925
17	Kerala	1004	1437	1395
18	Ladakh	0	0	0
19	Lakshdweep	0	0	0
20	Madhya Pradesh	172	236	281
21	Maharashtra	1146	1327	1641
22	Manipur	10	17	41
23	Meghalaya	0	0	0
24	Mizoram	0	0	0
25	Nagaland	0	0	0
26	Odisha	125	176	194
27	Puducherry	23	34	56
28	Punjab	484	535	603
29	Rajasthan	399	587	742
30	Sikkim	0	0	0
31	Tamil Nadu	1479	1846	2011
32	Telangana	828	849	1007
33	Tripura	0	0	0
34	Uttar Pradesh	509	232	436
35	Uttarakhand	3	4	26
36	West Bengal	794	1073	1037
Total		11198	14300	16542

GENERIC MEDICINE SHOP IN TELANGANA

4244. SHRI BALRAM NAIK PORIKA:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

(a) the details of the generic Medicine shops established in the State of Telangana, especially in tribal areas; and

(b) whether there is any plan for expansion of establishing generic Medicine shops in the remote areas of the State, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): Under Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), a total of 14,320 Jan Aushadhi Kendras (JAKs) have been opened till 30.11.2024 across the country, of which 198 JAKs opened in Telangana. District- wise number of JAKs opened in Telangana till 30.11.2024 is enclosed as **Statement**.

(b): The Government has decided to open 25,000 Jan Aushadhi Kendras (JAKs) across the country by March 2027. Online applications have been invited from all districts of the country through the website www.janaushadhi.gov.in. There is no region-specific target for opening of JAKs.

STATEMENT

District- wise JAKs opened in the State of Telangana till 30.11.2024

Sl. No.	Name of the District	No. of JAKs opened
1	Adilabad	11
2	Hyderabad	21

3	Karimnagar	4
4	Khammam	2
5	Mahabubnagar	6
6	Medak	1
7	Nalgonda	2
8	Nizamabad	12
9	Ranga Reddy	20
10	Warangal	7
11	Nirmal	4
12	Jagitial	12
13	Peddapalli	5
14	Rajanna Sircilla	1
15	Mancherial	7
16	Kamareddy	1
17	Hanumakonda	6
18	Jayashankar Bhupalapally	2
19	Mahabubabad	2
20	Jangoan	6
21	Bhadradi Kothagudem	3
22	Sangareddy	6
23	Siddipet	2
24	Wanaparthi	2
25	Nagarkurnool	2
26	Jogulamba Gadwal	3
27	Suryapet	2
28	Yadadri Bhuvanagiri	3
29	Vikarabad	5
30	Kumuram Bheem Asifabad	3
31	Medchal Malkajgiri	32
32	Mulugu	2
33	Narayanpet	1
Total		198

ASHA WORKERS SCHEME**4245. SHRI KESINENI SIVANATH:****SHRI DAGGUMALLA PRASADA RAO:**

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

- (a) whether the Government has any data regarding the total amount of funds allocated to the State of Andhra Pradesh under the ASHA workers' scheme;
- (b) if so, the details thereof from 2019 to 2024, year-wise;
- (c) the total amount of funds utilized by the State for ASHA workers during the said period, year-wise;
- (d) whether the Government is considering to increase the financial support and share allocated to ASHA workers, in accordance with the Minimum Wages Act, if so, the details thereof; and
- (e) whether the Government is contemplating to recognise ASHA workers as Government employees rather than volunteers, if so, the details thereof and if not, the reasons therefor for maintaining their current status?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (e): The primary responsibility of strengthening public healthcare system, including support for ASHA workers lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides the technical

and financial support to the States/UTs to strengthen their public healthcare system, based on the requirements posted by States/UTs in their Programme Implementation Plans (PIPs) and within the overall resource envelope. The details of funds approved for the State of Andhra Pradesh under NHM in RoP for the FY2024-26 are available in public domain at:

<https://nhm.gov.in/index4.php?lang=1andlevel=0andlinkid=52andlid=65>

The SPIP Approval and Expenditure to the State of Andhra Pradesh for ASHA under NHM from the FY 2019-20 to 2024-25 is as follows:

(Rs. in lakh)		
Financial Year	SPIP Approval	Expenditure
2019-20	9878.91	10623.54
2020-21	13813.72	11225.51
2021-22	10017.75	9629.63
2022-23	3034.93	1660.65
2023-24	2447.48	2347.80

Note:

- i. The above data is as per available FMRs as submitted by States/UTs and is provisional.
- ii. Expenditure includes expenditure against central Release, State release and unspent balances at the beginning of the year.

Under the National Health Mission (NHM), ASHAs are envisaged to be community health volunteers and are entitled to task/activity-based incentives. Apart from incentives approved for ASHAs at national level, States have the

flexibility to design ASHA incentives. The incentives to ASHAs for different tasks are reviewed from time to time

ASHAs receive a fixed monthly incentive of Rs. 2000 per month in the country, for routine and recurring activities. Additionally, they are provided performance-based incentives for a varied set of activities under various National Health Programmes. The Government has approved additional incentives for ASHAs in September, 2022. The details of these ASHA incentives are available on the following Uniform Resources Locator (URL):

https://nhm.gov.in/New-Update-2023-24/ASHA/Orders_and_guidelines/ASHA-INCENTIVES-APRIL-2024.pdf

Further, States/UTs provide additional incentives to ASHA workers over and above the incentives provided by the Government of India and the details are given in the enclosed **Statement**.

STATEMENT

State Specific ASHA Incentives

Sl. No	State/UT	State specific fixed/top up incentive to ASHAs from State Fund
1	A and NI	Rs. 500/- per month is being provided to every ASHA for the betterment of villagers
2	Andhra Pradesh	Provides balance amount to match the total incentive of Rs.10,000/month/ASHA
3	Arunachal Pradesh	Rs. 2000 Per Month (100% top-up, frequency of disbursement quarterly)

4	Bihar	Additional performance-based incentives of Rs. 1000/month/ASHA and Rs. 1000/month/ASHA Facilitator from state fund
5	Chhattisgarh	75% of matching amount of incentives from state fund over the incentives earned by ASHA.
6	Delhi	Core incentives is Rs. 3000/- per month for functional ASHA plus certain state specific activity incentives.
7	Gujarat	50% TOP UP/ per month over total GOI incentive and 2500/month fix Incentive
8	Haryana	Rs.4000/PM/ASHA and 50% top-up (Excluding Routine recurring incentive) and Rs. 450/- additional linked with performance of 05 Major RCH activities
9	Himachal Pradesh	Rs. 4700/- (State incentive has been increased by Rs. 500/-, therefore, total incentive payable w.e.f. April, 2023 is Rs. 5200/-)
10	Jharkhand	Top up of 1000/- on performance-based incentive of 14 key indicator
11	Karnataka	The State Govt is providing Rs.5000 per month as Monthly fixed honararium to ASHAs
12	Kerala	Rs. 6000 per month as ASHA Honorarium from state government fund
13	Maharashtra	Rs. 3500/month/ASHA
14	Manipur	Rs. 1000/- per ASHA/month.
15	Meghalaya	State Fixed Incentive - Rs. 2000/month and State Covid Incentive - Rs. 1000/- pm
16	Madhya Pradesh	Rs. 4000/month/ASHA and 200/month/ASHA Facilitator from state fund
17	Odisha	1000/- per month as conditional assured incentive
18	Puducherry	Fixed amount of Rs. 3000/ASHA/month
19	Punjab	Rs. 2500 Per Month Per ASHA/ASHA Facilatator
20	Rajasthan	Rs. 1650/ASHA/Month from State Govt Fund
21	Sikkim	Monthly fixed honorarium of Rs 6000/- disburse from State Fund, recently Government of Sikkim announce hike in fixed honorarium from Rs 6000/- to Rs 10000/-
22	Tamil Nadu	NCD incentive - RS.500
23	Telangana	Rs. 6750/month
24	Tripura	Top up @100 % on 8 specific work and 33.33% on NHM work from State exchequer and @ Rs.1000/ fixed for each ASHA and Afs.
25	Uttar Pradesh	Rs. 1500 per month (State Budget Incentive linked with Incentive for Routine Activity)
26	Uttarakhand	Rs. 3000/ Month state incentive
27	West Bengal	Monthly Fixed Honorarium of Rs. 4500 for all functional rural ASHAs

TB RELAPSE CASES

4246. SHRI LAVU SRIKRISHNA DEVARAYALU:

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

- (a) the total number of Tuberculosis cases reported during the last five years, year-wise;
- (b) if so, the details thereof the number of persons cured during the said period, year-wise;
- (c) whether there have been people diagnosed with TB after being cured during the said period, if so, the details thereof, year-wise;
- (d) the details of the initiatives taken to address the rising incidence of TB relapse cases in the country; and
- (e) the details of the coordination mechanisms between the Central and State Governments to achieve the goal of eliminating TB in India by 2025 as envisioned in the National Strategic Plan for TB Elimination?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

- (a) The details of total number of Tuberculosis cases reported in last five years and current year is as under:

Year	2019 (Jan-Dec)	2020 (Jan-Dec)	2021 (Jan-Dec)	2022 (Jan-Dec)	2023 (Jan-Dec)	2024* (Jan-Oct)
Total number of TB cases reported	24,04,815	18,05,670	21,35,830	24,22,121	25,52,257	21,69,438
*As on 19 th Nov., 2024 Data Source: Ni-kshay						

(b) the details of the number of persons cured/treatment completed, as reported in last five years and current year is at below:

Year	2019 (Jan-Dec)	2020 (Jan-Dec)	2021 (Jan-Dec)	2022 (Jan-Dec)	2023 (Jan-Dec)	2024 (Jan-Oct)
Number of persons cured/treatment completed reported*	16,65,016	19,05,920	14,51,867	17,79,602	20,66,386	18,15,198
*Year in column heading reflects treatment outcome of patients notified in the previous year.						

(c) The details of persons diagnosed with TB after being cured/treatment completed, out of notified TB cases for respective years is at below:

Year	2019 (Jan-Dec)	2020 (Jan-Dec)	2021 (Jan-Dec)	2022 (Jan-Dec)	2023 (Jan-Dec)	2024 (Jan-Oct)
Percentage of persons diagnosed with TB after being cured/treatment completed out of notified TB cases	2.97	3.95	4.84	4.42	4.72	3.79

(d) and (e) The National TB Elimination Programme (NTEP) is implemented under the aegis of National Health Mission (NHM) across the country. Under the NHM framework, coordination mechanisms between Centre and State/UTs are in-built through the National Programme Coordination Committee which appraises and recommends the annual proposals from the State/UTs. Under NHM, field visits are conducted by central teams periodically and annually common review missions are held by the centre to comprehensively review and provides feedback to State/UTs on field implementation of all National Health Programmes under NHM, including NTEP.

Steps taken by the Government to accelerate the decline in TB incidence and mortality, including to address relapse TB cases are as under:

- Targeted interventions in high TB burden areas through State and District Specific Strategic plans.
- Provision of free drugs and diagnostics to TB patients.
- Active TB case-finding through campaigns in key vulnerable and co-morbid populations.
- Integration of Ayushman Arogya Mandir with TB screening and treatment services.
- Private sector engagement with incentives for notification and management of TB cases.
- Scaling up of molecular diagnostic laboratories to sub-district levels.
- Introduction of all oral, shorter, safer and more efficacious treatment for drug resistant TB.
- Enhancement of incentives to Rs. 1000 per month per patient through direct benefit transfer (DBT), under Ni-kshay Poshan Yojana for nutritional support.
- Provision of additional nutritional, diagnostic and vocational support to TB patients and household contacts under Ni-kshay Mitra initiative.
- Provision of TB Preventive Treatment to contacts of TB patients and vulnerable population.

- Tracking of notified TB cases through Ni-kshay portal.
- Intensified Information, Education and Communication (IEC) interventions to reduce stigma, enhance community awareness and improve health seeking behaviour.
- Convergence of efforts and resources of line ministries for TB elimination.

ZERO-FOOD CHILDREN

4247. SUSHRI SAYANI GHOSH:

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

- (a) whether the Government has conducted any survey to identify the number of zero-food children in the country and if so, the details thereof;
- (b) whether the Government has taken any steps to reduce the prevalence of child wasting, stunting and underweight children in the country and if so, the details thereof;
- (c) the amount of funds allocated and utilized for these initiatives during the last five years, year-wise;
- (d) whether the Government has taken cognizance of news reports that out of 7 lakh children around 5 lakh under the age of five died due to child and maternal malnutrition and if so, the details thereof; and
- (e) the steps taken by the Government to prevent such deaths?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a), (b), (d) and (e) : As reported by Ministry of Consumer Affairs, Food and Public Distribution, National Food Security Act, 2013 provides pregnant women, lactating mothers and children in the age group of 6 months to 14 years meals as per prescribed nutrition norms under Integrated Child Development Services (ICDS) and Mission Poshan 2.0 schemes. Higher nutritional norms are prescribed for malnourished children upto six years of age. Pregnant women and lactating mothers are further entitled to receive cash maternity benefits of not less than Rs 6000 to partly compensate for the wage loss during the period of pregnancy and also to supplement nutrition.

The Ministry of Health and Family Welfare is implementing interventions to address malnutrition among children and women and to improve child survival across the country as placed below:

- **Village Health Sanitation and Nutrition Days (VHSNDs)** are observed for provision of maternal and child health services and creating awareness on maternal and child care including nutrition in convergence with Ministry of Women and Child Development.
- Field level workers as ANMs, CHOs and ASHAs promote awareness on anaemia prevention, nutrition management and healthy diets.
- **Nutrition Rehabilitation Centers (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years

suffering from Severe Acute Malnourishment (SAM) with medical complications. In addition to curative care, special focus is given on timely, adequate and appropriate feeding for children; on improving the skills of mothers and caregivers on complete age-appropriate caring and feeding practices.

- **Mothers' Absolute Affection (MAA) Programme** is implemented to improve breastfeeding coverage which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by counselling on age-appropriate complementary feeding practices.
- **Anemia Mukd Bharat (AMB)** strategy is implemented to reduce anemia among six beneficiaries age group - children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant and lactating women and in women of reproductive age group (15-49 years) in life cycle approach through implementation of six interventions via robust institutional mechanism.
- **Community Based care of New-born and Young Children:** Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits are performed by ASHAs to improve child rearing practices and to identify sick new-born and young children in the community.
- **Facility Based New-born Care:** Special New-born Care Units (SNCUs) are established at District Hospital and Medical College level, New-born Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/ Community Health Centres (CHCs) for care of sick and small babies.

(c) The funds allocated and utilized for nutrition programmes under National Health Mission (NHM) during the last five years, year-wise, is placed as under:

Funds approved and expenditure for Nutrition programmes under NHM (in lakhs)									
2020-21*		2021-22*		2022-23		2023-24		2024-25 (up to Q2)	
App	Exp	App	Exp	App	Exp	App	Exp	App	Exp
18499.7	11274.4	98082.1	61866	129011.1	51384.4	150807.1	62585.9	121967.4	16738.2

(Source: NHM Finance)

1. SPIP Approval and Expenditure is as per the available Financial Management Reports submitted by State/UTs and are provisional.
2. Expenditure includes Expenditure against Central Release, Corresponding State share release & unspent balances at the beginning of the year.
3. *Includes budget allocation for all CH programmes like MAA,NDD,AMB,NRC, ViTA, IMNCI,F-IMNCI,IDCF, HBYC, HBNC, NBSU,NSSK,SNCU, KMC, SAANS, Family Participatory Care,CDR, Paed-HDU etc
4. Expenditure for FY 2024-25 includes expenditure against central Release, State release & unspent balances at the beginning of the year. The expenditure w.r.t. flexible pool for RCH, etc. is updated up-to 30.09.2024 except Arunachal Pradesh, PJ (updated up-to 31.08.2024), KN, MZ (updated up-to 31.07.2024) & MG (updated up-to 30.06.2024).
5. App-Approvals, Exp-Expenditure

As provided by Ministry of Women and Child Development, funds released from FY 2021-22 to FY 2024-25 under Mission Poshan 2.0 are placed as under:

Funds released under Mission Poshan 2.0 (in crores)							
2021-22		2022-23		2023-24		2024-25	
Released	Utilized	Released	Utilized	Released	Utilized	Released	Utilized
18368.01	18789.28	19849.82	19,352.89	21741.17	*	12027.62	*

*Utilization certificate not yet received

(Funds released on 20th November'2024)

राजस्थान में स्वास्थ्य देखभाल केन्द्रों में कमियां

4248. श्री उम्मेदा राम बेनीवाल:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार ने सम्पूर्ण देश में निजी अस्पतालों की तुलना में सरकारी स्वास्थ्य देखभाल केन्द्रों/अस्पतालों में सुविधाओं और अवसंरचना की कमी के संबंध में कोई अध्ययन कराया है और यदि हां, तो सरकार द्वारा राजस्थान में, विशेषकर बाड़मेर और जैसलमेर निर्वाचन क्षेत्रों में किए गए सर्वेक्षण/अध्ययन में चिह्नित की गई कमियों का राज्यवार ब्यौरा क्या है;

(ख) क्या सरकार का ऐसी कमियों को दूर करने के लिए कोई ठोस कदम उठाने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसके लिए क्या समय-सीमा निर्धारित की गई हैं;

(ग) विगत दस वर्षों के दौरान बाड़मेर-जैसलमेर निर्वाचन क्षेत्र में कंपनियों की सीएसआर निधि सहित भामाशाह योजना के माध्यम से सरकारी स्वास्थ्य देखभाल संस्थानों/अस्पतालों में उपलब्ध कराई गई सुविधाओं, संसाधनों, चिकित्सकों और परिचर्या स्टाफ सहित कर्मचारियों का ब्यौरा क्या है और इन पर आज तक वर्षवार कितना व्यय किया गया है; और

(घ) बाड़मेर चिकित्सा महाविद्यालय के निर्माण के संबंध में प्राप्त शिकायतों और उनके निवारण का ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (ग): हेल्थ डाइनेमिक्स ऑफ इंडिया (एचडीआई) (अवसंरचना और मानव संसाधन), 2022-23 एक वार्षिक प्रकाशन है, जो राज्यों/संघ राज्य क्षेत्रों द्वारा रिपोर्ट किए गए स्वास्थ्य परिचर्या संबंधी प्रशासनिक आंकड़ों पर आधारित है। राजस्थान सहित देश के ग्रामीण और शहरी क्षेत्रों में स्वास्थ्य सुविधा केंद्रों के कार्यकरण, स्वास्थ्य सुविधाओं की कमी और स्वास्थ्य जनशक्ति की स्थिति का विवरण एचडीआई 2022-23 के निम्नलिखित लिंक पर देखा जा सकता है:

https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23_RE%20%281%29.pdf

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) स्वास्थ्य संबंधी अवसंरचना में सुधार, स्वास्थ्य सुविधाओं में पर्याप्त मानव संसाधनों की उपलब्धता, विशेष रूप से ग्रामीण क्षेत्रों में अल्पसेवित और हाशिए पर रहने वाले समूहों के लिए गुणवत्तापूर्ण स्वास्थ्य सेवा की उपलब्धता और पहुंच में सुधार के लिए सहायता प्रदान करता है। स्वास्थ्य और परिवार कल्याण मंत्रालय एनएचएम के तहत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर जन स्वास्थ्य सेवा प्रणाली को सुदृढ़ करने के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही के रिकॉर्ड (आरओपी) के रूप में प्रस्तावों को अनुमोदन प्रदान करती है।

आयुष्मान आरोग्य मंदिर (एएएम) के माध्यम से एसएचसी और पीएचसी को सुदृढ़ करके व्यापक प्राथमिक स्वास्थ्य सेवा प्रदान की जाती है। ये एएएम प्रजनन और बाल स्वास्थ्य सेवाओं, संक्रामक रोगों, गैर-संक्रामक रोगों और अन्य स्वास्थ्य मुद्दों को शामिल करते हुए सेवाओं की एक विस्तृत श्रृंखला के लिए निवारक, प्रोत्साहन, पुनर्वास और उपचारात्मक देखभाल प्रदान करते हैं। एएएम पोर्टल में राज्यों/संघ राज्य क्षेत्रों द्वारा दी गई जानकारी के अनुसार, दिनांक 30.11.2024 तक की स्थिति के अनुसार देश में कुल 1,75,338 एएएम संचालनरत हैं।

माननीय प्रधानमंत्री ने 64,180 करोड़ रुपये की राशि से प्रधानमंत्री-आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) की शुरुआत की। पीएम-एबीएचआईएम के तहत किए जाने वाले उपायों का उद्देश्य प्राथमिक, मध्यम और विशिष्ट सभी स्तरों पर परिचर्या की निरंतरता में स्वास्थ्य प्रणालियों और संस्थानों की क्षमता विकसित करना है, ताकि स्वास्थ्य प्रणालियों को वर्तमान और भविष्य की महामारियों/आपदाओं से प्रभावी ढंग से निपटने के लिए तैयार किया जा

सके।

पंद्रहवें वित्त आयोग (एफसी-XV) ने स्वास्थ्य क्षेत्र के विशिष्ट घटकों के लिए स्थानीय सरकारों के माध्यम से 70,051 करोड़ रुपये के अनुदान की सिफारिश की है और इसे केंद्र सरकार द्वारा स्वीकार कर लिया गया है। स्थानीय सरकारों के माध्यम से स्वास्थ्य के लिए ये अनुदान वित्त वर्ष 2021-22 से वित्त वर्ष 2025-26 तक पांच साल की अवधि में परिव्याप्त होंगे और जमीनी स्तर पर स्वास्थ्य प्रणाली के सुदृढ़ीकरण को सुकर बनाएंगे।

राजस्थान सरकार के अनुसार, केयर्न वेदांता ऑयल एंड गैस लिमिटेड द्वारा सीएसआर के माध्यम से वर्ष 2015 से 03 डॉक्टर और 02 ओपीडी अटेंडेंट उपलब्ध कराए गए हैं।

(घ): राजस्थान राज्य के अनुसार, बाड़मेर मेडिकल कॉलेज के निर्माण के संबंध में कोई शिकायत प्राप्त नहीं हुई है।

SIDDHA COLLEGE IN TAMIL NADU

4249. SUSHRI S. JOTHIMANI:

Will the Minister of **AYUSH** be pleased to state:

- (a) the number of Siddha colleges established in the State of Tamil Nadu till date, district-wise;
- (b) whether the Government proposes to establish a Siddha college in Karur district in the said State;
- (c) if so, the details thereof, including the timeline by which the said college is likely to be opened; and
- (d) if not, the reasons therefor?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER
OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

(a) The district wise details of the number of Siddha colleges established in the state of Tamil Nadu for the academic year 2024-2025, as on 13.12.2024 is annexed.

(b) to (d) Public health being a State subject, the establishment of new AYUSH colleges in the country comes under the purview of respective State/UT Governments including Tamil Nadu. However, under the Centrally Sponsored Scheme of National AYUSH Mission (NAM), there is a provision of financial assistance to the State/UT governments for the establishment of new AYUSH Colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector. Accordingly, State/UT Governments including Tamil Nadu may avail eligible financial assistance by submitting the suitable proposals through State Annual Action Plans (SAAPs) as per the provision of NAM guidelines. Further, National Commission for Indian System of Medicine (NCISM), New Delhi, which is the regulatory body for the establishment of new Ayurveda, Siddha, Unani and Sowa-Rigpa colleges across the country, has not received any proposal for the establishment of new Siddha College in the Karur district of Tamil Nadu.

STATEMENT**List of Siddha Colleges established in the state of Tamil Nadu for the Academic Year 2024-25 as on 13.12.2024**

S. No	Name of the College	Government/Aided/Private/Deemed
1	Govt. Siddha Medical College, Palayamkottai, Tirunelveli – 627 002, Tamil Nadu	Government
2	Govt. Siddha Medical College, Arumbakkam, Aringar Anna Hospital Campus, Chennai-600106, Tamil Nadu	Government
3	ATSVS Siddha Medical College, Munchirai, Kanyakumari-629171, Tamil Nadu	Private
4	Sai Ram Siddha Medical College and Research Centre, Sai Leo Nagar, Chennai-600044, Tamil Nadu	Private
5	Velumailu Siddha Medical College and Hospital, Chennai, Sriperumbudur-602105, Tamil Nadu,	Private
6	National Institute of Siddha, Trichy Hwy, Near Government Hospital, Tambaram Sanatorium, Chennai, Tamil Nadu - 600047	Government
7	RVS Siddha Medical College, Kannampalayam, Sulur, Coimbatore-641402, Tamil Nadu	Private
8	Sivaraj Siddha Medical College and Research Institute, Salem, Siddhar Kovil Road, Thumbathulipatty-636307, Tamil Nadu,	Private
9	Maria Siddha Medical College and Hospital, Thottavaram, Moovatumugham, Thiruvattar-629177, Nagercoil, Tamil Nadu	Private
10	JSA Medical College for Siddha and Research Centre, Ulundurpet, Kallakuruchi-606104, Tamil Nadu	Private
11	Nandha Siddha Medical College And Hospital, Thiruvachi Panchayat, Pitchandapalayam Post, Erode-638052, Tamil Nadu	Private
12	Excel Siddha Medical College and Research Centre, Komarapalayam-637303, Tamil Nadu	Private
13	Annai Medical College of Siddha and Research Centre, Anakudi Road, Kovilacheri Kambakonam, Thanjavur-612503, Tamil Nadu	Private
14	Sir Issac Newton Siddha Medical College, Thandapani Pillai and Sons, Educational and Charitable Trust, Nagapattinam-611 001, Tamil Nadu	Private

S. No	Name of the College	Government/Aided/Private/Deemed
15	Sudha Saseendran Siddha Medical College and Hospital, 5/121B, Mecode, Kaliyakkavilai - Post, Kanyakumari District, Tamil Nadu- 629153	Private
16	Shri Indra Ganesan Institute of Medical Science Siddha Medical College, Main Road NH-45B, Manikandam, Triuchirappalli - 620012, Tamil Nadu	Private

Source: National Commission for Indian System of Medicine

गरीबों के लिए न्याय

4250. श्री छोटेलाल:

क्या **विधि और न्याय** मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार का इस बात को ध्यान में रखते हुए कि पुलिस और राजस्व विभागों के अधिकारी न्याय प्रदान नहीं कर रहे हैं, गरीबों के लिए न्याय सुनिश्चित करने हेतु कोई कानून बनाने का विचार है; और

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है ?

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री (श्री अर्जुन राम मेघवाल):

(क) और (ख) : सरकार सामान्य जन को सस्ता, गुणवत्तापूर्ण और त्वरित न्याय उपलब्ध कराने के लिए हर संभव प्रयास कर रही है। विधिक सेवा प्राधिकरण (एलएसए) अधिनियम, 1987 के अधीन निम्नलिखित प्राधिकरण/संस्थाएं स्थापित की गई हैं, ताकि अधिनियम की धारा 12 के अधीन आने वाले लाभार्थियों सहित समाज के निर्धन और दुर्बल वर्गों को निःशुल्क विधिक सहायता प्रदान की जा सके :-

- (i) राष्ट्रीय स्तर पर राष्ट्रीय विधिक सेवा प्राधिकरण (नालसा)
- (ii) उच्चतम न्यायालय स्तर पर उच्चतम न्यायालय विधिक सेवा समिति (एससीएलएससी)

- (iii) उच्च न्यायालय स्तर पर 38 उच्च न्यायालय विधिक सेवा समितियां (एचसीएलएससी)
- (iv) राज्य स्तर पर 37 राज्य विधिक सेवा प्राधिकरण (एसएलएसए)
- (v) जिला स्तर पर 709 जिला विधिक सेवा प्राधिकरण (डीएलएसए)
- (vi) तालुक स्तर पर 2376 तालुक विधिक सेवा समितियां (टीएलएससी)

विधिक सेवा प्राधिकरणों द्वारा की जाने वाली अन्य गतिविधियों/कार्यक्रमों में विधिक सहायता और सलाह ; विधिक जागरूकता कार्यक्रम ; विधिक सेवाएं/सशक्तिकरण शिविर ; विधिक सेवा क्लीनिक ; विधिक साक्षरता क्लब ; लोक अदालतों का संचालन और पीड़ित क्षतिपूर्ति स्कीम का कार्यान्वयन । जेलों, प्रेक्षण गृहों, किशोर न्याय बोर्डों में विधिक सहायता क्लीनिक भी स्थापित किए गए हैं, जिन्हें विधिक सेवा प्राधिकरणों के पैनल वकीलों और पैरा लीगल स्वयंसेवकों द्वारा संचालित किया जाता है। न्याय तक त्वरित और न्यायसंगत पहुंच को सक्षम करने के लिए, नालसा ने सामान्य नागरिकों को विधिक सहायता तक आसान पहुंच प्रदान करने के लिए एंड्रॉइड और आईओएस संस्करणों पर विधिक सेवा मोबाइल ऐप लॉन्च किया है ।

2021 में, “भारत में न्याय तक समग्र पहुंच के लिए अभिनव समाधान तैयार करना” (दिशा) नामक एक व्यापक, अखिल भारतीय स्कीम को 250 करोड़ रुपये के परिव्यय से पांच वर्ष (2021-2026) की अवधि के लिए लॉन्च किया गया था । दिशा (DISHA) योजना का उद्देश्य टेली-लॉ, न्याय बंधु (प्रो बोनो विधिक सेवाओं) और विधिक साक्षरता और विधिक जागरूकता कार्यक्रम के माध्यम से विधिक सेवाओं का आसान, सुलभ, सस्ता और नागरिक-केंद्रित परिदान प्रदान करना है । इस स्कीम में प्रौद्योगिकी का उपयोग और क्षेत्रीय/स्थानीय बोली में संदर्भित आईईसी (सूचना, शिक्षा और संचार) सामग्री विकसित करना सम्मिलित है, ताकि इसके मध्यक्षेप का समर्थन किया जा सके और समाज के निर्धन और दुर्बलतम वर्गों तक विधिक सेवाओं की आसान पहुँच प्राप्त की जा सके । स्कीम के अधीन ये सभी सेवाएँ अनुसूचित जाति, अनुसूचित जनजाति, अन्य पिछड़ा वर्ग और समाज के अन्य आर्थिक रूप से कमजोर वर्गों सहित सभी नागरिकों को निःशुल्क प्रदान की जाती हैं ।

SUPPLY OF FERTILIZERS IN JALPAIGURI**4251. DR. JAYANTA KUMAR ROY:**

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) whether the Government has undertaken any initiatives to ensure the timely supply of fertilizers to farmers in Jalpaiguri district, especially in tea gardens and agricultural areas, if so, the details thereof; and
- (b) whether the Government is promoting organic fertilizers and sustainable farming techniques in Jalpaiguri, and if so, the details of the steps being taken to encourage their adoption?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DAandFW) assesses the State-wise and Month-wise requirement of fertilizers. To fulfil this requirement of fertilizers in the States as per assessment done by DAandFW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plans. The movement of all major subsidized fertilizers is monitored through web-based monitoring system called integrated Fertilizer Monitoring System (iFMS). However, the inter/intra-district distribution of fertilizers is being done by the respective State to meet the field requirement within the State. In this context, as per the information received from State Govt. of West Bengal, assessment

of fertilizers' requirement is done including the requirement of fertilizers for the tea estates in Jalpaiguri District. The allocation as well as supply of fertilizer is made accordingly.

(b): Government is promoting organic farming on priority in the country for improving soil health and water retention through PARAMPARAGAT KRISHI VIKAS YOJANA (PKVY) in all the States/UTs other-than North Eastern Region. The scheme stresses on end-to-end support to farmers engaged in organic farming i.e. from production to processing, certification and marketing and post-harvest management. Training and capacity building are integral parts of the scheme. Under PKVY, assistance of Rs. 31,500 per ha for a period of 3 years is provided for promotion of organic farming to cover different components like training and capacity building, data management, Participatory Guarantee System- India Certification, value addition, marketing and publicity. Out of this, the assistance of Rs. 15,000 per ha for a period of 3 years is provided to farmers through Direct Benefit Transfer for on – farm /off – farm organic inputs. As per the information received from State Govt. of West Bengal, PKVY is running in Jalpaiguri district as well. Under the domain of this scheme, farmers of this district are gradually adopting organic farming and becoming acquainted with the techniques of sustainable agriculture.

US SANCTIONS ON INDIAN COMPANIES

4252. SHRI MANISH TEWARI:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state :-

- (a) whether the Union Government is aware that the United States has placed 19 Indian companies on its sanctions list, if so, the details thereof;
- (b) whether the Government has sought clarification from United States regarding the criteria and evidence used to impose these sanctions on Indian companies, if so, the details thereof;
- (c) the steps taken/proposed to be taken by the Government to mitigate the fallout from this situation with the U.S. Government; and
- (d) the measures likely to be implemented by the Government to ensure compliance with international regulations while protecting its companies from potential sanctions in the future?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) and (b) Yes. On 30 October 2024, the U.S. Department of Treasury's Office of Foreign Asset Control (OFAC) sanctioned 21 Indian entities, including 19 companies and 2 individuals from India. This action has been taken by the U.S. Government pursuant to its Executive Order (EO) 14024, which provides for US sanctions against individuals and entities who/that have directly, indirectly or attempted to have materially assisted, sponsored, or provided financial, material, or technological support for, or goods or services in support for or on behalf of, or for the benefit of, directly or indirectly, the Government of the Russian Federation.

(c) and (d) Government of India is engaged with the U.S. Government on this matter. It has been conveyed to the U.S. Government that India has a robust

legal and regulatory framework governing export of controlled and dual-use goods and technologies that is fully in compliance with its international obligations on non-proliferation. As a responsible member of the international community, India actively participates in key multilateral non-proliferation export control regimes (Wassenaar Arrangement, Australia Group and the Missile Technology Control Regime) and contributes to the development and review of their control lists and guidelines. India also ensures the effective implementation of UN Security Council sanctions and the UN Security Council resolution 1540 on non-proliferation. Government also regularly sensitizes Indian companies on export controls, including through regular outreach events in an effort to ensure that companies are not contravening India laws.

NEW CRIMINAL LAW LEGISLATIONS

4253. SHRI VISHALDADA PRAKASHBAPU PATIL:

SHRI TEJASVI SURYA:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

(a) the details of any funds allocated by the Government for training judicial officers, judges, public prosecutors, and other relevant stakeholders on the new criminal law legislations;

(b) the number of sessions conducted in this regard along with the details of the instructors imparting the training, State-wise;

(c) whether the Government has issued any memorandum, guidelines, or framework to State Judicial Academies and the National Judicial Academy for conducting training programmes on the new criminal legislations and if so, the key features of such guidance;

(d) the steps taken and proposed to be taken to coordinate with the Ministry of Education and the Bar Council of India to ensure that universities and institutes imparting legal education update their curricula to include the new criminal laws and the specific directives, if any, have been issued in this regard; and

(e) whether the State Amendments previously made to the IPC, CRPC and IEA will remain in effect under the newly enacted criminal laws and if so, the mechanism for their integration or adaptation?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a) : No separate funds have been allocated by the Ministry of Law and Justice for the training of judicial officers, judges, public prosecutors, and other relevant stakeholders on the new criminal law legislations.

(b) : The Ministry of Home Affairs has informed that to generate awareness amongst all stake holders including police prison, prosecutors, Judicial, Forensic personnel and Public person, the Government has taken following initiative :-

1. Thirteen training modules has been developed by the Bureau of Police Research and Development (BPRandD) for Capacity building of all the stakeholders and 351 training courses/ webinar/seminars were conducted where

52879 officers/personnel including masters' trainers were trained. States/Union Territories have also imparted training to 10,81,819 officials from prison, forensic, judicial and prosecution including 10,49,895 police officers, in coordination with BPRandD.

2. Three courses (Introduction to BNS, BNSS and BSA) were introduced by IGOT- Karmayogi Bharat portal for training of officials on the new criminal laws. Nearly, 234918 officials have completed all the three courses whereas 390925 officials have completed at least one course as on 24.10.2024.

3. Regular training on new criminal laws have been imparted by National Crime Records Bureau (NCRB), National Forensic Sciences University (NFSU) and National informatics Canter (NIC).

4. CCTNS Technical Support Call Centre with helpline number (14415) has been set up to assist States/UTs for implementation of the new criminal law.

5. The Press information Bureau, All Radio and Doordarshan have taken extensive publicity measures on the press and social media platforms through publishing of advisories, news bulletins, programmes, discussions, press releases and infographics related to the new criminal laws.

6. MyGov has uploaded informative Flyers on the Transforming radio website and through all the MyGov social Media handles. An emailer for citizen awareness and citizen engagement on new criminal laws has been sent to about 7+ crore persons.

7. Informative Flyers have been circulated to 1,200 universities and 40,000 colleges by University Grants Commission (UGC) and All India Council for

Technical Education (AICTE) has also written to approximately 9,000 institutions for sensitization amongst faculties and students about the new criminal laws. Higher Education Institutions have organised focused group discussions, workshops, seminars and quizzes on various provision on new criminal laws, highlighting the major transformation intended with wide participation of students, faculties and others staff.

8. Ministry of Women and Child Development, Ministry of Rural Development and the Ministry of Panchayati Raj, jointly held webinar on new criminal laws in Hindi as well as English where nearly 40 lakhs and 50 lakhs grass root level functionaries participated, respectively.

9. Five conferences were organised by the Department of Legal Affairs in New Delhi, Guwahati, Kolkata, Chennai and Mumbai where delegates from police, judiciary, prosecution, prison and experts from various States had participated.

(c) : No memorandum, guidelines or framework to State Judicial Academies and the National Judicial Academy have been issued for conducting training programs on the new criminal legislations, by the Government.

(d) : The Bar Council of India (BCI) has informed that vide circular (BCI:D No.468/2024/Cir-006/2024(LE)) dated 20.05.2024 all Centres of Legal Education across the country have been directed to update their curriculum to incorporate the recently introduced New Criminal Laws starting from the academic year 2024-25

(e) : The IPC, CrPC and IEA have been repealed and replaced by BNS, BNSS and BSA. The subject matter of the criminal laws being a matter of Concurrent

List of the Seventh Schedule of the Constitution. Any State amendments may be brought as provided for under the provisions of the Constitution of India.

TOTAL FERTILITY RATE OF INDIA

4254. SHRI SUBBARAYAN K. :

SHRI SELVARAJ V. :

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

- (a) Whether it is a fact that majority of the States and Union Territories have achieved the Replacement level of fertility of 2.1, the average number of children per woman needed to maintain a stable population size, if so, the details thereof;
- (b) Whether it is a fact that the Total Fertility Rate (TFR) is already below 1.40 in five States/UTs in the country;
- (c) if so, the details thereof along with the names of the five States which have High TFR rate, State/UT-wise;
- (d) Whether the attention of the Government has been drawn towards a new study published in the Lancet Journal indicating that India's TFR or births per women will reduce to 1.29 in 2050 below replacement level rate of 2.1, if so, the details thereof; and
- (e) the steps taken/being taken by the Government to achieve the Replacement level of Fertility rate in States having high rate?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (c) The details of the Total Fertility Rate (TFR) in the country, State/UT-wise is enclosed as **Statement**.

(d) and (e) India has achieved a Total Fertility Rate (TFR) of 2.0 as per NFHS-5 (2019–21). This is aligned with the National Population Policy 2000 and the National Health Policy 2017 (TFR of 2.1). The government focuses on achieving and maintaining replacement levels of fertility across regions by raising awareness about healthy timing and spacing of pregnancies, ensuring the availability of family planning services, and approving the budgets proposed by states in the Programme Implementation Plan (PIP) based on their specific needs to manage fertility.

Various schemes implemented by the Government under Family Planning programme are given below-

(a) Expanded Contraceptive Choices comprises of Condoms, Combined oral contraceptive pills, Emergency contraceptive pills, intrauterine contraceptive device (IUCD) and Sterilization are provided to the beneficiaries. The Contraceptive basket has also been expanded with new contraceptives, namely Injectable contraceptive MPA (Antara Programme) and Centchroman (Chhaya).

- (b) Mission Parivar Vikas is implemented in seven high-focussed states and six North-Eastern states to improve access to contraceptives and family planning services.
- (c) Compensation scheme for sterilization acceptors is provided to beneficiaries to compensate for the loss of wages incurred.
- (d) Post-pregnancy contraception in the form of Post-Partum Intrauterine Contraceptive Device (PPIUCD), Post-Abortion Intrauterine Contraceptive Device (PAIUCD), and Post-partum Sterilization (PPS) is provided to beneficiaries.
- (e) 'World Population Day Campaign' and 'Vasectomy Fortnight' are observed every year to boost awareness on Family Planning and service delivery across all States/ Union Territories.
- (f) Home Delivery of Contraceptives Scheme by ASHAs.
- (g) Family Planning Logistics Management Information System (FP-LMIS) is in place for the management of family planning commodities at all levels of health facilities.

STATEMENT

State/UT wise Total Fertility Rate (TFR)

(Source: National Family Health Survey (NFHS 5, 2019-21)

S. No.	States/UTs	TFR
	India	2.0
	States/UTs below replacement level fertility	
1.	Andaman and Nicobar Islands	1.3
2.	Andhra Pradesh	1.7

S. No.	States/UTs	TFR
3.	Arunachal Pradesh	1.8
4.	Assam	1.9
5.	Chandigarh	1.4
6.	Chhattisgarh	1.8
7.	Dadra and Nagar Haveli and Daman and Diu	1.8
8.	Delhi	1.6
9.	Goa	1.3
10.	Gujarat	1.9
11.	Haryana	1.9
12.	Himachal Pradesh	1.7
13.	Jammu and Kashmir	1.4
14.	Karnataka	1.7
15.	Kerala	1.8
16.	Ladakh	1.3
17.	Lakshadweep	1.4
18.	Madhya Pradesh	2.0
19.	Maharashtra	1.7
20.	Mizoram	1.9
21.	Nagaland	1.7
22.	Odisha	1.8
23.	Puducherry	1.5
24.	Punjab	1.6
25.	Rajasthan	2.0
26.	Sikkim	1.1
27.	Tamil Nadu	1.8
28.	Telangana	1.8
29.	Tripura	1.7
30.	Uttarakhand	1.9
31.	West Bengal	1.6
States/UTs above replacement level fertility		
S. No.	States/UTs	TFR
1	Bihar	3.0
2	Jharkhand	2.3
3	Manipur	2.2
4	Meghalaya	2.9
5	Uttar Pradesh	2.4

बांग्लादेश में जगन्नाथ मंदिरों का विध्वंस

4255. श्री रुद्र नारायण पाणी:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या बांग्लादेश में ध्वस्त किए जा रहे मंदिरों में जगन्नाथ मंदिरों की संख्या सर्वाधिक है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) बांग्लादेश में मंदिरों के ऐसे विध्वंस को रोकने के लिए सरकार द्वारा क्या उपाय किए गए हैं/किए जाने हैं?

पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय में राज्य मंत्री; तथा विदेश मंत्रालय में राज्य मंत्री (श्री कीर्ति वर्धन सिंह):

(क) से (ग) पिछले कुछ महीनों में बांग्लादेश में हिंदू मंदिरों और देवी-देवताओं को अपवित्र करने और क्षति पहुंचाने की कई घटनाएं सामने आई हैं। भारत सरकार ने ऐसी घटनाओं पर अपनी चिंता व्यक्त की है, जिसमें बांग्लादेश में जगन्नाथ मंदिर का विध्वंस किया जाना, ढाका के तांतीबाजार में पूजा मंडप पर हुआ हमला और वर्ष 2024 में दुर्गा पूजा के दौरान सतखीरा में जेशोरेश्वरी काली मंदिर में चोरी की घटना शामिल है।

अल्पसंख्यकों सहित बांग्लादेश के सभी नागरिकों के जीवन और स्वतंत्रता की सुरक्षा की प्राथमिक जिम्मेदारी बांग्लादेश सरकार की है।

CHILD CARE INSTITUTIONS

4256. SHRI ANUP SANJAY DHOTRE:

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

- (a) whether the Government has any data regarding Child Care Institutions in the country along with the number of children residing in these institutions;
- (b) if so, the details thereof and if not, the reasons therefor; and
- (c) the details of the steps taken by the Government to prepare data base of all children in need of care and protection in the country at the earliest and for its regular updation?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) and (b): Yes Sir. The number Child Care Institutions (CCIs) supported financially under Mission Vatsalya Scheme, as on 31.03.2024, is 2450 and the number of children supported through these CCIs is 62592.

(c): The Ministry annually conducts meetings with all the State and Union Territory Governments regarding activities under the Mission Vatsalya Scheme. During these meetings, States and UTs share progress, information and data regarding number of statutory and service delivery structures functional in the States namely, Child Welfare Committees, Juvenile Justice Boards, District Child Protection Units, number of CCIs, beneficiaries in those CCIs and also State Child Protection Societies and State Adoption Resource Agencies.

GUIDELINES FOR RECORDING BIRTH

4257. SHRI ASADUDDIN OWAISI:

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

- (a) whether the Government has issued guidelines for recording births in healthcare institutions and if so, the details thereof;
- (b) the details of the key health metrics required to be measured and reported at the time of birth;
- (c) whether the Government proposes to issue a standardized template for reporting birth metrics and if so, the details thereof;
- (d) whether the Government plans to establish a centralized repository for storing key birth metrics and if so, the details thereof; and
- (e) the corrective measures being taken by the Government to ensure data privacy, interoperability and access for research purposes in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (e): Ministry of Health and Family Welfare, based on standard guidelines, implements the Reproductive and Child Health (RCH) Portal to capture various demographic and anthropometric parameters related to infant birth in public healthcare institutions along with demographic details of mother.

The data in RCH portal is captured based on the standard format across the States/UTs and is stored in the centralized database of the RCH portal.

The Ministry of Health and Family Welfare implements the guidelines issued from time to time by Indian Computer Emergency Response Team (CERT-In), an office under the Ministry of Electronics and Information Technology (MeitY), which caters to various data privacy concerns for data access. The Ministry also implements various need based integration to ensure interoperability among various applications.

HEALTH FACILITIES IN ODISHA

4258: SHRI ANANTA NAYAK:

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

- (a) whether the Government provides land and other facilities to private hospitals across the country at concessional rates, if so, the details thereof, State-wise including Odisha and particularly Keonjhar district;
- (b) the mechanism followed by the Government for allocating the land and providing facilities at nominal rates;
- (c) whether majority of hospitals which have been provided land at concessional rates are not following the rules designated by the Government for being the beneficiary of cheap land and facilities; and
- (d) if so, the details thereof along with the steps taken/proposed to be taken by the Government against such hospital authorities?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (d): 'Health' being a State subject, the details of land and other facilities provided by State Governments to private hospitals at concessional or nominal rates and mechanism thereof are not maintained centrally.

The Government of India enacted the Clinical Establishments (Registration and Regulation) Act, 2010 (CE Act) and notified Clinical Establishments (Central Government) Rules, 2012 thereunder to provide for registration and regulation of Government (except those of Armed Forces) as well as private clinical establishments belonging to recognized systems of medicine. The CE Act is to be adopted and implemented by the State Governments for the same to be applicable in their jurisdiction. The States / UTs which have adopted CE Act are primarily responsible for regulating the hospitals including private hospitals as per provisions of the Act and Rules made thereunder. As per CE Act, the clinical establishments are required to fulfill the conditions of minimum standards of services provided, minimum requirement of personnel, maintenance of records and display rates charged by the establishment at a conspicuous place. The CE Act also provides for cancellation of registration of hospitals, if the provisions of the Act are not complied with. The clinical establishments in the States, which have not adopted and implemented the CE Act, are registered and regulated by the State Acts.

BULK DRUG PARK**4259. SHRI ANURAG SHARMA:**

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) the details of the plan formulated by the Government to support the industries in the upcoming Bulk Drug Parks;
- (b) whether there is any strategy to ensure the availability of essential raw materials at competitive prices to facilitate smooth operations for pharmaceutical manufacturers, if so, the details thereof;
- (c) whether there is any Production Linked Incentive (PLI) scheme or similar policy framework to encourage the industries to set up their units in the park and boost domestic production of critical drugs and APIs, if so, the details thereof;
- (d) whether such measures have the potential to enhance self-reliance in the pharmaceutical sector and reduce dependency on imports, if so, the details thereof;
- (e) whether the Bulk Drug Park initiative has the potential to revolutionize the industry, if so, the details thereof; and
- (f) whether the success of this project depends on robust policy support, including infrastructure, financial incentives and consistent access to raw materials, if so, the details thereof including the vision of the Government and steps in order to achieve the goals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (f): The scheme for promotion of Bulk Drug Parks was approved by the Cabinet on 20.03.2020 to facilitate setting up of three (3) Bulk Drug Parks in the country with the objective to bring down the cost of manufacturing of bulk drugs by creation of world class common infrastructure facilities. It would also help in creation of economies of scale for production of bulk drugs.

Under the scheme for Promotion of Bulk Drug Parks, the Department had received proposals from thirteen states. After evaluation, proposals of Gujarat, Himachal Pradesh and Andhra Pradesh were approved. The financial assistance by the Central Govt. is subject to a maximum limit of Rs.1000 crore per park or 70% of the project cost of Common Infrastructure Facilities (CIF) (90% in case of Northeastern States and Hilly States i.e. Himachal Pradesh, Uttarakhand, UT of Jammu and Kashmir and UT of Ladakh), whichever is less. The fund allocated for the scheme is Rs. 3000 crores. Rs. 1000 crores grant has been approved for each of the selected State, i.e. Gujarat, Himachal Pradesh and Andhra Pradesh. Construction activities are in progress in all these three selected parks. The tenure of the scheme is from FY 2020-2021 to FY 2025-2026.

Under the scheme, financial assistance from the Central Govt. is being provided for creation of Common Infrastructure Facilities (CIF) viz.-

- i. Central Effluent Treatment Plant(s) (CETP)
- ii. Solid waste management
- iii. Storm water drains network

- iv. Common Solvent Storage System, Solvent recovery and distillation plant
- v. Common Warehouse
- vi. Dedicated power sub-station and distribution system with the necessary transformers at factory gate
- vii. Raw, Potable and Demineralized Water
- viii. Steam generation and distribution system
- ix. Common cooling system and distribution network
- x. Common logistics
- xi. Advanced laboratory testing Centre, suitable for even complex testing/ research needs of APIs (Active Pharmaceutical Ingredients), including microbiology laboratory and stability chambers
- xii. Emergency Response Centre
- xiii. Safety/ Hazardous operations audits centre and
- xiv. Centre of Excellence etc.

The bulk drug parks are being set up in an established ecosystem to draw advantage of an efficient supply system. Gujarat is setting up Bulk Drug Park at Jambusar, Bharuch in 2015 acres of land. Bulk Drug and Chemical (PCPIR - Petroleum, Chemicals and Petrochemicals Investment Region in Dahej, Gujarat) industries exist in the vicinity of the Bulk Drug Park at Jambusar. Andhra Pradesh is setting up Bulk Drug Park at Nakkapalli, Anakapalli in 2001.80 acres of land and is in Visakhapatnam-Kakinada Petroleum, Chemical and Petrochemical Investment Region. Chemicals constitute the major raw materials for bulk drug

production by chemical synthesis. There are three major pharma clusters at Srikakulam, Vishakhapatnam and Vijayawada district in Andhra Pradesh. Himachal Pradesh is setting up Bulk Drug Park at Haroli, Una in 1405 acres. The Baddi-Barotiwala-Nalagarh Industrial belt in Himachal Pradesh is globally known for the production of formulation drugs.

The bulk drug parks are offering land and utilities such as power, water, effluent treatment plant, steam, solid waste management, warehouse facilities at a subsidized rate. The State Implementing Agencies (SIAs) of the three states are also offering fiscal incentives in the form of capital subsidy on fixed capital investment, interest subsidy, State Goods and Services Tax (SGST) reimbursement, exemption of stamp duty and registration charges etc.

The bulk drug parks have the potential to catalyze the pharmaceutical industry in India by reducing import dependency, lowering manufacturing costs, enhancing global competitiveness, technological advancement and improving quality standards.

FAMILY PLANNING AND POPULATION CONTROL

4260. PROF. SOUGATA RAY:

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

(a) Whether the Government has any proposal to review the existing family planning programmes of the country;

(b) if so, the details thereof;

(c) whether the Government has taken note that some sections of the society are not keen to follow the family planning programme of the country; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (d) **The** National Family Planning Programme is reviewed through the Common Review Mission (CRM), National Programme Coordination Committee (NPCC) meetings, State/ Regional/ National review meetings, field monitoring visits and National Family Health Survey (NFHS) on a continuous basis.

India has achieved a Total Fertility Rate (TFR) of 2.0 as per NFHS-5 (2019–21). This is aligned with the National Population Policy 2000 and the National Health Policy 2017 (TFR of 2.1). The government focuses on achieving and maintaining replacement levels of fertility across regions by raising awareness about healthy timing and spacing of pregnancies, ensuring the availability of family planning services, and approving the budgets proposed by states in the Programme Implementation Plan (PIP) based on their specific needs to manage fertility.

(i) **Expanded Contraceptive Choices** comprises of Condoms, Combined oral contraceptive pills, Emergency contraceptive pills, intrauterine contraceptive device (IUCD) and Sterilization are provided to the beneficiaries. The Contraceptive basket has also been expanded with new contraceptives, namely Injectable contraceptive MPA (Antara Programme) and Centchroman (Chhaya).

(ii) **Mission Parivar Vikas** is implemented in seven high-focused states and

six North-Eastern states to improve access to contraceptives and family planning services.

(iii) **Compensation scheme for sterilization acceptors** is provided to beneficiaries to compensate for the loss of wages incurred.

(iv) **Post-pregnancy contraception** in the form of Post-Partum Intrauterine Contraceptive Device (PPIUCD), Post-Abortion Intrauterine Contraceptive Device (PAIUCD), and Post-partum Sterilization (PPS) is provided to beneficiaries.

(v) **'World Population Day Campaign' and 'Vasectomy Fortnight'** are observed every year to boost awareness on Family Planning and service delivery across all States/ Union Territories.

(vi) **Home Delivery of Contraceptives Scheme by ASHAs.**

(vii) **Family Planning Logistics Management Information System (FP-LMIS)** is in place for the management of family planning commodities at all levels of health facilities.

PARLIAMENTARY EXCHANGES WITH NEIGHBOURING COUNTRIES

4261. SHRI KIRTI AZAD:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state :-

(a) whether a number of Parliamentary Exchanges have been conducted by the Government recently in alignment with the emphasis on the Neighborhood First Policy adopted in the recent years;

(b) if so, the details thereof;

- (c) the details of all Parliamentary Exchanges held in the recent years with special reference to the People's Majlis of Maldives;
- (d) whether any new Parliamentary Exchange is currently being planned; and
- (e) if so, the details thereof?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES
(SHRI PABITRA MARGHERITA):**

(a) to (c) In keeping with the objectives of the 'Neighborhood First' Policy for enhancing people to people relations, regular parliamentary exchanges with our neighbouring countries have been taking place over the years. The details of the recent parliamentary exchanges with our neighbouring countries including with Maldives are given in the enclosed **Statement- I**.

(d) and (e) At the invitation of Hon'ble Speaker of Lok Sabha, Speaker of People's Republic of Maldives accompanied by a parliamentary delegation will visit India from 10-14 February 2025.

STATEMENT-I

Details of the recent parliamentary exchanges with our neighbouring countries including with Maldives

Name of the Country	Details of Parliamentary Exchanges in the recent past
Maldives	<ul style="list-style-type: none"> • Hon'ble Speaker of Lok Sabha visited Maldives from 1-4 September 2019. • Speaker of Maldives visited India in December 2019.

	<ul style="list-style-type: none"> • Speaker of Maldives visited India in April 2022. • Speaker of Maldives visited India in August 2022.
Sri Lanka	<ul style="list-style-type: none"> • An 11-member Sri Lankan Parliamentary delegation led by the Speaker visited India from 16-20 December 2023.
Bhutan	<ul style="list-style-type: none"> • A thirteen member delegation led by the Speaker of the National Assembly of Bhutan visited India from 5-11 February 2023. During the visit, an MoU between Lok Sabha and the National Assembly of Bhutan on Strengthening Parliamentary Cooperation was signed. <p>Apart from above visit, the following interactions have taken place between the parliamentary representatives of the two countries:</p> <ul style="list-style-type: none"> • Two senior staff of the Lok Sabha Secretariat, Mr. Abhijit Kumar and Mr. Ram Chander Tiwari visited Bhutan from 20-22 May 2019 for conducting a 'Parliamentary Workshop on Budget Analysis and Scrutiny' for Economic and Finance Committee of Parliament of Bhutan. • Hon'ble Lok Sabha Speaker and Chairperson of the National Council of Bhutan interacted during the 141st Assembly of inter-Parliamentary Union (IPU) in Belgrade from 13-17 October, 2019. • Hon'ble Vice President of India and Chairperson of the National Council of Bhutan interacted during UN International Day of Vesak celebration 2019 from 9-12 May 2019 in Vietnam. • Hon'ble Speaker of Lok Sabha and Speaker of the National Assembly of Bhutan had fruitful discussion in Male during the 4th South Asian Speakers Summit from 01-02 September 2019. • Hon'ble Speaker of Lok Sabha met the Speaker of Bhutan National Assembly during Inter Parliamentary Union (IPU-149) in Geneva on 14th October, 2024.
Nepal	<ul style="list-style-type: none"> • Visit of First Cohort of Youth Leaders including parliamentarians from Nepal to India from 10-20 December 2023 was coordinated by ORF. • Visit of Seven member delegation including parliamentarians for the Raisina Dialogue in March 2023. • Visit of Twelve young leaders including Parliamentarians from 28 March 2023 to 04 April 2023 was facilitated through India-Nepal Friendship Society. • Participation of Nepal parliamentarians in the Dialogue on "Nature's solves: A new framework of our sustainable future" in Shillong by ORF from 5-7 July 2023.

	<ul style="list-style-type: none"> • Visit of Second Cohort of Nepali Youth Delegation including parliamentarians from 25 September 2024 to 03 October 2024, was coordinated by ORF. • Visit of the delegation of members of Nepalese Parliamentary Committee on International Relation and Tourism to India from 30 January 2024 to 07 February 2024.
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LAND UTILISATION BY VPT

4262. SHRI SRIBHARAT MATHUKUMILLI:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- the details of the total land available, land utilized and the vacant land at major ports across the country, port-wise;
- the details of the total 7,618.30 acres of land owned by Visakhapatnam Port Trust (VPT) in and around Visakhapatnam, location-wise;
- the detailed description of the usage of this utilized land including location, usage and lease details;
- the plans of VPT for utilizing its surplus or vacant land including land owned in the city; and
- whether VPT is facing any challenges in monetizing or commercially leasing its land and if so, the details thereof?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI SARBANANDA SONOWAL):

- The details of total land available, land utilized and the vacant land at Major Ports are given in the enclosed **Statement-I**.

(b) The details of land at Visakhapatnam Port Authority (earlier Visakhapatnam Port Trust) are given in the enclosed **Statement-II**.

(c) The detailed description of the usage of this utilized land including location, usage and lease details at VPA are given in the enclosed **Statement-III**.

(d) and (e) VPA utilizes and monetizes land as per the policy approved by the Central Government.

STATEMENT-I

Port-wise details of the total land available, land utilized, and the vacant land at major ports across the country

Name of Port	Total Land Area (Ha)	Utilized Land (Ha)	Vacant Land (Ha)
Kolkata Dock System (KDS)	1932.349	1,547.28	385.069
Haldia Dock Complex (HDC)	2656.7	2,159.74	496.96
Paradip Port Authority (PPA)	2544.75	2,408.41	136.34
Visakhapatnam Port Authority (VPA)	3082.86	1473.53	1609.32
Chennai Port Authority (ChPA)	304.1304	235.73	68.4004
V.O. Chidambarnar Port Authority (VOCPA)	2140.81	1,972.19	168.62
Cochin Port Authority (CoPA)	881.0163	762.466	118.5503
New Mangalore Port Authority (NMPA)	926.89	935.59	27.3
Mumbai Port Authority (MbPA)	944.1	682.87	261.23
Jawaharlal Nehru Port Authority (JNPA)	3370.61	2944.99	425.62
Deen Dayal Port Authority (DPA)	93343.5	83,744.9	9598.6

Mormugao Port Authority (MoPA)	221.198	192.528	28.67
Kamarajar Port Limited (KPL)	1128.44	1,017.95	110.49
Total	1,13,477.3537	1,01,651.5037	11,825.85

STATEMENT-II

Details of land at Visakhapatnam Port Authority

S.NO.	LOCATION	TOTAL AREA IN HECTARES
1.	OPERATIONAL AREA (Z-1AandZ-1B)	505.07
2.	FISHING HARBOUR(Z-2)	61.51
3.	DOLPHIN NOSE HILL(Z-3)	373.92
4.	EXIM PARK and OTHER INDUSTRIAL AREA (Z-4, 5,6andZ-7)	1789.94
5.	SALAGRAMAPURAM(Z-8)	100.24
6.	HARBOUR PARK and MAHARANI PETA (Z-9)	11.41
7.	MULAKUDDU(Z-10)	116.59
8.	LANKELAPALEM(Z-11)	124.18
	TOTAL:	3082.86 (7618.0 Acres)

* The above figures are under reconciliation with revenue records.

STATEMENT-III

LEASED LIST AS ON 31-10-2024

SI No	Name of the Lessee/ Licence	PURPOSE	EXTENT		NEW ZONE
			Acs	SQ.MTRS	
1	Andhra Bank	Bank Office	0.054	217.19	1A
2	Andhra Petro Chemical Ltd.	Pipeline	0.891	3606.62	4 and 6

3	Andhra Petro Chemical Ltd.	Petrochemical Plant	75.00	303514.5	4
4	Alufloride Ltd.	Plant	7.00000	28328.02	4
5	Andaman and Nicobar	Passenger accommodation	1.00000	4046.86	8
6	AVR and Co.	Constn. Of Tanks	2.00000	8093.72	1A
7	AVR and Co.	Pipeline	0.55065	2228.40	1A,1B
8	AVR Storage Tank Terminal	Railway Siding	4.34160	17569.85	1A
9	A.P. Fisheries Corporation Ltd.	Oil outlet	0.073	296.70	2
10	Rg.Dy.Director of Fisheries	Office accommodation	0.08527	345.08	2
11	Bhawani Under water works	Equipment office and maint. Shop	0.08018	324.48	2
12	B.P.C.Ltd.	Tankages	40.00	161874.4	4
13	B.P.C.Ltd.	Stacking and Distribution	2.00000	8093.72	4
14	B.P.C.L	Pipeline	3.00000	12140.58	4
15	BPCL	Pipeline	0.16136	653.00	2
16	BPCL Aviation	ATF fuelling facilities for flights	0.98842	4000.00	6
17	BPCL.	Retail Oil outlet	0.96000	3884.99	5
18	BPCL	Crude oil pipeline	1.42	5746.54	4
19	BPCL	Truck Parking	1.53	6183.60	4
20	Bothra Shipping Services	Warehouse	4.50000	18210.87	4
21	Bothra Shipping Services	Garage Cum Parking	0.2298	929.97	1A
22	Balmer Lawrie and Co Ltd.,(Joint Venture)	Multi Model Logistic Park	53.02500	214584.75	4, 5
23	Bharatiya Vidya Bhavan	Educational Institute	0.23946	969.07	8
24	Bellamount	Warehouse	4.00000	16187.44	4
25	BARC	Laison Office and Staff quarters	5.00000	20234.30	8
26	CONCOR	Container Freight Stn	97.08000	392869.17	6

27	CONCOR	Container Freight Stn	11.07000	44798.74	6
28	Coramandel International Ltd.	Fertiliser Plant	309.6900	1253272.07	4
29	Coramandel International Ltd.	Const. Of SILO	1.42000	5746.54	4
30	Coramandel International Ltd.	Water Pipeline	1.65600	6701.60	4,5,6
31	Coramandel International Ltd.	Pipeline	0.31654	1281.00	4
32	Coramandel International Ltd.	Pipeline	0.31654	1281.00	4
33	Coramandel International Ltd.	Pipeline	0.10107	409.00	4
34	Coramandel International Ltd.	Approach Road	0.60417	2445.00	4
35	Coramandel International Ltd.	Approach Road	0.09637	390.00	4
36	Coramandel International Ltd.	Approach Road	0.55599	2250.00	4
37	Commissioner of Police	Police Station and Quarter	0.41332	1672.65	4
38	GVMC	Pump House	0.12602	510.00	8
39	GVMC	Sulabh Complex	0.48000	1942.49	3
40	GVMC	Sulabh Complex	0.11533	466.72	2
41	GVMC	Sulabh Complex	0.09637	390.00	2
42	GVMC	Const of 1000 KI LSR	0.08896	360.00	1A
43	GVMC	Pipe line	0.08340	337.50	8
44	GVMC	Sulabh Complex	0.04942	200.00	8
45	GVMC(GVSCL)	Pipelines	0.35954	1455.00	4
46	GVMC	Pipelines	0.14950	605.00	8
47	GVMC	Pipelines	0.09992	404.35	8
48	Central Warehousing Ltd.	Warehouse	6.96770	28197.31	1A
49	Central Warehousing Ltd.	Container Freight Stn	11.25000	45527.18	4
50	Central Warehousing Ltd.	Container Freight Stn	0.76890	3111.63	4
51	CIFNET	Admn.Bldg Class Rooms	2.13500	8640.05	2
52	Continental ware housing	Ware house	6.000	24281.16	4
53	Flag Officer-Command-in-Chief (Navy)	Transit area	138.0700	558749.96	4
54	-do-	Transit area	4.50000	18210.87	5

55	Flag Officer-Command-in-Chief (Navy)	Approach road from parallel Bridges to Scindi Jn.	15.98000	64668.82	4
56	Flag Officer-Command-in-Chief (Navy)	Approach road From Kakarlova to Yarada Hill	5.10000	20638.99	3
57	Coast Guard	Office	21.04000	85145.93	4
58	Coast Guard	Construction of Infrastructure	1.12000	4532.48	1A
59	Shipping Building Centre	Construction of Infrastructure	1.05000	4249.20	1A
60	Shipping Building Centre	Office and Infrastruture	25.86000	104651.8	1A
61	Shipping Building Centre	Electric Pylon	0.09805	396.80	1A
62	Shipping Building Centre	Approach road	0.09637	390.00	1A
63	Shipping Building Centre	culvert and Approach road	0.22850	924.71	1A
64	Shipping Building Centre	fabrication Storage Shed	1.4826	5999.87	4
65	FOC-in-C	Seamen Training Centre	0.61776	2500.00	4
66	NAVY	600 mm dia pipeline	5.77000	23350.38	4, 6, 7, 1A
67	G. E. Naval Base	12 Inches dia Pipeline.	0.16508	668	4
68	G. E. Naval Base	300 mm dia water pipeline.	0.23302	943.00	4
69	Coast Guard	Addl. Land for coast guard berth	0.38796	1570.00	1A
70	Coast Guard	CG Infrastructure and Residential	8.10000	32779.57	3
71	Shipping Building Centre	250 mm dia pipeline	0.38003	1537.91	1A, 4
72	Shipping Building Centre	formation of Approach road in front of Varun Buildgs.	1.10817	4484.60	1A
73	Defence Research Development Organization	Const. of Shipyard Facilities	11.0000	44515.46	1A(5.50) 4(5.50)

74	C.G.O	Air Enclave	5.00000	20234.30	5
75	Coast Guard	Infrastructure	22.5000	91054.35	4
76	Flag Officer-Command-in-Chief	OFC	0.04559	184.50	
77	Flag Officer-Command-in-Chief (Upfront) (Navy)	Approach Road on Dolphin Nose Hill	19.0700	77173.62	3
78	Defence Research Development Organization	Elec.cables	0.00307	12.43	4
79	Defence Research Development Organization	Shpyard Facilities	2.91000	11776.36	4
80	Flag Officer-Command-in-Chief	Parlel Taxi Track	34.4	139211.98	5
81	Defence Research Development Organization	Addl Land for Shipyard facilities	0.35484301	1436.00	1A
82	Defence Research Development Organization	Fabrication Land	3	12140.58	4
83	Defence Research Development Organization	Fabrication Land	3	12140.58	4
84	Flag Officer-Command-in-Chief	For Antenna	0.00148	6.00	3
85	Flag Officer-Command-in-Chief	OFC	0.02	84.54	1Aand4
86	Flag Officer-Command-in-Chief	OFC	0.02	95.00	4
87	Flag Officer-Command-in-Chief	OFC	0.01	32.40	4
88	Flag Officer-Command-in-Chief	OFC	0.08	342.30	1A
89	Project Director SBC	OFC	0.01	32.00	1A
90	Garrison Engineering (V-37)	Elec.cables	0.03	124.28	5
91	D.C.I.	Stacking and Distribution	0.14233	576.00	3
92	Suraj Agro Infrastructure Infra Ltd	Warehouse	11.82946	47872.16	1A
93	Duraflex Services and Const. Tech. Ltd.	Godowns	5.83000	23593.19	4
94	Dhanalaxmi Ice Plant	Ice plant	0.17792	720.00	2
95	Directorate of Light House and Light Ships	Staff Quarters	1.300	5260.92	8
96	Supdt. Engineer E.P.D.C.of A.P.	Substation	0.12355	500.00	2
97	ESSEEM Intra Port services (P) Ltd.,	Warehouse	3.32886	13471.44	1A
98	Employees State Insurance	Hospital	10.12300	40966.36	4
99	East Indian Petroleum Ltd.	LPG Storage	50.00000	202343.0	4
100	East Indian Petroleum Ltd.	Pipeline from HPCL to LPG	0.83000	3358.89	4
101	East Indian Petroleum Ltd.	Pipelines	1.56000	6313.10	4

102	East Indian Petroleum Ltd.	Pipeline from Terminal to Oil Wharf	0.36743	1486.95	4
103	East Indian Petroleum Ltd.	Pipeline	0.03558	144.00	3and4
104	East Indian Petroleum Ltd.	Pipeline	1.00487	4066.55	
105	East Indian Petroleum Ltd.	Pipeline	0.02768	112.00	
106	Eastern ware house corp	Warehouse	3.70000	14973.38	4
107	Gateway East India Pvt. Ltd.	Container Freight Stn	20.00	80937.20	6
108	Gateway East India Pvt. Ltd.	Truck Parking	4.50000	18210.87	6
109	Coramandel International Ltd. (GFCL)	Storage of Liquid Amonia	3.30000	13354.64	1A
110	Coramandel International Ltd. (GFCL)	Pipeline	0.49125	1988.00	1A
111	Gas Authroity of India Ltd.	LPG Dispatch station	29.90000	121001.11	6
112	Gas Authroity of India Ltd.	Pipeline	7.50000	30351.45	4 6
113	Hindustan Petroleum Corpn. Ltd.	Addl Tankage Proj.	212.31	859188.8	4
114	Hindustan Petroleum Corpn. Ltd.	Rly Gantry	5.60890	22698.43	4
115	Hindustan Petroleum Corpn. Ltd.	Pipeline	0.86487	3500.01	4
116	Hindustan Petroleum Corpn. Ltd.	Bunkering Facility	0.59879	2423.20	2
117	Hindustan Petroleum Corpn. Ltd.	Pipeline (VVPL)	4.08000	16511.19	4 and 6
118	Hindustan Petroleum Corpn. Ltd.	14" dia Laying of pipeline	1.66000	6717.79	3 and 4
119	Hindustan Petroleum Corpn. Ltd.	Addl.facility/ in LPG Plant	2.59000	10481.37	4
120	Hindustan Petroleum Corpn. Ltd.	Refinery	511.030	2068067	4
121	Hindustan Petroleum Corpn. Ltd.	Rly Siding	3.60000	14568.70	4
122	Hindustan Petroleum Corpn. Ltd.	Oil Wharf	1.47000	5948.88	4
123	Hindustan Petroleum Corpn. Ltd.	Visakha Terminal	15.00000	60702.90	4
124	Hindustan Petroleum Corpn. Ltd.	CISF Barracks	8.00000	32374.88	4
125	Hindustan Petroleum Corpn. Ltd.	CISF Barracks	2.00000	8093.72	4
126	Hindustan Petroleum Corpn. Ltd.	Water Tank/	0.11861	480.00	4
127	Hindustan Petroleum Corpn. Ltd.	CISF Qrtrs.	2.00000	8093.72	4
128	Hindustan Petroleum Corpn. Ltd.	Expansion of Rly Siding	3.27000	13233.23	4
129	Hindustan Petroleum Corpn. Ltd.	Rly. Lines	2.67000	10805.12	4
130	Hindustan Petroleum Corpn. Ltd.	Caverm project	13.45000	54430.27	3
131	Hindustan Petroleum Corpn. Ltd.	LPG Plant	17.56000	71062.86	4

132	Hindustan Petroleum Corpn. Ltd.	14" Diapipeline	4.62000	18696.49	3 and 4
133	Hindustan Petroleum Corpn. Ltd.	pipeline	0.11000	445.15	4
134	Hindustan Petroleum Corpn. Ltd.	water pipeline	1.40109	5670.02	4 and 5
135	Hindustan Petroleum Corpn. Ltd.	Refinery expansion	284.180	1150037	4and5
136	Hindustan Petroleum Corpn. Ltd.	Pipe line	4.20000	16996.81	5
137	Hindustan Petroleum Corpn. Ltd.	Pipeline	4.90000	19829.61	4
138	Hindustan Petroleum Corpn. Ltd.	SPM Facility and Green Belt	1.68000	6798.72	
139	Hindustan Petroleum Corpn. Ltd.	Pipelines	0.14571	589.68	4
140	Hindustan Petroleum Corpn. Ltd.	Parking of LPG tanker	4.00000	16187.44	4
141	Hindustan Petroleum Corpn. Ltd.	Valve Station	3.00000	12140.58	4
142	Hindustan Petroleum Corpn. Ltd.	Green Belt	2.00000	8093.72	4
143	Hindustan Petroleum Corpn. Ltd.	ATF fuelling facilities for flights	1.18611	4800.00	6
144	Hindustan Petroleum Corpn. Ltd.	Modernisation of Refinery and Green Belt	19.51	78954.24	4
145	Hindustan Petroleum Corpn. Ltd.	Black oil Tank Wagon Gantry	10.52	42572.97	4
146	Hindustan Petroleum Corpn. Ltd.	Modernisation of Refinery	1.11	4492.01	4
147	Hindustan Petroleum Corpn. Ltd.	Expansion of Refinery	34.9609601	141482.1	4
148	Hindustan Petroleum Corpn. Ltd.	Expansion of Refinery	50.00	202343.0	4
149	Hindustan Petroleum Corpn. Ltd.	Pipeline	0.30	1204.63	3
150	Hindustan Petroleum Corpn. Ltd.	Expansion of Refinery	0.25	995.12	4
151	Hindustan Petroleum Corpn. Ltd.	Expansion of Refinery	0.20	816.46	4
152	Hindustan Petroleum Corpn. Ltd.	RVF Pitch Road	1.75000	7082.01	4
153	Hindustan Petroleum Corpn. Ltd.	VRMProject	3.75000	15175.73	4
154	Hindustan Petroleum Corpn. Ltd.	RVF Facilities	13.2799998	53742.30	4
155	Hindustan Petroleum Corpn. Ltd.	pipeline	1.17547926	4757.00	4
156	Hindustan Petroleum Corpn. Ltd.	VRM Proj	0.39483946	1597.86	4
157	Hindustan Petroleum Corpn. Ltd.	pipeline	0.00332	13.44	4
158	Hindustan Petroleum Corpn. Ltd.	VRM Proj	6.06	24523.972	

159	High Seas Shipping	Ship repairing works	0.19274	780.00	2
160	Hindustan Shipyard Ltd	Ship Building Yard	55.13	223103.4	4
161	Hindustan Shipyard Ltd	Staff Colony	132.120	534671.1	3
162	Hindustan Shipyard Ltd	Ext. of Yard	16.000	64749.76	4
163	Hindustan Shipyard Ltd	Dry Dock/ Dock Project	27.113	109722.5	4
164	Hindustan Shipyard Ltd	Extension of Staff Colony	7.24800	29331.64	3
165	Hindustan Shipyard Ltd	Addl. Housing	2.69700	10914.38	3
166	Hindustan Shipyard Ltd	Steel Yard and Hull Shop	3.23800	13103.73	3
167	Hindustan Shipyard Ltd	Extn and development of Shipyard	12.60000	50990.44	4
168	Hindustan Shipyard Ltd	New Waterfront Structures	2.25000	9105.44	3
169	Hindustan Shipyard Ltd	132/11 kv Substation	0.47604	1926.45	3
170	Hindustan Shipyard Ltd	Dolphin 5 and 6 (768+800 M2)	0.38746	1568.00	4
171	Indian Potash Limited	Warehouses	6.00	24281.16	4
172	Indian Maritime university	Construction of Office Building.	3.23400	13087.55	4
173	CEMS	Training Institute	1.76600	7146.75	4
174	I.F.P.	Establishment of Unit	1.03500	4188.50	2
175	Indrani Shipping	Workshop	0.16976	687.00	2
176	Indian Oil Corpn. Ltd.	Terminal	45.00000	182108.7	4
177	Indian Oil Corpn. Ltd.	Pipelines	0.15000	607.03	4
178	Indian Oil Corpn. Ltd.	Rly siding	0.16000	647.50	4
179	Indian Oil Corpn. Ltd.	Pipelines	1.86000	7527.16	3 and 4
180	Indian Oil Corpn. Ltd.	Pipelines	0.08000	323.75	4
181	Indian Oil Corpn. Ltd.	Terminal	0.27548	1114.81	4
182	Indian Oil Corpn. Ltd.	Storage facilities	1.77000	7162.94	4
183	Indian Oil Corpn. Ltd.	Bunkering Facility	0.61613	2493.38	2
184	Indian Oil Corpn. Ltd.	Oil outlet	0.16339	661.20	8
185	Indian Oil Corpn. Ltd.	Pipelines	0.23784	962.50	4
186	Indian Oil Corpn. Ltd.	Truck Parking	1.43075	5790.00	4

187	Indian Oil Corpn. Ltd.	Pipeline from Terminal to T.T.Parking	0.01483	60.00	4
188	Indian Oil Corpn. Ltd.	pipeline	0.12760	5163.00	4
189	Indian Strategic Petroluem Reserves Ltd.	Crude oil storage	37.00	149733.8	3
190	Indian Strategic Petroluem Reserves Ltd.	OFC	0.01	24.08	3, 4
191	ICWAI Bhavan	Office and Class Rooms	0.27182	1100.00	8
192	Indian Docking and Engineering	Workshop	0.10714	433.56	2
193	India Potash Ltd.	Covered Godowns	12.00	48562.32	4
194	IMC	Construction of tanks	2.00	8093.72	1A
195	IMC	Storage of Edible oils	0.914	3698.00	1A
196	IMC	Pipeline	0.073	295.20	1A
197	IMC	Pipeline	0.065	262.50	1A
198	J.R. Enterprises	Constn. Of Tanks	2.000	8093.72	1A
199	J.R. Enterprises	Storage of Molasis	0.623	2520.00	1A
200	K. Rambrahmam and Sons	Godowns	9.82332	39753.60	1A
201	KRIBHCO	Godowns	6.00000	24281.16	4
202	K.V.Reddy and Co.	Iceplant	0.03247	131.40	2
203	LEELA MARINES	Freezing Unit	0.14826	600.00	2
204	Auroile Logistics	Storage Sheds	5.00000	20234.30	4
205	Auroile Logistics	Storage Sheds	6.00000	24281.16	4
206	M.M.T.C Ltd.,	Office	1.04670	4235.85	1A
207	MMD	Quarters	0.49421	2000.00	8
208	M. M. Department.	Office	0.48571	1965.60	9
209	M.M.Department	Staff Quarters	0.20263	820.00	9
210	Marine Police Station	Police Station	0.22289	902.00	2
211	Maruti Transport	Warehouse	4.00000	16187.44	4
212	NALCO	Storage of Alumina and Caustic Soda	22.48046	90975.27	1A
213	NALCO	Expansion of NALCO facility	3.52000	14244.95	1A
214	NALCO	ROW	0.06769	273.94	1A
215	N.C.G.B. Marine PVt.Ltd	Workshop	0.08259	334.23	1A
216	N.M.D.C	Office	0.74650	3020.98	1A

217	N.M.D.C	Screening plant	3.55000	14366.35	1A
218	NHAI	Port Connectivity Road	96.46986	390400.0	4, 5 and 6
219	Plant Quarentine station.	Office and Lab	0.07413	300.00	8
220	BSNL	Telephone Exchange and Qtrs	1.00000	4046.86	4
221	BSNL	OFC	0.00124	5.00	5
222	Supdt. Of Post Office	Post Office	0.25000	1011.72	4
223	Department of Tele Communi- cation.BSNL	Telephone Exchange	0.12148	491.60	8
224	Prathyusha Stevcone Pvt ltd	Godowns	6.06000	24523.97	4
225	Rain CII Carbon vizag Ltd.	ware houses	2.33	9429.18	4
226	Rain CII Carbon vizag Ltd.	Godowns	5.00	20234.30	4
227	Rain CII Carbon vizag Ltd.	Warehouse	5.390	21812.58	5
228	Rain CII Carbon vizag Ltd.	pipeline	0.037	149.50	5
229	Rain CII Carbon vizag Ltd.	Warehouse	8.46	34229.96	1A
230	Rain CII Carbon vizag Ltd.	Petroluem Coke Proj	54.01	218570.9	5
231	Sarat Chatterjee andCo.	Construction of Warehouse Rly Lines, Backup Space and Rly sidings	9.75000	39456.89	4
232	Sarat Chatterjee andCo.	Warehouse	2.45990	9954.87	4
233	Sarat Chatterjee andCo.	Warehouse	3.58010	14488.16	4
234	Sarat Chatterjee andCo.	Warehouse	1.55923	6310.00	4
235	State Bank of India.	Bank /Office	0.36570	1479.95	1A
236	S.A.I.L	Stack yard	17.25881	69844.00	1A
237	VDR and Co.	Warehouse	8.75000	35410.03	4
238	Vsp. Stevedores Assn.	Office	0.20661	836.13	1A
239	VDSFTC	Oiloutlet	0.07784	315.00	2
240	Arman Ice and Cold Storage (Formerly V.B.C.)	Ice Plant	0.77126	3121.20	2
241	Vani Marines	Ice Plant	0.47176	1909.14	2
242	M/s.Vizag Sea Port	Backupsapce	24.19160	97900.00	1A
243	Vizag Sea Port	Backup space	3.33592	13500.00	1A
244	Vizag Sea Port	PUMP HOUSE	0.10531	426.18	1A
245	Vizag Sea Port	Backup space	1.57159	6360.00	1A
246	Vizag Sea Port	Railway Lines	0.94024	3805.00	1A

247	Vizag Sea Port	Sewage Treatment Plant	0.09266	375.00	1A
248	Vizag Sea Port	Control Room	0.04942	200.00	1A
249	Vizag Sea Port	Pipelines	0.05066	205.00	1A
250	Vizag Sea Port	Stack yard	1.83537	7427.49	1A
251	Vizag Sea Port	Electrical Lines	1.22369	4952.11	5
252	V.C.T.P.L.	Backup space	12.30584	49800.00	2
253	V.C.T.P.L.	Backup space	28.21941	114200.00	2
254	VGCBPL (Vedanta)	Backup space	45.28449	183260.0	1A
255	AVR Infra Pvt.Ltd. (EQ-10)	Backup space	6.94000	28085.21	1A
256	V.C.T.P.L.	Container Freight Stn	28.04500	113494.19	4
257	V.C.T.P.L.2	Backup space	41.51000	167985.16	2
258	Vizag Seaport Pvt. Ltd.	Stack yard	9.00000	36421.74	5
259	EVTL (Essar Vizag Terminal Ltd)	Backup space	98.05000	396794.6	1A and 1B
260	SR Associates	Tower	0.00297	12.00	4
261	Jt.Director of Fisheries	Dry Fish Storage Godown	0.14233	576.00	2
262	Steel City Shipping Service Pvt Ltd.	Garage	0.19770	800	1A
263	Steel City Shipping Service Pvt Ltd.	Garage	0.19770	800	1A
264	Reliance Jio Infocom Ltd. (Way leave permission)	OFC	0.01395	56.46	4
265	ATC Tower No.1	Tower	0.00500	20.25	1B
266	ATC Tower No.3	Tower	0.00500	20.25	1A
267	V.S.Infra Logistic LTD	Garage	0.24711	1000.00	1A
268	Indus Towers Ltd.	Tower	0.00500	20.25	1A
269	APEPDCL	Substation	0.06198139	250.83	8
270	APEPDCL	Way leave Permission	0.11712785	474	8
271	M/s Raghavendra Entp.	Ice Plant	0.21041746	851.53	2
272	OSWAL Minerals Ltd.	Warehouse	2.97	12000	1A
273	ECIL	OFC	0.04281	173.24608	1B,4, 5
274	APGDC	Gas Station	2.47105	9999.9934	6
275	APGDC	PIPELINES	0.320	1296.4764	6
276	Eversun Marine (P) Ltd.	Stack yard	0.950	3845	1A
277	Orissa Stevedores	Warehouse	3.46	14002.136	4
278	Visakha Cargo Movers	Garage	0.24711	1000	1A
279	Visakha Cargo Movers	Garage	0.28170	1140	1A
280	Sravan Shipping	Garage	0.27577	1116	7

281	Sravan Shipping	Weigh Bridge	0.12701	514	4
282	Sravan Shipping	Storage of Bio diesel and Petroleum Products	1.02548643	4150	4
283	Sravan Shipping	covered sheds	2.00155182	8100	4
284	Sravan Shipping	covered sheds	10	40469	
285	BHEL	Assembling and Temptation	2.39692	9700	3
286	BHEL	Fabrication of ODC Vessels	3.00000	12141	3
287	Infinite Shipping and Engg Pvt. Ltd	Commercial Activity	0.70499	2853	2
288	Light House Beach Holidays (Pvt) Ltd.,	Commercial Activity	0.77986	3156	9
289	FSSAI	Office Space	0.050	204	1A
290	HIQ Services	Garage Cum Parking	0.247	1000	1A
291	Viswanath Avenues (India) Pvt Ltd	Approach Road	0.10254864	415	8
292	Viswanath Sport and Conventions	Sports Operations	19.6	79318	8
293	Integral Trading Logistics	Cargo storage	2.00155182	8100	1B
294	Integral Trading Logistics	Commercial Activity	0.2201	890.71	8
295	Prasana Lakshmi Enterprises	Garage	0.31431777	1272	1A
296	Balaji Transport and Handlers, Vsp.	Electronic Weigh Bridge	0.09884207	400	1A
297	Algreen Future Transport and Logistics	Work shop	0.0043	17.58	5
298	E David Fernando	Commercial Activity	0.0847	100.00	2
299	S.R.Bashaand Co	Commercial Activity	0.0230	93.00	2
300	Sai Teja Solar Dry Fish	Commercial Activity	0.0250	101.00	6
301	Kalyani Marine	Commercial Activity	0.0064	25.90	
302	Sai Astha Trading Transport and Co	Electronic Weigh Bridge	0.0988	399.83	1B
303	Sai Astha Trading Transport and Co	Electronic Weigh Bridge	0.0988	399.83	1B

304	Mechel	Commercial Activity	0.0494	199.91	5
305	RJB Shippingand Logistics Pvt Ltd.	Electronic Weigh Bridge	0.0988	399.83	1B
306	Trion Properties Pvt Ltd	Non Port related activity	16.6000059	67177.90	8
307	Arcellor Mittal and Nippon Steels	Stock pile	8.588	34754.43	1A
308	Arcellor Mittal and Nippon Steels	Pelletization plant	148.38	600473.09	1A
309	Sanvira Industries	Closed Ware House	4.99992587	20234.00	6
310	HIQ Services	Cargo Storage	0.74131549	3000.00	1A
311	Synergy Shipping Pvt Ltd	Garage	1.48263098	6000.00	1A
312	Synergy Shipping Pvt Ltd	Covered storage	4.50003212	18211.00	1A
313	M/s LION	Sweaping Machines	0.01210815	49.00	Z1A
314	Sri Sai Traders Pvt Lrd	Covered Storage	10	40468.60	4
315	Greenify India Pvt Ltd	Covered Storage	4.50	18210.87	IA
316	AKV Exim Venture Pvt Ltd	Covered Storage	4.40	17806.18	IA
317	Sri Vijaya Durga Agencies	Non Port related activity	0.18	729.00	8
318	Prudent Marine Services and Logistics	Non Port related activity	0.89	3600.09	8
319	Andhra Tourisim Development	Porta Cabin	0.00444789	18.00	2
320	Hindustan Enterprises	Covered Warhouses	0.00230005	9.308	4
321	Hindustan Enterprises	Non Port related activity	1.78499998	7223.645	9
322	Sri Viswa Medicare Ltd	Non Port related activity	1.98999965	8053.250	9
		.	3641.177	14735332	

राष्ट्रीय क्रेच योजना

4263. डॉ. बच्छाव शोभा दिनेश:

क्या महिला और बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार द्वारा बजट में महिलाओं के लिए कोई विशेष प्रावधान किया गया है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) विगत पांच वर्षों और वर्तमान वर्ष के दौरान राजीव गांधी राष्ट्रीय क्रेच योजना के अंतर्गत किए गए प्रावधानों और किए गए व्यय का ब्यौरा क्या है;
- (घ) क्या सरकार ने राष्ट्रीय क्रेच योजना के वित्तपोषण में कटौती कर दी है;
- (ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (च) क्या सरकार ने कई क्रेचों को अनुदान का भुगतान नहीं किया है; और
- (छ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसके क्या कारण हैं?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) और (ख): वित्तीय वर्ष 2024-25 में, कुल 43 मंत्रालयों/विभागों/संघ राज्य क्षेत्रों ने महिलाओं और लड़कियों के लिए 3.27 लाख करोड़ रुपये का आवंटन सूचित किया जो वित्तीय वर्ष 2023-24 में 2.38 लाख करोड़ रुपये के आवंटन से 37.3% अधिक है। कुल केंद्रीय बजट में जेंडर बजट का हिस्सा वित्त वर्ष 2023-24 में 5.3% से बढ़कर 2024-25 में 6.8% हो गया है जो स्थापना के बाद से सबसे अधिक है। यह बढ़ा हुआ आवंटन आर्थिक विकास में महिलाओं की भूमिका बढ़ाने के प्रति भारत सरकार की प्रतिबद्धता दर्शाता है।

(ग) से (छ): कामकाजी माताओं के बच्चों के लिए राजीव गांधी राष्ट्रीय क्रेच योजना (आरजीएनसीएस) राष्ट्रीय क्रेच निधि को कामकाजी/बीमार महिलाओं के बच्चों के क्रेच के लिए स्वैच्छिक संगठनों को सहायता योजना के साथ मिलाकर 1 जनवरी 2006 से एक केंद्रीय क्षेत्र की योजना के रूप में शुरू की गई थी। इस योजना को केंद्रीय समाज कल्याण बोर्ड (सीएसडब्लूबी) और दो स्वैच्छिक संगठनों, अर्थात् भारतीय बाल कल्याण परिषद (आईसीसीडब्लू) और भारतीय आदिम जाति सेवक संघ

(बीएजेएसएस) के माध्यम से राज्यों/संघ राज्य क्षेत्रों में कार्यान्वित किया गया था। इस योजना का वित्तपोषण पैटर्न 90:10 था जिसमें 90 केंद्र और 10 कार्यान्वयन एजेंसी थी जो स्वैच्छिक संगठन थे। राज्य/संघ राज्य क्षेत्र सरकारें इस योजना में हितधारक नहीं थीं, इसलिए इनकी निगरानी और पर्यवेक्षण अपर्याप्त था। तत्पश्चात, 31 दिसंबर 2016 से आरजीएनसीएस को बंद कर दिया गया।

01.01.2017 से 31.03.2022 तक, क्रेच सेवाएं महिला एवं बाल विकास मंत्रालय द्वारा पूर्ववर्ती 'कामकाजी माताओं के बच्चों के लिए राष्ट्रीय क्रेच योजना' (एनसीएस), एक केंद्र प्रायोजित योजना के माध्यम से प्रदान की गईं जिसमें कार्यान्वयन एजेंसियों के रूप में गैर सरकारी संगठनों के माध्यम से स्टैंड-अलोन क्रेच संचालित किए जा रहे थे।

नीति आयोग के मूल्यांकन के अनुसार, जिस पर मिशन शक्ति के लिए व्यय वित्त समिति (ईएफसी) के दौरान वित्त मंत्रालय द्वारा सहमति दी गई थी, यह देखते हुए कि अधिकांश राज्यों ने इस बात पर जोर दिया है कि वे अलग-अलग स्टैंड-अलोन क्रेच के बजाय आंगनवाड़ी-सह-क्रेच (एडब्ल्यूसीसी) चलाना पसंद करते हैं, यह सिफारिश की गई थी कि क्रेच का निकटतम आंगनवाड़ी केंद्रों के साथ विलय कर दिया जाए और एडब्ल्यूसीसी के रूप में चलाया जाए।

तदनुसार, मंत्रालय ने 01 अप्रैल 2022 से मिशन शक्ति के अंतर्गत पालना योजना शुरू की ताकि बच्चों (6 महीने से 6 वर्ष की आयु तक) के लिए सुरक्षित और संरक्षित वातावरण में गुणवत्तापूर्ण क्रेच सुविधा प्रदान की जा सके। पालना की केंद्र प्रायोजित योजना राज्य/संघ राज्य क्षेत्र सरकार की भागीदारी सुनिश्चित करती है ताकि दिन-प्रतिदिन बेहतर निगरानी और योजना का उचित कार्यान्वयन को सुनिश्चित किया जा सके, और इसे केंद्र और राज्य सरकारों और विधानमंडल वाले संघ राज्य क्षेत्रों के बीच 60:40 के वित्तपोषण अनुपात के साथ लागू किया जाता है, सिवाय पूर्वोत्तर और विशेष श्रेणी के राज्यों के, जहां अनुपात 90:10 है। विधानमंडल के बिना संघ राज्य क्षेत्रों के लिए केंद्र सरकार द्वारा 100% वित्तपोषण प्रदान किया जाता है।

पालना डे-केयर क्रेच सुविधाएं प्रदान करके कामकाजी माताओं द्वारा अपने बच्चों को उचित बाल देखभाल और सुरक्षा प्रदान करने में आने वाली समस्याओं का समाधान करता है। क्रेच सेवाएं बाल देखभाल जिम्मेदारियों को औपचारिक बनाती हैं जिन्हें अब तक घरेलू काम का हिस्सा माना जाता था। देखभाल कार्य को औपचारिक बनाना सतत विकास लक्ष्य 8 - सभ्य कार्य और आर्थिक विकास हासिल करने के लिए "सभ्य कार्य अभियान" का समर्थन करता है। इससे अधिक माताएं भी सक्षम होंगी, जो अवैतनिक बाल-देखभाल जिम्मेदारियों से मुक्त होंगी, और लाभकारी रोजगार अपना सकेंगी।

आंगनवाड़ी केंद्र दुनिया के सबसे बड़े बाल देखभाल संस्थान हैं जो बच्चों को आवश्यक देखभाल और सहायता प्रदान करने के लिए समर्पित हैं जिससे अंतिम लाभार्थी तक देखभाल सुविधाएं सुनिश्चित होती हैं। अपनी तरह के पहले दृष्टिकोण में, मंत्रालय ने आंगनवाड़ी-सह-क्रेच (एडब्ल्यूसीसी) के माध्यम से बाल देखभाल सेवाओं का विस्तार किया है। यह पूरे दिन बाल देखभाल सहायता सुनिश्चित करेगा और सुरक्षित और संरक्षित वातावरण में उनका कल्याण सुनिश्चित करेगा। आंगनवाड़ी-सह-क्रेच पहल का उद्देश्य अर्थव्यवस्था में 'महिला कार्यबल भागीदारी' को बढ़ाना है। पालना का उद्देश्य बच्चों (6 महीने से 6 साल की उम्र तक) के लिए सुरक्षित और संरक्षित वातावरण में गुणवत्ता वाले क्रेच की सुविधा, पोषण संबंधी सहायता, बच्चों का स्वास्थ्य और संज्ञानात्मक विकास, विकास की निगरानी और टीकाकरण प्रदान करना है। पालना के तहत क्रेच की सुविधा सभी माताओं को प्रदान की जाती है, चाहे उनकी रोजगार स्थिति कुछ भी हो।

पिछले पांच वर्षों के दौरान पालना (तथा कामकाजी माताओं के बच्चों के लिए पूर्ववर्ती राष्ट्रीय क्रेच योजना) के अंतर्गत आवंटित राशि तथा किए गए व्यय का विवरण इस प्रकार है:

(राशि करोड़ रुपए में)

वित्तीय वर्ष	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
आवंटित की गई राशि	50	15	4.02	35	85	150.11
किया गया व्यय	47.77	11.6	0	4.68	64.15	43.01*

* 19.12.2024 तक

CHILDREN OF PRISONERS**4264. DR. SHASHI THAROOR:**

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

- (a) the number of child care institutions across the States including Special Homes, Observation homes, and Place of safety in compliance with the Juvenile Justice (Care and Protection of Children), Act 2015;
- (b) the details of the sanctioned strength/capacity alongwith the actual strength of the above-mentioned institutions;
- (c) whether the government considers the children of prisoners (CoPs) who are under the age of 18 years, as children in need of care and protection, if so, the details thereof, and, if not, the reasons therefor;
- (d) whether the government has formed any national or model guidelines for the CoPs below the age of 18 year, if so, the details thereof; and
- (e) whether any rehabilitation measures have been taken by the Government to provide education, health and psycho-social support to the CoPs, if so, the details of the rehabilitation/welfare schemes available to the CoPs across the States?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (e): Ministry of Women and Child Development is implementing a Centrally Sponsored Scheme namely 'Mission Vatsalya', through the State/ UT

Governments on pre-defined cost sharing basis between the Central and the State Governments to deliver services for Children in Need of Care and Protection (CNCP) as well as Children in Conflict with Law (CCL). The scheme provides services to the CNCP and CCL category of children for their rehabilitation and social re-integration into the mainstream of the society. These services include both institutional care and non-institutional care services. Further, Mission Vatsalya guidelines provide for establishment of Child Care Institutions (CCIs) with a capacity of 50 children and for North-Eastern States, Himalayan States and Hilly areas in other States, CCIs with a capacity of 25 children or as per the need of the States.

State/UT-wise number of Observation Homes, Special Homes and Places of Safety, along with number of children supported under Mission Vatsalya Scheme (as on 31.03.2024) is given in the enclosed **Statement**.

The Ministry of Women and Child Development administers the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015) which is the primary legislation for ensuring the safety, security, dignity and well-being of children. It defines standards of care and protection to secure the best interest of the child. The Act envisages statutory structures at State and District levels which include State Child Protection Society, Child Welfare Committee, Juvenile Justice Board, District Child Protection Unit and also Child Care Institutions.

Further, the JJ Act, 2015 (as amended in 2021) defines a 'Child in Need of Care and Protection' under Section 2 (14), which is as under :

2(14) 'Child in Need of Care and Protection' means a child —

(i) who is found without any home or settled place of abode and without any ostensible means of subsistence; or

(ii) who is found working in contravention of the provisions of this Act or labour laws for the time being in force or is found begging, or living on the street; or

(iii) who resides with a person (whether a guardian of the child or not) and such person—

(a) has injured, exploited, abused or neglected the child or has violated any other law for the time being in force meant for the protection of child;

or

(b) has threatened to kill, injure, exploit or abuse the child and there is a reasonable likelihood of the threat being carried out; or

(c) has killed, abused, neglected or exploited some other child or children and there is a reasonable likelihood of the child in question being killed, abused, exploited or neglected by that person; or

(iv) who is mentally ill or mentally or physically challenged or suffering from terminal or incurable disease, having no one to support or look after or having parents or guardians unfit to take care, if found so by the Board or the Committee; or

(v) who has a parent or guardian and such parent or guardian is found to be unfit or incapacitated, by the Committee or the Board, to care for and protect the safety and well-being of the child; or

(vi) who does not have parents and no one is willing to take care of and protect or who is abandoned or surrendered;

(vii) who is missing or run away child, or whose parents cannot be found after making reasonable inquiry in such manner as may be prescribed; or

(viii) who has been or is being or is likely to be abused, tortured or exploited for the purpose of sexual abuse or illegal acts; or

(ix) who is found vulnerable and has been or is being or is likely to be inducted into drug abuse or trafficking; or

(x) who is being or is likely to be abused for unconscionable gains; or

(xi) who is victim of or affected by any armed conflict, civil unrest or natural calamity; or

(xii) who is at imminent risk of marriage before attaining the age of marriage and whose parents, family members, guardian and any other persons are likely to be responsible for solemnisation of such marriage;

All children who are CNCP irrespective whether their parent or parents are prisoners, are covered under Mission Vatsalya.

Sections 27-30 of the JJ Act, 2015 empower the Child Welfare Committees to take decisions with regard to the children in need of care and protection, keeping their best interest in mind. The Committees are also mandated to

monitor the functions of the CCIs. Similarly, sections 04-09 of the JJ Act, 2015 empower the Juvenile Justice Boards (JJBs) to take decisions regarding the welfare of children in conflict with law.

Ministry of Home Affairs issued 'Model Prison Manual, 2016' to States/ UTs which, *inter-alia*, provides for taking appropriate steps for welfare of children of women prisoners including their education, health etc.

The Child Care Institutions (CCIs) established under the Juvenile Justice (Care and Protection of Children) Act, 2015 and the Mission Vatsalya scheme support, *inter-alia*, age-appropriate education, access to vocational training, recreation, health care, counselling etc. Support under non-institutional care is provided by way of State sponsorship, foster care, adoption and after care to children in need of care and protection.

STATEMENT

STATE/ UT-WISE NUMBER OF OBSERVATION HOME, SPECIAL HOME AND PLACE OF SAFETY, ALONG WITH THE NUMBER OF CHILDREN SUPPORTED UNDER MISSION VATSALYA SCHEME (AS ON 31.03.2024)

S. No.	State	No. of OH	Beneficiaries of OH	No. of SH	Beneficiaries of SH	No. of OH-cum-SH	Beneficiaries of OH-cum-SH	No. of PoS	Beneficiaries of PoS
1	Andhra Pradesh	9	108	2	8	2	73	0	0
2	Arunachal Pradesh	0	0	0	0	1	5	0	0
3	Assam	5	131	0	0	0	0	1	5
4	Bihar	20	892	1	12	0	0	5	250
5	Chhattisgarh	14	301	7	8	0	0	5	85

6	Goa	2	4	2	0	0	0	0	0
7	Gujarat	6	300	0	0	0	0	0	0
8	Haryana	3	94	1	42	0	0	3	125
9	Himachal Pradesh	0	0	0	0	2	40	0	0
10	Jammu and Kashmir	2	68	0	0	0	0	0	0
11	Jharkhand	13	434	1	11	0	0	1	0
12	Karnataka	17	109	1	23	0	0	1	8
13	Kerala	8	18	2	10	0	0	1	8
14	Madhya Pradesh	18	570	3	90	0	0	0	0
15	Maharashtra	53	1910	0	0	0	0	0	0
16	Manipur	4	36	2	2	1	25	1	1
17	Meghalaya	3	15	2	9	0	0	2	10
18	Mizoram	12	179	2	52	0	0	1	12
19	Nagaland	12	34	2	12	0	0	0	0
20	Orissa	0	0	0	0	7	312	1	50
21	Punjab	4	142	2	8	0	0	0	0
22	Rajasthan	40	695	0	0	0	0	12	99
23	Sikkim	3	39	0	0	0	0	0	0
24	Tamil Nadu	10	202	4	32	0	0	2	41
25	Telangana	3	100	1	45	1	41	0	0
26	Tripura	3	9	1	1	0	0	0	0
27	Uttar Pradesh	28	1379	2	5	0	0	1	28
28	Uttarakhand	10	108	2	15	0	0	2	27
29	West Bengal	14	273	0	0	0	0	0	0
30	Andaman and Nicobar Islands	0	0	0	0	1	1	0	0
31	Chandigarh	0	0	0	0	1	25	0	0
32	Dadra and Nagar Haveli and Daman and Diu	0	0	0	0	0	0	0	0
33	Ladakh	2	10	0	0	0	0	0	0
34	Lakshadweep	0	0	0	0	0	0	0	0
35	Delhi	3	91	1	4	0	0	1	32
36	Puducherry	2	5	1	0	0	0	1	0
	Total	323	8256	42	389	16	522	41	781

(OH-Observation Home; SH-Special Home; PoS-Place of Safety)

PENSION AND JOB OPPORTUNITIES FOR EX-SERVICEMEN**4265. SHRI D. M. KATHIR ANAND:**

Will the Minister of **DEFENCE** be pleased to state:

(a) whether the Government has taken appropriate steps to ensure adequate pension and job opportunities to the Ex-Servicemen in the country particularly in Tamil Nadu;

(b) if so, the details thereof;

(c) the total number of Ex-Servicemen in the country, State/UT-wise;

(d) whether the Government has initiated any special recruitment drive to provide jobs to widows and children of Ex-Servicemen in the country; and

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

**THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE
(SHRI SANJAY SETH):**

(a) and (b): The Government is providing the adequate pension to the Ex-Servicemen under OROP and the revision of the OROP is being carried out every five years. Further, Various Re-settlement/Skill Development Training Courses, Employment and Self-Employment Schemes are being run by the Government to provide job opportunities to the Ex-Servicemen in Government Organizations, Public Sector Undertaking, Corporate Houses, Private Sector, Central Para Military Forces etc based on their requisition for employment of ESM.

(c): The total population of Ex-servicemen in the country; State/UT wise details is enclosed as **Statement**.

(d) and (e): The Government organizes the Job Fairs for Ex-Servicemen across Pan India in collaboration with Confederation of Indian Industry (CII) and Federation of Indian Chambers of Commerce and Industry (FICCI) and with the support of all the three Service Headquarters. It offers a direct interface between the Employer and the prospective candidate that includes on the spot skill test, interview and employment by the Corporate Sector.

Further, there is a reservation of 14.5% vacancies in Group 'C' and 24.5% vacancies in Group 'D' posts for Ex-Servicemen in Central Public Sector Undertakings (CPSUs) and Public Sector Banks. This includes 4.5 % vacancies for Disabled Ex-Servicemen and Dependents of Service personnel killed in action. However, the onus of filling up vacancies lies with recruitment agencies of respective Departments, Banks and PSUs.

STATEMENT

Total population of Ex-servicemen in the country (State/UT wise details)

Census Data of ESMs as on 31.12.2023					
Sl. No.	States/UTs	Army	Navy	Air Force	Total
1.	Andhra Pradesh	63,574	6,665	7,673	77,912
2.	Arunachal Pradesh	980	5	1	986
3.	Assam	38,316	914	2,732	41,962
4.	Bihar	100,849	15,746	16,931	133,526
5.	Chhattisgarh	6,746	334	411	7,491
6.	Goa	1,113	1,030	202	2,345
7.	Gujarat	27,315	1,141	5,019	33,475
8.	Haryana	154,153	9,258	12,226	175,637

9.	Himachal Pradesh	121,637	4,343	2,596	128,576
10.	Jharkhand	25,680	1,666	2,747	30,093
11.	Karnataka	78,579	3,089	12,335	94,003
12.	Kerala	143,296	14,506	23,734	181,536
13.	Madhya Pradesh	53,344	1,566	2,118	57,028
14.	Maharashtra	167,788	15,533	13,166	196,487
15.	Manipur	8,397	150	197	8,744
16.	Meghalaya	2,830	56	86	2,972
17.	Mizoram	5,394	51	61	5,506
18.	Nagaland	3,221	45	24	3,290
19.	Odisha	40,067	4,383	7,887	52,337
20.	Punjab	335,328	9,767	14,369	359,464
21.	Rajasthan	193,825	8,264	7,434	209,523
22.	Sikkim	1,000	63	12	1,075
23.	Tamil Nadu	104,533	4,015	11,975	120,523
24.	Telangana	19,455	1,532	7,213	28,200
25.	Tripura	2,357	43	128	2,528
26.	Uttar Pradesh	349,880	29,534	41,731	421,145
27.	Uttarakhand	132,576	3,470	3,315	139,361
28.	West Bengal	83,542	5,906	14,745	104,193
29.	Andaman and Nicobar (UT)	803	178	100	1,081
30.	Chandigarh	6,189	458	2,513	9,160
31.	Delhi(UT)	46,831	5,748	10,766	63,345
32.	Jammu and Kashmir (UT)	74,940	789	895	76,624
33.	Leh and Ladakh (UT)	6,313	11	30	6,354
34.	Pondicherry (UT)	1,864	134	471	2,469
	Total	2,402,715	150,393	225,843	2,77,8951

प्रयागराज से हल्दिया पोर्ट तक जलमार्ग

4266. श्री लक्ष्मीकान्त पप्पू निषाद :

क्या पत्तन, पोत परिवहन और जलमार्ग मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार का विचार निषाद समुदाय के उन लाखों लोगों को स्थायी नौकरी देने का है जिनकी आजीविका गंगा नदी पर प्रयागराज से हल्दिया पत्तन तक बनाए जा रहे जलमार्गों के कारण खतरे में है;

- (ख) क्या सरकार इस जलमार्ग के निर्माण के कारण अपनी नौकरी गंवा रहे प्रत्येक परिवार के किसी एक सदस्य को स्थायी नौकरी देने पर विचार कर रही है;
- (ग) यदि हां, तो यह कब तक प्रदान किए जाने की संभावना है;
- (घ) इस जलमार्ग के कारण प्रयागराज से हल्दिया, कोलकाता तक प्रभावित होने वाली आबादी का शहर - वार ब्यौरा क्या है;
- (ङ) क्या इस जलमार्ग से प्रभावित हो रहे लोगों की समस्या को सुनने के लिए अब तक कोई कार्यशाला आयोजित की गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (च) सरकार द्वारा इस कार्य के लिए स्वीकृत निधि का ब्यौरा क्या है?

पत्तन, पोत परिवहन और जलमार्ग मंत्री (श्री सर्बानंद सोनोवाल):

(क) से (च): वर्ष 1986 में हल्दिया और प्रयागराज के बीच गंगा- भागीरथी- हुगली नदी प्रणाली (1620 कि.मी.) को राष्ट्रीय जलमार्ग-1 (रा.ज.-1) के रूप में घोषित किया गया था। रा.ज.-1 (हल्दिया से वाराणसी तक 1390 कि.मी. जलखंड) की क्षमता को बढ़ाने के लिए, 3 जनवरी, 2018 को आर्थिक मामले संबंधी मंत्रिमंडल समिति (सीसीईए) द्वारा जलमार्ग विकास परियोजना (जेएमवीपी) को 5369.18 करोड़ रु. की अनुमानित लागत पर अनुमोदित किया गया था। तब से, जेएमवीपी के तहत, भारतीय अंतर्देशीय जलमार्ग प्राधिकरण (आईडब्ल्यूआई), जो पत्तन, पोत परिवहन और जलमार्ग मंत्रालय के अंतर्गत एक स्वायत्त संगठन है, ने इसकी नौगम्यता में सुधार करने के लिए तथा नौचालन सहायताओं और टर्मिनल सुविधाओं जैसी अन्य अवसंरचना के विकास और रख-रखाव के लिए भी जलमार्ग पर विभिन्न विकासात्मक कार्य शुरू किया है। जेएमवीपी के पास 1.3 लाख से अधिक प्रत्यक्ष और अप्रत्यक्ष रोजगार का सृजन करने की क्षमता है। पर्यावरण और सामाजिक प्रभाव मूल्यांकन (ईएसआईए) से संबंधित विस्तृत अध्ययन किया गया है और अध्ययन के अनुसार, परियोजना का किसी भी समुदाय की आजीविका पर कोई महत्वपूर्ण प्रतिकूल प्रभाव नहीं पड़ा है।

आईडब्ल्यूआई द्वारा जलमार्ग विकास परियोजना -II (जेएमवीपी-II) के तहत, क्रॉस फेरी आवाजाही को बढ़ावा देने के लिए, 60 सामुदायिक जेट्टियों का विकास किया गया है। इनमें से 49 सामुदायिक

जेट्टियां पहले से ही पूरी हो चुकी है। ये सामुदायिक जेट्टियां रा.ज.-1 के किनारे रहने वाले छोटे किसानों, मत्स्य इकाइयों, असंगठित कृषि उत्पादन इकाइयों, बागवानों, फूल विक्रेताओं और कारीगरों तथा अन्य हाशिए पर रहने वाले समुदायों के लिए सरल रसद समाधान प्रदान करते हैं। ये जेट्टियां रा.ज.-1 तक पहुंच और इसकी उपयोगिता को, विशेष रूप से ग्रामीण एवं अर्ध-शहरी समुदायों के लिए बढ़ाते हैं। इन जेट्टियों का उद्देश्य लोगों, सामग्रियों और सेवाओं की आवाजाही को पर्यावरण अनुकूल और किफायती तरीके से सुविधाजनक बनाना है। जेएमवीपी के तहत, रा.ज.-1 पर अंतर्देशीय जल परिवहन (आईडब्ल्यूटी) को बढ़ावा देने के लिए हितधारकों को नियुक्त करने, आजीविका संबंधी सहायता एवं संचार के लिए परामर्श सेवाएं शुरू की गई हैं। आईडब्ल्यूटी अवसंरचना के उपयोग के साथ आजीविका संवर्धन तथा एक वैकल्पिक और परिवहन के किफायती साधन के रूप में जलमार्ग का उपयोग करने के संबंध में शिक्षित करने के लिए, रा.ज.-1 के साथ जिला स्तर पर 75 से अधिक सामुदायिक बैठकें आयोजित की गई हैं।

GAP IN DEMAND AND SUPPLY OF ORGANS FOR TRANSPLANTS

4267. SHRI CHAMALA KIRAN KUMAR REDDY:

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

- (a) the steps taken/proposed to be taken by the Government to address the demand-supply gap in organ transplants in the country particularly for critical organs like kidneys and livers and the massive discrepancies in States such as Tamil Nadu, State-wise;
- (b) whether there are plans to incorporate successful strategies from States like Tamil Nadu which have higher organ donation rates into the national organ donation program and if so, the details thereof, State/UT-wise; and

(c) whether the Government is considering an opt-out system in organ donation of the deceased and if so, the associated timeline, anticipated challenges and strategies to address ethical and cultural concerns?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) and (b) It is primarily the responsibility of the States/UTs to address the demand-supply gap in organ transplants.

However, the Government of India has enacted The Transplantation of Human Organs and Tissues Act (THOTA), 1994 (as amended in the year 2011), and notified The Transplantation of Human Organs and Tissues Rules in 2014. The aforementioned Act and Rules have the following provisions to augment organ donations in the country:

- Registration of Retrieval-only Centers;
- Expansion of the definition of near relative to include grandparents and grandchildren;
- Mandatory provision of transplant coordinators in hospitals performing organ transplantation/retrieval;
- Mandatory request for organ donation from potential donors admitted in Intensive Care Units;
- Permitting certification of brain stem death by anesthetists/intensivists if neurosurgeons/neurologists are not available;

- Eye/Cornea retrieval permitted by trained technicians;
- Allowing the exchange of biologically incompatible near-relative donors.

In pursuance of the mandate given to the Central Government under THOTA, a three-tiered structure of networking organizations has been established. This structure includes the National Organ and Tissue Transplant Organization (NOTTO) at the national level, Regional Organ and Tissue Transplant Organizations (ROTTOs) at the regional level, and State Organ and Tissue Transplant Organizations (SOTTOs) at the state level, which provides an efficient and organized system of organ and tissue procurement from deceased donors and their allocation to waiting recipients. So far, NOTTO has been set up at New Delhi, with 5 ROTTOs established in Chandigarh, Mumbai, Chennai, Kolkata, and Guwahati, and 21 SOTTOs in various States/UTs. More than 900 institutions and hospitals performing organ/tissue transplantation, organ retrieval, and tissue banking are linked with this network. NOTTO also maintains a national registry of organ recipients and donors.

NOTTO follows a consultative process involving all States and UTs including states with higher donation rates (such as Telangana, Tamil Nadu, Karnataka, Gujarat, Maharashtra), various organizations, including non-governmental organizations, professional societies, and other stakeholders. The best practices and successful strategies are adopted and included for drafting and issuing policies and guidelines to ensure uniform implementation across the country.

However, it is within the ambit of the States/UTs to adopt and implement the NOTTO policies and guidelines, as available on the NOTTO website.

The Government of India is implementing the National Organ Transplant program (NOTP), which aims to improve access to organ transplantation for needy citizens. Under NOTP, grants are provided to States/UTs for the establishment of ROTTOS/SOTTOS, augmentation of infrastructure in public sector such as Organ Transplant/Retrieval Centers/Tissue Banks, hiring of Transplant Coordinators by Medical Colleges and Trauma Centers, maintenance of deceased donors, organ transport, post-transplant immune-suppressant medicines, awareness initiatives, training and capacity building programs etc. ;

A website (www.notto.mohfw.gov.in) is operational along with a 24x7 call center with a toll free helpline number (1800114770) to provide information, tele-counseling and to help in coordination for organ donation. NOTTO, ROTTOS, SOTTOS and institutions carry out activities across the country for generating awareness, such as celebration of Indian Organ Donation Day annually, seminars, webinars, workshops, debates, sports events, walkathons, marathons, nukkad natak, legal symposium, NOTTO Scientific Dialogue etc. ;

(c) At present, there is no proposal in the Ministry of Health and Family Welfare for the introduction of an opt-out system in organ donation.

राजस्थान में चिकित्सा संस्थान

4268. श्री अमरा राम:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) राजस्थान में कितने चिकित्सा संस्थान हैं;
- (ख) उक्त संस्थानों में कितने पद स्वीकृत हैं और कितने पद रिक्त हैं; और
- (ग) उक्त रिक्त पदों को भरने के लिए सरकार द्वारा कब तक भर्ती करने का विचार है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (ग): हेल्थ डायनेमिक्स ऑफ इंडिया (एचडीआई) (अवसंरचना और मानव संसाधन), 2022-23 राज्यों/संघ राज्य क्षेत्रों द्वारा रिपोर्ट किए गए स्वास्थ्य परिचर्या प्रशासनिक आंकड़ों के आधार पर एक वार्षिक प्रकाशन है। राजस्थान सहित देश में ग्रामीण और शहरी क्षेत्रों में स्वास्थ्य जनशक्ति की स्थिति के साथ स्वास्थ्य संबंधी बुनियादी ढांचे का विवरण एचडीआई 2022-23 के निम्नलिखित लिंक पर देखा जा सकता है:

[https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23 RE%20%281%29.pdf](https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23%20RE%20%281%29.pdf)

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) ग्रामीण क्षेत्रों में विशेष रूप से अल्पसेवित और वंचित समूहों के लिए स्वास्थ्य अवसंरचना में सुधार करने, स्वास्थ्य सुविधा केन्द्रों में पर्याप्त मानव संसाधनों की उपलब्धता और पहुंच में सुधार करने के लिए सहायता प्रदान करता है। एनएचएम के तहत स्वास्थ्य और परिवार कल्याण मंत्रालय कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए राज्यों/संघ राज्य क्षेत्रों को

तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही के रिकॉर्ड (आरओपी) के रूप में प्रस्तावों के लिए अनुमोदन प्रदान करती है। तथापि, जन स्वास्थ्य सुविधा केन्द्रों में मानव संसाधनों को लगाने /उनकी उपलब्धता का प्राथमिक उत्तरदायित्व संबंधित राज्य सरकार का है।

SHORTAGE OF MEDICAL PERSONNEL IN RURAL AREAS

4269. SHRI ABHISHEK BANERJEE:

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

(a) whether any steps are being taken by the Government to address the alarming shortage of medical personnel and infrastructure in rural areas of the country; and

(b) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) and (b) : The details of Medical personnel and infrastructure in country are available in public domain at the following URL:

[https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23 RE%20%281%29.pdf](https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23%20RE%20%281%29.pdf)

The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system including setting up of health facilities and recruitment of medical personnel based on the

proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms and available resources. The details are available in public domain at: <https://nhm.gov.in/index1.php?lang=1andlevel=1andsublinkid=1377andlid=744>

In addition to the National Health Mission, Government of India has allocated the following funds for developing public healthcare infrastructure and services:

- **Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)** envisages increased investments in public health and other health reforms to provide better access to health in rural areas by i) Strengthening of Health and Wellness Centres in villages and cities for early detection of diseases; ii) Addition of new critical care-related beds at district level hospitals; iii) Support for Block Public Health Units (BPHU) in 11 high focus States; and iv) Integrated district public health laboratories in all districts.
- **The Fifteenth Finance Commission (FC-XV)** has recommended grants through local governments for specific components of the health sector and spread over the five-year period from FY 2021-22 to FY 2025-26 to facilitate strengthening of health system at the grass-root level.
- **The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)** aims at correcting regional imbalances in the availability of affordable tertiary

healthcare services and to augment facilities for quality medical education in the country. The Scheme has two components, namely, (i) setting up of all India Institute of Medical Sciences (AIIMS); and (ii) Upgradation of existing Government Medical Collages/ Institution (GMCIs). So far setting up of 22 new AIIMS and 75 projects of upgradation of GMCIs have been approved under the Scheme in various phases. The setting up of AIIMS contains Medical College, Nursing College, Hospital, Trauma Centre, Emergency, Blood Bank, ICU, Diagnostic and Pathology, Research etc. Upgradation of GMCIs under PMSSY broadly involves construction of Super Specialty Block (SSB) and/ or Trauma Centre/ or other facilities and/ or procurement of medical equipment.

- Under Centrally Sponsored Scheme (CSS), **‘Establishment of new medical colleges attached with existing district/referral hospitals’**, with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college.

Under NHM, following types of incentives and honorarium are provided for encouraging doctors to practice in rural and remote areas of the country:

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
- Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians and Anesthetist/ Life Saving Anaesthesia Skills

(LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural and remote area.

- Incentives like special incentives for doctors, incentive for Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (ANC) checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.

IRREGULARITIES IN ELECTION

4270. SHRI ANAND BHADAURIA:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) whether any irregularities are reported in by-elections in various Assembly seats in Uttar Pradesh during November, 2024;
- (b) if so, the details thereof and action taken thereon;

(c) whether Election Commission of India is aware that police personnel forcefully did not allow some voters to reach polling booths and cast their votes during the said Election; and

(d) if so, the details thereof along with the action taken against them for restricting citizens from their constitutional and legal rights?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a): The Election Commission of India (ECI) has informed that scrutiny was conducted by the Returning Officers, as prescribed under guidelines, in presence of observers and no irregularities have been reported.

(b): Does not arise.

(c) and (d): The ECI has informed that certain instances of police officers having altercation with voters on polling day were reported. Action of suspension has been taken against 02 Sub-Inspectors in Kanpur district, 02 Sub-Inspectors in Muzaffarnagar district and 01 Sub-Inspector in Moradabad district.

WORKING CONDITION OF INDIAN WORKERS IN ISRAEL

4271. DR. D. RAVI KUMAR:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state :-

(a) the details of Indian workers who have been sent to Israel to work since October 2023 as part of arrangements between Indian Government and Israeli Government and Companies;

(b) the details of the names of Israeli Companies where Indian workers have been placed alongwith the kind and nature of jobs, location of placements etc. in Israel;

(c) whether all the workers were insured before being sent to work in Israel, if so, the details of insurance coverage and if not, the reasons therefor;

(d) whether the Ministry is in touch with the workers regarding the working conditions, their health and other human rights issues; and (e) if so, the manner in which the Ministry is ensuring the safety and well being of workers as they have been placed in a conflict zone alongwith the concrete steps taken/proposed to be taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (e) Under the bilateral Framework Agreement signed with Israel, 6583 Indian workers have arrived in Israel for work as on 04 December 2024. They have been recruited by Israeli authorities, who then assign selected applicants with 195 Israeli companies to work in Israel. Of these 6583 Indian workers, 2325 are deployed in building formwork, 1906 in iron bending, 1578 in plastering and 774 in ceramic tiling.

As per the Framework Agreement and Implementation Protocols signed with Israel, Indian workers shall enjoy the same treatment with respect to labour rights as Israeli citizens do and shall be provided with proper lodging, medical insurance and relevant social security coverage.

Embassy of India in Israel is in regular contact with Indian workers and organizes frequent consular visits to ensure their safety and well-being. Some workers had reached out with their grievances, for not being placed in the jobs they were assured. These grievances were taken up with relevant authorities in Israel who have resolved the matter.

ESTABLISHMENT OF GRAM NYAYALAYA

4272. SHRI N. K. PREMACHANDRAN:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) whether the Government proposes to establish more Gram Nyayalayas for speedy disposal of the litigations, if so details thereof;
- (b) whether the Government proposes to provide more infrastructure and facilities for the functioning of Gram Nyayalayas, if so the details thereof; and
- (c) whether the Government has received request from the State Government of Kerala and the Registrar General of its High Court to extend the jurisdiction of Gram Nyayalayas and amend the schedule of Gram Nyayalayas, if so the details thereof and response of the Government thereon?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

- (a) and (b): The Gram Nyayalayas Act, 2008 provides for the establishment of Gram Nyayalayas at the grass roots level for the purposes of providing access to

justice to the citizens at their doorsteps and ensure that opportunities for securing justice are not denied to any citizen by reason of social, economic or other disabilities. In terms of Section 3 (1) of the Gram Nyayalayas Act, 2008, for the purpose of exercising the jurisdiction and powers conferred on a Gram Nyayalaya by this Act, the State Government, after consultation with the High Court, may, by notification, establish one or more Gram Nyayalayas for every Panchayat at intermediate level or a group of contiguous Panchayats at intermediate level in a district or where there is no Panchayat at intermediate level in any State, for a group of contiguous Gram Panchayats. The Act therefore, does not make it mandatory for the States to establish Gram Nyayalayas. It is for the States and the respective High Courts to decide about establishing more Gram Nyayalayas, as per their need in accordance to the extant provision of the Gram Nyayalayas Act, 2008.

As per the extant guidelines, the Central Government provides one-time assistance to States towards non-recurring expenses for setting up of Gram Nyayalayas, subject to a ceiling of Rs. 18 lakhs per Gram Nyayalaya. The Central Government also provides assistance towards recurring expenses for operating these Gram Nyayalayas, subject to a ceiling of Rs. 3.20 lakhs per Gram Nyayalaya per year for the first three years. As on date, 15 States have implemented Gram Nyayalayas Scheme by notifying 488 Gram Nyayalayas, out of which 313 are functional in 11 States since the inception of the Scheme.

(c): The High Court of Kerala has made certain suggestions for extending the jurisdiction of the Gram Nyayalayas and amending the relevant Schedule of the said Act. A decision is yet to be taken on these suggestions.

महिलाओं और बच्चों के प्रति अत्याचार के निवारण हेतु एफटीएससी

4273. श्रीमती प्रतिभा सुरेश धानोरकर :

क्या विधि और न्याय मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार महिलाओं और बच्चों के प्रति अत्याचार के मामलों के लिए सरकार द्वारा 2019 में शुरू किए गए फास्ट ट्रैक स्पेशल कोर्ट्स (एफटीएससी) की संख्या में वृद्धि करने पर विचार कर रही है;

(ख) यदि नहीं, तो महिलाओं और बच्चों के प्रति अत्याचार के मामलों के शीघ्र निपटान हेतु सरकार द्वारा बनाई गई योजना का ब्यौरा क्या है ;

(ग) क्या वर्ष 2019 में एफटीएससी योजना शुरू होने के बाद भी अनेक मामले अभी भी लंबित हैं ; और

(घ) एफटीएससी द्वारा ट्रायल पूरा करने की समय-सीमा क्या है ?

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री (श्री अर्जुन राम मेघवाल):

(क) और (ख) : दण्ड विधि (संशोधन) अधिनियम, 2018 के अधिनियमन और माननीय उच्चतम न्यायालय के आदेश [स्वतः प्रेरणा रिट (दाण्डिक) संख्या 1/2019] के अनुसरण में बलात्संग और पोक्सो अधिनियम के मामलों के त्वरित विचारण और निपटान के लिए त्वरित निपटान विशेष न्यायालयों (एफटीएससी) सहित अनन्य रूप से पोक्सो न्यायालयों की स्थापना के लिए एक केंद्रीय प्रायोजित स्कीम शुरू की गई थी। संघ मंत्रिमंडल का अनुमोदन प्राप्त करने के पश्चात, स्कीम को दो

बार बढ़ाया जा चुका है, जिसमें नवीनतम विस्तार 31 मार्च 2026 तक है, जिसका लक्ष्य 790 न्यायालयों की स्थापना करना है। उच्च न्यायालयों से प्राप्त इनपुट के अनुसार, 31.10.2024 तक 30 राज्यों/ संघ राज्यक्षेत्रों में 750 त्वरित निपटान विशेष न्यायालयों सहित 408 अनन्य रूप से पोक्सो न्यायालय कार्यशील हैं। इन न्यायालयों ने 31.10.2024 तक 2,87,000 से अधिक मामलों का निपटान किया है। केंद्रीय सरकार 790 त्वरित निपटान विशेष न्यायालय स्थापित करने के लक्ष्य को प्राप्त करने के लिए नियमित समीक्षा बैठकों और पत्राचार के माध्यम से राज्य सरकारों और संबंधित उच्च न्यायालयों के साथ समन्वय कर रही है।

(ग) : लंबित मामलों का निपटान अनन्य रूप से न्यायपालिका के अधिकार क्षेत्र में है, जिसमें सरकार की कोई प्रत्यक्ष भूमिका नहीं है। न्यायालयों में मामलों के निपटारे में देरी के कई कारण हैं, जिनमें अन्य बातों के साथ-साथ भौतिक बुनियादी ढांचे की उपलब्धता, शामिल तथ्यों की जटिलता, साक्ष्य की प्रकृति, पणधारियों जैसे बार, अन्वेषण अभिकरणों, गवाहों और वादियों का सहयोग और नियमों और प्रक्रियाओं का उचित अनुप्रयोग शामिल हैं। मामलों के निपटारे में देरी के अन्य कारकों में बार-बार स्थगन और मामलों की निगरानी, ट्रैकिंग और सुनवाई के लिए इकट्ठे मामलों की पर्याप्त व्यवस्था का अभाव शामिल है। इसके अलावा, दाण्डिक न्याय प्रणाली विभिन्न अभिकरणों जैसे पुलिस, अभियोजन, न्यायलयिक प्रयोगशाला, हस्तलेखन विशेषज्ञों और चिकित्सा- विधिक विशेषज्ञों की सहायता से कार्य करती है।

उच्च न्यायालयों से प्राप्त जानकारी के अनुसार, स्कीम की शुरुआत से अब तक 2,87,000 से अधिक मामलों के निपटान के बावजूद, त्वरित निपटान विशेष न्यायालयों सहित अनन्य रूप से पोक्सो न्यायालयों में कुल मिलाकर 2,03,786 मामले लंबित हैं। त्वरित निपटान विशेष न्यायालयों सहित अनन्य रूप से पोक्सो न्यायालयों में लंबित मामलों का राज्य/संघ राज्यक्षेत्र - वार ब्योरा संलग्न **विवरण** में दिया गया है।

(घ) : भारतीय नागरिक सुरक्षा संहिता, 2023, बलात्संग के मामलों की सुनवाई के लिए एक विहित समयसीमा स्थापित करती है। धारा 346(1) के परंतुक के अनुसार, बलात्संग से संबंधित विचारण

को आरोपपत्र दाखिल करने की तारीख से दो मास की अवधि के भीतर समाप्त किया जाना चाहिए। इसके अलावा, लैंगिक अपराधों से बालकों का संरक्षण (पोक्सो) अधिनियम, 2012 की धारा 35 अपेक्षा करती है कि अपराध का संज्ञान लेने की तारीख से एक वर्ष के भीतर इसके परिधि के अधीन विचारण पूरा किया जाना चाहिए।

विवरण

त्वरित निपटान निपटान विशेष न्यायालयों सहित अनन्य रूप से पोक्सो न्यायालयों में लंबन का राज्य/संघ राज्यक्षेत्र - वार ब्योरा (31.10.2024 तक)

क्रम सं.	राज्य/संघ राज्यक्षेत्र	लंबित मामलों की संख्या				संचयी लंबन
		संयुक्त एफटीएससी			अनन्य रूप से पोक्सो	
		बलात्संग	पोक्सो	कुल		
1	आंध्र प्रदेश	0	0	0	6594	6594
2	असम	0	0	0	6030	6030
3	बिहार	0	0	0	19172	19172
4	चंडीगढ़	67	161	228	0	228
5	छत्तीसगढ़	101	224	325	1626	1951
6	दिल्ली	1060	0	1060	2626	3686
7	गोवा	87	59	146	0	146
8	गुजरात	912	662	1574	4375	5949
9	हरियाणा	385	961	1346	3147	4493
10	हिमाचल प्रदेश	95	244	339	290	629
11	जम्मू-कश्मीर	179	0	179	312	491
12	झारखंड	641	555	1196	3099	4295
13	कर्नाटक	211	1726	1937	3651	5588
14	केरल	1097	3822	4919	1716	6635
15	मध्य प्रदेश	2527	327	2854	7212	10066
16	महाराष्ट्र	62	788	850	901	1751
17	मणिपुर	2	67	69	0	69
18	मेघालय	0	0	0	1046	1046
19	मिजोरम	4	39	43	34	77
20	नागालैंड	4	44	48	0	48
21	ओडिशा	1052	2572	3624	6199	9823
22	पुडुचेरी	0	0	0	209	209
23	पंजाब	356	705	1061	567	1628
24	राजस्थान	201	921	1122	4612	5734
25	तमिलनाडु	0	0	0	4400	4400

26	तेलंगाना	216	8308	8524	0	8524
27	त्रिपुरा	102	29	131	87	218
	उत्तराखंड	341	648	989	0	989
29	उत्तर प्रदेश	7285	22813	30098	59174	89272
30	पश्चिमी बंगाल	0	0	0	4045	4045
	कुल	16987	45675	62662	141124	203786

टिप्पण : स्कीम की शुरुआत में, देश भर में एफटीएससी का आबंटन प्रति अदालत 65 से 165 लंबित मामलों के मानदंड पर आधारित था, जिसका अर्थ है कि प्रत्येक 65 से 165 लंबित मामलों के लिए एक एफटीएससी स्थापित किया जाएगा। इसके आधार पर, केवल 31 राज्य/ संघ राज्यक्षेत्र ही स्कीम में शामिल होने के पात्र थे।

* पुडुचेरी ने विशेष रूप से स्कीम में शामिल होने का अनुरोध किया और तब से मई 2023 में एक अनन्य रूप से पोक्सो न्यायालय का प्रचालन किया है।

** अंदमान और निकोबार द्वीप समूह ने स्कीम में शामिल होने के लिए सहमति व्यक्त की है, लेकिन अभी तक कोई भी न्यायालय प्रचालित नहीं हुआ है।

*** अरुणाचल प्रदेश ने बलात्संग और यौन शोषण के लंबित मामलों की बहुत कम संख्या का हवाला देते हुए स्कीम से बाहर रहने का विकल्प चुना है।

DISINVESTMENT OF FERTILIZER PSUS

4274. SHRI HIBI EDEN:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- whether the Government is considering reviving the plan for phased divestment of Public Sector Undertakings (PSUs) in the fertilizer sector from FY26, and if so, the details and timeline fixed in this regard;
- the criteria fixed and the factors that are likely to be considered for selecting fertilizer PSUs for divestment, and the expected outcomes in terms of operational efficiency and financial performance;
- whether the Government has consulted stakeholders, including PSU employees and farmer organisations, regarding the proposed divestment of fertilizer PSUs, and if so, the feedback received and the manner it is likely to be incorporated in the decision-making; and

- (d) the estimated revenue that the Government expects to generate from the phased divestment of fertilizer PSUs and the manner in which it intends to utilise these funds?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): No.

(b) to (d): Does not arise.

SEPARATE LAVATORY FOR GIRLS

4275. SHRIMATI JYOTSNA CHARANDAS MAHANT:

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

- (a) the total number and percentage of Government and government-aided schools having functional separate toilets for girls in the country, State/UT-wise;
- (b) the percentage of adolescent girls in classes 6 to 12 who have access to free sanitary pads in Government and Government aided schools in the country, State/UT-wise;
- (c) the total budget allocated for the National Policy on Menstrual Hygiene in the current financial year and the details of the distribution of these funds, State/UT-wise; and

(d) the timeline, fixed for the comprehensive rollout of the action plans developed in coordination with States and UTs for effective implementation of the National Policy on Menstrual Hygiene in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) Total number and percentage of Government and government-aided schools having functional separate toilets for girls in the country, State/UT-wise is given in the enclosed **Statement**.

(b) to (d) The Government implements the Scheme for Promotion of Menstrual Hygiene among Adolescent Girls in the age group of 10-19 years. The objectives of the scheme are to increase awareness among adolescent girls on menstrual hygiene, to increase access to sanitary napkins by adolescent girls and to promote safe disposal of sanitary napkins in an environmentally friendly manner. The Menstrual Hygiene Scheme is supported by the National Health Mission through State Programme Implementation Plan (PIP) route, based on the proposals received from the States/UTs. The total budget allocated for the Menstrual Hygiene Scheme in FY 2024-25 is Rs 330.39 Crores.

The Menstrual Hygiene Policy for School Going girls mainstreams menstrual hygiene within the school system of the Government to bolster change in knowledge, attitudes, and behaviours, among schoolgirls, overcoming the barriers of low awareness that often restrict their freedom, mobility and participation in daily activities.

The policy is applicable to the entire country and is synchronised with the existing programmes of the line Ministries /Departments of Central and State Governments.

STATEMENT

Number of schools by availability of infrastructure and facilities; State/UT-wise			
State/UT	Total No. of Schools*	Girls Toilet	Functional Girls Toilet
Andaman and Nicobar Islands	42	42	42
Andhra Pradesh	6076	6011	5990
Arunachal Pradesh	135	133	125
Assam	4035	3787	3557
Bihar	7741	7678	7636
Chandigarh	53	53	53
Chhattisgarh	4705	4696	4668
DD and DNH	53	52	52
Delhi	567	567	567
Goa	328	328	328
Gujarat	6544	6502	6495
Haryana	1089	1081	1077
Himachal Pradesh	961	956	954
Jammu and Kashmir	1003	984	970
Jharkhand	1117	1108	1102
Karnataka	10048	9995	9947
Kerala	1454	1453	1453
Ladakh	58	58	57
Lakshadweep	9	9	9
Madhya Pradesh	6207	6153	6101
Maharashtra	10055	10027	9972
Manipur	157	149	139
Meghalaya	799	731	700
Mizoram	490	470	454
Nagaland	123	108	91
Odisha	6391	6133	5898

Puducherry	53	53	53
Punjab	2033	2030	2025
Rajasthan	11551	11512	11344
Sikkim	98	97	97
Tamil Nadu	3930	3919	3918
Telangana	5785	5528	5147
Tripura	374	365	347
Uttar Pradesh	3316	3253	3198
Uttarakhand	1155	1102	1056
West Bengal	2753	2751	2751

Source: UDISE 2021-22

**Includes Higher Secondary Schools, Secondary Schools*

SANITARY PRODUCTS FOR TRIBAL WOMEN

4276. DR. KADIYAM KAVYA:

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

(a) whether any schemes have been formulated by the Government to distribute sanitary products to tribal women who are living in hilly regions and forests which are not accessible by motorable roads in the country and if so, the details thereof; and

(b) the steps taken by the Government to create awareness about sanitation and menstrual hygiene in remote tribal dominated areas of the country, State/UT-wise including Telangana?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) and (b) The Scheme for Promotion of Menstrual Hygiene among adolescent girls in the age group of 10-19 years is implemented to increase awareness among adolescent girls on menstrual hygiene, access to and use of sanitary napkins by adolescent girls and safe disposal of sanitary napkins in an environmentally friendly manner. The Scheme is implemented across the entire country to cover adolescent girls. It is supported by the National Health Mission through State Programme Implementation Plan (PIP) route, based on the proposals received from the States/UTs.

Information Education and Communication material developed by the Ministry of Health and Family Welfare creates awareness on healthy practices during menstruation. Field level workers as ANMs, CHOs and ASHAs promote awareness on menstrual hygiene management.

NEW AWCS AND ANGANWADI-CUM-CRECHE CENTRES

4277. SHRI K. RADHAKRISHNAN:

DR. HEMANT VISHNU SAVARA:

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

- (a) the details of new AWCs opened during last three years, State-wise; and
- (b) the details of operational Anganwadi-cum-Creche Centres in
Maharashtra and Palghar district?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) and (b): Under PM JANMAN for the targeted development of 75 Particularly Vulnerable Tribal Groups (PVTGs), out of the total 2500 Anganwadi Centres to be constructed in three Financial Years (FYs) upto 2025-26, a total of 2139 Anganwadi centres have been sanctioned/approved by this Ministry out of which 786 have been actually operationalized. The State wise details are given in the enclosed **Statement**.

In addition to above, under Mission Saksham Anganwadi and Poshan 2.0 in the last three years, 266 new anganwadi centres has been sanctioned for the State of Meghalaya.

The State Government of Maharashtra have sent proposals for establishment of 345 Anganwadi-cum-Creche Centres (AWCCs), all of which have been approved.

STATEMENT

State wise details of operational Anganwadi centres

S.No	State	Total no. of AWCs sanctioned under PM-JANMAN	Total operational AWCs under PM-JANMAN (including both newly sanctioned and already existing)
1	Gujarat	67	67
2	Bihar	49	49
3	Rajasthan	51	12
4	Tamil Nadu	34	26
5	Karnataka	22	20
6	Manipur	42	13
7	Tripura	141	88
8	Madhya Pradesh	572	217
9	Odisha	90	58
10	Maharashtra	145	70

11	Chhattisgarh	174	30
12	Jharkhand	386	111
13	Telangana	85	4
14	Andhra Pradesh	266	7
15	Kerala	7	7
16	Uttar Pradesh	1	1
17	Uttarakhand	7	6
	TOTAL	2139	786

नोटरी प्रमाण-पत्र

4278. श्रीमती गनीबेन नागाजी ठाकोर :

क्या **विधि और न्याय** मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या गत वर्ष नोटरी परीक्षा के परिणाम की घोषणा के बावजूद सरकार द्वारा आज तक प्रमाण-पत्र जारी नहीं किए गए हैं ;

(ख) यदि हां, तो उक्त प्रमाण-पत्र कब तक जारी किए जाने की संभावना है ; और

(ग) उक्त प्रमाण-पत्रों को शीघ्रातिशीघ्र जारी करना सुनिश्चित करने के लिए सरकार द्वारा क्या व्यवस्था की जा रही है ?

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री (श्री अर्जुन राम मेघवाल):

(क) से (ग) : केंद्रीय सरकार ने इस वर्ष 2024 में 18 राज्यों और संघ राज्यक्षेत्रों में 40,435 विधिक व्यवसायियों को अनंतिम रूप से नोटरी के रूप में नियुक्त करने का विनिश्चय किया है। व्यवसाय प्रमाण-पत्र अति शीघ्र जारी करने के लिए सरकार ने एक वेब पोर्टल अर्थात् नोटरी पोर्टल आरंभ किया है। केन्द्रीय सरकार द्वारा वर्ष 2024 में, नोटरियों के रूप में नियुक्ति के लिए चयनित विभिन्न राज्यों

के अभ्यर्थियों को, नोटरी पोर्टल के माध्यम से 16.12.2024 तक, 5554 डिजिटली रूप से हस्ताक्षरित प्रमाण पत्र जारी किए गए हैं।

CENTRALISED SOFTWARE SYSTEM FOR MBBS ADMISSIONS

4279. SHRI SELVARAJ V.:

SHRI SUBBARAYAN K.:

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

- (a) whether it is a fact that the National Medical Commission (NMC) has plans to introduce a centralised software system for MBBS admissions in the next academic session;
- (b) if so, the details thereof;
- (c) whether the NMC has been holding talks with various State counselling authorities for the implementation of the new centralised system; and
- (d) if so, the details thereof alongwith the response of the States in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (d): As per information provided by the National Medical Commission (NMC), there is no such proposal under consideration for introducing a centralised software system for MBBS admissions.

SUPPLY OF UREA AND DAP IN A & N ISLANDS**4280. SHRI BISHNU PADA RAY:**

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) the details of individuals in A and N Administration responsible for ban on import of neem coated urea and DAP along with a copy of the orders or policy decision in this regard;
- (b) whether any alternate mechanism was introduced to ensure that production of crop does not fall drastically, if so, the details thereof;
- (c) the steps that have been taken to prevent black market sale of fertilizers at exorbitant prices to farmers; and
- (d) the steps taken/proposed to be taken by the Union Government to fix responsibility on those who brought the situation to this impasse in the island territory?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

- (a): Andaman and Nicobar Administration has informed that vide Notification No. DA/PKVY/18-1/LAC/2020-21/167 dated 21/01/2021, a uniform ban has been imposed on the sale/use/entry/storage of all agro-chemicals for agricultural practices in Car Nicobar and Nancowrie group of islands (Kamorta, Katchal, Teressa, Nancowrie and Chowra) with a broad vision to declare the above islands as agro chemical free zone in order to ensure organic agricultural

practices in Car Nicobar and Nancowrie group of Islands. The copy of notification is enclosed as **Statement**.

(b): As a substitute of chemical fertilizers or pesticides, the Andaman and Nicobar Administration has procured Bio-pesticides, Bio-fertilizer, seeds and other agricultural inputs. During the current Financial Year, 903 kgs of bio-fertilizers, 1619 kgs Bio-Pesticide and 65 MT of Rock Phosphate has been procured and allotted for sale to the farmers. Further, for promotion of organic farming, from 2015-16 to 2024-25, 135 training programmes, 485 demonstrations and 1936 campaigns for promotion of organic farming have been conducted through extension functionaries.

(c) and (d): The Andaman and Nicobar Administration has informed that no complaint of black marketing has been reported in the islands. Further, the State Governments/UT administrations are empowered to take action against persons involve in violation of any of the provision of Fertiliser Control Order, 1985.

STATEMENT

अण्डमान तथा
Andaman And



निकोबार राजपत्र
Nicobar Gazette

असाधारण

EXTRAORDINARY

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No. 13, Port Blair, Thursday, January 21, 2021

ANDAMAN AND NICOBAR ADMINISTRATION
DIRECTORATE OF AGRICULTURE
PORT BLAIR

NOTIFICATION

Port Blair, dated the 21st January, 2021.

No. 13/2021/F. No. DA/PKVY/18-1/LAC/2020-21/167.— The Hon'ble Lt. Governor, Union Territory of Andaman and Nicobar Islands is pleased to impose a uniform ban on sale / use / entry / storage of all agro-chemicals for Agricultural Practices in Car Nicobar and Nancowrie group of Islands (Kamorta, Katchal, Teressa, Nancowrie & Chowra) with immediate effect with a broad vision to declare the above Islands as agro-chemical free zone in order to ensure that Agricultural Practices of Car Nicobar and Nancowrie group of Islands are organic. All the stakeholders, farmers and agriculture units should use only organic inputs which includes on-farm / off-farm organic inputs for agricultural practices in the above Islands.

This issue with the approval of Hon'ble Lt. Governor, Union Territory of Andaman and Nicobar Islands vides Sl. No. 04 dated 13/01/2021.

Sd./-
Director of Agriculture
A & N Administration

विधवा पुनर्विवाह के लाभार्थी

4281. श्रीमती शोभनाबेन महेन्द्रसिंह बारैया:

क्या महिला और बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

- (क) विधवा पुनर्विवाह सहायता योजना की मुख्य विशेषताओं का ब्यौरा क्या है;
- (ख) इस योजना के अंतर्गत अब तक कितने लाभार्थियों को वित्तीय सहायता प्राप्त हुई है;
- (ग) क्या सरकार द्वारा ग्रामीण क्षेत्रों में पुनर्विवाह हेतु सामाजिक जागरूकता पैदा करने और पुनर्विवाह को बढ़ावा देने के लिए कोई विशेष अभियान चलाया जा रहा है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या सरकार का पुनर्विवाह के बाद लाभार्थियों को रोजगार हेतु प्रशिक्षण प्रदान करने और सशक्तिकरण के अन्य उपाय करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ङ) क्या सरकार की वर्ष 2025 तक इस योजना का विस्तार करके इसे 5 लाख लाभार्थियों तक पहुंचाने की कोई विशेष योजना है;
- (च) क्या सरकार द्वारा इस योजना के अंतर्गत पुनर्विवाह करने वाले जोड़ों के बच्चों को शिक्षा और स्वास्थ्य सुविधाएं प्रदान करने के लिए कोई उपाय किए गए हैं; और
- (छ) क्या सरकार का इसके प्रभावी कार्यान्वयन के लिए गैर-सरकारी संगठनों और सामुदायिक समूहों के साथ कोई भागीदारी कार्यक्रम आरंभ करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) से (छ): विभिन्न राज्य सरकारों के पास विधवा पुनर्विवाह की योजनाएं हैं। लेकिन केन्द्र सरकार के स्तर पर ऐसी कोई योजना नहीं है।

तथापि, विधवाओं सहित महिलाओं के सामाजिक एवं आर्थिक सशक्तीकरण के लिए भारत सरकार के विभिन्न मंत्रालयों/विभागों द्वारा देश भर में अनेक योजनाएं कार्यान्वित की जा रही हैं। इस संबंध में कुछ प्रमुख योजनाएं/कार्यक्रम निम्नानुसार हैं –

(i) महिला एवं बाल विकास मंत्रालय वित्तीय वर्ष 2022-23 से प्रभावी 15वें वित्त आयोग की अवधि के दौरान महिलाओं की सुरक्षा, संरक्षा और सशक्तीकरण के लिए मिशन शक्ति नामक केन्द्रीय प्रायोजित योजनाओं का कार्यान्वयन कर रहा है। मिशन शक्ति के अंतर्गत शक्ति सदन घटक निराश्रित महिलाओं और कठिन परिस्थितियों में रह रही महिलाओं को आश्रय, भोजन, व्यावसायिक प्रशिक्षण सहित आवश्यक सहायता प्रदान करता है। इसके अलावा, मिशन शक्ति का सखी निवास घटक कामकाजी महिलाओं एवं रोजगार और उद्यमिता के लिए उच्च शिक्षा या प्रशिक्षण प्राप्त करने वाली महिलाओं के लिए किफायती तथा सुरक्षित आवास प्रदान करता है।

(ii) बीमा कवरेज और पेंशन के माध्यम से सामाजिक सुरक्षा प्रदान करने के लिए **राष्ट्रीय सामाजिक सहायता कार्यक्रम (एनएसएपी)**, **अटल पेंशन योजना (एपीवाई)**, **प्रधान मंत्री सुरक्षा बीमा योजना (पीएमएसबीवाई)** और **प्रधान मंत्री जीवन ज्योति बीमा योजना (पीएमजेबीवाई)** कार्यान्वित की गई हैं।

(iii) विशेष रूप से ग्रामीण क्षेत्रों में महिलाओं के लिए कठिन परिश्रम को कम करने एवं जीवन की सुगमता को बढ़ाने के लिए, स्वच्छ भारत मिशन के अंतर्गत **11.6 करोड़ से अधिक शौचालयों** का निर्माण किया गया है, **10.3 करोड़ परिवारों** को उज्ज्वला योजना के माध्यम से **खाना पकाने का स्वच्छ ईंधन** और जल जीवन मिशन के माध्यम से **लगभग 15 करोड़ घरों में स्वच्छ और पीने योग्य पानी के कनेक्शन** उपलब्ध कराए गए हैं।

(iv) प्रधानमंत्री आवास योजना ग्रामीण (पीएमएवाई-जी) और प्रधानमंत्री आवास योजना शहरी (पीएमएवाई-यू) का उद्देश्य ग्रामीण क्षेत्रों में सभी बेघर परिवारों और कच्चे एवं जीर्ण-शीर्ण मकानों में रहने वाले परिवारों को बुनियादी सुविधाओं के साथ पक्का मकान उपलब्ध कराने तथा शहरी क्षेत्रों में स्लम निवासियों सहित आर्थिक रूप से कमजोर वर्गों (ईडब्ल्यूएस) की आवास आवश्यकता को पूरा करने के माध्यम से सभी के लिए आवास उपलब्ध कराना है।

(v) **आयुष्मान भारत** के अंतर्गत सरकार 55 करोड़ से अधिक नागरिकों को 1200 से अधिक चिकित्सा पैकेजों के माध्यम से निःशुल्क उपचार प्रदान कर रही है। इनमें से, 141 से अधिक चिकित्सा पैकेज विशेष रूप से महिलाओं की चिकित्सा आवश्यकताओं को पूरा करने के लिए डिज़ाइन किए गए हैं। इस योजना के तहत सात प्रकार की जांच (टीबी, उच्च रक्तचाप, मधुमेह, मुंह का कैंसर, स्तन कैंसर, गर्भाशय ग्रीवा का कैंसर और मोतियाबिंद) की सुविधा प्रदान की जाती है, जिससे करोड़ों महिलाएं लाभान्वित हुई हैं। शहरी और ग्रामीण दोनों क्षेत्रों में 150,000 से ज़्यादा स्वास्थ्य और कल्याण केंद्र (एबी-एचडब्ल्यूसी) हैं, जिन्हें आयुष्मान आरोग्य मंदिर भी कहा जाता है, जो स्वास्थ्य सेवा को समुदाय तक पहुंचाते हैं। **आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी- पीएमजेएवाई)** दुनिया की सबसे बड़ी सार्वजनिक वित्तपोषित स्वास्थ्य आश्वासन योजना है, जिसमें गरीब और वंचित महिलाओं पर विशेष ध्यान दिया जाता है।

(vi) देश भर में 13,000 से ज़्यादा **प्रधानमंत्री भारतीय जनऔषधि केंद्र (पीएमबीजेके)** कार्य कर रहे हैं। पीएमबीजेके में महिला के लिए महिला विशिष्ट लगभग 40 से विशेष वस्तुओं सहित किफ़ायती दवाइयाँ और चिकित्सा उपकरण उपलब्ध कराने के अलावा, 1 रुपये प्रति पैड की बेहद किफ़ायती कीमत पर 'सुविधा सैनिटरी नैपकिन' नाम से सैनिटरी नैपकिन बेचने का भी प्रावधान है।

(vii) **प्रधानमंत्री कौशल विकास योजना (पीएमकेवीवाई)** और **प्रधानमंत्री इंटरनशिप योजना** के तहत महिलाओं को कौशल विकास एवं व्यावसायिक प्रशिक्षण प्रदान किया जाता है।

(viii) महिलाएं **प्रधानमंत्री जन धन योजना (पीएम-जेडीवाई)** के अंतर्गत भी सबसे बड़ी लाभार्थी हैं, जो विश्व की सबसे बड़ी वित्तीय समावेशन पहलों में से एक है, जो विभिन्न कल्याण योजनाओं, ऋण और बीमा सेवाओं के अंतर्गत प्रत्यक्ष लाभ तक पहुंच भी प्रदान करती है।

(ix) स्टैंड अप इंडिया, मुद्रा योजना, स्टार्ट-अप इंडिया, प्रधानमंत्री स्ट्रीट वेंडर्स आत्मनिर्भर निधि (पीएम स्वनिधि), महात्मा गांधी राष्ट्रीय ग्रामीण रोजगार गारंटी योजना (एमजीएनआरईजीएस), सूक्ष्म एवं लघु उद्यमों के लिए क्रेडिट गारंटी फंड योजना (सीजीएमएसई) जैसी योजनाएं रोजगार/स्वरोजगार एवं ऋण सुविधाएं प्रदान करती हैं। इन योजनाओं के तहत लाभार्थियों में से अधिकांश महिलाएं हैं।

डीएपी और एनपीके उर्वरकों का वितरण

4282. श्रीमती रुचि वीरा:

क्या रसायन और उर्वरक मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार देश में डीएपी और एनपीके उर्वरकों के वितरण में किसानों के समक्ष आ रही समस्याओं से अवगत है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) सरकार द्वारा किसानों को उर्वरकों की आसानी से उपलब्धता सुनिश्चित करने के लिए क्या कदम उठाए गए हैं/उठाए जा रहे हैं; और
- (घ) सरकार द्वारा मुरादाबाद लोक सभा निर्वाचन क्षेत्र के अंतर्गत मुरादाबाद और बिजनौर जिलों में डीएपी और एनपीके उर्वरकों के वितरण के लिए कितने केन्द्र बनाए गए हैं और किन स्थानों का चयन किया गया है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

- (क) और (ख): चालू रबी मौसम 2024-25 (01.10.2024 से 16.12.2024 तक) के दौरान देश में डीएपी और एनपीकेएस की आवश्यकता, उपलब्धता, बिक्री और अंतिम स्टॉक निम्नानुसार है:

<मात्रा एलएमटी में>

क्र.सं	उत्पाद समूह	मौसम संबंधी आवश्यकता	16.12.2024 तक यथानुपातिक आवश्यकता	16.12.2024 तक उपलब्धता	16.12.2024 तक डीबीटी बिक्री	16.12.2024 तक अंतिम स्टॉक
1	डीएपी	52.05	38.53	43.83	34.32	9.51
2	एनपीकेएस	77.10	44.15	63.60	40.43	23.17

(ग): देश में उर्वरकों की समय पर और पर्याप्त आपूर्ति सुनिश्चित करने के लिए सरकार द्वारा प्रत्येक मौसम में निम्नलिखित उपाए किए जाते हैं:

- प्रत्येक फसल मौसम के प्रारंभ होने से पहले, कृषि एवं किसान कल्याण विभाग (डीएएण्डएफडब्ल्यू), सभी राज्य सरकारों के परामर्श से उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है।
- अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को उर्वरकों की यथेष्ट/पर्याप्त मात्रा का आवंटन करता है और उपलब्धता की लगातार निगरानी करता है।
- देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक निगरानी प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब आधारित निगरानी प्रणाली द्वारा की जाती है;
- कृषि एवं किसान कल्याण विभाग (डीएएण्डएफडब्ल्यू) और उर्वरक विभाग द्वारा संयुक्त रूप से राज्य कृषि अधिकारियों के साथ नियमित रूप से साप्ताहिक वीडियो कांफ्रेंस की जाती है और राज्य सरकारों द्वारा दी गई सूचना के अनुसार उर्वरकों के प्रेषण हेतु सुधारात्मक कार्रवाई की जाती है।
- उर्वरकों की मांग (आवश्यकता) तथा उत्पादन के बीच के अंतर को आयात के माध्यम से पूरा किया जाता है। समय पर उपलब्धता सुनिश्चित करने हेतु मौसम में किए जाने वाले आयात को भी पहले से ही सुनिश्चित किया जाता है।

(घ): उत्तर प्रदेश राज्य सरकार से प्राप्त सूचना के अनुसार, सहकारी समितियों के 126 उर्वरक बिक्री केन्द्र, गन्ना समितियों के 52 उर्वरक बिक्री केन्द्र और अन्य/निजी कम्पनियों के 597 उर्वरक बिक्री केन्द्र बिजनौर जिले के किसानों को डीएपी और एनपीकेएस उर्वरक उपलब्ध करा रहे हैं जबकि सहकारी समितियों के 109 उर्वरक बिक्री केन्द्र, गन्ना समितियों के 10 उर्वरक बिक्री केन्द्र तथा अन्य/निजी कम्पनियों के 404 उर्वरक बिक्री केन्द्र मुरादाबाद जिले के किसानों को डीएपी एवं एनपीकेएस उर्वरक उपलब्ध करा रहे हैं।

AYUSH HEALTH AND WELLNESS CENTRES IN TRIPURA

4283. SHRI BIPLAB KUMAR DEB:

Will the Minister of **AYUSH** be pleased to state:

- (a) the total number of AYUSH Health and Wellness centres established in the State of Tripura, district-wise;
- (b) whether all such centres in the State are operational, if so, the details thereof;
- (c) if not, the reasons therefor along with the total number of non-operational centres; and
- (d) the details of the total number of personnel employed in these centres?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

- (a) to (c) Under Centrally Sponsored Scheme of National Ayush Mission (NAM), as per the proposals received from the State Government of Tripura, 33 Ayush dispensaries and 39 Sub health centres have been approved for upgradation as Ayush Health and Wellness centres, which is now known as Ayushman Arogya

Mandir (Ayush). As reported by the State Government, all 72 Ayushman Arogya Mandirs (Ayush) are operational. District-wise list of Ayushman Arogya Mandir (Ayush) is furnished in the enclosed **Statement**.

(d) Public Health being a State subject, deployment of personnel to these facilities comes under purview of respective State Government and no such data is maintained by the Ministry.

STATEMENT

District-wise list of Ayushman Arogya Mandir (Ayush) approved and operational/functional under the National Ayush Mission in the State of Tripura

S. No	Name of District	No. of Approved Ayushman Arogya Mandir (Ayush)	No. of Functional Ayushman Arogya Mandir (Ayush)	
1	West Tripura	16	16	
2	Sepahijala	8	8	
3	Gomati	21	21	
4	South Tripura	5	5	
5	Khowai	2	2	
6	Dhalai	3	3	
7	North Tripura	17	17	
Total		72	72	72

WIND-ASSISTED SHIPS

4284. SHRI MADHAVANENI RAGHUNANDAN RAO:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) whether the Government has any plans to encourage Indian shipyards to build wind- assisted ships and other vessels;
- (b) if so, the details thereof;
- (c) whether it is a fact that wind-assistance is being used by gigantic oil tankers in some countries;
- (d) if so, the details thereof; and
- (e) the steps proposed to be taken to encourage the firms working in green energy into shipping sector?

**THE MINISTER OF PORTS, SHIPPING AND WATERWAYS
(SHRI SARBANANDA SONOWAL):**

(a) to (e) Wind assisted propulsion has been fitted on oil tankers in some countries, for example, Maersk Tankers introduced wind-assisted propulsion system (WAPS) to its fleet in 2018 with the installation of rotor sails on the Maersk Pelican.

The various plans to encourage Indian shipyards to build wind- assisted ships and other vessels and steps taken to encourage the firms working in green energy into shipping sector are listed below:

(i). To increase indigenous shipbuilding with regard to modern technologies and machinery, the Ministry has amended the Shipbuilding Financial Assistance Policy(SBFAP) guidelines to include

- a) Wind farm installation vessels and construction of sophisticated dredgers as specialized vessels which are eligible to get higher financial assistance,

over and above ₹40 Crores which is upper limit for non-specialized vessels.

- b) Financial assistance of 30% for vessels where main propulsion is achieved by means of green fuels such as Methanol/ Ammonia / Hydrogen fuel cells,
- c) Financial assistance of 20% for vessels with electric means of propulsion or vessels fitted with hybrid propulsion system.

(ii) Ministry of Ports, Shipping and Waterways has launched the Green Tug Transition Programme (GTTP) which aims to reduce carbon emissions and minimize environmental impact by encouraging adoption of environmentally sustainable tugboat operations.

(iii) Government has launched the Harit Nauka guidelines for inland vessels which aim to promote the adoption of greener technologies in inland waterway vessels.

दवाओं का उत्पादन

4285. श्रीमती संजना जाटव:

क्या रसायन और उर्वरक मंत्री यह बताने की कृपा करेंगे कि :

- (क) क्या सरकार को दैनिक जागरण दिल्ली समाचार में दिनांक 23.07.2024 को प्रकाशित उस समाचार की जानकारी है जिसमें उत्तराखंड में विनिर्मित पांच दवाओं के नमूने परीक्षण में विफल होने की बात कही गई है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) विगत तीन वर्षों के दौरान सरकार द्वारा केंद्रीय भेषज मानक नियंत्रण संगठन (सीएसएससीओ) के माध्यम से विभिन्न राज्यों में किन विभिन्न दवा कंपनियों की जांच की गई है;

(घ) उन दवाओं के नाम क्या हैं और उनकी निर्माता कंपनियों का ब्यौरा क्या है जो नमूने की जांच में फेल पाई गई हैं; और

(ङ) सरकार द्वारा इस संबंध में क्या कार्रवाई की गई है/दवा कंपनियों के लाइसेंस रद्द किए गए हैं?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

(क) से (ङ): विभिन्न कंपनियों की उन औषधियों की सूची, जिन्हें केंद्रीय औषधि परीक्षण प्रयोगशालाओं द्वारा मानक गुणवत्ता के अननुरूप/नकली, गलत ब्रांड वाली/मिलावटी घोषित किया गया है, नियमित रूप से अपलोड की जाती है तथा यह केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) की वेबसाइट पर औषधि चेतावनी शीर्षक (www.cdsc.gov.in) के अंतर्गत उपलब्ध है। इन औषधि चेतावनियों में दवा का नाम, उसका बैच नंबर, विनिर्माण और समाप्ति तिथि, विनिर्माता का नाम, सीडीएससीओ लैब से एनएसक्यू परिणाम आदि के संबंध में पूरी जानकारी होती है।

दवाओं की गुणवत्ता और सुरक्षा के संबंध में, गुणवत्ता या सुरक्षा से संबंधित मामलों की सूचना दिए जाने पर संबंधित राज्य लाइसेंसिंग अधिकारियों द्वारा मानक गुणवत्ता के अननुरूप(एनएसक्यू)/नकली/गलत ब्रांड वाली/मिलावटी दवाओं के विनिर्माताओं/उत्पादकों के विरुद्ध औषधि और प्रसाधन सामग्री अधिनियम 1940 और उसके नियमों के प्रावधानों के अनुसार समुचित न्यायालय में अभियोजन सहित कार्रवाई की जाती है।

इसके अतिरिक्त, देश में दवा विनिर्माण परिसर के विनियामक अनुपालन का आकलन करने के लिए, केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) ने राज्य औषधि नियंत्रकों (एसडीसी) के साथ दिसम्बर, 2022 से दवा विनिर्माण फर्मों का जोखिम-आधारित निरीक्षण करना शुरू किया था। अभी तक 500 से अधिक परिसरों का जोखिम-आधारित निरीक्षण किया जा चुका है। दवा विनिर्माण फर्मों की पहचान जोखिम मानदंडों जैसे मानक गुणवत्ता के अननुरूप दवाओं की संख्या, शिकायतों, उत्पादों की महत्वपूर्णता आदि के आधार पर की गई है। निरीक्षणों के निष्कर्षों के आधार पर, राज्य लाइसेंसिंग

अधिकारियों द्वारा औषधि नियम, 1945 के प्रावधानों के अनुसार 400 से अधिक कार्रवाइयां जैसे कारण बताओ नोटिस जारी करना, उत्पादन रोकने का आदेश, निलंबन, लाइसेंस/उत्पाद लाइसेंसों को रद्द करना आदि की गई हैं।

INLAND WATERWAY IN ODISHA

4286. SHRI AVIMANYU SETHI:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) whether the Government has any plans to revive the historic Coast Canal, which passes through Bhadrak district in Odisha, as an inland water transport channel to provide an alternative mode of transportation for the district's residents;
- (b) whether the Ministry has assessed the potential benefits of canal revival, including its role in protecting coastal villages from saline water ingress and high tides during cyclones, as well as preserving this unique heritage of the British era;
- (c) the estimated timeline, funding allocations, and specific infrastructure improvements that would be included in the canal revival project, if approved; and
- (d) whether the Government will prioritize sustainable development and resilience measures as part of the canal's restoration and if so, the details thereof?

**THE MINISTER OF PORTS, SHIPPING AND WATERWAYS
(SHRI SARBANANDA SONOWAL):**

(a) and (b) Yes. Inland Waterways Authority of India (IWAI), an autonomous body under Ministry of Ports, Shipping and Waterways (MoPSandW) is mandated to develop National Waterways for the purpose of shipping and navigation. Over the years, IWAI is maintaining fairways and developing infrastructures in waterways. The infrastructure so developed is being used for passenger and cargo transportation. IWAI had prepared a DPR in the year 2009 (duly updated in 2016) for riverine portion (Talcher-Dhamra/Paradip) of NW-5 from navigation point of view.

(c) and (d) The estimated cost of revival of canal was Rs 2709.04 Crore (as per DPR of 2009) with a timeline of 5 years which necessitates relocation/reconstruction of 93 road/foot bridges and construction of 23 new navigational locks for movement of vessel with maximum capacity of 300 Tonnes. Since, the existing DPR is old one, a fresh feasibility study is required for deciding revised cost, estimated timelines and future course of action.

एबी पीएम-जेएवाई का कार्यान्वयन

4287. श्री रामवीर सिंह बिधूड़ी:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी पीएम-जेएवाई) के अंतर्गत देश भर में लोगों को जारी किए गए कार्डों की राज्यवार संख्या कितनी है;
- (ख) उक्त योजना के अंतर्गत अब तक लोगों के इलाज पर कितनी धनराशि व्यय की गई है;

(ग) क्या सरकार का दिल्ली में आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना कार्यान्वित करने का विचार है; और

(घ) यदि हां, तो दिल्ली में उक्त योजना को कब तक कार्यान्वित किए जाने की संभावना है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) और (ख): 14.12.2024 तक, देश भर में आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेआई) के तहत 36 करोड़ से अधिक आयुष्मान कार्ड बनाए गए हैं, जिनका राज्य/संघ राज्य क्षेत्रवार ब्यौरा संलग्न **विवरण** में दिया गया है।

30.11.2024 तक, इस योजना के तहत 1.16 लाख करोड़ रुपये मूल्य के कुल 8.39 करोड़ अस्पताल में भर्ती को अधिकृत किया गया है।

(ग) और (घ): ओडिशा, पश्चिम बंगाल और राष्ट्रीय राजधानी क्षेत्र दिल्ली इस योजना को लागू नहीं कर रहे हैं। सार्वजनिक स्वास्थ्य भारत के संविधान की अनुसूची सात में सूची-II (राज्य सूची) में एक प्रविष्टि है, इसलिए एबी-पीएमजेआई के कार्यान्वयन के बारे में अंतिम निर्णय संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के पास है।

विवरण

एबी-पीएमजेआई के तहत बनाये गए आयुष्मान कार्डों का राज्य/संघ राज्य क्षेत्रवार ब्यौरा

राज्य/संघ राज्य क्षेत्र	बनाये गए आयुष्मान कार्डों की संख्या
अंडमान और निकोबार द्वीप समूह	74,635
आंध्र प्रदेश	1,55,99,566
अरुणाचल प्रदेश	1,47,383
असम	1,71,90,849
बिहार	3,62,68,095
चंडीगढ़	2,54,365
छत्तीसगढ़	2,30,85,154
गोवा	84,046

गुजरात	2,64,24,204
हरयाणा	1,23,68,047
हिमाचल प्रदेश	13,51,591
जम्मू और कश्मीर	86,13,991
झारखंड	1,23,69,440
कर्नाटक	1,77,86,318
केरल	80,04,803
लद्दाख	2,02,530
लक्षद्वीप	33,546
मध्य प्रदेश	4,14,42,716
महाराष्ट्र	2,90,48,579
मणिपुर	6,38,148
मेघालय	20,23,783
मिजोरम	5,69,120
नगालैंड	7,24,899
पुदुचेरी	5,22,622
पंजाब	87,21,658
राजस्थान	2,16,52,523
सिक्किम	79,841
तमिलनाडु	77,04,348
तेलंगाना	82,58,911
दादरा और नगर हवेली और दमन और दीव	4,39,011
त्रिपुरा	20,27,081
उत्तर प्रदेश	5,15,89,212
उत्तराखंड	58,51,051

टिप्पणी: ये आंकड़े 14.12.2024 की स्थिति के अनुसार हैं।

EXORBITANT FEES FOR MBBS COURSE

4288. SHRI KULDEEP INDORA:

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

- (a) whether the Government has taken note of the exorbitant fees for MBBS courses in the country and if so, the details thereof;
- (b) whether it is also a fact that the students in the country are going to other countries for MBBS course because of low rates of fees in those countries and if so, the details thereof; and
- (c) the details of the concessions given/being given by the Government to poor but meritorious students in medical colleges in the country so that they can continue their studies without any financial crunch?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (c): Fee structures differ from State to State vis-a-vis Government / Private Medical Colleges as per the guidelines issued by concerned State Fee Regulatory Authorities.

In order to make medical education affordable in the country, Clause (i) of Sub-section (1) of Section 10 of the National Medical Commission Act (NMC), 2019 provides for framing of guidelines for determination of fees and all other charges in respect of fifty percent (50%) of seats in private medical institutions and deemed to be universities which are governed under the provisions of the Act. Accordingly, NMC has framed the guidelines and the same was issued on 03.02.2022.

The government has also increased number of medical colleges and subsequently increased MBBS seats. There is an increase of 102% in Medical Colleges from 387 before 2014 to 780 as of now. Further, there is an increase of 130% in MBBS seats from 51,348 before 2014 to 1,18,137 as of now and increase of 135% in PG seats from 31,185 before 2014 to 73,157 as of now.

IMPLEMENTATION OF AI TOOLS IN JUDICIARY

4289. SHRI KARTI P. CHIDAMBARAM:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) whether the Supreme Court of India, have started implementing AI tools in registering cases, filing, research, etc. if so, the details thereof;
- (b) whether the Government has allocated separate funds for the implementation of AI tools in the Courts;
- (c) if so, the details of the amount allocated for the implementation of AI and other technological tools; and
- (d) whether the Government has conducted any pilot project to assess the feasibility and challenges of the AI, if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS (SHRI ARJUN RAM MEGHWAL):

- (a) to (d): The Supreme Court of India has adopted the use of Artificial Intelligence (AI) language technology in translation of judicial documents. AI has

also been deployed for transcribing oral arguments, particularly in Constitution Bench matters since February 2023. A Committee headed by a Judge of the Supreme Court of India has been constituted to monitor the translation of important Supreme Court and High Court judgments into vernacular languages. The Committee is having regular meetings with the Sub-Committees of Judges of various High Courts to expedite the process of translation.

The AI Translation Committees of the High Courts are monitoring the entire work relating to translation of the Supreme Court and High Court Judgments into vernacular languages. As on date, 17 High Courts have already started placing, e-High Court Reports (e-HCR)/e-Indian Law Reports (e-ILR) on their websites. e-HCR/e-ILR are digital legal platforms that provide online access to judgments in the vernacular languages. As on date, 36,324 Supreme Court Judgments have been translated in Hindi language and 42,765 Judgments of Supreme Court have been translated in other 17 regional languages. The same are available on the e-SCR portal (<https://judgments.ecourts.gov.in/pdfsearch/index.php>).

It may be noted that the specific areas to be earmarked for implementation of AI and other technological tools fall within the remit of the judiciary. The Government has allocated an amount of Rs. 7210 Crore for the implementation eCourts Phase III. There are 24 project components for Phase III and out of these 24, one component is Future Technological Advancement (AI, Block chain etc). As per the Detailed Project Report (DPR) of eCourts Phase III, Rs. 53.57 Crore has been allocated for this component, for the High Courts across India up to 2027.

MENTAL HEALTHCARE INFRASTRUCTURE AND SERVICES**4290. SHRI BENNY BEHANAN:**

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

- (a) the steps taken/proposed to be taken by the Government to improve the mental healthcare infrastructure and ensure equal access to mental health services across the country;
- (b) the manner in which the Government is likely to address the mental health crisis among doctors with nearly 30% of them reporting depression, as per study; and
- (c) the steps taken/proposed to be taken by the Government to increase the number of mental health counsellors across the country?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (c) The Government has launched a “National Tele Mental Health Programme” on 10th October, 2022, to further improve access to quality mental health counselling and care services in the country. As on 22.11.2024, 36 States/ UTs have set up 53 Tele MANAS Cells and have started tele mental health services. More than 15,95,000 calls have been handled on the helpline number.

The Government has also launched Tele MANAS Mobile Application on the occasion of World Mental Health Day, i.e. 10th October, 2024. Tele-MANAS Mobile Application is a comprehensive mobile platform that has been developed to provide support for mental health issues ranging from well being to mental disorders.

The Government is also taking steps to strengthen mental healthcare services at primary healthcare level. The Government has upgraded more than 1.73 lakh Sub Health Centres (SHCs) and Primary Health Centres (PHCs) to Ayushman Arogya Mandirs. Mental health services have been added in the package of services under Comprehensive Primary Health Care provided at these Ayushman Arogya Mandirs. Operational guidelines on Mental, Neurological, and Substance Use Disorders (MNS) at Ayushman Arogya Mandirs have been released under the ambit of Ayushman Bharat.

For providing affordable and accessible mental healthcare facilities in the country, the Government is implementing the National Mental Health Programme (NMHP) in the country. The District Mental Health Programme (DMHP) component of the NMHP has been sanctioned for implementation in 767 districts for which support is provided to States/UTs through the National Health Mission. Facilities made available under DMHP at the Community Health Centre(CHC) and Primary Health Centre(PHC) levels, include outpatient services, assessment, counselling/ psycho-social interventions, continuing care and support to persons with severe mental disorders, drugs,

outreach services, ambulance services etc. In addition to above services there is a provision of 10 bedded in-patient facility at the District level.

Under the tertiary care component of NMHP, 25 Centres of Excellence have been sanctioned to increase the intake of students in PG departments in mental health specialities as well as to provide tertiary level treatment facilities. Further, the Government has also supported 19 Government medical colleges/institutions to strengthen 47 PG Departments in mental health specialties.

There are 47 Government run mental hospitals in the country, including 3 Central Mental Health Institutions, viz. National Institute of Mental Health and Neuro Sciences, Bengaluru, Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam and Central Institute of Psychiatry, Ranchi. Mental Health Services are also provisioned in all AIIMS. These services are also available under PMJAY.

The Government is also augmenting the availability of manpower to deliver mental healthcare services in the underserved areas of the country by providing online training courses to various categories of general healthcare medical and para medical professionals through the Digital Academies, established since 2018, at the three Central Mental Health Institutes namely National Institute of Mental Health and Neuro Sciences, Bengaluru, Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam, and

Central Institute of Psychiatry, Ranchi. The total number of professionals trained under Digital Academies are 42,488.

As per information received from Rehabilitation Council of India (RCI), at present, 66 institutions/universities are offering M.Phil Clinical Psychology course. The Council has launched B.Sc. Clinical Psychology (Hons.) course from the academic session 2024- 25 and granted approval to 19 universities to offer this course for developing more professionals in clinical psychology.

As per information received from National Medical Commission (NMC), the following preventive measures have been implemented by NMC to address mental health challenges and promote student well-being:

- i. A 15-Member National Task Force constituted by the Anti-Ragging committee of the National Medical Commission (NMC) in February 2024 on Mental Health and Well-being of Medical Students, recommended establishment of Centralized Reporting Systems, promoting supportive environment, addressing systemic issues, implementation of regular training programs, among others to address mental health issues in medical students.
- ii. Aggrieved students can lodge complaints related to mental health and ragging on NMC's website as well as other portals such as Centralized Public Grievance Redress and Monitoring System (CPGRAMS).

iii. National Medical Commission Regulations such as Prevention and Prohibition of Ragging in Medical College and Institutions Regulations, 2021 require Colleges to submit annual compliance report and prescribe punitive actions for offenders.

Further, all States/UTs have also been requested for wide circulation and publicity of NTMHP / Tele MANAS in the respective States/UTs especially among students in educational institutions. All Institutes of National Importance, AIIMS and Central Government Medical Colleges have also been requested to publicize Tele MANAS among students to access the helpline at any time for free and confidential support.

सरकारी अस्पतालों में स्वास्थ्य अवसंरचना

4291. श्री बाबू सिंह कुशवाहा:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) सरकार द्वारा सरकारी अस्पतालों में सभी रोगियों को निशुल्क दवाएं, नैदानिक परीक्षण और आपातकालीन सेवाएं उपलब्ध कराने के लिए क्या कदम उठाए गए हैं/उठाए जाने का विचार है;

(ख) सरकार द्वारा स्वास्थ्य अवसंरचना, मानव संसाधन और प्रौद्योगिकी को सुदृढ़ करने के लिए क्या नई पहल की गई है;

(ग) प्राथमिक स्वास्थ्य केन्द्रों और उप-केन्द्रों का उन्नयन करने के लिए अब तक कितनी प्रगति हुई है;

(घ) सरकार द्वारा डिजिटल स्वास्थ्य को बढ़ावा देने और निरंतर आधार पर देखभाल सुनिश्चित करने के लिए कार्यान्वित की गई योजनाओं का ब्यौरा क्या है; और

(ङ) राष्ट्रीय स्वास्थ्य मिशन (एनएचएम), राष्ट्रीय किशोर स्वास्थ्य कार्यक्रम (आरकेएसके) और अन्य योजनाओं के अंतर्गत अब तक प्राप्त मुख्य उपलब्धियों का ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (ड.): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) स्वास्थ्य अवसंरचना में सुधार, स्वास्थ्य सुविधाओं में पर्याप्त मानव संसाधनों की उपलब्धता, विशेष रूप से ग्रामीण क्षेत्रों में वंचित और हाशिए पर पड़े समूहों के लिए गुणवत्तापूर्ण स्वास्थ्य देखभाल की उपलब्धता और पहुंच में सुधार के लिए सहायता प्रदान करता है। यह मंत्रालय एनएचएम के तहत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर जन स्वास्थ्य सेवा प्रणाली को मजबूत करने के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही के रिकॉर्ड (आरओपी) के रूप में प्रस्तावों को मंजूरी प्रदान करती है।

आवश्यक दवाओं की उपलब्धता सुनिश्चित करने और सार्वजनिक स्वास्थ्य सुविधा केंद्रों में आने वाले रोगियों के जेब से होने वाले खर्च (ओओपीई) को कम करने के लिए, सरकार ने एनएचएम के तहत निःशुल्क दवा सेवा पहल शुरू की है। इसमें उप-स्वास्थ्य केंद्र (एसएचसी) स्तर पर 106 दवाओं, प्राथमिक स्वास्थ्य केंद्र (पीएचसी) स्तर पर 172 दवाओं, सामुदायिक स्वास्थ्य केंद्र (सीएचसी) स्तर पर 300 दवाओं, उप-जिला अस्पताल (एसडीएच) स्तर पर 318 दवाओं और जिला अस्पतालों में 381 दवाओं के लिए राज्यों/संघ राज्य क्षेत्रों को वित्तीय सहायता शामिल है।

यह मंत्रालय एनएचएम के तहत 'निःशुल्क निदान सेवा पहल' कार्यक्रम का भी समर्थन करता है, जिसका उद्देश्य समुदाय के करीब सुलभ और सस्ती पैथोलॉजिकल और रेडियोलॉजिकल निदान सेवाएं प्रदान करना है, जिससे जेब से होने वाले खर्च में कमी आती है। जन स्वास्थ्य सुविधा केंद्रों के

सभी स्तरों पर निदान सेवाएँ निःशुल्क प्रदान की जाती हैं [एसएचसी में 14 परीक्षण, पीएचसी में 63, सीएचसी में 97, एसडीएच में 111 परीक्षण और जिला अस्पतालों में 134 परीक्षण]।

64,180 करोड़ रुपये के परिव्यय के साथ प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) का उद्देश्य उप-स्वास्थ्य केंद्रों, शहरी स्वास्थ्य और आरोग्य केंद्रों, ब्लॉक सार्वजनिक स्वास्थ्य इकाइयों, एकीकृत जिला सार्वजनिक स्वास्थ्य प्रयोगशालाओं और गहन देखभाल अस्पताल ब्लॉकों के लिए बुनियादी ढांचे के विकास को समर्थन देना है।

15वें वित्त आयोग ने राज्यों में स्वास्थ्य सेवा प्रणाली को मजबूत करने के लिए स्थानीय सरकार के माध्यम से पांच वर्षों (2021-2026) की अवधि में कुल 70,051 करोड़ रुपये के अनुदान की सिफारिश की है।

30.11.2024 तक, मौजूदा एसएचसी और पीएचसी को उन्नत करके व्यापक प्राथमिक स्वास्थ्य देखभाल (सीपीएचसी) प्रदान करने के लिए कुल 1,75,338 आयुष्मान आरोग्य मंदिर (एएएम) चालू किए गए हैं, जिसमें निवारक, प्रोत्साहक, उपचारात्मक, उपशामक और पुनर्वास सेवाएं शामिल हैं जो सार्वभौमिक, मुफ्त और समुदाय के करीब हैं।

परिचालनरत एएएम में उपलब्ध टेली-परामर्श सेवाएं लोगों को उनके घरों के नजदीक विशेषज्ञ सेवाओं तक पहुंचने में सक्षम बनाती हैं, जिससे भौतिक पहुंच, देखभाल की लागत में बचत, सेवा प्रदाताओं की कमी और देखभाल की निरंतरता सुनिश्चित करने जैसी चिंताओं का समाधान होता है।

30.11.2024 तक एएएम में कुल 30.75 करोड़ टेली-परामर्श किए गए।

एनएचएम के अंतर्गत निर्धारित और प्राप्त लक्ष्य का विवरण नीचे सूचीबद्ध है:

लक्ष्य (2021-26 के लिए एनएचएम विस्तार के अनुसार)	स्थिति	
एमएमआर को घटाकर 87 प्रति 1 लाख करना	प्रति 1 लाख जीवित जन्मों पर 97 (एसआरएस 2018-20)	प्रति 1 लाख जीवित जन्मों पर 113 (एसआरएस 2016-18)
शिशु मृत्यु दर को घटाकर 22 प्रति हजार किया जाए	28 प्रति हजार (एसआरएस 2020)	32 प्रति हजार (एसआरएस 2018)
राष्ट्रीय स्तर पर सतत टीएफआर को 2.0 तक बनाए रखना	2.0 (एनएफएचएस 5)	2.2 (एनएफएचएस 4)
1.5 लाख आयुष्मान आरोग्य मंदिरों (तत्कालीन एबी-एचडब्ल्यूसी) के संचालन का लक्ष्य हासिल करें	1,75,338 (30.11.2024 तक)	80,348 (26.11.2021 तक)

किशोरों की विविध आवश्यकताओं को पूरा करने के लिए सूचना, वस्तुएँ और सेवाएँ प्रदान करने के लिए 2014 से राष्ट्रीय किशोर स्वास्थ्य कार्यक्रम (आरकेएसके) लागू किया गया। इसकी प्रमुख उपलब्धियाँ इस प्रकार हैं:

- देश भर में 8765 किशोर अनुकूल स्वास्थ्य क्लिनिक (एएफएचसी) स्थापित किए गए हैं।
- साप्ताहिक आयरन फोलिक एसिड अनुपूरण कार्यक्रम के तहत स्कूल जाने वाले लड़के-लड़कियों और स्कूल नहीं जाने वाली लड़कियों को साप्ताहिक निगरानी में आईएफए गोलियाँ उपलब्ध कराई जाती हैं।
- वित्त वर्ष 2024-25 में 24 नवंबर तक 46.4 लाख किशोरियों को प्रत्येक महीने सैनिटरी नैपकिन उपलब्ध कराए गए।
- स्कूल स्वास्थ्य और आरोग्य कार्यक्रम (एसएचएंडडब्ल्यूपी) 35 राज्यों/संघ राज्य क्षेत्रों के 484 जिलों तक पहुंच गया है, जिसके तहत नवंबर 2024 तक 10.56 लाख स्वास्थ्य और आरोग्य कार्यकर्ताओं (एचडब्ल्यूए) को प्रशिक्षित किया गया है।

FREE HEALTH CHECKUP CAMPS BY PRIVATE HOSPITALS**4292: DR. GANAPATHY RAJKUMAR P.:**

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

- (a) whether the Government is aware that private hospitals are conducting free health checkup camps in the country and if so, the details thereof;
- (b) whether there is any permission granted to conduct such camps, if so, the details thereof;
- (c) whether it is true that private hospitals during such free health checkup camps have lured people to the hospitals under false diagnosis on patients, if so, the details thereof; and
- (d) whether the Government has issued any notification to the said hospitals not to collect personal details such as Aadhaar card, contact number, etc. of patients which may be misused thereto; and
- (e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (e) : As per Constitutional provisions, 'Health' is a State subject. Therefore, it is the primary responsibility of the concerned State/ Union Territory to take note of the free health checkup camps conducted by private hospitals, granting permission to conduct such camps and issuing any instructions/notifications thereon within their jurisdiction. The details of the same are not maintained centrally by the Ministry of Health and Family Welfare.

SEPARATE HIGH COURT FOR HARYANA

4293. SHRI VARUN CHAUDHRY:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) whether Government has any proposal to setup a separate High Court for Haryana; and
- (b) if so, the time frame for setting it up and if not, the reasons therefor?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a) and (b): The Government of Haryana had requested for establishment of a separate High Court for the State of Haryana at Chandigarh. The views of the High Court of Punjab and Haryana and the State Government of Punjab were sought in the matter. The Government of Punjab did not agree with the proposal. The Punjab and Haryana High Court in its full court meeting resolved not to offer any view. At present there is no complete proposal for the same.

SUPPORT FOR FARMERS OF MEDICINAL PLANTS

4294. SHRI NAGESH BAPURAO AASHTIKAR PATIL:

Will the Minister of **AYUSH** be pleased to state:

- (a) whether the Government has any AYUSH schemes to support farmers in Hingoli district in the State of Maharashtra engaged in the cultivation of medicinal plants used in AYUSH systems; and
- (b) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) and (b) No, Sir. However, National Medicinal Plants Board (NMPB), Ministry of Ayush, Government of India is implementing Central Sector Scheme on “Conservation, Development and Sustainable Management of Medicinal Plants” throughout the country including Maharashtra to promote cultivation of medicinal plants wherein following activities are supported:

- (i) Information Education and Communication (IEC) activities like Training / Workshops / Seminars/ Conferences etc.
- (ii) Establishment of nurseries.
- (iii) *In-situ* conservation / *Ex-situ* conservation.
- (iv) Livelihood linkages with Joint Forest Management Committees (JFMCs) / Panchayats / Van Panchayats / Biodiversity Management Committees (BMCs) / Self Help Groups (SHGs).
- (v) Research and Development.
- (vi) Promotion, marketing and trade of medicinal plants produce.
- (vii) Forward and backward linkage in supply chain of medicinal plants (Integrated Component) under which the following activities are supported:
 - Infrastructure for Quality Planting Material to raise the planting material of medicinal plants for cultivation.

- Information Education Communication (IEC) activities to aware the farmers.
- Infrastructure for Post-Harvest Management and Marketing to increase the marketability of the medicinal plants, adding value to the produce, increasing profitability and reducing losses.
- Quality Testing and Certification of raw material.

Beside this, Ministry of Ayush, Government of India had implemented Centrally Sponsored Scheme of National Ayush Mission (NAM) for cultivation of medicinal plants from the financial year 2015-16 to 2020-21 throughout the country including Maharashtra. Till date, Ministry of Ayush had released an amount of Rs. 581.994 lakh and supported 1291 hectare area under cultivation of medicinal plants, 6 nurseries, 10 post-harvest management units (storage / godown and drying shed), 2 processing units and 1 collection centre in Maharashtra. Detail is given in the enclosed **Statement**.

STATEMENT

Detail of activities approved in Maharashtra under Medicinal Plants Component of National Ayush Mission (NAM) scheme from the financial year 2015-16 to 2020-21.

Sr. No.	Activities	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	TOTAL
1	Cultivation of Medicinal Plants (Area in hectare)	327	0	444	0	520	0	1291
2	Establishment of Nursery	0	0	2	0	4	0	6
3	Post-harvest Management	0	0	2	0	8	0	10
4	Processing Unit	0	0	1	0	1	0	2
5	Rural / District Collection Centres / Retail outlet	0	0	1	0	0	0	1
6	Fund released (Rs. in lakh)	123.526	0.00	213.005	0.00	245.463	0.00	581.994

पीएम-एबीएचआईएम योजना

4295. श्री तारिक अनवर:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) योजना के अंतर्गत बिहार में कितनी एकीकृत जन स्वास्थ्य प्रयोगशालाएं (आईपीएचएलएस), ब्लॉक पब्लिक हेल्थ यूनिट (बीपीएचयूएस) और क्रिटिकल केयर ब्लॉक (सीसीबी) स्थापित किए जाने का प्रस्ताव है और अब तक जिलावार कितनी प्रयोगशालाएं, इकाइयां और ब्लॉक स्थापित किए गए हैं; और

(ख) बिहार सरकार द्वारा पीएम-एबीएचआईएम योजना के अंतर्गत श्रेणी-वार विशेषकर कटिहार जिले में कितने प्रस्ताव भेजे गए हैं?

**आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री
(श्री प्रतापराव गणपतराव जाधव):**

(क) और (ख): प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) कुछ केंद्रीय क्षेत्र घटकों (सीएस) के साथ एक केंद्र प्रायोजित योजना (सीएसएस) है, जिसका योजना अवधि (2021-22 से 2025-26) के लिए परिव्यय 64,180 करोड़ रूपए है।

इस योजना का उद्देश्य शहरी और ग्रामीण दोनों क्षेत्रों में स्वास्थ्य अवसंरचना, निगरानी और स्वास्थ्य अनुसंधान में महत्वपूर्ण अंतराल को भरना है ताकि समुदाय ऐसी महामारी/स्वास्थ्य संबंधी संकटों के प्रबंधन में आत्मनिर्भर बन सकें। इस योजना के तहत किए गए उपायों में सभी स्तरों अर्थात प्राथमिक मध्यम और विशिष्ट पर परिचर्या की निरंतरता में स्वास्थ्य प्रणालियों और संस्थानों की क्षमता विकसित करने और वर्तमान और भविष्य की महामारियों/आपदाओं का प्रभावी ढंग से अनुक्रिया करने के लिए स्वास्थ्य प्रणालियों को तैयार करने पर ध्यान केंद्रित किया गया है। इस योजना में महानगरीय क्षेत्रों में ब्लॉक, जिला, क्षेत्रीय और राष्ट्रीय स्तर पर निगरानी प्रयोगशालाओं का एक नेटवर्क विकसित करके और प्रवेश बिंदुओं पर स्वास्थ्य इकाइयों को मजबूत करके एक आईटी सक्षम रोग निगरानी प्रणाली बनाने की परिकल्पना की गई है, ताकि सार्वजनिक स्वास्थ्य आपात स्थितियों और बीमारी के प्रकोप का प्रभावी ढंग से पता लगाया जा सके, जांच की जा सके, रोकथाम की जा सके और उनका मुकाबला किया जा सके।

इस योजना के सी.एस.एस. घटकों के अंतर्गत, निम्नलिखित पाँच कार्यक्रम हैं जिनके लिए योजना अवधि (2021-2026) के दौरान राज्य/संघ राज्य क्षेत्रों को सहायता प्रदान की जाती है:

- आयुष्मान भारत-स्वास्थ्य एवं आरोग्य केंद्र जिन्हें अब आयुष्मान आरोग्य मंदिर (एएएम) कहा जाता है के रूप में 17,788 भवन रहित उप-केंद्रों का निर्माण।
- झुग्गी-झोपड़ी और झुग्गी-झोपड़ी जैसे क्षेत्रों पर ध्यान केंद्रित करने की परिकल्पना के साथ शहरी क्षेत्रों में 11,024 स्वास्थ्य एवं आरोग्य केंद्रों जिन्हें अब एएएम कहा जाएगा की स्थापना,

- ब्लॉक स्तर पर 3382 ब्लॉक जन स्वास्थ्य इकाई (बीपीएचयू) की स्थापना,
- देश में 730 जिला एकीकृत जन स्वास्थ्य प्रयोगशाला (आईपीएचएल) की स्थापना, जिसमें प्रत्येक जिले में एक ऐसी लैब होगी।
- 5 लाख से अधिक आबादी वाले सभी जिलों में 602 क्रिटिकल केयर हॉस्पिटल ब्लॉक (सीसीबी) की स्थापना।

पीएम-एबीएचआईएम के सीएसएस घटक के अंतर्गत, बिहार राज्य के लिए वित्त वर्ष 2021-22 से 2025-26 की योजना अवधि के दौरान 3389.59 करोड़ रुपए के कुल वित्तीय परिव्यय के साथ 2546 भवन रहित-एएएम (उप-केंद्र - स्वास्थ्य और कल्याण केंद्र), 333 ब्लॉक सार्वजनिक स्वास्थ्य इकाइयों (बीपीएचयू), 38 एकीकृत सार्वजनिक स्वास्थ्य प्रयोगशालाओं (आईपीएचएल) और 38 क्रिटिकल केयर अस्पताल ब्लॉक (सीसीबी) के निर्माण/सुदृढ़ीकरण का प्रावधान किया गया है।

बिहार राज्य द्वारा प्रस्तुत प्रस्ताव के आधार पर चार वर्षों (अर्थात वित्त वर्ष 2021-22, 2022-23, 2023-24 और 2024-25) के लिए 1877.11 करोड़ रुपए की राशि से 2546 भवन रहित-एएएम (उप-केंद्र - स्वास्थ्य और कल्याण केंद्र), 59 ब्लॉक सार्वजनिक स्वास्थ्य इकाइयों (बीपीएचयू), जिला स्तर पर 12 एकीकृत सार्वजनिक स्वास्थ्य प्रयोगशालाओं (आईपीएचएल) और जिला अस्पतालों और मेडिकल कॉलेज स्तर पर 12 गहन परिचर्या अस्पताल ब्लॉक (सीसीबी) के निर्माण / सुदृढ़ीकरण के लिए प्रशासनिक अनुमोदन प्रदान किए गए हैं। इनका ब्यौरा संलग्न **विवरण -I** में दिया गया है। भारत सरकार के पास अभी कोई और प्रस्ताव लंबित नहीं है। पीएम एबीएचआईएम के तहत कटिहार जिले में 49 भवन रहित-एएएम (उप-केंद्र - स्वास्थ्य और कल्याण केंद्र) का निर्माण प्रस्तावित है। इनका ब्यौरा संलग्न **विवरण -II** में दिया गया है।

विवरण -I**1. एकीकृत सार्वजनिक स्वास्थ्य प्रयोगशालाएँ (आईपीएचएल): 12**

क्र.सं.	आईपीएचएल – जिला	चार वर्षों हेतु वित्तवर्ष (2021-25)
1	मुजफ्फरपुर	2021-22
2	नालंदा	2021-22
3	कैमूर	2021-22
4	सीतामढ़ी	2021-22
5	बक्सर	2022-23
6	बांका	2022-23
7	सहरसा	2022-23
8	सुपौल	2022-23
9	औरंगाबाद	2022-23
10	खगड़िया	2022-23
11	अरवल	2022-23
12	चंपारण (पूर्व)	2022-23

2. गहन परिचर्या ब्लॉक(सीसीबी): 12

क्र.सं.	सीसीबी- जिला	बिस्तरों की संख्या	चार वर्षों हेतु वित्तवर्ष (2021-25)
1	डीएच, सुपौल	75 बिस्तर वाला	2021-22
2	डीएच, नवादा	100 बिस्तर वाला	2021-22
3	डीएच, बक्सर	50 बिस्तर वाला	2021-22
4	जेएलएनएमसीएच, भागलपुर	50 बिस्तर वाला	2021-22
5	डीएच, वैशाली	100 बिस्तर वाला	2022-23
6	डीएच, सहरसा	100 बिस्तर वाला	2022-23
7	डीएच, रोहतास	100 बिस्तर वाला	2022-23
8	डीएच, गोपालगंज	100 बिस्तर वाला	2022-23
9	डीएच, मधेपुरा	50 बिस्तर वाला	2022-23
10	डीएच, खगड़िया	50 बिस्तर वाला	2022-23
11	डीएच, मुंगेर	50 बिस्तर वाला	2022-23

क्र.सं.	सीसीबी- जिला	बिस्तरों की संख्या	चार वर्षों हेतु वित्तवर्ष (2021-25)
12	मेडिकल कॉलेज, पूर्णिया	50 बिस्तर वाला	2022-23

विवरण -II

3. कटिहार जिले के लिए पीएम एबीएचआईएम के तहत निर्मित भवन रहित-एएएम की सूची

क्रमांक	जिला	भवन रहित एएएम का नाम
1	कटिहार	भवन रहित- आम बथाली
2		भवन रहित गोलाघाट का निर्माण
3		भवन रहित चिलमारा फासिया का निर्माण
4		भवन रहित-आम हाजीपुर
5		भवन रहित चिताबाड़ी का निर्माण
6		भवन रहित-आम महमदिया
7		भवन रहित बालुआ का निर्माण
8		भवन रहित कुर्म का निर्माण
9		भवन रहित-आम गोपीनगर
10		भवन रहित - आम रौशनगंज
11		भवन रहित निस्ता का निर्माण
12		भवन रहित-एएएम, बम्ब्रेली
13		भवन रहित सोती का निर्माण
14		भवन रहित - आम बिजौली
15		भवन रहित-आम महेशपुर
16		भवन रहित पोमरा का निर्माण
17		भवन रहित-आम शिखरपुर
18		भवन रहित चोगड़ा का निर्माण
19		कम-आम लच्छौर का निर्माण
20		भवन रहित-आम खैरा
21		भवन रहित रोशनी का निर्माण
22		भवन रहित बेना का निर्माण
23		भवन रहित-आम रामचंद्रपुर
24		भवन रहित बस्तौल का निर्माण

25		भवन रहित-आम धरहान
26		भवन रहित - आम धबौल
27		भवन रहित कस्थावर का निर्माण
28		भवन रहित -आम बागमारा
29		भवन रहित बंगारी का निर्माण
30		भवन रहित कांटाकोस का निर्माण
31		भवन रहित हसवर का निर्माण
32		भवन रहित कजरा का निर्माण
33		भवन रहित बंदरस्टल का निर्माण
34		भवन रहित-आम शाहरिया, बेसा गोविंदपुर
35		भवन रहित-आम सिस्सा
36		भवन रहित सिरकट्टा का निर्माण
37		भवन रहित-आम रानी चक विशनपुर
38		भवन रहित-आम खैरा
39		भवन रहित-आम, बसगढ़ा
40		भवन रहित-आम, फुलवरिया
41		भवन रहित-एएएम, मकाईपुरार
42		भवन रहित-आम , बेलगाछी
43		भवन रहित का निर्माण, बंगहा
44		भवन रहित-आम , बरहेता
45		भवन रहित का निर्माण, दरमाही
46		भवन रहित-आम किशनपुर, अहमदाबाद
47		भवन रहित मुजब्रताल का निर्माण
48		भवन रहित सक्षम का निर्माण
49		भवन रहित -आम महेशपुर

YELLOW FEVER VACCINE

4296. SHRI SUNIL DATTATREY TATKARE:

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

- (a) whether it is a fact that the yellow fever vaccine is in short supply centrally and across the 45 centres in the country for the people who are travelling to 29 African countries as well as 13 countries in Central and South America, which are identified as endemic nations and such people are left in a state of quandary;
- (b) if so, the measures taken/proposed to be taken by the Government to fulfill the immediate need of travellers; and
- (c) whether the Government is exporting yellow fever vaccines to foreign countries and steps/measures taken by the Government to augment the supply of yellow fever vaccine to meet the domestic demand?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

- (a) and (b) There are 60 authorised Yellow fever vaccination Centres (YFVC) across the country. The list of authorised YFVC across the country is placed at https://ihpoe.mohfw.gov.in/vaccination_centres.php. As of now, no shortage of vaccine has been reported.
- (c) India is not exporting any Yellow fever vaccine to foreign country and the domestic requirement for Yellow Fever Vaccine is presently being met through import.

FAKE AYUSHMAN BHARAT ID CARDS

4297. SHRI SACHITHANANTHAM R. :

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

- (a) whether it is true that Enforcement Directorate (ED) has conducted searches at 19 hospital locations in a case related to alleged generation of fake Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) cards;
- (b) if so, the details thereof;
- (c) the details of the hospitals searched by ED along with the charges imposed against them;
- (d) whether any follow up action has been taken against those hospitals, if so, the details thereof; and
- (e) whether such frauds have detected across the country, if so, the details and the types of frauds thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (d): The Directorate of Enforcement (ED) conducted searches at 20 locations in a case related to alleged generation of fake Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) cards. The locations searched included 07 hospitals and their key management persons. The searches were conducted in Delhi, Chandigarh, Punjab and Himachal Pradesh against Shree Banke Bihari Hospital, Fortis Hospital Himachal Healthcare Private Limited, City Super Speciality Hospital, Shri Balaji Hospital, Shri Harihar Hospital, Sood Nursing Home, Neelkanth Hospital for collection of evidences of the offence of money-laundering. The search operations led to seizure of cash amounting to approximately Rs. 88 lakh and various incriminating documents and digital devices.

(e): Further, three cases pertaining to forged claims by hospitals empaneled under AB-PMJAY in Assam have been recorded by the Directorate of Enforcement.

मर्म चिकित्सा प्रशिक्षण केन्द्र

4298. श्री त्रिवेन्द्र सिंह रावत:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार का उत्तराखंड आयुर्वेद विश्वविद्यालय, जिसके देश के नोडल केन्द्र के रूप में कार्य करने की संभावना है, में मर्म चिकित्सा प्रशिक्षण केन्द्र स्थापित करने का विचार है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार का राज्य में दस बिस्तरों वाला अस्पताल स्थापित करने, उत्तराखंड के कोटद्वार में पचास बिस्तरों वाले आयुष अस्पताल का उन्नयन करने और देश के प्रत्येक जिले में सचल आयुष इकाइयों की स्थापना करने का विचार है; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क): ऐसा कोई प्रस्ताव नहीं है।

(ख): प्रश्न नहीं उठता।

(ग) और (घ): जन स्वास्थ्य राज्य का विषय होने के कारण, उत्तराखंड के कोटद्वार सहित देश के प्रत्येक जिले में आयुष अस्पतालों तथा मोबाइल आयुष इकाइयों की स्थापना करना संबंधित राज्य सरकार के कार्य क्षेत्र में आता है। हालांकि, राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत उत्तराखंड सहित राज्य/संघ राज्य क्षेत्र की सरकारों को 50/30/10 बिस्तरों वाले एकीकृत आयुष अस्पतालों और आयुष मोबाइल चिकित्सा इकाइयों की स्थापना के लिए वित्तीय

सहायता का प्रावधान है और तदनुसार राज्य एनएएम दिशानिर्देशों के प्रावधान के अनुसार राज्य वार्षिक कार्य योजना (एसएएपी) के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके सहायता प्राप्त कर सकते हैं। एनएएम योजना के तहत, उत्तराखंड राज्य सरकार द्वारा एसएएपी के माध्यम से प्रस्तुत प्रस्ताव के अनुसार उत्तराखंड राज्य के पथरी और भीमताल में 10 बिस्तरों वाले एकीकृत आयुष अस्पतालों की 02 इकाइयों और कोटद्वार में 50 बिस्तरों वाले एकीकृत आयुष अस्पताल की 01 इकाई को अनुमोदित/समर्थित किया गया है। हालाँकि, जहाँ तक आयुष मोबाइल चिकित्सा इकाइयों का प्रश्न है, उत्तराखंड राज्य सरकार से एसएएपी के माध्यम से ऐसा कोई प्रस्ताव प्राप्त नहीं हुआ है।

भारतीय पारम्परिक चिकित्सापद्धतियों को बढ़ावा देना

4299. श्री अनिल फिरोजिया:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) सरकार द्वारा भारतीय पारम्परिक चिकित्सा पद्धतियों को वैश्विक रूप से बढ़ावा देने के लिए क्या प्रमुख कदम उठाए गए हैं;
- (ख) क्या सरकार ने वैश्विक महामारी के दौरान आयुर्वेद, योग और होम्योपैथी उपचार पद्धतियों के उपयोग को बढ़ावा देने के लिए कोई विशेष योजना शुरू की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) आयुष स्वास्थ्य को बढ़ावा देने के लिए सरकार द्वारा शुरू की गई नई आयुष योजनाओं और पहलों का ब्यौरा क्या है; और
- (घ) सरकार द्वारा युवा चिकित्सकों और शोधकर्ताओं को भारतीय पारम्परिक चिकित्सा पद्धतियों में प्रशिक्षण और अनुसंधान के लिए प्रदान किए गए अवसरों का ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क): आयुष मंत्रालय ने आयुष में अंतर्राष्ट्रीय सहयोग को बढ़ावा देने के लिए एक केंद्रीय क्षेत्र योजना (आईसी स्कीम) विकसित की है, जिसके तहत आयुष मंत्रालय आयुष उत्पादों और सेवाओं के निर्यात को बढ़ावा देने के लिए भारतीय आयुष औषधि निर्माताओं/आयुष सेवा प्रदाताओं को सहायता प्रदान करता है; आयुष चिकित्सा पद्धति के अंतर्राष्ट्रीय प्रचार, विकास और मान्यता को सरल बनाता है; हितधारकों के बीच परिचर्चा को बढ़ावा देता है और अंतर्राष्ट्रीय स्तर पर आयुष बाजार का विकास करता है; विदेशों में आयुष अकादमिक पीठों की स्थापना के माध्यम से शिक्षा और अनुसंधान को बढ़ावा देता है और अंतर्राष्ट्रीय स्तर पर आयुष चिकित्सा पद्धतियों के बारे में जागरूकता और अभिरुचि के संवर्धन तथा सुदृढ़ीकरण हेतु प्रशिक्षण कार्यशालाओं/संगोष्ठियों का आयोजन करता है। आयुष मंत्रालय ने आयुष चिकित्सा पद्धतियों को अंतर्राष्ट्रीय मान्यता दिलाने की दिशा में निम्नलिखित कदम उठाए हैं:

- आपसी हित पर आयुष से संबंधित गतिविधियों को शुरू करने के लिए देश स्तरीय समझौता ज्ञापन (एमओयू) पर हस्ताक्षर करके विदेशी देशों के साथ सहयोग। विदेशी देशों के साथ पारंपरिक चिकित्सा और होम्योपैथी के क्षेत्र में सहयोग के लिए 24 देश दर देश स्तर पर समझौता ज्ञापनों पर हस्ताक्षर किए;
- अनुसंधान/अकादमिक सहयोग के लिए विदेशी संस्थानों के साथ समझौता ज्ञापनों पर हस्ताक्षर;
- विदेशी विश्वविद्यालयों/संस्थानों में आयुष पीठों की स्थापना के लिए 15 समझौता ज्ञापन;
- आयुष विशेषज्ञ (अल्पकालिक/दीर्घकालिक) की प्रतिनियुक्ति;
- आयुष के क्षेत्र में सहयोग, अंतर्राष्ट्रीय प्रशिक्षण के आयोजन या सहायता के लिए विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) या संयुक्त राष्ट्र (यूएन) एजेंसियों के साथ सहयोग;
- अंतर्राष्ट्रीय स्तर पर आयुष चिकित्सा पद्धति के बारे में जागरूकता और रुचि के संवर्धन तथा सुदृढ़ीकरण हेतु भारत या विदेश में सम्मेलन, सेमिनार, एक्सपो इत्यादि का आयोजन;

- आयुष पद्धति के बारे में प्रामाणिक जानकारी प्रदान करने के लिए विश्व भर के विभिन्न देशों में 42 आयुष सूचना प्रकोष्ठ (केंद्र) की स्थापना;
- विभिन्न द्विपक्षीय बैठकों और बहुपक्षीय मंचों में आयुष का प्रतिनिधित्व करना, अंतर्राष्ट्रीय स्तर पर आयुष में नैदानिक अनुसंधान करने के लिए सहायता देना;
- आयुष उत्पादों और सेवाओं आदि के निर्यात को बढ़ावा देने के लिए भारतीय आयुष निर्माताओं/आयुष सेवा प्रदाताओं को सहायता प्रदान करता है।
- भारत में मान्यता प्राप्त आयुष संस्थानों में विदेशी नागरिकों को पाठ्यक्रमों के लिए आयुष छात्रवृत्ति प्रदान करना।
- अंतर्राष्ट्रीय योग दिवस (आईडीवाई), 21 जून को प्रतिवर्ष मनाया जाता है, वर्ष 2014 में संयुक्त राष्ट्र द्वारा अपनाए जाने के बाद आईडीवाई एक प्रमुख कार्यक्रम बन गया है, जिसमें दूतावासों, योग चिकित्सकों और स्थानीय समुदायों के माध्यम से विश्व भर में बड़े पैमाने पर भागीदारी होती है।
- पाठ्यक्रमों के माध्यम से योग शिक्षा के लिए सहयोग और विदेशी विश्वविद्यालयों में आयुष पीठों की स्थापना जैसी शैक्षिक पहलें। आयुष मंत्रालय द्वारा स्थापित योग प्रमाणन बोर्ड (वाईसीबी), योग पेशेवरों और संस्थानों के लिए अंतर्राष्ट्रीय स्तर पर अधिमान्य प्रमाणन प्रदान करता है, जिससे शिक्षण और अभ्यास में गुणवत्ता मानकों को सुनिश्चित किया जाता है।

(ख) और (ग): आयुष मंत्रालय ने आयुष स्वास्थ्य को बढ़ावा देने के लिए निम्नलिखित पहलें की हैं:

- आयुष मंत्रालय आयुष चिकित्सा पद्धति के विकास और संवर्धन के लिए राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना को क्रियान्वित कर रहा है और एनएएम दिशानिर्देशों के अनुसार उनकी राज्य वार्षिक कार्य योजनाओं (एसएएपी) में प्राप्त प्रस्तावों के अनुसार उन्हें वित्तीय सहायता प्रदान कर रहा है।

- आयुष मंत्रालय ने आयुष में अंतर्राष्ट्रीय सहयोग को बढ़ावा देने के लिए एक केंद्रीय क्षेत्रीय योजना (आईसी स्कीम) विकसित की है जिसके तहत आयुष मंत्रालय आयुष उत्पादों और सेवाओं के निर्यातको बढ़ावा देने के लिए भारतीय आयुष औषधि निर्माताओं/आयुष सेवा प्रदाताओं को सहायता प्रदान करता है; आयुष चिकित्सा पद्धति के अंतर्राष्ट्रीय प्रचार, विकास और अधिमान्यता को सरल बनाता है; हितधारकों के बीच परिचर्चा को बढ़ावा देता है और अंतर्राष्ट्रीय स्तर पर आयुष बाजार का विकास करता है; अंतर्राष्ट्रीय स्तर पर आयुष चिकित्सा पद्धतियों के बारे में जागरूकता और अभिरुचि के संवर्धन तथा सुदृढीकरण हेतु विदेशी देशों में आयुष अकादमिक पीठों की स्थापना और प्रशिक्षण कार्यशाला/संगोष्ठी आयोजित करके शिक्षा और अनुसंधान को बढ़ावा देना।
- आयुष मंत्रालय ने गुजरात के जामनगर में एक वैश्विक पारंपरिक चिकित्सा केंद्र स्थापित करने के लिए विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) को सहयोग प्रदान किया है, जिसका कार्यनीतिक ध्यान प्रमाण और शिक्षण, ऑकड़े और विश्लेषण, स्थिरता और साम्यता, तथा नवाचार और प्रौद्योगिकी पर है ताकि वैश्विक स्वास्थ्य और सतत विकास में पारंपरिक चिकित्सा के योगदान को बेहतर किया जा सके।
- मंत्रालय आयुष चिकित्सा पद्धति के बारे में जागरूकता पैदा करने के लिए आयुष में सूचना शिक्षा और संचार (आईसीसी) को बढ़ावा देने के लिए केंद्रीय क्षेत्रीय योजना को भी क्रियान्वित करता है। इस योजना का उद्देश्य देश भर में आबादी के सभी वर्गों तक पहुँचना है। यह राष्ट्रीय/राज्य आरोग्य मेलों, योग मेलों/उत्सवों, आयुर्वेद पर्वों आदि के आयोजन के लिए सहायता प्रदान करता है। मंत्रालय आयुष पद्धति के बारे में जागरूकता उत्पन्न करने के लिए मल्टी-मीडिया, प्रिंट मीडिया अभियान भी चलाता है।
- आयुष औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना (एओजीयूएसवाई) भारत में आयुर्वेद, सिद्ध, यूनानी और होम्योपैथी (एएसयूएंडएच) दवाओं को विनियमित करने के लिए औषधि एवं

प्रसाधन सामग्री अधिनियम, 1940 और इसके संबंधित नियमों द्वारा प्रदान किए गए ढांचे का उपयोग करती है, ताकि उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण और उन्नयन किया जा सके।

- **आयुर्ज्ञान योजना:** इस योजना का उद्देश्य देश स्तर पर आयुष स्वास्थ्य सेवाक्षेत्र में क्षमता को बढ़ाना और विकसित करना है। इसका उद्देश्य स्थायी आयुषविधियों के माध्यम से स्वास्थ्य संबंधी पद्धतियों में सुधार करना, पेशेवरों को पेशेवर अभिविन्यास प्रशिक्षण के लिए प्रोत्साहित करना, शिक्षकों और डॉक्टरों के ज्ञान को अद्यतन करना और आयुष विकास के प्रसार के लिए सूचना प्रौद्योगिकी के उपयोग को बढ़ावा देना है। यह स्कीम दावों को अधिमान्य बनाने और वैश्विक बाजार में आयुष दृष्टिकोणों और औषधियों की स्वीकार्यता बढ़ाने के लिए प्राथमिकता वाले क्षेत्रों में अनुसंधान और विकास को प्रोत्साहित करने पर भी ध्यान केंद्रित करती है।
- **आयुर्स्वास्थ्य:** आयुर्स्वास्थ्य योजना का उद्देश्य दो मौजूदा योजनाओं – जन स्वास्थ्य उपचार (पीएचआई) और उत्कृष्टता केंद्र (सीओई) को विलय और विस्तारित करके भारत के सामने आने वाली विविध स्वास्थ्य चुनौतियों का समाधान करना है। इस योजना के तीन मुख्य घटक हैं: आयुष और जनस्वास्थ्य, खेल चिकित्सा हेतु आयुष, और उत्कृष्टता केंद्र के लिए सुविधाओं का उन्नयन। आयुष मंत्रालय के तत्वावधान में 12 राष्ट्रीय संस्थान और 05 अनुसंधान परिषदें भी आयुष चिकित्सा पद्धतियों में शिक्षा, स्वास्थ्य देखभाल सेवाओं, अनुसंधान और सार्वजनिक जागरूकता में कार्यरत हैं। इन संस्थानों की बाह्यरोगी और आंतरिक रोगी सेवाएं जन साधारण को व्यापक स्वास्थ्य देखभाल प्रदान करती हैं। आयुष मंत्रालय के तहत पांच अनुसंधान परिषदें अपनी-अपनी आयुष चिकित्सा पद्धतियों में वैज्ञानिक आधार पर अनुसंधान का समन्वय, निर्माण, विकास और प्रचार करने के साझा अधिदेश के साथ कार्य करती हैं। ये संस्थान/अनुसंधान परिषदें आम जनता के बीच स्वास्थ्य देखभाल की आयुष पद्धतियों के बारे में जागरूकता उत्पन्न करने के लिए आरोग्य मेले, जागरूकता शिविर, उपचार शिविर, रेडियो और टीवी वार्ता, स्वास्थ्य रक्षण कार्यक्रम (एसआरपी), अनुसूचित जाति उप योजना

(एससीएसपी) अनुसंधान कार्यक्रम, आदिवासी स्वास्थ्य सेवा अनुसंधान कार्यक्रम (टीएचसीआरपी) जैसे आउटरीच कार्यक्रम भी आयोजित करती हैं।

आयुष पद्धति के प्रचार और प्रसार के लिए एक आयुष अनुसंधान पोर्टल विकसित किया गया है, जहां 43,614 साक्ष्य आधारित शोध लेख सूचीबद्ध हैं। पोर्टल का लिंक <https://ayushportal.nic.in/default.aspx> है।

(घ): भारत सरकार आयुर्वेद, सिद्ध, यूनानी और सोवा-रिग्पा (एसयूएस) क्षेत्र में अनुसंधान को बढ़ावा देने के लिए भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग (एनसीआईएसएम) के माध्यम से निम्नलिखित अवसर प्रदान करती है:

- **प्रकाशन अनुदान:** एनसीआईएसएम आयुर्वेद, सिद्ध, यूनानी चिकित्सा पद्धति के शिक्षकों, स्नातक और स्नातकोत्तर, और चिकित्सकों को दिशा-निर्देशों के अनुसार गुणवत्ता पत्रिकाओं में शोध पत्रों के प्रकाशन के लिए प्रकाशन अनुदान दे रहा है।
- **स्टूडेंटशिप प्रोग्राम फॉर आयुर्वेद रिसर्च केन (स्पार्क):** एनसीआईएसएम ने, केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएस) के सहयोग से, आयुर्वेद कॉलेजों के स्नातक छात्रों के लिए स्टूडेंटशिप प्रोग्राम फॉर आयुर्वेद रिसर्च केन (स्पार्क) का शुभारंभ किया। एनसीआईएसएम के सहयोग से, केंद्रीय यूनानी चिकित्सा अनुसंधान परिषद (सीसीआरयूएम) तथा केंद्रीय सिद्ध अनुसंधान परिषद (सीसीआरएस) ने सिद्ध और यूनानी चिकित्सा पद्धति के लिए छात्रवृत्ति कार्यक्रम के तहत क्रमशः सिद्ध और यूनानी कॉलेजों के स्नातक छात्रों के लिए अनुसंधान विकास कार्य का भी शुभारंभ किया।
- **स्नातकोत्तर शोधार्थी (पीजी-स्टार):** एनसीआईएसएम ने, सीसीआरएस के सहयोग से, स्कीम फॉर ट्रेनिंग इन आयुर्वेद रिसर्च फॉर पोस्ट ग्रेजुएट स्कालर्स (पीजी-स्टार) शुरू की है।

- **साहित्यिक अनुसंधान:** सीसीआरएस व्यक्तियों को साहित्यिक अनुसंधान के लिए अनुदान दे रहा है और अनुसंधान के उद्देश्य से शिक्षण संस्थानों के साथ कार्य भी कर रहा है।
- **अन्वेषणम रस-भस्म:** आयुर्वेद बोर्ड, एनसीआईएसएम, रसशास्त्र और भैषज्य कल्पना विभाग या मान्यता प्राप्त आयुर्वेद संस्थानों के रसशास्त्र के शिक्षकों और आयुर्वेद चिकित्सकों से नए "रसौषधि" या "नई सामग्री की भस्म" तैयार करने के लिए प्रस्ताव आमंत्रित कर रहा है, जिसका वर्णन किसी भी प्राचीन आयुर्वेद ग्रंथों में नहीं है।

आयुष्मान भारत योजना के लाभार्थी

4300. श्री गिरिधारी यादव:

श्री रामप्रीत मंडल:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार इस बात से अवगत है कि अनेक अस्पताल लाभार्थियों के पास आयुष्मान कार्ड होने के बावजूद उनका उपचार करने से मना कर देते हैं और उन्हें धन जमा करने के लिए बाध्य करते हैं तथा यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ख) क्या सरकार, सरकारी या निजी अस्पताल होने पर ध्यान दिए बिना ऐसे अस्पतालों के विरुद्ध कोई कार्रवाई करती है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) और (ख): आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत, पैनल में शामिल होने की शर्तों के अनुसार, अस्पताल इस योजना के पात्र लाभार्थियों को उपचार देने से इनकार नहीं कर सकते। पैनल में शामिल अस्पताल द्वारा उपचार देने से इनकार किए जाने की स्थिति में, लाभार्थी शिकायत दर्ज करा सकते हैं। एबी-पीएमजेएवाई के अंतर्गत, स्वास्थ्य परिचर्या

सेवाओं का उपयोग करने में लाभार्थियों द्वारा सामना की जाने वाली समस्याओं को हल करने के लिए जिला, राज्य और राष्ट्रीय स्तर पर तीन-स्तरीय शिकायत निवारण प्रणाली बनाई गई है। प्रत्येक स्तर पर शिकायतों के समाधान के लिए एक समर्पित नोडल अधिकारी और शिकायत निवारण समितियां हैं।

लाभार्थी वेब आधारित पोर्टल, केन्द्रीयकृत शिकायत निवारण प्रबंधन प्रणाली (सीजीआरएमएस), केन्द्रीय एवं राज्य कॉल सेंटर (14555), ईमेल, राज्य स्वास्थ्य एजेंसियों को पत्र (एसएचए) आदि सहित विभिन्न माध्यमों का उपयोग करके अपनी शिकायतें दर्ज करा सकते हैं। शिकायत की प्रकृति के आधार पर, योजना के तहत उपचार प्राप्त करने में लाभार्थियों को सहायता प्रदान करने सहित आवश्यक कार्रवाई की जाती है।

इसके अलावा, उचित मामलों में, धोखाधड़ी करने वाली संस्थाओं के खिलाफ कड़ी कार्रवाई (जैसे पैनल से हटाना, दोषी अस्पतालों पर जुर्माना लगाना, निलंबन, चेतावनी पत्र जारी करना, एफआईआर दर्ज करना) करने के प्रावधान राज्य स्वास्थ्य प्राधिकरणों के पास उपलब्ध हैं।

निजी अस्पतालों जिनके विरुद्ध दंडात्मक कार्रवाई की गई है, जैसे अस्पताल का निलंबन, चेतावनी पत्र जारी करना और अस्पताल को पैनल से बाहर करना, का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा निम्नानुसार है:

राज्य/संघ राज्य क्षेत्र	अस्पतालों की संख्या
आंध्र प्रदेश	39
असम	1
बिहार	1
चंडीगढ़	2
छत्तीसगढ़	4
गोवा	1
गुजरात	5
हरियाणा	7

जम्मू और कश्मीर	42
झारखंड	6
कर्नाटक	49
केरल	8
मध्य प्रदेश	127
पंजाब	11
राजस्थान	10
तमिलनाडु	25
उत्तर प्रदेश	542

नोट: डेटा दिनांक 30.11.2024 के अनुसार

DEVELOPMENT OF THE BISWANATH GHAT

4301. SHRI RANJIT DUTTA:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

(a) whether the Government has taken any steps towards the development of the Biswanath ghat in Biswanath district of Assam along the Brahmaputra River (NW-2) for the smooth operation of the river cruises; and

(b) if so, the details thereof including the facilities developed as well as proposed for the national and international tourists who travel by river cruise to Biswanath ghat?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI SARBANANDA SONOWAL):

(a) and (b) Yes. A floating terminal has been provided by Inland Waterways Authority of India (IWAI), an autonomous organization under Ministry of Ports, Shipping and Waterways at Biswanath Ghat for berthing of cruise vessels and

embarkation/disembarkation of tourists. Moreover, the work for development of a tourist jetty at Biswanath Ghat has been assigned to Indian Port Rail and Ropeway Corporation Ltd (IPRCL).

उत्तर प्रदेश में मेडिकल कॉलेज

4302. श्री राम शिरोमणि वर्मा:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार उत्तर प्रदेश के सबसे पिछड़े आकांक्षी जिले श्रावस्ती में मेडिकल कॉलेज स्थापित करने पर विचार कर रही है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;

(ग) क्या उत्तर प्रदेश के श्रावस्ती और बलरामपुर जिलों में प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आधुनिक चिकित्सा उपकरणों की कमी है और मरीजों की संख्या की तुलना में डॉक्टरों, नर्सों और परा-चिकित्सा स्टाफ की संख्या पर्याप्त नहीं है; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

(क) से (घ): स्वास्थ्य और परिवार कल्याण मंत्रालय 'मौजूदा जिला/रेफरल अस्पतालों से संलग्न नए मेडिकल कॉलेजों की स्थापना' के लिए एक केंद्र प्रायोजित योजना (सीएसएस) का संचालन करता है, जिसमें ऐसे अल्पसेवित क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जाती है, जहाँ कोई सरकारी या निजी मेडिकल कॉलेज मौजूद नहीं है। केन्द्र और राज्य सरकारों के बीच निधीयन सांझेदारी पद्धति पूर्वोत्तर और विशेष श्रेणी के राज्यों के लिए 90:10 के अनुपात में और अन्य राज्यों के लिए 60:40 के

अनुपात में है। इस स्कीम के अंतर्गत उत्तर प्रदेश में 27 मेडिकल कॉलेज अनुमोदित किए गए हैं जिनमें से 26 कार्यशील हैं।

इसके अतिरिक्त, “जन स्वास्थ्य एवं अस्पताल” राज्य का विषय है, जन स्वास्थ्य परिचर्या प्रणाली के सुदृढ़ीकरण का प्राथमिक उत्तरदायित्व संबंधित राज्य सरकारों का है। तथापि, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत स्वास्थ्य और परिवार कल्याण मंत्रालय जन स्वास्थ्य परिचर्या प्रदायगी को सुदृढ़ करने के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। उत्तर प्रदेश सरकार द्वारा दी गई सूचना के अनुसार, श्रावस्ती और बलरामपुर जिलों में प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आवश्यक उपकरण हैं और आम जनता को सभी आवश्यक चिकित्सा सुविधाएं प्रदान की जा रही हैं।

HEALTH INFRASTRUCTURE IN MEDICAL ESTABLISHMENTS

4303. SHRI HARIBHAI PATEL:

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

- (a) the total number of Primary Health Centers, Community Health Centers, Sub- District/Divisional Hospitals (SDHs), District Hospitals (DHs) and Central Government run hospitals as uploaded by the State/UTs on the Health Management Information System (HMIS) portal of the Government across the country particularly in Gujarat, State/UT-wise;
- (b) the total number of doctors, nurses, health workers and allied health professionals employed in these medical establishments and for Union Government operated medical establishments, State/UT-wise;

- (c) the total number of vacancies in these medical establishments, Central Government operated medical establishments, State/UT-wise; and
- (d) the steps taken by the Government to improve the number and quality of medical professionals in the public health system?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (c): The total number of Primary Health Centers, Community Health Centers, Sub- District/Divisional Hospitals (SDHs), District Hospitals (DHs) and the details regarding in-position and vacancies of doctors, nurses and other health workers/professionals in these establishments are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

[https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23 RE%20%281%29.pdf](https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23%20RE%20%281%29.pdf)

The total number Central Government run hospitals and the details regarding in-position and vacancies of doctors, nurses and other health workers/professionals in these medical establishments is given in the enclosed **STATEMENT-I and II.**

(d): There is an increase of 102% in Medical Colleges in the country from 387 in 2014 to 780 as of now. There is also an increase of 130% in MBBS seats from

51,348 in 2014 to 1,18,137 as of now and increase of 135% in PG seats from 31,185 in 2014 to 73,157 as of now.

The measures/steps taken by the Government to increase the doctors/medical professionals in the country include:-

- Centrally Sponsored Scheme for establishment of new medical college by upgrading district/ referral hospital under which 157 medical colleges have been approved.
- Centrally Sponsored Scheme for strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS and PG seats.
- Under “Upgradation of Government Medical Colleges by construction of Super Specialty Blocks” of Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) scheme, a total of 75 projects have been approved.
- Under the Central Sector Scheme for setting up of new AIIMS, 22 AIIMS have been approved.
- DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.
- Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/Dean/Principal/ Director in medical colleges upto 70 years.

Under the National Health Mission, the Ministry of Health and Family Welfare provides technical and financial support to the States/UTs including State of

Gujarat to strengthen the public healthcare system including recruitment of health care professionals and their training in rural areas based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms and available resources. The details are available in public domain at:

<https://nhm.gov.in/index1.php?lang=1andlevel=1andsublinkid=1377andlid=744>

Under NHM, following types of incentives and honorarium are provided for encouraging doctors to practice in rural and remote areas of the country:

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
- Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians and Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural and remote area.
- Incentives like special incentives for doctors, incentive for Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (ANC) checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.

- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.

STATEMENT-I

DOCTORS AND OTHER HEALTHCARE STAFF IN CENTRAL GOVERNMENT HOSPITALS

Sl. No.	Name of the Institutes	Sanctioned	In-position	Vacancies
1.	Safdarjung Hospital	7507	5454	2053
2.	RML Hospital	3921	2994	927
3.	Lady Harding Medical College	1630	1258	372
4.	Rural Health Training Centre (RHTC)	204	98	106
5.	Regional Institute of Medical Science (RIMS), Imphal	1455	865	590
6.	NEIGRIHMS, Shillong	1511	1077	434

STATEMENT-II**DOCTORS AND OTHER HEALTHCARE STAFF IN AIIMS**

Sr. No.	Name of AIIMS and State	Faculty position (Doctors)			Non-Faculty position (including Nursing staff and other healthcare worker)		
		Sanctioned	In-position	Vacant	Sanctioned	In-position	Vacant
1.	New Delhi (AIIMS)	1235	810	425	14343	12101	2242
2.	Bhopal (Madhya Pradesh)	305	231	74	3884	2861	1023
3.	Bhubaneswar (Odisha)	315	241	74	3904	2808	1096
4.	Jodhpur (Rajasthan)	305	221	84	3884	3147	737
5.	Raipur (Chhattisgarh)	305	178	118	3884	2713	1171
6.	Patna (Bihar)	305	225	80	3884	2550	1334
7.	Rishikesh (Uttarakhand)	305	217	88	3884	2701	1183
8.	Mangalagiri (Andhra Pradesh)	259	152	107	1469	1060	409
9.	Nagpur (Maharashtra)	298	224	74	1459	1059	400
10.	Kalyani (West Bengal)	259	157	102	1527	910	617
11.	Gorakhpur (Uttar Pradesh)	183	122	61	1346	921	425
12.	Bathinda (Punjab)	209	140	69	1624	1128	496
13.	Bilaspur (Himachal Pradesh)	217	106	111	1511	918	593
14.	Guwahati (Assam)	183	105	78	1410	642	948
15.	Deoghar (Jharkhand)	183	120	63	1364	822	542
16.	Bibinagar (Telangana)	183	114	69	1374	876	498
17.	Raebareli (Uttar Pradesh)	201	106	95	1425	905	520
18.	Rajkot (Gujarat)	183	67	116	1247	550	697
19.	Madurai (Tamil Nadu)	183	51	132	911	42	869
20.	Jammu (Jammu and Kashmir)	183	106	77	1267	737	530

नर्सिंग प्रशिक्षण महाविद्यालय**4304. डॉ. राजकुमार सांगवान:**

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार उत्तर प्रदेश राज्य में नर्सिंग प्रशिक्षण महाविद्यालय स्थापित करने पर विचार कर रही है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) यदि नहीं, तो इसके क्या कारण हैं?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

(क) से (ग): “नर्सिंग शिक्षा संवर्धन-मेडिकल कॉलेज के साथ सह-स्थान पर नए नर्सिंग कॉलेज की स्थापना” संबंधी केन्द्रीय प्रायोजित योजना (सीएसएस) के तहत उत्तर प्रदेश के बस्ती, फैजाबाद, फिरोजाबाद, शाहजहांपुर, बहराइच, एटा, हरदोई, प्रतापगढ़, फतेहपुर, सिद्धार्थनगर (डुमरियागंज), देवरिया, गाजीपुर, मिर्जापुर, बिजनौर, कुशीनगर, सुल्तानपुर, गोंडा, ललितपुर, लखीमपुर खीरी, चंदौली, बुलंदशहर, सोनभद्र, पीलीभीत, औरैया, कानपुर देहात, कौशांबी और अमेठी जिलों में 27 नर्सिंग कॉलेज अनुमोदित किए गए हैं।

इसके अलावा, उपर्युक्त स्थानों पर 27 नए नर्सिंग कॉलेजों की स्थापना के लिए केंद्रीय हिस्से की पहली किस्त के रूप में 54.00 करोड़ रुपये की धनराशि जारी की गई है।

ऑक्सीजन की कमी से हुई मौतें

4305. श्री दरोगा प्रसाद सरोज:

श्री संजय हरिभाऊ जाधव:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार ने देश में ऑक्सीजन की कमी के कारण संदिग्ध मौतों संबंधी आंकड़े एकत्र किए हैं और यदि हां, तो तत्संबंधी राज्य/संघ राज्यक्षेत्रवार ब्यौरा क्या है;

(ख) क्या सरकार ने ऐसी मौतों की कोई जांच की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार ने ऑक्सीजन की कमी के कारण हुई मौतों की रिपोर्ट संकलित करने के लिए राज्यों/संघ राज्यक्षेत्रों को कोई दिशानिर्देश जारी किए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या सरकार ने मेडिकल ऑक्सीजन की आपूर्ति न करने और ऐसी मौतों को रोकने में सक्षम न होने के लिए संबंधित अधिकारियों/प्राधिकरणों पर कोई जिम्मेदारी तय की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ङ) सरकार द्वारा राज्यों/संघ राज्यक्षेत्रों को मेडिकल ऑक्सीजन की पर्याप्त आपूर्ति सुनिश्चित करने के लिए क्या कदम उठाए गए/उठाए जाने का प्रस्ताव है और इस संबंध में अन्य क्या कदम उठाए गए हैं?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (घ): स्वास्थ्य राज्य का विषय है। हालांकि, स्वास्थ्य और परिवार कल्याण मंत्रालय नियमित रूप से देश में ऑक्सीजन की कमी के कारण होने वाली मौतों की संख्या के संबंध में कोई विकेंद्रित डेटाबेस नहीं रखता है, 13 दिसंबर, 2024 (और फिर 16 दिसंबर, 2024 को) सभी राज्यों/संघ राज्य क्षेत्रों से 'ऑक्सीजन की कमी के कारण होने वाली मौतों' के संबंध में डेटा प्रदान करने का अनुरोध किया गया था। स्वास्थ्य और परिवार कल्याण मंत्रालय को किसी भी राज्य/संघ राज्य क्षेत्र से ऑक्सीजन की कमी के कारण मौतों की कोई रिपोर्ट प्राप्त नहीं हुई है।

(ङ): स्वास्थ्य और परिवार कल्याण मंत्रालय सभी राज्यों को अपेक्षित तकनीकी, संभारतंत्रीय और वित्तीय सहायता प्रदान करता है और स्वास्थ्य अवसंरचना और सेवा प्रदायगी को और अधिक सुदृढ़ बनाने के लिए संभारतंत्रीय और वित्तीय सहायता के माध्यम से राज्यों की सहायता भी करता है।

राज्यों/संघ राज्य क्षेत्रों को चिकित्सा ऑक्सीजन की पर्याप्त आपूर्ति को संवर्धित करने के लिए किए गए कुछ उपायों में मेडिकल गैस पाइपलाइन सिस्टम (एमजीपीएस) के साथ तरल चिकित्सा ऑक्सीजन (एलएमओ) भंडारण टैंकों की संस्थापना, सभी राज्यों/संघ राज्य क्षेत्रों को ऑक्सीजन सिलेंडर और ऑक्सीजन कंसंट्रेटर की आपूर्ति के लिए वित्तीय सहायता भी शामिल है। इसके

अतिरिक्त, भारत सरकार ने सभी राज्यों/संघ राज्य क्षेत्रों के जिला अस्पतालों में प्रेशर स्विंग एडसॉर्प्शन (पीएसए) संयंत्रों की संस्थापना के लिए भी सहायता प्रदान की है।

दादरा और नगर हवेली में आयुष्मान कार्ड्स

4306. श्री उमेशभाई बाबूभाई पटेल:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या दादरा और नगर हवेली संघ शासित प्रदेशों में स्वास्थ्य सुविधाओं के लिए बनाए गए आयुष्मान कार्ड की वैधता अवधि केवल 3 या 4 महीने है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं; और

(ख) सरकार ने इस बात को किस तरह से देखा है कि इस योजना के अंतर्गत लोगों को शेष आठ महीनों के दौरान निःशुल्क उपचार किस प्रकार मिल सकता है जबकि उक्त कार्ड केवल 3 या 4 महीनों की अवधि के लिए ही बनाए जाते हैं और ऐसे अस्पतालों का ब्यौरा क्या है तथा निःशुल्क उपचार के लिए क्या सुविधाएं दी गई हैं?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) और (ख): आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत पात्र लाभार्थी, जिनमें दमन और दीव और दादरा नगर हवेली के निवासी भी शामिल हैं, किसी भी समय, अर्थात् पूरे वर्ष अपना आयुष्मान कार्ड बना सकते हैं।

दमन और दीव और दादरा नगर हवेली संघ राज्य क्षेत्र उस संघ राज्य क्षेत्र में एबी-पीएमजेएवाई के तहत कवर किए गए निवासियों के इतर निवासियों के लिए एबी-पीएमजेएवाई पारिस्थितिकी तंत्र का उपयोग करते हुए एक अलग सह योगदान वाली योजना संजीवनी स्वास्थ्य बीमा योजना कार्यान्वित करता है। यह राज्य-विशिष्ट योजना पूरी तरह से संघ राज्य क्षेत्र प्रशासन द्वारा प्रबंधित की जाती है और इसमें नामांकन के लिए फरवरी से अप्रैल तक की अवधि तय की जाती है।

एबी-पीएमजेएवाई लाभार्थियों को पूरे वर्ष सभी पैनलबद्ध अस्पतालों में उपचार प्रदान किया जाता है। इसके अलावा, संघ राज्य क्षेत्र अन्य रोगियों के लिए सरकारी अस्पतालों में निःशुल्क उपचार प्रदान करता है।

बच्चों के लिए योजनाएँ

4307. श्री मनसुखभाई धनजीभाई वसावा:

क्या महिला और बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार ने प्राथमिक स्तर पर कुपोषण, बाल विवाह, बाल श्रम, मानव तस्करी और प्राथमिक स्तर पर स्कूल छोड़ने की समस्याओं का सामना कर रहे बच्चों की दयनीय स्थिति पर ध्यान दिया है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार के पास उक्त बच्चों के विकास, संरक्षण और कल्याण संबंधी कोई योजना/कार्यक्रम है;

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ङ) सरकार द्वारा ऐसे बच्चों के हितों की सुरक्षा और उनकी स्थिति में सुधार के लिए उठाए जा रहे/प्रस्तावित अन्य कदमों का ब्यौरा क्या है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) से (ङ): महिला एवं बाल विकास मंत्रालय किशोर न्याय (बच्चों की देखरेख एवं संरक्षण) अधिनियम, 2015 (जेजे अधिनियम, 2015) का संचालन कर रहा है, जो बच्चों की सुरक्षा, सम्मान और कल्याण सुनिश्चित करने के लिए प्राथमिक कानून है। यह अधिनियम देखरेख, संरक्षण, विकास, उपचार और सामाजिक पुनः एकीकरण के माध्यम से उनकी बुनियादी जरूरतों को पूरा करके देखरेख और संरक्षण की जरूरत वाले बच्चों (सीएनसीपी) और विधि का उलंघन करने वाले बच्चों (सीसीएल)

के संरक्षण का प्रावधान करता है। यह बच्चे के सर्वोत्तम हित को सुरक्षित करने के लिए देखरेख और संरक्षण के मानकों को परिभाषित करता है। इसके अलावा, बच्चों के विकास, संरक्षण एवं कल्याण के लिए मंत्रालय (1) देश में पोषण और स्वास्थ्य संकेतकों में सुधार के लिए मिशन सक्षम आंगनवाड़ी और पोषण 2.0 और (2) कठिन परिस्थितियों में रह रहे बच्चों की सुरक्षा, देखरेख तथा कल्याण के लिए मिशन वात्सल्य, का कार्यान्वयन कर रहा है। इन योजनाओं का विवरण इस प्रकार है:

(i) **सक्षम आंगनवाड़ी और पोषण 2.0 (पोषण 2.0):** इस मिशन के तहत, आंगनवाड़ी सेवा योजना, पोषण अभियान और किशोरियों के लिए योजना को 3 प्राथमिक उप-घटकों में पुनर्गठित किया गया है (i) पोषण और किशोरियों के लिए पोषण सहायता, (ii) प्रारंभिक बाल्यावस्था देखरेख एवं शिक्षा [3-6 वर्ष] और (iii) आधुनिक, उन्नत सक्षम आंगनवाड़ियों सहित आंगनवाड़ी बुनियादी ढांचा।

(ii) **मिशन वात्सल्य:** मिशन वात्सल्य ने देखरेख एवं संरक्षण की आवश्यकता वाले बच्चों के लिए बेहतर पहुंच तथा सुरक्षा के लिए एकीकृत बाल संरक्षण योजना (आईसीपीएस) को एक मिशन मोड में शामिल किया है, जिसका उद्देश्य है: (i) कठिन परिस्थितियों में बच्चों को समर्थन और पोषण देना (ii) विभिन्न पृष्ठभूमियों के बच्चों के समग्र विकास के लिए संदर्भ-आधारित समाधान विकसित करना (iii) नवोन्मेषी समाधानों को प्रोत्साहित करने के लिए ग्रीन फील्ड परियोजनाओं के लिए अवसर प्रदान करना।

CHILD ABUSE IN SHELTER HOMES

4308. SHRI VAMSI KRISHNA GADDAM:

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

- (a) the number of child abuse cases reported in shelter homes across the country during the last five years, State/UT-wise;

- (b) whether the Government has assessed reasons for such incidents, if so, the details thereof and if not, the reasons therefor;
- (c) whether the Government has identified systemic failures leading to recurring abuse cases in shelter homes, if so, details of the corrective steps taken at both the national and State levels;
- (d) the details of investigations/actions taken against shelter homes reported child abuse cases during the last five years, year-wise and State-wise including in Tamil Nadu;
- (e) the details of the measures implemented and funds allocated to ensure higher on-site healthcare presence in shelter homes, especially in overcrowded facilities; and
- (f) whether the Government has assessed the effectiveness of protection mechanisms in the country including Tamil Nadu, if so, the details of the challenges posed therein?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (f): The Ministry of Women and Child Development administers the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015). It is the primary legislation for ensuring safety, security, dignity and well-being of children. It defines standards of care and protection to secure the best interest of the child.

Section 41 of the JJ Act, 2015 mandates the registration of Child Care Institutions (CCIs) in all States/Union Territories (UTs), for housing children in need of care and protection or children in conflict with law.

Sections 27-30 of the JJ Act, 2015 empower the Child Welfare Committees to take decisions with regard to the Children in Need of Care and Protection (CNCP), keeping their best interest in mind. The Committees are also mandated to monitor the functions of the CCIs. Similarly, sections 04-09 of the JJ Act, 2015 empower the Juvenile Justice Boards (JJBs) to take decisions regarding the welfare of Children in Conflict with Law (CCL).

The JJ Act, 2015 and Rules made thereunder provide for inspection of Child Care Institutions by State Level Inspection Committee and District Level Inspection Committee. The District Level Inspection Committee is constituted by the District Magistrate with Additional District Magistrate as Chairperson. The District Level Inspection Committee inspects all CCIs in the district and submits the report of the findings to the District Magistrate or the State Government for improvement and development of CCIs in accordance with the provisions of the JJ Act, 2015 and Rules made thereunder. The District Magistrate shall take follow up action on the report of inspection committees and ensure that corrective measures are taken in a time bound manner. The primary responsibility of implementation of the JJ Act lies with the respective State/UT Governments.

The Government of India has enacted the Protection of Children from Sexual Offences (POCSO) Act, 2012 to provide strong safe guards for children against sexual abuse. The Act define a child as any person below the age of 18 years. It provides for establishment of Special Courts for the purpose of ensuring speedy trial. It was amended in 2019 to introduce more stringent punishment including death penalty for committing sexual crimes on children, with a view to deter the perpetrators and prevent such crimes against children. POCSO Act also prescribes provisions of mandatory reporting of crime, as per Section-21 which provides punishment for failure to report or record a case.

POCSO Rules, 2020 include provisions for mandatory police verification of staff in schools and care homes, procedures to report child sexual abuse material (pornography), imparting age-appropriate child rights education, among other things. The Rules also stipulate that suitable material and information are disseminated by the respective Governments in all public places such as panchayat bhavans, community centers, schools and colleges, bus terminals, railway stations, places of congregation, airports, taxi stands, cinema halls and such other prominent places and also be disseminated through social media.

Further, Ministry of Women and Child Development is implementing a Centrally Sponsored Scheme namely 'Mission Vatsalya', through the State/ UT Governments on pre-defined cost sharing basis between the Central and the State Governments to deliver services for Children in Need of Care and Protection (CNCP) and Children in Conflict with Law (CCL). The scheme provides services to the CNCP and CCL category of children for their

rehabilitation and social re-integration into the mainstream of the society. These services include both institutional care and non-institutional care services. The Child Care Institutions (CCIs) established under the JJ Act, 2015 and the Mission Vatsalya scheme support, *inter-alia*, age-appropriate education, access to vocational training, recreation, health care, counselling etc. Support under non-institutional care is provided by way of sponsorship, foster care and after care to children in need of care and protection. Further, Mission Vatsalya guidelines stipulate Child Care Institutions (CCIs) with a capacity of 50 children and for North-Eastern States, Himalayan States and Hilly areas in other States, CCIs with a capacity of 25 children or as per the need of the States.

The Ministry regularly follows up with the State/ UT Governments and various advisories have been sent so as to ensure the effective implementation of Mission Vatsalya Scheme. The Ministry conducts meetings, trainings and workshops from time to time with the State and UT Governments to strengthen implementation of Mission Vatsalya Scheme at the field level. The State Child Protection Society and District Child Protection Units at the State and District levels provide day to day monitoring of the scheme.

The National Commission for Protection of Child Rights (NCPCR) at National level and State Commission for Protection of Child Rights (SCPCR) at State level, under section 109 of the JJ Act, 2015, monitor the implementation of the JJ Act, 2015. NCPCR has developed an online portal for real time monitoring

of the CCIs including Shelter Homes. 56 complaints of child abuse in the CCIs have been reported on this portal including from Shelter Homes across the country during the last five years from 2019-20 to 2023-24. The complaints received on the NCPCR portal are forwarded to the district authority concerned and State authority for appropriate action. The State/UT-wise number of child abuse cases in CCIs including Shelter homes as reported on the portal of the NCPCR during the last five years is given at the enclosed STATEMENT.

STATEMENT

STATE/UT-WISE NUMBER OF CHILD ABUSE IN CHILD CARE INSTITUTIONS INCLUDING SHELTER HOMES DURING THE LAST FIVE YEARS

Sl. No.	States/UTs	2019-20	2020-21	2021-22	2022-23	2023-24
1	Andaman and Nicobar Islands	0	0	0	0	0
2	Andhra Pradesh	1	0	0	0	0
3	Arunachal Pradesh	0	0	0	0	0
4	Assam	0	0	0	0	0
5	Bihar	1	2	1	2	0
6	Chandigarh	0	0	0	0	0
7	Chhattisgarh	0	1	0	0	0
8	Dadra and Nagar Haveli and Daman and Diu	0	0	0	0	0
9	Delhi	1	0	0	0	1
10	Goa	0	0	0	0	0

11	Gujarat	0	0	0	0	0
12	Haryana	0	0	3	1	0
13	Himachal Pradesh	0	0	0	0	0
14	Jammu and Kashmir	0	0	0	0	0
15	Ladakh	0	0	0	0	0
16	Jharkhand	0	2	1	0	0
17	Karnataka	1	1	0	0	0
18	Kerala	0	0	0	0	0
19	Lakshadweep	0	0	0	0	0
20	Madhya Pradesh	1	0	2	0	0
21	Maharashtra	1	0	0	0	0
22	Manipur	0	0	0	0	0
23	Meghalaya	0	0	0	0	0
24	Mizoram	0	0	0	0	0
25	Nagaland	0	0	0	0	0
26	Orissa	0	4	1	1	1
27	Puducherry	0	0	0	0	0
28	Punjab	0	0	0	0	0
29	Rajasthan	2	0	4	0	1
30	Sikkim	0	0	0	0	0
31	Tamil Nadu	0	3	5	0	0
32	Telangana	0	0	2	1	0
33	Tripura	0	0	1	0	0
34	Uttar Pradesh	3	0	1	0	1
35	Uttarakhand	1	0	0	0	1
36	West Bengal	0	0	0	0	0
	Total	12	13	21	5	5

JAN AUSHADHI KENDRAS IN ANDHRA PRADESH

4309. DR. BYREDDY SHABARI:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) whether the Government has proposed more Jan Aushadhi Kendras for Nandyal district of Andhra Pradesh;
- (b) if so, the details thereof and the action plan formulated to increase their numbers across the country especially in rural areas, State/UT-wise;
- (c) the present status of JAKs set up in the State of Andhra Pradesh, district-wise;
- (d) whether any data is available regarding the financial benefits a person receives through JAKs; and
- (e) if so, the complete details thereof and the other steps taken/proposed to be taken by the Government to bring in all the medicines including those for rare, cancer and other major diseases through JAKs?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) and (b): The Government has decided to open 25,000 Jan Aushadhi Kendras (JAKs) across the country by March 2027. Online applications have been invited from all districts of the country through the website www.janaushadhi.gov.in. There is no region-specific target for opening of new JAKs. A total of 6 JAKs have been opened in Nandyal district till 30.11.2024. To increase access to medicines in rural areas, Jan Aushadhi has partnered with the Cooperative Sector to open Jan Aushadhi Kendras through Primary Agriculture Cooperative

Societies (PACS). Till 30th November 2024, 687 Kendras have been opened in PACS, Out of which 121 JAKs have been opened in Andhra Pradesh.

(c): There are 270 JAKs opened in Andhra Pradesh. District- wise number of JAKs opened in Andhra Pradesh is enclosed as **Statement**.

(d) and (e): Under Pradhan Mantri Bhartiya Janaushadhi Pariyojana, the Government is providing financial assistance to entrepreneurs in the following manner: -

- i. JAKs run by all entrepreneurs who are linked with PMBI through software are eligible for purchase-based incentives @ 20% up to Rs. 20000/- per month subject to maintaining stock of specified medicines as per the stocking mandate.
- ii. One-time additional incentive of Rs. 2.00 lakh (in the form of support towards furniture, computer, refrigerator and other fixtures) is provided to the JAKs opened in North-Eastern States, Himalayan areas, Island territories, and backward areas mentioned as aspirational districts by NITI Aayog or opened by applicants who are women entrepreneur, Ex-serviceman, Divyang and SC and ST.

Further, under PMBJP, 2047 types of medicines and 300 surgicals/devices have been brought under the product basket covering all major therapeutic groups such as Cardiovascular, Anti-cancers, Anti-diabetics, Anti-infectives, Anti-allergic, Gastro-intestinal medicines, Nutraceuticals, etc.

STATEMENT

District-wise JAKs opened in the State of Andhra Pradesh till 30.11.2024		
Sl. No.	Name of the District	No. of JAKs opened
1	Ananthapuramu	12
2	Chittoor	12
3	Y.S.R.	8
4	East Godavari	13
5	Guntur	22
6	Krishna	7
7	Kurnool	18
8	Sri Potti Sriramulu Nellore	8
9	Prakasam	15
10	Srikakulam	7
11	Visakhapatnam	8
12	Vizianagaram	7
13	West Godavari	14
14	Parvathipuram Manyam	3
15	Anakapalli	9
16	Alluri Sitharama Raju	3
17	Kakinada	6
18	Dr. B.R. Ambedkar Konaseema	10
19	Eluru	13
20	Ntr	17
21	Bapatla	10
22	Palnadu	12
23	Tirupati	12
24	Annamayya	8
25	Sri Sathya Sai	10
26	Nandyal	6
Total		270

PROMOTION OF SUVIDHA SANITARY NAPKINS**4310. SHRIMATI KANIMOZHI KARUNANIDHI:**

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) the details regarding the measures taken to promote awareness and facilitate the availability of Jan Aushadhi Suvidha sanitary napkins under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) since the scheme's inception;
- (b) whether the Government is facing Supply chain challenges, including frequent stock shortages to maintain availability of Suvidha sanitary napkins at Jan Aushadhi Kendras;
- (c) if so, the details thereof and the steps taken by the Government to ensure availability and maintain the quality of Suvidha napkins; and
- (d) the details of the centres where these Suvidha sanitary napkins are available, State-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

- (a) to (d): In order to ensure easy availability of the menstrual health services to all women across India, the “Janaushadhi Suvidha Oxy-Biodegradable Sanitary Napkin” was launched on 27th August 2019, which are available for sale in all Jan Aushadhi Kendras (JAKs) across the country @ Rs. 1.00 per sanitary pad. The Janaushadhi Suvidha Napkins come with a special additive, which makes it biodegradable when it comes in contact with oxygen after being

discarded. These Napkins are available in packs of 4's and 10's. Since inception till 30.11.2024 over 64.55 crore Napkins have been sold through JAKs.

Sufficient stock of Napkins is available in PMBJP. On an average, two crore Napkins are sold every month through JAKs. Stock of Napkins available at JAKs is monitored as part of minimum stocking mandate for JAKs based on which incentive to JAKs is given on purchases made by them @ 20% upto Rs. 20,000 per month. Each batch of Suvidha Napkins undergoes quality testing at NABL accredited labs before it is supplied to JAKs for sale.

Regular publicity is being done regarding Suvidha Napkins through social media and other mediums.

A total of 14,320 JAKs have been opened across the country till 30.11.2024. Sanitary Pads are available at all JAKs in India.

PENDING CASES IN HARYANA AND PUNJAB HIGH COURT

4311. KUMARI SELJA:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

(a) the number of cases relating to Haryana are pending in Punjab and Haryana High Court;and

(b) the number of those cases that are more than 20 years old?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a) and (b): As per information provided by High Court of Punjab and Haryana, the number of cases relating to Haryana, pending in Punjab and Haryana High Court as on 16.12.2024, is 1,95,444 and the number of those cases that are more than 20 years old is 10,532.

ADVOCATES PROTECTION BILL

4312. SHRI RAJABHAU PARAG PRAKASH WAJE:

Will the Minister of **LAW AND JUSTICE** be pleased to state :

(a) whether the Government has taken cognizance of increasing instances of violence, intimidation and threats to the lawyers;

(b) if so, the details of the steps taken by the Government to address this issue and provide protection to lawyers;

(c) whether the Government will consider enacting the Advocates Protection Bill to protect lawyers from violence, if so, the current status of the bill and the timeline for its enactment; and

(d) whether the Government has any plan to include provisions in the bill to provide compensation to lawyers who are victims of violence and intimidation and if so, the details thereof, whether the Government proposes to set up a special task force to investigate incidents of violence and intimidation against lawyers, if so, the details thereof?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a) and (b): The subject matter of 'Police and Public Order' falls under the State List of the Seventh Schedule to the Constitution of India. Therefore, it is primarily the responsibility of the State Governments to prevent, detect, register, and investigate crimes against the Advocates and prosecute the offenders.

(c) and (d): There is no proposal of the Government to enact the Advocates Protection Bill, for the present.

SHORTAGE OF DOCTORS IN GOVERNMENT HOSPITALS

4313. SHRI YOGENDER CHANDOLIA:

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

(a) whether the Government is aware of the shortage of doctors in Government Hospitals of Delhi and if so, the details thereof along with the steps taken by the Government in this regard;

(b) whether the Government is considering to increase Normal and ICU beds in Central Government Hospitals in the country including NCT of Delhi and if so, the details thereof;

(c) whether the Government is considering to increase doctors in Central Government Hospitals in the country including Hospitals of NCT of Delhi and if so, the details thereof;

(d) whether the Government is considering to increase medical colleges in the country including NCT of Delhi and if so, the details thereof; and

(e) the total number of Doctors, Nurses and Normal and ICU beds that have been increased in the Hospitals of Delhi as on date during the last five years?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (c): The number of doctors in Central Government Hospitals of Delhi is given in the enclosed **Statement-I**.

Augmentation of Healthcare Facilities to cater to the increasing needs and functional requirement in Central Government Hospitals including increase in number of beds, creation of posts and filling up of vacant posts of Doctors and other staff is a continuous administrative process .

(d): The Ministry of Health and Family Welfare administers a Centrally Sponsored Scheme (CSS) for 'Establishment of new medical colleges attached with existing district/referral hospitals' with preference to underserved areas and inspirational districts, where there is no existing government or private medical college. Under the Scheme, 157 medical colleges have been approved, out of which 131 have become functional.

(e). The number of beds, doctors and nursing personnel increased during last five years in Central Government Hospitals of Delhi is given at the enclosed **Statement-II**.

STATEMENT-I

Details of in-Position Strength of doctors in Central Government Hospitals of Delhi

Sl. No.	Name of Hospital	Number of Doctors		
		Sanctioned	Filled up	Vacant
1	Safdarjung Hospital	631	507	124
2	Dr. Ram Manohar Lohia Hospital	412	294	118
3	Lady Hardinge Medical College and Associated Hospitals	380	293	87
4	Rural Health Training Centre (RHTC)	30	11	19

STATEMENT-II

Number of Beds, Doctors and nursing personnel increased in central government hospitals of Delhi during last five years

Sl. No.	Name of Hospital/ Institute	Number of Beds (Normal/ICU)	Doctors	Nursing Personnel
1	Safdarjung Hospital	122	78	113
2	Dr. Ram Manohar Lohia Hospital	85	99	37
3	Lady Hardinge Medical College and Associated Hospitals	571	30	NIL
4	Rural Health Training Centre (RHTC)	RHTC was operationalized in March, 2023.		

दरभंगा में आयुष अस्पताल

4314. श्री गोपाल जी ठाकुर:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) सरकार देश में राष्ट्रीय आयुष मिशन को किस प्रकार क्रियान्वित करती है;
- (ख) राष्ट्रीय आयुष मिशन के अंतर्गत बिहार में खोले गए आयुष अस्पतालों और नए आयुष महाविद्यालयों की संख्या कितनी है; और
- (ग) क्या सरकार का विचार बिहार के दरभंगा में नया आयुष महाविद्यालय खोलने का है और यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा इसमें कितनी प्रगति हुई है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (ग): आयुष मंत्रालय, आयुष पद्धतियों के समग्र विकास और संवर्धन के लिए राज्य/संघ राज्य क्षेत्र की सरकारों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना को कार्यान्वित कर रहा है। एनएएम के तहत, मंत्रालय राज्य/संघ राज्य क्षेत्र की सरकारों को एनएएम दिशानिर्देशों के प्रावधानों के अनुसार उनके द्वारा प्रस्तुत राज्य वार्षिक कार्य योजनाओं (एसएएपी) के अनुरूप विभिन्न गतिविधियों के तहत उन्हें वित्तीय सहायता प्रदान करके उनके प्रयासों का समर्थन करता है। मिशन में अन्य बातों के साथ-साथ निम्नलिखित गतिविधियों के लिए प्रावधान है:

- i. मौजूदा आयुष औषधालयों और उप-स्वास्थ्य केंद्रों को उन्नत करके आयुष स्वास्थ्य और कल्याण केंद्रों का संचालन, जिनका नाम अब आयुष्मान आरोग्य मंदिर (आयुष) रखा गया है।
- ii. प्राथमिक स्वास्थ्य केन्द्रों (पीएचसी), सामुदायिक स्वास्थ्य केन्द्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आयुष सुविधाओं की सह-स्थापना।
- iii. मौजूदा एकल सरकारी आयुष अस्पतालों का उन्नयन।

- iv. मौजूदा सरकारी/पंचायत/सरकारी सहायता प्राप्त आयुष औषधालयों का उन्नयन/मौजूदा आयुष औषधालय (किराए पर/जीर्ण-शीर्ण आवास) के लिए भवन का निर्माण/ऐसे क्षेत्र में नए आयुष औषधालय की स्थापना के लिए भवन का निर्माण, जहां कोई आयुष सुविधाएं उपलब्ध नहीं हैं।
- v. 10/30/50 बिस्तरों वाले एकीकृत आयुष अस्पतालों (आईएच) की स्थापना।
- vi. राजकीय आयुष अस्पतालों, राजकीय औषधालयों और सरकारी/सरकारी सहायता प्राप्त शिक्षण संस्थागत आयुष अस्पतालों को अनिवार्य औषधियों की आपूर्ति।
- vii. आयुष जन स्वास्थ्य कार्यक्रम।
- viii. उन राज्यों में नए आयुष महाविद्यालयों की स्थापना, जहां सरकारी क्षेत्र में आयुष शिक्षण संस्थानों की उपलब्धता अपर्याप्त है।
- ix. आयुष स्नातक संस्थानों और आयुष स्नातकोत्तर संस्थानों का अवसंरचनात्मक विकास/ पीजी/ फार्मसी/ पैरा-मेडिकल पाठ्यक्रमों को शामिल करना।

जन स्वास्थ्य राज्य का विषय होने के कारण, बिहार में नए आयुष अस्पतालों/आयुष महाविद्यालयों को खोलना संबंधित राज्य सरकार के कार्यक्षेत्र में आता है। तथापि, एनएएम के अंतर्गत, बिहार राज्य सरकार से एसएएपी के माध्यम से प्राप्त प्रस्तावों के अनुसार, आयुष मंत्रालय ने पटना, दरभंगा, खगड़िया और गोपालगंज जिलों में 50 बिस्तरों वाले एकीकृत आयुष अस्पताल की 4 इकाइयों के लिए समर्थन दिया है। इसके अलावा, जहां तक बिहार के दरभंगा में नया आयुष विश्वविद्यालय खोले जाने का प्रश्न है, बिहार की राज्य सरकार से एसएएपी के माध्यम से कोई प्रस्ताव प्राप्त नहीं हुआ है।

DELAY PAYMENT TO PRIVATE HOSPITALS UNDER AB-PMJAY

4315. SHRIMATI SAJDA AHMED:

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

- (a) whether the Government has taken note that private sector hospitals have pulled back/withdrawn from AB-PMJAY due to low funding, if so, the details thereof;
- (b) steps taken/proposed to be taken by the Government to address the issue of payment delays and insufficient fund allocations by the Government that have led to reduced participation of private hospitals in the scheme;
- (c) whether the Government has conducted any assessments of the reduction in beneficiaries' access to healthcare services under AB-PMJAY due to these challenges and if so, the details thereof, State/UT-wise;
- (d) the details of the mechanism in place to ensure timely payments to private hospitals under AB-PMJAY; and
- (e) the details of the reforms being proposed/under consideration by the Government to prevent future disruptions in services?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (e): Under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), claims are settled by respective State Health Agencies (SHAs). Timely settlement of claims is one of the key parameters against which the scheme performance is measured. Therefore, the status of claim settlement under the scheme is constantly monitored to ensure that claims are settled within defined turnaround time. Necessary action is taken by the National Health Authority

wherever there is a delay in claim payment. Additionally, the issue of overdue claims is also taken up regularly during State review meetings. Further, capacity building activities are organised for efficient claims settlement. Another initiative called the Green Channel Payments (GCP) has been launched with the objective to ensure timely payment to the hospitals. Under GCP, partial payment of 50% of the claim amount is automatically released to the hospitals at the time of claim submission, while the balance is released after the normal claim adjudication process.

In order to enhance participation of empanelled hospitals, a two-pronged strategy has been adopted:

1. Expanding the network of hospitals empaneled under AB-PMJAY:

Public health and hospitals being a State subject, State Health Agencies (SHAs) are mandated with the responsibility of empaneling hospitals under AB-PMJAY. Further, States have also been given complete flexibility to change hospital empanelment criteria for deficit regions. Further, National Health Authority (NHA) follows up with prominent corporate hospital chains for empanelment under the scheme.

2. Improving the participation of already empaneled hospitals:

- i. Package rates have been revised under HBP 2022 in which rates have been increased for 350 packages and new packages have been added.
- ii. Claim settlement is monitored at the highest level and it is ensured that claim is settled within defined turnaround time.

- iii. Virtual and physical capacity building of hospitals are undertaken.
- iv. A hospital-specific tollfree number (14413) has been introduced to address their concern on a real-time basis.
- v. SHAs have been instructed that District Implementation Units (DIUs) should regularly visit empaneled hospitals to understand their concern and review their participation under the scheme.

समान नागरिक संहिता

4316. श्री राजकुमार रोत :

क्या विधि और न्याय मंत्री यह बताने की कृपा करेंगे कि :

(क) केन्द्र सरकार द्वारा विभिन्न राज्यों में समान नागरिक संहिता लागू करने के लिए क्या दिशा-निर्देश जारी किए गए हैं और उन राज्यों के नाम क्या हैं जहां समान नागरिक संहिता पहले से ही लागू है ;

(ख) संविधान सभा की प्रारूप समिति में व्यक्त किए गए इस विचार को ध्यान में रखते हुए कि सभी वर्गों/समुदायों की सहमति के बिना कोई कानून लागू नहीं किया जा सकता है, विभिन्न राज्यों में समान नागरिक संहिता को लागू करते समय जिन वर्गों और समुदायों के साथ परामर्श किया गया उनका ब्यौरा क्या है ;

(ग) क्या विभिन्न राज्यों के अनुसूचित क्षेत्रों में समान नागरिक संहिता को लागू करते समय समूहों/व्यक्तियों से परामर्श किया गया था और उनकी सहमति ली गई थी और यदि हां, तो तत्संबंधी ब्यौरा क्या है ; और

(घ) अनुसूचित क्षेत्रों पर उक्त संहिता के कार्यान्वयन का क्या प्रभाव पड़ने की संभावना है ?

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री (श्री अर्जुन राम मेघवाल):

(क) : समान नागरिक संहिता को कार्यान्वित करने के लिए भारत सरकार द्वारा राज्य सरकारों को ऐसे कोई दिशा-निर्देश जारी नहीं किए गए हैं।

(ख) : भारत सरकार ने समान नागरिक संहिता से संबंधित विभिन्न मुद्दों की जांच करने और उस पर सिफारिशें करने का प्रस्ताव भारत के 21वें विधि आयोग (भा.वि.आ.) को भेजा है। इस संबंध में, भारत के 21वें विधि आयोग द्वारा व्यापक चर्चा के लिए एक परामर्श पत्र जारी किया गया था। यद्यपि, उनके द्वारा इस विषय पर कोई रिपोर्ट प्रस्तुत नहीं की गई। भारत के 22वें विधि आयोग ने तारीख 14.06.2023 की सार्वजनिक सूचना के माध्यम से इस विषय पर आम जनता और मान्यताप्राप्त धार्मिक संगठनों के विचारों और सुझावों को आमंत्रित करने का फिर से निर्णय लिया। भारत के 22वें विधि आयोग का कार्यकाल इस विषय पर कोई रिपोर्ट प्रस्तुत किए बिना ही समाप्त हो गया है। विधि आयोग ने, अपनी रिपोर्ट बनाते समय यह सुनिश्चित किया कि विधि सुधारों के लिए प्रस्ताव तैयार करने में लोगों/हितधारकों के व्यापक वर्गों से परामर्श किया जाए। आयोग, इस प्रक्रिया में व्यक्तियों, व्यावसायिक निकायों और शैक्षणिक संस्थानों आदि से परामर्श करता है।

(ग) : स्वीय विधियां, संविधान की सातवीं अनुसूची की सूची-3-समवर्ती सूची की प्रविष्टि 5 से संबंधित हैं, और इसलिए, राज्यों को उन पर विधि बनाने का अधिकार है। साथ ही, जिला परिषदों और प्रादेशिक परिषदों को संविधान की छठी अनुसूची के पैरा 3 के उपपैरा (1) के खंड (ज) से खंड (ञ) के अधीन संपत्ति की विरासत, विवाह और विवाह-विच्छेद तथा सामाजिक रूढ़ियां जैसे मामलों में विधि बनाने का अधिकार है।

(घ) : प्रश्न नहीं उठता।

मुजफ्फरनगर में कर्मचारी राज्य बीमा निगम अस्पताल

4317. श्री हरेन्द्र सिंह मलिक:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) सरकार द्वारा जिले में कर्मचारी राज्य बीमा निगम (ईएसआईसी) अस्पताल खोलने के लिए क्या मानदंड निर्धारित किए गए हैं;

(ख) क्या सरकार उत्तर प्रदेश के मुजफ्फरनगर जिले में ईएसआईसी अस्पताल खोलने की योजना पर विचार कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार उत्तर प्रदेश के विभिन्न जिलों विशेषकर मुजफ्फरनगर, मेरठ, शामली और बिजनौर में हृदयाघात, लकवा, हेपेटाइटिस और कैंसर सहित अन्य जानलेवा बीमारियों के रोगियों की लगातार बढ़ती संख्या की रोकथाम और उपचार संबंधी किसी योजना पर विचार कर रही है; और

(घ) सरकार द्वारा ऐसी बीमारियों के कारणों की रोकथाम के लिए क्या कदम उठाए गए/उठाए जाने का प्रस्ताव है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

➤ : कर्मचारी राज्य बीमा निगम (ईएसआईसी) द्वारा दी गई सूचना के अनुसार, किसी भी जिले में नए अस्पताल खोलने के मानदंड केचमेंट एरिया की 25 किमी के दायरे के भीतर उपलब्ध बीमित व्यक्तियों (आईपी) की संख्या पर निर्भर करते हैं। इसका विवरण निम्नानुसार है:

क्र.सं.	बिस्तरों की संख्या	केचमेंट एरिया के 25 किमी के दायरे के भीतर बीमित व्यक्तियों की न्यूनतम संख्या
1.	30 बिस्तरों वाला अस्पताल	20,000
2	100 बिस्तरों वाला अस्पताल	50,000
3	150 बिस्तरों वाला अस्पताल	1,00,000
4	200 बिस्तरों वाला अस्पताल	1,50,000
5	250 बिस्तरों वाला अस्पताल	2,00,000
6	300 बिस्तरों वाला अस्पताल	2,50,000
7	350 बिस्तरों वाला अस्पताल	3,00,000
8	400 बिस्तरों वाला अस्पताल	3,50,000
9	500 बिस्तरों वाला अस्पताल	4,00,000
10	600 बिस्तरों वाला अस्पताल	5,00,000

आईपी आबादी को 25 किमी के दायरे में लिया जाना चाहिए और 50 किमी के दायरे में कोई अन्य ईएसआईसी अस्पताल नहीं होना चाहिए। यदि 50 किमी के भीतर एक और ईएसआईसी अस्पताल है, तो प्रत्येक ईएसआईसी अस्पताल को संबंधित केचमेंट एरिया में इन मानदंडों को पूरा करना चाहिए (उदाहरण के लिए, यदि दो ईएसआईसी अस्पताल 40 किमी की दूरी पर हैं, तो प्रत्येक अस्पताल को 20 किमी के दायरे में इन मानदंडों को पूरा करना चाहिए)।

इसके अतिरिक्त, पहाड़ी क्षेत्र/पूर्वोत्तर क्षेत्र में 100 बिस्तरों वाले नए अस्पताल खोलने के लिए न्यूनतम 15,000 बीमित व्यक्तियों (आईपी) की आवश्यकता होती है।

(ख): कर्मचारी राज्य बीमा निगम के अनुसार, मुजफ्फरनगर में कर्मचारी राज्य बीमा अस्पताल की स्थापना के लिए उत्तर प्रदेश सरकार से कोई प्रस्ताव प्राप्त नहीं हुआ है।

(ग) और (घ): उत्तर प्रदेश सरकार ने सूचित किया है कि ईएसआईसी अस्पताल, मोदीनगर, ईएसआईसी अस्पताल, साहिबाबाद और ईएसआईसी अस्पताल, नोएडा में हृदयाघात, लकवा, कैंसर, कार्डियोथोरेसिक सर्जरी, नेफ्रोलॉजी, न्यूरोलॉजी आदि के लिए मुजफ्फरनगर, मेरठ, शामली और बिजनौर के बीमित व्यक्तियों और उनके आश्रितों को विशिष्ट परिचर्या का उपचार मिल रहा है। इसके अतिरिक्त, नोएडा और गाजियाबाद के बीमित व्यक्तियों और उनके आश्रितों का पैनलबद्ध चिकित्सा संस्थाओं में उपचार किया जाता है।

भारत सरकार ने जुलाई 2018 में राष्ट्रीय वायरल हेपेटाइटिस नियंत्रण कार्यक्रम (एनवीएचसीपी) शुरू किया। इस कार्यक्रम के अंतर्गत अपनाई गई मुख्य कार्यनीतियों में जागरूकता सृजन, पहुंच बढ़ाने, निदान को बढ़ावा देने और हेपेटाइटिस सी के उपचार और हेपेटाइटिस बी के उपचार के लिए सभी पात्र लोगों को निःशुल्क निदान और निःशुल्क उपचार प्रदान करने पर ध्यान केन्द्रित करते हुए निवारक, संवर्धनात्मक और उपचारात्मक कार्यकलाप शामिल हैं। एनवीएचसीपी के तहत सेवाओं के प्रावधान के लिए मुजफ्फरनगर, मेरठ, शामली और बिजनौर सहित उत्तर प्रदेश के सभी

जिलों में उपचार केन्द्रों और रेफरल केन्द्रों (आदर्श उपचार केन्द्रों) को सुदृढ़ करने का कार्य किया गया।

उत्तर प्रदेश राज्य सरकार ने सूचित किया है कि इस कार्यक्रम के अंतर्गत वायरल हेपेटाइटिस ए, बी, सी और ई के निःशुल्क निदान और उपचार का प्रावधान है। वर्तमान में, राज्य में कुल 06 आदर्श उपचार केन्द्र और 100 उपचार केन्द्र चिन्हित किए गए हैं, जिनके माध्यम से हेपेटाइटिस-बी और हेपेटाइटिस-सी रोगों की जांच एवं उपचार की सुविधा प्रदान की जाती है। इसके अतिरिक्त, राज्य के 21 चिकित्सा शिक्षा संस्थानों में, हेपेटाइटिस-बी और सी के अलावा, हेपेटाइटिस ए और ई के निःशुल्क उपचार की सुविधाएं भी उपलब्ध हैं। राज्य में हेपेटाइटिस सी के लिए कुल 3,23,223 लोगों की जांच की गई है और 1,01,267 रोगियों को उपचार पर रखा गया है।

स्वास्थ्य और परिवार कल्याण विभाग, भारत सरकार राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के भाग के रूप में राष्ट्रीय गैर-संचारी रोग रोकथाम और नियंत्रण कार्यक्रम (एनपी-एनसीडी) के तहत उत्तर प्रदेश सहित राज्यों और संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। यह कार्यक्रम हृदयाघात, आघात और कैंसर सहित गैर-संचारी रोगों (एनसीडी) की रोकथाम के लिए बुनियादी ढांचे के सुदृढ़ीकरण, मानव संसाधन विकास, शीघ्र निदान, उपचार और प्रबंधन के लिए स्वास्थ्य परिचर्या सुविधा के उपयुक्त स्तर तक रेफरल और जागरूकता सृजन पर ध्यान केंद्रित करता है।

आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी पीएमजेएवाई) के तहत प्रमुख एनसीडी का उपचार भी उपलब्ध है। यह योजना भारत की आबादी के निचले 40% हिस्से में शामिल 12.37 करोड़ परिवारों के लगभग 55 करोड़ लाभार्थियों को मध्यम और विशिष्ट परिचर्या अस्पताल में भर्ती होने के लिए प्रति वर्ष प्रति परिवार 5 लाख रुपये का स्वास्थ्य कवर प्रदान करती है। केंद्र सरकार ने हाल ही में पीएम जेएवाई के तहत 70 वर्ष और उससे अधिक आयु के सभी वरिष्ठ नागरिकों के लिए उनकी आय की परवाह किए बिना स्वास्थ्य कवरेज को मंजूरी दी है।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत व्यापक प्राथमिक स्वास्थ्य परिचर्या के हिस्से के रूप में मधुमेह, उच्च रक्तचाप, मुंह का कैंसर, स्तन कैंसर और गर्भाशय ग्रीवा के कैंसर सहित सामान्य एनसीडी की जांच, प्रबंधन और रोकथाम के लिए जनसंख्या आधारित पहल शुरू की गई है। इन सामान्य एनसीडी की जांच सेवा प्रदायगी का एक अभिन्न अंग है।

इसके अतिरिक्त, गैर-संचारी रोगों के बारे में जन जागरूकता बढ़ाने और स्वस्थ जीवन शैली को बढ़ावा देने के लिए किए गए उपायों में गैर-संचारी रोगों से संबंधित स्वास्थ्य दिवसों को मनाना, सतत सामुदायिक जागरूकता के लिए सोशल मीडिया का उपयोग शामिल है। एनसीडी के लिए जागरूकता सृजन संबंधी कार्यकलापों के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत राज्यों/संघ राज्य क्षेत्रों को उनकी कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के अनुसार वित्तीय सहायता प्रदान की जाती है।

समुदाय में, प्रत्यायित सामाजिक स्वास्थ्य कार्यकर्ता (आशाकर्मी) एनसीडी के बारे में जागरूकता फैलाने में महत्वपूर्ण भूमिका निभाती है। आशाकर्मी व्यक्तियों और परिवारों को स्वस्थ जीवन शैली अपनाने के महत्व पर शिक्षित करती है, जिसमें पौष्टिक आहार, नियमित शारीरिक कार्यविधि और तंबाकू एवं शराब के उपयोग से बचना शामिल है। (आशा कार्यकर्ता नियमित स्वास्थ्य जांच और स्क्रीनिंग के माध्यम से इसका शीघ्र पता लगाने के महत्व पर जोर देती हैं, जिससे घर का दौरा, समूह बैठकों और स्वास्थ्य अभियानों में भागीदारी के माध्यम से समय पर कार्यकलाप संभव हो पाता है)।

भारतीय खाद्य सुरक्षा और मानक प्राधिकरण (एफएसएसआई) ने स्वास्थ्यवर्धक चीजें खाने की आदत को बढ़ावा देने के लिए "ईट राइट इनिशिएटिव" और "आज से थोड़ा कम" जैसे अभियान शुरू किए हैं। युवा मामले और खेल मंत्रालय द्वारा कार्यान्वित "फिट इंडिया मूवमेंट" और "खेलो इंडिया" शारीरिक क्रियाविधि में युवाओं की भागीदारी को बढ़ावा देते हैं। आयुष मंत्रालय द्वारा योग से संबंधित विभिन्न कार्यकलाप किए जाते हैं।

AMBULANCES UNDER THE NATIONAL HEALTH MISSION**4318. SUSHRI IQRA CHOUDHARY:**

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

- (a) the number of ambulances (functional and non-functional), Active Advance Life Support (ALS) and Basic Life Support (BLS) Ambulances operating in the country, State/UT-wise;
- (b) whether the National Health Mission is regularly updating the data of the number of ALS and BLS ambulances in the State of Uttar Pradesh since 2022, if so, the details thereof;
- (c) whether the Government is ensuring that the funds approved for maintenance of these ambulances are utilised properly, if so, the details thereof; and
- (d) whether the Government conducts any audits of ambulances and the equipments in it, if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a): The total number of ambulances operating across the country under National Ambulance Service (NAS) with the support of National Health Mission (NHM) is 28,830 and without support of under NHM, 11,615 ambulances are operating. Further, Ministry of Road Transport and Highways (MoRTH) has informed that a total no. of 1,90,138 ambulances of all types have been registered on VAHAN portal. The State/UT-wise details of functional ambulances including Active Advanced Life Support (ALS) and Basic Life Support (BLS) ambulances

operating with support under NHM and without support under NHM is given in the enclosed **Statement**.

(b): The quarterly report of National Health Mission (NHM) regularly updates the ambulance data for every State/UT. The year wise number of ambulances functioning in Uttar Pradesh under NHM since 2022 is given as under :-

State	2022		2023		2024	
	ALS	BLS	ALS	BLS	ALS	BLS
Uttar Pradesh	250	4470	250	4470	250	4470

(c) and (d): Under National Health Mission (NHM), funds for the maintenance of the ambulances are in-built in the Opex cost and is being provided to the States/UTs based on the proposals made by them in their respective Programme Implementation Plan proposals within their overall resource envelope. The implementation progress and performance of ambulances are regularly monitored through regular review meetings and field visits conducted through NHM.

The Ministry of Health and Family Welfare provides technical and financial support to States/UTs for strengthening the National Ambulance Services across the nation. "Public Health and Hospitals" is State subject, the primary responsibility of strengthening public healthcare system, including efforts to have required number of ambulances ensuring their functionality and operationality lies with the respective State/UT Governments.

STATEMENT

State/UT-wise details of functional ambulances of Health Department

S.No	State	Ambulances operational under NHM				Ambulances operational other than NHM			
		ALS	BLS	Others	Total	ALS	BLS	Others	Total
1	A and N Islands	0	26	0	26	0	29	0	29
2	Andhra Pradesh	105	523	0	628	84	56	0	140
3	Arunachal Pradesh	0	112	149	261	0	0	113	113
4	Assam	14	779	7	800	0	0	649	649
5	Bihar	576	1082	0	1658	0	0	0	0
6	Chandigarh	0	6	0	6	1	8	0	9
7	Chhattisgarh	30	296	380	706	4	52	401	457
8	Dadra and Nagar Haveli and Daman and Diu	0	0	11	11	5	19	5	29
9	Delhi	0	97	84	181	24	27	148	199
10	Goa	27	0	4	31	32	68	35	135
11	Gujarat	175	425	20	620	64	335	1324	1723
12	Haryana	55	265	261	581	0	0	0	0
13	Himachal Pradesh	35	213	156	404	6	0	205	211
14	Jammu and Kashmir	139	64	286	489	0	0	611	611
15	Jharkhand	125	418	1633	2176	0	0	0	0
16	Karnataka	231	484	166	881	82	1044	0	1126
17	Kerala	0	315	0	315	0	0	468	468
18	Ladakh	22	0	5	27	9	11	90	110
19	Lakshadweep	0	0	17	17	0	0	0	0
20	Madhya Pradesh	167	835	1059	2061	0	0	0	0
21	Maharashtra	233	704	3288	4225	0	0	3274	3274
22	Manipur	0	0	33	33	18	47	19	84
23	Meghalaya	12	38	142	192	0	0	0	0
24	Mizoram	0	0	65	65	0	0	95	95
25	Nagaland	0	27	66	93	2	0	10	12
26	Odisha	411	449	506	1366	0	0	304	304
27	Puducherry	0	10	0	10	0	43	0	43
28	Punjab	0	0	0	0	25	300	114	439
29	Rajasthan	147	797	45	989	0	0	0	0

30	Sikkim	0	8	0	8	0	0	31	31
31	Tamil Nadu	205	1148	0	1353	0	0	950	950
32	Telangana	31	425	0	456	0	0	0	0
33	Tripura	0	50	0	50	9	11	0	20
34	Uttar Pradesh	250	4470	0	4720	0	0	0	0
35	Uttarakhand	54	217	129	400	0	0	160	160
36	West Bengal	0	1000	1991	2991	65	17	112	194
	Total	3044	15283	10503	28830	430	2067	9118	11615

Source: NHM-MIS, June 2024

REDUCTION IN GREENHOUSE GAS FROM SHIPS

4319. SHRI ADITYA YADAV:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) whether the Government efforts to cut its carbon footprint is likely to help in meeting the International Maritime Organisation's target to reduce overall greenhouse gas emissions from ships by 50% from 2008 levels by 2050;
- (b) if so, the details thereof; and
- (c) if not, the reasons therefor?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI SARBANANDA SONOWAL):

(a) and (b) India's regulatory and policy measures are fully aligned with the IMO's Revised GHG Strategy (2023) which targets to reach net-zero Green House Gas emissions by or around i.e. close to 2050. The Government of India has taken several measures for the decarbonization of the maritime sector in the

country including Harit Sagar initiatives, promotion of Green Fuels, Green Tug Transition Program (GTTP), amendment in Ship Building Financial Assistance Policy (SBFAP) guidelines to support green and hybrid vessels, Swachh Sagar Online Platform, Shore-to-Ship Power Supply (SPS).

(c) Does not arise.

SHE-BOX COMPLAINTS

4320. SHRI SANJAY UTTAMRAO DESHMUKH:

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

- (a) the details of the complaints of sexual harassment been registered through the She-Box portal specifically from Yavatmal and Washim districts in Maharashtra along with their current status;
- (b) whether any steps have been taken by the Government to strengthen the functioning of Internal Complaints Committees (ICCs) to ensure workplace safety in the said districts; and
- (c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a): The SHe-Box portal was recently launched by the Ministry of Women and Child Development (MWCD) duly encompassing various provisions of 'the Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act, 2013' (SH Act). As on 19.12.2024, a total of 18 complaints have

been submitted on this portal. The District Nodal Officer (DNO) and the Local Committee (LC) of Yavatmal and Washim districts of Maharashtra are registered on the SHe-Box portal. However, no complaints have been received till now from the State of Maharashtra.

(b) and (c): The SHe- Box portal provides a publicly available, online and centralized repository of information related to Internal Committees (ICs) and Local Committees (LCs) formed across the country, whether in government or private sector workplaces. The portal includes a feature where complaints registered on it will be automatically forwarded to the IC/ LC of the workplaces concerned within the Central Ministries/ Departments, States/ UTs and those in Private sector. The portal provides for designating a nodal officer for every workplace who is required to ensure updation of data/ information on a regular basis for real time monitoring of complaints.

SHe-Box is not a mechanism for statutory or regulatory oversight, but an IT aid to provide a centralized online system to facilitate dissemination of information about the ICs and LCs constituted at various workplaces so that any aggrieved woman may file complaint in a secure and hassle free manner and track its progress. The SH Act mandates the appropriate Government to monitor the implementation of the Act and maintain data on the number of cases filed and disposed of.

In addition, following actions have been taken by the Government of India for effective implementation and raising awareness for SH Act including the

functioning of Internal Committees (ICs) to ensure safety of women at workplaces:

- i. The Ministry of Women and Child Development has issued a Handbook on Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013. The Handbook provides information about the Act in an easy-to-use practical manner. The soft copy of the Handbook has been uploaded on the Ministry's website also for the purposes of mass dissemination and it has also been sent to Ministers and officials concerned of various Ministries/ Departments, State Governments and Union Territory Administrations.
- ii. The Ministry has prepared a training module in collaboration with Institute of Secretariat Training and Management (ISTM) for training and Gender Sensitization programmes of manpower.
- iii. The Department of Personnel and Training, Government of India has also issued advisories time to time to all the Central Ministries/ Departments to complete the inquiry in a time bound manner and to include the information related to number of cases filed/ disposed under the SH Act in their annual report.
- iv. Ministry of Women and Child Development being the Nodal Ministry for SH Act observes the Enactment day of Sexual Harassment Act every year on its enactment date i.e., 9th December and issues letters/ advisories to all sectors (including Central Government/ State Government/ Private

Bodies/ Trade organization/ Educational Institutions/ and other organizations) for effective implementation of the Act and also to constitute Internal Committee/ Local Committee immediately, in case the same is not done. The Ministry continuously engages with the Central Ministries, Departments, Organizations as well as the States/ UTs to disseminate information about the SHe-Box portal so that any woman facing workplace related harassment can avail the services available through the portal.

NATIONAL HEALTH MISSION IN RURAL AREAS

4321. SHRI RAJESH RANJAN:

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

- (a) whether it is a fact that the National Rural Health Mission (NRHM) launched to provide accessible, affordable, accountable, effective and reliable healthcare facilities in the rural areas has failed to achieve its objectives, if so, the details thereof;
- (b) whether there is acute shortage of Sub-Health Centres (SCs), Primary Health Centres (PHCs), and Community Health Centres (CHCs) against the specified population norm, in the rural areas, if so, the details thereof;
- (c) the sanctioned/actual number of SCs, PHCs and CHCs functioning in rural areas against the specified population norm;
- (d) the number of PHCs and CHCs functioning without Doctor, Lab Technician and pharmacist in the country; and

(e) the steps taken/proposed to be taken to provide required numbers of SCs, PHCs and CHCs in rural areas and to ensure improvement in their functioning and availability of requisite Doctor, Lab Technician and pharmacist therein?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (e): To address the healthcare challenges, particularly in rural areas, the National Rural Health Mission (NRHM) was launched in 2005 to supplement the efforts of the State/UT governments to provide accessible, affordable and quality healthcare to all those who access public health facilities. NRHM is a sub-Mission under the overarching National Health Mission (NHM), along with National Urban Health Mission (NUHM) as the other sub-Mission. The major objectives of NHM are as under:

- (i) Reduction in child and maternal mortality.
- (ii) Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
- (iii) Access to integrated comprehensive primary health care.
- (iv) Population stabilisation, gender equality and demographic balance.
- (v) Revitalize local health traditions and mainstream AYUSH.
- (vi) Universal access to public services for food and nutrition, sanitation and hygiene and universal access to public health care services with emphasis on services addressing women's and children's health and universal immunisation.
- (vii) Promotion of healthy life styles.

The details of target set and achieved under NHM are listed below:

Targets (as per NHM extension for 2021-26)	Status
Reduce MMR to 87 per 1 lakh	97 per 1 lakh live births (SRS 2018-20)
Reduce IMR to 22 per thousand	28 per thousand (SRS 2020)
Sustain TFR to 2.0 at national level	2.0 (NFHS 5)
Achieve the operationalization of 1.5 lakh Ayushman Arogya Mandir (erstwhile AB-HWC)	1,75,338 (as on 30.11.2024)

Health Dynamics of India (HDI) (Infrastructure and Human Resources), 2022-23 is an annual publication, based on Health care administrative data reported by States/UTs. Details of healthcare infrastructure along with status of health manpower in rural and urban areas in the country may be seen at the following link of HDI 2022-23:

[https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23 RE%20%281%29.pdf](https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23%20RE%20%281%29.pdf)

This Ministry provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under NHM. Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms and available resources. However, the primary

responsibility for engagement/availability of human resources in public health facilities lies with the respective State Government.

बाल भिक्षावृत्ति

4322. श्री रमाशंकर राजभर:

क्या महिला और बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या देश में गरीब बच्चों को भिक्षा मांगने और अपराध करने के लिए मजबूर करने की घटनाएं बढ़ी हैं;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) उक्त प्रथा में शामिल दम्पतियों में जागरूकता पैदा करने के लिए क्या व्यवस्था है;

(घ) क्या बच्चों को अपराध करने के लिए मजबूर करने वाले लोगों की पहचान करने के लिए कोई व्यवस्था मौजूद है; और

(ङ) यदि हां, तो आज तक इस संबंध में की गई-कार्रवाईयों की संख्या क्या है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री

(श्रीमती सावित्री ठाकुर):

(क) और (ख) : गरीब बच्चों को भीख मांगने और अपराध करने के लिए मजबूर करने की घटनाओं का कोई ब्यौरा उपलब्ध नहीं है।

(ग) से (ङ.) : सामाजिक न्याय और अधिकारिता मंत्रालय "स्माइल - आजीविका और उद्यम के लिए वंचित व्यक्तियों की सहायता" केंद्रीय क्षेत्र योजना कार्यान्वित करता है, जिसमें भीख मांगने वाले बच्चों सहित भीख मांगने वाले व्यक्तियों के व्यापक पुनर्वास के लिए उप-योजना शामिल है। इस उप-योजना के कार्यान्वयन के पहले चरण में 31 चिन्हित शहरों/कस्बों में सर्वेक्षण/पहचान कार्य शामिल है। अब तक 6-14 वर्ष के औसत आयु वर्ग के 352 बच्चों की पहचान भीख मांगने वाले के रूप में की गई है।

सभी 352 बच्चों का पुनर्वास किया जा चुका है (169 को उनके माता-पिता के पास भेज दिया गया, 79 को आंगनवाड़ी में भेज दिया गया, 33 को बाल कल्याण समिति में भेज दिया गया और 71 को स्कूलों में नामांकित कर दिया गया)। इस योजना के तहत भोजन, आश्रय गृह, चिकित्सा सुविधाएं, परामर्श, पुनर्वास, बुनियादी दस्तावेजीकरण, कौशल विकास, भीख मांगने वाले व्यक्तियों के बच्चों/बच्चों को शिक्षा सहित इकोनॉमिक लिंकेज जैसी आवश्यक सुविधाएं प्रदान की जाती हैं।

महिला एवं बाल विकास मंत्रालय किशोर न्याय (बच्चों की देखरेख एवं संरक्षण) अधिनियम, 2015 (जेजे अधिनियम, 2015) संचालित करता है, जो बच्चों की सुरक्षा, सम्मान और कल्याण सुनिश्चित करने के लिए प्राथमिक कानून है। यह अधिनियम देखरेख एवं संरक्षण की आवश्यकता वाले बच्चों (सीएनसीपी) और विधि का उल्लंघन करने वाले बच्चों (सीसीएल) की देखरेख, संरक्षण, विकास, उपचार और समाज में फिर से जोड़ कर उनकी बुनियादी जरूरतों को पूरा करके उनकी सुरक्षा का प्रावधान करता है। यह बच्चे के सर्वोत्तम हित को सुरक्षित करने के लिए देखरेख एवं संरक्षण के मानकों को परिभाषित करता है।

किशोर न्याय अधिनियम, 2015 की धारा 2 (14) (ii) में प्रावधान है कि कोई भी बच्चा जो तत्समय लागू श्रम कानूनों के उल्लंघन में कार्य करते हुए पाया जाता है या भीख मांगते हुए पाया जाता है या बेघर है, उसे 'देखरेख और संरक्षण की आवश्यकता वाले बच्चे' के रूप में शामिल किया गया है।

जेजे अधिनियम, 2015 की धारा 27-30 बाल कल्याण समितियों को बच्चों के सर्वोत्तम हित को ध्यान में रखते हुए उनके सीएनसीपी श्रेणी के संबंध में निर्णय लेने का अधिकार देती है। किशोर न्याय अधिनियम, 2015 की प्राथमिक जिम्मेदारी और निष्पादन राज्यों/संघ राज्य क्षेत्रों की है।

महिला एवं बाल विकास मंत्रालय की मिशन वात्सल्य योजना में सीएनसीपी और सीसीएल श्रेणी के बच्चों को सेवाएं प्रदान की जाती हैं जिनमें संस्थागत देखरेख और गैर-संस्थागत देखरेख सेवाएं दोनों शामिल हैं। इस योजना में बाल भिखारियों सहित बच्चों को उनके पुनर्वास और समाज की मुख्यधारा में जोड़ने के लिए सेवाएं प्रदान की जाती हैं। मिशन वात्सल्य योजना के अंतर्गत स्थापित बाल देखरेख संस्थाएं अन्य बातों के साथ-साथ आयु-उपयुक्त शिक्षा, व्यावसायिक प्रशिक्षण, मनोरंजन, स्वास्थ्य

देखभाल, परामर्श इत्यादि तक पहुंच में सहायता करती हैं। इस गैर-संस्थागत देखरेख के अंतर्गत सहायता देखरेख एवं संरक्षण की आवश्यकता वाले बच्चों के प्रायोजन, पालन-पोषण और पश्चात देखरेख के माध्यम से प्रदान की जाती है।

मंत्रालय क्षेत्रीय स्तर पर मिशन वात्सल्य योजना के कार्यान्वयन को मजबूत करने के लिए राज्य और संघ राज्य क्षेत्र सरकारों के साथ समय-समय पर बैठकें/प्रशिक्षण/कार्यशालाएँ आयोजित करता है। राज्य और जिला स्तर पर राज्य बाल संरक्षण सोसायटी और जिला बाल संरक्षण इकाइयाँ योजना की दिन-प्रतिदिन निगरानी करती हैं।

राष्ट्रीय बाल अधिकार संरक्षण आयोग ने बाल भिक्षावृत्ति/बाल श्रम/बाल दुर्व्यवहार पर शून्य सहनशीलता सुनिश्चित करने के लिए चिन्हित जिलों में “सड़क पर रहने वाले बच्चों (सीआईएसएस) 2.0” पर मानक संचालन प्रक्रिया विकसित की है और इसे राज्यों/संघ राज्य क्षेत्रों के साथ साझा की है।

तम्बाकू और शराब का सेवन

4323. श्री जिया उर रहमान:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार ने देश में तम्बाकू और शराब के सेवन को कम करने के लिए कोई नीति बनाई है;

(ख) यदि हां, तो इस संबंध में कार्यान्वित की जा रही नीतियों का ब्यौरा क्या है; और

(ग) यदि नहीं, तो इसके क्या कारण हैं?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) से (ग): स्वास्थ्य और परिवार कल्याण मंत्रालय ने निम्नलिखित दो व्यापक विधान अधिनियमित किए हैं:

- तंबाकू के इस्तेमाल के कारण स्वास्थ्य संबंधी खतरों से जनता को बचाने के उद्देश्य से तंबाकू उत्पादों के सेवन को हतोत्साहित करने के लिए सिगरेट और अन्य तंबाकू उत्पाद (विज्ञापन का प्रतिषेध और व्यापार एवं वाणिज्य, उत्पादन, प्रदाय और वितरण का विनियमन) अधिनियम (सीओटीपीए), 2003
- ई-सिगरेट और इस तरह के उपकरणों के सेवन के कारण स्वास्थ्य संबंधी खतरों से जनता की रक्षा के लिए इलेक्ट्रॉनिक सिगरेट (उत्पादन, विनिर्माण, आयात, निर्यात, परिवहन, विक्रय, वितरण, भंडारण और विज्ञापन) प्रतिषेध अधिनियम, 2019

सीओटीपीए, 2003 और पीईसीए, 2019 के प्रावधानों का प्रवर्तन मुख्य रूप से राज्यों/संघ राज्य क्षेत्रों के कार्यक्षेत्र में आता है।

तंबाकू नियंत्रण की दिशा में प्रयासों में और अधिक तेजी लाने के लिए भारत सरकार ने वर्ष 2007-08 में राष्ट्रीय तंबाकू नियंत्रण कार्यक्रम (एनटीसीपी) शुरू किया। राष्ट्रीय तंबाकू नियंत्रण कार्यक्रम का उद्देश्य बच्चों और युवाओं की सुरक्षा पर विशेष जोर देते हुए तंबाकू के उपयोग को हतोत्साहित करना; नियमित और सतत जन जागरूकता अभियानों के माध्यम से तंबाकू सेवन के हानिकारक प्रभावों के बारे में जागरूकता पैदा करना है। राज्य/संघ राज्य क्षेत्र समय-समय पर सीओटीपीए, 2003 के प्रवर्तन के लिए अभियान चलाते हैं। प्रवर्तन प्रयासों की मॉनिटरिंग राज्य तंबाकू नियंत्रण प्रकोष्ठों (एसटीसीसी) और जिला तंबाकू नियंत्रण प्रकोष्ठों (डीटीसीसी) द्वारा भी की जाती है। मंत्रालय ने सीओटीपीए, 2003 की धारा-6 के प्रभावी कार्यान्वयन के लिए “तंबाकू मुक्त शैक्षणिक संस्था के लिए दिशा-निर्देश” भी जारी किए हैं।

जैसा कि सूचित किया गया है, सामाजिक न्याय एवं अधिकारिता विभाग मादक पदार्थों के उपयोग के मुद्दे का समाधान करने के लिए नेशनल एक्शन प्लान फॉर ड्रग डिमांड रिडक्शन (एनएपीडीडीआर) नामक केंद्रीय प्रायोजित योजना कार्यान्वित कर रहा है जिसके तहत निम्नलिखित को वित्तीय सहायता प्रदान की जाती है:

- राज्यों/संघ राज्य क्षेत्रों द्वारा निवारक शिक्षा और जागरूकता सृजन, क्षमता निर्माण, नशीली दवाओं की मांग में कमी लाने के कार्यक्रमों आदि के लिए राज्य सरकारों /संघ राज्य क्षेत्र (यूटी) प्रशासनों को;
- व्यसनियों के लिए एकीकृत पुनर्वास केन्द्रों (आईआरसीए), किशोरों में कम आयु में नशीली दवाओं के उपयोग की रोकथाम के लिए समुदाय आधारित पीयर लेड इंटरवेंशन (सीपीएलआई), आउटरीच एंड ड्रॉप इन सेंटरों (ओडीआईसी) और जिला नशा मुक्ति केन्द्रों (डीडीएसी) के संचालन और रखरखाव के लिए गैर-सरकारी संगठनों/स्वैच्छिक संगठनों को; और
- व्यसन उपचार सुविधाओं (एटीएफ) के लिए सरकारी अस्पतालों को।
 एनएपीडीडीआर योजना के तहत निम्नलिखित कार्यकलाप शुरू किए गए हैं:
 - वर्तमान में 347 आईआरसीए, 46 सीपीएलआईएस, 74 ओडीआईसी, 71 डीडीएसी और सरकारी अस्पतालों में 117 एटीएफ को सामाजिक न्याय एवं अधिकारिता विभाग द्वारा वित्तीय सहायता दी जा रही है। इन सभी सुविधा केन्द्रों तक जरूरतमंद लोगों की आसानी से पहुंच के लिए जियो-टैग किया गया है।
 - नशामुक्ति के लिए एक टोल फ्री हेल्पलाइन, '14446' का रखरखाव सामाजिक न्याय एवं अधिकारिता मंत्रालय द्वारा किया जा रहा है ताकि इस हेल्पलाइन के माध्यम से मदद मांगने वाले व्यक्तियों को प्राथमिक परामर्श और तत्काल रेफरल सेवाएं प्रदान की जा सकें। हेल्पलाइन नंबर पर अब तक 4.18 लाख से अधिक कॉल आ चुके हैं।
 - नशा मुक्त भारत अभियान (एनएमबीए) दिनांक 15 अगस्त, 2020 को सामाजिक न्याय एवं अधिकारिता मंत्रालय द्वारा चिन्हित 272 जिलों में शुरू किया गया था और अब इसे देश भर के सभी जिलों में बढ़ा दिया गया है। नशा मुक्त भारत अभियान का उद्देश्य जनता तक पहुंचना और उच्च शिक्षण संस्थानों, विश्वविद्यालय परिसरों, स्कूलों, छात्रों, युवाओं और

महिलाओं पर ध्यान देने के साथ मनः प्रभावी पदार्थों के उपयोग के बारे में जागरूकता फैलाना है।

- अब तक, एनएमबीए के तहत मूल स्तर पर की गई विभिन्न कार्यकलापों के माध्यम से 13.57 से अधिक करोड़ लोगों को मनः प्रभावी पदार्थों के उपयोग के बारे में संवेदनशील बनाया गया है, जिसमें 4.42 से अधिक करोड़ युवा और 2.71 से अधिक करोड़ महिलाएं शामिल हैं। 3.85 से अधिक लाख शैक्षणिक संस्थानों की भागीदारी ने यह सुनिश्चित किया है कि इस अभियान का संदेश देश के बच्चों और युवाओं तक पहुंचे।
- एनएमबीए का समर्थन करने और जन जागरूकता कार्यकलापों का संचालन करने के लिए आर्ट ऑफ लिविंग, ब्रह्माकुमारी, संत निरंकारी मिशन, इस्कॉन, श्री राम चंद्र मिशन और अखिल विश्व गायत्री परिवार जैसे आध्यात्मिक संगठनों के साथ समझौता ज्ञापनों पर हस्ताक्षर किए गए हैं।
- इस अभियान के आधिकारिक सोशल मीडिया एकाउंट के माध्यम से ट्विटर, फेसबुक और इंस्टाग्राम पर भी जागरूकता फैलाई जा रही है।
- एनएमबीए वेबसाइट उपयोगकर्ता/दर्शक को अभियान, एक ऑनलाइन चर्चा मंच, एनएमबीए डैशबोर्ड, ई-प्रतिज्ञा के बारे में विस्तृत जानकारी प्रदान करती है।
- एनएमबीए वेबसाइट पर एक सामूहिक प्रतिज्ञा/शपथ दिनांक 12 अगस्त, 2024 को देश भर में ऑनलाइन आयोजित की गई और 2 से अधिक लाख संस्थानों के कुल लगभग 3 से अधिक करोड़ लोगों ने राष्ट्रव्यापी प्रतिज्ञा में भाग लिया।
- मंत्रालय ने शिक्षक प्रशिक्षण मॉड्यूल (स्कूली बच्चों के लिए जीवन कौशल और नशीली दवाओं की शिक्षा पर एक नई चेतना) विकसित किया है। नव चेतना मॉड्यूल का उद्देश्य भारत के स्कूलों में छात्रों के बीच जीवन कौशल और नशीली दवाओं पर जागरूकता और शिक्षा को बढ़ाना है।

- यह मंत्रालय अपने स्वायत्तशासी निकाय राष्ट्रीय समाज रक्षा संस्थान (एनआईएसडी) और एससीईआरटीएस, केन्द्रीय विद्यालय संगठन इत्यादि जैसी अन्य सहयोगी एजेंसियों के माध्यम से छात्रों, शिक्षकों, अभिभावकों इत्यादि सहित सभी हितधारकों के लिए नियमित रूप से जागरूकता पैदा करने और अभिमुखीकरण सत्र आयोजित करता है।

PREVENTION OF SEXUAL VIOLENCE

4324. SHRI SUKANTA KUMAR PANIGRAHI:

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

- (a) the details of the steps taken by the Ministry to prevent sexual violence against women and children in the country particularly in the State of Odisha during the last three years;
- (b) whether the Ministry has implemented or proposed any new policies, programmes or awareness campaigns to address the rising cases of sexual violence, if so, the details thereof;
- (c) the details of the measures proposed to ensure effective implementation and monitoring of these initiatives at the grassroots level including conducting workshops at each Block level of every district and monitoring the same periodically;
- (d) whether the Ministry has collaborated with other Government bodies or Non-Governmental Organizations to strengthen the prevention of sexual violence, if so, the details thereof; and

- (e) the details of the specific provisions or changes made to enhance the legal and institutional support for survivors of sexual violence with periodically counselling by legal experts?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR) :

(a) to (e): 'Police' and 'Public Order' are State subjects under the Seventh Schedule of the Constitution of India and the responsibility to maintain law and order, protection of life and property of the citizens including investigation and prosecution of crime against women rests with the respective State Governments and they are competent to deal with such crimes. However, the Central Government gives highest priority to safety and security of women and children and has taken several initiatives in this regard.

To promote women's empowerment and their safety, in domestic and public spaces including workplaces, the government has taken several steps. Some of the initiatives are listed below:

- i. The Government of India with an aim to modernize and improve the criminal justice system has enacted Bhartiya Nyaya Sanhita (BNS), Bhartiya Nagarik Suraksha Sanhita (BNSS) and Bhartiya Sakshya Adhiniyam (BSA) which came into effect from 1st July, 2024. In BNS 2023, the offences against women and children earlier scattered in Indian Penal Code, 1860 have been brought together and consolidated under Chapter-

V of BNS. The Act has introduced new provisions specifically, Section 111 related to “organized crime”, Section 69 related to sexual intercourse on false promise of marriage, employment, promotion or by suppressing the identity, Section 95 related to hiring, employing or engaging a child to commit an offence etc. In respect of the crimes related to buying a child for the purposes of prostitution (Section 99), gang rape (Section 70) and exploitation of a trafficked person (Section 144) the punishment has been increased. Further, in respect of certain severe crimes against women like buying child for the purposes of prostitution (section 99 of BNS), organised crime (Section 111), kidnapping or maiming a child for purpose of begging (Section 139) mandatory minimum punishment have been prescribed. Also, Sections 75 and 79 of BNS 2023 provide additional legal protections against harassment, covering actions like unwelcome sexual advances, requests for sexual favours, sexually coloured remarks and also word, gesture or act intended to insult modesty of a woman. A woman facing sexual harassment at workplace has an option to file a complaint under these provisions.

- ii. The introduction of Zero FIR and electronic First Information Reports (e-FIR) is a noteworthy advancement in modernizing the legal system and improving the effectiveness of law enforcement. These measures have removed Geographical restrictions and administrative bottlenecks in the system.

- iii. Section 193(3)(ii) of BNSS mandates that the police officer shall, within a period of ninety days, inform the progress of the investigation to the informant or the victim. Provisions under section 398 of BNSS introduces Witness Protection Schemes, acknowledging the critical need to shield witnesses from threats and intimidation. Further, Section 2(1)(d) of BSA now enables electronic or digital record on emails, documents on computers, laptop or smartphone, messages and voice mail messages stored on digital devices under definition of documents.
- iv. The Ministry of Women and Child Development recently launched the SHe-Box portal duly encompassing various provisions of 'the Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act, 2013' (SH Act). This portal is an initiative of the Ministry to provide a publicly available centralised repository of information related to Internal Committees (ICs) and Local Committees (LCs) formed across the country, whether in government or private sector. It also provides a common platform to file complaints and track the status of such complaints. The portal includes a feature where complaints registered on it will be automatically forwarded to the IC/ LC of the workplaces concerned within the Central Ministries/ Departments, States/ UTs and in Private sector. The portal provides for designating a nodal officer for every workplace who is required to ensure updation of data/ information on a regular basis for real time monitoring of complaints.

- v. Under Nirbhaya Fund, Government has taken several measures to improve safety and security of women:
 - a. The component of One Stop Centre (OSCs) under 'Sambal' sub-scheme of 'Mission Shakti', provide women affected by violence and who are in distress with a range of integrated services under one roof such as Police facilitation, medical aid, providing legal aid and legal counselling, psycho-social counselling, temporary shelter etc. upto 5 days are provided under one roof to any women under assault or distress. Till date, 802 OSCs have been made functional in 36 States/UTs wherein over 10.12 lakh women have been assisted so far.
 - b. A fully functional dedicated 24×7×365 toll-free Women Helpline-181 (WHL) under Nirbhaya Fund provides emergency and non-emergency response to women affected by violence and in distress across the country. This helpline is fully integrated with 112. To provide help and support to needy women and women in distress, Emergency Response Support System (ERSS-112) has been established in all 36 States and UTs for various emergencies, with computer aided dispatch of field resources. As of October 31, 2024, a total of 81,64,796 women have been assisted across the country.
 - c. In addition, under Nirbhaya Fund, the Central Government has provided assistance to States/ UTs for setting up/ strengthening Women Help Desks (WHDs) in all police stations. So far, 14658 Women Help Desks

have been established in police stations out of which 13,743 are headed by women. Further, 827 Anti-Human Trafficking Units have been set up for prevention of human trafficking and support to the victims. Cyber Forensic cum Training Labs have also been established in 33 States/UTs with 24,264 person trained in handling cyber related cases.

- d. To ensure safety of public places where women work and live, Safe City Projects have been implemented in 8 Cities (namely Ahmedabad, Bengaluru, Chennai, Delhi, Hyderabad, Kolkata, Lucknow and Mumbai). To ensure safe transportation for women, rail and road transport projects like Integrated Emergency Response Management System (IERMS), Video Surveillance System at Konkan Railway, Artificial Intelligence (AI) based Facial Recognition System (FRS) integrated with Video surveillance Systems, including Command-and-Control Centre at 7 major railway stations and tabs for safety of women passengers on board the train by Ministry of Railways, and projects like Vehicle Tracking Platform with command and control centre across States/ UTs, and some State specific projects like Uttar Pradesh Road transport Corporation (UPSRTC), Bengaluru Metropolitan Transport Corporation (BMTTC), Telangana State Road Transport Corporation (TSRTC), etc. by Ministry of Road Transport and Highways, have been implemented.
- e. To ensure that justice is delivered to unfortunate women and young girls who are victims of heinous sexual offences, the Government provides financial assistance to States/ UTs for setting up Fast Track Special Courts

(FTSCs) since 2019. So far, 790 Fast Track Special Courts (FTSCs) have been approved, out of which 750 including 408 exclusive POCSO (e-POCSO) courts are operational in 30 States/UTs, having disposed of more than 2,87,000 cases of rape, and offences under POCSO Act across the country.

- vi. Bureau of Police Research and Development (BPRandD) has also undertaken several initiatives, which, inter-alia includes training and skill development programs for Investigation Officers, Prosecution Officers and Medical Officers. BPRandD has also prepared Standard Operating Procedures (SoPs) for 'Women Help Desk at Police Stations' to ensure their smooth functioning. Emphasis has been laid upon appropriate behavioural and attitudinal skills of the police in course of prevention and detection of crime against women and children and interaction with victims of crime. Webinars on women safety with sensitivity, gender sensitization of police personnel etc. have also been organized by BPRandD.
- vii. Ministry of Home Affairs has also put in place Crime Multi Agency Centre (Cri-MAC), a national-level communication platform for online sharing of information on crime and criminals, including human trafficking for commercial sexual exploitation. This platform operates on a 24x7 basis and facilitates a seamless flow of information between various law enforcement agencies. Cri-MAC is instrumental in addressing the growing concern of cyber-enabled sex trafficking.

- viii. The government actively promotes legal literacy under the Legal Services Authorities Act, 1987, which mandates the dissemination of legal knowledge to marginalized and vulnerable sections of society. Through this Act, Legal Services Authorities organize legal literacy camps, workshops, media campaigns, and distribution of educational materials in regional languages. The initiative emphasizes empowering citizens with knowledge of their rights and remedies, fostering equitable access to justice, and reducing exploitation. Additionally, Lok Adalats, established under this Act, not only resolve disputes amicably but also serve as a platform for spreading legal awareness.
- ix. Recognizing the need for psycho-social counselling to women affected by violence and in distress, the Ministry of Women and Child Development has engaged the services of National Institute of Mental Health and Neuro Sciences (NIMHANS) for providing basic and advanced training under the project named 'Stree Manoraksha' to the staff of One Stop Centres (OSCs) across the country on handling psycho-social and mental health care needs of women facing violence and distress.
- x. Further, the Ministry of Women and Child Development also administers sub-scheme "Samarthya" under Mission Shakti in which the component of Shakti Sadan is for relief and rehabilitation of women in difficult circumstances and the victims of trafficking.
- xi. Another component Sakhi Niwas (Working Women's Hostels) of Mission Shakti provides safe and conveniently located accommodation for working

women, with day care facility for their children, wherever possible, in urban, semi urban, or even rural areas where employment opportunity for women exist. The government has also earmarked Rs. 5000 Crore during the current financial year for providing financial assistance to States for establishing working women hostel under the Scheme of Special Assistance to States for Capital Investment (SASCI).

- xii. The Government, through institutions like the National Commission for Women (NCW) and its counterparts in States have been spreading awareness through seminars, workshops, audio- visual, print and electronic media etc. to sensitize the people about the safety and security of women and also about various provisions of the legislation and policies etc. In addition, Ministry of Women and Child Development and Ministry of Home Affairs have issued advisories to States/ UTs from time to time on various issues pertaining to safety and security of women. In respect of the registered complaints, NCW takes up the matter with stakeholders especially the Police Authorities to ensure that the complaints are redressed and brought to logical conclusion.

The Projects/ Schemes under Nirbhaya Fund that have been implemented/ being implemented in the State of Odisha include, Emergency Response Support System (ERSS)-112, Setting-up/ Strengthening Anti-Human Trafficking Units (AHTU), Setting-up/ Strengthening Women Help Desk (WHDs), Cyber Crime Prevention against Women and Children (CCPWC), Cyber forensic and

related facilities in State Forensic Science Laboratories (SFSs), Universalisation of Women Helpline (WHL)-181, State-wise Vehicle Tracking Platform (VTP), Training of Investigating Officers (IOs)/ Prosecution Officers (POs)/ Medical Officers (MOs) in Forensic Evidence collection, Setting up Fast Track Special Courts (FTSCs) to dispose of cases pending trial under rape and POCSO Act. There are 30 operational One Stop Centers (OSCs) in the State of Odisha with an OSC in each of the 30 districts.

Governments' comprehensive initiatives reflect a strong commitment to ensuring the safety and empowerment of women. By integrating legislative reforms, technological advancements, victim-centric approaches, and awareness programs, the government has laid a robust foundation for addressing crimes against women, ensuring justice, and promoting gender equality. These efforts signify a progressive step towards fostering a secure and inclusive society where women can thrive without fear or discrimination.

EXPANSION OF CAPACITY OF PORTS

4325. SHRI RAJESH VERMA:

SHRI NARESH GANPAT MHASKE:

DR. SHRIKANT EKNATH SHINDE:

SHRI RAVINDRA DATTARAM WAIKAR:

SHRIMATI SHAMBHAVI:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) whether the Government proposes to expand the capacity of the ports of the country;
- (b) if so, the details thereof along with the number of ports across the country selected under this scheme;
- (c) the total percentage increase being made in the capacity of the selected ports;
- (d) whether any port(s) from Maharashtra and Bihar have been selected under this scheme; and
- (e) if so, the details thereof?

**THE MINISTER OF PORTS, SHIPPING AND WATERWAYS
(SHRI SARBANANDA SONOWAL):**

(a) to(c): Yes, capacity expansion has been done in respect of all the 12 Major Ports. List of capacity expansion of Major Ports is given below:-

(in Million Tonnes Per Annum)			
Port	2014-15	2023-24	% increase
Syama Prasad Mookerjee Port	70.85	93.02	31.29
Paradip Port	119.8	289.75	141.86
Visakhapatnam Port	96.76	148.18	53.14
Kamarajar Port	37.00	94.00	154.05
Chennai Port	86.04	136.00	58.07
V.O. Chidambaranar Port	44.55	111.46	150.19
Cochin Port	49.66	79.90	60.89

New Mangalore Port	77.77	114.96	47.82
Mormugao Port	43.76	63.40	44.88
Mumbai Port	44.53	84.00	88.64
Jawaharlal Nehru Port	79.37	145.87	83.78
Deendayal Port	121.43	269.32	121.79
Total	871.52	1629.86	87.01

(d) and(e): Yes, Mumbai Port and Jawaharlal Nehru Port which are in the state of Maharashtra have increased their capacity by 88.64% and 83.78% in the last 10 years. There is no Major Port in the state of Bihar.

SPECIALISED ADOPTION AGENCIES

4326. SHRIMATI BHARTI PARDHI:

SHRI SHRIRANG APPA CHANDU BARNE:

SHRI ARVIND GANPAT SAWANT:

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

- (a) whether the Government has conducted inspection of Specialised Adoption Agencies (SAAs) in country;
- (b) if so, the details of irregularities discovered, agency-wise and State-wise, along with the action taken by the Government in this regard;
- (c) the number of children adopted by foreigners from India during the last 10 years, country-wise;

- (d) whether the Government of India has received complaints of improper upbringing and exploitation of children adopted by foreigners, if so, the details thereof, country-wise;
- (e) whether any laws have been enacted for the protection of such children adopted by foreigners; and
- (f) if so, the details of the steps taken or proposed to be taken by the Government of India in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) and (b): This Ministry is administering the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015) as amended in 2021 which is the primary legislation for ensuring the safety, security, dignity and well-being of children. As per Section 65(3) of the JJ Act, 2015, the State Government is mandated to inspect every Specialised Adoption Agency at least once in a year and take necessary remedial measures, if required.

Further, as per Rule 27(3) of Adoption Regulations 2022 the State Government or concerned State Adoption Resource Agency is mandated to conduct annual inspections of Specialised Adoption Agencies to ensure that they are working properly as per norms laid down in the rules.

The State Government/ UT Administration is competent to take action based on irregularities noticed as per the JJ Act, 2015, JJ Rules 2022 and Adoption Regulations 2022. The primary responsibility of implementation of the

JJ Act lies with the respective State/UT Government. The Ministry has not received reports about irregularities in this regard.

(c): During the last ten years' period, the country-wise details of the number of children adopted by foreigners from India is given in the enclosed **Statement**.

(d): No, Sir. The Government has not received any complaints of improper upbringing and exploitation of children adopted by foreigners.

(e) and (f): The Juvenile Justice (Care and Protection of Children) Act, 2015 (as amended in 2021) and the Adoption Regulations, 2022 envisage safeguard for children adopted both within the country and outside the country. Further, India has ratified the Hague Adoption Convention in 2003 to ensure child protection safeguards for all children placed in Inter-country Adoptions.

STATEMENT

Country-wise details of the number of children adopted by foreigners		
Sl. No	Country	Total Children Adopted in 10 yrs
1.	AUSTRALIA	7
2.	AUSTRIA	8
3.	Bahrain	4
4.	BELGIUM	42
5.	Brazil	1
6.	CANADA	193
7.	CHINA	2
8.	Czech Republic	1
9.	DENMARK	32
10.	Ethiopia	2
11.	FINLAND	55
12.	FRANCE	144

13.	GERMANY	24
14.	HONG KONG	12
15.	Indonesia	6
16.	IRELAND	1
17.	ITALY	1029
18.	Japan	3
19.	Kenya	5
20.	LUXEMBOURG	5
21.	MALAYSIA	6
22.	Malta	215
23.	MAURITIUS	18
24.	NETHERLAND	3
25.	NEW ZEALAND	64
26.	Nigeria	1
27.	NORWAY	2
28.	PHILIPPINES	1
29.	SAUDI ARABIA	1
30.	SINGAPORE	63
31.	SOUTH AFRICA	6
32.	SOUTH KOREA	2
33.	SPAIN	517
34.	Sri Lanka	2
35.	SWEDEN	110
36.	SWITZERLAND	11
37.	TANZANIA	2
38.	THAILAND	3
39.	TURKEY	2
40.	U.K.	73
41.	UAE	252
42.	USA	2031
43.	Vietnam	2
Total		4963

SOURCE: CARINGS portal

NATIONAL LEGAL SERVICES AUTHORITY**4327. SHRI SELVAM G.:****SHRI NAVASKANI K.:****SHRI C. N. ANNADURAI:**

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) the details of authorities and institutions currently established to provide free legal aid to economically disadvantaged citizens across the country;
- (b) the role of the National Legal Services Authority (NALSA) in coordinating and supervising the implementation of free legal aid services at the national and State levels;
- (c) the eligibility criteria for accessing free legal aid services for marginalized groups such as women, Scheduled Castes, Scheduled Tribes and differently-abled persons;
- (d) the number of cases taken up/free legal aid provided by National Legal Services Authority during last three years, State-wise including Tamil Nadu;
- (e) the amount of funds allocated, released and utilized by NALSA during each of the last three years and the current year; and
- (f) whether the Government has any mechanism to monitor the functioning/performance of these authorities/institutions including NALSA, if so, the details thereof?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a): The following Authorities/Institutions are established to provide free legal aid to poor and weaker sections of the society :-

- i. National Legal Services Authority (NALSA) at National level
- ii. Supreme Court Legal Services Committee (SCLSC) at Supreme Court level
- iii. 38 High Court Legal Services Committees (HCLSCs) at High Court level
- iv. 37 State Legal Services Authorities (SLSAs) at State level
- v. 709 District Legal Services Authorities (DLSAs) at District level
- vi. 2376 Taluk Legal Services Committees (TLSCs) at Taluk level

(b) and (c): NALSA has been constituted under the Legal Services Authorities (LSA) Act, 1987 to provide free and competent legal services to the weaker sections of the society including beneficiaries covered under Section 12 of the Act, i.e. a member of Scheduled Caste, Scheduled Tribe, woman, person with disability, etc. This Act ensures that opportunities for securing justice are not denied to any citizen by reason of economic or other disabilities, and to organize Lok Adalats for amicable settlement of disputes.

NALSA has formulated various schemes for the implementation of preventive and strategic legal service programmes, undertaken and implemented by the Legal Services Authorities at various levels. In carrying out all these

responsibilities, NALSA works in close coordination with various State Legal Services Authorities, District Legal Services Authorities and other agencies for regular exchange of relevant information, monitoring and updating on the implementation and progress of the various schemes in vogue and fostering a strategic and coordinated approach to ensure smooth and streamlined functioning of various agencies and stakeholders.

(d): The State/UT-wise details of number of persons benefited through free legal services provided by the Legal Services Institutions during the last three financial years i.e. 2021-22, 2022-23, 2023-24 are given in the enclosed **Statement** .

(e): Funds under Grant-in-Aid are allocated and released to NALSA by the Government on yearly basis. During the last 3 years i.e. 2021-22, 2022-23 and 2023-24, grants-in-aid of Rs. 145 crore, Rs. 190 crore and Rs. 400 crore respectively were allocated/released by the Government to NALSA. For the current year i.e. 2024-25, grants-in-aid of Rs. 200 crore have been allocated to NALSA, of which Rs. 150 crore have been released so far. In addition, Rs 200 crore have been earmarked in Budget Estimate 2024-25 for implementation of the Central Sector Scheme namely; “Legal Aid Defense Counsel System (LADCS) Scheme”, of which Rs. 50 crore have been released so far to NALSA.

(f): In order to monitor the performance of the legal services authorities, NALSA receives monthly activity reports from all the SLSAs highlighting all the activities carried out in a particular month. Thereafter, a final activity report on monthly

basis is sent by NALSA to the Government which is reviewed and compiled. Apart from monthly activity reports, NALSA also receives Annual Reports from all the SLSAs and prepares its own Annual Report, which is laid before both Houses of the Parliament.

Periodical reviews on different issues are also carried out by the Department-related Parliamentary Standing Committee on Personnel, Public Grievances, Law and Justice to assess the working of Legal Aid under the Legal Services Authorities Act, 1987. Further, All India and Regional Meets are frequently organized by NALSA to monitor the performance of Legal Services Authorities. In addition, regular meetings are also held between the representatives of NALSA and Department of Justice on various important matters.

STATEMENT

Details of number of persons benefited through free Legal Services provided by the Legal Services Institutions under the Legal Services Authorities Act, 1987 during the last three years.				
S. No.	Name of State/UT Authority	2021-22	2022-23	2023-24
1	Andaman and Nicobar Islands	79	134	220
2	Andhra Pradesh	6371	9473	8265
3	Arunachal Pradesh	2657	5559	5696
4	Assam	110254	38335	63749
5	Bihar	1689158	209809	151413
6	Chandigarh	1781	2653	2822
7	Chhattisgarh	42394	44106	62164
8	Dadra and Nagar Haveli	27	28	55
9	Daman and Diu	17	24	34
10	Delhi	79055	96433	121882
11	Goa	1101	2041	1558
12	Gujarat	21953	32422	40569

13	Haryana	23260	43098	76863
14	Himachal Pradesh	4806	5998	7346
15	Jammu and Kashmir	8870	7992	11396
16	Jharkhand	649481	145217	269303
17	Karnataka	32794	45663	53406
18	Kerala	16895	23418	36498
19	Ladakh	2408	711	505
20	Lakshadweep	0	0	0
21	Madhya Pradesh	3343800	191921	225510
22	Maharashtra	22595	36663	53756
23	Manipur	22651	26929	62635
24	Meghalaya	2346	2769	2371
25	Mizoram	3201	5038	4801
26	Nagaland	7750	7390	4603
27	Odisha	8849	11880	19289
28	Puducherry	884	788	621
29	Punjab	36404	56448	60361
30	Rajasthan	13833	13472	20290
31	Sikkim	986	1127	1074
32	Tamil Nadu	38181	49570	45180
33	Telangana	6712	12615	13193
34	Tripura	2671	5055	9964
35	Uttar Pradesh	132629	24890	29079
36	Uttarakhand	3775	5386	21339
37	West Bengal	29015	49714	62354
	Total	6369643	1214769	1550164

FERTILIZERS SUBSIDY

4328: SHRI UTKARSH VERMA MADHUR:

SHRI S. VENKATESAN :

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) whether there is any scheme to transfer subsidy on fertilizers directly into the accounts of farmers instead of routing through Corporates, if so, the details thereof; and

(b) the major instances of misuse of subsidy by Corporates and the action taken by the Government in the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): No.

(b): In view of (a) above, the question does not arise.

INDIAN FESTIVALS IN AFRICAN COUNTRIES

4329. SHRI ANIL YESHWANT DESAI

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:

(a) whether the Government has noticed that Indian festivals and traditions being followed in some African and other countries;

(b) if so, the name of the countries alongwith the Indian festivals they celebrated in those countries;

(c) whether cultural exchange has ever been made between these countries, if so, the details of such activities during the last five years, year-wise; and

(d) whether such bonds helps in better understanding with them?

THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA MARGHERITA):

(a) and (b): Indian festivals and traditions are not only followed in African countries but all over the world by Indian community as well as several local

cultural organizations. In addition, Indian Missions/Posts abroad also celebrate Indian festivals by organizing performances by Indian cultural groups/troupes through Indian Council for Cultural Relations (ICCR).

(c): ICCR has been sponsoring visits of performing art groups in collaboration with Indian Missions/Posts abroad and local cultural organizations; often coinciding with Indian festival dates and promoting Indian traditions abroad. A list of such groups sponsored by ICCR since 2020 is given in the enclosed **Statement**.

(d) These festivals are being organized with the aim to depict the rich and diverse cultural heritage of India and strengthen cultural relations and mutual understanding with other countries. They are the tool of inter-culture understanding and cultural diplomacy that project the soft power of India. This soft approach is expected to benefit India in the field of tourism, health, education, commerce etc. and provide strategic depth to growing influence of India.

STATEMENT**a) ICCR sponsored events in African Countries**

S.No.	Name of Country	Name of Indian Festival	Details of groups sponsored by ICCR
2020			
1.	Nigeria, Chad, Benin, Mozambique and Reunion Island	Republic Day Celebrations	06-Member Oddisi group “Kaishiki Dance Academy” led by Ms. Daksha Sanjay Mashruwala, Maharashtra from 23 January – 5 February 2020
2.	Senegal	Tiranga Festival	08-Member Bollywood group “Dance Smith Performing Arts Pvt. Ltd. – Sujit Kayal” led by Shri Minal Gera, Delhi from 25-26 January 2020
3.	Mauritius	Mahashivratri Celebrations	04-Member Devotional music group led by Ms. Sumana Chakrabarty, West Bengal from 15-23 February 2020
2022			
1.	Zambia	“India Week” as part of Azadi Ka Amrit Mahotsav(AKAM)	12-Member “Vande Bharatam” Contemporary Dance troupe “Rekha Dance Troupe” led by Mr. Samrat Das, Delhi from 03-07 June, 2022
2.	Ghana	Celebrations of India@75	17-Member Indian Cinematic Music and Dance Group “Dance Era - Manik Bhatheja (Delhi)” led by Mr. Manik Bhatheja, Delhi from 11-16 August, 2022
3.	Mauritius, Madagascar, South Africa, Botswana and	Azadi Ka Amrit Mahotsav coincide with Independence Day	12-Member “Jawaharlal Nehru Manipuri Dance Academy” (JNMD) group led by Ms. Chandandevi Gurumayum, Manipur from 14-31 August, 2022

	Swaziland	celebrations	
4.	Angola, Ethiopia and Sudan	India Week.	08-Member Indian Cinema Music and Dance Group “A To Z Hot Dance Group” led by Shri Sukhvinder Singh, Delhi from 03-15 November, 2022
5.	Mauritius	AKAM India @75 celebrations.	08-Member Indian Cinema Music and Dance Group “Colours of Bollywood” led by Shri Asif Ali, Delhi from 07-12 December, 2022
6.	Zimbabwe	Namaste Zimbabwe Festival during India@75 celebrations.	i. 05-Member Light Music Group led by Ms. Oshin Bhatia, Delhi and ii. 07-Member Kalariyapattu Group “Maruthi Marma Chikilsa and Kalari Sangom” led by Shri T Ajith Kumar, Kerala from 12-17 December, 2022
2023			
1.	Seychelles	Republic Day Celebrations	08-Member “Sanjali Centre for Odissi Dance” Troupe led by Sharmila Mukerjee, Karnataka from 25-28 January, 2023
2.	Democratic Republic of Congo, Republic of Congo, Gabon and Sudan	Republic Day Celebration	08-Member Gujarati Folk Dance Group led by Mr. Kushal Dixit, Gujarat from 25 January-04 February, 2023
3.	Kenya	Iconic AKAM Week	08 members Sidi Dhamaal Sidi Goma – Saiyad Akbarmiya Gulamali Kadari troupe. Gujarat from 10-18 June 2023
4.	Tunisia	India Day celebrations coincide with AKAM	08 member Vande Bharatam group Supriya Dance Academy led by Supriya Singh from 2-16 August 2023
5.	Zambia	Independence Day Anniversary	07 member Naadhalaya led by Valayyapatti S Malarvannan Percussion Instrumental Group, Tamil Nadu from 7-10 August 2023

2024 (Till date)			
1.	Seychelles, Mahe	Independence Day	08 Member Kathak Dance Group led by Uma Dogra from 12-16 August, 2024

b) ICCR sponsored events in other than African Countries

S.No.	Name of Country	Name of Indian Festival	Details of groups sponsored by ICCR
2020			
1.	Singapore	Pongal celebrations	08-Member of Tamil Nadu Folk group “Kavin Kalai Kuzhu – Ilangovan M” led by Ms. Keerthanaa Ilangovan, Tamil Nadu from 08-13 January 2020
2.	Sri Lanka and Myanmar	Republic Day celebrations.	06-Member Kathak group led by Ms. Jayshree Acharya, Haryana; and 03-Member Veena group led by Ms. J. Yoga Vandana, Karnataka from 21-28 January 2020 03-Member Veena group visited Myanmar from 29 January – 1 February 2020.
3.	Saudi Arabia	Republic Day celebrations	08-Member Bhangra group “Malwa Sabyacharak Club Patiala” led by Shri Gurdarshan Singh, Punjab from 23-29 January, 2020
4.	Trinidad and Tobago	Republic Day celebrations	06-Member Odissi dance group “Soor Mandir Dance Academy” led by Ms. Jyotsna Rani Sahoo, Bhubaneswar from 24 January to 08 February 2020
5.	South Korea	Republic Day Celebrations	03-Member Instrumental group (Santoor) led by Shri Satyendra Singh Solanki, Madhya Pradesh from 29 January -02 February 2020
6.	Spain	India en Concierto festival	04-Member Sitar group led by Shri Gaurav Mazumdar from Delhi.

		dedicated to Pandit Ravi Shankar on the occasion of his 100 th Birth Anniversary.	06-14 October 2020
2021			
1.	Canada	India en Concierto festival dedicated to Pandit Ravi Shankar on the occasion of his 100 th Birth Anniversary.	Sent video recording of Ms. Vidhi Nagar, Kathak dancer from Uttar Pradesh from 22 January - 01 February 2021.
2.	Bangladesh	India en Concierto festival dedicated to Pandit Ravi Shankar on the occasion of his 100 th Birth Anniversary.	18-Member Contemporary dance group led by Ms. Mamta Shankar Ghosh, West Bengal from 15-23 March 2021; and 07-Member Hindustani Vocal group led by Pt. Ajoy Chakraborty, West Bengal from 25-29 March 2021
3.	UK	India en Concierto festival dedicated to Pandit Ravi Shankar on the occasion of his 100 th Birth Anniversary.	ICCR participated in the India Global Week held in London on 30 th June, 2021. Two Segments- Indology Award Ceremony and Cultural Board Interaction were coordinated by ICCR on 30 June, 2021
4.	Mexico	India en Concierto festival dedicated to Pandit Ravi Shankar on the occasion of his 100 th Birth Anniversary.	12-Member Bollywood/Bhangra group "Taka Dimi Ta" led by Shri Narender Kumar, Delhi from 23 October- 03 November 2021
5.	Palestine	India en Concierto festival dedicated to Pandit Ravi Shankar on the occasion of his 100 th Birth Anniversary.	11-Member Contemporary group "Anveshana" led by Ms. Sangeeta Sharma, Delhi from 23 -30 November 2021

6.	Finland	India en Concierto festival dedicated to Pandit Ravi Shankar on the occasion of his 100 th Birth Anniversary.	03-Indian artistes (Shri Vidyadhar Vyas, Vocalist, Shri Kamal Sabri, Sarangi exponent and Shri Gulfam Sabri, Tabla exponent) to Helsinki from 08 – 11 December 2021, to give fusion performance with Finnish artistes from 08 – 11 December 2021
2022			
1.	Iraq	Azadi Ka Amrit Mahotsav” (AKAM) coincide with Republic Day celebrations	15-Member Bhola Panchhi Bhangra Group led by Shri Parvinder Singh, Rajasthan from 23-30 January,2022
2.	Sri Lanka	Azadi Ka Amrit Mahotsav (AKAM) coincide with India’s Republic Day and Sri Lankan Independence Day.	10-Member Oddisi Dance Group led by Moumita Ghosh, Delhi from 25 January-05 February, 2022
3.	Uzbekistan and Tajikistan	Azadi Ka Amrit Mahotsav (AKAM) celebrations.	11-Member Kathak Dance group “Shambhavi’s International School of Kathak” led by Ms. Sharbari Ajit Bhide, Maharashtra from 22-30 March, 2022
4.	Uzbekistan	International Jazz Festival coincide with Azadi Ka Amrit Mahotsav (AKAM) celebrations.	05-Member Jazz Group “Benny and The Jazz Collective-Benedict Lazarus” led by Shri Benedict Lazarus, Delhi from 10-13 May, 2022
5.	Guatemala, El Salvador, Honduras.	50 th Anniversary of the Establishment of diplomatic relations between India and Guatemala.	12-Member Kathak Dance Group led by Ms. Sonia Atul Parchure, Maharashtra from 16-25 May 2022
6.	Austria	Azadi Ka Amrit Mahotsav	10-Member“Vande Bhartam” Odissi Dance group “Nrutyaniaya” led by Ms.

		(AKAM) celebrations.	Swapana Rani Sinha, Odisha from 17-23 June, 2022
7.	Russia	"India Week" as part of AKAM celebrations.	10-Member Carnatic Veena group led by Suma Sudhindhra, Karnataka from 20-28 June,2022
8.	USA (Houston)	Azadi Ka Amrit Mahotsav (AKAM) celebrations.	12-Member "Vande Bharatam" Rajasthani Folk Dance group "Anita Pradhan Dance Group" led by Ms. Anita Pradhan, Rajasthan from 20 June-01 July,2022
9.	Belarus	Slavianski Bazar coincide with 75 th Anniversary of India's Independence and 30 th Anniversary of diplomatic ties with Belarus.	11-Member "Vande Bharatam" group "Bhairi Bhavani Performing Arts" led by Ms. Bhavana Chaudhary, Maharashtra from 15-20 July, 2022
10.	Brazil	Azadi Ka Amrit Mahotsav (AKAM) celebrations.	12-Member Gujarati Folk group "Aavishkar" led by Shri Dinesh Gokaldas Parekh, Gujarat from 12-21 August, 2022
11.	Vietnam	Azadi Ka Amrit Mahotsav (AKAM) celebrations coincide with Independence Day celebrations	1. 06-Member Odissi Dance group led by Ms. Anu Narayan, Maharashtra 2. 12-Member Bollywood group led by Ms. Shipra Goyal, Delhi 3. 04-Member Fusion group "Parinday Music of Soul" led by Soumitra Paul, Delhi from 12-21 August, 2022
12.	Egypt	Azadi Ka Amrit Mahotsav celebrations.	09-Member Kathak Group led by Ms. Luna Poddar, West Bengal from 13-19 August, 2022
13.	Saudi Arabia and Qatar	Azadi Ka Amrit Mahotsav coincide with Independence Day celebrations	08-Member Qawwali Group led by Shri Danish Hussain, Uttar Pradesh from 14-20 August, 2022.

14.	Lebanon	India Week in Lebanon	10-Member Vande Bharatam “Chandigarh University Girls Team – Giddha” group led by Mandeep Kaur, Punjab from 14-18 August, 2022
15.	New Zealand	Azadi Ka Amrit Mahotsav celebrations.	12-Member Vande Bharatam “Chandigarh University Bhangra Group” led by Shri Amit Sarwan, Punjab from 19-22 August, 2022
16.	Ireland, Switzerland and UK	Tagore Jayanti as AKAM mega event.	12-Member Tagore Theatrical group led by Ms. Dona Ganguly, West Bengal from 19-29 August, 2022
17.	Finland	India Day 2022 and the Reception on the occasion of 75 year of India’s Independence as part of AKAM week.	08-Member Vande Bhartam “Talam” group led by Shri Rajiv Khan, West Bengal from 20-22 August, 2022
18.	Scotland	Azadi Ka Amrit Mahotsav celebrations.	10-Member VB Bharatnatyam Group “Sree Natya Niketan” led by Ms. Shrinithi Vijaykumar, Tamil Nadu from 02-05 September, 2022
19.	Malaysia	65 years of diplomatic relationship between India and Malaysia	10-Member VB Bharatnatyam Dance group “Manjula Ramaswamy” led by Ms. Manjula Ramaswamy, Telangana from 08-14 September, 2022
20.	Switzerland	AKAM celebrations	04-Member Travel Grant led by Dr. L. Subramaniam, Karnataka from 22 September – 14 October, 2022
21.	Switzerland and Spain	Azadi Ka Amrit Mahotsav (AKAM) celebrations coinciding with Independence Day	08- Member “Vande Bharatam” Mohinattam/ Kalariyapattu Dance Group “International Academy of Mohiniattam” led by Ms. Radhika Menon, Delhi from 23-29 September, 2022
22.	Australia	AKAM celebrations.	i.08-Member VB Gujarati Folk troupe “Margam” led by Ms. Priyal Dipesh Zaveri, Gujarat and

			ii.08-Member VB Bharatnatyam group “Pavitra Art Academy” led by Shri Pavitra Bhatt, Maharashtra from 06-17 October, 2022
23.	Spain	AKAM Celebrations.	08-Member Bharatnatyam Dance group led by Ms. Rama Vaidyanathan, Delhi from 08-12 October, 2022
24.	USA (Atlanta)	Azadi Ka Amrit Mahotsav (AKAM) celebrations	08-Member Rajasthani group led by Ms. Kanchanbai Teratali, Rajasthan from 14-20 October, 2022
25.	Canada	Banaras Festival under the ambit of annual Diwali Razz Matazz Festival of Indo Canada Arts Council.	08-Member Fusion group “Neeraj Arya’s Kabir Cafe” led by Shri Neerja Arya, Maharashtra from 18-30 October, 2022
26.	Vietnam	Diwali Celebrations by Indian Chamber of Commerce (INCHAM)	08-Member Fusion Music “Indian Ocean” group led by Shri Dhruv Suresh Jagasia, Delhi from 11-15 November, 2022
27.	Bangladesh	Bharat-Bangladesh Maitree Divas.	07-Member Band Group “Band Oxygen” led by Shri C. Girinandh, Tamil Nadu from 05-11 December, 2022

2023			
1.	Sri Lanka (Colombo)	Republic Day Celebration	07-Member “Dementia Rock Band” Group led by Shri Inakhu A Ayeh, Nagaland from 23-31 January, 2023
2.	Dominican Republic	India Week and National Day Celebrations.	08-Member Odissi Dance Group led by Ms. Ranjana Gauhar, Delhi from 24 January -01 February, 2023
3.	Iraq	Republic Day Celebrations	08-Member VB Maharashtra Folk Group “Amey Patil Dance Group” led by Ms. Kiran Sawant, Maharashtra from 24-January – 02 February, 2023
4.	Saudi Arabia	Republic Day Celebration	08-Member VB “Om Vinayak Crew” Group led by Shri Yogesh Kushwaha, Uttar Pradesh from 24-29 January, 2023
5.	Estonia and Lithuania	Republic Day Celebration	08-Member Rajasthani Folk Group “Panihari Lok Sangeet” led by Manga Khan, Rajasthan from 24 January-02 February, 2023
6.	Poland	Republic Day Celebration	08-Rajasthani Group led by Ms. Shamlia Kalbelia Sopera, Rajasthan from 24-30 January, 2023
7.	Turkmenistan	Republic Day Celebration	08-Bharatnatyam Dance Group “Chithkala School of Dance” led by Mr. Praveen Kumar Prasanna Kumar, Karnataka from 25-30 January, 2023

8.	Nepal	Republic Day Celebrations	05-Member Kathak Dance Group led by Ms. Namrata Rai, Delhi from 25-30 January, 2023
9.	Sri Lanka	India-Week Festival coincide with Mahashivratri Festival.	05-Member Carnatic Vocal Group led by Dr. Arundhati B, Kerala from 14-19 February, 2023
10.	Uzbekistan	Azadi Ka Amrit Mahotsav.	08-Member Shibani Kashyap, Delhi NCR from 16-20 March, 2023
11.	USA, New York	India@75 special concert planned in the UN General Assembly Hall as part of AKAM celebrations.	Group led Shri Niladri Kumar from 31 March, 2023
12.	Switzerland and Edinburgh	Independence Day Anniversary	05 member Anwesha Das led Bharatnatyam group, Tamil Nadu from 11-17 August, 2023
13.	Hanoi, Vietnam	Independence Day celebrations	06 members Tetseo Sisters from Nagaland from 10-16 August 2023
14.	Qatar	Independence Day celebrations	02 member Sachin Patwardhan led Sarod group Madhya Pradesh from 14-17 August 2023

15.	Bulgaria	Independence Day celebration	06 member Kathak group led by Leena Malakar, Haryana from 14-20 August 2023
16.	Finland, Tallinn and Estonia	AKAM celebrations alongwith India Day 2023 celebrations	08 member Tanushree Shankar led contemporary fusion dance group, West Bengal from 18-23 August 2023 and 23-26 August, 2023
17.	Reunion Island	Diwali celebrations	8-Member Bharatanatyam Dance Group led by Sneha Devanandan from 14-20 November, 2023
18.	Peru	60 th Anniversary of Celebration of India – Peru Diplomatic Relation.	08-member Kalarippayattu Group Travancore School of Kalarippayattu led by Radhakrishnan G from 16-21 November, 2023
2024 (Till date)			
1.	Vietnam	Republic Day Celebrations	8-member Punjabi Folk group led by Hardeep Singh from 15-26 January, 2024
2.	Indonesia	Republic Day Celebrations	8-Member Odissi Dance group – Gunjan Das Academy led by Meera Das from 23-29 January, 2024
3.	Sri Lanka	Republic Day Celebrations	8-Member Odissi Dance Group led by Namrata Mehta from 23-29 January, 2024
4.	Peru	60th Anniversary of Celebration	05-member Odissi Dance Group led by Leema Bhol, Odisha from 25-30

		of India – Peru Diplomatic Relation.	January, 2024
5.	Peru	60th Anniversary of Celebration of India – Peru Diplomatic Relation.	04-member Hindustani Vocal Group led by Ms. Anisha Roy from 25-30 January, 2024
6.	Bhutan	Republic Day celebrations	08 member Manipuri group led by Poushali Chatterjee, West Bengal from 25-30 January 2024
7.	Poland	Republic Day Celebrations	8-Member Kathak Group “Kadambh” from 23-28 January, 2024
8.	South Africa	Republic Day Celebrations	8-Member Contemporary Dance Group led by Satya Brat Roy Chowdhury from 23-31 January, 2024
9.	Turkmenistan and Uzbekistan	Republic Day Celebrations	8-member Kathak Dance group led by Prajakta Atre in January, 2024
10.	Slovenia	Republic Day Celebrations	5-Member Kathak Group led by Kavita Thakur from 24-28 January, 2024
11.	Russia	Republic Day Celebrations	08 Member group Contemporary Dance group led by Rekha Mehra from January, 2024
12.	Guyana, TandT	Fagua (Holi)	08 member Bhojpuri Group led by Bhola Pandey from 24 March, 2024

	and Suriname		
13.	Indonesia and Vietnam	Holi	08 Member group Braj ki Holi - Pratibha Kala Kendra led by Pratibha Tiwari (Sharma) from 20-31 March, 2024
14.	Fiji	Girmit Day celebration	05 Member Group led by Vandana Shukla from 12-19 May,2024
15.	Hungary	Connecting the World through Ramanyana	08 Member group Vyomesh Shukla Theatre from 28th June - 1st July
16.	Thailand	International Ramayana Festival	08 Member group Ananda Shankar Jayant (Bharatnatyam Group based on Ramayana production) from 12th-16th July,2023
17.	Vietnam	Independence Day	08 Member Odissi Dance group "A.L.P.A.N.A." led by Alpana Nayak from 11-26 AUGUST, 2024
18.	Nepal	Independence Day	08 Member Instrumental Group led by Arpita Dutta from 12-21 August , 2024
19.	Russia	Independence Day Celebrations	08 Member Kathak and Mohiniyattam Priyadarshani Shome from 14-24 AUGUST 2024
20.	Sri Lanka	Independence Day/ Bharat Week	08 Member Folk group Ranjit Gogoi- from 13-17 AUGUST, 2024

21.	Esthonia	78th Independence Day Celebration 2024	08 Member "Jhankaar Bollywood Dance Company" LED BY Neha Sharma from 14-20 August 2024
22.	Canberra(Australia)	To participate in mini India festival	08 member folk music group led by Ravinder Singh from 12-19th August, 2024
23.	United Kingdom (created on Jan 15,2024)	Independence day Bharatanatyam Dance Group	07 Member Bharatanatyam Dance Group Kanika Srinivasan from 14-18th August 2024
24.	Bulgaria	Independence day	07- members of Bharatnatyam Group led by Ms. Arupa Lahiry from 12th-17th August 2024
25.	Japan	Namaste India	08 members of the Purulia Chhau Group led by Shri Bhagabandas Kumar from 13-30 September, 2024
26.	Thailand	Diwali Celebrations	08 members Rajasthani Folk group Jivandas Teratali Group led by Jivandas from 13-17 September, 2024
27.	Japan , Vietnam and Thailand	India Mela	08-member Rajasthani Folk Group "Ajmaru Kala Mandal" led by Ms. Karuna Verma from 11-October, to 30 October 2024
28.	Australia	Dueeshra/Diwali Celebrations	08-member Rajasthani Folk group (Rashid Khan Langa Group) from 25-

			29 October, 2024
29.	Spain	Ramayana Festival	08 Member Ramayana Festival Margi Kathakali group led by Vijayakumaran Nair Velayudhan Nair from 14-18 November, 2024

PUBLIC HEALTH EMERGENCY MANGEMENT ACT**4330. DR. BHOLA SINGH:****SHRIMATI KAMALJEET SEHRAWAT:****SHRIMATI SMITA UDAY WAGH:****SHRI JAGDAMBIKA PAL:****SHRI MANOJ TIWARI:****DR. RAJESH MISHRA:**

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

- (a) the primary objectives of establishing Public Health Emergency Management Act (PHEMA) along with the specific public health emergencies it aim to address;
- (b) the primary objectives of establishing the special fund for Pandemic Preparedness and Emergency Response (PPER) along with the potential sources of funding being considered for this special fund;
- (c) the proposed timeline fixed for enacting PHEMA and establishing necessary institutional frameworks, the manner in which the PPER fund is likely to be structured, including potential funding sources;
- (d) the budget allocated for emergency response and epidemic management in M.P.;
- (e) the manner in which State like Maharashtra and particularly Jalgaon district contribute to the effective implementation of PHEMA and PPER, ensuring localized readiness for public health emergencies, and

(f) the steps proposed to be taken by the Government in Jalgaon district to enhance health infrastructure and community awareness, ensuring the district's preparedness aligns with the objectives of PHEMA and PPER?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

(a) to (f): NITI Aayog has published an Expert Group report entitled “Future Pandemic Preparedness and Emergency Response — A Framework for Action” wherein the Experts have proposed a blueprint for the country to prepare for any future public health emergency or pandemic and have a rapid response system. As part of its recommendations, the Expert Group has suggested a separate Public Health Emergency Management Act (PHEMA) and creation of a special fund for Pandemic Preparedness and Emergency Response (PPER) to facilitate the management of any public health crisis.

Health is a State subject. Government of India continues to support all States/UTs in their endeavour to enhance preparedness and response capacities against future public health emergencies including epidemics.

Ministry of Health and Family Welfare, under its flagship programme, National Health Mission, continues to provide requisite technical and financial support to all States/UTs to augment its health infrastructure and healthcare delivery to meet any exigencies due to future public health threats.

Additionally, all States/UTs were provided with special financial packages in 2021 and 2022 to augment preparedness and response capacities against large scale public health emergencies.

Further, With the long-term goal to better prepare country against public health emergencies, Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) has been launched with an outlay of Rs. 64, 180 Crore to enhance the capacity of primary, secondary and tertiary health care facilities and institutes for identifying and managing any new and emerging diseases.

ASSESSMENT OF AYUSHMAN AROGYA MANDIR-SUB CENTRE

4331. SHRI PRAVEEN PATEL:

SHRI MANOJ TIWARI:

SHRI DULU MAHATO:

SHRI ANURAG SINGH THAKUR:

SHRI LUMBA RAM:

DR. RAJESH MISHRA:

SHRI JAGDAMBIKA PAL:

SHRI BIDYUT BARAN MAHATO:

SHRI KANWAR SINGH TANWAR:

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

(a) the geographical distribution of Ayushman Arogya Mandir-Sub Centres (AAM-SC) in the country, State-wise;

(b) whether the number of such existing centres in various States are sufficient to meet the requirement of healthcare in the country, if so, the details thereof along with the steps taken to set up more such Centres in these States including Uttar Pradesh;

(c) the number of assessments planned, done and scheduled time for completion under the National Quality Assurance Standards (NQAS) assessments for AAM-SC in the country, Statewise especially in Jharkhand and Uttar Pradesh;

(d) whether the assessments have led to improvements in infrastructure, patient safety, and service delivery of primary healthcare for citizens in the country, if so, the details thereof;

(e) whether any specific challenges have been observed during the assessments, if so, the details thereof; and

(f) whether the Government has taken steps to address these challenges and improve its implementation, if so, the details thereof?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

(a) and (b): Number of Ayushman Arogya Mandir-Sub Centres (AAM-SC) operationalised in the country, State/UT-wise, is given in the enclosed **Statement-I.**

As per established norms, in rural areas a Sub Health Centre (SHC) for a population of 5,000 (in plain) and 3000 (in hilly and tribal area), a Primary Health

Centre(PHC) for a population of 30,000 (in plains) and 20,000 (in hilly and tribal areas) and Community Health Centre (CHC) for a population of 1,20,000 (in plain) and 80,000 (in hilly and tribal area) is suggested. Further, for urban area one Urban Ayushman Arogya Mandir is recommended for a urban population of 15,000 to 20,000, one Urban-Primary Health Centre (U-PHC) for a urban population of 30,000 to 50,000, One Urban-Community Health Centre (U-CHC) for every 2.5 lakh population in non-metro cities (above 5 lakh population) and one U-CHC for every 5 lakh population in the metro cities. Further, District Hospital (DH), Sub-District Hospital (SDH) and First Referral Unit provide secondary care services for rural and urban area.

The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission (NHM). Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms and available resources.

(c) to (f): The Government of India has implemented the National Quality Assurance Standards (NQAS) which is a comprehensive framework established by the Ministry of Health and Family Welfare (MoHFW), aimed at ensuring and enhancing the quality of healthcare services provided at public health facilities.

The National Quality Assurance Standards (NQAS) assessments have significantly contributed to improving the quality of primary healthcare across the country. According to the Common Review Mission (CRM) reports published by the

Government of India, these assessments have brought about transformative changes in infrastructure, patient safety, and service delivery in healthcare facilities.

To deal with the challenges of slow certification in view of larger coordination at various stakeholders, digital technology was leveraged and 'Virtual Assessment for National Quality Assurance Standards(NQAS) Certification of Ayushman Arogya Mandir- Sub Health Centers (AAM-SHCs)' was launched on 28th June, 2024.

No. of assessments of AAM-SHC conducted under NQAS, State/UT-wise as on 12.12.2024 is given in the enclosed **Statement-II**.

STATEMENT-I

No. of Ayushman Arogya Mandir (AAM) Sub-Health Centre operationalised in the country (as on 30.11.2024)

Sl. No.	State Name	Operational Ayushman Arogya Mandir
		Sub-Health Centre(SHC)
1	Andaman and Nicobar Islands	102
2	Andhra Pradesh	10,158
3	Arunachal Pradesh	374
4	Assam	3,791
5	Bihar	8,971
6	Chandigarh	12
7	Chhattisgarh	4,869
8	DNHandDD	78
9	Goa	238
10	Gujarat	8,046

11	Haryana	2,558
12	Himachal Pradesh	1,961
13	Jammu and Kashmir	2,381
14	Jharkhand	3,529
15	Karnataka	6,907
16	Kerala	5,812
17	Ladakh	288
18	Lakshadweep	7
19	Madhya Pradesh	10,285
20	Maharashtra	8,766
21	Manipur	309
22	Meghalaya	448
23	Mizoram	324
24	Nagaland	367
25	Odisha	5,839
26	Puducherry	71
27	Punjab	2,617
28	Rajasthan	8,751
29	Sikkim	149
30	Tamil Nadu	5,858
31	Telangana	3,650
32	Tripura	917
33	Uttar Pradesh	18,494
34	Uttarakhand	1,787
35	West Bengal	11,591
TOTAL		140,305

STATEMENT-II**No. of NQAS assessments of AAM – SHC conducted across the country**

Name of State/UTs	Assessment conducted as on 12.12.2024
Andhra Pradesh	623
Arunachal Pradesh	10
Assam	116
Bihar	9
Chhattisgarh	136
DD andDNH	65
Goa	8
Gujarat	429
Haryana	109
Himachal Pradesh	5
Jammu and Kashmir	16
Jharkhand	91
Karnataka	127
Kerala	1
Ladakh	1
Madhya Pradesh	518
Maharashtra	9
Manipur	2
Nagaland	3
Odisha	394
PUNJAB	78
Rajasthan	88
SIKKIM	14
Tamil Nadu	5
Telangana	137
Tripura	30
Uttar Pradesh	391
Uttarakhand	7
West Bengal	770
Total	4,192

HUMILIATION AND PHYSICAL COERCION CASES IN ARMY**4332. SHRI DHARAMBIR SINGH:**

Will the Minister of **DEFENCE** be pleased to state:

(a) whether the Government is aware of cases involving humiliation and physical coercion against junior officers by seniors particularly by Commanding Officers (COs) in the Army and if so, the details thereof during 2023-24;

(b) whether a case of such humiliation and physical coercion occurred against a Captain/Major in the 60 Armoured Regiment by the then CO in the first week of June 2023 and if so, to what extent the said act has vitiated the atmosphere of camaraderie in the unit;

(c) whether the affected Captain/Major has filed a complaint against the CO and if so, the details thereof along with the action taken thereon;

(d) whether this act caused logistical losses, jeopardised the Unit's strategic movement and highlighted the CO's lack of command qualities; and

(e) if so, the details thereof along with the actions proposed to be taken by the Government to deter such behavior in the future and ensure accountability for the concerned CO's misconduct?

**THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE
(SHRI SANJAY SETH):**

(a) to (e): Yes, Sir. A few complaints were received during the period. There is a well established mechanism in place in the Armed Forces for grievance redressal

as well as ensuring the requisite discipline. This ensures that the morale as well as camaraderie amongst the personnel remain intact.

ANGANWADI SERVICES SCHEME

4333. SHRI BHASKAR MURLIDHAR BHAGARE:

DR. AMOL RAMSING KOLHE:

PROF. VARSHA EKNATH GAIKWAD:

SHRI BAJRANG MANOHAR SONWANE:

SHRI NILESH DNYANDEV LANKE:

SHRIMATI SUPRIYA SULE:

SHRI DHAIRYASHEEL RAJSINH MOHITE PATIL:

SHRI SANJAY DINA PATIL:

SHRI AMAR SHARADRAO KALE:

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

- (a) details of training programs provided to anganwadi workers and helpers under the Anganwadi Services Scheme;
- (b) the number of anganwadi workers who have been given training under the Scheme during each of the last three years in the State of Maharashtra;
- (c) whether the Government has introduced digital or online training programs for anganwadi workers and helpers, if so, the number of participants who have undergone such training;

- (d) whether any incentives are provided to anganwadi workers and helpers for successfully completing training programs, if so, the details thereof, including financial or non-financial incentives;
- (e) whether any independent impact assessment has been conducted to evaluate the effectiveness of the training programs for anganwadi workers and helpers, if so, the key findings of the assessment and the steps taken to address any gaps or weaknesses identified; and
- (f) the steps taken/proposed to be taken by the Government to make training programme more sustainable in long term for anganwadi workers?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (d): Government of India launched Poshan Bhi Padhai Bhi (PBPB) initiative on 10th May, 2023 for upgrading skills of all anganwadi workers to strengthen their capacity to provide early childhood care and education and nutrition service to children below six years of age, including divyang children.

Capacity Building of Anganwadi Workers is envisioned as the first step in transforming the Anganwadi into a Learning Centre which should have High-quality infrastructure, play equipment and well trained Anganwadi workers. Under this programme, MWCD focuses on a Two Tier Training Implementation Model. NIPCCD is entrusted with Capacity Building of Anganwadi functionaries under Poshan Bhi Padhai Bhi through its Headquarters at New Delhi and five Regional Centres located across the country.

Tier I involves training of State Level Master Trainers (SLMTs), comprising CDPOs, Supervisors and State-Nominated Additional Resource Persons, through NIPCCD Headquarters and its five Regional Centres. They are trained for 2 days, in a hybrid model comprising both online and offline (in person) trainings. Further, Tier II involves 3-day training workshop in physical mode for the Anganwadi workers across the country. Poshan Bhi Padhai Bhi Programme is being undertaken in two rounds from 2023- 2026 for which budget amounting to Rs. 476 crores has been allocated.

Masterclasses on Navchetana and Aadharshila and Poshan Bhi Padhai Bhi are being organized for Functionaries of Anganwadi Services Scheme under Umbrella ICDS using Youtube platform with a Total of 6.3 Lakhs Views and Unique Viewers being 3.27 Lakhs as on date. A total of 80,472 AWWs registered online for these Master Classes. These Orientation Programmes have been conducted in English and Hindi and also Regional Languages like Assamese, Kannada, Tamil and Telugu.

As on 16.12.2024 a total of 1590 State Level Master Trainers (CDPOs, Supervisors and Additional Resource Persons) and 12258 Anganwadi Workers have been trained in the State of Maharashtra to deliver the Poshan Bhi Padhai Bhi programme.

(e) and (f): Poshan Bhi Padhai Bhi Programme is monitored digitally. Google Forms are used for Registration, Pre-Assessment and Post-Assessments during

the three day Training Programmes. A Dashboard is available centrally which has details regarding training as well as participants of Poshan Bhi Padhai Bhi.

The AWWs are being trained on both the components of Nutrition and Education with Navchetana- National Framework for Early Childhood Stimulation for Children from Birth to Three Years and Aadharshila-National Curriculum for Early Childhood Care and Education for Children from three to Six years. Divyang Protocol released by MWCD is an important highlight of Poshan Bhi Padhai Bhi Programme. In the nutrition component, CMAM Protocol has also been incorporated.

To make training programme more sustainable in long term for anganwadi workers, provisions from both Aadharshila and Navchetana, including weekly activity schedules, home visit guidance, assessment tools for tracking child development etc. are being included on the Poshan Tracker. These include daily on-the-job nudges, in the form of videos on how to conduct simple play-based learning activities with the children. 432 video slots in total with 230 unique videos have been uploaded on the Poshan Tracker Portal. 1008 activity details, 1008 daily PDFs and daily voice note slots have also been uploaded.

उर्वरकों का वितरण

4334. श्री प्रदीप कुमार सिंह:

क्या रसायन और उर्वरक मंत्री यह बताने की कृपा करेंगे कि:

- (क) सरकार द्वारा विभिन्न राज्यों/संघ राज्यक्षेत्रों में खरीफ और रबी फसल सीजन से कितने दिन पहले उर्वरकों का वितरण सुनिश्चित किया जाता है;

- (ख) हाल ही में अररिया लोक सभा संसदीय निर्वाचन क्षेत्र में उर्वरकों के वितरण में देरी के क्या कारण हैं; और
- (ग) उक्त देरी के क्या कारण हैं और देरी की घटनाओं की संख्या में कमी लाने के लिए सरकार द्वारा उठाए गए कदमों का ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

(क) से (ग): प्रत्येक फसल मौसम के शुरू होने से पहले, कृषि एवं किसान कल्याण विभाग (डीएएंडएफडब्ल्यू) उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है। डीएएंडएफडब्ल्यू द्वारा किए गए आकलन के अनुसार, राज्यों में उर्वरकों की इस आवश्यकता को पूरा करने के लिए, उर्वरक विभाग मासिक आपूर्ति योजनाएं जारी करके राज्यों को उर्वरकों की पर्याप्त मात्रा का आबंटन करता है। सभी प्रमुख सब्सिडी प्राप्त उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक निगरानी प्रणाली (आईएफएमएस) नामक वेब आधारित निगरानी प्रणाली के माध्यम से की जाती है। तथापि, राज्य के भीतर क्षेत्रीय आवश्यकता को पूरा करने के लिए संबंधित राज्य द्वारा उर्वरकों का अंतर/अंतः-जिला वितरण किया जा रहा है। इस संदर्भ में बिहार राज्य सरकार ने सूचित किया है कि अररिया लोक सभा निर्वाचन क्षेत्र में उर्वरकों के वितरण में कोई विलंब नहीं हुआ है।

ARTIFICIAL INTELLIGENCE IN JUDICIARY

4335. SHRI MANOJ TIWARI:

DR. BHOLA SINGH:

SHRIMATI KAMALJEET SEHRAWAT:

SHRI DAMODAR AGRAWAL:

DR. RAJESH MISHRA:

SHRI JAGDAMBIKA PAL:

SHRI P. P. CHAUDHARY:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) whether the Government has taken appropriate measures to evaluate the effectiveness of AI tools in legal research and translation, if so, the details thereof;
- (b) the details of training provided to judicial staff regarding the use of AI technologies;
- (c) the manner in which the Government plans to address concerns regarding data privacy in relation to AI usage;
- (d) whether any tool or application is recording the day to day proceedings of courts; and
- (e) if so, the scope and effectiveness of the tool or application?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

(a) to (e): According to the information provided by the Supreme Court of India, under e-Courts Project Phase III, an attempt is being made to integrate modern technologies for smoother user experience and to build a "smart" system in which registries will have minimal data entry and scrutiny of files. To create a smart system, the latest technologies like Artificial Intelligence (AI) and its subsets Machine Learning (ML), Optical Character Recognition (OCR), Natural Language Processing (NLP), etc., are being used in the e-Courts software applications. AI

is being used in areas such as translation, prediction and forecast, improving administrative efficiency, Natural Language Processing (NLP), automated filing, intelligent scheduling, enhancing the case information system and communicating with the litigants through chatbots.

The AI Translation Committees of the High Courts are monitoring the entire work relating to translation of the Supreme Court and High Court Judgments into vernacular languages. As on date, 17 High Courts have already started placing, e-High Court Reports (e-HCR)/e-Indian Law Reports (e-ILR) on their websites. e-HCR/e-ILR are digital legal platforms that provide online access to judgments in the vernacular languages. As on date, 36,324 Supreme Court Judgments have been translated in Hindi language and 42,765 Judgments of Supreme Court have been translated in other 17 regional languages. The same are available on the e-SCR portal (<https://judgments.ecourts.gov.in/pdfsearch/index.php>).

The details of the training programs conducted by the eCommittee, SCI covering various stakeholders, like, courts staff, advocates, Judges, etc., are available in the public domain at eCommittee, SCI web portal link: <https://ecommitteesci.gov.in/document-category/training-and-awareness-programmes/>.

A Sub-Committee consisting of six judges of the various High Courts, assisted by technical working group members consisting of domain experts, has been constituted by the Chairperson of the eCommittee of the Supreme Court of India to suggest/recommend secure connectivity and authentication mechanisms for

data protection, to preserve the right to privacy. The Sub-Committee is mandated to critically assess and examine the digital infrastructure, network and service delivery solutions created under the eCourts project for giving solutions for strengthening data security and for protecting the privacy of citizens.

The daily proceedings of each case is entered in Case Information System (CIS) and the litigant is made aware of the same from the eCourts service platforms like website and Mobile Applications. Apart from this, there are Model Rules in place for Live-Streaming and Recording of Court Proceedings. These are available at the following portal:

<https://cdnbbsr.s3waas.gov.in/s388ef51f0bf911e452e8dbb1d807a81ab/uploads/2021/06/2022091599.pdf>.

COMPLAINTS AGAINST AYUSH PRODUCTS

4336. DR. NAMDEO KIRSAN:

Will the Minister of **AYUSH** be pleased to state:

- (a) the total number of complaints received against misleading claims made about any herbal and AYUSH products through advertisements given in any electronic/print media during the last three years, year wise;
- (b) whether any complaints have been received against sale of these herbal and AYUSH products in the market without any authentic clinical trial and if so, the details thereof;
- (c) whether the Government has issued any directives to the States for appointing Gazetted Officers to monitor advertisements of such medicines,

in order to check the veracity of AYUSH products and if so, the details thereof; and

(d) the extent to which the Government has succeeded in checking these advertisements and misleading claims in the country?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) and (d) Pharmacovigilance Centres for Ayurveda, Siddha, Unani and Homoeopathy (ASUandH) Drugs set up in different parts of the country under the Central Scheme of Ministry of Ayush are mandated to monitor and report the misleading advertisements to the respective State Regulatory Authorities. A three tier structure comprising of a National Pharmacovigilance Co-ordination Centre (NPvCC), Five Intermediary Pharmacovigilance Centres (IPvCs) and Ninety-nine Peripheral Pharmacovigilance Centres (PPvCs) is established across the country. All India Institute of Ayurveda (AIIA), New Delhi under Ministry of Ayush is the National Pharmacovigilance Co-ordination Centre (NPvCC) for the implementation of the National Pharmacovigilance program for Ayurveda, Siddha, Unani and Homoeopathy drugs.

Under the pharmacovigilance program, objectionable advertisements are regularly reported to the respective State Licensing Authorities for initiating action against the defaulters. Till date approximately 378 brands of Ayush system have been issued the notice for exploiting various regulations.

Under the Pharmacovigilance program till date a total of 42951 misleading advertisements related to Ayush drugs has been reported, details of last three years are as below:

Year	Misleading Advertisements
2022	7367 + 4 (COVID)
2023	7771
2024(Till Nov 2024)	9032
Total	24174

(b) Ministry of Ayush has issued a clarification on the request of State regulators and drug manufacturers about the provisions of Rule 158-B of the Drugs and Cosmetics Rules, 1945 in respect of pilot studies that are required as proof of safety and effectiveness for grant of license to manufacture for sale certain types of Ayureveda, Siddha and Unani (ASU) drugs. The term "clinical trial" as such is not mentioned in the context of ASU drugs-related regulatory provisions under Drugs and Cosmetics Rules, 1945. However, in accordance with the extant legal provisions, proof of effectiveness in the form of pilot study may be required for issuing license to an intended ASU drug, if the textual rationale, published literature and textual (authoritative book-based) indications are not furnished to support the claim of use or indication of that drug.

(c) Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 and Rules thereunder encompass the provisions for prohibition of misleading advertisements and exaggerated claims of drugs and medicinal substances

including AYUSH medicines, which appear in the print and electronic media and Government has taken note thereof. State/UT Governments are empowered to enforce the provisions of Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 and Rules there under and Gazetted officers have been notified under section (8) of Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 to enter, search any premises or examine or seize any record related to the alleged misleading or improper advertisements and initiate action against the cases of default.

CASES OF TYPE-2 DIABETES

4337. SHRI ANTO ANTONY:

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

- (a) the steps taken/proposed to be taken by the Government to address the rise in Type 2 diabetes (T2D) cases among the youth aged 15-24;
- (b) whether the Government provide data on the prevalence of Type 2 diabetes among young people, if so, the details thereof, State-wise;
- (c) the specific initiatives being implemented to promote diabetes awareness and prevention among youth in the country;
- (d) whether there are any targeted programs for improving early diagnosis and treatment of diabetes among young people and if so, the details thereof; and
- (e) the status of efforts made to improve access to proper healthcare for managing diabetes in rural and deprived areas of the country?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

(a) to (e): The Department of Health and Family Welfare, Government of India, provides technical and financial support to the States and Union Territories under the National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) as part of National Health Mission (NHM). The programme focuses on strengthening infrastructure, human resource development, early diagnosis, referral to an appropriate level of healthcare facility for treatment and management and health promotion and awareness generation for prevention, of Non-Communicable Diseases (NCDs) including diabetes. Through 1,75,182 Ayushman Arogya Mandirs, diabetes risk assessments and screenings are done for all. Under National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD), 770 District NCD Clinics and 6410 Community Health Center NCD Clinics have been set up.

Further initiatives for increasing public awareness about NCDs including diabetes and for promotion of healthy lifestyle includes observation of World Diabetes Day, use of print, electronic and social media for continued community awareness. Financial support under National Health Mission (NHM) for awareness generation activities for NCDs including diabetes is provided to States and Union Territories as per their Programme Implementation Plans (PIPs).

Food Safety and Standards Authority of India (FSSAI) has launched campaigns like “Eat Right Initiative” and “Aaj Se Thoda Kum” to promote healthy eating practices.

“Fit India movement” and “Khelo India” implemented by Ministry of Youth Affairs and Sports promote youth engagement in physical activity. Various Yoga related activities are carried out by Ministry of AYUSH.

Under National Free Drugs Service initiative essential medicines for diabetes including Insulin are provided free of cost at public health facilities to all.

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) aims to provide health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to approximately 55 Cr beneficiaries corresponding to 12.37 Crore families constituting the bottom 40% of India's population.

In the latest national master of the Health Benefit Package (HBP) the scheme provides cashless healthcare services related to 1961 procedures across 27 specialties including Diabetes and complications arising due to diabetes through a network of more than 29,870 hospitals empanelled in the scheme. Some of the packages related to the complications arising from the diabetes are Diabetic foot, diabetic ketoacidosis, diabetic retinopathy, etc.

HEALTHY NUTRITIONAL HABITS IN CHILDREN

4338. SHRI NARESH GANPAT MHASKE:

DR. SHRIKANT EKNATH SHINDE:

SHRI RAJESH VERMA:

SHRI RAVINDRA DATTARAM WAIKAR:

SHRIMATI SHAMBHAVI:

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

- (a) the total amount of budget allocated and steps taken to inculcate healthy nutritional habits among children in Anganwadi centres under the 'Poshan Bhi, Padhai Bhi' scheme;
- (b) whether any special training sessions have been organised for Anganwadi workers for this scheme across the country especially in Bihar and Maharashtra, if so, the details thereof; and
- (c) whether any mechanism or body has been set up to monitor the process of overall development of children under the said scheme, if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (c) Government of India launched Poshan Bhi Padhai Bhi (PBPB) initiative on 10th May, 2023 for upgrading skills of all anganwadi workers to strengthen their capacity to provide early childhood care and education and nutrition service to children below six years of age, including divyang children.

Capacity Building of Anganwadi Workers is envisioned as the first step in transforming the Anganwadi into a Learning Centre which should have High-quality infrastructure, play equipment and well trained Anganwadi workers. Under this programme, the Ministry focuses on a Two Tier Training Implementation Model. National Institute of Public Cooperation and Child Development (NIPCCD)

is entrusted with Capacity Building of Anganwadi functionaries under Poshan Bhi Padhai Bhi through its Headquarters at New Delhi and five Regional Centres located across the country.

Tier I involves training of State Level Master Trainers (SLMTs), comprising CDPOs, Supervisors and State-Nominated Additional Resource Persons, through NIPCCD Headquarters and its five Regional Centres. They are trained for 2 days, in a hybrid model comprising both online and offline (in person) trainings. Further, Tier II involves 3-day training workshop in physical mode for the Anganwadi workers across the country.

To empower the Anganwadi workers and ensure optimal learning for all children including Divyang children, this Ministry has developed two curriculum frameworks - “Navchetana- National Framework for Early Childhood Stimulation for Children from Birth to 3 Years” and “Aadharshila- National Curriculum for Early Childhood Care and Education for Children from 3 to 6 Years” under Poshan Bhi Padhai Bhi programme.

The National framework – “Navchetna” guides engagement inside the home as well as at Anganwadi centres, assisting caregivers in conducting stimulation activities to support and measure a child’s growth and development in the first three years of life. It provides detailed information on the importance of brain development in the first three years, and step by step instructions for caregivers and frontline workers on conducting early stimulation activities. It also focuses on the screening, inclusion and referrals of children with disabilities.

The National Curriculum – “Adharshila” improves the quality of early childhood education transacted at the Anganwadi Centre to all the children of age 3-6 years attending Anganwadi Centres, by prioritising competency based lesson plans and activities, covering all learning domains. The document enables easy planning with age appropriate activities and assessments, emphasising the use of indigenous toys and low-cost, no-cost materials. The annual plan is divided into 4+36+8 weeks, that is, 4 weeks of initiation, 36 weeks of active learning, and 8 weeks of reinforcement. Each week is divided into 5+1 days, that is, 5 for introduction and practice of activities and one day for weekly reinforcement. Each day comprises 3 blocks, one for welcome and free play, one for learning and play through activities and one for reflection and closing.

As on 16.12.2024 a total of 26,425 State Level Master Trainers (CDPOs, Supervisors and Additional Resource Persons) and 71,745 Anganwadi Workers have been trained across the country including States of Maharashtra and Bihar to deliver the Poshan Bhi Padhai Bhi programme. In addition to this, the Ministry had allocated funds to the tune of Rs. 476.06 Crores for FYs 2023-24, 2024-25 and 2025-26 for training under Poshan Bhi Padhai Bhi.

Further, under Mission Poshan 2.0, Anganwadi workers (AWWs) have been technologically empowered with the provision of smartphones for efficient monitoring and service delivery. The mobile application Poshan Tracker digitizes physical registers used by Anganwadi workers. This improves the quality of their work while simultaneously allowing them real-time monitoring of the all activities

in the Anganwadi. In addition to AWWs, smartphones are provided to Supervisors and Block Coordinators also. Similarly, data recharge support is also provided to AWWs, Supervisors and Block Coordinators.

Regular monitoring of growth parameters is essential for identifying children who may be malnourished and to make timely interventions. Therefore, Anganwadi centres have been equipped with Growth Monitoring Devices like infantometer, stadiometer, weighing scale-infant, weighing scale – Mother and Child.

CERTIFIED AYUSH HEALTH PROFESSIONALS

4339. SHRIMATI MALVIKA DEVI:

Will the Minister of **AYUSH** be pleased to state:

- (a) the details of the training provided by the Government to AYUSH certified health professionals;
- (b) whether the Government has any plan to open such training centres in Kalahandi Parliamentary Constituency of Odisha in the near future and if so, the details thereof;
- (c) the steps taken/proposed to be taken by the Government to develop such training centres Kalahandi and Nuapada districts of Odisha; and
- (d) the steps being taken by the Government to make ayurvedic medicines accessible and inexpensive for all, specially in rural districts of Odisha along with AYUSH centres in Kalahandi Parliamentary Constituency?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

(a) to (c) Public Health being a State subject, opening of training center in Kalahandi and Nuapada Districts of Odisha comes under purview of respective State Government. However,

Ministry of Ayush is implementing a Central Sector Scheme namely AYURGYAN since 2021-22 with the aim to support Research and Innovation in Ayush by providing Extra Mural Research activities and Education by providing academic activities, training, Capacity Building etc. As per the provisions contained in this Scheme guideline, Capacity Building and Continuing Medical Education (CME) in Ayush, the financial assistance is provided to the eligible organizations for conducting training program for Ayush personnel. 186 training Programmes have been supported since financial year 2021-22 and 4862 certified health professionals are trained up to 10th December 2024.

(d) Ministry of Ayush is implementing Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments and supporting their efforts by providing financial assistance under various activities as per the provision of NAM guidelines for providing cost effective and equitable as well as accessible Ayush health care including Ayurveda throughout the country which also includes rural districts of Odisha along with Kalahandi Parliamentary. Under NAM, as per the proposals received from State Government of Odisha through State Annual Action Plans (SAAPs), an amount of Rs. 8710.18 lakhs has been released to

State for implementation of different activities as approved in SAAPs from 2014-15 to 2023-24.

VIOLENCE AGAINST MEDICAL PROFESSIONALS

4340. DR. K. SUDHAKAR:

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

- (a) whether the Government has conducted any studies/research to identify the root causes behind the rising trend of violence against medical professionals, if so, the details thereof;
- (b) whether the Government proposes to enhance the security and safety measures for medical professionals, if so, the details thereof;
- (c) the total number of vacancies of medical professionals estimated or present across various States in the country;
- (d) the steps taken/proposed to be taken by the Government to ensure filling of these vacancies; and
- (e) the steps taken/proposed to be taken by the Government to ensure medical education is affordable for common man?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

- (a) and (b): As per Constitutional provisions, 'Health' and 'Law and Order' are State subjects. Therefore, it is the primary responsibility of the concerned State/

UT to take note of events and eventualities for taking appropriate action to prevent violence against medical professionals.

However, after recent incident of alleged rape and murder of a trainee doctor at R. G. Kar Medical College and Hospital, Kolkata, the Ministry of Health and Family Welfare (MoHFW) issued advisory to all Central Government Hospitals/ Institutes, All India Institutes of Medical Sciences and Medical Colleges to ensure filing of FIR by the Institutes within six hours of any incident of violence on medical professionals.

All the States/UTs had also been advised by MoHFW to take immediate measures (**Statement** enclosed) for enhancing security and providing safer working environment for medical professionals.

Taking cognizance of the alleged rape and murder incident of a trainee doctor in R. G. Kar Medical College and Hospital, Kolkata, the Hon'ble Supreme Court of India constituted a National Task Force (NTF) for formulating effective recommendations to remedy the issues of concern pertaining to safety, working conditions and well-being of medical professionals and other cognate matters. The NTF has already submitted its report to the Hon'ble Supreme Court of India.

(c) and (d) : 'Public Health' and 'Hospitals' being State subjects, the details regarding number of vacancies of medical professionals estimated or present across various States in the country are not maintained centrally. The primary responsibility to fill up vacancies of medical professionals in public health facilities also lies with the States/ UTs.

(e): Fee structures differ from State to State vis-à-vis Government /Private Medical Colleges as per the guidelines issued by concerned State Fee Regulatory Authorities. However, in order to make medical education affordable in the country, the National Medical Commission Act, 2019 provides for framing of guidelines for determination of fees and all other charges in respect of fifty percent (50%) of seats in private medical institutions and deemed to be universities which are governed under the provisions of the Act. Accordingly, National Medical Commission (NMC) has framed the guidelines. Additionally, the Central Government provides financial support under Centrally Sponsored Scheme for establishment of new medical colleges and to increase the number of MBBS and Post-Graduate seats.

STATEMENT

Extracts from recent advisories issued by the Ministry of Health and Family Welfare to States/UTs to take immediate measures for enhancing security and providing safer working environment for medical professionals

- i. Display of State laws for healthcare workers' protection and relevant Sections of Bharatiya Nyaya Sanhita (BNS), 2023 along with punitive/penalty details in conspicuous places inside the hospital premises in local language and English.
- ii. Constitution of 'Hospital Security Committee' and 'Violence Prevention Committee' involving senior doctors and administrative officers to strategize and implement appropriate security measures.

- iii. Regulation of access for general public and patient relatives to key areas of the hospital. Strict visitor pass policy for patient attenders/ relatives.
- iv. Provision for safe movement of resident doctors/ nurse within different blocks and hostel buildings and other areas of the hospital during night duties.
- v. Ensuring proper lighting inside all areas of residential block, hostel blocks and other hospital premises.
- vi. 'Routine Security patrolling' in all the hospital premises during night time.
- vii. Setting up of a 24x7 manned security control room in the hospitals.
- viii. Establishing close liaisoning with nearest police station.
- ix. Constitution of 'Internal Committee on Sexual Harassment' in the hospital.
- x. Taking stock situation of all CCTV cameras (number and functionality) inside the hospital premises and for necessary implementation/upgradation of the same.
- xi. Identification of high-risk establishments to identify hospitals with high footfall and consider them as high-priority establishments for security improvements.
- xii. Conducting security audits in consultation with local health, police authorities to assess and improve security measures.
- xiii. Focus on high-risk areas by giving special attention to areas with a higher incidence of security breaches, such as emergency rooms, triage areas and Intensive Care Units (ICUs) and Labour Rooms.

- xiv. Ensuring installation and proper functioning of CCTV Cameras, particularly in high-risk areas with regular monitoring of the cameras from a manned central control room.
- xv. Establishment of a protocol for quick sharing of video footage of any untoward incident against healthcare workers with local police to facilitate swift response and investigation.
- xvi. Security personnel to be technically oriented and trained in soft skills. Employing ex-servicemen (from Directorate General of Resettlement) as security personnel in the identified high-risk areas of the hospitals. Also, exploring of such manpower from the State's own security forces.
- xvii. Constitution of Internal Security Committee in hospitals with active involvement of residents and students; also laying down of clear SOPs for incidence response.
- xviii. Robust background checks for all outsourced personnel and contractual workers employed in the hospitals.
- xix. Proper training and establishment of bereavement protocols for all doctors and healthcare workers to handle intense and emotional grief situations.
- xx. Deployment of patient facilitators/ MTS for all patient related activities inside the hospital, which requires ferrying or shifting of the patients from diagnostics to therapeutics.
- xxi. Trained persons to man help-desks, guide patients to navigate the hospital systems and processes.

CARGO MOVEMENT THROUGH NATIONAL WATERWAYS

4341. SHRI DUSHYANT SINGH:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

(a) the steps taken by the Government to increase cargo movement through the National Waterways, and the infrastructure and policy measures that have been implemented to facilitate this growth;

(b) the year-wise details of cargo movement through the National Waterways and other waterways in India from 2013-14 till date, including the volume of cargo transported and the key regions involved;

(c) the manner in which increase in shipping costs is affecting the export sector with the rising cost of containers and logistics, particularly in terms of competitiveness in global markets; and

(d) whether there has been any impact on export volumes due to the rising cost of container transport and if so, the steps taken by the Government to mitigate these challenges and ensure the sustainability of exports through waterways?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI SARBANANDA SONOWAL):

(a) The steps taken/proposed to be taken by the Government to increase cargo movement through the National Waterways (NWs) indicating the infrastructure and policy measures that have been implemented to facilitate this growth are given in the enclosed **Statement-I**.

(b) The details of cargo movement through the National Waterways and other waterways in India including the volume of cargo transported and the key regions involved from 2013-14 till October-2024, year-wise is enclosed as **Statement-II**.

(c) and (d) The detailed reply is given in the enclosed **STATEMENT-III**.

STATEMENT-I

Steps taken by the Government to increase cargo movement through the National Waterways indicating the infrastructure and policy measures:

(a) Infrastructure measures:

(i) Fairway maintenance works (river training, maintenance dredging, channel marking and regular hydrographic surveys) are taken up in various NWs for providing a navigation channel of 35/45 m width and 2.0 / 2.2 / 2.5 / 3.0 m Least Available Depth (LAD) for operation of vessels.

(ii) 49 community jetties, 20 floating terminals, 3 Multi-Modal Terminals (MMTs) and 1 Inter-Modal Terminal (IMT) have been constructed on NW-1 (River Ganga).

(iii) 12 floating terminals provided on NW-2 (River Brahmaputra) along with one MMT at Pandu and permanent terminals at Jogighopa, Bogibeel and Dhubri. Four dedicated tourist jetties have been provided at Jogighopa, Pandu, Biswanath Ghat and Neamati. In addition to this, jetties for cruise and passengers have also been constructed for Sadiya, Lyka and Orium Ghat in Assam.

(iv) 9 Permanent Inland Water Transport terminals with godowns and 2 Ro-Ro/Ro-Pax terminals have been constructed on NW-3 (West Coast Canal in Kerala).

(v) 3 floating concrete jetties were provided to Government of Goa in 2020 and 1 in September-2022 and installed in Mandovi River (NW-68). 4 tourist jetties on NW-4 (River Krishna) in Andhra Pradesh have been commissioned. 12 floating jetties on NW-110 (River Yamuna) and 2 jetties on NW-73 (River Narmada) have been provided. A tender has been awarded for construction of 2 Jetties on NW-37 (River Gandak) in Bihar.

(b) Policy Measures:

- A scheme for providing 35% incentive to promote the utilization of inland waterways transport sector by cargo owners and for establishing scheduled service for cargo movement on NW-1 and NW-2 and NW-16 via Indo Bangladesh Protocol (IBP) has been launched by the Government. This scheme is expected to divert 800 million tonne Km cargo on Inland Water Transport (IWT) mode, which is nearly 17% of the current cargo of 4700 million tonne Km on NWs. The scheme also aims to start a scheduled waterway cargo service between Kolkata and Varanasi/Pandu using Inland Waterways Authority of India (IWAI) vessels through Shipping Corporation of India (SCI) for demonstration effect and to increase trust of cargo movers/owners in the waterway movement.

- Shift of cargo by Public Sector Undertakings (PSUs): For modal shift of cargo to waterways, more than 140 PSUs have been approached to plan their movement using IWT mode. They have been requested to outline their current status of cargo movement through the waterways and their plan for modal shift of cargo. The Ministry of Petroleum and Natural Gas (MoPNG), Co-operation/ Fertiliser, Food and Public distribution, Heavy industries, Steel and Coal have been requested to advise the PSUs under their jurisdiction to utilize IWT mode as far as possible and earmark certain percentage of their cargo for IWT mode keeping in line the Maritime India Vision (MIV) targets.
- Integration with Ports: World over, waterways are most optimally utilised if they are linked to ports. Kolkata port offers an opportunity of seamless integration with NW-1 and can also help in resolving the problem of multi-modality. Therefore, Syama Prasad Mookherjee Port, Kolkata has been requested for operation and management of MMTs at Varanasi, Sahibganj, Haldia and IMT at Kalughat along with other terminals on NW-1.
- Cargo Aggregation: The cargo movement on the waterways suffer from problems of multimodality because of lack of industries along the waterways. Therefore, projects for development of cargo aggregation hub – Freight Village at Varanasi and Integrated Cluster- cum-Logistics Park (ICLP), Sahibganj have been taken up. National Highways Logistics Management Limited (NHLML), a PSU under the Ministry of Road Transport and Highways has been engaged for development of these Multi-

Modal Logistics Parks (MMLPs). The work of Rail connectivity for 3 MMTs has been assigned to M/s Indian Port and Rail Company Ltd. (IPRCL), a PSU under Ministry of Ports, Shipping and Waterways (MoPSW).

- River Cruise Tourism: To promote river cruise tourism, numbers of meetings with cruise operators have been organised. Based on their feedback, steps like provision of shore power at IWAI terminals, extra berthing arrangements, etc. have been made. New cruise circuits have been identified for operationalization. A total of 34 Waterways have been identified for cruise movement and 10 have already been operationalised.
- IBP Route: Indo Bangladesh Protocol route no. 5 and 6 between Maia and Sultanganj has been operationalized recently with successful trial movements.

<u>STATEMENT-II</u>													
National Waterways Cargo Data 2013-14 to 2024-25 Oct (in Million Tons)													
National Waterway (NW)	State / UT	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25 till October-2024
NW-1 {Ganga-Bhagirathi-Hooghly River System (Haldia-Allahabad)}	Uttar Pradesh, Bihar, Jharkhand, West Bengal	3.35	5.05	6.48	4.89	5.48	6.79	9.11	9.21	10.93	13.17	12.82	8.59
NW-2 {Brahmaputra River (Dhubri-Sadiya)}	Assam	2.48	0.51	0.60	0.61	0.56	0.49	0.39	0.31	0.43	0.63	0.59	0.51
NW-3 (West Coast Canal)	Kerala	1.07	0.96	1.06	1.03	0.42	0.42	0.55	0.73	1.70	3.23	3.29	1.90
NW-4 (Krishna Godavari River Systems)	Andhra Pradesh						0.45	0.08	6.83	11.23	8.42	4.30	4.70

NW-5 (East Coast Canal And Matai River/ Brahmani-Kharsua- Dhamra Rivers/ Mahanadi Delta Rivers)	Odisha							-		0.02	0.40	0.64	0.15
NW-8 (Alappuzha-Changanassery Canal)	Kerala										0.03	0.04	0.02
NW-9 (Alappuzha-Kottayam Athirampuzha Canal)	Kerala										0.02	0.02	0.01
NW-14 (Baitarni River)	Odisha									-		0.00	-
NW-16 (Barak River)	Assam						0.00	0.00	0.01	0.01	0.00		0.10
NW-23 (Budha Balanga)	Odisha									0.03	0.02		0.01
NW-31 (Dhansiri/ Chathe)	Assam											0.01	0.00
NW-44 (Ichamati River)	West Bengal						0.90	0.28	0.82	0.46	0.48		0.26
NW-48 (Jawai-Luni- Rann of Kutch River)	Gujarat												1.32
NW-53 (Kalyan-Thane- Mumbai Waterway, Vasai Creek and Ulhas River)	Maharashtra												1.58
NW-64 (Mahanadi River)	Odisha						-	-	0.02	0.45	0.67		0.16
NW-86 (Rupnarayan River)	West Bengal						-	0.00	0.00	0.09	0.10		0.08
NW-94 (Sone River)	Bihar						0.80	-	-	-		1.16	0.71
NW-97 (Sunderbans Waterway)	West Bengal					3.22	3.46	3.86	6.10	5.47	5.19		3.45
Maharashtra Waterways													
NW-10 (Amba River)	Maharashtra		-			22.24	22.01	17.69	20.23	28.54	30.17		16.98
NW-83 (Rajpuri Creek)	Maharashtra		-			0.85	0.67	0.21	0.23	0.24	0.45		0.18
NW-85 (Revadanda Creek- Kundalika River System)	Maharashtra		-			1.72	1.59	1.08	0.70	0.50	0.99		0.33

NW-91 (Shastri River - Jaigad Creek System)	Maharashtra		-				3.53	0.12	9.24	22.45	33.87	37.05	19.39
Goa Waterways													
NW-68 (Mandovi River)	Goa		-				1.65	1.58	4.00	2.62	2.54	2.42	1.23
NW-111 (Zuari River)	Goa		-				2.10	1.36	4.47	1.96	0.39	1.10	0.68
Gujarat Waterways													
NW-73 (Narmada River)	Gujarat		-				0.04	0.10	0.08	0.05	0.04	0.06	0.04
NW-100 (Tapi River)	Gujarat		-				28.78	30.92	25.63	29.32	27.62	31.46	19.17
Grand Total Million Tonnes		18.07	29.16	41.53	55.47	55.03	72.30	73.64	83.61	108.79	126.15	133.03	81.56
IBP		1.89	2.00	2.28	2.58	3.09	3.22	3.46	3.60	5.43	5.20	4.68	2.60

STATEMENT-III

Shipping costs impact on export sector and export volumes due to the rising cost of container transport and the steps taken by the Government to mitigate these challenges and ensure the sustainability of exports through waterways

Shipping costs, including freight and container charges, are highly market-driven and are very volatile. These costs are influenced by factors such as market driven volatility and emergent situations as follows:

- **Supply and Demand:** Shipping costs fluctuate based on the balance between the supply of shipping capacity and the demand for shipping services.
- **Vessel Availability:** The availability of vessels can be affected by various factors, including, port congestion and geopolitical events.

- **Fuel Prices:** Changes in fuel prices directly impact shipping costs. Higher fuel prices lead to increased operational costs for shipping companies, which are often passed on to exporters.
- **Significant Impact:** During Russia-Ukraine war or the COVID-19 pandemic, shipping costs has seen significant spikes due to sudden disruptions in global trade routes, port operations and supply chains.

The increase in shipping costs, particularly the rising cost of containers and logistics, directly affects the competitiveness of exporters in global markets. Higher logistics costs mean higher prices for goods, which can make them less attractive to international buyers.

To mitigate the challenges posed by the increased freight costs and container shortages and to ensure the sustainability of exports, the Government has implemented the following measures:

1. **Enhancing Port Infrastructure:** The expansion of port capacities has been significant across all 12 Major Ports in India from 2014-15 to 2023-24. The overall cargo handling capacity of these major ports has increased from 800.52 Million Tonnes Per Annum (MTPA) in FY 2013-14 to 1630 MTPA in FY 2023-24, showcasing Government's commitment for enhancing maritime infrastructure.
2. **Enhancing Local Shipping Companies:** Efforts are being made by Shipping Corporation of India (SCI) aiming to increase container

shipping capability of the country by leasing in container ships with plans of acquiring some vessels as well.

3. Promoting Ownership of Containers by Indian Entities: Encouraging Indian entities to own and operate containers, which is seen as a long-term solution to container shortages.
4. Tracking and Tracing Mechanisms: The development of tracking systems like the Unified Logistics Interface Platform (ULIP) and Logistics Data Bank (LDB) aims to improve the turnaround time of export containers.
5. Cargo Promotion Scheme: The government launched the 'Jalvahak' scheme to boost cargo movement via inland waterways on 15.12.2024. This scheme aims to offer reimbursement on operating costs for cargo owners and aims to play a key role in unlocking the trade potential of inland waterways.
6. Facilitating exports to neighbouring countries via Waterways: The IBP Route has been a significant facilitator for exports to Bangladesh. The recent inauguration of the Maia-Sultanganj River route in February-2024 is expected to further boost trade by providing a direct and efficient waterway connection between the countries.

INDO-CHINA DISCUSSION AT FOREIGN MINISTERS LEVEL

4342. SHRI A. RAJA:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state :-

- (a) the details of the talks held recently between External Affairs Minister and his Chinese counterpart on the sidelines of G20 Summit in Rio in Brazil;
- (b) whether talks on resumption of direct flights between India and China were discussed and if so, the details thereof; and
- (c) the steps taken/proposed to be taken for boosting people-to-people exchanges between the two countries?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (c) External Affairs Minister (EAM) Dr. S. Jaishankar met the Chinese Foreign Minister Mr. Wang Yi on 18 November 2024 in Rio de Janeiro on the sidelines of the G20 Summit. The Ministers recognized that the disengagement in our border areas had contributed to the maintenance of peace and tranquility. They discussed the next steps in India-China relations in line with the way forward agreed by Prime Minister Shri Narendra Modi and Chinese President Mr. Xi Jinping on the sidelines of the 16th BRICS Summit at Kazan on 23 October 2024. It was agreed that a meeting of the Special Representatives and of the Foreign Secretary-Vice Minister mechanism will take place soon. Among the steps discussed were the resumption of Kailash Manasarovar Yatra pilgrimage, data sharing on trans-border rivers, direct flights between India and China, and media exchanges. They also discussed regional and international issues of common interest.

एबी-पीएमजेएवाई की मुख्य विशेषताएं

4343. श्री संजय हरिभाऊ जाधव:

श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकर:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) एबी-पीएमजेएवाई की प्रमुख विशेषताएं क्या हैं;
- (ख) विगत पांच वर्षों और वर्तमान वर्ष के दौरान देश में विशेषकर परभणी संसदीय निर्वाचन क्षेत्र में पैनलबद्ध अस्पतालों की संख्या सहित उक्त योजना के अंतर्गत स्वीकृत, आवंटित और उपयोग की गई निधि का राज्य/संघ राज्यक्षेत्रवार और वर्ष-वार ब्यौरा क्या है;
- (ग) विगत पांच वर्षों के दौरान उक्त योजना के अंतर्गत लाभार्थियों के ओपीडी उपचार और इनडोर उपचार पर कितनी धनराशि व्यय की गई है;
- (घ) देश में उक्त योजना को मजबूत करने और विस्तारित करने के लिए क्या लक्ष्य निर्धारित किए गए हैं और इस प्रयोजनार्थ क्या आवश्यक कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है;
- (ङ) उक्त योजना के अंतर्गत देश भर में दूरस्थ और ग्रामीण क्षेत्रों को शामिल करने के लिए क्या प्रयास किए जा रहे हैं और परभणी संसदीय निर्वाचन क्षेत्र सहित इन क्षेत्रों का राज्यवार/संघराज्य क्षेत्र/क्षेत्रवार ब्यौरा क्या है; और
- (च) सरकार द्वारा देश भर विशेषकर परभणी संसदीय निर्वाचन क्षेत्र में दूरस्थ और ग्रामीण क्षेत्रों को इस योजना के तहत शामिल करने के लिए किए जा रहे प्रयासों का ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

- (क): आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत 27 स्पेशियलिटीज की 1,961 उपचार प्रक्रियाओं के संबंध में मध्यम और विशिष्ट परिचर्या हेतु अस्पताल में भर्ती होने के लिए प्रत्येक पात्र लाभार्थी परिवार को प्रति वर्ष 5 लाख रुपये का स्वास्थ्य कवर प्रदान

किया जाता है। यह योजना पूरे देश में राष्ट्रीय, राज्य और जिला स्तर पर त्रि-स्तरीय मॉडल क्रमशः राष्ट्रीय स्वास्थ्य प्राधिकरण (एनएचए), राज्य स्वास्थ्य एजेंसियां (एसएचए) और जिला कार्यान्वयन इकाइयां (डीआईयू) के माध्यम से लागू की जाती हैं। एबी-पीएमजेएवाई पूर्णतः सरकार द्वारा वित्त पोषित है और इसकी लागत केंद्र और राज्य सरकारों के बीच साझा की जाती है।

यह योजना पूर्णतः कैशलेस और पेपरलेस है। यह एक पात्रता-आधारित योजना है और राज्य/संघ राज्य क्षेत्र में सभी पात्र लाभार्थी परिवारों को योजना के कार्यान्वयन के पहले दिन से ही कवर किया जाता है। इस योजना का लाभ पूरे देश में कहीं भी उठाया जा सकता है। इसके अलावा, परिवार के आकार, आयु या लिंग संबंधी कोई सीमा निर्धारित नहीं की गई है। एबी-पीएमजेएवाई को पश्चिम बंगाल, दिल्ली और ओडिशा को छोड़कर देश भर के 33 राज्यों/संघ राज्य क्षेत्रों में लागू किया जा रहा है। राज्यों/संघ राज्य क्षेत्रों को प्रचालन मॉडल में स्थानीय परिस्थितियों इस के अनुकूल योजना को लागू करने का इसमें लचीलापन प्रदान किया गया है, जिसमें स्वास्थ्य लाभ पैकेजों का अनुकूलन, अस्पतालों को सूचीबद्ध करने जैसे प्रचालन कार्यकलाप, कार्यान्वयन का तरीका और आईईसी कार्यनीतियाँ आदि शामिल हैं।

(ख): एबी-पीएमजेएवाई का वित्तपोषण पूर्णतः मांग आधारित है। राज्यों/संघ राज्य क्षेत्रों को उनसे प्राप्त वास्तविक मांग के आधार पर धनराशि जारी की जाती है। निधियों का आवंटन राज्य/ संघ राज्य क्षेत्र-वार नहीं किया जाता है। गत पांच वर्षों और वर्तमान वर्ष के दौरान राज्यों/संघ राज्य क्षेत्रों को एबी-पीएमजेएवाई के तहत सहायता-अनुदान के रूप में जारी करने हेतु आवंटित निधियों का विवरण निम्नानुसार है:

वित्तीय वर्ष	राज्यों/संघ राज्य क्षेत्रों को सहायता-अनुदान के रूप में जारी करने के लिए आवंटित धनराशि (करोड़ रुपये में)
2019-20	5795
2020-21	5995

2021-22	5995
2022-23	6000
2023-24	6220
2024-25	6878

एबी-पीएमजेएवाई पूरी तरह से सरकार द्वारा वित्त पोषित है और योजना की मौजूदा नीति के अनुसार इसकी लागत केंद्र और राज्य सरकारों के बीच साझा की जाती है। सहायता-अनुदान में केंद्र सरकार का हिस्सा योजना के लाभार्थी परिवारों के उपचार की वास्तविक लागत के लिए पूर्व-निर्धारित साझाकरण पैटर्न अनुपात या भारत सरकार द्वारा निर्धारित अधिकतम सीमा राशि (वर्तमान में प्रति परिवार प्रति वर्ष 1052 रुपये), जो भी कम हो, पर आधारित होता है। परिभाषित प्रक्रिया के अनुसार, प्रत्येक नई निधि जारी करने से पूर्व, राज्य को पहले से प्राप्त निधियों के संबंध में उपयोग प्रमाणपत्र प्रस्तुत करना आवश्यक होता है। गत पांच वर्षों और वर्तमान वर्ष के दौरान अनुदान के रूप में एबी-पीएमजेएवाई के तहत जारी धनराशि का राज्य/संघ राज्य क्षेत्र-वार और वर्ष-वार ब्यौरा संलग्न **विवरण-I** में दिया गया है। गत पांच वर्षों और वर्तमान वर्ष के दौरान देश भर में सूचीबद्ध अस्पतालों की संख्या का राज्य/संघ राज्य क्षेत्र-वार और वर्ष-वार ब्यौरा संलग्न **विवरण - II** में दिया गया है।

महाराष्ट्र के परभणी जिले में एबी-पीएमजेएवाई के तहत 24 अस्पतालों को सूचीबद्ध किया गया है, जिनका वर्षवार विवरण निम्नानुसार है:

वर्ष	सूचीबद्ध अस्पतालों की संख्या
2019-20	10
2020-21	0
2021-22	0
2022-23	1
2023-24	2
2024 (16.12.2024 तक)	11
कुल	24

(ग): एबी-पीएमजेएवाई में केवल निःशुल्क अतरंग परिचर्या यानी अस्पताल में भर्ती होने की सुविधा प्रदान की जाती है। इस योजना के अंतर्गत ओपीडी सेवाएँ शामिल नहीं हैं। गत पाँच वर्षों (अर्थात वित्त वर्ष 2019-20 से वित्त वर्ष 2023-24 तक) के दौरान, इस योजना के अंतर्गत लाभार्थियों के अतरंग उपचार पर 88,499.91 करोड़ रुपये की राशि व्यय की गई है।

(घ): एबी-पीएमजेएवाई के लिए लक्ष्य निर्धारित नहीं किए गए हैं क्योंकि इस योजना को स्वास्थ्य परिचर्या सेवाओं के संबंध में लाभार्थियों की मांग के आधार पर संचालित किया जाता है। कार्यान्वयन करने वाले राज्यों/संघ राज्य क्षेत्रों के सभी पात्र लाभार्थी इस योजना के अंतर्गत स्वास्थ्य परिचर्या सेवाएं प्राप्त करने के पात्र हैं।

(ङ) और (च): एबी-पीएमजेएवाई में जागरूकता फैलाने और लाभार्थियों को उनके अधिकारों और पात्रताओं के बारे में सशक्त बनाने के लिए एक व्यापक मीडिया और आउटरीच कार्यनीति मौजूद है, जो ग्रामीण क्षेत्रों में अधिक सक्रिय है। इसमें समाचार पत्रों, सामुदायिक रेडियो, नुक्कड़ नाटकों, डिजिटल डिस्प्ले, रेडियो अभियान, जन संदेश, दूरदर्शन के माध्यम से लाभार्थी प्रशंसापत्रों का प्रसारण आदि सहित पारंपरिक मीडिया प्लेटफार्मों पर अत्यधिक विज्ञापन प्रसारित करना शामिल हैं। इसके अलावा, राज्य स्वास्थ्य एजेंसियों ने फ्रंटलाइन कार्यकर्ताओं – आशाकर्मियों, एडब्ल्यूडब्ल्यू और वीएलई (ग्राम स्तरीय उद्यमी) का व्यापक नेटवर्क भी शामिल किया है, जो जमीनी स्तर पर व्यापक जागरूकता पैदा करने में महत्वपूर्ण रहे हैं। इसके अलावा, कई अन्य पहलें, जिनमें आयुष्मान मित्र की तैनाती, टोल फ्री हेल्पलाइन “14555”, फीडबैक के लिए तंत्र आदि शामिल हैं, की गई हैं जिनका उद्देश्य व्यापक सामाजिक जुड़ाव को बढ़ावा देना और योजना के तहत स्वास्थ्य सेवाओं का लाभ उठाने के लिए लाभार्थियों को सशक्त बनाना है। इसके अलावा, पात्र लाभार्थियों को सशक्तिकरण के प्रतीक के रूप में पीवीसी आयुष्मान कार्ड वितरित किए जाते हैं।

विवरण -I

गत पांच वर्षों और वर्तमान वर्ष के दौरान एबी-पीएमजेएवाई के अंतर्गत सहायता-अनुदान के रूप में जारी धनराशि का राज्य/संघ राज्य क्षेत्र-वार और वर्ष-वार ब्यौरा

(करोड़ रुपए में)

राज्य/संघ राज्य क्षेत्र	वित्त वर्ष 2019-20	वित्त वर्ष 2020-21	वित्त वर्ष 2021-22	वित्त वर्ष 2022-23	वित्त वर्ष 2023-24	वित्त वर्ष 2024-25
अंडमान और निकोबार द्वीप समूह	0.41	0.27	0.76	1	0.59	0.78
आंध्र प्रदेश	374.07	261.23	223.95	480.89	451.45	203.24
अरुणाचल प्रदेश	0	0.67	0	3.8	3.47	3.76
असम	133.23	12.1	87.91	209.33	292.06	289.68
बिहार	82.49	0	59.77	145.51	172.5	300.00
चंडीगढ़	3.82	1.84	2.49	6.41	8.96	4.51
छत्तीसगढ़	280.37	112.62	66	352.94	195.47	242.31
डीएनएच और डीडी	2.02	4.24	1.76	2.93	7.79	2.89
गोवा	0.06	0.49	0.6	0.53	1.2	0.00
गुजरात	212.33	99.84	330.55	660.15	267.48	0.00
हरियाणा	58.69	71.92	89.95	143.5	95.17	51.19
हिमाचल प्रदेश	19.12	32.93	33.71	64.32	47.91	49.71
जम्मू और कश्मीर	33.44	22.7	75.12	85.62	42.22	31.54
झारखंड	126.5	100.32	7.98	0	83.55	270.63
कर्नाटक	254.13	160.85	414.11	647.74	320.59	371.74
केरल	97.56	145.61	138.9	151.34	155.49	151.34
लद्दाख	0	1.62	0.51	1.92	1.93	1.15
लक्षद्वीप	0	0	0.31	0.15	0.07	0.00
मध्य प्रदेश	118.46	164.8	355.25	665.73	790.35	413.61
महाराष्ट्र	241.88	376.65	324.75	388.03	548.4	371.88
मणिपुर	17.1	11.45	22.5	38.55	29.17	14.58
मेघालय	18.07	49.52	22.28	47.31	49.74	3.65
मिजोरम	12.41	14.97	16.58	26.3	23.35	11.66
नगालैंड	10.89	12.27	14.09	21.69	28.6	11.05
पुदुचेरी	0	1.23	0.11	7.98	5.3	2.15
पंजाब	55.55	46.85	80.5	111.38	57.96	43.91

राजस्थान	200.07	258.31	96.39	416.96	606.04	209.48
सिक्किम	0.09	1.85	1.04	2.3	6.01	2.95
तमिलनाडु	441.77	359.81	75.14	578.67	681.74	0.00
तेलंगाना	0	0	150.26	173.54	135.75	170.48
त्रिपुरा	20.18	8.98	35.6	45.25	48.81	27.76
उत्तर प्रदेश	147.49	167.63	157.56	501.78	841.11	933.50
उत्तराखंड	30.73	40.52	54.23	65.11	60.21	34.07

विवरण -II

गत पांच वर्षों और वर्तमान वर्ष के दौरान देश में सूचीबद्ध अस्पतालों की संख्या का राज्य/संघ राज्य क्षेत्र-वार और वर्ष-वार ब्यौरा

राज्य/संघ राज्य क्षेत्र	वित्त वर्ष 2019- 20	वित्त वर्ष 2020- 21	वित्त वर्ष 2021- 22	वित्त वर्ष 2022- 23	वित्त वर्ष 2023- 24	वित्त वर्ष 2024- 25
अंडमान और निकोबार द्वीप समूह	0	0	0	4	0	0
आंध्र प्रदेश	1241	61	689	132	120	95
अरुणाचल प्रदेश	2	15	17	9	3	2
असम	121	16	11	30	42	१३
बिहार	120	32	36	70	81	81
चंडीगढ़	7	3	4	1	2	2
छत्तीसगढ़	591	661	122	150	41	56
डीएनएच और डीडी	0	0	0	0	१३	0
गोवा	4	1	2	0	0	0
गुजरात	78	99	148	255	214	119
हरियाणा	121	43	59	126	459	80
हिमाचल प्रदेश	11	12	24	26	३१	11
जम्मू और कश्मीर	15	3	33	32	40	4
झारखंड	44	34	38	25	23	9
कर्नाटक	2504	73	40	136	161	37
केरल	102	113	79	44	4	19
लद्दाख	0	0	0	0	0	0
लक्षद्वीप	0	4	0	0	0	0
मध्य प्रदेश	294	159	141	112	96	56

महाराष्ट्र	130	225	68	89	97	18
मणिपुर	11	8	12	11	8	3
मेघालय	12	6	1	0	4	4
मिजोरम	3	3	0	1	1	1
नागालैंड	10	4	3	2	12	2
राष्ट्रीय राजधानी क्षेत्र दिल्ली	9	9	8	2	16	6
ओडिशा	9	0	0	1	1	0
पीएसयू	1	0	1	0	0	0
पुदुचेरी	18	2	6	2	0	0
पंजाब	464	104	64	28	67	40
राजस्थान	27	1020	463	269	95	0
सिक्किम	0	0	6	1	2	4
तमिलनाडु	111	93	670	73	126	26
तेलंगाना	4	3	388	878	58	19
त्रिपुरा	1	36	2	3	5	1
उत्तर प्रदेश	867	83	270	591	2389	298
उत्तराखंड	7	14	20	25	49	28
पश्चिम बंगाल	20	3	0	2	5	7

नोट: दिनांक 25.11.2024 की स्थिति के अनुसार डेटा

मंत्रालय के अंतर्गत सड़क का अधिग्रहण

4344. श्री सुखजिंदर सिंह रंधावा:

क्या रक्षा मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार को पंजाब के गुरदासपुर जिले के बटाला शहर में नगरपालिका द्वारा रक्षा मंत्रालय की सड़क के अधिग्रहण का प्रस्ताव प्राप्त हुआ है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा अनुमोदन हेतु प्रस्ताव की स्थिति क्या है; और
- (ग) इस प्रस्ताव को कब तक अनुमोदन प्रदान किए जाने की संभावना है?

रक्षा मंत्रालय में राज्य मंत्री (श्री संजय सेठ)

(क): सरकार को पंजाब के गुरदासपुर जिले के बटाला शहर में नगरपालिका द्वारा मंत्रालय की सड़क के अधिग्रहण का कोई प्रस्ताव प्राप्त नहीं हुआ है।

(ख) और (ग): प्रश्न नहीं उठता।

FAMILY COURTS

4345. SHRI NAVASKANI K. :

SHRI G. SELVAM:

SHRI C. N. ANNADURAI:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

(a) the current number of family courts established across the country, State and district-wise;

(b) whether there are any plans to increase the number of family courts in regions with a high volume of family cases to improve accessibility and reduce travel times for litigants;

(c) whether all the family courts are equipped with adequate infrastructure and resources to handle sensitive family matters, if so, the details thereof;

(d) the steps taken to ensure the appointment of trained counsellors, mediators, and psychologists in the family courts;

(e) the steps being taken to improve the infrastructure and facilities in Family Courts to create a more conducive environment for litigants; and

(f) the main challenges faced by family courts in delivering timely justice and the measures the Ministry is implementing to enhance their efficiency?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE;
AND MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY
AFFAIRS (SHRI ARJUN RAM MEGHWAL):**

(a): The State-wise details of functional family courts in the country, as on 31.10.2024, are given at the enclosed **Statement**. The District-wise details are not centrally maintained.

(b) and (c): The Family Courts Act, 1984 provides for establishment of family courts by the State Governments in consultation with their respective High Courts to promote conciliation and secure speedy settlement of disputes relating to marriage, family affairs and for matters connected therewith. Under Section 3(1) (a) of the said Act, it is mandatory for the State Governments to set up a family court for every area in the State comprising a city or a town whose population exceeds one million. In other areas of the States, the family courts may also be set up if the State Governments deem it necessary. Timely disposal of cases in courts depends on several factors which, inter-alia, include availability of adequate number of judges and judicial officers, supporting court staff and physical infrastructure, complexity of facts involved, nature of evidence, co-operation of stake holders viz. bar, investigation agencies, witnesses and litigants and proper application of rules and procedures. The Central Government is fully committed to speedy disposal of cases in accordance with Article 21 of the Constitution and reducing pendency.

(d): As per Section 6 of the aforesaid Act, it is the responsibility of the State/UT Governments, in consultation with their respective High Court, to

determine the number and categories of counsellors, officers, and other employees required to assist a Family Court in discharge of its functions and provide the Family Court with such counsellors, officers and other employees as it may think fit.

(e): The Government has taken several initiatives to provide an ecosystem for faster disposal of cases by the judiciary. The National Mission for Justice Delivery and Legal Reforms was set up in August, 2011 with the twin objectives of increasing access by reducing delays and arrears in the system and enhancing accountability through structural changes and by setting performance standards and capacities. The Mission has been pursuing a co-ordinated approach for phased liquidation of arrears and pendency in judicial administration, which, inter-alia, involves better infrastructure for courts including computerization, increase in strength of subordinate judiciary, policy and legislative measures in the areas prone to excessive litigation, re-engineering of court procedures for quick disposal of cases and emphasis on human resource development. The Family Courts are also covered by the ambit of these initiatives. The major initiatives are given below:

i. Improving infrastructure for Judicial Officers of District and Subordinate Courts: The Government has been implementing the Centrally Sponsored Scheme (CSS) for development of infrastructure facilities for the judiciary since 1993-94, to augment the resources of the

State Governments for the construction of judicial infrastructure in the district and the subordinate courts. There are five components covered under the scheme, viz., court hall, residential units, lawyers' halls, toilet complexes and digital computer rooms for the convenience of lawyers and litigants. While the development of infrastructure in district courts is primarily the responsibility of the State/UT Governments, the Central Government supplements the resources of the State/UT Governments through the said Scheme. As of now, a central share of Rs. 11,583.07 crores has been released since the inception of the scheme in 1993-94. 21,940 court halls and 19,660 residential units are available in the district and subordinate courts under the scheme as on date. Another 3,164 Court Halls and 2,619 residential units are currently under construction.

ii. Leveraging Information and Communication Technology (ICT) for

improved justice delivery: The Department of Justice, Government of India in close coordination with the eCommittee, Supreme Court of India has been implementing the eCourts Mission Mode Project throughout the country for Information and Communication Technology enablement of the Indian Judiciary. The number of computerized District and Subordinate courts has increased to 18,735 till 2023. Wide Area Network (WAN) connectivity has been provided to 99.5% of court complexes. New and user-friendly version of Case Information Software has been developed and deployed at all the computerized District and Subordinate Courts. All stakeholders including judicial officers can access information

relating to judicial proceedings/decisions of computerized District and Subordinate Courts and High Courts on the National Judicial Data Grid (NJDG). As on date, the litigants can access case information and 28.05 crore orders/judgments pertaining to these courts. The eCourts services such as details of case registration, cause list, case status, daily orders and final judgments are available to litigants and advocates through eCourts web portal, Judicial Service Centres (JSC) in all computerized courts, e-Courts Mobile App, email service, SMS push and pull services. Rs.12.12 crore has been allocated for 1,732 Help desk counters for e-filing in various court complexes.

With a view to handling the COVID-19 challenges better and to make the transition to virtual hearings smoother, 1394 e-Sewa Kendras (Facilitation centres) in District and Subordinate courts and 36 e-Sewa Kendra (Facilitation centres) in High courts had been made functional to facilitate citizen centric services to lawyers and litigants ranging from case status, getting judgments/orders, court/case related information, e-filing facilities, etc. Video conferencing emerged as the mainstay of the courts during the Covid lockdown period as physical hearings and normal court proceedings in the congregational mode were not possible. Since Covid lockdown started, the District courts heard 2,48,21,789 cases while the High Courts heard 90,21,629 cases (totaling more than 3.38 crore) using video conferencing till 31.10.2024. Rs.28.886 crore has been allocated for providing equipment in video conferencing cabins in

various court complexes to facilitate virtual hearings. Video Conferencing facility has been enabled between 3,240 court complexes and 1,272 corresponding jails.

iii. Filling up of vacant positions in District and Subordinate Courts:

Sanctioned and working strengths of Judicial Officers in District and Subordinate Courts have increased as under:

As on	Sanctioned Strength	Working Strength
31.12.2013	19,518	15,115
16.12.2024	25,741	20,479

iv. Reduction in Pendency through / follow up by Arrears

Committees: In pursuance of Resolution passed in Chief Justices' Conference held in April, 2015, Arrears Committees have been set up in High Courts to clear cases pending for more than five years. Arrears Committees have been set up under District Courts too. Arrears Committee has been constituted in the Supreme Court to formulate steps to reduce pendency of cases in High Courts and District Courts. In the past, Minister of Law and Justice has taken up the matter with Chief Justices of High Courts and Chief Ministers drawing their attention to cases pending for more than five years and to take up pendency reduction campaign.

(f): In the Family Courts, delays in proceedings exacerbate tensions and prolong emotional stress, hindering timely dispute resolution. Enforcing

decisions on child custody, visitation rights, and financial support remains challenging despite court rulings, leading to continued conflict and frustration. Additionally, the requirement for travel to another city for court appearances imposes significant logistical and financial burdens, especially for families already under strain. It is also important to note that counsellors play a vital role in providing advice and guidance, but their effectiveness depends on proper training and capacity building. Improving Family Courts necessitates providing sufficient infrastructure and specialized judges with adequate training. Sensitizing judges, court staff, and stakeholders, along with gender sensitivity training, is imperative to ensure fair treatment, reduce bias, and protect the rights of all parties, particularly women. Appointment of lady judges and counsellors could further enhance the system's effectiveness.

The Government has brought these issues to the attention of the States and High Courts by addressing communications at the level of Minister of Law and Justice to the Chief Ministers of States/UTs and the Chief Justices of all High Courts. The last such communication on the subject was sent on 15.07.2023.

STATEMENT

State/UT wise details of functional Family Courts (As on 31.10.2024)

Sl.No	Name of the State/UT	Functional Family Court

1	Andhra Pradesh	14
2	Andaman Nicobar	1
3	Arunachal Pradesh	0
4	Assam	7
5	Bihar	39
6	Chandigarh	0
7	Chhattisgarh	28
8	Dadra and Nagar Haveli and Daman and Diu	0
9	Delhi	30
10	Goa	0
11	Gujarat	49
12	Haryana	30
13	Himachal Pradesh	3
14	Jammu and Kashmir	4
15	Jharkhand	32
16	Karnataka	41
17	Kerala	37
18	Ladakh	0
19	Lakshadweep	0
20	Madhya Pradesh	64
21	Maharashtra	51
22	Manipur	4
23	Meghalaya	0
24	Mizoram	0
25	Nagaland	2
26	Odisha	30
27	Puducherry	2
28	Punjab	33
29	Rajasthan	50
30	Sikkim	6
31	Tamil Nadu	40
32	Telangana	23
33	Tripura	9
34	Uttar Pradesh	189
35	Uttarakhand	27
36	West Bengal	5
	TOTAL	850

राजस्थान में पीएमएमवी योजना

4346. डॉ. मन्ना लाल रावत:

क्या महिला और बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

(क) राजस्थान में प्रधान मंत्री मातृ वंदना योजना (पीएमवीवाई) के अंतर्गत लाभार्थियों की जिला-वार संख्या कितनी है;

(ख) राजस्थान के उदयपुर, सलूमबर, डूंगरपुर और प्रतापगढ़ जिलों में लाभार्थियों की ब्लॉक-वार और श्रेणी-वार संख्या कितनी है;

(ग) वर्ष 2021-22 से 2023-24 के दौरान राज्य को इस योजना के अंतर्गत कितनी धनराशि आवंटित की गई;

(घ) लाभार्थियों की पहचान करने के लिए क्या तंत्र है; और

(ङ) इस योजना का लाभ अधिकतम लोगों तक पहुंचाने के लिए सरकार द्वारा क्या कदम उठाए गए हैं?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क): प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई) के तहत शुरुआत से लेकर 15.12.2024 तक राजस्थान में नामांकित लाभार्थियों की जिलेवार संख्या संलग्न **विवरण - I** में दी गई है।

(ख): राजस्थान के उदयपुर, सलूमबर, डूंगरपुर और प्रतापगढ़ जिलों में नामांकित लाभार्थियों की जिला-वार और श्रेणी-वार संख्या संलग्न **विवरण -II** में दी गई है।

(ग): वर्ष 2021-22, 2022-23 और 2023-24 के दौरान पीएमएमवीवाई के तहत राजस्थान राज्य सरकार को जारी निधियों का केंद्रीय अंश क्रमशः 108.20 करोड़ रुपये, 81.84 करोड़ रुपये और 123.23 करोड़ रुपये है।

(घ): समाज के सामाजिक और आर्थिक रूप से वंचित वर्ग की 18 वर्ष 7 महीने और 55 वर्ष की आयु की गर्भवती महिला एवं स्तनपान कराने वाली माताएं (पीडब्ल्यू और एलएम) पीएमएमवीवाई के तहत मातृत्व लाभ प्राप्त करने के लिए पात्र है बशर्ते उनके पहले दो जीवित बच्चों में दूसरा बच्चा लड़की

हो। केन्द्र सरकार अथवा राज्य सरकारों अथवा सार्वजनिक क्षेत्र के उपक्रमों में नियमित नियोजन में लगे सभी पीडब्ल्यू एंड एलएम अथवा तत्समय प्रवृत्त किसी कानून के अंतर्गत समान लाभ प्राप्त कर रही महिलाओं को इससे बाहर रखा गया है। समाज के सामाजिक और आर्थिक रूप से वंचित वर्ग का निर्धारण करने के मानदंड इस प्रकार हैं:

- i. अनुसूचित जाति और अनुसूचित जनजाति की महिलाएं
- ii. महिलाएं जो आंशिक रूप से (40%) या पूरी तरह से विकलांग (दिव्यांगजन) हैं
- iii. बीपीएल राशन कार्ड धारक महिला
- iv. आयुष्मान भारत के तहत प्रधानमंत्री जन आरोग्य योजना (पीएमजेएवाई) के तहत लाभार्थी महिलाएं
- v. ई-श्रम कार्ड धारक महिलाएं
- vi. महिला किसान जो किसान सम्मान निधि के तहत लाभार्थी हैं
- vii. मनरेगा जॉब कार्ड धारक महिलाएं
- viii. महिलाएं जिनकी निवल पारिवारिक आय 8 लाख रुपये प्रति वर्ष से कम है
- ix. गर्भवती और स्तनपान कराने वाली एडब्ल्यूडब्ल्यू/एडब्ल्यूएच/आशा
- x. राष्ट्रीय खाद्य सुरक्षा अधिनियम, 2013 (एनएफएसए) के तहत राशन कार्ड धारक महिलाएं

(ड): यह मंत्रालय संकल्प-महिला सशक्तीकरण केंद्र (एचईडब्ल्यू) योजना के माध्यम से मातृत्व लाभ सहित विभिन्न जागरूकता कार्यक्रम आयोजित करता है। इसमें विभिन्न सूचना, शिक्षा एवं संचार (आईईसी) और व्यवहार परिवर्तन संचार (बीसीसी) कार्यक्रमलाप जैसे प्रभात फेरी, नुक्कड़ नाटक, समाचार पत्र विज्ञापन, रेडियो जिंगल्स का प्रसारण, सेल्फी अभियान, घर-घर अभियान, सामुदायिक कार्यक्रम, जो क्षेत्रीय कर्मियों के स्तर पर आयोजित किए जाते हैं, शामिल हैं। इसके अलावा, यह मंत्रालय समय-समय पर पीएमएमवीवाई के तहत सभी राज्यों और संघ राज्य क्षेत्रों में पात्र लाभार्थियों के पंजीकरण के लिए विशेष अभियान भी चला रहा है।

विवरण -I

पीएमएम्वी योजना के तहत शुरुआत से लेकर 15.12.2024 तक राजस्थान में नामांकित लाभार्थियों की जिलेवार संख्या

जिले का नाम	नामांकित लाभार्थी
अजमेर	1,00,674
अलवर	1,39,878
बांसवाड़ा	91,401
बारां	70,035
बाड़मेर	91,383
भरतपुर	1,07,733
भीलवाड़ा	1,04,273
बीकानेर	71,484
बूंदी	54,974
चित्तौड़गढ़	66,755
चुरू	88,440
दौसा	70,138
धौलपुर	61,471
डूंगरपुर	73,872
गंगानगर	86,713
हनुमानगढ़	81,056
जयपुर	2,05,763
जैसलमेर	20,164
जालौर	44,767
झालावाड़	74,296
झुंझुनूं	86,453
जोधपुर	1,18,480
करौली	58,663
कोटा	58,983
नागौर	1,16,115
पाली	81,087
प्रतापगढ़	45,797
राजसमंद	51,256
सवाई माधोपुर	55,605
सीकर	1,14,861
सिरोही	36,615

टोक	69,825
उदयपुर	1,41,922

* 17 नव निर्मित जिलों के लाभार्थियों की गणना पहले से मौजूद जिलों में किया गया है।

विवरण -II

पीएमएमवी योजना के तहत शुरुआत से लेकर 15.12.2024 तक राजस्थान के उदयपुर, सलुम्बर, डूंगरपुर और प्रतापगढ़ जिलों में नामांकित लाभार्थियों की जिलावार और श्रेणीवार संख्या

क्र.सं.	जिले का नाम	नामांकित लाभार्थियों की संख्या		
		अनुसूचित जाति	अनुसूचित जनजाति	अन्य
1.	उदयपुर	9,705	77,643	54,572
2.	डूंगरपुर	2,751	57,849	13,270
3.	प्रतापगढ़	3,525	29,704	12,568
4.	सलुम्बर*	0	0	0

* सलुम्बर जिला पहले उदयपुर जिले का हिस्सा था। सलुम्बर के लाभार्थियों की गणना उदयपुर जिले में की गई है।

PRODUCTION CAPACITY OF NANO UREA

4347. SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:

SHRI SUDHEER GUPTA:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- whether the Government has notified the Nano Urea in the Fertilizer (Control) Order, 1985 and if so, the details thereof;
- whether the Government has made any assessment regarding the efficacy of nano urea and if so, the details thereof;
- the details of production capacity along with the demand of the Nano Urea fertilizer in the country at present, State-wise; and

- (d) whether the Government proposed to further increase the production capacity of the said fertilizer and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) and (b): Based on the bio-efficacy trials at multiple locations by Indian Council of Agricultural Research (ICAR) institutions and State Agricultural Universities (SAUs) and bio-safety test results, Department of Agriculture and Farmers Welfare (DA&FW) had provisionally notified Nano Urea as Nano Nitrogen Fertilizers in Fertilizer Control Order, 1985. These experimental trials were conducted of Nano urea on different crops such as paddy, Wheat, Mustard, Maize, Tomato, Cabbage, Cucumber, Capsicum and Onion in different agro-climatic zones.

The study indicated that two spray of nano urea as top-dressing alongwith recommended basal dose of nitrogen gave comparable yield to that obtained with full recommended dose of nitrogen with yield advantage of 3-8% and urea saving of 25-50% in various crops.

(c) : As on date, 6 nano urea plants have been commissioned. The details of the same are as under:

S. No.	Location	Capacity Addition in Crore Bottles of 500 ml. each.	Start of Production
1	IFFCO Kalol Gujarat	5.0	August 2021
2	IFFCO Phulpur	6.0	January 2023
3	IFFCO Aonla	6.0	January 2023

4	Ray Nano Science and Research Centre	4.50	December 2023
5	Meghmani Crop Nutrition Ltd	5	February 2024
6	Zuari Farm Hub Ltd Bathinda	0.12	June, 2024
7	CIL, Kakinada	0.60	September 2024
Total		27.22 Crore Bottles Per Year	

In addition to this, the details of the demand of Nano Urea Fertilizer in the country at present is given in the enclosed **Statement**.

(d): Department of Fertilizers is encouraging Fertilizer Companies to set up Nano Urea plants with a view to increase the production of Nano Urea in the country.

STATEMENT

ASSESSED REQUIREMENT OF FERTILISERS FOR RABI 2024-25		
Sl. No.	State/Union	
	Territory	Nano Urea (Number of bottles in Lakh)
1	ANDHRA PRADESH	8.68
2	TELANGANA	3.47
3	KARNATKA	17.35
4	KERALA	0.23
5	TAMILNADU	12.49
6	PUDUCHERRY	0.02
7	ANDAMAN & NICOBAR	0
8	GUJARAT	0
9	MADHYA PRADESH	12.54
10	CHHATTISGARH	6.94
11	MAHARASHTRA	34.7
12	RAJASTHAN	15.01

13	GOA	0.01
14	DAMAN & DIU	0
15	DADAR & NAGAR HAV	0
16	HARYANA	17.35
17	PUNJAB	20.82
18	UTTAR PRADESH	43.38
19	UTTRAKHAND	2.6
20	HIMACHAL PRADESH	1.74
21	JAMMU & KASHMIR	0.87
22	DELHI	0.03
23	CHANDIGARH	0
24	BIHAR	8.68
25	JHARKHAND	4.34
26	ODISHA	9.37
27	WEST BENGAL	5.21
28	ASSAM	9.2
29	TRIPURA	0.14
30	MANIPUR	0
31	MEGHALAYA	0
32	NAGALAND	0
33	ARUNACHAL PRADESH	0
34	MIZORAM	0.87
35	SIKKIM	0
	ALL INDIA Rabi 24-25	236

IMPROVEMENTS IN POCSO ACT

4348. SHRI GURMEET SINGH MEET HAYER:

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

- (a) whether the Ministry is facing several issues including delays in investigation, lapses in evidence preservation and insufficient resources, if so, the details of the steps being taken by the 73 Government to address

these issues including providing adequate funds and training to law enforcement and setting up of special courts for POCSO cases;

- (b) whether the provisions of Act on age determination and evidence collection have led to complications in trials, particularly with the challenge of proving recent intercourse, if so, the details of the plan to resolve these challenges and improve the conviction rate under POCSO; and
- (c) whether the Government have plans for better inter-agency coordination and public awareness programmes to ensure effective implementation of the POCSO Act?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (c): The Protection of Children from Sexual Offences, (POCSO) Act, 2012 enacted by Govt of India provides safeguards for children against sexual abuse. The Act defines a child as any person below the age of 18 years. It is a gender neutral Act and under the Act, the burden of proof rests on the accused. It mandates Child friendly practices in the processing of cases which includes fixed timelines for Investigation and prosecution. It prescribes stringent punishment for sexual crimes against children and provides for establishment of Special Courts for the purpose of ensuring speedy trial. Further, as per the Act, the evidence of the child shall be recorded within a period of thirty days of the Special Court taking cognizance of the offence and the Special Court shall complete the trial, as far as possible, within a period of one year from the date of taking cognizance of the

offence. The Act was amended in 2019 to introduce more stringent punishment including death penalty for committing sexual crimes on children, with a view to deter the perpetrators and prevent such crimes against children.

Further Ministry of Women and Child Development notified POCSO Rules, 2020 which include provisions for mandatory police verification of staff in schools and care homes, procedures to report child sexual abuse material (pornography), imparting age-appropriate child rights education, among other things. The POCSO Rules 2020 also stipulate that the central government and every state government shall provide periodic training including orientation programmes, sensitization workshops and refresher courses to all persons, whether regular or contractual, coming in contact with the children, to sensitize them about child safety and protection and educate them regarding their responsibility under the Act. The assistance is to be provided to the child as mandated under the POCSO Act, 2012 and POCSO Rules, 2020

Department of Justice is implementing a scheme for setting up Fast Track Special Courts (FTSCs) including Exclusive POCSO Courts for expeditious trial and disposal of cases related to rape and POCSO cases. As per the information received from High Courts, as of 31.10.2024, 750 FTSCs including 408 exclusive POCSO Courts are functional in 30 States/UTs, which have disposed more than 2,87,000 cases. Since the inception of the Scheme, exclusive POCSO Courts have disposed over 1,83,000 cases. As informed by the Ministry of Law and Justice, the disposal of pending cases in the Courts including POCSO cases, lies

within the domain of the judiciary. Pendency of court cases is a multi-faceted problem. Due to the increase in the population of the country and awareness of their rights amongst the public, filing of fresh cases is also increasing year after year. Several factors may contribute to the high pendency of cases, including shortage of judicial officers and supporting court staff, complex evidence, and insufficient cooperation amongst stakeholders such as the bar, investigation agencies, witnesses, and litigants, as well as the lack of proper application of rules and procedures. In criminal cases, including POCSO cases, the criminal justice system relies on full support from various agencies such as police, prosecution, forensic labs, handwriting experts, and medico-legal experts and so on. Delays in receiving assistance from any of these allied agencies may exacerbate delays in case disposal. To address these challenges, the Department of Justice has conducted regular review meetings to ensure robust implementation of the Scheme, including the establishment of the FTSCs.

Further, the Government has taken various steps from time to time to create awareness of the provisions of the POCSO Act through electronic and print media, consultations, workshops and training programmes with stakeholders concerned. In order to generate awareness about the POCSO Act, a short film was disseminated in Cinema Halls and Doordarshan across the nation. Thereafter, Ministry has undertaken awareness campaign to encompass various aspects of the POCSO Act in an effective manner by way of a short video clips, an audio clip and a poster which have been disseminated through various means all over India. For effective dissemination of these creatives, they have also been

translated into regional languages for effective outreach. National Council of Educational Research and Training (NCERT) has published Childline 1098 which is a 24x7x365 toll free Helpline for children and POCSO E-box on the back side of the front cover of all the course books from class 6th to class 12th to equip the children with the information regarding the possible modes of protection/ complaints and emergency outreach.

Ministry of Women and Child Development has organized the following zonal conferences and sensitization/dissemination workshops under Mission Vatsalya Scheme:

- i. Zonal Conferences: Outreach with State Governments/UT Administrations and Stakeholders through Zonal Conferences on Strategic Interventions for addressing Malnutrition Concerns and for the Development, Empowerment and Protection of Women and Children including Mission Vatsalya scheme during the last financial year.
- ii. Dissemination Workshops: National Dissemination Workshop on Juvenile Justice (Care and Protection of Children) Act, 2015, Protection of Children from Sexual Offences Act, 2012 and the rules there under and the Adoption Regulations, 2017 including Mission Vatsalya Scheme on 17.08.2022 and 29.08.2022 with all States/UTs, line Ministries/ Departments, representatives from Police, National Institute of Mental Health and Neuro Sciences (NIMHANS), National Commission for Protection of Child Rights (NCPCR), Child Protection functionaries including members of Child Welfare Committees(CWCs)/Juvenile Justice Boards(JJBs) and other stakeholders.

iii. Workshops: Workshops on Sensitization/ Training Programme for representatives of Panchayati Raj Representatives (PRIs), Urban Local Bodies (ULBs) and Police on Child Rights and Protection including Mission Vatsalya Scheme at Srinagar, Jammu and Kashmir (JandK) on 16.11.2022 and 14-15.09.2023 in collaboration with UT Administration. This workshop was attended by officers from Ministry, NCPCR, UT of JandK, Administrative and Police Training. Institutes, District Child Protection Officers (DCPOs), CWCs, JJBs, Special Juvenile Police Units (SJPU), representative from UNICEF and other Stakeholders.

iv. Vatsal Bharat: Regional Symposiums on 'Child Protection, Child Safety and Child Welfare' including Mission Vatsalya were organized, starting from 02.07.2023 to 18.08.2023 at Delhi, Bhopal, Mumbai, Ranchi, Guwahati and Varanasi. In the Regional Symposiums, representatives from States/UTs including members of Child Welfare Committees (CWCs), Juvenile Justice Boards (JJBs), Members of Village Child Protection Committee (VCPC) and Anganwadi Workers had participated.

v. A three day consultation was organized by the Ministry from 22.03.2023 to 24.03.2023 at NIPCCD to improve adoptability of Mission Vatsalya portal by its users/stakeholders.

vi. A virtual technical training Session on the Modules of Institutional and Non-Institutional Care in the Mission Vatsalya Portal for North Eastern States (Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura) was organized by the Ministry on 15.11.2023.

The National Institute of Public Cooperation and Child Development have conducted a total of 65 Programmes under Section 3(6) of POCSO Rules during the year April, 2020 to December, 2023. These programmes were attended by about 3515 participants including Principals of Kendriya Vidyalaya, Government Officers of Railways Banks and others Public Service Undertaking (PSUs), Representatives of Voluntary Organizations working in the field of Women and Children, Officials of Ministry of Women and Child Development, Faculty of National Institute of Public Cooperation and Child Development, Child Development Project Officers, Supervisors, Aanganwadi Workers, Functionaries of Competition Commission of India (Superintendents, Child Welfare Officers, Protection Officers, Social Workers and Counsellors), School Teachers and Staff, Faculty of University, Secondary and Higher Secondary School Children, Functionaries of Mission Vatsalaya (District Child Protection Officers, Protection Officers, I/C, Protection Officers NIC, Social Workers and Counsellors), Special Juvenile Police Units, Child and Functionaries, Law Enforcement Agencies like Police and Judiciary, Medical Professionals, Members of Child Welfare Committees and Juvenile Justice Board and Coordinators of Special Adoption Agency.

WIDOW REMARRIAGE ASSISTANCE SCHEME

4349. SHRI KOTA SRINIVASA POOJARY:

DR. RAJESH MISHRA:

SHRI SURESH KUMAR KASHYAP:

SHRI KANWAR SINGH TANWAR:

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

- (a) whether the Government has launched Widow Remarriage Assistance Scheme in the country, if so, the details including the salient features, goal and objectives thereof;
- (b) the details of the beneficiaries under the said scheme along with outcomes in terms of improved social and economic empowerment particularly in Uttar Pradesh, Maharashtra and Himachal Pradesh, district-wise;
- (c) the details of the eligibility criteria of the beneficiaries under the said scheme along with manner in which the scheme is designed to address the specific needs of widows in underserved areas of the country especially in the Maharashtra; and
- (d) whether the scheme had any impact specifically in Jalgaon district, if so, the details of the well being and social integration of widows in the region?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (d): Various State Governments have the schemes for Widow Remarriage. But, at the Central Government level, there is no such scheme.

However, there are a number of schemes being implemented by various Ministries/ Departments of the Government of India across the country for social and economic empowerment of women, including widows. Some of the major schemes/ programmes in this regard are as follows:-

(i) The Ministry of Women and Child Development during the 15th Finance Commission period with effect from the financial year 2022-23, is implementing Centrally Sponsored, Mission Shakti for safety, security and empowerment of women. Under Mission Shakti, there is a component of Shakti Sadan which provides necessary assistance including shelter, food, vocational training for destitute women and women in difficult circumstances. Further, Sakhi Niwas component of Mission Shakti provides for affordable and safe accommodation for working women and women pursuing higher education or training for employment and entrepreneurship.

(ii) National Social Assistance Programme (NSAP), Atal Pension Yojana (APY), Pradhan Mantri Suraksha Bima Yojana (PMSBY) and Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) have been implemented to provide social protection through insurance coverage and pension.

(iii) In order to reduce drudgery and enhance the ease of living for the women particularly in the rural areas, under the Swachh Bharat Mission more than 11.6 crore toilets have been constructed, 10.3 crore households have been provided Clean cooking fuel through Ujjawala Yojana and safe and potable tap water connection to nearly 15 crore households through Jal Jeevan Mission.

(iv) Prime Minister Awaas Yojana Gramin (PMAY-G) and Pradhan Mantri Awaas Yojana Urban (PMAY-U) aim to provide 'Housing for All' through provision of pucca house with basic amenities to all houseless families and

households living in kutcha and dilapidated house in rural areas and the housing requirement of Economically Weaker Sections (EWS) including slum dwellers in the urban areas.

(v) Under Ayushman Bharat, the Government is providing free of cost treatment through over 1200 medical packages to over 55 crore citizens. Out of these, over 141 medical packages are exclusively designed for addressing medical needs of women. Seven types of screening (TB, Hypertension, Diabetes, Oral Cancer, Breast Cancer, Cervical Cancer and Cataract) are provided under the scheme, which have benefitted crores of women. There are over 150,000 Health and Wellness Centres (AB-HWCs), also referred to as Ayushman Arogya Mandir, in both urban and rural areas, bring health care closer to the community. Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY) is the world's largest public funded health assurance scheme, with special focus on poor and disadvantaged women.

(vi) There are over 13,000 Pradhan Mantri Bhartiya Janaushadhi Kendras (PMBJK) functional across the country. The PMBJK besides providing affordable medicines and medical devices, including about 40 women specific items also have provision for sale of Sanitary Napkins named 'Suvidha Sanitary Napkins' at extremely affordable price of Rupee 1 per pad.

(vii) Under Pradhan Mantri Kaushal Vikas Yojna (PMKVY) and Prime Minister's Internship Scheme, skill development and vocational training is provided to women.

(viii) Women are also the largest beneficiaries under Prime Minister Jan Dhan Yojna (PM-JDY) one of the largest financial inclusion initiatives in the world which also provides access to direct benefits under various welfare schemes, credit and insurance services.

(ix) Schemes such as Stand Up India, MUDRA Yojna, Start-up India, Pradhan Mantri Street Vendors AtmaNirbhar Nidhi (PM SVANidhi), Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), Credit Guarantee Fund Scheme for Micro and Small Enterprises (CGMSE) provides employment/ self-employment and credit facilities. Majority of the beneficiaries under these schemes are women.

RESEARCH ON MENTAL HEALTH

4350. SHRI S. JAGATHRATCHAKAN:

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

- (a) whether the Government has taken cognizance of the fact that integrated care, evidence-based practices, cultural factors, and ethical and regulatory considerations pertaining to mental health need to be deliberated in research; and
- (b) if so, the details thereof along with the initiatives taken/proposed to be taken by the Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) and (b): The government recognizes the importance of integrated care, evidence-based practices, cultural factors, and ethical and regulatory considerations in mental health research, as these are crucial elements in addressing the growing challenges related to mental health. The government has encouraged the implementation research in the area of evidence-based mental health interventions in partnership with various academic institutes, state governments and other partner agencies.

Indian Council of Medical Research (ICMR) has informed that it has undertaken National Health Research Priority Projects in the area of mental health. It also funds extramural and intramural research on areas like early detection, prevention, and management of mental illnesses. Additional collaborations undertaken by ICMR in mental health research are:

1. The ICMR Centre for Advanced Research on Digital Interventions for Mental Health Care has been established at NIMHANS, fostering research on digital solutions to mental health issues.
2. ICMR has funded Centre for Advanced Research and Excellence in Neuromodulation in Mental Health at AIIMS Delhi, fostering research on cognitive functions of mental health issues.

Studies supported by ICMR have provided valuable insights into risk factors, psychosocial interventions, and community-based approaches to mental health care, in addition to paving ways to understand the biological underpinnings of mental illnesses.

National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru has informed that 'Study of factors associated with course and outcome of Schizophrenia' (SOFACOS) was a landmark study undertaken in India, which studied outcomes especially remission and its links with several clinical and social factors.

The Mental Health Care Act, 2017 has brought forth a new regulatory framework for management of mental illness with 'rights-based approach' for management of a person with mental illness in both public and private sector including care provided by non-governmental organisations.

Among other initiatives, Government has established a 24/7 helpline Tele MANAS offering psychosocial support. By setting up 53 Tele MANAS cells, the program ensures that individuals across the country, especially in remote areas, can access mental health services through telecommunication. Recently, an android version Tele MANAS App was released.

Such multi-faceted approach combines research, service delivery, and capacity building to create a comprehensive mental health care system in India.

In the last decade, research into integrated care and evidence-based practices and cultural factors as well as ethical and regulatory considerations pertaining to mental health has substantially increased. Some examples include studies on

integration of indigenous methods such as Indian systems of psychotherapeutic practices for mood disorders, mindfulness, evidenced based assessments for specific populations such as elderly, children and adolescents.

ETHICAL STANDARDS IN CLINICAL TRIALS

4351. DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) whether the Government has taken appropriate steps to check, monitor and control the conduct of Clinical trials by Pharma companies without following the proper ethical standards;
- (b) if so the details thereof including the total list of Pharma companies reprimanded by the Government for adopting such unethical practices in clinical trials in the last seven years;
- (c) whether it is true that certain pharmaceutical companies which have purchased electoral bonds were also found to be involved in unethical practices in conducting clinical trials; and
- (d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

- (a) to (d): There is a system of monitoring clinical trials. Companies that are found to be in non-compliance with the regulations are issued show cause notice and

various actions such as issuing of warning letter, continuation of trial after corrective action, not permitting use of the clinical trial data, and debarring from conducting clinical trials for some time, etc. are taken under the provisions of the New Drugs and Clinical Trials Rules, 2019.

REVENUE/FINANCIAL INFORMATION OF PORT AUTHORITY

4352. CAPTAIN VIRIATO FERNANDES:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

(a) whether the Government has the balance sheet and Profit and Loss account of Mormugao Port Authority for the last ten years, if so, the details thereof, year-wise;

(b) the status of the financial health of the Mormugao port Authority;

(c) the details of the receivables from the tenants and berth occupiers of the Mormugao Port Authority;

(d) whether there has been any revision or waiver of fees/lease amount at Mormugao port Authority, if so, the details thereof; and

(e) the percentage of overall port capacity across the country handled by the Adani Group?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI SARBANANDA SONOWAL):

(a) Yes, the details of balance sheet and profit and loss account of last 10 years of Mormugao Port Authority (MgPA) are given in the enclosed **Statement-I** and **Statement -II**.

(b) and (c) MgPA incurring losses in last three years. As of March 31, 2024, the receivable from tenants and berth occupiers at MgPA is Rs. 1,173,524,453.00.

(d) Yes, the last revision of Estate Rentals was implemented w.e.f. 17.06.2022. Additionally, waivers/concessions are given on a case-to-case basis to attract new cargo and retain existing cargo.

(e) The overall cargo handling capacity of Non-Major Ports in the country is approximately 39%, including the ports operated by the Adani Group.

STATEMENT- I
Details of Balance Sheet of Mormugao Port Authority

(Rs. in Cr.)

	Financial Year									
PARTICULARS	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
I. SOURCES OF FUNDS										
CAPITAL RESERVES	563.16	561.59	575.09	675.55	719.73	775.49	774.45	768.70	772.69	830.80
REVENUE RESERVES	34.32	57.05	70.73	73.30	80.29	76.11	79.04	86.26	86.87	84.20
STATUTORY RESERVES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN FUNDS	15.00	88.50	87.00	30.00	25.00	20.00	15.00	10.00	0.00	0.00
SOURCES OF FUNDS	612.48	707.14	732.82	778.85	825.02	871.60	868.49	864.96	859.56	915.00
II. APPLICATION OF FUNDS										
FIXED / CAPITAL ASSETS	554.06	608.44	570.76	545.83	539.41	538.30	523.30	497.13	478.45	486.61
INVESTMENTS	23.25	28.16	88.15	125.85	166.13	172.83	173.14	174.30	178.29	243.41
DEFERRED TAX ASSET	36.10	278.16	268.72	302.17	328.99	383.82	486.96	486.96	504.65	506.02
CURRENT ASSETS	240.92	283.91	302.41	251.42	262.23	308.30	338.94	317.60	342.26	375.30
(-) CURRENT LIABILITIES	-327.36	-	-	-	-	-	-	-	-	-
		1119.61	1148.52	1009.63	1106.98	1367.75	1546.08	1549.14	1572.32	1623.03
BALANCE OF PROFIT and LOSS A/C	85.51	625.08	651.30	563.21	635.24	836.10	892.23	938.11	928.23	926.69

APPLICATION OF FUNDS	612.48	707.14	732.82	778.85	825.02	871.60	868.49	864.96	859.56	915.00
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STATEMENT-II

Details of Profit & Loss Account of Mormugao Port Authority

(Rs. in Cr.)

	Financial Year									
PARTICULARS	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
OPERATING INCOME	286.75	342.85	443.59	425.67	382.68	431.17	446.67	433.39	467.83	566.52
OPERATING EXPENDITURE	246.95	239.23	267.98	273.84	259.73	246.32	251.31	258.84	283.64	300.62
OPERATING SURPLUS	39.80	103.62	175.61	151.83	122.95	184.85	195.36	174.19	184.19	265.90
FINANCE and MISC INCOME	11.83	11.23	25.83	26.61	20.01	22.54	29.03	24.27	18.16	19.35
FINANCE and MISC EXPENDITURE	85.36	109.16	142.32	176.24	151.01	214.86	222.27	244.69	212.76	299.08
NET PROFIT / (LOSS)	-33.73	5.69	59.12	2.20	-8.05	-7.47	2.12	-45.87	-10.41	-13.83

SETTING UP OF ULTRAMODERN SHIP-BUILDING YARDS

4353. SHRI T. R. BAALU:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

(a) whether the Government has decided to set up new ultramodern ship-building and ship repair yards at an investment of Rs.30,000 crores;

(b) if so, the details thereof including the number of Shipyards and their locations;

(c) the details of the existing ship-building capacity of India in both public and private sectors; and

(d) the details of investments made to augment the capacity and capabilities during the last decade in the modernization of ship-building and ship repair facilities in the country?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI SARBANANDA SONOWAL):

(a) to (d) The details of the existing ship-building capacity of India in both public and private sector is provided in the enclosed **Statement**. To augment the capacity and capabilities in the modernization of ship-building and ship repair facilities in the country, several measures have been taken viz.

(i). To increase indigenous shipbuilding with regard to modern technologies and machinery, the Ministry has amended the Shipbuilding Financial Assistance Policy(SBFAP) guidelines on 23.08.2023 to include:

- a) Wind Turbine Installation Vessel, Windfarm Service and Maintenance Vessel and Self-Propelled Dredgers as specialized vessels which are

eligible to get higher financial assistance, over and above ₹40 Crores which is upper limit for non-specialized vessels.

b) Flat 30% Financial Assistance for vessels where main propulsion is achieved by means of green fuels such as Methanol/ Ammonia / Hydrogen fuel cells etc.

c) Flat 20% Financial Assistance for vessels fitted with fully electric or hybrid propulsion system.

(ii). Funds allocated under SBFAP for shipbuilding contracts signed between April 1, 2016 to March 31, 2026 in Indian Shipyards is Rs. 4,000 crore and the utilization till date is Rs 385.16 crore.

(iii). Government of India vide Gazette Notification No. 112 dated April 13, 2016 has included 'Shipyards' in the updated Harmonized Master List of Infrastructure Sub-sectors.

(iv). In order to promote indigenous shipbuilding, Government has issued guidelines on 19.05.2016 for evaluating and awarding tenders for new shipbuilding orders floated by government departments or agencies including public sector undertakings for acquisition of any type of vessel(s) used by them for Governmental purposes or for their own use. Whenever acquisition of a vessel(s) is undertaken through tendering route, the qualified Indian Shipyards will have a "Right of First Refusal" to enable them to match the evaluated lowest price offered by the foreign shipyard which is aimed at increasing ship building activities in Indian shipyards.

Further, the Government entities dealing with ship building and ship-owning are advised to ensure local content as per the Government of India Public Procurement (Preference to Make in India) Order, 2017. As per this Order, procurement of ships of less than ₹200 crores is required to be from Indian shipyards.

(v). The Government, in November, 2021, has released Standard Tug Designs of five variants for use by Major Ports for procurement of tugs to be built in Indian Shipyards.

(vi). To promote indigenous shipbuilding, the Ministry of Ports, Shipping and Waterways on 20.09.2023 has revised the hierarchy of Right of First Refusal (RoFR) to be followed in any kind of charter of a vessel which is undertaken through a tender process. The revised hierarchy of RoFR is:

- (1) Indian built, Indian flagged and Indian owned
- (2) Indian built, Indian flagged and Indian IFSCA owned
- (3) Foreign built, Indian flagged and Indian owned
- (4) Foreign built, Indian flagged and Indian IFSCA owned
- (5) Indian built, foreign flagged and foreign owned

(vii) In order to achieve the objective of Atmanirbhar Bharat, the Union Cabinet in 2021 had approved a scheme to provide Rs. 1,624 crore as subsidy over a period of five years to Indian Shipping Companies in global tenders floated by Ministries/Department and CPSEs for import of Government Cargo. The CPSE, concerned have provided subsidy amounting Rs. 213.54 crore upto 08.10.2024.

(viii) Ministry of Ports, Shipping and Waterways has launched the Green Tug Transition Programme (GTTP) which aims to reduce carbon emissions and minimize environmental impact by encouraging adoption of environmentally sustainable tugboat operations.

(ix) Government has launched the Harit Nauka guidelines for inland vessels which aim to promote the adoption of greener technologies in inland waterway vessels.

(x) Further, Government of India has released Maritime India Vision 2030 and Maritime Amrit Kaal vision 2047, which have assessed gaps in the existing shipbuilding capabilities.

Several rounds of stakeholder's consultation have been done on revitalizing shipbuilding sector and the interventions required have been identified.

STATEMENT

The details of the existing ship-building capacity of India in public sector is as under:

S.No	Name of Shipyard	Ownership	Deadweight capacity of the yard
1	Goa Shipyard Limited	Government of India, Ministry of Defence	822600
2	Garden Reach Shipbuilders and Engineers Ltd		
3	Hindustan Shipyard Limited		
4	Mazagon Dock Shipbuilders Ltd		
5	Cochin Shipyard Limited	Government of India, Ministry of Ports,	247000

6	Udipi Cochin Shipyard	Shipping and Waterways	
7	Hooghly Cochin Shipyard Limited		
8	Shalimar Works Ltd	Government of West Bengal	12000
9	Kerala Shipping and Inland Navigation Corporation Ltd	Government of Kerala	800
	Total		10,82,400

The details of the existing ship-building capacity of India in private sector is as under:

S.No	Name of Shipyard	Ownership	Deadweight capacity of the yard
1.	Vijai Marine Services	Private	12000
2.	Mandovi Drydocks	Private	12000
3.	L andT Shipbuilding Limited	Private	26000
4.	Shoft Shipyard Private Limited	Private	36000
5.	Chowgule And Company Pvt. Ltd.	Private	7000
6.	Titagarh Wagons Limited	Private	6000
7.	Dempo Shipbuilding and Engineering Private Limited	Private	18000
8.	Marine Frontiers Private Limited	Private	300
9.	Navgathi Marine Design And Constructions Pvt Ltd	Private	7000
10.	Konkan Barge Builders Pvt Ltd	Private	3000
11.	Waterways Shipyard Pvt Ltd	Private	10000
12.	Synergy Shipbuilders	Private	10000
13.	San Marine Shipyard	Private	8000
14.	A H Wadia Boat Builders	Private	300
15.	MOC Shipyards Private Limited	Private	3000

16.	Zuari Shipyard Private Limited	Private	9000
17.	Victoria Shipbuilding And Engineerings LLP	Private	8000
18.	Atreya Shipyard Private Limited	Private	6000
19.	Navalt Solar And Electric Boats Private Limited	Private	1600
20.	A C Roy Shipbuilders Private Limited	Private	3000
21.	Chowgule Sbd Private Limited	Private	32000
22.	Sea Blue Shipyard Ltd	Private	5000
23.	Island Ship Repairers	Private	5000
24.	Bristol Boats Pvt, Ltd	Private	200
25.	West Coast Shipyard Ltd	Private	5000
26.	Aquarius Shipyard Pvt. Ltd.	Private	2000
27.	Swan's Pipavav Shipyard	Private	900000
28.	Praka Engineering shipyard	Private	20000
29.	Modest Infrastructure Pvt. Ltd	Private	6000
30.	Master Shipyard Pvt Ltd	Private	4000
31.	Suryadipta Shipyard	Private	6000
32.	Essfour Engineering Pvt. Ltd.	Private	3000
33.	Solas Marine	Private	2100
34.	Majestic Dockyard Pvt. Ltd	Private	3000
	Total		11,79,500

Total Deadweight capacity of the public and private yards: 22,61,900

IMMUNIZATION COVERAGE FOR TRIBAL CHILDREN

4354. SHRI APPALANAIDU KALISSETTI:

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

- (a) the details of immunization coverage for tribal children in the age group of 0-6 years and the immunization coverage for non-tribal children in the same age group in the country, State/UT- wise;
- (b) whether there is any disparities between the two groups and if so, the details thereof;
- (c) the factors contributing to lower immunization rates among tribal children;
- (d) the other steps taken by the Government to improve immunization coverage among tribal children for the age group of 0-6 years, particularly in remote or underserved areas; and
- (e) the number of tribal children who have received immunization under the Universal Immunization Programme (UIP) in the country during the last three years, State/UT-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

- (a) to (c) and (e) Under the Universal Immunization Programme (UIP), eleven (11) vaccines are provided free of cost to protect against twelve (12) Vaccine Preventable Diseases to all children of 0 to 5 years, 10 years and 16 years of age, across all districts of the country including tribal and non-tribal areas. The State/UT-wise percentage of Full Immunization Coverage (FIC) for the last three years is given in the enclosed **Statement**.
- (d) The steps taken by the Government to improve the immunization coverage across the country including tribal areas and remote or underserved areas are:

- i. Mission Indradhanush, special catch-up vaccination campaign under the Universal Immunization Programme is conducted in areas of low immunization coverage to vaccinate left out and dropped out children and pregnant women including tribal and hard to reach areas.
- ii. Special vaccination campaigns such as National Immunization Days (NIDs), as part of the Pulse Polio programme are carried out every year.
- iii. States have the flexibility of relaxing the norm of one ASHA per 1000 population to one ASHA per habitation in Tribal/hilly and difficult areas.
- iv. Strategic interventions like advocacy, social mobilization, community engagement, inter personal communication at family level and media engagement are undertaken as measures to improve immunization coverage.
- v. State Task Force on Immunization (STFI), District Task Force on Immunization (DTFI) and Block Task Force on Immunization (BTFI) also ensure effective implementation of the drives which are regularly taken.

STATEMENT

State/UT-wise Full Immunization Coverage (%) HMIS 2022-23 to 2024-25*

STATES/UTs	2022-2023	2023-2024	2024-2025*
India	94.7	93.5	93.8
Andaman and Nicobar Islands	86.3	82.7	89.6
Andhra Pradesh	102.5	101.5	101.8

STATES/UTs	2022-2023	2023-2024	2024-2025*
Arunachal Pradesh	81.5	80.1	80.7
Assam	85.5	85.4	81.8
Bihar	92.3	83.7	90.2
Chandigarh	101.8	99.6	96.3
Chhattisgarh	96.7	96.7	90.9
Delhi	94.2	105.7	105.1
Goa	90.6	91.9	88.7
Gujarat	92.6	95.5	95.2
Haryana	94.3	92.1	91.5
Himachal Pradesh	87.6	84.9	85.0
Jammu And Kashmir	116.7	111.2	103.1
Jharkhand	93.6	97.7	98.5
Karnataka	97.3	99.1	96.8
Kerala	89.9	86.7	78.5
Ladakh	100.8	92.6	105.4
Lakshadweep	86.0	108.8	95.4
Madhya Pradesh	95.0	93.8	91.1
Maharashtra	105.4	101.3	104.6
Manipur	79.3	83.9	83.7
Meghalaya	96.4	96.8	94.5
Mizoram	99.2	101.5	101.6
Nagaland	60.4	62.9	66.7
Odisha	88.5	82.7	79.2
Puducherry	63.7	60.1	60.3
Punjab	98.1	94.3	94.9
Rajasthan	77.1	76.7	79.9
Sikkim	64.6	65.8	68.3
Tamil Nadu	90.2	86.5	85.2
Telangana	110.5	106.7	110.7
The Dadra And Nagar Haveli And Daman And Diu	51.2	48.0	43.4
Tripura	98.9	98.4	92.1

STATES/UTs	2022-2023	2023-2024	2024-2025*
Uttarakhand	95.1	94.7	92.9
Uttar Pradesh	99.2	99.3	99.0
West Bengal	91.7	98.2	97.6

*April-October, 2024 as on 2nd December 2024

INDIAN EMBASSIES

4355. SHRI BALABHADRA MAJHI:

will the Minister of **EXTERNAL AFFAIRS** be pleased to state:-

- (a) the number of countries where India has Embassies across the globe;
- (b) the number of countries where Indian Embassies have not been opened;
- (c) whether there is any plan to open Embassy in all those Countries; and
- (d) if so, the details thereof and if not, the reasons therefore?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (d) As on date, India has resident diplomatic Missions in 149 United Nations (UN) Member States. India does not have a resident diplomatic Mission in 41 UN Member States and diplomatic relations with these countries are conducted through concurrent accreditation arrangements. The plans to open new Embassies are constantly reviewed by the Government and decisions are taken based on the principle of reciprocity and functional requirements.

BILATERAL TIES WITH US AND CANADA**4356. SHRI MANISH TEWARI:**

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:-

(a) whether the Union Government has taken note of the recent developments in criminal cases allegedly involving Indian citizens/officials in the United States and Canada;

(b) if so, the impact these cases are likely to have on India's bilateral relations with these countries;

(c) whether the Government has engaged diplomatically with the Governments of the United States and Canada to address concerns regarding these cases, if so, the details thereof; and

(d) the measures taken/proposed to be taken by the Government to ensure the safety of Indian nationals residing in the US and Canada, particularly in the light of any potential fallout of these matters?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (d) Government is aware of the allegations about the involvement of Indian nationals in purported acts or intent in the U.S. and Canada. As part of ongoing security cooperation with the United States, certain inputs shared by the U.S. side pertaining to the nexus between organized criminals, gun runners, terrorists and others that impinge on India's national security interests as well are being examined by a High-Level Enquiry Committee that has been constituted for this purpose. In so far as Canada is concerned, it has presented no evidence

whatsoever in support of the serious allegations it has chosen to level. In addition, its public narrative on this issue appears to be in service of an anti-India separatist agenda. Persisting with such a narrative can only be harmful for any stable bilateral relationship. Government have therefore repeatedly urged the Canadian authorities to take action against anti-India elements operating from their soil.

The welfare, safety and security of Indian nationals who are living, working and studying in the US and Canada remains of utmost importance to the Government of India. Issues faced by Indian nationals in the US and Canada are brought to the attention of relevant authorities, whenever they arise, for swift redressal.

DOMESTIC PRODUCTION OF FERTILIZERS

4357. SHRI P. P. CHAUDHARY:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

- (a) the specific initiatives taken to increase domestic fertilizer production capacity during the last three years, along with the increase in production achieved therefrom;
 - (b) whether any assessment has been conducted regarding demand-supply gap in fertilizers, State-wise; if so, the steps taken to address shortages thereof;
 - (c) the number of public-private partnership projects approved for fertilizer production enhancement, along with their capacity and implementation status;
- and

- (d) whether any measures have been implemented to ensure timely availability of fertilizers at affordable prices to farmers, if so, the details thereof and impact on farm input costs?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): With regard to Urea, the Government had announced New Investment Policy (NIP) – 2012 on 2nd January, 2013 and its amendment on 7th October, 2014 to facilitate fresh investment in the urea sector and to make India self-sufficient in the urea sector. Total 6 new urea units have been set up under NIP-2012 which includes 4 urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 urea units set up by the private companies. The units set up through JVC are Ramagundam urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak and Rasayan Limited (HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. The units set up by private companies are Panagarh urea unit of Matix Fertilizers and Chemicals Ltd. (Matix) in West Bengal; and Gadepan-III urea unit of Chambal Fertilizers and Chemicals Ltd. (CFCL) in Rajasthan. Each of these units has installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). These units are highly energy efficient as they are based on latest technology. Therefore, these units have together added urea production of 76.2 LMTPA thereby total production urea production capacity has increased from 207.54 LMTPA during 2014-15 to 283.74 LMTPA at present.

In addition, the Government also notified the New Urea Policy (NUP) – 2015 on 25th May, 2015 for the existing 25 gas-based urea units with one of the objectives of maximizing indigenous urea production. The NUP-2015 has led to additional production of urea by 20-25 LMTPA as compared to the production during 2014-15.

These steps together have facilitated increase of Urea production from level of 225 LMT per annum during 2014-15 to a record Urea Production at 314.07 LMT during 2023-24.

With regard to PandK Fertilizers, the Government has implemented Nutrient Based Subsidy Policy w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under the policy, a fixed amount of subsidy, decided on annual/bi-annual basis, is provided on notified P&K fertilizers depending on their nutrient content. The P&K sector is decontrolled and the fertilizer companies manufacture/import fertilizers as per the market dynamics. To enhance the domestic production and supply of fertilizers in India, the Government has notified Potash derived from Molasses (PDM) which is 100% indigenously manufactured fertilizer under Nutrient based subsidy (NBS) scheme.

The details of production of fertilizers in the country during last three years are given below:-

(In LMT)		
Years	Urea	PandK
2021-22	250.72	185.23
2022-23	284.94	200.35
2023-24	314.07	189.26

(b): Department of Agriculture and Farmers Welfare (DA&FW) assesses the requirement for major fertilizers viz. UREA, DAP, MOP and NPKS fertilizers, before each cropping season (viz. Kharif and Rabi) through “Zonal Conference for Agricultural Inputs”. Based on the assessment done by DA&FW, Department of Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability position. These supplies are met through indigenous production as well as imports.

(c) Presently, there are no such specific public-private partnerships.

(d): Under the Urea Subsidy Scheme, Urea is provided to the farmers at a statutorily notified Maximum Retail Price (MRP). The MRP of 45 kg bag of urea is Rs.242 per bag (exclusive of charges towards neem coating and taxes as applicable). The difference between the delivered cost of urea at farm gate and net market realization by the urea units is given as subsidy to the urea manufacturer/importer by the Government of India. Accordingly, all farmers are being supplied urea at the subsidized rate.

Under Nutrient Based Subsidy (NBS) scheme, subsidy is fixed keeping in view international prices of key fertilizers and raw materials and fluctuations, if any, are subsumed while fixing NBS rates for P&K fertilizers annually / bi-annually. During Kharif 2024, the subsidy per MT in respect of DAP was ₹21676 whereas during Rabi 2024-25, the subsidy per MT in respect of DAP has been fixed at ₹21911. In addition, in order to ensure smooth availability of DAP at affordable prices to farmers, Government has provided special packages on DAP over and

above the NBS subsidy rates on need basis. In 2024-25, the Government has approved one-time special package on DAP beyond the NBS rates on actual PoS (Point of Sale) sale of DAP for the period from 01.04.2024 till 31.12.2024 @ ₹ 3500 per MT to the P&K fertilizer companies with approximate financial implication of ₹2625 crores to ensure sustainable availability of DAP at affordable prices to the farmers and support the agriculture sector and related activities and strengthen food security scenario in the country.

Further, the following steps are taken by the Government every season for ensuring timely and adequate supply of fertilizers in the country:

- i. Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DAandFW), in consultation with all the State Governments, assesses the state-wise and month-wise requirement of fertilizers.
- ii. On the basis of requirement projected, Department of Fertilizers allocates sufficient/ adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.
- iii. The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web based monitoring system called integrated Fertilizer Monitoring System (iFMS);
- iv. Regular Weekly Video Conference is conducted jointly by DAandFW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.

- v. The gap between demand (requirement) and production of fertilizers is met through imports. The import for the season is also finalized well in advance to ensure timely availability.

फर्जी नौकरी की पेशकश

4358. श्री सतपाल ब्रह्मचारी:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार को घोटालेबाजों द्वारा विभिन्न देशों से नौकरी के इच्छुक युवाओं को फर्जी नौकरी की पेशकश और उनके शोषण की जानकारी है;

(ख) यदि हां, तो उक्त फर्जी नौकरी की पेशकश संबंधी कितने मामले दर्ज किए गए हैं; और

(ग) फर्जी नौकरी की पेशकश और उससे संबंधित मामलों पर अंकुश लगाने के लिए सरकार द्वारा क्या कदम उठाए गए हैं/उठाए जाने का विचार है?

पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय में राज्य मंत्री; तथा विदेश मंत्रालय में राज्य मंत्री (श्री कीर्ति वर्धन सिंह):

(क) से (ग) सरकार के संज्ञान में आया है कि कुछ संदिग्ध संस्थाएं फर्जी भर्ती नौकरी प्रस्तावों में संलिप्त हैं, जो सोशल मीडिया चैनलों के माध्यम से युवाओं सहित भारतीय नागरिकों को विभिन्न देशों में विदेशी रोजगार के लिए प्रलोभन दे रही हैं।

मंत्रालय को देश में अवैध/बेईमान भर्ती एजेंटों/एजेंसियों की ऐसी कपटपूर्ण गतिविधियों के बारे में तब पता चलता है जब ऐसे पीड़ित प्रवासियों या उनके रिश्तेदारों/मित्रों/परिवार के सदस्यों द्वारा शिकायत दर्ज की जाती है जिन्हें उनके नियोक्ताओं द्वारा धोखा दिया गया है, क्योंकि ये भारतीय नागरिक धोखेबाज़/बेईमान भर्ती एजेंटों/एजेंसियों के सहारे और अवैध माध्यमों से स्वयं अपनी इच्छा से विदेश जाते हैं।

सरकार विदेश में रोजगार के लिए जाने वाले भारतीय नागरिकों की सुरक्षा, संरक्षा और कल्याण को सर्वोच्च प्राथमिकता देती है। उत्प्रवासन अधिनियम 1983 के अनुसार, कोई भी व्यक्ति/एजेंसी पंजीकरण प्राधिकारी अर्थात् उत्प्रवासी महासंरक्षक द्वारा जारी वैध लाइसेंस के बिना भर्ती एजेंट (आरए) के रूप में कार्य नहीं कर सकता है। भर्ती एजेंट के अनिवार्य पंजीकरण का उद्देश्य विदेश में रोजगार के लिए जाने वाले संभावित भारतीय प्रवासियों के साथ होने वाली धोखाधड़ी और शोषण को कम करना है। ईसीआर पासपोर्ट धारकों के लिए 18 अधिसूचित उत्प्रवासन जांच अपेक्षित (ईसीआर) देशों में से किसी देश में रोजगार के लिए जाने पर उत्प्रवासी संरक्षक (पीओई) के कार्यालय से उत्प्रवास मंजूरी (ईसी) प्राप्त करना भी अनिवार्य है।

जब भी विभिन्न माध्यमों से भारतीय युवाओं को अवैध भर्ती प्रस्तावों में फंसाने वाले फर्जी एजेंटों/संदिग्ध फर्मों के खिलाफ शिकायतें प्राप्त होती हैं, तो ऐसे मामलों को भारतीय न्याय संहिता (बीएनएस) और कतिपय राज्य सरकारों द्वारा अधिनियमित कानूनों सहित अन्य मौजूदा विधानों के संगत कानूनी प्रावधानों के तहत जांच और अभियोजन के लिए राज्य पुलिस को भेजा जाता है। साइबर क्षेत्र में, भारतीय साइबर अपराध समन्वय केंद्र (आई4सी), गृह मंत्रालय और राज्य पुलिस प्राधिकारियों के सहयोग से अवैध भर्ती एजेंटों के खिलाफ भी कार्रवाई की जाती है। समग्र भारत से अवैध भर्ती एजेंटों के सोशल मीडिया पोस्ट हटाने के अनुरोध नियमित रूप से आई4सी के साथ साझा किए जाते हैं।

मंत्रालय ई-माइग्रेट पोर्टल, सोशल मीडिया हैंडल और प्रचार के अन्य तरीकों के माध्यम से फर्जी नौकरी प्रस्तावों के खतरों और उन्हें रोकने के तरीकों के बारे में भी परामर्शी जारी करता है। अक्टूबर 2024 तक देश में कुल 3,094 अपंजीकृत एजेंटों को ई-माइग्रेट पोर्टल पर अधिसूचित किया गया है। मंत्रालय द्वारा पूरे देश में समय-समय पर मीडिया समूहों, पुलिस अधिकारियों और कानून प्रवर्तन एजेंसियों, स्थानीय प्रशासन, इच्छुक भर्ती एजेंटों, उद्यमियों और आम जनता के लिए कार्यशालाओं, प्रशिक्षणों, सूचना सत्रों डिजिटल अभियानों के आयोजन द्वारा ई-माइग्रेट पोर्टल के माध्यम से सुरक्षित और वैध प्रवासन के संबंध में जागरूकता अभियान चलाया जाता है। इन सत्रों के दौरान प्रवासन संबंधी विनियमों, प्रवासियों के लिए लाभकारी योजनाओं, जैसे प्रवासी भारतीय बीमा योजना (पीबीबीवाई),

प्रस्थान-पूर्व अभिविन्यास प्रशिक्षण (पीडीओटी), ई-माइग्रेट पोर्टल और भारतीय दूतावासों द्वारा जारी विभिन्न परामर्शियों के बारे में सभी हितधारकों को जागरूक किया जाता है, जिसमें नौकरी के इच्छुक व्यक्ति भी शामिल होते हैं, तथा उन्हें किसी भी तरह के रोजगार प्रस्ताव को स्वीकार करने से पहले भर्ती एजेंटों के सभी पूर्ववृत्तों को सत्यापित करने और फर्जी नौकरी प्रस्तावों के बहकावे में न आने और उनके जाल में न फंसने की सलाह दी जाती है।

FAST TRACK COURTS IN KERALA

4359. SHRI RAJMOHAN UNNITHAN:

Will the Minister of **LAW AND JUSTICE** be pleased to state:

- (a) the details of Fast Track Courts scheme, including its implementation in Kerala, district-wise;
- (b) the number of cases disposed of, along with the measures, if any, taken to address challenges faced in its effective functioning; and
- (c) the steps being taken to enhance the effectiveness of Fast Track Courts, particularly in Kerala, in addressing pendency of cases related to sexual offense?

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS
(SHRI ARJUN RAM MEGHWAL):**

- (a) to (c): Establishment of subordinate courts including Fast Track Courts (FTCs) for providing speedy justice in the country lies within the domain of the State/UT Governments who set up such courts as per their need and resources, in consultation with their respective High Courts. The 14th Finance Commission had recommended for setting up of 1800 Fast Track Courts (FTCs) during 2015-2020 for speedy trial of specific cases of heinous nature,

civil cases related to women, children, senior citizens, disabled persons, persons infected with terminal ailments etc. and property related cases pending for more than 5 years. The Finance Commission had further urged the State Governments to utilize enhanced fiscal space available through tax devolution for this purpose. The Union Government has requested the State Governments to allocate funds for the setting up of FTCs, from the financial year 2015-16 onward. As per information made available by the High Courts, 863 FTCs are functional in the country as on 31.10.2024. However, **no FTC is functional in the State of Kerala.** The State/UT-wise details of functional Fast Track Courts, are given in the enclosed **Statement-I.**

Further, pursuant to the Criminal Law (Amendment) Act, 2018 and the order of Hon'ble Supreme Court [Suo Motu Writ (Criminal) No. 1/2019], the Central Government is implementing a Centrally Sponsored Scheme for setting up Fast Track Special Courts (FTSCs) including exclusive POCSO (e-POCSO) since October, 2019 for expeditious trial and disposal of pending cases pertaining to Rape and Protection of Children from Sexual Offences (POCSO) Act in a time-bound manner. The scheme was initially for one year, which was extended up to March, 2023. The Union Cabinet further approved the extension of the Scheme for another three years, from 01.04.2023 to 31.03.2026, at an outlay of Rs.1952.23 cr. including Rs.1207.24 cr. as Central Share to be incurred from Nirbhaya Fund. As per the data submitted by the High Courts, 750 FTSCs including 408 exclusive POCSO (e-POCSO) courts are functional in 30 States/UTs, as on 31.10.2024. These courts have disposed of more than

2,87,000 cases since the inception of the Scheme while more than 2,03,000 cases are pending. The State/UT-wise details of functional Fast Track Special Courts (FTSCs) along with the cumulative disposal, are given in the enclosed **Statement-II**.

In the State of Kerala, **55 FTSCs**, including **14 exclusive POCSO courts**, are functional. The district-wise list of these 55 functional FTSCs are given at the enclosed **Statement-III**. These courts have disposed of over **22,000 cases** since the inception of the Scheme, while **6,635 cases** remain pending.

For efficient implementation of the Scheme, the Department of Justice conducts regular review meetings through Video Conferencing with the nodal officers of the State/UT Governments and their respective High Courts. To ensure effective monitoring, a dashboard has been created by the Department to gather detailed information and track the performance of the FTSCs, through the High Courts.

STATEMENT-I

State/UT-wise details of functional Fast Track Courts (As on 31.10.2024)

Sl. No.	Name of States/UTs	Number of Functional FTCs
1	Andhra Pradesh	21
2	Andaman and Nicobar Island	0
3	Arunachal Pradesh	0
4	Assam	15
5	Bihar	0
6	Chandigarh	0

7	Chhattisgarh	27
8	Dadra and Nagar Haveli and Diu and Daman	0
9	Delhi	26
10	Goa	4
11	Gujarat	54
12	Haryana	6
13	Himachal Pradesh	3
14	Jammu and Kashmir	8
15	Jharkhand	41
16	Karnataka	0
17	Kerala	0
18	Ladakh	0
19	Lakshadweep	0
20	Madhya Pradesh	0
21	Maharashtra	101
22	Manipur	6
23	Meghalaya	0
24	Mizoram	2
25	Nagaland	0
26	Odisha	0
27	Puducherry	0
28	Punjab	7
29	Rajasthan	0
30	Sikkim	2
31	Tamil Nadu	72
32	Telangana	0
33	Tripura	3
34	Uttar Pradesh	373
35	Uttarakhand	4
36	West Bengal	88
	TOTAL	863

STATEMENT-II**State/UT-wise details of Fast Track Special Courts including exclusive POC SO Courts (As on 31.10.2024)**

Sl.No.	State/UT	Functional Courts		Cumulative Disposal since the inception of the Scheme		
		FTSCs including exclusive POC SO	Exclusive POC SO	FTSCs	Exclusive POC SO	Total
1	Andhra Pradesh	16	16	0	5839	5839
2	Assam	17	17	0	7076	7076
3	Bihar	46	46	0	13762	13762
4	Chandigarh	1	0	300	0	300
5	Chhattisgarh	15	11	1070	4455	5525
6	Delhi	16	11	634	1563	2197
7	Goa	1	0	49	34	83
8	Gujarat	35	24	2706	11153	13859
9	Haryana	16	12	1743	5189	6932
10	Himachal Pradesh	6	3	519	745	1264
11	JandK	4	2	108	134	242
12	Jharkhand	22	16	2483	5293	7776
13	Karnataka	31	17	4466	7406	11872
14	Kerala	55	14	15292	6916	22208
15	Madhya Pradesh	67	57	4260	24388	28648
16	Maharashtra	8	4	8604	11957	20561
17	Manipur	2	0	167	0	167
18	Meghalaya	5	5	0	623	623
19	Mizoram	3	1	171	66	237
20	Nagaland	1	0	64	3	67
21	Odisha	44	23	5897	10905	16802
22	Puducherry*	1	1	0	107	107
23	Punjab	12	3	2298	2191	4489
24	Rajasthan	45	30	5014	11497	16511
25	Tamil Nadu	14	14	0	8534	8534
26	Telangana	36	0	7118	2731	9849
27	Tripura	3	1	223	196	419
28	Uttarakhand	4	0	1747	0	1747
29	Uttar Pradesh	218	74	38428	40813	79241
30	West Bengal	6	6	0	193	193
31	AandN**	-	-	-	-	-
32	Arunachal Pradesh***	-	-	-	-	-

	TOTAL	750	408	103361	183769	287130
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Note: At the inception of the Scheme, the allocation of FTSCs across the country was based on a criterion of 65 to 165 pending cases per court, meaning one FTSC would be established for every 65 to 165 pending cases. Based on that, only 31 States/UTs were eligible to join the Scheme.

* Puducherry specially requested to join the Scheme and has since operationalized one exclusive POCSO Court in May 2023.

** AandN islands has consented to join the Scheme, but is yet to operationalise any court.

*** Arunachal Pradesh has opted out of the Scheme citing a very low number of pending cases of Rape and POCSO Act.

STATEMENT-III

District wise list of Fast Track Special Courts including exclusive POCSO (ePOCSO) Courts in the State of Kerala(As on 31.10.2024)

Sl.No.	Judicial District	Name of the Court
1.	Thiruvananthapuram	Fast Track Special Court, Thiruvananthapuram**
2.		Fast Track Special Court, Neyyattinkara
3.		Fast Track Special Court, Nedumangad
4.		Fast Track Special Court, Attingal
5.		Fast Track Special Court, Varkala
6.		Fast Track Special Court, Kattakkada
7.		Fast Track Special Court-II, Neyyattinkara
8.	Kollam	Fast Track Special Court, Punalur**
9.		Fast Track Special Court, Karunagappally
10.		Fast Track Special Court, Kollam
11.		Fast Track Special Court, Kottarakkara
12.	Pathanamthitta	Fast Track Special Court, Pathanamthitta**
13.		Fast Track Special Court, Adoor
14.	Alappuzha	Fast Track Special Court, Haripad**
15.		Fast Track Special Court, Cherthala
16.		Fast Track Special Court, Chengannur
17.	Kottayam	Fast Track Special Court, Kottayam**

Sl.No.	Judicial District	Name of the Court
18.		Fast Track Special Court, Changanacherry
19.		Fast Track Special Court, Erattupetta
20.	Thodupuzha	Fast Track Special Court, Idukki at Painavu
21.		Fast Track Special Court, Kattappana**
22.		Fast Track Special Court, Devikulam
23.	Ernakulam	Fast Track Special Court, Perumbavoor**
24.		Fast Track Special Court, Aluva
25.		Fast Track Special Court, North Paravur
26.	Thrissur	Fast Track Special Court, Kunnamkulam
27.		Fast Track Special Court, Thrissur**
28.		Fast Track Special Court, Irinjalakuda
29.		Fast Track Special Court-II, Thrissur
30.		Fast Track Special Court, Chalakudy
31.		Fast Track Special Court, Chavakkad
32.		Fast Track Special Court, Kodungallur
33.		Fast Track Special Court, Wadakkanchery
34.	Palakkad	Fast Track Special Court, Palakkad**
35.		Fast Track Special Court, Pattambi
36.		Fast Track Special Court, Alathur
37.	Manjeri	Fast Track Special Court, Perinthalmanna
38.		Fast Track Special Court, Tirur
39.		Fast Track Special Court, Manjeri**
40.		Fast Track Special Court-II, Manjeri
41.		Fast Track Special Court-II, Perinthalmanna
42.		Fast Track Special Court, Ponnani
43.		Fast Track Special Court, Parappanangadi
44.		Fast Track Special Court, Nilambur
45.	Kozhikode	Fast Track Special Court, Kozhikode**
46.		Fast Track Special Court, Koyilandy
47.		Fast Track Special Court, Nadapuram
48.	Kalpetta	Fast Track Special Court, Kalpetta**
49.		Fast Track Special Court, Sulthan Bathery

Sl.No.	Judicial District	Name of the Court
50.	Thalassery	Fast Track Special Court, Thalassery**
51.		Fast Track Special Court, Taliparamba
52.		Fast Track Special Court, Kannur
53.		Fast Track Special Court, Mattanur
54.	Kasaragod	Fast Track Special Court, Hosdurg**
55.		Fast Track Special Court, Kasaragod

*** Notified as ePOCSO Court by Govt. of Kerala vide G.O.(Ms.) No.*

203/2021/Home, dated 22.11.2021.

SHORTAGE OF HOSPITAL BEDS

4360. ADV. CHANDRA SHEKHAR:

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

- (a) whether it is a fact that the National Health Policy 2017 recommends a minimum of at least two hospital beds per 1000 people in the country whereas the current availability stands at approximately 0.6 beds per 1000 people;
- (b) if so, the reasons therefor;
- (c) whether specific data/assessments have been conducted to identify the regions most affected by this critical deficiency in healthcare infrastructure;
- (d) if so, the details thereof; and
- (e) the concrete measures being implemented to rectify this shortage of hospital beds, particularly in rural and underserved areas where the need is most acute?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (e): National Health Policy 2017 recommends availability of 2 beds per 1000 population. However, the number of beds in public health facilities are guided by the population norms mentioned in the Indian Public Health Standards (IPHS) laid down by the Government of India.

Indian Public Health Standards (IPHS 2022) recommend provision of minimum of 1 bed per 1000 population and 2 per 1000 as desirable. As per IPHS norms, Primary Health Centre (PHC) with 6 indoor/ observation beds is to be established to cover 20,000 to 30,000 population, Community Health Centres (CHC) with 30 beds to cover population of 80,000-1,20,000, Sub-District Hospitals with 31-100 beds to cover population of 1,00,000 - 5,00,000 and District Hospital with 101-500 beds to cover population upto 30,00,000.

Health Dynamics of India (HDI) (Infrastructure and Human Resources), formerly known as Rural Health Statistics, based on Health care administrative data reported by States/UTs states that there were 8,18,661 beds at PHC, CHC, Sub District Hospital, District Hospital and Medical Colleges in India as on 31.03.2023.

It is primary responsibility of the State/Union Territories(UTs) to make efforts for increasing bed strength in the hospitals under their jurisdiction in accordance with requirement and fund availability. However, the Central Government provides assistance to the State Governments in their efforts to provide better health care facilities to people through various schemes. The details of the schemes are as under:

- **National Health Mission (NHM):** The Ministry of Health and Family Welfare

provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms and available resources.

- **PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM):** Under the Central Sponsored Scheme (CSS) components of the scheme, support for 100 and 50-bedded Critical Care Hospital Blocks (CCBs) at district hospitals or medical colleges for an amount of Rs.11614.71 Crore have been accorded to States/UTs for FY 2021-22 to 2024-25 for setting up of 395 CCBs. Under Central Sector component of PM-ABHIM, 150 bedded Critical Care Blocks are envisaged to be established in 12 AIIMS and Institute of National Importance (INIs).
- **India COVID-19 Emergency Response and Health System Preparedness Package II (ECRP-II):** The Cabinet has also approved the scheme, “India Covind-19 Emergency Response and Health Systems Preparedness Package-II” (ECRP-II) on 08th July 2021 for an amount of Rs.23,123 crore for the F.Y. 2021-22. Under ECRP-II to respond to the bed availability during Covid-19 pandemic, the following sanctions were given to the States/UTs to improve bed availability in Public Sector Hospitals including Medical Colleges. The details are as under:

- Total 37,834 ICU beds inclusive of 9,873 Pediatric ICU Beds, 7,008 Pediatric High Dependency Unit (HDU) Beds, 20,953 Adult ICU Beds in Medical Colleges, District Hospitals and Sub-Divisional Hospitals.
 - Additional 124,859 beds at the existing CHCs, PHCs and Sub Health Centres (6-20 bedded units); 19,337 Oxygen supported Pediatric beds; Field hospitals (50-100 bedded units) with 20,102 Beds.
 - 26 Critical Care Blocks (CCBs) (50 bedded) in Hilly States in the Hilly and North Eastern State/UTs.
- **15th Finance Commission (FC-XV):** The Fifteenth Finance Commission (FC-XV) has recommended grants through local governments for specific components of the health sector to the tune of Rs.70,051 crore and the same have been accepted by the Union Government. These grants for health through Local Governments will be spread over the five-year period from FY 2021-2022 to FY 2025-26 and will facilitate strengthening of health system at the grass-root level.
 - **The Pradhan Mantri Swasthya Suraksha Yojna (PMSSY):** It aims at correcting regional imbalances in the availability of affordable tertiary healthcare services and to augment facilities for quality medical education in the country. The scheme has two components, namely, (i) Setting up of All India Institute of Medical Sciences (AIIMS); and (ii) Up-gradation of existing Government Medical Colleges/Institutions (GMCIs). So far setting up of 22 New AIIMS and 75 projects of upgradation of GMCIs have been approved under the scheme in various phases.

- Under Centrally Sponsored Scheme for 'Establishment of new Medical Colleges attached with existing district/referral hospitals', a total of **157 Medical Colleges** have been approved in the country.

These measures has improved the overall Public Health infrastructure in the country, including the number of beds for accessible and affordable quality healthcare.

BIOMEDICAL INNOVATIONS

4361. SHRI HAMDULLAH SAYEED:

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

- (a) whether the Government through the Indian Council for Medical Research (ICMR) has launched the First in the World Challenge to promote pioneering biomedical innovations in the country and if so, the details thereof;
- (b) the specific objectives of this initiative including the focus on breakthrough technologies and other interventions;
- (c) whether such initiative includes criteria to avoid funding incremental innovations instead of prioritizing transformative research proposals; and
- (d) if so, the process by which research proposals will be selected and the role of Selection Committee in evaluating high risk, high reward projects?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

- (a) to (d): Indian Council of Medical Research (ICMR) has informed that it has launched the "First in the World Challenge" to promote groundbreaking

biomedical innovations in the country. This initiative is designed to identify and fund novel, high-impact research ideas that have the potential to achieve unprecedented advancements in health sciences.

The "First in the World Challenge" aims to inspire and support researchers to conceptualize and develop pioneering solutions for complex health challenges.

The specific objectives include:

1. Encouraging futuristic and transformative ideas to generate new knowledge and breakthrough health technologies.
2. Supporting the discovery and development of novel vaccines, diagnostics, drugs, therapeutics, and interventions with global relevance and wide-ranging impact.
3. Avoiding incremental innovations by funding projects with bold, high-risk ideas that hold the potential for revolutionary outcomes.
4. Establishing India as a global leader in biomedical science through "first-of-its-kind" achievements.

This initiative is inherently high risk, high reward-accepting the uncertainty of outcomes for the possibility of significant, groundbreaking success.

Only projects that demonstrate novelty and originality, and the potential to achieve "never-before" outcomes in health sciences, qualify. A Selection Committee, comprising eminent scientists, innovators, policymakers, and domain experts, is mandated to evaluate the proposals, assessing the feasibility, transformative potential, and risk-reward ratio of each submission as per the programme norms.

The evaluation is done as per the programme norms available on ICMR website

[https://epms.icmr.org.in/extramuralstaticweb/callforproposal/FIW_30102024V2.p
df](https://epms.icmr.org.in/extramuralstaticweb/callforproposal/FIW_30102024V2.pdf)

COASTAL ECONOMIC ZONES

4362. SHRI MADDILA GURUMOORTHY:

Will the Minister of **PORTS, SHIPPING AND WATERWAYS** be pleased to state:

- (a) the status of the Coastal Economic Zones (CEZs) identified under “Sagarmala” Programme; and
- (b) the total amount of FDI inflow to develop CEZs during the last three years, project-wise and year-wise?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI SARBANANDA SONOWAL):

(a) and (b) Under the National Perspective Plan of the Sagarmala Programme, fourteen Coastal Economic Zones (CEZ) were envisaged primarily for Port-Led Industrialization. In order to meet the objectives of Port-Led Industrialization, more than 8000 acres land in the Major Ports have already been used for Industrialization which includes 277 hectares multi-sector Special Economic Zones developed at Jawaharlal Nehru Port and Smart Industrial Port City which is being developed at Paradip Port spanning over 700 Acres of land. Other ports including New Mangalore Port, Vishakhapatnam Port, Cochin Port, Syama Prasad Mookerjee Port and V.O. Chidambaranar Port have also allotted land for industrialisation.

Further, National Industrial Corridor Development and Implementation Trust (NICDIT) under the administrative control of Department for Promotion of Industry and Internal Trade (DPIIT) in partnership with respective State Govt(s) has planned to develop various industrial corridor projects as part of National Industrial Corridor Programme which is aimed at development of green field industrial region/ nodes in India. Government of India has accorded approval for development of 11 corridors (32 projects) in Four Phases as part of National Master Plan for providing multimodal connectivity to economic zones.

ACUTE ENCEPHALITIS SYNDROME IN CHILDREN

4363. SHRIMATI ANITA SUBHADARSHINI:

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

- (a) the number of children affected by Acute Encephalitis Syndrome (AEC) in the country in the recent month;
- (b) if so, the number of deaths, State-wise;
- (c) whether the Government has constituted an expert committee to find out the reasons for the spread of AEC; and
- (d) the roadmap of the Government to tackle this disease in future?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PRATAPRAO GANPATRAO JADHAV):

- (a) and (b) Presumptive cases of Acute Encephalitis Syndrome (AES) are being reported in the country to the Integrated Disease Surveillance Programn (IDSP) through P (Presumptive) form and as per the P form in year 2024 the number of

children, aged 0-15, affected by AES is 5407. The State/UT wise number of deaths of children aged 0-15 years is given in the enclosed **Statement-I**.

(c) A National Joint Outbreak Response Team (NJORT) has been established to assist the State/UT Government for undertaking public health measures and for detailed epidemiological investigation into the outbreak. Experts from IDSP, National Centre for Disease Control (NCDC), Indian Council of Medical Research (ICMR) and National Institute of Virology (NIV) Pune are part of the NJORT.

(d) Steps taken by Government to prevent the AES outbreak is given in the enclosed **STATEMENT II**.

STATEMENT-I

States/UTs wise Acute Encephalitis Syndrome based on Presumptive Cases and Deaths-2024*-IHIP Portal		
s.no	States/UTs	Deaths of Children aged 0-15 years
1	Andaman and Nicobar Islands	0
2	Andhra Pradesh	0
3	Arunachal Pradesh	0
4	Assam	60
5	Bihar	0
6	Chandigarh	0
7	Chhattisgarh	0
8	Delhi	0
9	Goa	0
10	Gujarat	11
11	Haryana	0
12	Himachal Pradesh	0

13	Jammu And Kashmir	4
14	Jharkhand	0
15	Karnataka	1
16	Kerala	2
17	Ladakh	0
18	Lakshadweep	0
19	Madhya Pradesh	1
20	Maharashtra	0
21	Manipur	0
22	Meghalaya	1
23	Mizoram	0
24	Nagaland	0
25	Odisha	0
26	Puducherry	0
27	Punjab	0
28	Rajasthan	0
29	Sikkim	1
30	Tamil Nadu	1
31	Telangana	
32	The Dadra And Nagar Haveli And Daman And Diu	0
33	Tripura	3
34	Uttarakhand	0
35	Uttar Pradesh	0
36	West Bengal	0
Grand Total		85
*Data as one 15/12/2024 from IHIP Portal as on 16-12-2024 time: 4 PM		

STATEMENT-II

Steps taken by Government to prevent the AES outbreak is as follows -

- Surveillance systems in India and neighboring regions are crucial for early detection and response. Under the MoHFW, IDSP is mandated with the surveillance of and response to outbreak prone communicable diseases in the country. IDSP is implemented in all 36 States/UTs. The program is responsible for the surveillance of 40 plus epidemic prone diseases and responding to outbreaks due to these. IDSP plays a crucial role in prompt response and surveillance of emerging and re-emerging disease in the country.
- National Joint Outbreak Response Team (NJORT) has been established to assist the States/UTs to undertake public health measures and for detailed epidemiological investigation into the outbreak.
- Health rapid response teams and Accredited Social Health Activists (ASHA) and Auxiliary Nurse and Midwives (ANM) have been trained to conduct active surveillance for early identification of cases.
- Information Education and Communication (IEC) activities for awareness to prevent and control the spread of disease. If required, House-to-House Interpersonal Communication for direct communication with households to spread awareness and educate them about preventive measures.

- A joint advisory has been issued by National Centre for Disease Control (NCDC) and National Centre for Vector Borne Diseases Control (NCVBDC). The purpose of the advisory to ensure proper vector control measures are taken by State Governments. Along with that it provides guidance to the States for ensuring timely referral of suspected AES cases to designated facilities for improving the health outcomes. It also aims to create awareness among the community regarding prevention measures.
- Public Health Emergency Operation Centre (PHEOC) gets activated to coordinate the activities of the NJORT and provide requisite support to the field teams.

DISTRIBUTION OF SAPLINGS OF MEDICINAL PLANTS

4364. DR. ALOK KUMAR SUMAN:

Will the Minister of **AYUSH** be pleased to state:

- (a) whether it is true that the Government has distributed nearly one crore medicinal plants saplings for the sustainable management of medicinal plants.
- (b) if so, the details thereof including the number and varieties of the medicinal plant saplings distributed in Bihar and Odisha;
- (c) the details of the financial assistance provided to Bihar and Odisha under the Central Sector Scheme for nurturing and growing these medicinal plants;

- (d) whether any assessment has been made regarding the percentage of survival of such saplings; and
- (e) if so, the details thereof, State/UT-wise especially in Bihar and Odisha?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO GANPATRAO JADHAV):**

(a) and (b) Yes, Sir. The National Medicinal Plants Board (NMPB), Ministry of Ayush, Government of India has organised Azadi Ka Amrit Mahotsav (AKAM) Campaign to promote the medicinal plant sector in country. Under the AKAM, NMPB, Ministry of Ayush supported “Ayush Aapke Dwar” activity to create awareness on medicinal plants during the period of one year from 30th August, 2021 onwards.

Under ‘Ayush Aapke Dwar’ campaign, NMPB, Ministry of Ayush through Regional-Cum-Facilitation Centres (RCFCs) / State Medicinal Plants Board (SMPB) had distributed nearly **9785630** saplings of medicinal plants species viz. *Withania somnifera*, *Andrographis paniculata*, *Asparagus racemosus*, *Phyllanthus emblica*, *Ocimum tenuiflorum*, *Tinospora cordifolia*, *Aloe vera* etc. among students, households and general public throughout country including state of Bihar and Odisha. The state-wise details of number and different species of medicinal plants saplings distributed including Bihar and Odisha is given in the enclosed **Statement**.

(c) No specific financial assistance has been provided for AKAM campaign to Bihar and Odisha under the Central Sector Scheme. The saplings of medicinal

plants has been distributed from the existing QPM/ Nursery resources of SMPB and RCFC (Eastern Region).

(d) No Sir, the campaign was launched specifically for promoting awareness about the medicinal plants.

(e) Does not arise.

STATEMENT

State/UTs wise distribution of medicinal plant saplings under Ayush Aapke Dwar			
S.N	State	No. of Medicinal Plants saplings distributed	Name of Medicinal Plants
1	Andaman and Nicobar	65	Tulsi, Ajwain, Kalmegh, Lemon grass, Ghritkumari
2	Assam	2850	Giloe, Arjuna, Baheda, Vach, etc.
3	Arunanchal Pradesh	1141	Satavar, Adhatoda, Curry Patta, Tulsi, Amla, Giloe etc.
4	Andhra Pradesh	1322884	Ashoka, Brahmi, Raktchandani, Madukpani, Henna, lemon grass etc.
5	Bihar	552200	Giloe, Tulsi, BhuiAmla, Coleus, Neem, Brahmi, Vach, Sarpagandha, Sahjan, Satavari and Ghritkumari etc.
6	Chhattisgarh	2137045	Giloe, Stevia, Satavar, Kalmegh, Ashwagandha, Ghritkumari, Gudmar, Tulsi, Brahmi, Pipli, Bel, Amla
7	Chandigarh	330	Lemon grass, Aloe, Giloe, Brahmi, Shatavari etc.
8	New Delhi	3486720	Giloe, Ashwagandha and Tulsi.
9	Goa	7570	Amla, Tejapatta, Stevia, Garcinia, Raktchandani, Moringa
10	Gujarat	561489	Giloe, Tulsi, Ashwagandha , BhuiAmla, Ghritkumari, Guggulu etc.
11	Himachal Pradesh	240360	Giloe, Ashwagandha, Jamun, Harsingar
12	Haryana	800	Giloe, Tulsi, Ashwagandha , BhuiAmla, Ghritkumari
13	Jammu and Kashmir	725	Giloe, Ashwagandha

14	Jharkhand	400	Tulsi, Cardamom, Pipali etc.
15	Puducherry	2500	Pipali, Nergundi, Adarak, Vasak, Tulsi etc.
16	Punjab	354247	Ashwagandha, Giloe, lemon grass, Ghritkumari, Nirgundi, Shatavari etc.
17	Kerala	17964	Tulsi, Cardamom, Pipali, Brahmi, Ashoka, Curry Patta, Neem, Nirgundi, etc.
18	Karnataka	8203	Neem, Bahunia, Ashoka, Gmelina etc.
19	Madhya Pradesh	81631	Giloe, Guggulu, Satavar , Ashwagandha etc.
20	Maharashtra	66691	Giloe, Amla, Arjuna, Harad
21	Meghalaya	3000	Madukparni, Zanthoxylum, Gaultheria, Lodhra etc.
22	Manipur	50000	Giloe, Amla, Arjuna, Harad
23	Mizoram	10120	Satavar, Amla, Herb Paris etc.
24	Odisha	659400	Tulsi, Ashwagandha, Giloe, Gurmar, Kalmegh, khas-khas, Sarpagandha and Amla etc.
25	Rajasthan	57772	Guggulu, Amla, Bael
26	Sikkim	54000	Giloe, Amla, Ghritkumari, Harad, Baheda, Curry Patta, Reetha, Syonak etc.
27	Tamil Nadu	40346	Ashoka, Nux vomica, Bael etc.
28	West Bengal	7680	Tejpata, Stevia, Ashoka, Giloe, Tulsi etc.
29	Uttarakhand	47236	Kutki, Badhi Elaichi, Lemon grass, Tejpatta etc.
30	Uttar Pradesh	10261	Giloe, Ashwagandha, Jamun, Harsingar etc.
Total saplings distributed		9785630	

DOMESTIC PRODUCTION OF GENERIC MEDICINES

4365. SHRI G. SELVAM:

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state:

(a) the details on the current production levels of generic medicines in the country;

- (b) the percentage of the total pharmaceutical market in the country is comprised of generic medicines, and manner in which the Government plan to increase this percentage to improve affordability;
- (c) the incentives or schemes that are in place to support the establishment and growth of manufacturing units dedicated to producing generic medicines;
- (d) the data on the estimated savings to patients as a result of increased generic medicine usage, particularly for chronic diseases; and
- (e) the percentage of domestically produced generic medicines is exported, and the manner in which the Government balances domestic demand with export opportunities?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a) to (e): India's pharmaceutical market for FY 2023-24 is valued at USD 50 billion with domestic consumption valued at USD 23.5 billion and export valued at USD 26.5 billion. India's pharma industry is considered to be the world's third largest by volume and 14th in terms of value of production. With an extremely diversified product base covering generic drugs, bulk drugs, over-the-counter drugs, vaccines, biosimilars, and biologics, the Indian pharmaceutical industry has a strong presence at the global level. According to National Accounts Statistics 2024, published by the Ministry of Statistics and Programme Implementation, total output for industry i.e. Pharmaceuticals, medicinal and botanical products is Rs.

4,56,246 crores for FY 2022-23 at constant prices, of which value added is Rs. 1,75,583 crores. The production level of generic medicines is not available separately.

The Government launched Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) with an objective of making quality generic medicines available at affordable prices to all. Under this scheme, dedicated outlets known as Jan Aushadhi Kendras (JAKs) are opened across the country to provide medicines at 50%-80% cheaper rates than branded medicines. A total of 14,320 JAKs have been opened across the country till 30.11.2024. Under PMBJP, 2047 medicines and 300 surgicals/devices are part of the product basket, covering all major therapeutic groups such as cardiovascular drugs, anti-cancers, anti-diabetics, anti-infectives, anti-allergic, gastro-intestinal medicines, nutraceuticals, etc. It is estimated that on a daily basis 10-12 lakhs consumers buy medicines from more than 14300 Jan Aushadhi Kendras spread across the country. In last 10 years, sales of medicines worth Rs. 6,462 crore have been made through JAKs. This has led to estimated savings of Rs. 30,000 crore for citizens, compared with spending on branded medicines.

Also, Government of India has taken several measures to encourage domestic manufacturing in Pharmaceutical Sector to reduce import dependence, boost domestic manufacturing and attract large investments. The Production Linked Incentive (PLI) scheme for Pharmaceuticals has been launched in FY 2020-21, with a financial outlay of Rs. 15,000 crores and the production tenure from FY 2022- 2023 to FY 2027-28, provides for financial incentive to 55 selected

applicants for manufacturing of identified products under three categories for a period of six years. Under this scheme, apart from patented drugs, biopharmaceuticals, bulk drugs, In Vitro Diagnostic (IVD) devices and excipients (used in production of medicines), generic medicines of various categories such as - complex generics, auto immune drugs, anti-cancer drugs, anti-diabetic drugs, anti-infective drugs, cardiovascular drugs, psychotropic drugs and anti-retroviral drugs are produced and incentivised under the scheme.

National Pharmaceutical Pricing Authority (NPPA) is an attached office of the Department of Pharmaceuticals and is entrusted to implement and enforce the provisions of the Drugs Price Control Order (DPCO), 2013, in accordance with the powers delegated to it. NPPA is entrusted with the function of monitoring the availability of drugs in the country, identify shortages, if any, and to take remedial steps, in accordance with the provisions of the Drugs (Prices Control) Order, 2013.

VIOLENCE AGAINST HINDUS IN BANGLADESH

4366. SHRI ARVIND DHARMAPURI:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state :-

- (a) the total number of cases of violence against Hindus and other minorities reported in neighboring countries during the last three years, country-wise and year-wise;
- (b) the steps taken/proposed to be taken by the Ministry to protect minorities, including diplomatic interventions and relief measures; and

(c) the details of the data of long-term strategies developed by the Government to ensure the safety and rights of minorities in neighboring countries alongwith the actions taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) As per available data from minority/ human rights organisations, the number of cases of violence against Hindus and other minorities are as follows:

Year	Bangladesh	Pakistan
2022	47	241
2023	302	103
2024	2200 (till December 8, 2024)	112 (till October, 2024)

Cases of violence against Hindus and other minorities in other neighboring countries (except Pakistan and Bangladesh) - NIL

(b) Government has taken serious note of these incidents and shared its concerns with the Government of Bangladesh. India's expectation is that the Government of Bangladesh will take all necessary measures to ensure safety and welfare of Hindus and other minorities. The same has also been reiterated during the visit of the Foreign Secretary to Bangladesh on December 9, 2024. The High Commission of India in Dhaka continues to monitor the situation related to the minorities in Bangladesh closely.

Government of India raises the issue of violence against the minority communities through diplomatic channels and has urged the Government of Pakistan to take

steps to prevent religious intolerance, sectarian violence, systemic persecution and attacks on minority communities and ensure their safety, security, and well-being. India continues to highlight the plight of minorities in Pakistan at appropriate international fora.

(c) The primary responsibility for the protection of life and liberty of all citizens, including minorities, rests with the Government of the country concerned.

आयुष अस्पतालों की सेवाएं

4367. डॉ. प्रशांत यादवराव पडोले:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार द्वारा सम्पूर्ण देश में आयुष अस्पतालों की सेवाएं उपलब्ध कराने के लिए कोई योजना बनाई गई है/बनाने का विचार है;
- (ख) यदि हां, तो तत्संबंधी राज्य/संघ राज्यक्षेत्रवार, विशेषकर महाराष्ट्र में, ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;
- (ग) क्या सरकार को जन प्रतिनिधियों की ओर से देश के प्रत्येक जिले में आयुष औषधालय अथवा अस्पताल स्थापित करने हेतु कोई प्रस्ताव, अनुरोध अथवा अभ्यावेदन प्राप्त हुआ है; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

- (क) और (ख): राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, राज्यों/संघ राज्य क्षेत्रों को 10/30/50 बिस्तरों वाले एकीकृत आयुष अस्पतालों (आईएच) की स्थापना के लिए वित्तीय सहायता का प्रावधान है।

राज्य वार्षिक कार्य योजनाओं के माध्यम से महाराष्ट्र सहित राज्य/संघ राज्य क्षेत्र की सरकारों से प्राप्त प्रस्तावों के अनुसार, आईएच की 167 इकाइयों को अनुमोदित किया गया है। अनुमोदित आईएच का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा संलग्न **विवरण** में दिया गया है।

(ग) और (घ): जी हां, मंत्रालय को आयुष औषधालय या अस्पताल की स्थापना सहित विभिन्न गतिविधियों का समर्थन करने के लिए जन प्रतिनिधियों सहित विभिन्न क्षेत्रों से कई अनुरोध और अभ्यावेदन प्राप्त हुए हैं जिनकी विधिवत जांच की गई है और उचित तरीके से निपटारा किया गया है।

विवरण

अनुमोदित एकीकृत आयुष अस्पतालों (आईएच) का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा

क्र. सं.	राज्य/संघ राज्य क्षेत्र	स्थान (जिला)	बिस्तरों की संख्या
1	अंदमान एवं निकोबार द्वीप	पोर्ट ब्लेयर (दक्षिण अंदमान)	50
2	आंध्र प्रदेश	काकीनाडा	50
		विशाखापत्तनम	50
3	अरुणाचल प्रदेश	यिंगकिओंग (अपर सियांग)	10
		सेप्पा (पूर्वी कामेंग)	10
		जीरो (लोअर सुबनसिरी)	10
		भालुकपोंग (पश्चिमी कामेंग)	50
		लिकाबाली (लोअर सियांग)	50
4	असम	गोलपाड़ा	50
		माजुली	50
		कोकराझार	50
		बक्सा	50
		मोरीगांव	50
		कलियाबोर (नगांव)	50
		दिफू (कार्बिआंगलोंग)	30
		बाजाली	10
5	बिहार	पटना	50
6	चंडीगढ़	चंडीगढ़	50

7	छत्तीसगढ़	जांजगीर-चंपा	10
		महासमुंद	10
		कोरिया	10
		कोरबा	10
		कांकेर (उत्तर बस्तर कांकेर)	10
		नारायणपुर	10
		बीजापुर	10
		दंतेवाड़ा (दक्षिण बस्तर दंतेवाड़ा)	10
		दल्ली राजहरा (बालोद)	30
8	दादरा और नगर हवेली और दमण और दीव	सिलवासा (दादरा और नगर हवेली)	50
9	गोवा	मडगांव (दक्षिण गोवा)	50
		वेलगुएम (उत्तर गोवा)	50
10	गुजरात	सूरत	50
11	हरियाणा	हिसार	50
12	हिमाचल प्रदेश	कुल्लू	50
		मंडी	50
13	जम्मू - कश्मीर	किश्तवाड़	50
		कुपवाड़ा	50
		बिलावर	50
		कुलगाम	50
		सांबा	50
		गडीगढ़ (जम्मू)	10
		बांदीपायन (बारामूला)	10
14	झारखंड	रांची	50
		गुमला	10
		बोकारो	10
		देवघर	10
		पलामू	10
		दुमका	10
		जमशेदपुर (पूर्वी सिंहभूम)	50
15	कर्नाटक	गदग	50
		मैंगलोर (दक्षिण कन्नड़)	50

		तीर्थहल्ली (शिवमोगा)	10
16	केरल	चालाकुडी (त्रिशूर)	50
		मट्टनूर (कन्नूर)	50
		अडूर (पथनमथिट्टा)	10
		अट्टापडी (पलक्कड़)	50
		कोट्टाराकारा (कोल्लम)	30
		वायनाड	30
		इडुक्की	30
		अरनमुला (पथनमथिट्टा)	30
		वर्कला (तिरुवनंतपुरम)	30
		कप्पुकड़ (तिरुवनंतपुरम)	50
17	लक्षद्वीप	कावारत्ती (लक्षद्वीप)	30
18	महाराष्ट्र	नंदुरबार	30
		सिंधुदुर्ग	30
		पुणे	30
		अहमदनगर	30
		धाराशिव (उस्मानाबाद)	50
		जलगांव	30
		जालना	50
		थाणे	50
		नागपुर	50
19	मणिपुर	मोरेह (तेंगनौपाल)	50
		चुराचांदपुर	50
		क्वाकीथेल कोर्जेगलेइकाई (इम्फाल पश्चिम)	50
		केइराओ एसी (इम्फाल पूर्व)	50
		चंदेल	10
		जिरीबाम	10
		कांगपोकपी	10
		बिष्णुपुर	10
		नोनी	10
		थौबल	10
		सेनापति	10

20	मध्य प्रदेश	भोपाल	50
		इंदौर	50
		नरसिंहपुर	50
		अमरकंटक (अनूपपुर)	50
		मंडलेश्वर (खरगोन)	50
		बालाघाट	50
		सीहोर	50
		गुना	50
		पन्ना	50
		भिंड	50
		बड़वानी	30
21	मेघालय	सोहरा (चेरापूंजी) (पूर्वी खासी हिल्स)	50
		उमट्रे (रिभोई)	50
		जोवाई (पश्चिम जयंतिया हिल्स)	30
22	मिजोरम	आइज़ोल	50
		सैतुअल	10
23	नगालैंड	नोकलाक, तुएनसांग (नोकलाक)	30
		रज़ा, चेडेमा (कोहिमा)	50
		सपंग्या (चुंगटिया) (मोकोकचुंग)	50
		याचेम(लॉगलेंग)	30
		किफायर (किफायर)	30
		तिजित (मोन)	30
		अकुहाईतो (ज़ुन्हेबोटो)	30
24	ओडिशा	ढेंकनाल	50
		बहरामपुर (गंजम)	50
		बालासोर	50
25	पुडुचेरी	विलियानूर (पुडुचेरी)	50
		यानम	50
26	पंजाब	दुन्नेके (मोगा)	50
		दयालपुर सोधियां जीरकपुर (एसएस नगर (पुराना नाम मोहाली))	50
27	राजस्थान	भीलवाड़ा	50
		अजमेर	50

		चुरु	50
		बीकानेर	50
		जयपुर	50
		सीकर	50
		सवाईमाधोपुर	50
		भरतपुर	50
28	सिक्किम	क्योंगसा, पश्चिम सिक्किम (ग्यालशिंग)	50
		एनआईटी, देवराली (गंगटोक)	30
29	तमिलनाडु	थेनी	50
		तिरुवन्नमलाई	50
		पुदुक्कोट्टई	50
		नमक्कल	50
		चेन्नई	50
30	तेलंगाना	सिद्धीपेट	50
		विकाराबाद	50
		जयशंकर भूपालपल्ली	50
31	त्रिपुरा	पैराडाइज़ चौमुहानी, अगरतला (पश्चिम त्रिपुरा)	50
		दक्षिण सबरूम (दक्षिण त्रिपुरा)	50
32	उत्तर प्रदेश	जौनपुर	30
		बुलंदशहर	50
		बिल्हौर (कानपुर नगर)	50
		पश्चिम कल्ली (लखनऊ)	50
		बदरासी (वाराणसी)	50
		नवाबगंज (बरेली)	50
		बस्ती	50
		सिराथू कौशाम्बी	50
		सोनभद्र	50
		उरई (जालौन)	50
		संतकबीर नगर	50
		सहारनपुर	50
		देवरिया	50
		ललितपुर	50

		अमेठी	50
		कानपुर देहात	50
		फिरोजपुर (बलिया)	50
		रायबरेली	50
		बागपत	50
		फतेहपुर	50
		श्रावस्ती	50
		उन्नाव	50
		हरदोई	50
		गोरखपुर	50
		संभल	50
		मिर्जापुर	50
33	उत्तराखंड	हल्द्वानी (नैनीताल)	50
		जाखणीधार (टिहरी गढ़वाल)	50
		टनकपुर (चम्पावत)	50
		पथरी (हरिद्वार)	10
		कोटद्वार (पौड़ी गढ़वाल)	50
		भीमताल (नैनीताल)	10
		पिरान कलियर (हरिद्वार)	50
34	पश्चिम बंगाल	ताप्सीखाता (अलीपुरद्वार)	50
		अबास खास जंगल (पश्चिम मेदिनीपुर)	50

PASSPORT SEVA KENDRA IN KERALA

4368. SHRI RAJMOHAN UNNITHAN:

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state :-

(a) whether it is a fact that there is no adequate seating or other facilities for people who need passports including infants and elderly people in Passport Seva Kendra

which operates in Payyannur and Kasargod Head Post Office in the State of Kerala;

(b) if so, the details thereof alongwith the response of the Government in this regard;

(c) whether necessary intervention has been taken by MEA to solve this problem by shifting the Passport Seva Kendra to another convenient place or additional facilities being arranged in these centres; and

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

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (d): Adequate seating arrangements and other required facilities are available at the Passport Seva Kendra (PSK) in Payyanur and the Post Office Passport Seva Kendra (POPSK) in Kasaragod. A total of 570 and 90 appointments are being released daily at PSK Payyanur and POPSK Kasaragod respectively and the appointment is available within 2 – 4 working days, at both these locations. Appointments for PSK /POPSK are released in a slot-based system. Each slot accommodates a specified number of applicants, ensuring a manageable flow of people at any given time. Hence, adequate seating arrangements and other facilities have accordingly been made available to applicants. In view of this, there is no plan to shift the PSK Payyanur and POPSK Kasaragod to another location.

अविवाहित महिलाओं हेतु योजनाएं

4369. श्री मुरारी लाल मीना:

क्या महिला और बाल विकास मंत्री यह बताने की कृपा करेंगे कि:

- (क) सरकार द्वारा वर्तमान में अविवाहित महिलाओं सहित महिलाओं के उत्थान के लिए चलाई जा रही योजनाओं का ब्यौरा क्या है;
- (ख) क्या सरकार ने विशेषकर राजस्थान की अविवाहित महिलाओं के लिए किसी प्रकार की वित्तीय सहायता दी है या शिक्षा संबंधी अथवा रोजगार संबंधी योजना आरंभ की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) सरकार द्वारा इन योजनाओं को किस प्रकार कार्यान्वित किया जा रहा है और दौसा जिले में इन योजनाओं का अब तक क्या प्रभाव पड़ा है;
- (घ) क्या सरकार उक्त योजनाओं के अंतर्गत महिलाओं के सामाजिक और मानसिक विकास की ओर भी ध्यान दे रही है; और
- (ङ) यदि हां, तो इस संबंध में सरकार द्वारा किस प्रकार के कार्यक्रम चलाए जा रहे हैं?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

- (क) से (ङ): राजस्थान राज्य में अविवाहित महिलाओं सहित महिलाओं के सामाजिक और आर्थिक सशक्तीकरण के लिए भारत सरकार के विभिन्न मंत्रालयों/विभागों द्वारा देश भर में कई योजनाएं कार्यान्वित की जा रही हैं। इस संबंध में प्रमुख योजनाएं/कार्यक्रम इस प्रकार हैं:
 - (i) महिला एवं बाल विकास मंत्रालय 15 वें वित्त आयोग की अवधि के दौरान वित्तीय वर्ष 2022-23 से महिलाओं और बच्चों के कल्याण के लिए देश में केंद्र प्रायोजित योजनाएं कार्यान्वित कर रहा है, जिन्हें तीन घटकों अर्थात् (1), महिलाओं की सुरक्षा, संरक्षण और सशक्तीकरण के लिए मिशन शक्ति; (2) देश में पोषण और स्वास्थ्य संकेतकों में सुधार के लिए सक्षम आंगनवाड़ी और पोषण 2.0;

और (3) कठिन परिस्थितियों में रह रहे बच्चों की सुरक्षा और कल्याण के लिए मिशन वात्सल्य, के तहत रखा गया है। इन योजनाओं का विवरण इस प्रकार है:

मिशन शक्ति: 'मिशन शक्ति' का उद्देश्य महिलाओं की संरक्षा, सुरक्षा और सशक्तीकरण की पहलों को मजबूत करना है। इसमें महिलाओं की संरक्षा, सुरक्षा और सशक्तीकरण के लिए क्रमशः दो उप-योजनाएं 'संबल' और 'सामर्थ्य' शामिल हैं। "संबल" घटक महिलाओं की संरक्षा और सुरक्षा के लिए है और इसके प्रमुख घटक हैं, **वन स्टॉप सेंटर (ओएससी)**, जो जिला स्तर पर स्थित एक संस्था है जो संकटग्रस्त महिलाओं को एक ही स्थान पर अस्थायी आश्रय, चिकित्सा और पुलिस सहायता, परामर्श और कानूनी सहायता जैसी तत्काल मदद प्रदान करती है, **महिला हेल्पलाइन (डब्ल्यूएचएल) 181** सहायता और जानकारी चाहने वाली महिलाओं को 24 घंटे टोल-फ्री दूरसंचार सेवा प्रदान करती है। "सामर्थ्य" घटक महिलाओं के सशक्तीकरण के लिए है। **शक्ति सदन** दुर्व्यापार की गई महिलाओं सहित संकटग्रस्त और कठिन परिस्थितियों में रह रही महिलाओं के लिए एक एकीकृत राहत और पुनर्वास गृह है। **सखी निवास** (कामकाजी महिला छात्रावास) का उद्देश्य शहरी, अर्ध-शहरी और ग्रामीण क्षेत्रों जहां महिलाओं के लिए रोजगार के अवसर मौजूद हैं में भी कामकाजी महिलाओं के लिए सुरक्षित और सुविधाजनक स्थान पर आवास की उपलब्धता को बढ़ावा देना है। **संकल्प: महिला सशक्तीकरण केंद्र (एचईडब्ल्यू)** महिलाओं के लिए उपलब्ध योजनाओं और सुविधाओं के बारे में जानकारी और ज्ञान के अभाव को दूर करने के एक माध्यम का कार्य करता है।

(ii) **समग्र शिक्षा, कस्तूरबा गांधी बालिका विद्यालय, बाबू जगजीवन राम छात्रावास योजना, एकलव्य मॉडल आवासीय विद्यालय और प्री-मैट्रिक, पोस्ट-मैट्रिक सहित विभिन्न छात्रवृत्ति योजनाएं और उच्च शिक्षा और फेलोशिप के लिए छात्रवृत्ति** के साथ-साथ ई-लर्निंग प्लेटफॉर्म जैसे 'सूचना और संचार प्रौद्योगिकी के माध्यम से शिक्षा पर राष्ट्रीय मिशन' (एनएमईआईसीटी) योजना, स्वयं (युवा महत्वाकांक्षी दिमागों के लिए सक्रिय शिक्षण का अध्ययन वेब), स्वयं प्रभा,

राष्ट्रीय डिजिटल लाइब्रेरी (एनडीएल), वर्चुअल लैब, ई-यंत्र, पीएम ई-विद्या, एनईएटी (राष्ट्रीय शिक्षा प्रौद्योगिकी गठबंधन) आदि को अविवाहित महिलाओं सहित सभी के लिए सस्ती और गुणवत्तापूर्ण शिक्षा सुनिश्चित करने के लिए कार्यान्वित किया गया है।

(iii) बीमा कवरेज और पेंशन के माध्यम से सामाजिक सुरक्षा प्रदान करने के लिए **अटल पेंशन योजना (एपीवाई)**, **प्रधानमंत्री सुरक्षा बीमा योजना (पीएमएसबीवाई)** और **प्रधानमंत्री जीवन ज्योति बीमा योजना (पीएमजेबीवाई)** कार्यान्वित की गई है।

(iv) **प्रधानमंत्री गरीब कल्याण अन्न योजना (पीएमजीकेवाई)** जिसने कोविड-19 महामारी के दौरान अंत्योदय अन्न योजना (एवाई) परिवारों और प्राथमिकता वाले घरेलू (पीएचएच) लाभार्थियों से संबंधित बड़ी संख्या में नागरिकों की मदद की, को लगभग 81.35 करोड़ लाभार्थियों के लिए 1 जनवरी, 2024 से अगले पांच वर्षों की अवधि के लिए जारी रखा गया है।

(v) विशेष रूप से ग्रामीण क्षेत्रों में महिलाओं के लिए कठिन परिश्रम को कम करने और उनका जीवन आसान बनाने के लिए, स्वच्छ भारत मिशन के तहत **11.6 करोड़ से अधिक शौचालयों** का निर्माण किया गया है, उज्ज्वला योजना के माध्यम से **10.3 करोड़** परिवारों को खाना पकाने का स्वच्छ ईंधन उपलब्ध कराया गया है और जल जीवन मिशन के माध्यम से **लगभग 15 करोड़ परिवारों** को **स्वच्छ पेयजल कनेक्शन** उपलब्ध कराया गया है।

(vi) **प्रधानमंत्री आवास योजना ग्रामीण (पीएमएवाई-जी)** तथा **प्रधानमंत्री आवास योजना शहरी (पीएमएवाई-यू)** का उद्देश्य ग्रामीण क्षेत्रों में सभी बेघर परिवारों और कच्चे और जीर्ण-शीर्ण घरों में रहने वाले परिवारों को बुनियादी सुविधाओं के साथ पक्के घर की व्यवस्था करके 'सबके लिए आवास' प्रदान करना तथा शहरी क्षेत्रों में झुग्गी-झोपड़ियों में रहने वालों सहित आर्थिक रूप से कमजोर वर्गों (ईडब्ल्यूएस) की आवास जरूरतों को पूरा करना है।

(vii) **आयुष्मान भारत** के तहत, सरकार 55 करोड़ से अधिक नागरिकों को 1200 से अधिक मेडिकल पैकेजों के माध्यम से मुफ्त इलाज उपलब्ध करा रही है जिसका मुख्य उद्देश्य शहरी, ग्रामीण

और दूरदराज के इलाकों में गरीब महिलाओं तक स्वास्थ्य लाभ की पहुंच बढ़ाना है। इनमें से 141 से अधिक मेडिकल पैकेज सिर्फ महिलाओं की मेडिकल जरूरतों को पूरा करने के लिए बनाए गए हैं। इस योजना के तहत सात तरह की जांच (तपेदिक, उच्च रक्तचाप, मधुमेह, ओरल कैंसर, स्तन कैंसर, सर्वाइकल कैंसर और मोतियाबिंद) की जाती है जिससे करोड़ों महिलाओं को फायदा हुआ है। शहरी और ग्रामीण दोनों इलाकों में 150,000 से अधिक स्वास्थ्य और कल्याण केंद्र (एबी-एचडब्ल्यूसी) समाज को स्वास्थ्य देखभाल उपलब्ध कराते हैं, जिन्हें आयुष्मान आरोग्य मंदिर भी कहा जाता है। **आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी पीएमजेएवाई)** दुनिया की सबसे बड़ी सार्वजनिक वित्तपोषित स्वास्थ्य आश्वासन योजना है जिसमें गरीब और वंचित महिलाओं पर विशेष ध्यान दिया गया है।

(viii) देश भर में 13,000 से ज़्यादा **प्रधानमंत्री भारतीय जन औषधि केंद्र (पीएमबीजेके)** काम कर रहे हैं। पीएमबीजेके में महिलाओं के लिए 40 से ज़्यादा खास मदों समेत किफ़ायती दवाइयां और चिकित्सा उपकरण उपलब्ध कराने के अलावा, 'सुविधा सैनिटरी नैपकिन' नाम से सैनिटरी नैपकिन की बिक्री की भी व्यवस्था है जिसकी कीमत बेहद किफ़ायती 1 रुपये प्रति पैड है।

(ix) **प्रधानमंत्री कौशल विकास योजना (पीएमकेवीवाई)** के तहत महिलाओं को कौशल और व्यावसायिक प्रशिक्षण प्रदान किया जाता है।

(x) **प्रधानमंत्री ग्रामीण डिजिटल साक्षरता अभियान (पीएमजीदिशा)** ग्रामीण आबादी को डिजिटल साक्षरता प्रदान करता है।

(xi) दुनिया की सबसे बड़ी वित्तीय समावेशन पहलों में से एक **प्रधानमंत्री जन धन योजना (पीएम-जेडीवाई)** के तहत भी महिलाएं सबसे बड़ी लाभार्थी हैं। यह पहल विभिन्न कल्याणकारी योजनाओं, ऋण और बीमा सेवाओं के तहत प्रत्यक्ष लाभ तक पहुंच भी प्रदान करती है।

(xii) **स्टैंड अप इंडिया और मुद्रा योजना** बैंक ऋण और उद्यमशीलता कार्यकलापों को सुगम बनाती है और इससे महिला उद्यमियों को काफी लाभ हुआ है।

(xiii) स्टार्ट-अप इंडिया, प्रधानमंत्री स्ट्रीट वेंडर्स आत्मनिर्भर निधि (पीएम स्वनिधि), महात्मा गांधी राष्ट्रीय ग्रामीण रोजगार गारंटी योजना (मनरेगा), सूक्ष्म और लघु उद्यमों के लिए क्रेडिट गारंटी फंड योजना (सीजीएमएसई) जैसी योजनाएं रोजगार/स्वरोजगार और ऋण सुविधाएं प्रदान करती हैं। इन योजनाओं के तहत लाभार्थियों में से अधिकांश महिलाएं हैं।

(xiv) **महिला कॉयर योजना** कॉयर विकास योजना का एक उप-घटक है। एमसीवाई 100% महिला उन्मुख और दो महीने का गहन प्रशिक्षण कार्यक्रम है जिसका उद्देश्य कॉयर क्षेत्र में लगी ग्रामीण महिलाओं को परिष्कृत मशीनरी/उन्नत तकनीक पर प्रशिक्षण प्रदान करना है जिससे उनके जीवन स्तर में सुधार किया जा सके और इस तरह वे आत्मनिर्भर रोजगार प्राप्त कर सकें।

छत्तीसगढ़ में आयुष केंद्र

4370. श्री भोजराज नाग:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार ने आयुर्वेद को सम्पूर्ण देश में लोकप्रिय बनाने के लिए कोई ठोस कदम उठाए/कोई आयुष योजना बनाने का विचार किया है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार का छत्तीसगढ़ के कांकेर जिले में कोई नया आयुष केन्द्र खोलने का विचार है; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) और (ख): सरकार अपनी विभिन्न पहलों के माध्यम से आयुर्वेद को पूरे देश में लोकप्रिय बनाने में सफल रही है। स्वास्थ्य देखभाल की आयुष पद्धति के प्रचार-प्रसार के अधिदेश को पूरा करने के लिए आयुष मंत्रालय आयुष में सूचना, शिक्षा और संचार (आईईसी) को बढ़ावा देने के लिए एक केंद्रीय क्षेत्र

की योजना को कार्यान्वित करता है। इसका उद्देश्य देश भर में आबादी के सभी वर्गों तक पहुंचना है। इस योजना के तहत, मंत्रालय राष्ट्रीय/राज्य स्तर पर आरोग्य मेले, योग फेस्ट/उत्सव, आयुर्वेद पर्व आयोजित करता है, आयुष पद्धति के महत्वपूर्ण दिवस मनाता है, स्वास्थ्य फेयर/मेलों, प्रदर्शनियों आदि में भाग लेता है, सेमिनार, कार्यशालाओं, सम्मेलनों के आयोजन के लिए वित्तीय सहायता प्रदान करता है और स्वास्थ्य देखभाल की आयुष पद्धति के बारे में नागरिकों में जागरूकता पैदा करने के लिए मल्टीमीडिया अभियान आदि आयोजित करता है।

इसके अलावा, मंत्रालय देश में विभिन्न आयुष पद्धतियों के विकास और संवर्धन के लिए राज्य/संघ राज्य क्षेत्र की सरकारों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) नामक केंद्रीय प्रायोजित योजना को कार्यान्वित कर रहा है और उनकी राज्य वार्षिक कार्य योजनाओं (एसएएपी) में प्राप्त प्रस्ताव के अनुसार उन्हें वित्तीय सहायता प्रदान कर रहा है। एनएएम दिशानिर्देशों के अनुसार राज्य/संघ राज्य क्षेत्र की सरकारें राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त कर सकती हैं। एनएएम अन्य बातों के साथ-साथ निम्नलिखित गतिविधियों के लिए प्रावधान करता है:

- i. आयुष स्वास्थ्य और कल्याण केंद्रों (एचडब्ल्यूसी) का संचालन, जिसका नाम बदलकर अब आयुष्मान आरोग्य मंदिर (आयुष) कर दिया गया है।
- ii. प्राथमिक स्वास्थ्य केन्द्रों (पीएचसी), सामुदायिक स्वास्थ्य केन्द्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आयुष सुविधाओं की सह-स्थापना।
- iii. मौजूदा एकल सरकारी आयुष अस्पतालों का उन्नयन।
- iv. मौजूदा सरकारी/पंचायत/सरकारी सहायता प्राप्त आयुष औषधालयों का उन्नयन/मौजूदा आयुष औषधालय (किराए पर/जीर्ण-शीर्ण आवास) के लिए भवन का निर्माण/नए आयुष औषधालय की स्थापना के लिए भवन का निर्माण।
- v. 10/30/50 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना।

- vi. सरकारी आयुष अस्पतालों, सरकारी औषधालयों और सरकारी/सरकारी सहायता प्राप्त शिक्षण संस्थागत आयुष अस्पतालों को अनिवार्य औषधियों की आपूर्ति।
 - vii. आयुष जन स्वास्थ्य कार्यक्रम।
 - viii. उन राज्यों में नए आयुष कॉलेजों की स्थापना, जहाँ सरकारी क्षेत्र में आयुष शिक्षण संस्थानों की उपलब्धता अपर्याप्त है।
 - ix. आयुष स्नातक संस्थानों और आयुष स्नातकोत्तर संस्थानों का अवसंरचनात्मक विकास/पीजी/फार्मेसी/पैरा-मेडिकल पाठ्यक्रमों को शामिल करना।
- (ग) और (घ): वर्तमान में, छत्तीसगढ़ के कांकेर जिले में नया आयुष केंद्र खोलने का कोई प्रस्ताव विचाराधीन नहीं है।
-

... (व्यवधान)

माननीय अध्यक्ष : आइटम नंबर – 31, श्री अर्जुन राम मेघवाल जी।

... (व्यवधान)

11.0½ hrs

At this stage Sushri Praniti Sushilkumar Shinde and some other hon. Members came and stood on the floor near the Table.

11.01 hrs

MOTION RE: REFERENCE OF CONSTITUTION (ONE HUNDRED AND TWENTY-NINTH AMENDMENT) BILL, 2024 AND THE UNION TERRITORIES LAWS (AMENDMENT) BILL, 2024 TO A JOINT COMMITTEE

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री (श्री अर्जुन राम मेघवाल) : आदरणीय अध्यक्ष जी, मैं प्रस्ताव करता हूँ –

“कि भारत के संविधान का और संशोधन करने वाले विधेयक तथा संघ राज्यक्षेत्र शासन अधिनियम, 1963, दिल्ली राष्ट्रीय राजधानी राज्यक्षेत्र शासन अधिनियम, 1991 और जम्मू-कश्मीर पुनर्गठन अधिनियम, 2019 का और संशोधन करने वाले विधेयक को सभा के निम्नलिखित 27 सदस्यों वाली दोनों सभाओं की संयुक्त समिति को सौंपा जाए –

1. श्री पी.पी. चौधरी
2. डॉ. सी.एम. रमेश
3. सुश्री बाँसुरी स्वराज
4. श्री परषोत्तमभाई रुपाला
5. श्री अनुराग सिंह ठाकुर
6. श्री विष्णु दयाल राम

7. श्री भर्तृहरि महताब
8. डॉ. संबित पात्रा
9. श्री अनिल बलूनी
10. श्री विष्णु दत्त शर्मा
11. श्री बैजयंत पांडा
12. डॉ. संजय जायसवाल
13. श्रीमती प्रियंका गांधी वाड्रा
14. श्री मनीश तिवारी
15. श्री सुखदेव भगत
16. श्री धर्मेन्द्र यादव
17. श्री छोटेलाल
18. श्री कल्याण बनर्जी
19. श्री टी. एम. सेल्वागणपति
20. श्री जी.एम. हरीश बालयोगी
21. श्री अनिल यशवंत देसाई
22. श्रीमती सुप्रिया सुले
23. डॉ. श्रीकांत एकनाथ शिंदे
24. श्रीमती शांभवी
25. श्री के. राधाकृष्णन
26. श्री चंदन चौहान
27. श्री बालाशौरी वल्लभनेनी

और राज्य सभा के 12 सदस्य होंगे;

कि संयुक्त समिति की बैठक आयोजित करने के लिए गणपूर्ति संयुक्त समिति के सदस्यों की कुल संख्या का एक-तिहाई होगी,

कि समिति अगले सत्र के अंतिम सप्ताह के प्रथम दिन तक इस सभा को प्रतिवेदन प्रस्तुत करेगी;

कि अन्य मामलों में, संसदीय समिति से संबंधित इस सभा के प्रक्रिया तथा कार्य-संचालन नियम, ऐसे परिवर्तनों और उपांतरणों के साथ लागू होंगे जो अध्यक्ष तय करें; और

कि यह सभा राज्य सभा से सिफारिश करती है कि राज्य सभा उक्त संयुक्त समिति में सम्मिलित हो और राज्य सभा द्वारा संयुक्त समिति में नियुक्त किए जाने वाले सदस्यों के नाम इस सभा को सूचित करे।”

माननीय अध्यक्ष : प्रश्न यह है:

“कि भारत के संविधान का और संशोधन करने वाले विधेयक तथा संघ राज्यक्षेत्र शासन अधिनियम, 1963, दिल्ली राष्ट्रीय राजधानी राज्यक्षेत्र शासन अधिनियम, 1991 और जम्मू-कश्मीर पुनर्गठन अधिनियम, 2019 का और संशोधन करने वाले विधेयक को सभा के निम्नलिखित 27 सदस्यों वाली दोनों सभाओं की संयुक्त समिति को सौंपा जाए –

1. श्री पी.पी. चौधरी
2. डॉ. सी.एम. रमेश
3. सुश्री बाँसुरी स्वराज
4. श्री परषोत्तमभाई रुपाला
5. श्री अनुराग सिंह ठाकुर
6. श्री विष्णु दयाल राम
7. श्री भर्तृहरि महताब
8. डॉ. संबित पात्रा

9. श्री अनिल बलूनी
10. श्री विष्णु दत्त शर्मा
11. श्री बैजयंत पांडा
12. डॉ. संजय जायसवाल
13. श्रीमती प्रियंका गांधी वाड्रा
14. श्री मनीश तिवारी
15. श्री सुखदेव भगत
16. श्री धर्मेन्द्र यादव
17. श्री छोटेलाल
18. श्री कल्याण बनर्जी
19. श्री टी. एम. सेल्वागणपति
20. श्री जी.एम. हरीश बालयोगी
21. श्री अनिल यशवंत देसाई
22. श्रीमती सुप्रिया सुले
23. डॉ. श्रीकांत एकनाथ शिंदे
24. श्रीमती शांभवी
25. श्री के. राधाकृष्णन
26. श्री चंदन चौहान
27. श्री बालाशौरी वल्लभनेनी

और राज्य सभा के 12 सदस्य होंगे;

कि संयुक्त समिति की बैठक आयोजित करने के लिए गणपूर्ति संयुक्त समिति के सदस्यों की कुल संख्या का एक-तिहाई होगी,

कि समिति अगले सत्र के अंतिम सप्ताह के प्रथम दिन तक इस सभा को प्रतिवेदन प्रस्तुत करेगी;

कि अन्य मामलों में, संसदीय समिति से संबंधित इस सभा के प्रक्रिया तथा कार्य-संचालन नियम, ऐसे परिवर्तनों और उपांतरणों के साथ लागू होंगे जो अध्यक्ष तय करें; और

कि यह सभा राज्य सभा से सिफारिश करती है कि राज्य सभा उक्त संयुक्त समिति में सम्मिलित हो और राज्य सभा द्वारा संयुक्त समिति में नियुक्त किए जाने वाले सदस्यों के नाम इस सभा को सूचित करे।”

प्रस्ताव स्वीकृत हुआ।

... (व्यवधान)

11.02 hrs

OBSERVATION BY THE SPEAKER

Adhering to Rules and Avoiding Protests at the Entrance Gates of Parliament House

माननीय अध्यक्ष : माननीय सदस्यगण, मैं आप सभी से पुनः आग्रह करता हूँ कि संसद की गरिमा, मर्यादा बनाने में सबकी सामूहिक जिम्मेदारी है। संसद भवन परिसर में किसी भी द्वार पर किसी भी तरह का धरना या प्रदर्शन करना उचित नहीं है। आप सभी को इस विषय पर नियमों की अनुपालना करना सुनिश्चित करना पड़ेगा।

माननीय सदस्यगण, मैं पुनः आग्रह करता हूँ कि इसको गंभीरता से लें और किसी भी स्थिति के अंदर किसी भी द्वार पर और परिसर में प्रदर्शन न करें, नहीं तो संसद को उचित कार्रवाई करनी पड़ेगी।

... (व्यवधान)

माननीय अध्यक्ष : माननीय सदस्यगण, अब आप कृपया अपने स्थान पर खड़े हो जाएं, क्योंकि वंदे मातरम् की धुन बजाई जाएगी।

11.02½ hrs

NATIONAL SONG

National Song was played.

माननीय अध्यक्ष : सभा की कार्यवाही अनिश्चित काल के लिए स्थगित की जाती है।

11.03 hrs

The Lok Sabha then adjourned sine die.

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29	Kumari Selja	4311
30	Md Abu Taher Khan	4206
31	Mr Pathan Yusuf	4208
32	Mrs Ruchi Vira	4282
33	Ms Iqra Choudhary	4318
34	Ms Sayani Ghosh	4247
35	Ms. Praniti Sushilkumar Shinde	4230
36	Ms. S Jothimani	4249
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