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Friday, April 04, 2025
Chaitra 14, 1947 (Saka)

LOK SABHA DEBATES

(Original Version)

Fourth Session
(Eighteenth Lok Sabha)



(Vol. VIII contains Nos. 21 to 26)

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NEW DELHI

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C O N T E N T S

**Eighteenth Series, Vol. VIII, Fourth Session, 2025/1947 (Saka)
No. 26, Friday, April 04, 2025/ Chaitra 14, 1947 (Saka)**

<u>S U B J E C T</u>	<u>P A G E S</u>
ORAL ANSWER TO QUESTION	
Starred Question No. 481	5-11
WRITTEN ANSWERS TO QUESTIONS	12-939
(i) Starred Question Nos. 482 to 500	12-158
(ii) Unstarred Question Nos. 5521 to 5750	159-939

MESSAGES FROM RAJYA SABHA	940
OBSERVATION BY THE SPEAKER	
Certain remarks made by a Member of other House in the premises of Parliament	941-942
VALEDICTORY REFERENCE	942-943
NATIONAL SONG	943
<u>ANNEXURE – I</u>	944-952
(i) Member-wise Index to Starred Questions	944
(ii) Member-wise Index to Unstarred Questions	945-952
<u>ANNEXURE – II</u>	953-955
(i) Ministry-wise Index to Starred Questions	953
(ii) Ministry-wise Index to Unstarred Questions	954-955

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LOK SABHA DEBATES

LOK SABHA

Friday, April 04, 2025/ Chaitra 14, 1947 (Saka)

The Lok Sabha met at Eleven of the Clock.

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

... (व्यवधान)

At this stage, Shri B. Manickam Tagore, Dr. Mohammad Jawed and some other hon. Members came and stood on the floor near the Table.

... (व्यवधान)

11.01 hrs

ORAL ANSWER TO QUESTION

Starred Question No. 481

माननीय अध्यक्ष : प्रश्न संख्या 481, सुश्री सयानी घोष ।

SERVING OF EGGS UNDER POSHAN ABHIYAN AND ICDS

***481. @MS SAYANI GHOSH:**

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

- (a) whether the Government has formulated/issued any guidelines in terms of calorific composition and per-beneficiary expenditure for the States implementing Poshan Abhiyan and Integrated Child Development Service (ICDS) and if so, the details thereof;
- (b) whether the Union Government has suggested the serving of eggs to the States as part of Poshan Abhiyan, ICDS, Mid-Day Meals etc., if so, the details of the guidelines thereof;
- (c) whether some States want to serve eggs as part of the programmes but are unable to do so because of insufficient funds as lentils, chana or soybean etc. are cheaper than eggs and if so, the details thereof;

@ Since Sushri Sayani Ghosh was not present, hence Hon'ble Speaker asked the Hon'ble Minister to lay the reply and allowed Ms. Bansuri Swaraj to ask the Supplementary Question.

(d) whether the States which are serving eggs under the said schemes are providing these to every malnourished women/children or to every beneficiary; and

(e) if so, the details thereof?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी): (क) से (ड): विवरण सभा के पटल पर रख दिया गया है।

विवरण

(क) से (ड): 15वें वित्त आयोग के अंतर्गत, कुपोषण की चुनौती का समाधान करने के लिए आंगनवाड़ी सेवाएं, पोषण अभियान और किशोरियों (आकांक्षी जिलों और पूर्वोत्तर क्षेत्र में 14-18 वर्ष की आयु की) के लिए योजना जैसे विभिन्न घटकों को व्यापक मिशन सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 2.0) के अंतर्गत शामिल किया गया है। यह एक केन्द्र प्रायोजित योजना है जहां विभिन्न गतिविधियों के कार्यान्वयन की जिम्मेदारी राज्यों और संघ राज्य क्षेत्रों की है।

मिशन पोषण 2.0 के अंतर्गत, जीवन चक्र दृष्टिकोण अपनाकर कुपोषण के अंतर-पीढ़ीगत चक्र को समाप्त करने के लिए बच्चों (6 माह से 6 वर्ष), गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों को पूरक पोषण प्रदान किया जाता है। इसे मुख्य रूप से अनुशंसित आहार भत्ता (आरडीए) और औसत दैनिक सेवन (एडीआई) के बीच के अंतर को पाटने के लिए डिज़ाइन किया गया है। पूरक पोषण, राष्ट्रीय खाद्य सुरक्षा अधिनियम (एनएफएसए) की अनुसूची-II में निहित पोषण मानदंडों के अनुसार प्रदान किया जाता है। इन मानदंडों को जनवरी 2023 में संशोधित किया गया है। पुराने मानदंड मुख्यतः कैलोरी-विशिष्ट थे; तथापि, संशोधित मानदंड पूरक पोषण की मात्रा और गुणवत्ता दोनों के संदर्भ में अधिक व्यापक और संतुलित हैं, जो आहार विविधता के सिद्धांतों पर आधारित हैं और इनमें गुणवत्तापूर्ण प्रोटीन, अच्छी वसा और 7 आवश्यक सूक्ष्म पोषक तत्व प्रदान करने का प्रावधान है। राज्यों/संघ राज्य क्षेत्रों को स्थानीय परिस्थितियों और उपलब्धता के अनुसार मेनू तय करने के लिए

प्रोत्साहित किया जाता है। दिनांक 25 जनवरी, 2023 को संशोधित एनएफएसए, 2013 की अनुसूची-II, अनुबंध में संलग्न है।

मिशन पोषण 2.0 के अंतर्गत विभिन्न श्रेणियों के लाभार्थियों के लिए पूरक पोषण के लागत मानदंड इस प्रकार हैं:

क्र. सं.	श्रेणियां	दरें (प्रतिदिन प्रति लाभार्थी) (रुपये)
1.	बच्चे (6-72 माह)	8.00
2.	गंभीर रूप से कुपोषित बच्चे (6-72 माह)	12.00
3.	गर्भवती महिलाएं और स्तनपान कराने वाली माताएं	9.50
4.	किशोरियां (14-18 वर्ष)	9.50

इस योजना के अंतर्गत पूरक पोषण, एक कैलेंडर वर्ष में न्यूनतम 300 दिनों अर्थात् औसतन एक माह में 25 दिनों के लिए पका हुआ गर्म भोजन (एचसीएम) और घर ले जाने के लिए राशन (टीएचआर - कच्चा राशन नहीं) के रूप में दिया जाता है।

स्वास्थ्य, तंदुरुस्ती और प्रतिरक्षा को बढ़ावा देने तथा एनीमिया को दूर करने के लिए इस योजना के अंतर्गत विभिन्न श्रेणियों के लाभार्थियों को दिए जाने वाले भोजन में स्थानीय आहार सामग्री और ताजा उपज (हरी सब्जियां, फल, औषधीय पौधे और जड़ी-बूटियां), फोर्टिफाइड चावल और मिलेट्स, मेवे और मूंगफली और तिल के बीज जैसे तिलहन को आवश्यक रूप से शामिल किया जाता है। घर ले जाने के लिए राशन (कच्चा राशन नहीं) और पका हुआ गर्म भोजन (एचसीएम) के लिए खाद्य सामग्री राज्यों में अलग-अलग होती है और इसमें स्थानीय रूप से उगाए गए/उपलब्ध पौष्टिक फल और सब्जियां शामिल होती हैं।

राज्यों/संघ राज्य क्षेत्रों की जिम्मेदारी है कि वे लक्षित लाभार्थियों जैसे कि गंभीर रूप से तीव्र कुपोषित (एसएएम) वाले बच्चे, 14-18 वर्ष की आयु वर्ग की किशोरियां, गर्भवती महिलाएं और स्तनपान कराने वाली माताएं तथा 6 माह से 3 वर्ष की आयु के बच्चों को उनकी पोषण संबंधी आवश्यकताओं के आधार पर घर ले जाने के लिए दिए जाने वाले राशन उत्पादों का स्पष्ट रूप से उल्लेख करें।

सूक्ष्म पोषक तत्वों की आवश्यकता को पूरा करने तथा महिलाओं तथा बच्चों में एनीमिया को नियंत्रित करने के लिए आंगनवाड़ी केंद्रों को फोर्टिफाइड चावल की आपूर्ति की जा रही है। आंगनवाड़ी केन्द्रों पर पका हुआ गर्म भोजन तैयार करने तथा घर ले जाने वाले राशन में सप्ताह में कम से कम एक बार मिलेट्स के उपयोग पर अधिक बल दिया जा रहा है।

बजट भाषण 2025-26 के दौरान, पोषण सहायता के लिए लागत मानदंडों को उचित रूप से बढ़ाने की घोषणा की गई है।

अनुबंध

दिनांक 25 जनवरी, 2023 को संशोधित एनएफएसए, 2013 की अनुसूची II

आयु/ शारीरिक समूह	भोजन का प्रकार	ऊर्जा (किलो कैलोरी)	प्रोटीन (ग्राम)	प्रोटीन गुणवत्ता (प्रोटीन पाचन क्षमता सुधारित एमिनो एसिड स्कोर)	कुल वसा (ग्राम)	कार्बोहाइड्रेट (ग्राम)	अनाज दाल अनुपात	कैल्शियम (मिलीग्राम)	जस्ता (मिलीग्राम)	आयरन (मिलीग्राम)	आहार फोलेट (µg)	विटामिन ए (µg)	विटामिन बी6 (मिलीग्राम)	विटामिन बी12 (µg)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
छह माह से ऊपर और बारह माह तक	घर ले जाने के लिए राशन	200	8- 10	0.8- 1.0	10- 12	20	2:1	100	0.7	0.7	24	57	0.17	0.33
एक वर्ष से ऊपर और तीन वर्ष तक	घर ले जाने के लिए राशन	400	15- 20	0.8- 1.0	15- 20	40	2:1	135	1.0	2.0	35	60	0.27	0.33
तीन वर्ष से ऊपर और छह वर्ष तक	सुबह का नाश्ता और पका हुआ गर्म भोजन	400	15- 20	0.8- 1.0	15- 20	55	2:1	150	1.5	3.0	40	80	0.33	0.67
छह माह से ऊपर और बारह माह तक के कुपोषित बच्चे	घर ले जाने के लिए राशन	400	15- 20	0.8- 1.0	15- 18	35	2:1	200	1.5	1.5	50	115	0.35	0.66
एक वर्ष से ऊपर और तीन वर्ष तक के कुपोषित बच्चे	घर ले जाने के लिए राशन	700	25- 30	0.8- 1.0	25- 30	70	2:1	270	2.0	4.0	70	120	0.55	0.66

तीन वर्ष से ऊपर और छह वर्ष तक के कुपोषित बच्चे	सुबह का नाश्ता, पका हुआ गर्म भोजन और घर ले जाने के लिए राशन	800	25- 30	0.8- 1.0	25- 30	70	2:1	300	3.0	6.0	80	160	0.66	1.24
गर्भवती महिलाएं और स्तनपान कराने वाली माताएं	पका हुआ गर्म भोजन और घर ले जाने के लिए राशन	600	22- 25	0.8- 1.0	22- 25	80	3:1	335	4.0	7.0	160	240	0.63	0.73
पांचवीं से नीचे की कक्षाएं	पका हुआ गर्म भोजन	450	15-20	0.8-1.0	18-21	70	3:1	170	2.0	3.5	50	100	0.43	0.66
पांचवीं से ऊपर की कक्षाएं	पका हुआ गर्म भोजन	700	22-25	0.8-1.0	22-25	100	3:1	270	4.0	5.5	75	145	0.66	0.66

माननीय अध्यक्ष : सुश्री बाँसुरी स्वराज ।

सुश्री बाँसुरी स्वराज : अध्यक्ष महोदय, मेरा माननीय मंत्री जी से सवाल है कि आंगनबाड़ी केन्द्रों के मौजूदा बुनियादी ढांचे को उन्नत करने के लिए मोदी सरकार ने क्या कदम उठाए हैं? ... (व्यवधान)

श्रीमती अन्नपूर्णा देवी : माननीय अध्यक्ष महोदय, प्रधानमंत्री जी के नेतृत्व में 2047 तक विकसित भारत का लक्ष्य है, संकल्प है । ... (व्यवधान) हम मिशन सक्षम पोषण कार्यक्रम 2.2 को लेकर काम कर रहे हैं, वहां पेयजल की व्यवस्था हो शौचालय की व्यवस्था हो । ... (व्यवधान) सक्षम आंगनबाड़ी केन्द्र में हर तरह की सुविधाएं उपलब्ध हों, बच्चों को पोषाहार देते हैं, उन बच्चों को सही तरह से पहुंचे । ... (व्यवधान)

माननीय अध्यक्ष : आप सदन नहीं चलाना चाहते हैं ।

... (व्यवधान)

माननीय अध्यक्ष : प्लीज माननीय सदस्य अपनी सीट पर जाएं ।

... (व्यवधान)

माननीय अध्यक्ष : सभी माननीय सदस्यों को बोलने के लिए पर्याप्त समय और अवसर दिया है । यह संसद की मर्यादाओं के अनुरूप नहीं है ।

... (व्यवधान)

माननीय अध्यक्ष : आप अपनी-अपनी सीट पर जाइए ।

... (व्यवधान)

माननीय अध्यक्ष : प्रश्नकाल महत्वपूर्ण समय होता है । मैं फिर आपसे आग्रह कर रहा हूँ कि अपनी-अपनी सीट पर जाएं ।

WRITTEN ANSWERS TO QUESTIONS**(i) Starred Question Nos. 482 to 500****OPERATIONAL CAPACITY OF SHIPBUILDING SECTOR*****482.SHRI APPALANAIDU KALISETTI:**

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

- (a) the current operational capacity of the shipbuilding and ship repairing sector in the State of Andhra Pradesh; and
- (b) the key challenges being faced and the policy initiatives or incentives under consideration in the said sector?

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

(a) and (b): In the State of Andhra Pradesh, shipbuilding and repair activities are predominantly concentrated in the Kakinada and Visakhapatnam regions. Commercial shipbuilding in Andhra Pradesh is largely limited to small vessel construction, with the exception of Hindustan Shipyard Limited (HSL), which handles larger vessels.

Hindustan Shipyard Limited, a PSU under the Ministry of Defence, and several private players such as San Marine Shipyard, Matt Marine, Om Sai Marine, & Seacon Engineering Projects operate in the ecosystem, offering specialized and seasonal services.

Government of Andhra Pradesh has issued the Andhra Pradesh Maritime Policy, 2024 through G.O.MS.No.21 dated 11.12.2024. One of the pillars of this policy is Shipyard and Cluster Development for establishing modern shipyards and

repair facilities, promoting Innovation and Technology Adoption, and attracting investment in shipbuilding and ship-repair sector under Shipyard & Cluster Development.

Some of the incentives for this pillar in the policy include conducting pre-feasibility study for location identification, Centralized land aggregation, development and allocation, Tax Benefits, Subsidies and Financial Support, Exemption of WFR(Water Front Royalty), Reimbursement of Stamp Duty and Registration Fee, SGST Exemptions, Exemption from Electricity Duty etc.

Government of Andhra Pradesh has floated an EOI for development of shipbuilding clusters within the state which will enhance shipbuilding and allow global shipbuilders to participate in shipbuilding activities in the state.

Government of India has taken several steps to upgrade and modernize the shipbuilding activities in the country, as listed below:

- (i) Ministry of Ports, Shipping and Waterways has amended the Shipbuilding Financial Assistance Policy (SBFAP) guidelines on 29.01.2025 to encourage more participation in the shipbuilding activities.
- (ii) 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.
- (iii) 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

(iv) Ministry of Ports, Shipping & 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 operations, with these tugs built in Indian shipyards.

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

(vi) 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.

(vii) 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.

(viii) In the Union budget speech, 2025, the following announcements have been made:

- The Shipbuilding Financial Assistance Policy will be revamped to address cost disadvantages. This will also include Credit Notes for shipbreaking in Indian yards to promote the circular economy.
- Large ships above a specified size will be included in the infrastructure harmonized master list (HML).
- Shipbuilding Clusters will be facilitated to increase the range, categories and capacity of ships. This will include additional infrastructure facilities, skilling and technology to develop the entire ecosystem.
- For long-term financing for the maritime industry, a Maritime Development Fund with a corpus of Rs. 25,000 crores will be set up. This will be for distributed support and promoting competition. This will have up to 49 per cent contribution

by the Government, and the balance will be mobilized from ports and private sector.

- To continue the exemption of Basic Customs Duty (BCD) on raw materials, components, consumables or parts for the manufacture of ships for another ten years.

BETI BACHAO BETI PADHAO SCHEME

***483. SHRI SUDAMA PRASAD:**

SUSHRI KANGNA RANAUT:

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

- (a) the details of improvement in Sex Ratio at Birth (SRB) and Gross Enrollment Ratio (GER) of girls during the last ten years under Beti Bachao, Beti Padhao scheme, State-wise;
- (b) the details of the measures being taken to strengthen implementation of BBBP scheme at the grassroots level;
- (c) the details of maternal mortality/infant mortality rate during the last ten years, State-wise, district-wise;
- (d) the details of stakeholders for various campaigns under the said scheme along with the consultations held in this regard;
- (e) the details of funds allocated under the said scheme along with the amount disbursed for various initiatives during the said period, year-wise; and

- (f) whether the Government has constituted any committee or put in place any monitoring mechanism to assess the impact of BBBPS during the last ten years, if so, the details of the impact assessment report thereof?

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

(a) to (f): Beti Bachao Beti Padhao (BBBP) Scheme was launched on 22nd January 2015 to address declining Child Sex Ratio (CSR) and related issues of empowerment of girls and women. The scheme focuses on creating mindset and behavioural changes towards the girl child by informing, influencing, motivating, engaging, and empowering all stakeholders.

BBBP has transformed from a policy initiative into a national movement by mobilizing various stakeholders, including government agencies, media, civil society, and the public at large. This movement aims not only to address immediate concerns related to sex ratio and gender-based discrimination but also to foster a cultural shift towards valuing the girl child and ensuring her rights and opportunities.

An evaluation of the schemes of the Ministry of Women and Child Development was conducted during the Financial Year 2020-21 by NITI Aayog. Based on the report, the Ministry has modified the guideline under Mission Shakti including increasing the coverage of the scheme to all the districts of the country through multi-sectoral interventions and by encouraging greater expenditure on activities that have direct ground impact like promoting sports among girls, self-defence camps, awareness about PC-PNDT Act etc.

Ministry has developed an operational manual which, inter-alia, includes a thematic calendar for suggested convergence activities at district level with month wise specific themes for holistic development of the Girl Child and to ensure year-round engagement of girls, their families and communities.

BBBP dashboard has also been developed for real time monitoring of the activities conducted at district, State and UT level. Ministry issues regular advisories and reviews the scheme through video conferencing from time to time with officials of States and UTs. Field visits are also undertaken by senior officers to review implementation of the scheme on ground. State and UT -wise detailed reviews are conducted during Programme Approval Board meetings, in which Ministry reviews the progress of the State and UT.

As per the latest reports of Health Management Information System (HMIS) of Ministry of Health & Family Welfare (MoHFW), Sex Ratio at Birth (SRB) has increased from 918 in 2014-15 to 930 in 2023-24 at national level with a net change of 12 points. State and UT wise SRB as per HMIS data of 2014-15 and 2023-24 is given in the enclosed **Statement-I**.

Further, Gross Enrollment Ratio (GER) of girls in the schools at secondary level has increased from 75.51 percent in 2014-15 to 78 percent in 2023-24 [UDISE-data, MoE]. State and UT wise GER of 2014-15 and 2023-24 is available in the UDISE+ Report 2023-24 - Existing Structure in the link <https://udiseplus.gov.in/#/en/page/publications>

As per Sample Registration System (SRS) Report of Registrar General of India (RGI), the Infant Mortality Rate (IMR) at National, State and UT level for the period of 2011 to 2020 is given in the enclosed **Statement-II**.

The State wise details of the Maternal Mortality Ratio (MMR) as per the Special Bulletin on Maternal Mortality Ratio (MMR) released by the RGI are given in the enclosed **Statement-III**.

BBBP is a Centrally Sponsored Scheme where Central Government provides 100% financial assistance to States and UTs. The implementation of this scheme lies with the State Governments and UT Administrations. Funds are being released on the basis of guidelines of Department of Expenditure prescribed for Single Nodal agency (SNA) or SNA SPARSH of the Public Financial Management System (PFMS). The details of funds allocated under the scheme along with the amount disbursed are given in the enclosed **Statement-IV**.

STATEMENT- I

State and UT wise Sex Ratio at Birth

Sl. No.	States and UTs	Sex Ratio at birth (Female Live Births/ Male Births *1000)	
		2014-15	2023-24
	All India	918	930
1	A & N Islands	967	832
2	Andhra Pradesh	921	944
3	Arunachal Pradesh	916	971
4	Assam	920	951
5	Bihar	936	882
6	Chandigarh	874	916
7	Chhattisgarh	930	965

Sl. No.	States and UTs	Sex Ratio at birth (Female Live Births/ Male Births *1000)	
	Year	2014-15	2023-24
8	Dadra & Nagar Haveli	939	924
	Daman & Diu	894	
9	Delhi	901	918
10	Goa	939	977
11	Gujarat	901	925
12	Haryana	876	917
13	Himachal Pradesh	897	930
14	Jammu & Kashmir	936	955
15	Jharkhand	920	931
16	Karnataka	945	945
17	Kerala	959	962
18	Lakshadweep	1,000	831
19	Ladakh	--	962
20	Madhya Pradesh	926	929
21	Maharashtra	920	915
22	Manipur	933	929
23	Meghalaya	938	946
24	Mizoram	971	964
25	Nagaland	948	919
26	Odisha	948	926
27	Puducherry	916	960
28	Punjab	892	924
29	Rajasthan	929	941
30	Sikkim	957	949
31	Tamil Nadu	917	939
32	Telangana	925	917
33	Tripura	958	973
34	Uttar Pradesh	885	936

Sl. No.	States and UTs	Sex Ratio at birth (Female Live Births/ Male Births *1000)	
	Year	2014-15	2023-24
35	Uttarakhand	903	942
36	West Bengal	942	945

Source: HMIS, Ministry of Health and Family Welfare

STATEMENT-II

		Status of Infant Mortality Rate*(per 1000 live births)									
Sl.No.		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
	All India	44	42	40	39	37	34	33	32	30	28
1	Andhra Pradesh	43	41	39	39	37	34	32	29	25	24
2	A&N Islands	23	24	24	22	20	16	14	9	7	7
3	Arunachal Pradesh	32	33	32	30	30	36	42	37	29	21
4	Assam	55	55	54	49	47	44	44	41	40	36
5	Bihar	44	43	42	42	42	38	35	32	29	27
6	Chandigarh	20	20	21	23	21	14	14	13	13	8
7	Chhattisgarh	48	47	46	43	41	39	38	41	40	38
8	D&N Haveli	35	33	31	26	21	17	13	13	11	16
	Daman & Diu	22	22	20	18	18	19	17	16	17	
9	Delhi	28	25	24	20	18	18	16	13	11	12
10	Goa	11	10	9	10	9	8	9	7	8	5
11	Gujarat	41	38	36	35	33	30	30	28	25	23
12	Haryana	44	42	41	36	36	33	30	30	27	28
13	Himachal Pradesh	38	36	35	32	28	25	22	19	19	17
14	Jammu & Kashmir	41	39	37	34	26	24	23	22	20	17
15	Jharkhand	39	38	37	34	32	29	29	30	27	25
16	Karnataka	35	32	31	29	28	24	25	23	21	19
17	Kerala	12	12	12	12	12	10	10	7	6	6

[illegible]

STATEMENT-III

MATERNAL MORTALITY RATIO (per 1,00,000 live births)						
Sr. No.	India/State	2014-16	2015-17	2016-18	2017-19	2018-20
	All India	130	122	113	103	97
1	Andhra Pradesh	74	74	65	58	45
2	Assam	237	229	215	205	195
3	Bihar	165	165	149	130	118
4	Jharkhand		76	71	61	56
5	Gujarat	91	87	75	70	57
6	Haryana	101	98	91	96	110
7	Karnataka	108	97	92	83	69
8	Kerala	46	42	43	30	19
9	Madhya Pradesh	173	188	173	163	173
10	Chhattisgarh		141	159	160	137
11	Maharashtra	61	55	46	38	33
12	Odisha	180	168	150	136	119
13	Punjab	122	122	129	114	105
14	Rajasthan	199	186	164	141	113
15	Tamil Nadu	66	63	60	58	54
16	Telangana	81	76	63	56	43
17	Uttar Pradesh	201	216	197	167	167
18	Uttarakhand	-	89	99	101	103
19	West Bengal	101	94	98	109	103
20	Other States	97	96	85	77	77
*SRS does not release Maternal Mortality Ratio (MMR) of the following States and UTs.- Andaman & Nicobar Islands, Arunachal Pradesh, Chandigarh, Delhi, Goa, Himachal Pradesh, Jammu and Kashmir, Ladakh, Lakshadweep, Manipur, Meghalaya, Mizoram, Nagaland, Puducherry, Sikkim, The Dadra and Nagar Haveli and Daman and Diu, Tripura						

STATEMENT-IV

Total funds allocated and released under the BBBP scheme since inception are as under:

Rs. in Crores

Sl. No.	Financial Year	Revised Estimates (R.E)	Funds released For Multi Sectoral Intervention including mediaadvocacy
1	2014-15	50	34.84
2	2015-16	75	59.37
3	2016-17	43	28.66
4	2017-18	200	169.1
5	2018-19	280	244.73
6	2019-20	200	85.78
7	2020-21	100	60.57
8	2021-22	100	58.8
9	2022-23	108	91.98
10	2023-24	90.5	88.63
11	2024-25	33.08	33.08
	Total	1279.58	955.54

CHILD CARE INSTITUTIONS

***484. DR. THOL THIRUMAAVALAVAN:**

DR. D. RAVI KUMAR :

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

- (a) whether as per National Human Rights Commission Report, 2022, out of estimated three crore orphan and abandoned children only about 2.6 lakh children live in 7000 Children Care Institutions (CCIs) in country leaving a large number in need of institutional care;
- (b) if so, whether any measures are being taken to resolve the issue, if so, the details thereof and if not, the reasons therefor;

- (c) whether despite being covered under Juvenile Justice Act, 28% of CCIs are not registered with State Governments and 39.6% of CCIs are not visited by State Inspection Committees on a random basis according to the CAG Report; and
- (d) if so, the details of the measures being taken thereon and if not, the reasons therefor?

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

(a) and (b): National Human Rights Commission has informed that no such report has been published.

The Ministry of Women and Child Development is the nodal Ministry for 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 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, rehabilitation and social re-integration. 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. The primary responsibility of implementation of the JJ Act lies with the respective State/UT Governments.

Under Sections 27-30 of the Juvenile Justice (Care and Protection of Children) Act, 2015, the Child Welfare Committees have been empowered to take decisions with regard to the children in need of care and protection, keeping their best interest in mind. They are also mandated to monitor the functioning 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. The JJ Act, 2015 (Section 109) provides for the National Commission for Protection of Child Rights at national level and State Commission for Protection of Child Rights at State level respectively to monitor the implementation of the Act.

Ministry of Women and Child Development is implementing a Centrally Sponsored Scheme namely 'Mission Vatsalya', through the State/ UT Governments on predefined cost sharing basis between the Central and the State Governments to deliver services for children in difficult circumstances which includes institutional care and non-institutional care services. 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. Under the Mission Vatsalya Scheme, the District Child Protection Unit functions under the overall supervision of District Magistrate to ensure review, monitoring and inspection of the service delivery institutions i.e. Child Care Institutions and the care provided.

The scheme, through Toll-free Child Helpline (1098) also provides for emergency outreach services (24x7) for children in difficult circumstances. It is further integrated with the Emergency Response Support System-112 (ERSS-112) Helpline of the Ministry of Home Affairs and Women Helpline 181.

The Ministry has issued various guidelines and advisories from time to time for strengthening implementation of Mission Vatsalya by the States/UTs. These include Mission Vatsalya Guidelines, Standard Operating Procedures for Child Helpline & Model Foster Care Guidelines 2024.

The Ministry regularly follows up with the State/ UT Governments 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 implementation of the scheme lies with the States/ UTs.

(c) and (d): Comptroller & Auditor General of India have informed that no such observations have been made in their report.

Under section 41(1) of the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015), all institutions whether run by a State Government or by voluntary or non-governmental organisations, for housing children in need of care and protection or children in conflict with law are required to be registered under the JJ Act, 2015. Section 42 of the JJ Act, 2015 also provides for punishment of any person, or persons, in-charge of an institution housing children in need of care and protection and children in conflict with law, who fails to comply with the provisions of section 41(1) of the JJ Act, 2015. 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 being the focal point in the district for implementation of the Act, takes 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.

PMBJP IN TAMIL NADU

***485. SHRI MALAIYARASAN D.:**

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

- (a) the number of Pradhan Mantri Bharatiya Jan Aushadhi Kendras (PMBJKs) set up in Tamil Nadu under the Pradhan Mantri Bharatiya Jan Aushadhi Pariyojana (PMBJP);
- (b) the steps taken to increase the availability of generic medicines and medical consumables under this scheme in Tamil Nadu;
- (c) the measures adopted to raise awareness about the PMBJP outlets and affordable medicines in rural and remote areas of Kallakurichi district of Tamil Nadu;
- (d) the impact assessment of the scheme on the healthcare affordability of the common people, especially in low-income families in Kallakurichi district of Tamil Nadu; and

(e) the plan, if any, for further expansion of PMBJKs in Tamil Nadu and any initiatives to promote quality healthcare through this scheme in the State?

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

As on 31.3.2025, the number of Jan Aushadhi Kendras (JAKs) opened across the country under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana scheme stood at 15,403, which included 1,420 JAKs opened in the State of Tamil Nadu.

To increase the availability of generic medicines and medical consumables under the scheme across the country, including the State of Tamil Nadu, the following steps have been taken:

- (i) A minimum stocking mandate has been implemented for 200 medicines consisting of the 100 top-selling medicines in the scheme product basket and 100 fast-selling medicines in the market. Under the stocking mandate, JAK owners become eligible for claiming incentive based on stocks of the said 200 medicines maintained by them.
- (ii) The scheme's product basket has been expanded to 2,100 types of medicines and 310 surgicals, medical consumables and devices, covering all major therapeutic groups, such as cardiovascular, anti-cancers, anti-diabetic, anti-infectives, anti-allergic and gastro-intestinal medicines and nutraceuticals.

To spread awareness about the scheme, including in rural and remote areas in Kallakurichi district of Tamil Nadu and elsewhere in the country, the Pharmaceuticals and Medical Devices Bureau of India, the scheme

implementing agency, regularly undertakes several measures including the following:

- (i) Issuance of advertisements in various modes, such as the print media, radio, television, mobile application, cinema, hoardings, branding of bus queue shelters and buses, auto wrapping and television screens at Common Service Centres;
- (ii) Outreach through social media platforms, such as Facebook, X, Instagram and YouTube; and
- (iii) Celebration of Jan Aushadhi Diwas on the 7th of March every year.

While no impact study has been done specifically for the Kallakurichi district of Tamil Nadu, under the scheme, quality generic medicines are being made available through the JAK network at maximum retail prices (MRPs) that are about 50% to 80% lower than MRPs of leading branded medicines in the market. On an average, 10 to 12 lakh persons visit Jan Aushadhi Kendras daily and avail of quality medicines at affordable prices. In the last 10 years, medicines worth ₹6,975 crore in MRP terms have been sold through JAKs, resulting in estimated savings of about ₹30,000 crore to citizens in comparison to the prices of branded medicines.

The Government has set to increase the number of JAKs opened across the country, including in the State of Tamil Nadu. The Government has adopted a franchisee-like model has been adopted for the opening of JAKs, under which applications are invited online, through the website www.janaushadhi.gov.in, from individual entrepreneurs, non-governmental organisations, societies, trusts, firms, private companies, etc. Plans to increase the number of JAKs in rural areas of the

country, including in the State of Tamil Nadu. Plans to increase the number of JAKs in rural areas of the country and promote quality healthcare through the same, including in the State of Tamil Nadu, include the following:

- (i) In addition to the incentive of 20% of the monthly purchases made by JAK owners, subject to a monthly ceiling of ₹20,000 and meeting certain conditions such as maintaining stock of specified medicines, for which all JAK owners are eligible, a one-time incentive of ₹2 lakh is provided to outlets opened in 112 Aspirational Districts (which include Virudhunagar and Ramanathapuram districts in the State of Tamil Nadu), the North-Eastern States, Himalayan areas and Island territories, as support towards furniture, computers, refrigerators and other fixtures.
- (ii) State Governments, including the Government of Tamil Nadu, have been requested from time to time to provide rent-free space for opening JAKs in government hospitals, community health centres and primary health centres, and to create awareness about the scheme.
- (iii) To increase the number of JAKs in rural areas, the cooperative sector has been partnered with for opening JAKs through Primary Agricultural Credit Societies (PACS) and other cooperative societies. Till 31.3.2025, 730 JAKs have been opened in PACS and other cooperative societies across the country, including five in the State of Tamil Nadu.

आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना

*486. श्री अजय भट्ट:

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

- (क) आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना के अंतर्गत लाभ प्राप्त करने के लिए पात्रता के क्या मानदंड निर्धारित किए गए हैं; और
- (ख) उक्त योजना के अंतर्गत चिकित्सा उपचार प्राप्त करने के लिए सरकार द्वारा स्वास्थ्य बीमा कवर की कितनी राशि निर्धारित की गई है?

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

(क) और (ख): आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) सरकार की एक प्रमुख योजना है, जिसमें 1961 चिकित्सा-प्रक्रियाओं के साथ 27 विभिन्न चिकित्सा विशेषज्ञताओं में मध्यम और विशिष्ट स्वास्थ्य 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।

एबी-पीएमजेएवाई के तहत पात्रता मानदंडों में समय के साथ बदलाव हुए हैं। जनवरी 2022 से, एबी-पीएमजेएवाई के लाभार्थी आधार को 10.74 करोड़ परिवारों से बढ़ाकर 12 करोड़ परिवार कर दिया गया है, जिसमें सामाजिक-आर्थिक जातिगत जनगणना (एसईसीसी), अंत्योदय अन्न योजना (एएवाई), राष्ट्रीय खाद्य सुरक्षा अधिनियम (एनएफएसए) आदि जैसे विभिन्न डेटाबेस के आधार पर पात्र परिवारों को शामिल किया गया है।

मार्च 2024 में, इस योजना के तहत पात्रता मानदंडों का विस्तार करके 37 लाख मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ता (आशाकर्मी), आंगनवाड़ी कार्यकर्ता (एडब्ल्यूडब्ल्यू), आंगनवाड़ी सहायिका (एडब्ल्यूएच) और उनके परिवारों को शामिल किया गया है। हाल ही में, इस योजना का विस्तार करके आयुष्मान वय वंदना कार्ड के माध्यम से 4.5 करोड़ परिवारों से संबंधित 70 वर्ष और उससे अधिक आयु के 6 करोड़ वरिष्ठ नागरिकों को, चाहे उनकी सामाजिक-आर्थिक स्थिति कुछ भी हो, शामिल किया गया है।

एबी-पीएमजेएवाई को लागू करने वाले कई राज्यों और संघ राज्य क्षेत्रों ने गैर-एसईसीसी डेटा स्रोतों (राष्ट्रीय खाद्य सुरक्षा अधिनियम, राज्य विशिष्ट डेटासेट सहित) का उपयोग करके योजना के तहत लाभार्थी आधार का और विस्तार किया है।

FAMILY COURTS

***487. SHRI G. SELVAM:**

SHRI C. N. ANNADURAI:

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

- (a) the number of family courts functioning in Tamil Nadu;
- (b) whether the Government has any proposal to set up new family courts where these have not been established yet and if so, the details thereof and the timeline for implementation, district-wise in Tamil Nadu;
- (c) whether the Government is aware of the challenges faced by family courts in handling matrimonial and custody cases, if so, the details of such challenges including shortage of judges, infrastructure constraints and procedural delays;
- (d) the steps taken/proposed to be taken to strengthen the functioning of family courts in the country;
- (e) whether the Government has encouraged the use of Alternative Dispute Resolution (ADR) mechanisms such as mediation and counseling in family courts, if so, the details of such initiatives and their success rate; and
- (f) the plan of the Government to further integrate ADR mechanisms to reduce the burden on the courts?

**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 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 and family affairs and for matters connected therewith. Under Section 3(1) (a) of the Family Courts 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.

As per the information received from the High Courts, as on 28.02.2025, 914 Family Courts are functional across the country including 40 Family Courts in the State of Tamil Nadu. The State/UT- wise number of functional Family Court, is given in the enclosed **Statement**.

In 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. Considering the 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/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.

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.

Further, the Government has taken several initiatives to provide an ecosystem for faster disposal of cases by the judiciary, as under:

- i. 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 coordinated approach for phased liquidation of arrears and pendency in judicial administration, which, inter-alia, involves better infrastructure for courts including computerization, increase in sanctioned strength of District and Subordinate Courts, policy and legislative measures in the areas prone to excessive litigation and re-engineering of court procedure for quick disposal of cases and emphasis on human resource development.
- ii. Under the Centrally Sponsored Scheme for development of Judicial Infrastructure, funds are being released to States/UTs for construction of court halls, residential quarters for judicial officers, lawyers' halls, toilet complexes and digital computer rooms that ease the life of various stakeholders including the litigants, thereby aiding justice delivery. As on 28.02.2025, Rs. 11886.29 crores have been released since the inception of the Centrally Sponsored Scheme (CSS) for Development of Infrastructure Facilities for the Judiciary in 1993-94. The number of court halls has increased from 15,818 as on 30.06.2014 to 22,062 as on 28.02.2025 and the number of residential units has increased from 10,211 as on 30.06.2014 to 19,775 as on 28.02.2025, under this scheme.
- iii. Further, under Phase I & II of the e-Courts Mission Mode Project, Information and Communication Technology (ICT) had been leveraged for IT enablement

of District and Subordinate Courts. 18,735 District and Subordinate Courts were computerized till 2023. WAN connectivity has been provided to 99.5% of court complexes. Video conferencing facility has been enabled between 3,240 court complexes and 1,272 corresponding jails. As on 28.02.2025, 1572 eSewa Kendras in District Courts and 39 eSewa Kendras in High Courts have been made functional to bridge the digital divide by providing citizen centric services to lawyers and litigants. 28 virtual courts have been set up in 21 States/UTs. As on 28.02.2025, these courts have handled more than 6.95 crore cases and realized more than Rs. 736.11 crores in fines. The Cabinet, on 13.09.2023, has approved Phase-III of the eCourts Project at an outlay of Rs.7,210 crore. Taking the gains of Phase-I and Phase-II to the next level, the e-Courts Phase-III aims to usher in a regime of enhanced ease of justice by moving towards digital, online and paperless courts. It intends to incorporate latest technology such as Artificial Intelligence (AI), Block Chain, etc. to make justice delivery progressively more robust, easy and accessible to all the stakeholders.

- iv. In pursuance of a Resolution passed in Chief Justices' Conference held in April, 2015, Arrears Committees have been set up in all 25 High Courts to clear cases pending for more than five years. Arrears Committees have been set up under District Courts as well.
- v. Under the aegis of the Fourteenth Finance Commission, the Fast Track Courts have been established for dealing with cases of heinous crimes, cases involving senior citizens, women, children, etc. As on 28.02.2025, 857 Fast Track Courts are functional across the country. To fast-track criminal cases involving elected

MPs / MLAs, ten (10) Special Courts are functional in nine (9) States/UTs. Further, the Central Government has approved a Scheme for setting up Fast Track Special Courts (FTSCs) across the country for the expeditious disposal of pending cases of Rape and POCSO Act. As on 28.02.2025, 745 FTSCs including 404 exclusive POCSO (ePOCSO) Courts are functional in 30 States/UTs across the country which have disposed of more than 3,13,000 cases.

- vi. With a view to reduce pendency and unclogging of the courts, the Government has amended various laws like The Negotiable Instruments (Amendment) Act, 2018, The Commercial Courts (Amendment) Act, 2018, The Specific Relief (Amendment) Act, 2018, The Arbitration and Conciliation (Amendment) Act, 2019 and The Criminal Laws (Amendment) Act, 2018.
- vii. Alternate Dispute Resolution methods have been promoted whole heartedly. Accordingly, The Commercial Courts Act, 2015 was amended in August, 2018 making Pre-institution Mediation and Settlement (PIMS) mandatory in case of commercial disputes. In order to further enhance the efficiency of the PIMS mechanism, the Government, through The Mediation Act, 2023, has further amended the Commercial Court Act, 2015. Amendments to The Arbitration and Conciliation Act, 1996 have been made in the years 2015, 2019 & 2021 for expediting the speedy resolution of disputes.

Under The Commercial Courts Act, 2015, there is a provision for case management hearing which provides for an efficient, effective and purposeful judicial management of a case so as to achieve a timely and qualitative resolution

of a dispute. It assists in early identification of disputed issues of fact and law, establishment of procedural calendar for the life of the case and the exploration of possibilities of the resolution of the dispute.

Another novel feature introduced for the commercial courts is the system of color banding which limits the number of adjournments that can be granted in any commercial matter to three and alerts the judges about listing of the cases in accordance with their stage of pendency.

- viii. Lok Adalat is an important Alternative Disputes Resolution Mechanism available to common people. It is a forum where the disputes/ cases pending in the court of law or at pre-litigation stage are settled/ compromised amicably. Under The Legal Services Authorities (LSA) Act, 1987, an award made by a Lok Adalat is deemed to be a decree of a civil court and is final and binding on all parties and no appeal lies against thereto before any court. Lok Adalat is not a permanent establishment. National Lok Adalats are organized simultaneously in all Taluks, Districts and High Courts on a pre-fixed date.

The details of the cases disposed of in National Lok Adalats during the last four years are as under: -

Years	Pre-litigation Cases	Pending Cases	Grand Total
2021	72,06,294	55,81,743	1,27,88,037
2022	3,10,15,215	1,09,10,795	4,19,26,010
2023	7,10,32,980	1,43,09,237	8,53,42,217
2024	8,70,19,059	1,75,07,060	10,45,26,119
TOTAL	19,62,73,548	4,83,08,835	24,45,82,383

- ix. The Government launched the Tele-Law programme in 2017, which provides an effective and reliable e-interface platform connecting the needy and disadvantaged sections seeking legal advice and consultation with panel lawyers via video conferencing, telephone and chat facilities available at the Common Service Centres (CSCs) situated in Gram Panchayats and through Tele-Law mobile App.

*Percentage-wise break-up of Tele – Law Data

Categor y	Cases Registered	% Wise Break Up	Advice Enabled	% Wise Break Up
Gender Wise				
Female	43,50,146	39.53%	42,92,045	39.49%
Male	66,55,274	60.47%	65,77,616	60.51%
Caste Category Wise				
General	25,94,779	23.58%	25,54,696	23.50%
OBC	34,67,629	31.51%	34,21,343	31.48%
SC	34,55,009	31.39%	34,19,433	31.46%
ST	14,88,003	13.52%	14,74,189	13.56%
TOTAL	1,10,05,420		1,08,69,661	

*Data as on 28.02.2025.

- x. Efforts have been made to institutionalize pro bono culture and pro bono lawyering in the country. A technological framework has been put in place where advocates volunteering to give their time and services for pro bono work can register as Pro Bono Advocates on Nyaya Bandhu (Android & iOS and Apps). Nyaya Bandhu Services are also available on UMANG Platform. Pro Bono Panel of advocates has been initiated in 23 High Courts at the State/UT level. Pro Bono Clubs have been started in 109 Law Schools to instill Pro Bono culture in budding lawyers.

(e) and (f): The Government is promoting alternate dispute resolution (ADR) mechanisms including mediation and counseling in family courts to facilitate amicable settlements and reduce litigation burdens, as these mechanisms are less adversarial and are capable of providing a better substitute to the conventional methods of resolving disputes. The use of ADR mechanisms is also expected to reduce the burden on the judiciary and thereby enable timely justice dispensation to citizens of the country. The Government is further taking policy and legislative interventions, to strengthen these mechanisms and make them more efficacious and expeditious.

Section 9 of the Family Courts Act, 1984, mandates Family Courts to make efforts for settlement before proceeding with litigation, emphasizing the importance of mediation and conciliation in resolving family disputes.

STATEMENT

**The State/UT- wise details of number of functional Family Courts as on
28.02.2025**

S.No	Name of the State/UTs	Number of Functional Family Courts
1	Andhra Pradesh	16
2	Andaman & Nicobar island	1
3	Arunachal Pradesh	0
4	Assam	7
5	Bihar	39
6	Chandigarh	0
7	Chhattisgarh	27
8	Dadra & Nagar Haveli and Daman & Diu	0
9	Delhi	30
10	Goa	0

11	Gujarat	108
12	Haryana	33
13	Himachal Pradesh	3
14	Jammu & Kashmir	4
15	Jharkhand	30
16	Karnataka	41
17	Kerala	37
18	Ladakh	2
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	34
29	Rajasthan	50
30	Sikkim	6
31	Tamil Nadu	40
32	Telangana	22
33	Tripura	9
34	Uttar Pradesh	189
35	Uttarakhand	27
36	West Bengal	6
	TOTAL	914

SUPREME COURT BENCH IN TAMIL NADU

***488. SHRI TAMILSELVAN THANGA:**

DR. M. K. VISHNU PRASAD:

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

(a) whether the Union Government has received any proposal from the Government of Tamil Nadu or lawyers fraternity to set up a Supreme Court Bench in Tamil Nadu which is a very long pending demand from the Southern States; and

(b) 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) and (b): Article 130 of the Constitution of India provides that the Supreme Court shall sit in Delhi or in such other place or places as the Chief Justice of India may, with the approval of the President, from time to time, appoint.

2. Representations have been received from time to time from various quarters for establishment of Benches of Supreme Court in various parts of the Country. The Eleventh Law Commission in its 125th Report titled “The Supreme Court - A Fresh Look”, submitted in 1988, reiterated the recommendations made by Tenth Law Commission in its 95th Report for splitting the Supreme Court into two namely (i) Constitutional Court at Delhi and (ii) Court of appeal or Federal Court sitting in North, South, East, West and Central India. The Eighteenth Law Commission in its 229th Report submitted in 2009 had also suggested that a Constitutional Bench be set up at Delhi and four Cassation Benches be set up in the Northern region at Delhi, Southern region at Chennai/Hyderabad, Eastern region at Kolkata and Western region at Mumbai.

3. The matter was referred to the Chief Justice of India, who informed that after consideration of the matter, the Full Court in its meeting held on 18th February,

2010, found no justification for setting up of benches of the Supreme Court outside Delhi. The Chief Justice of India had earlier conveyed similar views in August, 2007.

4. In Writ Petition WP(C) No. 36/2016 on establishment of National Court of Appeal, the Supreme Court vide its judgment dated 13.07.2016 deemed it proper to refer the aforementioned issue to Constitutional Bench for authoritative pronouncement. The matter is currently sub-judice in the Supreme Court.

वैध वीजा पर अमेरिका जाने वाले भारतीय

489. श्री अमरा राम:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) संयुक्त राज्य अमेरिका(यूएसए) में कुल कितने भारतीय नागरिक हैं तथा वैध वीजाधारक नागरिकों और अवैध तरीके(डंकी मार्ग) से गए नागरिकों का ब्यौरा क्या है; और
- (ख) अवैध तरीके(डंकी मार्ग) से लोगों को भेजने में शामिल व्यक्तियों के विरुद्ध सरकार क्या कार्रवाई कर रही है?

पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय में राज्य मंत्री; तथा विदेश मंत्रालय में राज्य मंत्री (श्री कीर्ति वर्धन सिंह):

(क) और (ख): 2024 के अनुमानों के अनुसार, संयुक्त राज्य अमेरिका में 20,77,158 अनिवासी भारतीय हैं। भारत सरकार के पास विभिन्न श्रेणियों के अमेरिकी वीजा धारक एनआरआई व्यक्तियों का ब्यौरा नहीं है। यह आंकड़े भी अत्यधिक परिवर्तनशील हैं, क्योंकि किसी व्यक्ति की वर्तमान वीजा स्थिति से दूसरी वीजा स्थिति में परिवर्तन हो सकता है।

भारत सरकार उन लोगों की संख्या के आंकड़े नहीं रखती है जो अवैध तरीकों और मार्गों से अमेरिका में प्रवेश कर चुके हैं। ऐसे लोगों से संबंधित आंकड़े केवल समय-समय पर होने वाली प्रत्यावर्तन कार्रवाइयों के संदर्भ में अमेरिकी प्राधिकारियों से प्राप्त होते हैं।

निर्वासित होकर वापस लौटे लोगों के दर्दनाक अनुभवों और साक्ष्यों के आधार पर केन्द्र और संबंधित राज्य सरकारों/एजेंसियों ने मामले दर्ज किए हैं, तथा इन रैकेटों को चलाने वाले कई अवैध आव्रजन एजेंटों, आपराधिक गतिविधियों में सहायता प्रदाता और मानव तस्करी गिरोहों के खिलाफ जांच एवं कार्रवाई जारी है।

‘आयुष’ में रिक्त पदों का बैकलॉग

*490. श्री अनिल फिरोजिया:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) मंत्रालय के अंतर्गत कुल कितने रिक्त पदों का बैकलॉग है;
- (ख) सरकार द्वारा उक्त रिक्त पदों को भरने के लिए क्या कदम उठाए गए हैं तथा इन्हें कब तक भरे जाने की संभावना है;
- (ग) सरकार द्वारा अनुसूचित जाति/अनुसूचित जनजाति के अभ्यर्थियों की नियुक्ति प्रक्रिया में होने वाले विलंब तथा उनके द्वारा विभागों के चक्कर लगाए जाने की समस्या से उन्हें राहत प्रदान करने के लिए क्या प्रावधान किए गए हैं;
- (घ) क्या सरकार का यह सुनिश्चित करने का कोई प्रस्ताव है कि भविष्य में अनुसूचित जाति/अनुसूचित जनजाति के लिए आरक्षित पदों का बैकलॉग न रहे तथा उन्हें समय पर भरा जाए, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ङ) क्या सरकार का अनुसूचित जाति/अनुसूचित जनजाति के रिक्त पदों का बैकलॉग भरने के लिए कोई विशेष भर्ती अभियान चलाने का विचार है; और
- (च) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा इस संबंध में क्या समय-सीमा निर्धारित की गई है?

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

(क): आयुष मंत्रालय के अंतर्गत बैकलॉग रिक्तियों की कुल संख्या 44 है (एससी – 11, एसटी – 06, ओबीसी – 27)।

(ख): बैकलॉग रिक्तियों के साथ-साथ रिक्तियां होना और उनका भरा जाना एक निरंतर प्रक्रिया है और इसके लिए कोई समय-सीमा निर्धारित नहीं की जा सकती। आयुष मंत्रालय और इसके अधीनस्थ कार्यालय/स्वायत्त संगठन नियमित रूप से भर्ती करते हैं ताकि यह सुनिश्चित किया जा सके कि आरक्षण रोस्टर के अनुसार सभी रिक्तियां और बैकलॉग रिक्तियां समय पर भरी जाएं।

(ग) और (घ): भारत सरकार बेहतर शासन के लिए प्रतिबद्ध है जो नागरिक केंद्रित है। भारत सरकार का समग्र दृष्टिकोण न्यूनतम सरकार और अधिकतम अभिशासन है। इस दृष्टिकोण को प्राप्त करने के लिए, कार्मिक और प्रशिक्षण विभाग (डीओपीटी) ने दिनांक 29.06.2016 के कार्यालय ज्ञापन सं. 18011/2 (एस)/2016-स्था. (ख) (i) के माध्यम से पूर्व चरित्र सत्यापन की नीति में सुधार करने का निर्णय लिया और यह निर्धारित किया कि नियुक्ति पत्रों के मुद्दे को ऐसे सत्यापन के लंबित रहने तक रोका नहीं जाना चाहिए। डीओपीटी के दिनांक 29.06.2016 के कार्यालय ज्ञापन के अनुसरण में, आयुष मंत्रालय उम्मीदवारों से सत्यापन फॉर्म और स्व-घोषणा प्राप्त करने के बाद, अनंतिम नियुक्ति पत्र जारी करता है जो सुनिश्चित करता है कि एससी/एसटी उम्मीदवारों सहित सभी को राहत मिले और नियुक्ति प्रक्रिया समयबद्ध तरीके से पूरी हो। इसके अतिरिक्त, सरकार ने दिनांक 01.01.2016 से समूह 'ख' (गैर-राजपूत्रित) तक के विभिन्न कनिष्ठ स्तर के पदों के लिए नियुक्ति की पद्धति अर्थात् पदोन्नति, प्रतिनियुक्ति, सीधी भर्ती के लिए साक्षात्कार बंद कर दिया है।

(ङ): जी नहीं।

(च): प्रश्न नहीं उठता।

SPECIAL PACKAGE ON DAP***491. SHRI ARUN BHARTI:**

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

- (a) whether the Government has approved the extension of the One-time Special Package on Di-Ammonium Phosphate (DAP) beyond the NBS subsidy, and if so, the details thereof;
- (b) the manner in which this extension aims to ensure sustainable availability DAP at affordable prices for farmers, particularly in light of recent geopolitical challenges;
- (c) the financial implications this extension have for the Government budget, and the manner in which it will impact farmers' access to fertilizers;
- (d) whether there are any targets or strategies in place to monitor the effectiveness of this subsidy in stabilizing DAP prices for farmers; and
- (e) the manner in which this initiative reflects the Government's ongoing commitment to farmers' welfare and agricultural sustainability in the country?

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

(a) to (e): The Government approved Special Package on DAP @ 3,500 per MT or actual applicable expenses whichever is lower in addition to the NBS subsidy rates from 01.04.2024 to 31.12.2024. This provision was extended upto 31.03.2025 with overall approximate total financial implication of Rs. 3346 crore from 01.04.2024 to 31.03.2025. Now the Government of India has extended the package on DAP for from 01.04.2025 to 30.09.2025 with approximate financial

implication of Rs. 2095.45 crores. Under the NBS Policy, in view of volatility in international prices of key fertilizers and raw materials, the Government has subsumed fluctuations while fixing the NBS rates bi-annually in the recent years. Further, in view of the geopolitical situation the measure on special package on DAP has ensured sustainable availability of DAP to the farmers at affordable rate of Rs. 1350 per 50 kg bag. Through fixing of NBS subsidy rates bi-annually and continuous monitoring of MRP of subsidized fertilizer including DAP it has been ensured that the subsidized fertilizers are available at reasonable price and DAP available at affordable price of Rs. 1350 per 50 Kg bag to the farmers across the country. The initiative has ensured support to the agriculture sector and related activities for strengthening food security of the country.

प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन

***492. श्री मुकेश राजपूत:**

श्री मनोज तिवारी:

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

- (क) प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) की शुरुआत से लेकर इसके अंतर्गत फरवरी, 2025 तक असम, छत्तीसगढ़, राजस्थान, महाराष्ट्र और विशेषकर हरियाणा के भिवानी-महेंद्रगढ़ संसदीय निर्वाचन क्षेत्र सहित राज्यवार कितनी धनराशि आवंटित और व्यय की गई है;
- (ख) उक्त मिशन के कार्यान्वयन के लिए महाराष्ट्र सहित देश भर में राज्यवार क्या समय-सीमा तय की गई है;
- (ग) आयुष्मान भारत डिजिटल मिशन (एबीडीएम) के अंतर्गत फरवरी 2025 तक देश में राज्यवार और जिलावार तथा कर्नाटक के बेंगलुरु, विशेषकर छत्तीसगढ़ के महासमुंद, धमतरी और गरियाबंद

जिलों और हरियाणा के भिवानी-महेन्द्रगढ़ संसदीय निर्वाचन क्षेत्र में कुल कितने आयुष्मान भारत स्वास्थ्य खाते (एबीएचए) बनाए गए हैं और हेल्थकेयर प्रोफेशनल रजिस्ट्री (एचपीआर) पोर्टल पर कितने स्वास्थ्य सेवा पेशेवर पंजीकृत हैं और स्वास्थ्य सेवा सुविधाएं कितनी हैं;

(घ) क्या सरकार ने भविष्य में संभावित महामारी से निपटने के लिए देश में स्वास्थ्य ढांचे को विकसित/मजबूत करने के लिए कोई कदम उठाए हैं और यदि हां, तो विशेषकर महाराष्ट्र सहित तत्संबंधी राज्यवार ब्यौरा क्या है;

(ङ) सरकार द्वारा उठाए गए / उठाए जा रहे इन उपायों से विशेषकर महाराष्ट्र सहित देश में भविष्य में स्वास्थ्य संकट की स्थिति से निपटने हेतु तैयारियों में किस प्रकार वृद्धि होने की संभावना है;

(च) देश के ग्रामीण और दूरदराज/अल्पविकसित क्षेत्रों विशेषकर महाराष्ट्र में स्वास्थ्य सुविधाओं में सुधार के लिए उक्त मिशन की पहुंच सुनिश्चित करने हेतु क्या कदम उठाए जा रहे हैं; और

(छ) आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन को लागू करने में क्या चुनौतियां हैं और उनका समाधान करने के लिए क्या कदम उठाए जा रहे हैं?

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

(क) और (ख): प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) केंद्रीय क्षेत्र के कुछ घटकों (सीएस) वाली एक केंद्र प्रायोजित योजना (सीएसएस) है, जिसका योजना अवधि (2021-22 से 2025-26 तक) के लिए 64,180 करोड़ रुपये का परिव्यय है। इसे भारत सरकार द्वारा देश में स्वास्थ्य के बुनियादी ढांचे को मजबूत करने और भविष्य में संभावित महामारी से निपटने के लिए प्रारंभ किया गया है। योजना के सीएसएस घटक के तहत, राज्यों/संघ राज्य क्षेत्रों को वित्त वर्ष 2021-22 से 2024-25 तक के लिए 20451.31 करोड़ रुपये की प्रशासनिक मंजूरी दी गई है। चार वर्षों (अर्थात् वित्त वर्ष 2021-22 से 2024-25 तक) के लिए पीएम-एबीएचआईएम के सीएसएस घटक के तहत सभी घटकों के लिए राज्यों/संघ राज्य क्षेत्रों को दी गई मंजूरी के साथ-साथ प्रदान की गई सहायता का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

हरियाणा के भिवानी और महेंद्रगढ़ प्रत्येक जिले में 50 बिस्तरों वाले एक-एक क्रिटिकल केयर ब्लॉक (23.75 करोड़ रुपये की लागत से) और एक-एक एकीकृत जन स्वास्थ्य प्रयोगशाला (1.25 करोड़ रुपये की लागत से) के लिए मंजूरी दी गई है।

पीएम-आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के केंद्र प्रायोजित योजना (सीएसएस) घटक के तहत इसकी शुरुआत से लेकर फरवरी, 2025 तक राज्य/संघ राज्य क्षेत्र-वार केंद्रीय निर्गत राशि और इस पर हुआ व्यय संलग्न **विवरण-II** में दिया गया है।

(ग): **आयुष्मान भारत स्वास्थ्य खाता (एबीएचए)**- 28 फरवरी 2025 तक देश में बनाए गए एबीएचए, हेल्थकेयर प्रोफेशनल रजिस्ट्री (एचपीआर) पोर्टल पर पंजीकृत स्वास्थ्य परिचर्या पेशेवरों और आयुष्मान भारत डिजिटल मिशन (एबीडीएम) के तहत नामांकित स्वास्थ्य सुविधा केंद्रों की कुल संख्या संलग्न **विवरण-III** में दी गई है। आगे जिलावार ब्यौरा निम्नलिखित लिंक पर देखा जा सकता है:

<https://dashboard.abdm.gov.in/>

(घ) से (च): योजना के सीएसएस घटक के तहत देश भर में, खास तौर पर ग्रामीण और अल्पसेवित क्षेत्रों में स्वास्थ्य परिचर्या के बुनियादी ढांचे को मजबूत करने का प्रावधान किया गया है। योजना के घटक में जमीनी स्तर पर स्वास्थ्य परिचर्या सेवाओं की पहुँच सुनिश्चित करने के लिए 17,788 भवन-रहित उप-केंद्र - आयुष्मान आरोग्य मंदिरों (एएएम) की स्थापना, शहरी क्षेत्रों में झुग्गी-झोपड़ियों में सेवा देने पर विशेष ध्यान देते हुए 11,024 एएएम की स्थापना, ब्लॉक स्तर पर आवश्यक स्वास्थ्य सेवाएँ प्रदान करने के लिए 3,382 ब्लॉक जन स्वास्थ्य इकाइयों (बीपीएचयू) की स्थापना शामिल है। नैदानिक सेवाओं को मजबूत करने के लिए 730 एकीकृत जन स्वास्थ्य प्रयोगशालाओं (आईपीएचएल) की स्थापना का प्रावधान किया गया है। इसके अलावा, 5 लाख से अधिक आबादी वाले जिलों के लिए 602 क्रिटिकल केयर ब्लॉक (सीसीबी) का प्रावधान किया गया है, ताकि आपातकालीन और गहन स्वास्थ्य परिचर्या की बेहतर सेवाएँ सुनिश्चित की जा सकें।

योजना के सीएसएस घटक के अंतर्गत प्रमुख प्रावधानों में केंद्रीय अस्पतालों में 150 बिस्तरों वाले क्रिटिकल केयर ब्लॉकों, महानगर निगरानी इकाइयों (एमएसयू), जैव सुरक्षा स्तर 3 (बीएसएल-3)

प्रयोगशालाओं, राष्ट्रीय रोग नियंत्रण केंद्र (एनसीडीसी) की राज्य और क्षेत्रीय शाखाओं, स्वास्थ्य आपातकालीन संचालन केंद्रों (एचईओसी) और निगरानी के लिए एकीकृत स्वास्थ्य सूचना पोर्टल (आईएचआईपी) की स्थापना शामिल हैं।

पीएम-एबीएचआईएम के सीएसएस घटक के तहत, महाराष्ट्र राज्य के लिए 1077.53 करोड़ रुपये की राशि के साथ 36 एकीकृत जन स्वास्थ्य प्रयोगशालाओं और 36 क्रिटिकल केयर ब्लॉकों की स्थापना का प्रावधान किया गया है। इस कार्यनीतिक निवेश से विशेष रूप से ग्रामीण और दूरदराज के क्षेत्रों में महत्वपूर्ण नैदानिक और आपातकालीन स्वास्थ्य परिचर्या सेवाओं की पहुंच में उल्लेखनीय वृद्धि होगी। इन सुविधाओं के कार्यान्वयन से महामारी और अन्य जन स्वास्थ्य आपात स्थितियों के दौरान महाराष्ट्र की तैयारियों और अनुक्रिया क्षमताओं को बल मिलेगा।

(छ): स्वास्थ्य और अस्पताल राज्य के विषय हैं, इन योजनाओं के क्रियान्वयन की जिम्मेदारी राज्य सरकार की है। इसके अलावा, पीएम-एबीएचआईएम अवसंरचनात्मक विकास की योजना है जिसका उद्देश्य जन स्वास्थ्य सुविधा केंद्रों को मजबूत करना है और इसके आधारभूत कार्य में लंबा समय लगता है। राज्य द्वारा बताया गया है कि साइट का चयन, कार्यान्वयन एजेंसियों की पहचान, विस्तृत परियोजना रिपोर्ट (डीपीआर) की तैयारी तथा निविदा-प्रक्रिया और संविदा प्रदान करने जैसे कार्यों के लिए अधिक समय की आवश्यकता होती है।

योजना के प्रभावी क्रियान्वयन को सुनिश्चित करने के लिए, राज्यों/संघ राज्य क्षेत्रों में परियोजना प्रबंधन इकाई स्थापित करने के लिए सहायता का प्रावधान किया गया है, ताकि पर्याप्त सहायता और समन्वय प्रदान किया जा सके। इसके अलावा, प्रगति की समीक्षा के लिए नियमित बैठकें और सम्मेलन आयोजित किए जाते हैं। प्रगति निगरानी प्रणाली डैशबोर्ड के माध्यम से योजना की अद्यतन प्रगति की निगरानी भी की जाती है।

विवरण - I

चार वर्षों (अर्थात वित्त वर्ष 2021-22, 2022-23, 2023-24 और 2024-25) के लिए राज्यवार अनुमोदन

1. भवन रहित-एएएम (उपकेंद्र-आयुष्मान आरोग्य मंदिर)

क्र.सं.	राज्य/संघ राज्य क्षेत्र	स्वीकृतियां वित्त वर्ष 2021-22 से 2024-25 (4 वर्ष)	
		4 वर्षों के लिए स्वीकृत कुल इकाइयाँ	कुल स्वीकृत राशि (करोड़ रु.में)
1	आंध्र प्रदेश	1786	535.80
2	असम	768	399.59
3	बिहार	2546	1413.04
4	झारखंड	893	495.61
5	मणिपुर	64	35.52
6	मेघालय	151	83.8
7	ओडिशा	604	278.14
8	राजस्थान	1112	455.65
9	उत्तर प्रदेश	1670	926.86
	कुल	9594	4624.01

2. शहरी- आयुष्मान आरोग्य मंदिर (यू-एएएम)

स्वीकृतियां वित्त वर्ष 2021-22 से 2024-25 तक (4 वर्ष)			
क्र.सं.	राज्य/संघ राज्य क्षेत्र	4 वर्षों के लिए स्वीकृत कुल इकाइयां	कुल स्वीकृत राशि (करोड़ रु.में)
1	अंडमान एवं निकोबार द्वीप समूह	4	3.00
2	आंध्र प्रदेश	45	70.25
3	असम	0	0.00
4	चंडीगढ़	19	29.93
5	दमन और दीव	3	4.50
6	दिल्ली*	0	0.00
7	गुजरात	82	44.00

8	हिमाचल प्रदेश	26	39.00
9	जम्मू एवं कश्मीर	69	97.76
10	कर्नाटक	817	512.05
11	मणिपुर	0	0.00
12	मिजोरम	0	0.00
13	ओडिशा	140	32.20
14	पुदुचेरी	21	34.50
15	राजस्थान	371	455.86
16	तमिलनाडु	500	93.00
17	तेलंगाना	500	257.00
18	उत्तर प्रदेश	250	187.50
19	पश्चिम बंगाल	204	153.00
कुल		3051	2013.55

3. ब्लॉक जन स्वास्थ्य इकाइयाँ (बीपीएचयू)

क्र.सं.	राज्य/संघ राज्य क्षेत्र	स्वीकृतियाँ वित्त वर्ष 2021-22 से 2024-25 तक (4 वर्ष)	
		4 वर्षों के लिए स्वीकृत कुल इकाइयाँ	कुल राशि स्वीकृत (करोड़ रु.में)
1	असम	142	129.66
2	बिहार	59	47.77
3	छत्तीसगढ़	54	53.79
4	हिमाचल प्रदेश	50	51.56
5	जम्मू एवं कश्मीर	200	213.89
6	झारखंड	100	99.50
7	मध्य प्रदेश	119	106.91
8	ओडिशा	119	118.44
9	राजस्थान	111	107.29
10	उत्तर प्रदेश	311	318.77
11	उत्तराखंड	59	52.60
	कुल	1324	1300.18

4. एकीकृत जन स्वास्थ्य प्रयोगशालाएँ (आईपीएचएल)

क्र.सं.	राज्य/संघ राज्य क्षेत्र	स्वीकृतियाँ वित्त वर्ष 2021-22 से 2024-25 तक (4 वर्ष)	
		4 वर्षों के लिए स्वीकृत कुल इकाईयाँ	कुल स्वीकृत राशि (करोड़ रु.में)
1	अंडमान एवं निकोबार द्वीप समूह	3	3.75
2	आंध्र प्रदेश	23	37.57
3	अरुणाचल प्रदेश	14	26.33
4	असम	24	36.37
5	बिहार	12	15.00
6	चंडीगढ़	0	0.00
7	छत्तीसगढ़	21	39.49
8	दादरा व नगर हवेली और दमन व दीव	0	0.00
9	दिल्ली	0	0.00
10	गोवा	0	0.00
11	गुजरात	24	44.70
12	हरियाणा	14	26.32
13	हिमाचल प्रदेश	7	12.67
14	जम्मू एवं कश्मीर	14	26.33
15	झारखंड	17	30.57
16	कर्नाटक	21	39.49
17	केरल	10	18.38
18	लद्दाख	2	2.50
19	लक्षद्वीप	1	1.25
20	मध्य प्रदेश	39	60.03
21	महाराष्ट्र	25	45.48
22	मणिपुर	11	21.11
23	मेघालय	7	13.16
24	मिजोरम	7	13.16
25	नागालैंड	7	13.16
26	ओडिशा	21	39.20

क्र.सं.	राज्य/संघ राज्य क्षेत्र	स्वीकृतियां वित्त वर्ष 2021-22 से 2024-25 तक (4 वर्ष)	
		4 वर्षों के लिए स्वीकृत कुल इकाईयां	कुल स्वीकृत राशि (करोड़ रु.में)
27	पुदुचेरी	3	5.22
28	पंजाब	14	26.33
29	राजस्थान	24	42.98
30	सिक्किम	3	5.22
31	तमिलनाडु	28	52.66
32	तेलंगाना	24	44.72
33	त्रिपुरा	4	6.94
34	उत्तर प्रदेश	53	103.76
35	उत्तराखंड	10	13.48
36	पश्चिम बंगाल	17	31.54
	कुल	504	898.86

5. क्रिटिकल केयर हॉस्पिटल ब्लॉक (सीसीबी)

क्र.सं.	राज्य/संघ राज्य क्षेत्र	स्वीकृतियां वित्त वर्ष 2021-25 (4 वर्ष)	
		4 वर्षों के लिए स्वीकृत कुल इकाईयां	कुल स्वीकृत राशि (करोड़ रु.में)
1	अंडमान एवं निकोबार द्वीप समूह	1	23.75
2	आंध्र प्रदेश	16	380.00
3	अरुणाचल प्रदेश	0	0.00
4	असम	17	412.93
5	बिहार	12	401.30
6	चंडीगढ़	1	23.75
7	छत्तीसगढ़	15	425.10
8	दादरा व नगर हवेली और दमन व दीव	0	0.00
9	दिल्ली	0	0.00

क्र.सं.	राज्य/संघ राज्य क्षेत्र	स्वीकृतियां वित्त वर्ष 2021-25 (4 वर्ष)	
		4 वर्षों के लिए स्वीकृत कुल इकाईयां	कुल स्वीकृत राशि (करोड़ रु.में)
10	गोवा	0	0.00
11	गुजरात	22	704.01
12	हरियाणा	15	425.10
13	हिमाचल प्रदेश	4	95.00
14	जम्मू एवं कश्मीर	4	95.00
15	झारखंड	15	427.51
16	कर्नाटक	21	617.16
17	केरल	10	251.27
18	मध्य प्रदेश	35	900.13
19	महाराष्ट्र	24	635.85
20	मणिपुर	0	0.00
21	मेघालय	0	0.00
22	मिजोरम	1	23.75
23	नगालैंड	0	0.00
24	ओडिशा	21	581.40
25	पुदुचेरी	0	0.00
26	पंजाब	17	508.49
27	राजस्थान	24	680.99
28	सिक्किम	1	23.75
29	तमिलनाडु	28	856.52
30	तेलंगाना	21	581.40
31	त्रिपुरा	0	0.00
32	उत्तर प्रदेश	49	1915.35
33	उत्तराखंड	4	95.00
34	पश्चिम बंगाल	17	530.19
	कुल	395	11614.71

विवरण- II

पीएम-एबीएचआईएम योजना के प्रारंभ से लेकर वित्त वर्ष 2024-25 तक इसके अंतर्गत राज्य/संघ राज्य क्षेत्र-वार केन्द्रीय निर्गत राशि और इस पर हुआ व्यय

करोड़ रु.में

क्र.सं.	राज्य/संघ राज्य क्षेत्र का नाम	2021-22		2022-23		2023-24		2024-25	
		केन्द्रीय निर्गत राशि	व्यय	केन्द्रीय निर्गत राशि	व्यय	केन्द्रीय निर्गत राशि	व्यय	केन्द्रीय निर्गत राशि	व्यय
1	अंडमान व निकोबार द्वीप समूह	-	-	1.11	0.00	-	-	1.05	0.47
2	आंध्र प्रदेश	3.75	0.00	15.76	6.25	35.78	28.85	29.32	36.17
3	अरुणाचल प्रदेश	0.56	0.00	0.10	0.00	8.83	2.25	0.00	0.10
4	असम	57.90	0.00	2.26	1.16	91.45	68.45	103.09	89.84
5	बिहार	125.86	0.00	7.17	0.00	0.00	50.69	0.00	47.21
6	चंडीगढ़	0.00	0.00	4.79	1.73	10.38	5.83	5.13	3.11
7	छत्तीसगढ़	11.25	0.00	1.34	11.01	32.23	19.64	14.66	23.27
8	दादरा नगर हवेली और दमन और दीव	-	-	0.24	0.00	0.28	0.21	0.53	0.47
9	गोवा	-	-	0.06	0.00	3.75	0.00	0.00	0.03
10	गुजरात	-	-	29.54	32.24	46.04	56.13	79.38	80.11
11	हरियाणा	11.06	0.00	1.31	0.00	17.67	16.63	0.00	26.46
12	हिमाचल प्रदेश	-	-	28.05	9.98	15.69	15.27	23.11	20.00
13	जम्मू एवं कश्मीर	16.11	0.00	1.00	0.00	44.01	36.67	60.44	49.30
14	झारखंड	44.70	0.00	183.04	240.87	102.27	454.05	21.27	226.57
15	कर्नाटक	11.25	0.00	37.10	18.75	100.57	104.47	69.50	107.36
16	केरल	3.75	0.00	24.89	4.72	0.00	36.66	16.45	20.89
17	लद्दाख	-	-	-	-	0.62	0.31	0.31	0.31
18	लक्षद्वीप	-	-	0.63	0.00	0.00	0.07	0.00	0.39
19	मध्य प्रदेश	22.85	0.00	98.70	99.43	228.52	300.93	60.04	208.94
20	महाराष्ट्र	17.45	0.00	4.07	0.00	31.76	34.47	34.71	36.04
21	मणिपुर	4.56	0.00	10.92	4.56	13.78	16.89	5.74	12.56

22	मेघालय	9.65	0.00	43.28	8.80	4.42	28.02	1.85	20.49
23	मिजोरम	0.28	0.00	1.52	0.27	4.52	1.32	1.96	5.03
24	नागालैंड	0.28	0.00	0.08	0.00	4.42	0.60	0.00	1.08
25	ओडिशा	32.15	0.00	211.46	258.55	171.58	423.43	98.24	151.50
26	पुदुचेरी	0.42	0.00	0.19	0.62	2.67	2.88	1.25	2.11
27	पंजाब	-	-	24.16	0.00	0.00	2.07	1.14	30.46
28	राजस्थान	45.37	0.00	83.59	108.50	173.06	280.43	67.31	99.14
29	सिक्किम	-	-	0.75	0.26	3.88	2.05	0.84	3.19
30	तमिलनाडु	17.45	29.08	150.42	183.35	279.36	389.37	168.72	418.55
31	तेलंगाना	11.25	0.00	53.88	83.75	95.21	141.73	108.65	178.21
32	त्रिपुरा	0.00	-	0.90	0.38	2.48	1.43	2.12	3.15
33	उत्तर प्रदेश	124.63	0.00	173.71	254.04	247.96	252.69	400.95	340.09
34	उत्तराखंड	1.56	0.00	32.31	1.60	0.00	16.35	18.43	15.81
35	पश्चिम बंगाल	9.95	0.00	0.00	9.75	30.91	49.78	71.98	52.41
टिप्पण:									
1. वित्त वर्ष 2021-22 - पीएम-एबीएचआईएम को अक्टूबर, 2021 में लॉन्च किया गया। तदनुसार, वित्त वर्ष 2021-22 में केंद्र द्वारा जारी की गई राशि का उपयोग अगले वर्ष में किया गया।									
2. वित्तीय वर्ष 2024-25 के लिए निर्गत राशि 03.03.2025 तक अद्यतन की गई है तथा यह अनंतिम है।									
3. उपरोक्त निर्गत राशियां केन्द्र सरकार के अनुदान से संबंधित हैं तथा इसमें राज्य का अंशदान शामिल नहीं है।									
4. व्यय में केंद्रीय निर्गत राशि, राज्य निर्गत राशि और वर्ष की शुरुआत में अव्ययित शेष राशि के सापेक्ष व्यय शामिल है। व्यय राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तुत एफएमआर के अनुसार है और अनंतिम है। वित्त वर्ष 2023-24 के लिए व्यय 31.03.2024 तक अद्यतन किया गया है और अनंतिम है। वित्त वर्ष 2024-25 के लिए व्यय 31.01.2025 तक अद्यतन (अरुणाचल प्रदेश और चंडीगढ़ को छोड़कर 31.12.2024 तक) किया गया है।									

विवरण- III

28 फरवरी 2025 तक देश में बनाए गए एबीएचए, हेल्थकेयर प्रोफेशनल रजिस्ट्री (एचपीआर) पोर्टल पर पंजीकृत स्वास्थ्य परिचर्या पेशेवरों और आयुष्मान भारत डिजिटल मिशन (एबीडीएम) के तहत नामांकित स्वास्थ्य सुविधा केंद्रों की कुल संख्या

क्र.सं.	राज्य	बनाए गए आभा कार्ड	स्वास्थ्य पेशेवर रजिस्ट्री (एचपीआर) में सत्यापित पंजीकरण	स्वास्थ्य सुविधा केंद्र में सत्यापित पंजीकरण (एचएफआर)
1	अंडमान व निकोबार द्वीप समूह	4,49,668	628	229
2	आंध्र प्रदेश	4,35,85,733	58,967	19,867
3	अरुणाचल प्रदेश	4,02,187	2,382	573

क्र.सं.	राज्य	बनाए गए आभा कार्ड	स्वास्थ्य पेशेवर रजिस्ट्री (एचपीआर) में सत्यापित पंजीकरण	स्वास्थ्य सुविधा केंद्र में सत्यापित पंजीकरण (एचएफआर)
4	असम	1,96,21,600	20,193	10,713
5	बिहार	4,34,30,731	34,373	14,803
6	चंडीगढ़	9,03,512	4,116	572
7	छत्तीसगढ़	2,28,37,152	16,397	10,789
8	दिल्ली	86,64,778	13,520	1,653
9	गोवा	8,88,971	3,010	799
10	गुजरात	4,73,20,803	19,088	17,427
11	हरियाणा	1,58,74,361	10,885	5,080
12	हिमाचल प्रदेश	61,14,359	2,974	4,025
13	जम्मू और कश्मीर	93,23,007	10,295	4,833
14	झारखंड	1,42,83,211	13,211	5,480
15	कर्नाटक	3,20,81,126	62,474	61,534
16	केरल	2,53,75,613	37,739	9,986
17	लद्दाख	3,89,567	697	391
18	लक्षद्वीप	1,05,953	232	45
19	मध्य प्रदेश	4,84,08,106	12,952	16,396
20	महाराष्ट्र	5,80,18,457	48,932	25,341
21	मणिपुर	10,00,180	2,550	501
22	मेघालय	13,02,085	876	715
23	मिजोरम	6,53,890	2,875	745
24	नागालैंड	7,39,484	1,105	1,216
25	ओडिशा	3,69,61,566	754	9
26	पुदुचेरी	11,49,617	2,663	415
27	पंजाब	1,38,22,089	13,891	7,783
28	राजस्थान	6,22,90,186	36,271	35,734
29	सिक्किम	4,36,843	1,154	234
30	तमिलनाडु	1,49,18,722	7,645	6,208
31	तेलंगाना	2,38,99,439	21,136	16,489

क्र.सं.	राज्य	बनाए गए आभा कार्ड	स्वास्थ्य पेशेवर रजिस्ट्री (एचपीआर) में सत्यापित पंजीकरण	स्वास्थ्य सुविधा केंद्र में सत्यापित पंजीकरण (एचएफआर)
32	दादरा नगर हवेली और दमन और दीव	8,25,737	1,064	461
33	त्रिपुरा	23,03,229	4,916	2,604
34	उत्तर प्रदेश	13,09,89,173	79,836	62,912
35	उत्तराखंड	69,89,525	7,869	5,859
36	पश्चिम बंगाल	4,64,68,259	710	12,464
37	कुल योग	75,66,01,053*	5,58,380	3,64,885

* इसमें 1,37,72,134 आभा नंबर शामिल हैं, जिनके लिए राज्य का नाम नहीं भरा गया है क्योंकि जनसांख्यिकीय प्रमाणीकरण के माध्यम से आभा कार्ड बनाए जाने के दौरान राज्य और जिले का नाम भरना अनिवार्य नहीं था। सितंबर 2023 में, राज्य और जिले का नाम भरना अनिवार्य कर दिया गया है।

नैनो उर्वरकों को अपनाना

493*. श्री भरत सिंहजी शंकरजी डाभी:

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

- (क) सरकार द्वारा देश में विशेषकर ग्रामीण क्षेत्रों में किसानों में नैनो यूरिया और नैनो डीएपी का व्यापक प्रचार-प्रसार और इन्हें अपनाया जाना सुनिश्चित करने के लिए क्या कदम उठाए गए हैं;
- (ख) दूरदराज और दुर्गम क्षेत्रों में नैनो उर्वरकों की उपलब्धता सुनिश्चित करने के लिए क्या उपाय किए जा रहे हैं;
- (ग) क्या भारतीय कृषि अनुसंधान परिषद (आईसीएआर) या अन्य अनुसंधान संस्थान विशेषकर मृदा स्वास्थ्य और उत्पादकता पर नैनो उर्वरकों के दीर्घकालिक प्रभाव का कोई अध्ययन कर रहे हैं; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख): ग्रामीण क्षेत्रों में किसानों के बीच नैनो उर्वरकों के प्रयोग को बढ़ावा देने के लिए, निम्नलिखित कदम उठाए गए हैं:-

- i. भारत सरकार ने विभिन्न मंचों पर नैनो उर्वरकों के उपयोग के संबंध में राज्यों के साथ कार्रवाई की है। खरीफ, 2024 मौसम के लिए उर्वरकों के आकलन हेतु दिनांक 5 फरवरी से 9 फरवरी, 2024 तक आयोजित क्षेत्रीय सम्मेलन में, कृषि एवं किसान कल्याण विभाग (डीएएंडएफडब्ल्यू) ने राज्य सरकारों से अनुरोध किया कि वे अपने विस्तार तंत्र के माध्यम से अपने राज्यों में नैनो उर्वरक के उपयोग को बढ़ावा दें।
- ii. रबी, 2024-25 मौसम के दौरान डीएएंडएफडब्ल्यू ने नैनो यूरिया और नैनो डीएपी की आवश्यकता का आकलन किया था। डीएएंडएफडब्ल्यू ने दिनांक 3 जुलाई, 2023 के पत्र के माध्यम से सभी राज्य सरकारों/संघ राज्य क्षेत्रों/आईसीएआर संस्थानों को एसएयू/आईसीएआर द्वारा अनुशंसित पद्धतियों के पैकेज के अनुसार एनएफएसएम/एनएमईओ के तहत आयोजित किए जाने वाले प्रदर्शनों (क्लस्टर प्रदर्शन/ब्लॉक प्रदर्शन/क्लस्टर फ्रंट लाइन प्रदर्शन/फ्रंट लाइन प्रदर्शन) के लिए कैफेटेरिया ऑफ इंटरवेन्शंस में महत्वपूर्ण इनपुट के रूप में नैनो-उर्वरकों के एफसीओ अनुमोदित अनुप्रयोग को शामिल करने की सूचना दी थी।
- iii. नैनो यूरिया के उपयोग को विभिन्न कार्यक्रमों जैसे कि जागरूकता शिविरों, वेबिनारों, नुक्कड़ नाटकों, क्षेत्र प्रदर्शनों, किसान सम्मेलनों और क्षेत्रीय भाषाओं में फिल्मों आदि के माध्यम से बढ़ावा दिया जाता है।
- iv. संबंधित कम्पनियों द्वारा नैनो यूरिया और नैनो डीएपी प्रधानमंत्री किसान समृद्धि केंद्रों (पीएमकेएसके) पर उपलब्ध कराए जाते हैं।
- v. उर्वरक विभाग द्वारा नियमित रूप से जारी मासिक आपूर्ति योजना में नैनो यूरिया को शामिल किया गया है।

- vi. आईसीएआर ने भारतीय मृदा विज्ञान संस्थान, भोपाल के माध्यम से हाल ही में “उर्वरकों (नैनो-उर्वरकों सहित) के प्रभावकारी और संतुलित उपयोग” पर राष्ट्रीय अभियान का आयोजन किया था।
- vii. दिनांक 15 नवंबर, 2023 को शुरू की गई विकसित भारत संकल्प यात्रा (वीबीएसवाई) के दौरान नैनो उर्वरकों के उपयोग का प्रचार किया गया।
- viii. पर्णिय अनुप्रयोग के माध्यम से नैनो यूरिया जैसे नैनो उर्वरकों के अनुप्रयोग और उपयोग को सुगम बनाने के लिए, 'किसान ड्रोन' जैसे नवोन्मेष छिड़काव विकल्प और खुदरा दुकानों पर बैटरी चालित स्प्रेयरों के वितरण जैसी पहलें की गई हैं। इस उद्देश्य के लिए, ग्राम स्तर के उद्यमियों के माध्यम से प्रायोगिक प्रशिक्षण और कस्टम हायरिंग स्प्रेयिंग सेवाओं को सक्रिय रूप से बढ़ावा दिया जाता है।
- ix. उर्वरक विभाग ने उर्वरक कंपनियों के सहयोग से परामर्शों और क्षेत्र स्तरीय प्रदर्शनों के माध्यम से देश के सभी 15 कृषि-जलवायु क्षेत्रों में नैनो डीएपी को अपनाने के लिए एक महाअभियान शुरू किया है। इसके अतिरिक्त, उर्वरक विभाग ने उर्वरक कंपनियों के सहयोग से देश के 100 जिलों में नैनो यूरिया प्लस के फील्ड स्तरीय प्रदर्शनों और जागरूकता कार्यक्रमों के लिए भी अभियान शुरू किया है।

(ग) और (घ): भारतीय कृषि अनुसंधान परिषद (आईसीएआर), अनुसंधान संस्थानों (20), केवीके(30) और राज्य कृषि विश्वविद्यालयों (25) ने 15 कृषि जलवायु क्षेत्रों को शामिल करते हुए धान, गेहूं, मक्का, ज्वार, रागी, बाजरा, मूंगफली, सरसों, दाल, चारा, कपास, टमाटर, मिर्च, बंदगोभी, खीरा, शिमला मिर्च, प्याज, अदरक, हल्दी, कसावा और जिमीकंद जैसी विभिन्न फसलों (>20 फसलों) पर नैनो यूरिया (तरल) और नैनो डीएपी परीक्षण किए हैं। नैनो यूरिया का प्रभाव अलग-अलग फसलों पर अलग-अलग है। औसतन इससे अनुशंसित पद्धतियों के साथ 8-12% उर्वरक नाइट्रोजन की बचत हुई। राजमा में 100% आरडीएफ के साथ नैनो यूरिया (02 छिड़काव) के अनुप्रयोग से मृदा पोषक तत्वों की मात्रा पर कोई प्रतिकूल प्रभाव नहीं पड़ता है। गेहूं के लिए 75% आरडीएफ+1 एनयू स्प्रे के लिए मृदा खनिज 'एन' मात्रा में कोई महत्वपूर्ण परिवर्तन नहीं है, हालांकि चावल (पटना) में मृदा की 'एन' मात्रा

(10-15%) कम हो गई। भिंडी और लौकी में, नैनो यूरिया के 75% आरडीएफ+2 स्प्रे का अनुप्रयोग पर्णिय अनुप्रयोग के 25.0% द्वारा नाइट्रोजन आवश्यकता को प्रतिस्थापित कर सकता है लेकिन मृदा खनिज 'एन' में कमी (20-25%) दर्ज की गई है। 100% एन + नैनो यूरिया के एक स्प्रे के अनुप्रयोग ने तिरुवनंतपुरम (सीटीसीआरआई) में कसावा में साइनोजेन (कड़वाहट अंश) को काफी कम कर दिया। करनाल में मक्का में रासायनिक उर्वरकों (50% आरडीएन)+दो पर्णिय नैनो यूरिया स्प्रे + जस्ता अनुप्रयोग के संयुक्त उपयोग ने समान स्तर का शुष्क चारा उत्पादन प्रदर्शित किया लेकिन प्रोटीन मात्रा को (1-2%) बढ़ाया है और फाइबर अंश को कम किया।

भारत में विभिन्न कृषि-पारिस्थितिक क्षेत्रों में फसल वृद्धि, मृदा स्वास्थ्य और पोषकतत्व ग्राह्यता पर नैनो यूरिया और डीएपी के प्रभाव का मूल्यांकन करने हेतु आईसीएआर में 2024 से 2026 तक "नैनो यूरिया और डीएपी का प्रभाव और फसल उत्पादन में इसके उपयोग को लोकप्रिय बनाना," परियोजना निष्पादित की जा रही है।

"पारंपरिक यूरिया की तुलना में नैनो यूरिया की प्रभावकारिता, उपयोगिता और प्रभाव के मूल्यांकन" पर नैनो यूरिया का अध्ययन करने के लिए दिनांक 5 मार्च, 2024 को भारतीय राष्ट्रीय उत्पादकता परिषद (एनपीसी) और उर्वरक विभाग के बीच एक समझौता ज्ञापन पर हस्ताक्षर किए गए।

MISUSE OF PREGABALIN DRUG IN PUNJAB

***494. SHRI GURJEET SINGH AUJLA:**

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

- (a) whether the Government is aware of increasing misuse and trafficking of pharma drug Pregabalin which is having a devastating impact on youth of Punjab and if so, the details thereof;
- (b) whether the Government is aware that widespread misuse of the said drug due to higher dosage consumption is causing serious addiction issues in the country particularly in Punjab and if so, the details thereof;

- (c) whether the Government is aware that Punjab Police and other law enforcement agencies have recently seized large quantities of Pregabalin and if so, the details thereof;
- (d) whether illegal trafficking of drugs is being carried out from Saharanpur, Uttar Pradesh through borders of Haryana, Uttar Pradesh, Rajasthan indicating an organized drug supply chain and if so, the details thereof;
- (e) whether the Government is likely to launch a uniform national policy to regulate prescription, sale of the said drug across all States to prevent misuse and if so, the details thereof; and
- (f) whether imposing stricter controls on the dosage and addiction cases of Pregabalin and establishing an inter-state task force to monitor its trafficking which have been neglected is likely to address the growing threat of addiction among the youth 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 (d): As informed by Food and Drugs Administration (Drugs Wing, Punjab), the Government of Punjab is aware about increasing misuse and trafficking of pharmaceutical drug Pregabalin.

During the period from 01.01.2024 to 31.12.2024, the Food & Drugs Administration (Drugs Wing), Government of Punjab, seized drug formulations containing Pregabalin from 72 premises/firms, amounting to ₹5,97,09,785/-. Additionally, the licenses of 12 firms were cancelled, licenses of 46 firms had been suspended and 11 complaints have been filed in the Hon'ble courts.

The Food & Drugs Administration (Drugs Wing), Government of Punjab vide letter dated 28.02.2025 had issued instructions to the drugs manufacturer, Clearing and Forwarding agents (C&FAs), wholesale chemists & retail sale chemists of the State to mandatorily submit the information / report regarding the sale /purchase of Pregabalin & other 06 types of drugs over & above sale / purchase of fixed limit in a single invoice to the drugs control officers of concerned area.

Regulatory control over the sale and distribution of drugs is exercised through a system of licensing and inspection by State Licensing Authorities (SLAs) appointed by State Government. SLAs are empowered to take action in case of violation of regulatory provisions of Drugs and Cosmetics Act, 1940 & Rules 1945.

Isolated complaints are received from time to time on the sale of prescription drugs without prescription and the same are forwarded to the State Licensing Authorities (SLAs) concerned for appropriate action.

(e) and (f): 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 Drugs Technical Advisory Board (DTAB) on any matter tending to secure uniformity throughout India in the administration of the said Act.

The DCC in its 65th meeting held on 20.12.2024 deliberated the matter related to misuse of Pregabalin and its preparation and its inclusion in Schedule H1 of Drugs Rules, 1945 to monitor the sale of drugs only on the prescription of the Registered Medical Practitioner (RMP).

REFORM IN ARBITRATION AND MEDIATION

***495. SHRI BIPLAB KUMAR DEB:**

SHRI BALABHADRA MAJHI:

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

- (a) the manner in which the Government is ensuring efficiency and speed in arbitration and mediation proceedings;
- (b) the steps being taken by the Government to enhance the enforcement of arbitral awards, both domestic and international; and
- (c) whether the Government is conducting funded programs to train and certify mediators and arbitrators, 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 Government is promoting alternate dispute resolution (ADR) mechanisms including arbitration and mediation, as these mechanisms are less adversarial and are capable of providing a better substitute to the conventional methods of resolving disputes. The Government is further taking policy and legislative interventions, to strengthen these mechanisms and make them more efficacious and expeditious. The major initiatives, steps and measures taken by the Central Government over the years in this regard include;

- (i) The Arbitration and Conciliation Act, 1996 has been progressively amended in the years 2015, 2019 and 2020 to keep pace with current developments in the arbitration landscape and to enable arbitration as a viable dispute resolution mechanism. The amendments are aimed at ensuring timely

conclusion of arbitration proceedings, neutrality of arbitrators, minimizing judicial intervention in the arbitral process and efficacious enforcement of arbitral awards. The amendments are further aimed at promoting institutional arbitration and updating the law to reflect best global practices, thereby establishing an arbitration ecosystem, where arbitral institutions can be established and developed.

- (ii) The Commercial Courts Act, 2015 was amended in the year 2018 to provide *inter-alia* for Pre-Institution Mediation and Settlement (PIMS) mechanism. Under this mechanism, where a commercial dispute of specified value does not contemplate any urgent interim relief, the parties have to first exhaust the mandatory remedy of PIMS before approaching the Court. This is aimed at providing an opportunity to the parties to resolve the commercial disputes through mediation.
- (iii) The India International Arbitration Centre Act, 2019, was enacted to provide for the establishment of the India International Arbitration Centre (Centre) for the purpose of creating an independent, autonomous and world class body for facilitating institutional arbitration and to declare the Centre to be an institution of national importance. The Centre has since been established and aims to inspire confidence amongst parties, both domestic and international, by providing a neutral dispute resolution platform for resolution of commercial disputes through arbitration. The Centre has also notified the India International Arbitration Centre (Conduct of Arbitration) Regulations, 2023 to facilitate conduct of domestic and international arbitrations with a focus on

efficient and time-bound arbitration process. The Chamber of Arbitration established under Section 28 of the India International Arbitration Centre Act, 2019 continues to empanel reputed arbitrators, both for domestic and international arbitrations. The Centre is envisaged to become a model arbitral institution in the country, thereby paving the way for enhancing the quality of institutional framework for arbitration.

- (iv) The Mediation Act, 2023, lays down the legislative framework for mediation to be adopted by disputing parties, especially under the aegis of institutional mediation. The Mediation Act, 2023 is also expected to be a pivotal legislative intervention towards providing standalone law on mediation and enabling the growth of a culture of amicable settlement of disputes out of court .
- (c) Section 15 of the India International Arbitration Centre Act, 2019 provides for the functions of the Centre and *inter-alia* states that the Centre shall strive to impart training in alternative dispute resolution and related matters to those handling arbitration, conciliation and mediation. Facilitating training and capacity building for professionals in the field of ADR, including arbitration and mediation, is presently, continuously being done by the India International Arbitration Centre, by organizing conferences, seminars and trainings for stakeholders including professionals as well as public and private entities.

हरियाणा में राष्ट्रीय आयुष मिशन के अंतर्गत आयुष निधि

***496. श्री सतपाल ब्रह्मचारी:**

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) राष्ट्रीय आयुष मिशन (एनएएम) के अंतर्गत विशेषकर सोनीपत संसदीय निर्वाचन क्षेत्र सहित हरियाणा में आवंटित एवं व्यय की गई आयुष निधि का ब्यौरा क्या है तथा आवंटित धनराशि में से अब तक कितनी धनराशि का उपयोग किया गया है;
- (ख) सरकार द्वारा अप्रयुक्त धनराशि को पुनः आवंटित करने के लिए स्थापित तंत्र का ब्यौरा क्या है;
- (ग) क्या सरकार ने इस संबंध में हरियाणा सरकार की धीमी प्रगति का आकलन करने के लिए कोई विशेष मूल्यांकन किया है; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा इस संबंध में वार्षिक रिपोर्ट प्रस्तुत किए जाने हेतु कार्य योजना 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 आयुष पद्धतियों के समग्र विकास और संवर्धन के लिए हरियाणा सहित 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 उनके द्वारा प्रस्तुत राज्य वार्षिक कार्य योजनाओं (एसएएपी) के सापेक्ष एनएएम दिशानिर्देशों के प्रावधान के अनुसार, विभिन्न गतिविधियों के तहत उन्हें वित्तीय सहायता प्रदान करके उनके प्रयासों का समर्थन करता है। एनएएम के तहत, वर्ष 2014-15 से 2024-25 तक हरियाणा राज्य सरकार को एसएएपी की विभिन्न अनुमोदित गतिविधियों के कार्यान्वयन के लिए समेकित सहायता अनुदान के रूप में 25591.684 लाख रुपये स्वीकृत/आवंटित किए गए हैं और राज्य सरकार द्वारा दी गई सूचना के अनुसार, आवंटित राशि में से, उन्होंने 24007.189 लाख रुपये की निधि का उपयोग किया है। इसके अलावा, जैसा कि हरियाणा राज्य सरकार द्वारा सूचित किया गया है, वर्ष 2024-25 के दौरान, जिला सोनीपत को 44.78 लाख रुपये आवंटित किए गए हैं और उसमें से 36.53 लाख रुपये का उपयोग किया गया है। हालाँकि, एनएएम के तहत, भारत सरकार द्वारा जिला-वार सहायता अनुदान जारी करने का कोई प्रावधान नहीं है।

(ख): मंत्रालय ने हरियाणा सहित राज्य/संघ राज्य क्षेत्र की सरकारों से अनुरोध किया है कि वे अप्रयुक्त धनराशि को वापस करें अथवा उसे अन्य अनुमोदित गतिविधियों में पुनः आवंटित करें, ताकि वस्तु शीर्ष में परिवर्तन किए बिना व्यय में तेजी लाई जा सके।

(ग) और (घ): सरकार निम्नलिखित विभिन्न तरीकों के माध्यम से एनएएम योजना के तहत, विभिन्न गतिविधियों के कार्यान्वयन की प्रगति की नियमित और सख्त निगरानी कर रही है:-

- (i) हरियाणा सहित राज्य/संघ राज्य क्षेत्र की सरकारों से नियमित अंतराल पर गतिविधि-वार वास्तविक /वित्तीय प्रगति एकत्रित करना।
- (ii) हरियाणा सहित राज्य/संघ राज्य क्षेत्र की सरकारों से सहायक दस्तावेजों के साथ उपयोगिता प्रमाण-पत्र (यूसी) एकत्रित करना।
- (iii) विभिन्न गतिविधियों के कार्यान्वयन की वास्तविक प्रगति का विश्लेषण करने के लिए, समय-समय पर, आयुष मंत्रालय की केंद्रीय टीम द्वारा क्षेत्रीय दौरा करना, जिसके लिए हरियाणा सहित राज्य/संघ राज्य क्षेत्र की सरकारों ने व्यय संबंधी सूचना दी है और उपयोगिता प्रमाण-पत्र प्रस्तुत किए हैं।
- (iv) कार्यान्वयन की स्थिति का आकलन करने और बेहतर परिणाम हेतु आगे की योजना तय करने के लिए हरियाणा सहित राज्य/संघ राज्य क्षेत्र के साथ क्षेत्रीय समीक्षा बैठकें आयोजित करना।
- (v) वास्तविक और वित्तीय प्रगति की विस्तृत समीक्षा के लिए हरियाणा सहित राज्यों/संघ राज्य क्षेत्र के साथ परस्पर बैठक आयोजित करना।

EXPANSION PLANS FOR FACT

***497: SHRI KODIKUNNIL SURESH:**

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

- (a) whether the Government has approved any expansion or modernization plans for Fertilizers and Chemicals Travancore Limited (FACT);
- (b) if so, the details of the proposed expansion including new production units, capacity enhancement and estimated investment;

- (c) whether the Government has allocated any financial assistance or subsidies for FACT's expansion projects;
- (d) if so, the expected timeline for completion of these expansion projects; and
- (e) the manner in which the expansion will impact fertilizer production, employment opportunities and the agricultural sector in Kerala?

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

(a) and (b): The Union Cabinet on 24.07.2019 approved the proposal for sale of 481.79 acres of land held by FACT to the Government of Kerala and utilization of the sale proceeds by FACT to address its working capital deficiency, improvement of balance sheet and enable the company to enhance physical and financial performance by implementing capacity expansion projects for sustainable growth of the company. The details of expansion/ modernization plans of Fertilizers and Chemicals Travancore Limited (FACT) are as follows:

Details of Expansion/Modernisation of plants of FACT		
Sl. No.	Project	Project Cost
1.	New 1650 Metric Tonne Per Day (MTPD) NPK Plant at Cochin Division.	Rs. 417.23 Crore
2.	10000 MT Ammonia Storage Tank at Cochin Division.	Rs. 138.73 Crore
3.	Construction of 2x5900 MT Phosphoric Acid Storage Tanks at Q10 Berth, Willingdon Island.	Rs. 28.16 Crore
4.	Ammonia Barge for transportation of Ammonia to Production units.	Rs. 18.88 Crore

5.	2x5000 MT Sulphuric Acid Storage Tank at Cochin Division.	Rs. 16.94 Crore
6.	Reconstruction of Ammonia berth at Cochin Port	Rs. 1.19 Crore (Executed under Sagarmala Scheme)

(c) and (d): Fertilizers and Chemicals Travancore Limited (FACT) is implementing the current projects from its internal resources. However, the Government of India had granted a loan of Rs. 1000 Crore in the year 2016 to restart plants for the sustainable operation of the Company and permitted to sell its land generating around Rs. 1400 Crore. The Government of India loan and the proceeds from the sale of land helped the company to revive and support the CAPEX projects.

The expected timeline for completion of the two projects in FACT are related to the work of new 1650 MTPD NPK Plant at Cochin Division and construction of 2x5900 MT Phosphoric Acid storage tanks at Q10 Berth, Willingdon Island are during the year 2025-26. The remaining projects in FACT have already been completed.

(e): The new 1650 MTPD NPK plant is designed to produce various grades of NPK fertilizers, including 20:20:0:13 and DAP 18:46:0, catering to diverse agricultural requirements. With the completion of this project, FACT can enhance fertilizer production capacity from 1 Million MT to 1.5 Million MT per year. The expansion project will generate direct and indirect employment opportunities during both construction and operational phases.

FACT, as the leading fertilizer supplier in Kerala, plays a crucial role in meeting the State's agricultural demands. The increased production capacity of

NPK fertilizers is expected to enhance the availability and affordability of essential nutrients for crops. This will enable to better serve the farming community contributing to improved crop yields thereby supporting higher agricultural productivity and economy in Kerala.

निम्न गुणवत्ता वाले उर्वरकों की बिक्री

***498. श्री बृजेन्द्र सिंह ओला:**

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

- (क) क्या सरकार ने इस बात का संज्ञान लिया है कि कंपनियां अक्सर किसानों को नकली या निम्न गुणवत्ता वाले उर्वरक बेचती हैं जिससे उनकी फसलों को नुकसान होता है;
- (ख) यदि हां, तो विगत पांच वर्षों के दौरान राजस्थान सहित राज्यवार ऐसे कितने मामले सामने आए हैं;
- (ग) क्या सरकार ने धोखाधड़ी करने वाली ऐसी कंपनियों के विरुद्ध कोई कार्रवाई की है;
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और ऐसी कंपनियों के नाम क्या हैं तथा उनके विरुद्ध राज्यवार क्या कार्रवाई की गई है;
- (ङ) क्या सरकार ने ऐसी घटनाओं से प्रभावित होने वाले किसानों को मुआवजा या कोई अन्य वित्तीय सहायता प्रदान की है; और
- (च) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस संबंध में उन्हें कितनी धनराशि प्रदान की गई है और यदि नहीं, तो इसके क्या कारण हैं?

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

- (क) 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 नहीं बेचा 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।

नकली/घटिया/अवमानक उर्वरकों की बिक्री के मामले में, राज्य सरकारों को एफसीओ-1985 के अंतर्गत प्रशासनिक कार्रवाई करने और आवश्यक वस्तु अधिनियम, 1955 के अंतर्गत दंडात्मक कार्रवाई करने के लिए शक्तियां प्रदान की गई हैं। इसके अतिरिक्त, ऐसे मामलों पर प्राप्त किसी भी शिकायत को आवश्यक कार्रवाई हेतु राज्य सरकारों को अग्रेषित कर दिया जाता है।

सरकार किसानों को सब्सिडी प्राप्त मूल्यों पर उर्वरक उपलब्ध कराने के लिए उर्वरक उत्पादक/आयातक कंपनियों को सब्सिडी जारी करती है। मौजूदा दिशा-निर्देशों के अनुसार, यदि राज्यों द्वारा उर्वरकों की गुणवत्ता में किसी भी विसंगति की सूचना दी जाती है तो कंपनी के लंबित दावों से वसूली की जाती है।

राजस्थान राज्य सहित राज्यों और संघ राज्यक्षेत्रों के कृषि विभागों से प्राप्त जानकारी के अनुसार, सूचित किए गए नकली उर्वरक मामलों की संख्या, सूचित किए गए घटिया/अवमानक उर्वरक मामलों की संख्या और वर्ष 2019-20 से वर्ष 2024-25 तक राज्यों द्वारा की गई कार्रवाई संबंधी ब्यौरा संलग्न **विवरण** में दिया गया है।

विवरण

सूचित किए गए नकली उर्वरक मामलों की संख्या, सूचित किए गए घटिया/अवमानक उर्वरक मामलों की संख्या और वर्ष 2019-20 से वर्ष 2024-25 तक राज्यों द्वारा की गई कार्रवाई

		वित्त वर्ष 2024-25 के लिए समेकित रिपोर्ट		
क्र.सं.	राज्य	नकली उर्वरकों के लिए रिपोर्ट किए गए मामलों की संख्या	अवमानक उर्वरकों के लिए रिपोर्ट किए गए मामलों की संख्या	की गई कार्रवाई
1	अंडमान और निकोबार	1	1	एफसीओ-1985 के खंड के अनुसार नमूने विश्लेषण के लिए भेजे गए थे
2	आंध्र प्रदेश	1	364	एफसीओ 1985 के अनुसार 274 मामलों में कार्रवाई की गई और नकली उर्वरक जब्त में एफआईआर दर्ज तथा 6 मीट्रिक टन उर्वरक

3	अरुणाचल प्रदेश	शून्य	शून्य	शून्य
4	असम	शून्य	शून्य	शून्य
5	बिहार	शून्य	34	8 एफआईआर दर्ज और 7 प्राधिकरण पत्र रद्द
6	छत्तीसगढ़	शून्य	152	बिक्री रोक, एफआईआर, कारण बताओ नोटिस और बिक्री पर प्रतिबंध और बिक्री रोकने का नोटिस जारी
7	दादरा और नगर हवेली	शून्य	शून्य	शून्य
8	दमन और दीव	शून्य	शून्य	शून्य
9	दिल्ली	शून्य	शून्य	शून्य
10	गोवा	शून्य	शून्य	शून्य
11	गुजरात	2	2	2 एफआईआर दर्ज
12	हरियाणा	3	226	9 FIR
13	हिमाचल प्रदेश	शून्य	शून्य	शून्य
14	जम्मू और कश्मीर	शून्य	शून्य	शून्य
15	झारखंड	शून्य	शून्य	शून्य
16	कर्नाटक	0	2	शून्य
17	केरल	शून्य	180	
18	मध्य प्रदेश	5	849	नकली उर्वरकों के विरुद्ध 05 एफआईआर दर्ज। 48 लाइसेंस निलंबित 10 लाइसेंस रद्द और अमानक उर्वरक मामलों के खिलाफ 05 एफआईआर दर्ज।
19	महाराष्ट्र	9	1436	493 लाइसेंस रद्द और 391 निलंबित
20	मणिपुर	शून्य	शून्य	शून्य
21	मेघालय	शून्य	शून्य	शून्य

22	मिजोरम	शून्य	शून्य	शून्य
23	ओडिशा	शून्य	शून्य	शून्य
24	पुदुचेरी	शून्य	शून्य	शून्य
25	पंजाब	2	164	एलओए निलंबित
26	राजस्थान	7	392	7 एफआईआर
27	तमिलनाडु	4	536	4 (मामला दायर)
28	तेलंगाना	शून्य	शून्य	शून्य
29	त्रिपुरा	शून्य	शून्य	शून्य
30	उत्तराखंड	शून्य	3	चेतावनी
31	उत्तर प्रदेश	10	411	10 एफआईआर और 12.58 मीट्रिक टन उर्वरक जब्त
32	पश्चिम बंगाल	राज्य द्वारा आंकड़े प्रदान नहीं किए गए		

क्र.सं.	राज्य	वित्त वर्ष 2023-24 के लिए समेकित रिपोर्ट		
		नकली उर्वरकों के लिए रिपोर्ट किए गए मामलों की संख्या	अवमानक उर्वरकों के लिए रिपोर्ट किए गए मामलों की संख्या	की गई कार्रवाई
1	अंडमान और निकोबार	शून्य	शून्य	शून्य
2	आंध्र प्रदेश	0	373	292 मामलों पर एफसीओ, 1985 के अनुसार कार्रवाई की गई
3	अरुणाचल प्रदेश	शून्य	शून्य	शून्य
4	असम	शून्य	शून्य	शून्य
5	बिहार	शून्य	27	6 एफआईआर दर्ज और 2 प्राधिकरण पत्र रद्द
6	छत्तीसगढ़	शून्य	145	बिक्री रोक, एफआईआर बिक्री पर प्रतिबंध और बिक्री रोकने का नोटिस जारी
7	दादरा और नगर हवेली	शून्य	शून्य	शून्य

8	दमन और दीव	शून्य	शून्य	शून्य
9	दिल्ली	शून्य	शून्य	शून्य
10	गोवा	शून्य	शून्य	शून्य
11	गुजरात	2	2	2 एफआईआर दर्ज
12	हरियाणा	3	72	7 एफआईआर
13	हिमाचल प्रदेश	शून्य	शून्य	शून्य
14	जम्मू और कश्मीर	शून्य	शून्य	शून्य
15	झारखंड	शून्य	शून्य	शून्य
16	कर्नाटक	1	33	1.63 मीट्रिक टन उर्वरक जब्त और 1 एफआईआर
17	केरल	शून्य	265	
18	मध्य प्रदेश	0	1372	नकली उर्वरकों के मामले में 03 एफआईआर दर्ज। 149 लाइसेंस निलंबित। अवमानक उर्वरकों के मामले में 18 लाइसेंस रद्द।
19	महाराष्ट्र	3	2111	76 लाइसेंस रद्द और 469 निलंबित
20	मणिपुर	शून्य	शून्य	शून्य
21	मेघालय	शून्य	शून्य	शून्य
22	मिजोरम	शून्य	शून्य	शून्य
23	ओडिशा	शून्य	शून्य	शून्य
24	पुदुचेरी	शून्य	शून्य	शून्य
25	पंजाब	3	183	एलओए निलंबित
26	राजस्थान	शून्य	402	शून्य
27	तमिलनाडु	0	513	1 (मामला दर्ज)
28	तेलंगाना	शून्य	शून्य	शून्य
29	त्रिपुरा	शून्य	शून्य	शून्य
30	उत्तराखंड	शून्य	शून्य	शून्य
31	उत्तर प्रदेश	5	606	5 एफआईआर और 41.95 मीट्रिक टन उर्वरक जब्त का आकार
32	पश्चिम बंगाल	शून्य	607	एफसीओ 1985 के अनुसार आवश्यक कार्रवाई की गई

वित्त वर्ष 2022-23 के लिए समेकित रिपोर्ट				
क्र.सं.	राज्य	नकली उर्वरकों के लिए रिपोर्ट किए गए मामलों की संख्या	अवमानक उर्वरकों के लिए रिपोर्ट किए गए मामलों की संख्या	की गई कार्रवाई
1	अंडमान और निकोबार	शून्य	शून्य	शून्य
2	आंध्र प्रदेश	0	432	एफसीओ, 1985 के अनुसार 347 मामलों पर कार्रवाई की गई
3	अरुणाचल प्रदेश	शून्य	शून्य	शून्य
4	असम	शून्य	शून्य	शून्य
5	बिहार	शून्य	78	2 प्राधिकरण पत्र रद्द
6	छत्तीसगढ़	शून्य	93	बिक्री रोक, बिक्री रोकने का नोटिस और बिक्री और कारण बताओ नोटिस जारी बिक्री पर प्रतिबंध
7	दादरा और नगर हवेली	शून्य	शून्य	शून्य
8	दमन और दीव	शून्य	शून्य	शून्य
9	दिल्ली	शून्य	शून्य	शून्य
10	गोवा	शून्य	शून्य	शून्य
11	गुजरात	शून्य	शून्य	शून्य
12	हरियाणा	1	146	20 FIR
13	हिमाचल प्रदेश	शून्य	शून्य	शून्य
14	जम्मू और कश्मीर	शून्य	शून्य	शून्य
15	झारखंड	शून्य	शून्य	शून्य
16	कर्नाटक	10	116	71.35 मीट्रिक टन उर्वरक जब्त और 10 एफआईआर
17	केरल	शून्य	367	2 लाइसेंस निलंबित
18	मध्य प्रदेश	3	1690	नकली उर्वरकों के मामलों के विरुद्ध 03 एफआईआर दर्जा। 180 लाइसेंस निलंबित 20 लाइसेंस रद्द और अमानक उर्वरक मामलों के खिलाफ 02 एफआईआर दर्जा।
19	महाराष्ट्र	4	2326	46 लाइसेंस रद्द और 522 निलंबित
20	मणिपुर	शून्य	शून्य	शून्य

21	मेघालय	शून्य	शून्य	शून्य
22	मिजोरम	शून्य	शून्य	शून्य
23	ओडिशा	शून्य	शून्य	शून्य
24	पुदुचेरी	शून्य	शून्य	शून्य
25	पंजाब	4	78	एलओए निलंबित
26	राजस्थान	15	362	15 एफआईआर
27	तमिलनाडु	0	629	1 (मामला दायर)
28	तेलंगाना	शून्य	शून्य	शून्य
29	त्रिपुरा	शून्य	शून्य	शून्य
30	उत्तराखंड	शून्य	6	चेतावनी, 1 रद्द
31	उत्तर प्रदेश	11	699	11 एफआईआर और 52.15 मीट्रिक टन उर्वरक जब्त
32	पश्चिम बंगाल	शून्य	747	एफसीओ 1985 के अनुसार आवश्यक कार्रवाई की गई

वित्त वर्ष 2021-22 के लिए समेकित रिपोर्ट				
क्र.सं.	राज्य	नकली उर्वरकों के लिए रिपोर्ट किए गए मामलों की संख्या	अवमानक उर्वरकों के लिए रिपोर्ट किए गए मामलों की संख्या	की गई कार्रवाई
1	अंडमान और निकोबार	शून्य	शून्य	शून्य
2	आंध्र प्रदेश	0	374	एफसीओ, 1985 के अनुसार 313 मामलों पर कार्रवाई की गई
3	अरुणाचल प्रदेश	शून्य	शून्य	शून्य
4	असम	शून्य	शून्य	शून्य
5	बिहार	शून्य	115	10 एफआईआर दर्ज और 10 प्राधिकरण पत्र रद्द
6	छत्तीसगढ़	शून्य	124	बिक्री रोक और बिक्री रोकने का नोटिस जारी किया
7	दादरा और नगर हवेली	शून्य	शून्य	शून्य
8	दमन और दीव	शून्य	शून्य	शून्य
9	दिल्ली	शून्य	शून्य	शून्य
10	गोवा	शून्य	शून्य	शून्य
11	गुजरात	शून्य	शून्य	शून्य

12	हरियाणा	1	160	9 एफआईआर
13	हिमाचल प्रदेश	शून्य	शून्य	शून्य
14	जम्मू और कश्मीर	शून्य	शून्य	शून्य
15	झारखंड	शून्य	शून्य	शून्य
16	कर्नाटक	2	79	1.5 मीट्रिक टन उर्वरक जब्त और 2 एफआईआर
17	केरल	शून्य	180	1 लाइसेंस निलंबित
18	मध्य प्रदेश	5	1624	नकली उर्वरकों के मामलों के विरुद्ध 03 एफआईआर दर्जा 273 लाइसेंस निलंबित 21 लाइसेंस रद्द और अमानक उर्वरकों के मामलों के खिलाफ 04 एफआईआर दर्जा
19	महाराष्ट्र	5	2293	11 लाइसेंस रद्द और 533 निलंबित
20	मणिपुर	शून्य	शून्य	शून्य
21	मेघालय	शून्य	शून्य	शून्य
22	मिजोरम	शून्य	शून्य	शून्य
23	ओडिशा	शून्य	शून्य	शून्य
24	पुदुचेरी	शून्य	शून्य	शून्य
25	पंजाब	3	76	एलओए निलंबित
26	राजस्थान	6	577	6 FIR
27	तमिलनाडु	2	462	शून्य
28	तेलंगाना	शून्य	शून्य	शून्य
29	त्रिपुरा	शून्य	शून्य	शून्य
30	उत्तराखंड	शून्य	5	चेतावनी
31	उत्तर प्रदेश	5	844	5 एफआईआर और 593.12 मीट्रिक टन उर्वरक जब्त
32	पश्चिम बंगाल	शून्य	716	एफसीओ 1985 के अनुसार आवश्यक कार्रवाई की गई

		वित्त वर्ष 2020-21 के लिए समेकित रिपोर्ट

क्र.सं.	राज्य	नकली उर्वरकों के लिए रिपोर्ट किए गए मामलों की संख्या	घटिया उर्वरकों के लिए रिपोर्ट किए गए मामलों की संख्या	की गई कार्रवाई
1	अंडमान और निकोबार	शून्य	शून्य	शून्य
2	आंध्र प्रदेश	0	473	एफसीओ, 1985 के अनुसार 425 मामलों पर कार्रवाई की गई
3	अरुणाचल प्रदेश	शून्य	शून्य	शून्य
4	असम	शून्य	शून्य	शून्य
5	बिहार	शून्य	35	3 प्राधिकरण पत्र रद्द
6	छत्तीसगढ़	शून्य	72	बिक्री रोक, बिक्री रोकने का नोटिस और बिक्री और कारण बताओ नोटिस जारी बिक्री पर प्रतिबंध
7	दादरा और नगर हवेली	शून्य	शून्य	शून्य
8	दमन और दीव	शून्य	शून्य	शून्य
9	दिल्ली	शून्य	शून्य	शून्य
10	गोवा	शून्य	शून्य	शून्य
11	गुजरात	शून्य	शून्य	शून्य
12	हरियाणा	1	97	7 FIR
13	हिमाचल प्रदेश	शून्य	शून्य	शून्य
14	जम्मू और कश्मीर	शून्य	शून्य	शून्य
15	झारखंड	शून्य	शून्य	शून्य
16	कर्नाटक	1	60	3.25 मीट्रिक टन उर्वरक जब्त और 1 एफआईआर
17	केरल	शून्य	34	2 लाइसेंस निलंबित, 2 चेतावनी और कारण बताओ नोटिस -28
18	मध्य प्रदेश	3	1677	नकली उर्वरकों के मामलों के विरुद्ध 03 एफआईआर दर्ज की गई 380 लाइसेंस निलंबित 88 लाइसेंस रद्द और अमानक उर्वरक मामलों के खिलाफ 08 एफआईआर दर्ज की गई.
19	महाराष्ट्र	3	2369	183 लाइसेंस रद्द और 1063 निलंबित
20	मणिपुर	शून्य	शून्य	शून्य
21	मेघालय	शून्य	शून्य	शून्य
22	मिजोरम	शून्य	शून्य	शून्य
23	ओडिशा	शून्य	शून्य	शून्य
24	पुदुचेरी	शून्य	शून्य	शून्य
25	पंजाब	2	68	एलओए निलंबित

26	राजस्थान	शून्य	645	शून्य
27	तमिलनाडु	2	697	2 (मामला दायर)
28	तेलंगाना	शून्य	शून्य	शून्य
29	त्रिपुरा	शून्य	शून्य	शून्य
30	उत्तराखंड	शून्य	1	चेतावनी
31	उत्तर प्रदेश	3	728	3 एफआईआर और 30.1 मीट्रिक टन उर्वरक जब्त
32	पश्चिम बंगाल	शून्य	499	एफसीओ 1985 के अनुसार आवश्यक कार्रवाई की गई

		वित्त वर्ष 2019-20 के लिए समेकित रिपोर्ट		
क्र.सं.	राज्य	नकली उर्वरकों के लिए रिपोर्ट किए गए मामलों की संख्या	अवमानक उर्वरकों के लिए रिपोर्ट किए गए मामलों की संख्या	की गई कार्रवाई
1	अंडमान और निकोबार	शून्य	शून्य	शून्य
2	आंध्र प्रदेश	उपलब्ध नहीं	उपलब्ध नहीं	उपलब्ध नहीं
3	अरुणाचल प्रदेश	शून्य	शून्य	शून्य
4	असम	शून्य	शून्य	शून्य
5	बिहार	शून्य	75	3 प्राधिकरण पत्र रद्द
6	छत्तीसगढ़	शून्य	139	बिक्री रोक, बिक्री रोकने की सूचना और बिक्री और भंडारण प्रतिबंध
7	दादरा और नगर हवेली	शून्य	शून्य	शून्य
8	दमन और दीव	शून्य	शून्य	शून्य
9	दिल्ली	शून्य	शून्य	शून्य
10	गोवा	शून्य	शून्य	शून्य
11	गुजरात	शून्य	शून्य	शून्य
12	हरियाणा	शून्य	86	शून्य
13	हिमाचल प्रदेश	शून्य	शून्य	शून्य
14	जम्मू और कश्मीर	शून्य	शून्य	शून्य
15	झारखंड	शून्य	शून्य	शून्य
16	कर्नाटक	शून्य	64	शून्य

17	केरल	शून्य	84	2 लाइसेंस निलंबित और 1 लाइसेंस रद्द, 40 चेतावनी, - 14 सुनवाई आयोजित और 27 कारण बताओ नोटिस-
18	मध्य प्रदेश	2	986	नकली उर्वरकों के मामलों के खिलाफ 02 एफआईआर दर्ज की गई। 156 लाइसेंस निलंबित 80 लाइसेंस रद्द किए गए और अमानक उर्वरक मामलों के खिलाफ 19 एफआईआर दर्ज की गई।
19	महाराष्ट्र	2	1944	16 लाइसेंस रद्द और 56 निलंबित
20	मणिपुर	शून्य	शून्य	शून्य
21	मेघालय	शून्य	शून्य	शून्य
22	मिजोरम	शून्य	शून्य	शून्य
23	ओडिशा	शून्य	शून्य	शून्य
24	पुदुचेरी	शून्य	शून्य	शून्य
25	पंजाब	2	82	एलओए निलंबित
26	राजस्थान	शून्य	138	शून्य
27	तमिलनाडु	0	799	1 (मामला दर्ज)
28	तेलंगाना	शून्य	शून्य	शून्य
29	त्रिपुरा	शून्य	शून्य	शून्य
30	उत्तराखंड	शून्य	2	चेतावनी
31	उत्तर प्रदेश	शून्य	727	शून्य

AYUSHMAN BHARAT YOJANA IN TAMIL NADU

*499. SHRI THARANIVENTHAN M. S.:

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

- (a) the status of implementation of Ayushman Bharat Yojana including the number of beneficiaries covered under the said scheme in Tamil Nadu including Arani district so far;

- (b) the number of Ayushman Bharat Health and Wellness Centers (AB-HWCs) established in Tamil Nadu including Arani district alongwith their distribution across urban and rural areas;
- (c) the efforts made by the Government to raise awareness about the Ayushman Bharat scheme among the people especially in remote and rural areas of Arani district in Tamil Nadu;
- (d) the financial assistance provided to eligible families under the Pradhan Mantri Jan Arogya Yojana (PM-JAY), a component of the Ayushman Bharat Yojana in Tamil Nadu alongwith the details of treatments covered thereunder; and
- (e) the plans to expand the Ayushman Bharat Yojana in Tamil Nadu including the increase in the number of hospitals and beneficiaries under the scheme?

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

(a) to (e) In the State of Tamil Nadu, Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is implemented in convergence with the State-specific scheme, Chief Minister's Comprehensive Health Insurance Scheme, and is operationalized in Insurance mode.

A total of 1.71 crore beneficiary families are eligible for healthcare benefits under the converged scheme, out of which 1.16 crore families are supported by the Central and State governments together under AB-PMJAY. The rest of the families are exclusively supported by the State.

Arani is a Parliamentary Constituency in Tiruvannamalai District of Tamil Nadu. Parliamentary Constituency-wise data is not captured under the scheme;

however, district-wise data is available. A total of 3.5 lakh beneficiary families are covered in Tiruvannamalai District of Tamil Nadu.

Number of Ayushman Arogya Mandirs (AAMs) operationalized in the State of Tamil Nadu including Arani block are as under:

AAM operational	Tamil Nadu	Arani block
AYUSH	650	1
Urban	500	1
Sub-Health Centre (Rural)	5215	32
Primary Health Centre (Rural)	1421	9
Urban Primary Health Centre	460	1
Total	8246	44

The Government raises awareness through large-scale IEC campaigns and Ayushman card creation drives ensuring outreach to eligible beneficiaries, especially in remote and rural areas.

AB-PMJAY is a flagship scheme of the Government which provides health cover of Rs. 5 lakh per eligible beneficiary family per year for secondary and tertiary care hospitalization in 27 different medical specialties corresponding to 1961 procedures.

The Government of India encourages States/UTs to empanel more hospitals under the scheme to ensure greater access to quality healthcare to all eligible beneficiaries. As on date, a total of 30,957 empanelled hospitals, including 13,866 private hospitals and 17,091 public hospitals, have been empanelled across the country under the scheme, including 1,225 private hospitals and 1,020 public hospitals in the State of Tamil Nadu.

Further, regular updation such as expansion of beneficiary base, inclusion of new procedures, empanelment of new hospitals and other improvements are done in the scheme as per requirements from time to time.

PRODUCTION AND USAGE OF FERTILIZERS

***500. SHRI DAGGUMALLA PRASADA RAO:**

SHRI KESINENI SIVANATH:

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

- (a) the quantum of fertilizer used in the country during the past 10 years, year-wise, State-wise and district-wise for Andhra Pradesh;
- (b) the quantum of fertilizer produced in the country during the said period, year-wise, State-wise and district-wise for Andhra Pradesh;
- (c) the quantum of fertilizer allocated and distributed during the said period, year-wise, State-wise and district-wise for Andhra Pradesh; and
- (d) the details of the soil nutrient levels in the country during the said period, year-wise, State-wise and district-wise for Andhra Pradesh?

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

(a) to (c): The requirement, availability, sales and closing stock of fertilizers viz. Urea, DAP, MOP and NPKS across the States, including the State of Andhra Pradesh during the period 2014-15 to 2024-25 is given in the enclosed **Statement-I**.

Further, as per information received from the State of Andhra Pradesh the requirement, availability, sales and closing stock of fertilizers viz. Urea, DAP, MOP and NPKS in the districts of Andhra Pradesh during the period 2014-15 to 2024-25 is placed at **Statement-II**.

The production of fertilizers in the country during the said period 2014-15 to 2024-25 (upto Feb.-2025) across the States including the State of Andhra Pradesh is placed at **Statement-III**.

(d): As per information received from DA&FW, the details of the soil nutrient levels in the country during said period, State-wise is given in the enclosed **Statement-IV**. Further, as per information received from state government of Andhra Pradesh, the details of the district-wise soil nutrient levels in Andhra Pradesh during the said period is enclosed at **Statement-V**.

STATEMENT- I

REQUIREMENT, AVAILABILITY & SALES OFF ERTILIZERS DURING THE FY 2014-15													
fig. in LMT													
		UREA			DAP			MOP			NPKS		
S. No	States	Requirement	Availability	Sales	Requirement	Availability	Sales	Requirement	Availability	Sales	Requirement	Availability	Sales
1	Andaman & Nicobar	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.00	0.01	0.00	0.00
2	Andhra Pradesh	18.27	18.54	18.07	5.52	3.13	2.94	2.94	2.77	2.54	13.84	13.40	12.51
3	Arunachal Pradesh	0.02	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00
4	Assam	3.15	3.19	3.16	0.45	0.37	0.33	1.25	0.79	0.67	0.10	0.13	0.11
5	Bihar	19.00	19.43	19.40	4.60	3.66	3.53	1.55	1.77	1.54	2.75	2.87	2.66
6	Chandigarh	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	Chhattisgarh	6.75	6.32	6.28	2.75	2.37	2.33	0.85	0.70	0.61	1.80	0.78	0.71
8	Dadra & Nagar Haveli	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman & Diu	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	Delhi	0.08	0.09	0.09	0.05	0.00	0.00	0.02	0.00	0.00	0.03	0.00	0.00
11	GOA	0.05	0.04	0.04	0.03	0.01	0.01	0.01	0.01	0.01	0.05	0.03	0.03
12	Gujarat	22.00	22.75	22.70	5.40	4.31	4.04	1.40	1.36	1.33	5.20	5.94	5.61
13	Haryana	18.60	20.05	20.02	4.50	4.27	4.12	0.25	0.59	0.51	0.45	0.36	0.35
14	Himachal Pradesh	0.70	0.67	0.67	0.00	0.00	0.00	0.09	0.10	0.10	0.31	0.21	0.21
15	J & K	1.38	1.17	1.16	0.72	0.73	0.64	0.25	0.30	0.25	0.00	0.02	0.02
16	Jharkhand	2.25	1.80	1.80	0.75	0.27	0.27	0.16	0.01	0.01	0.55	0.26	0.26
17	Karnataka	14.00	15.42	15.32	6.00	5.24	5.10	3.25	3.94	3.63	12.00	12.61	12.10

18	Kerala	1.70	1.36	1.36	0.25	0.35	0.31	1.63	1.15	1.14	2.30	1.50	1.40
19	Lakshadweep	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	Madhya Pradesh	20.00	20.73	20.70	10.00	9.17	9.03	0.90	0.99	0.83	3.45	2.50	2.25
21	Maharashtra	26.50	25.78	25.68	8.50	5.49	5.59	4.00	4.90	4.48	20.00	17.02	16.17
22	Manipur	0.29	0.23	0.23	0.07	0.00	0.00	0.06	0.00	0.00	0.03	0.00	0.00
23	Meghalaya	0.03	0.06	0.06	0.01	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.09	0.04	0.04	0.06	0.00	0.00	0.05	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.02	0.01	0.01	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
26	Orissa	6.00	5.06	5.04	1.60	1.49	1.47	1.25	0.94	0.90	3.25	2.33	2.29
27	Pondicherry	0.22	0.15	0.15	0.02	0.02	0.01	0.03	0.03	0.02	0.10	0.07	0.06
28	Punjab	24.80	27.35	27.34	9.00	7.36	7.15	0.50	0.75	0.65	0.45	0.46	0.45
29	Rajasthan	18.50	18.49	18.47	5.00	5.71	5.66	0.16	0.16	0.12	0.96	0.68	0.66
30	Sikkim	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	Tamil Nadu	10.00	9.90	9.90	3.75	2.42	2.38	4.00	3.01	2.93	6.50	5.37	5.16
32	Telangana	14.23	12.47	12.36	3.23	1.68	1.65	1.31	1.17	1.08	7.66	7.83	7.59
33	Tripura	0.35	0.22	0.22	0.06	0.00	0.00	0.14	0.03	0.03	0.03	0.01	0.01
34	Uttar Pradesh	62.00	63.14	62.54	19.50	16.84	16.17	1.75	2.36	2.04	9.00	6.57	6.29
35	Uttarakhand	2.50	2.82	2.80	0.35	0.26	0.26	0.05	0.02	0.02	0.50	0.42	0.39
36	West Bengal	13.20	13.13	13.12	3.75	2.63	2.55	2.40	2.88	2.36	8.50	9.21	8.70
	All India	306.71	310.42	308.74	95.94	77.80	75.57	30.26	30.72	27.80	99.81	90.57	85.98

REQUIREMENT, AVAILABILITY & SALES OFF ERTILIZERS DURING THE FY 2015-16													
fig. in LMT													
		Urea			DAP			MOP			NPK		
S. No	States	Requirement	Availability	Sales	Requirement	Availability	Sales	Requirement	Availability	Sales	Requirement	Availability	Sales
1	Andaman & Nicobar	0.01	0.00	0.00	0.01	0.01	0.01	0.01	0.00	0.00	0.01	0.01	0.01
2	Andhra Pradesh	17.35	16.21	15.47	4.70	3.89	3.77	3.50	2.23	2.12	13.50	12.49	12.08
3	Arunachal Pradesh	0.02	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00
4	Assam	3.30	3.93	3.91	0.50	0.58	0.48	1.30	0.72	0.70	0.10	0.16	0.15
5	Bihar	19.25	23.84	23.58	5.00	5.88	5.45	1.90	1.65	1.54	3.25	3.87	3.70
6	Chandigarh	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	Chhattisgarh	6.75	8.74	8.45	3.00	3.28	3.13	1.05	0.82	0.72	1.50	0.98	0.88
8	Dadra & Nagar Haveli	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman & Diu	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.09	0.11	0.11	0.06	0.01	0.01	0.02	0.00	0.00	0.03	0.00	0.00
11	GOA	0.05	0.04	0.04	0.02	0.02	0.02	0.01	0.01	0.01	0.05	0.03	0.03
12	Gujarat	20.50	21.31	21.04	5.00	5.28	5.12	1.80	1.19	1.17	5.20	6.26	5.98
13	Haryana	18.60	21.70	21.13	6.00	6.80	6.64	0.45	0.50	0.40	0.65	0.28	0.25
14	Himachal Pradesh	0.71	0.73	0.73	0.00	0.00	0.00	0.09	0.08	0.08	0.30	0.36	0.36
15	J & K	1.32	1.59	1.55	0.78	0.61	0.59	0.26	0.11	0.11	0.00	0.03	0.03
16	Jharkhand	2.25	2.39	2.35	1.05	0.66	0.66	0.16	0.03	0.03	0.85	0.35	0.33
17	Karnataka	13.71	15.38	14.61	5.90	6.15	5.89	3.91	2.64	2.48	11.63	12.90	11.92
18	Kerala	1.68	1.48	1.41	0.34	0.28	0.24	1.75	0.88	0.86	2.25	1.32	1.21
19	Lakshadweep	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	Madhya Pradesh	28.00	24.84	23.87	12.00	11.30	10.51	1.10	1.05	0.79	3.75	3.25	2.95
21	Maharashtra	27.00	24.01	23.60	8.50	6.80	6.72	4.75	3.28	3.16	21.00	19.17	17.97
22	Manipur	0.33	0.19	0.19	0.08	0.00	0.00	0.05	0.00	0.00	0.00	0.00	0.00
23	Meghalaya	0.03	0.02	0.02	0.01	0.00	0.00	0.01	0.00	0.00	0.00	0.01	0.01
24	Mizoram	0.09	0.04	0.04	0.06	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.02	0.01	0.01	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
26	Orissa	6.60	6.10	5.87	2.40	1.72	1.64	1.60	0.89	0.89	3.80	2.67	2.52
27	Pondicherry	0.22	0.13	0.13	0.02	0.01	0.01	0.03	0.02	0.02	0.12	0.06	0.06
28	Punjab	26.50	31.52	30.86	9.00	8.49	8.10	0.63	0.61	0.53	0.35	0.45	0.42
29	Rajasthan	19.25	20.96	20.77	6.75	8.00	7.90	0.16	0.15	0.15	0.95	0.74	0.68
30	Sikkim	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	Tamil Nadu	10.50	11.41	11.17	3.50	3.03	3.01	4.00	3.01	2.97	6.50	6.19	6.01
32	Telangana	14.29	13.35	12.56	3.50	2.20	2.12	1.75	1.06	1.00	9.50	8.77	8.53
33	Tripura	0.35	0.26	0.24	0.05	0.01	0.01	0.14	0.05	0.05	0.00	0.01	0.00
34	Uttar Pradesh	59.47	60.13	57.99	19.50	22.43	21.80	2.00	2.28	2.19	10.50	7.30	6.90
35	Uttarakhand	2.45	3.71	3.60	0.40	0.32	0.31	0.09	0.03	0.03	0.50	0.35	0.32
36	West Bengal	12.65	14.87	14.38	4.19	3.51	3.32	3.50	2.43	2.22	9.59	10.02	9.38
	All India	313.35	329.00	319.68	102.34	101.28	97.47	36.08	25.71	24.23	105.89	98.03	92.68

1. Primary Indicator of comfortable availability: Availability > Requirement
2. Secondary Indicator of comfortable availability: Availability > Sales

REQUIREMENT, AVAILABILITY & SALES OFF ERTILIZERS DURING THE FY 2016-17													
fig. in LMT													
S. NO	States	UREA			DAP			MOP			NPKS		
		Requirement	Availability	Sales	Requirement	Availability	Sales	Requirement	Availability	Sales	Requirement	Availability	Sales
1	Andaman & Nicobar	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.00	0.01	0.01	0.01
2	Andhra Pradesh	15.03	15.58	14.38	4.67	3.92	3.73	3.06	2.59	2.54	11.73	12.02	11.49
3	Arunachal Pradesh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Assam	3.10	3.23	3.19	0.43	0.57	0.54	1.05	0.74	0.74	0.10	0.11	0.11
5	Bihar	19.50	20.15	19.77	6.00	5.53	5.32	1.90	2.38	2.30	4.00	2.64	2.54
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.02	0.00
7	Chattisgarh	5.99	6.93	6.50	3.60	3.17	2.91	1.20	0.69	0.61	1.60	0.81	0.68
8	Dadra & Nagar Haveli	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman & Diu	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.09	0.12	0.13	0.06	0.00	0.01	0.02	0.00	0.00	0.03	0.00	0.00
11	GOA	0.04	0.03	0.03	0.02	0.02	0.02	0.01	0.01	0.01	0.04	0.02	0.03
12	Gujarat	18.50	20.77	20.55	5.30	4.60	4.48	1.50	1.43	1.43	5.60	6.26	6.12
13	Haryana	18.00	20.36	19.62	6.30	5.79	5.62	0.35	0.65	0.62	0.65	0.24	0.18
14	Himachal Pradesh	0.58	0.62	0.62	0.00	0.01	0.01	0.06	0.07	0.09	0.33	0.36	0.37
15	J & K	1.29	1.30	1.29	0.69	0.69	0.66	0.25	0.29	0.29	0.02	0.01	0.01
16	Jharkhand	2.40	2.23	2.19	0.95	0.67	0.62	0.10	0.03	0.03	0.58	0.15	0.15
17	Karnataka	12.43	13.76	12.98	5.40	6.44	6.16	3.05	2.49	2.39	11.07	11.98	11.11
18	Kerala	0.87	1.21	1.14	0.23	0.33	0.29	0.56	0.95	0.90	1.04	1.22	1.13
19	Lakshadweep	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	Madhya Pradesh	22.00	24.31	22.48	12.50	9.95	8.09	1.25	1.12	1.01	3.95	3.52	2.79
21	Maharashtra	24.56	25.67	24.91	7.84	6.20	6.00	4.70	3.54	3.52	21.58	18.37	17.12
22	Manipur	0.20	0.17	0.17	0.08	0.00	0.00	0.05	0.00	0.00	0.00	0.00	0.00
23	Megalaya	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.05	0.03	0.05	0.03	0.00	0.00	0.02	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.02	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
26	Orissa	6.00	5.04	4.93	2.10	1.75	1.65	1.50	0.96	0.96	3.75	2.21	1.94
27	Pondicherry	0.18	0.10	0.11	0.02	0.02	0.02	0.04	0.02	0.02	0.08	0.05	0.06
28	Punjab	24.50	27.11	26.10	8.52	7.45	7.35	1.05	0.75	0.75	0.70	0.45	0.39
29	Rajasthan	17.90	20.58	19.95	4.80	6.73	6.45	0.23	0.17	0.17	0.82	0.66	0.59
30	Sikkim	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	Tamil Nadu	8.68	8.07	7.94	3.70	2.59	2.53	4.22	2.65	2.63	6.01	5.67	5.30
32	Telangana	13.90	16.73	15.49	2.90	2.56	2.43	1.70	1.81	1.74	9.40	9.90	9.64
33	Tripura	0.26	0.31	0.29	0.08	0.02	0.02	0.17	0.09	0.09	0.00	0.01	0.01
34	Uttar Pradesh	58.50	58.01	54.96	20.00	21.38	20.08	2.50	2.78	2.75	9.00	5.51	5.09
35	Uttarakhand	2.35	3.58	3.54	0.35	0.34	0.35	0.05	0.04	0.05	0.39	0.34	0.32
36	West Bengal	12.15	13.04	12.73	3.95	3.05	2.89	2.75	2.64	2.59	10.10	9.95	9.42
	All India	289.09	309.08	296.07	100.57	93.79	88.23	33.36	28.91	28.21	102.58	92.49	86.58

REQUIREMENT, AVAILABILITY & SALES OFF ERTILIZERS DURING THE FY 20107-18													
fig. in LMT													
		UREA			DAP			MOP			NPKS		
S.	States	Require	Availabil	Sales	Require	Availabil	Sales	Require	Availabil	Sales	Require	Availabil	Sales
1	Andaman &	0.01	0.01	0.01	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.01	0.00
2	Andhra	15.50	14.92	14.09	3.75	3.38	3.26	2.41	2.97	2.89	11.50	11.88	10.62
3	Arunachal	0.02	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00
4	Assam	2.95	3.72	3.71	0.55	0.57	0.57	0.65	0.82	0.81	0.05	0.13	0.13
5	Bihar	21.00	20.58	20.39	5.75	6.98	6.82	1.90	2.54	2.45	3.00	2.97	2.82
6	Chandigarh	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	Chattisgarh	6.56	6.95	6.63	3.40	3.37	3.26	1.00	0.75	0.73	1.60	0.98	0.81
8	Dadra & Nagar	0.01	0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman & Diu	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.09	0.13	0.13	0.05	0.03	0.03	0.02	0.00	0.00	0.03	0.00	0.00
11	GOA	0.03	0.02	0.02	0.02	0.02	0.02	0.02	0.01	0.01	0.04	0.02	0.02
12	Gujarat	20.00	22.94	22.39	4.80	5.55	5.47	1.60	1.61	1.61	5.20	6.92	6.80
13	Harayana	18.00	21.25	20.62	6.20	5.48	5.47	0.65	0.77	0.72	0.55	0.22	0.19
14	Himachal	0.66	0.70	0.70	0.02	0.00	0.00	0.10	0.11	0.11	0.37	0.30	0.30
15	J & K	1.28	1.63	1.51	0.65	0.65	0.65	0.26	0.38	0.38	0.00	0.01	0.01
16	Jharkhand	2.40	2.24	2.22	1.00	0.85	0.82	0.07	0.03	0.03	0.33	0.15	0.14
17	Karnataka	13.50	13.95	13.48	6.00	5.13	4.90	3.50	2.66	2.54	12.50	13.04	11.64
18	Kerala	1.10	1.37	1.33	0.35	0.35	0.31	1.10	1.04	1.02	1.45	1.29	1.17
19	Lakshadweep	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	Madhya	22.00	25.00	24.49	10.50	11.25	11.06	1.25	1.10	1.08	3.15	3.14	2.93
21	Maharashtra	26.62	24.02	23.58	7.22	6.73	6.66	4.50	4.36	4.24	20.50	21.03	19.71
22	Manipur	0.22	0.21	0.21	0.06	0.00	0.00	0.05	0.00	0.00	0.00	0.00	0.00
23	Megalaya	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.07	0.06	0.06	0.02	0.00	0.00	0.02	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.01	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Orissa	5.25	5.30	5.26	2.20	1.84	1.73	1.35	1.27	1.22	3.10	2.51	2.23
27	Pondicherry	0.14	0.11	0.11	0.02	0.01	0.01	0.03	0.01	0.01	0.06	0.05	0.05

28	Punjab	25.50	28.66	28.06	9.00	6.96	6.85	1.10	0.99	0.83	0.43	0.35	0.32
29	Rajasthan	18.50	17.27	16.80	5.83	5.42	5.37	0.25	0.29	0.26	0.60	0.67	0.59
30	Sikkim	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	Tamil Nadu	9.00	8.88	8.81	3.50	2.48	2.44	3.31	2.98	2.96	6.00	5.82	5.35
32	Telangana	13.80	14.70	14.02	2.60	2.67	2.53	1.80	2.11	2.06	9.00	11.30	10.17
33	Tripura	0.43	0.23	0.23	0.06	0.01	0.01	0.14	0.00	0.00	0.02	0.00	0.00
34	Uttar Pradesh	58.50	62.97	58.92	21.30	18.55	18.08	3.50	3.05	2.97	7.50	5.52	5.21
35	Uttarakhand	2.35	3.18	3.10	0.40	0.29	0.29	0.06	0.06	0.06	0.45	0.34	0.32
36	West Bengal	12.50	12.55	12.41	3.50	3.36	3.23	3.25	2.96	2.93	10.75	10.00	9.21
	All India	298.00	313.57	303.31	98.77	91.94	89.85	33.90	32.88	31.93	98.19	98.64	90.75

REQUIREMENT, AVAILABILITY & SALES OFF ERTILIZERS DURING THE FY 2018-19

fig. in LMT

S. No	States	UREA			DAP			MOP			NPKS		
		Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales
1	Andaman & Nicobar	0.01	0.01	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.01	0.00
2	Andhra Pradesh	16.70	16.79	14.18	3.76	4.11	3.14	2.86	3.01	2.41	12.50	15.06	11.38
3	Arunachal Pradesh	0.04	0.00	0.00	0.01	0.00	0.00	0.02	0.00	0.00	0.00	0.00	0.00
4	Assam	3.35	5.15	4.39	0.65	0.93	0.58	0.80	1.11	0.79	0.05	0.23	0.14
5	Bihar	21.00	25.59	22.34	5.00	8.50	5.87	2.10	2.97	2.03	3.50	4.53	3.19
6	Chandigarh	0.00	0.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.05	0.00
7	Chattisgarh	6.00	10.94	8.18	3.50	5.49	3.31	1.20	1.36	0.71	1.50	1.74	0.94
8	Dadra & Nagar Haveli	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	Daman & Diu	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.08	0.23	0.21	0.04	0.03	0.02	0.02	0.01	0.00	0.02	0.00	0.00
11	GOA	0.03	0.02	0.02	0.02	0.02	0.02	0.01	0.01	0.00	0.03	0.03	0.03
12	Gujarat	19.60	23.18	20.06	5.00	6.32	4.31	1.41	1.63	1.32	4.65	8.19	5.98
13	Harayana	19.00	24.99	21.66	6.20	6.93	5.48	0.85	1.05	0.70	0.27	0.57	0.38
14	Himachal Pradesh	0.66	0.86	0.73	0.00	0.01	0.00	0.10	0.11	0.06	0.38	0.45	0.26
15	J & K	1.33	1.89	1.32	0.72	0.81	0.49	0.26	0.44	0.23	0.00	0.02	0.00
16	Jharkhand	2.40	2.81	2.39	1.05	1.00	0.69	0.12	0.05	0.01	0.35	0.46	0.29
17	Karnataka	14.00	16.76	13.91	5.87	7.44	4.88	4.00	3.75	2.64	11.71	19.00	13.31
18	Kerala	1.40	1.22	0.95	0.27	0.27	0.21	1.24	1.11	0.84	1.67	1.57	1.16
19	Lakshadweep	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	Madhya Pradesh	23.00	34.36	29.51	11.50	16.87	12.63	1.25	1.58	1.08	2.80	5.39	3.89
21	Maharashtra	22.00	27.75	22.81	6.70	8.58	5.61	4.50	5.24	3.86	18.00	31.05	19.72
22	Manipur	0.24	0.30	0.24	0.12	0.01	0.00	0.12	0.00	0.00	0.00	0.00	0.00
23	Megalaya	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.09	0.15	0.07	0.06	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.01	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Orissa	5.75	6.38	4.96	2.15	2.42	1.69	1.45	1.66	1.08	3.00	3.32	2.23
27	Pondicherry	0.11	0.15	0.13	0.01	0.01	0.01	0.03	0.02	0.02	0.06	0.05	0.04
28	Punjab	25.50	34.62	29.17	8.50	8.84	7.02	1.10	0.96	0.56	0.68	0.76	0.55
29	Rajasthan	19.00	24.22	20.92	6.15	8.41	6.71	0.30	0.48	0.29	0.55	1.30	0.91
30	Sikkim	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	Tamil Nadu	8.50	10.92	9.11	3.00	3.28	2.31	3.50	3.50	2.67	5.50	7.57	5.53
32	Telangana	15.00	16.87	13.83	3.20	3.08	2.23	2.60	1.77	1.41	10.50	14.65	10.51
33	Tripura	0.39	0.34	0.11	0.06	0.05	0.00	0.14	0.07	0.00	0.02	0.01	0.00
34	Uttar Pradesh	2.35	3.00	2.75	0.33	0.40	0.22	0.05	0.08	0.03	0.39	0.42	0.32
35	Uttarakhand	59.50	73.89	62.86	21.00	23.69	17.17	3.50	2.66	1.82	9.00	8.59	6.13
36	West Bengal	13.00	16.18	13.23	3.50	4.19	2.75	3.25	3.56	2.42	10.54	13.13	8.79
	All India	300.04	379.62	320.04	98.40	121.67	87.35	36.81	38.21	26.98	97.68	138.16	95.66

REQUIREMENT, AVAILABILITY & SALES OFF ERTILIZERS DURING THE FY 2019-20

fig. in LMT

S. No	States	UREA			DAP			MOP			NPKS		
		Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales
1	Andaman & Nicobar	0.01	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
2	Andhra Pradesh	17.50	17.52	14.26	3.00	4.72	3.52	2.70	3.18	2.42	12.00	17.83	13.52
3	Arunachal Pradesh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Assam	3.10	4.26	3.63	0.63	0.93	0.65	0.71	1.06	0.71	0.16	0.24	0.18
5	Bihar	21.00	26.21	22.65	6.00	9.49	7.44	2.30	3.20	2.46	3.50	4.97	3.31
6	Chandigarh	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	Chattisgarh	6.00	10.71	7.96	3.10	5.27	3.56	0.96	1.32	0.92	1.20	1.60	0.94
8	Dadra & Nagar Haveli	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman & Diu	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	Delhi	0.16	0.28	0.25	0.04	0.05	0.04	0.01	0.01	0.00	0.02	0.00	0.00
11	GOA	0.02	0.02	0.02	0.02	0.00	0.00	0.01	0.01	0.00	0.03	0.04	0.03
12	Gujarat	22.00	25.68	23.63	5.00	6.98	5.18	1.40	1.72	1.25	5.46	9.03	6.64
13	Harayana	21.00	23.61	20.88	6.30	7.44	5.89	0.95	1.06	0.58	0.40	0.40	0.23
14	Himachal Pradesh	0.69	0.85	0.74	0.01	0.02	0.01	0.09	0.12	0.07	0.40	0.47	0.32
15	J & K	1.38	2.12	0.96	0.68	0.94	0.35	0.26	0.54	0.16	0.02	0.02	0.01
16	Jharkhand	2.60	2.97	2.41	1.00	1.14	0.79	0.13	0.06	0.03	0.45	0.51	0.38
17	Karnataka	17.91	17.74	14.63	6.49	7.91	5.54	4.80	3.63	2.59	14.21	20.28	14.70
18	Kerala	1.17	1.34	1.14	0.33	0.20	0.17	1.25	1.07	0.89	1.20	1.64	1.32
19	Lakshadweep	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	Madhya Pradesh	28.50	34.25	29.99	13.00	18.62	13.46	1.50	1.71	1.13	3.75	5.35	3.74
21	Maharashtra	26.00	28.20	24.19	7.50	8.55	6.07	4.75	4.62	3.24	21.00	30.54	21.90
22	Manipur	0.27	0.29	0.26	0.12	0.07	0.05	0.12	0.02	0.01	0.00	0.00	0.00
23	Megalaya	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.09	0.09	0.08	0.06	0.01	0.00	0.04	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Orissa	5.35	6.72	5.56	2.15	2.62	1.99	1.35	1.69	1.21	3.00	3.58	2.53
27	Pondicherry	0.13	0.12	0.11	0.02	0.01	0.01	0.03	0.02	0.01	0.05	0.09	0.07
28	Punjab	26.50	33.96	29.64	8.25	9.29	7.29	1.45	1.10	0.64	0.76	0.56	0.38
29	Rajasthan	22.50	26.47	22.97	8.00	10.54	8.38	0.30	0.46	0.26	0.55	1.01	0.62
30	Sikkim	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	Tamil Nadu	10.00	10.37	9.13	3.30	3.37	2.46	2.85	3.21	2.52	5.25	8.35	6.17
32	Telangana	15.50	19.21	15.20	3.20	3.34	2.32	2.60	2.26	1.71	11.60	16.26	12.21
33	Tripura	0.33	0.29	0.17	0.06	0.07	0.02	0.10	0.12	0.07	0.02	0.02	0.01
34	Uttar Pradesh	2.35	2.69	2.45	0.33	0.58	0.44	0.07	0.12	0.07	0.35	0.36	0.24
35	Uttarakhand	70.00	83.29	70.95	21.00	30.10	21.94	3.50	3.59	2.40	9.00	8.40	5.56
36	West Bengal	13.20	15.89	13.11	3.70	4.47	3.43	3.90	3.56	2.42	10.44	13.10	9.98
	All India	335.26	395.16	336.96	103.30	136.75	101.01	38.12	39.44	27.80	104.82	144.66	105.01

1. Primary Indicator of comfortable availability: Availability>Requirement
2. Secondary Indicator of comfortable availability: Availability>Sales

REQUIREMENT, AVAILABILITY & SALES OFF FERTILIZERS DURING THE FY 2020-21

fig. in LMT

S. No	State	UREA			DAP			MOP			NPKS		
		Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales
1	Andaman & Nicobar	0.01	0.01	0.00	0.02	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
2	Andhra Pradesh	17.50	18.84	15.92	4.00	4.66	4.21	2.80	3.60	2.94	13.50	19.78	17.27
3	Arunachal Pradesh	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00
4	Assam	4.15	4.11	3.46	0.83	0.92	0.79	0.82	0.99	0.80	0.20	0.17	0.14
5	Bihar	22.00	26.21	23.30	7.00	8.93	8.12	2.50	3.44	2.61	3.50	4.58	3.63
6	Chandigarh	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	Chattisgarh	6.50	11.08	9.17	3.35	5.42	4.51	1.01	1.52	1.12	1.60	1.72	1.19
8	Dadra & Nagar Haveli	0.00	0.01	0.01	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman & Diu	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	Delhi	0.23	0.24	0.22	0.05	0.04	0.04	0.02	0.01	0.00	0.02	0.00	0.00
11	GOA	0.02	0.03	0.02	0.02	0.00	0.00	0.01	0.01	0.01	0.03	0.04	0.03
12	Gujarat	24.00	26.22	23.82	5.00	7.02	6.55	1.30	1.70	1.51	5.35	9.48	7.79
13	Harayana	21.00	23.64	21.52	6.30	6.86	6.32	0.70	0.98	0.60	0.40	0.35	0.23
14	Himachal Pradesh	0.70	0.88	0.72	0.02	0.02	0.02	0.09	0.12	0.08	0.41	0.45	0.34
15	J & K	1.43	2.58	2.16	0.79	0.93	0.80	0.26	0.60	0.48	0.00	0.04	0.02
16	Jharkhand	2.60	3.07	2.58	1.00	1.27	1.08	0.11	0.07	0.05	0.38	0.44	0.36
17	Karnataka	16.50	20.62	16.43	6.50	7.97	6.82	3.15	4.57	3.35	14.15	23.28	18.24
18	Kerala	1.13	1.51	1.27	0.19	0.22	0.21	0.85	1.28	1.09	1.25	1.72	1.44
19	Lakshadweep	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	Madhya Pradesh	31.00	34.73	30.18	13.55	18.04	16.07	1.50	2.03	1.50	3.75	4.85	3.98
21	Maharashtra	25.00	29.76	24.62	7.00	9.44	8.17	4.50	5.43	4.09	21.00	35.89	26.89
22	Manipur	0.27	0.24	0.22	0.16	0.06	0.04	0.14	0.03	0.03	0.00	0.00	0.00
23	Megalaya	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.09	0.02	0.02	0.05	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Orissa	5.65	6.66	5.27	2.20	2.82	2.52	1.30	1.81	1.38	2.80	3.26	2.65
27	Pondicherry	0.13	0.15	0.14	0.02	0.01	0.01	0.02	0.03	0.02	0.04	0.11	0.09
28	Punjab	28.30	32.85	29.37	8.25	8.87	7.73	1.50	1.21	0.85	0.76	0.47	0.36
29	Rajasthan	22.00	25.78	23.21	8.00	9.72	9.17	0.30	0.46	0.32	0.55	0.76	0.64
30	Sikkim	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	Tamil Nadu	10.00	11.58	9.88	3.25	3.07	2.72	3.10	3.88	3.07	6.30	9.08	7.38
32	Telangana	19.50	22.20	17.54	2.70	3.62	3.14	2.60	3.00	2.47	13.50	18.38	15.18
33	Tripura	0.25	0.25	0.14	0.06	0.07	0.05	0.10	0.07	0.04	0.02	0.02	0.01
34	Uttar Pradesh	2.25	2.57	2.40	0.40	0.46	0.38	0.10	0.11	0.06	0.38	0.34	0.31
35	Uttarakhand	74.00	84.55	74.13	23.00	29.02	25.76	3.50	3.74	2.78	8.00	8.20	6.26
36	West Bengal	14.43	16.08	12.78	4.05	4.48	3.94	3.20	3.89	3.06	10.12	13.16	11.39
	All India	350.64	406.49	350.51	107.76	133.98	119.18	35.51	44.56	34.32	108.00	156.55	125.82

REQUIREMENT, AVAILABILITY & SALES OFF ERTILIZERS DURING THE FY 2021-22

fig. in LMT

S. No	State	UREA			DAP			MOP			NPKS		
		Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales
1	Andaman & Nicobar	0.00	0.01	0.00	0.00	0.02	0.00	0.00	0.01	0.00	0.00	0.00	0.00
2	Andhra Pradesh	17.00	17.08	14.83	4.45	3.79	3.60	3.00	1.97	1.78	17.00	15.93	13.99
3	Arunachal Pradesh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Assam	3.85	4.00	3.60	0.89	0.68	0.52	0.85	0.62	0.55	0.17	0.25	0.19
5	Bihar	22.00	22.79	21.53	7.50	5.82	5.52	2.50	1.52	1.38	4.00	4.44	3.96
6	Chandigarh	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	Chattisgarh	7.00	9.66	8.00	3.80	3.69	3.53	1.01	1.09	0.83	1.30	1.46	1.31
8	Dadra & Nagar Haveli	0.02	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman & Diu	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	Delhi	0.20	0.30	0.26	0.04	0.05	0.03	0.01	0.00	0.00	0.02	0.00	0.00
11	GOA	0.02	0.02	0.02	0.01	0.00	0.00	0.01	0.01	0.00	0.02	0.03	0.03
12	Gujarat	24.00	24.93	21.90	5.00	5.43	5.00	1.20	1.22	1.09	5.95	7.35	6.69
13	Harayana	20.50	23.26	20.75	6.00	5.33	4.96	0.56	0.67	0.57	0.70	0.63	0.54
14	Himachal Pradesh	0.79	0.90	0.74	0.02	0.01	0.00	0.08	0.10	0.04	0.38	0.34	0.19
15	J & K	1.43	2.11	1.67	0.80	0.57	0.44	0.40	0.25	0.19	0.03	0.02	0.00
16	Jharkhand	2.60	3.01	2.57	1.00	0.97	0.91	0.20	0.05	0.01	0.46	0.49	0.45
17	Karnataka	16.50	21.04	17.84	6.54	6.37	5.73	3.17	2.74	2.54	17.20	20.82	18.72
18	Kerala	1.22	1.29	1.15	0.20	0.14	0.14	1.10	0.86	0.77	1.45	1.43	1.26
19	Lakshadweep	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	Madhya Pradesh	35.00	33.01	29.18	19.50	12.54	12.03	1.80	1.31	1.18	4.35	5.31	4.96
21	Maharashtra	25.50	28.29	23.68	8.50	6.42	5.87	4.50	3.63	3.26	21.50	28.97	25.75
22	Manipur	0.27	0.24	0.14	0.14	0.03	0.01	0.14	0.00	0.00	0.00	0.02	0.01
23	Megalaya	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.09	0.03	0.01	0.06	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.02	0.01	0.01	0.02	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00
26	Orissa	5.64	6.36	5.53	2.68	2.51	2.37	1.43	1.17	1.07	2.80	2.77	2.49
27	Pondicherry	0.12	0.15	0.15	0.02	0.01	0.01	0.02	0.02	0.02	0.07	0.08	0.07
28	Punjab	28.00	34.95	31.34	8.00	6.58	6.27	1.00	0.87	0.64	0.76	1.47	1.21
29	Rajasthan	21.00	25.43	22.59	7.70	6.59	6.10	0.30	0.31	0.24	0.63	1.23	1.20
30	Sikkim	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	Tamil Nadu	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	Telangana	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	Tripura	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	Uttar Pradesh	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	Uttarakhand	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	West Bengal	14.23	15.84	13.30	4.05	3.03	2.70	3.70	2.09	1.89	10.12	11.30	10.34
	All India	356.53	389.68	341.73	123.90	100.49	92.64	37.10	27.06	23.93	122.74	135.74	121.37

REQUIREMENT, AVAILABILITY & SALES OFF ERTILIZERS DURING THE FY 2022-23

fig. in LMT

S. No	State	UREA			DAP			MOP			NPKS		
		Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales
1	Andaman & Nicobar	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	Andhra Pradesh	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	Arunachal Pradesh	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	Assam	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	Bihar	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	Chandigarh	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	Chattisgarh	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	Dadra & Nagar Haveli	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	Daman & Diu	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	Delhi	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	GOA	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	Gujarat	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	Harayana	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	Himachal Pradesh	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	J & K	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	Jharkhand	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	Karnataka	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	Kerala	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	Lakshadweep	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	Madhya Pradesh	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	Maharashtra	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	Manipur	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	Megalaya	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	Mizoram	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	Nagaland	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	Orissa	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	Pondicherry	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	Punjab	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	Rajasthan	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	Sikkim	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	Tamil Nadu	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	Telangana	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	Tripura	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	Uttar Pradesh	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	Uttarakhand	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	West Bengal	14.25	16.49	14.05	4.05	4.36	3.77	3.70	2.70	2.36	10.12	11.16	9.61
	All India	359.19	415.82	357.26	114.20	130.93	105.31	34.17	19.55	16.32	120.69	138.15	107.31

REQUIREMENT, AVAILABILITY & SALES OFF ERTILIZERS DURING THE FY 2023-24

fig. in LMT

S. No	State	UREA			DAP			MOP			NPKS		
		Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales
1	Andaman & Nicobar	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	Andhra Pradesh	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	Arunachal Pradesh	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	Assam	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	Bihar	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	Chandigarh	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	Chattisgarh	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	Dadra & Nagar Haveli	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	Daman & Diu	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	Delhi	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	GOA	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	Gujarat	24.71	26.78	24.30	5.86	6.71	6.29	1.30	1.00	0.80	6.00	8.93	6.97
13	Harayana	20.63	24.86	21.77	5.60	6.29	5.83	0.55	0.50	0.36	1.20	0.64	0.44
14	Himachal Pradesh	0.68	0.82	0.68	0.01	0.01	0.01	0.05	0.05	0.03	0.37	0.39	0.32
15	J & K	1.40	2.01	1.45	0.55	0.59	0.44	0.32	0.24	0.16	0.03	0.00	0.00
16	Jharkhand	2.47	3.74	3.04	1.02	1.06	0.94	0.21	0.03	0.03	0.41	0.46	0.33
17	Karnataka	16.10	21.02	15.65	5.90	8.13	6.42	2.45	1.97	1.54	16.50	21.09	15.84
18	Kerala	1.19	1.13	0.96	0.20	0.18	0.16	0.97	0.87	0.70	1.42	1.56	1.26
19	Lakshadweep	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	Madhya Pradesh	33.46	41.73	34.37	14.22	17.81	15.50	0.87	1.05	0.67	5.40	6.99	5.41
21	Maharashtra	23.74	31.06	23.48	7.00	8.93	7.36	3.00	2.18	1.42	26.50	34.08	23.04
22	Manipur	0.30	0.26	0.25	0.04	0.01	0.01	0.05	0.02	0.02	0.00	0.01	0.00
23	Megalaya	0.02	0.05	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
24	Mizoram	0.07	0.15	0.13	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	Nagaland	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	Orissa	5.46	7.70	5.84	2.33	3.12	2.74	1.03	0.93	0.66	2.80	3.16	2.42
27	Pondicherry	0.16	0.15	0.13	0.02	0.01	0.01	0.01	0.01	0.01	0.06	0.10	0.07
28	Punjab	29.48	37.35	30.68	8.00	8.23	7.24	0.85	0.62	0.50	1.50	1.02	0.73
29	Rajasthan	24.28	29.23	25.39	8.95	9.80	9.37	0.23	0.20	0.15	1.11	1.40	1.08
30	Sikkim	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	Tamil Nadu	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	Telangana	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	Triprura	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	Uttar Pradesh	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	Uttarakhand	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	West Bengal	14.32	17.34	12.20	4.02	3.83	3.20	3.35	2.85	1.83	10.65	12.74	9.20
	All India	356.08	437.47	357.81	110.18	127.42	109.73	27.62	22.74	16.45	126.31	156.51	116.80

REQUIREMENT, AVAILABILITY & SALES OFF ERTILIZERS DURING THE FY 2024-25													
fig. in LMT													
S. No	State	UREA			DAP			MOP			NPKS		
		Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales
1	Andaman & Nicobar	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	15.90	18.68	15.70	4.30	4.80	4.34	1.50	2.38	1.71	16.00	18.36	15.78
3	Arunachal Pradesh	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	Assam	3.28	4.48	4.10	0.61	0.70	0.62	0.47	0.80	0.57	0.55	0.63	0.48
5	Bihar	22.87	27.64	25.60	5.50	6.40	5.83	1.50	2.54	1.84	6.00	7.46	6.04
6	Chandigarh	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	Chattisgarh	8.90	12.03	10.07	4.10	4.19	3.83	0.73	1.13	0.76	1.80	2.84	2.34
8	Dadra & Nagar Haveli	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman & Diu	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	Delhi	0.23	0.43	0.40	0.01	0.05	0.04	0.00	0.00	0.00	0.00	0.00	0.00
11	GOA	0.02	0.02	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.04	0.03	0.03
12	Gujarat	25.60	25.82	24.23	6.25	5.84	5.42	0.99	1.18	0.92	7.00	9.98	8.35
13	Harayana	21.50	25.32	22.65	5.80	5.49	5.34	0.60	0.74	0.47	1.70	1.31	1.03
14	Himachal Pradesh	0.71	0.81	0.65	0.01	0.04	0.03	0.04	0.05	0.03	0.37	0.41	0.32
15	J & K	1.48	2.05	1.36	0.49	0.58	0.43	0.22	0.26	0.14	0.04	0.02	0.01
16	Jharkhand	2.65	4.11	3.73	0.90	0.87	0.84	0.06	0.05	0.03	0.65	1.08	0.85
17	Karnataka	17.25	22.63	19.17	5.64	6.55	5.86	1.95	3.08	2.21	16.20	25.46	20.90
18	Kerala	1.11	1.37	1.15	0.17	0.21	0.20	0.82	1.06	0.83	1.37	1.50	1.26
19	Lakshadweep	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	Madhya Pradesh	35.38	42.43	38.09	16.57	12.70	11.66	1.05	1.59	1.08	8.50	11.94	9.77
21	Maharashtra	23.73	32.72	26.41	7.50	7.13	6.47	2.30	3.45	2.22	30.00	37.86	28.79
22	Manipur	0.25	0.16	0.14	0.03	0.03	0.02	0.04	0.02	0.02	0.02	0.01	0.01
23	Megalaya	0.04	0.04	0.04	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
24	Mizoram	0.08	0.25	0.20	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	Nagaland	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	Orissa	6.05	8.15	6.67	2.86	2.83	2.56	0.85	1.11	0.77	2.75	4.04	3.28
27	Pondicherry	0.16	0.16	0.15	0.01	0.02	0.02	0.01	0.02	0.01	0.07	0.11	0.08
28	Punjab	26.50	36.70	32.56	8.10	6.99	6.61	1.00	1.06	0.71	2.50	1.73	1.41
29	Rajasthan	26.20	29.43	26.40	8.50	7.11	6.90	0.21	0.28	0.20	2.25	3.04	2.55
30	Sikkim	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	Tamil Nadu	10.91	12.61	10.92	2.70	2.98	2.56	2.24	2.56	1.94	10.54	10.19	8.49
32	Telangana	20.20	22.15	20.08	3.90	3.91	3.64	1.30	1.44	1.14	17.00	17.54	14.97
33	Tripura	0.18	0.24	0.17	0.04	0.03	0.02	0.03	0.06	0.04	0.04	0.04	0.03
34	Uttar Pradesh	2.03	2.60	2.31	0.30	0.52	0.40	0.08	0.08	0.04	0.40	0.28	0.21
35	Uttarakhand	77.00	91.72	79.18	24.05	21.55	19.51	1.72	2.50	1.76	14.50	12.85	10.50

36	West Bengal	13.80	19.05	15.77	3.55	3.62	3.12	2.50	3.41	2.57	11.00	15.25	12.24
	All India	364.01	443.83	387.92	111.92	105.14	96.29	22.21	30.85	22.02	151.29	183.98	149.72

STATEMENT-II

Year wise; District wise; grade wise Fertilizer allocation, Supplies and Sales in state of Andhra Pradesh													
Qty in LMTs													
S. No	District	2014-15											
		Allocation				Total Supplies made available (inclu Opening Balance)				Consumption(used)			
		UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs
1	Srikakulam	0.71	0.27	0.12	0.10	0.71	0.17	0.12	0.11	0.67	0.16	0.12	0.10
2	Vizianagaram	0.61	0.18	0.10	0.13	0.61	0.11	0.11	0.13	0.58	0.10	0.10	0.13
3	Visakhapatnam	0.49	0.07	0.06	0.16	0.49	0.04	0.06	0.16	0.46	0.04	0.06	0.15
4	East Godavari	1.83	0.41	0.40	0.85	1.84	0.25	0.42	0.86	1.73	0.24	0.40	0.80
5	West Godavari	2.38	0.55	0.62	1.65	2.39	0.33	0.66	1.67	2.25	0.32	0.63	1.55
6	Krishna	2.06	0.43	0.37	1.76	2.07	0.26	0.39	1.78	1.95	0.25	0.37	1.66
7	Guntur	2.86	0.86	0.23	2.07	2.87	0.52	0.24	2.09	2.71	0.49	0.23	1.95
8	Prakasam	1.23	0.49	0.12	1.00	1.23	0.29	0.12	1.01	1.16	0.28	0.12	0.94
9	Nellore	1.61	0.44	0.23	0.72	1.62	0.27	0.24	0.73	1.53	0.26	0.23	0.68
10	Kurnool	1.94	0.74	0.29	2.91	1.95	0.45	0.31	2.94	1.83	0.43	0.29	2.74
11	Anantapur	0.70	0.24	0.12	0.66	0.71	0.14	0.13	0.67	0.67	0.14	0.12	0.62
12	Kadapa	0.64	0.10	0.09	0.50	0.64	0.06	0.10	0.51	0.61	0.06	0.09	0.47
13	Chittoor	0.64	0.13	0.08	0.32	0.64	0.08	0.08	0.32	0.60	0.07	0.08	0.30

Year wise; District wise; grade wise Fertilizer allocation, Supplies and Sales in state of Andhra Pradesh													
Qty in LMTs													
S. No	District	2015-16											
		Allocation				Total Supplies made available (inclu Opening Balance)				Consumption(used)			
		UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs
1	Srikakulam	0.77	0.34	0.16	0.15	0.74	0.21	0.08	0.12	0.68	0.20	0.08	0.11
2	Vizianagaram	0.73	0.27	0.16	0.16	0.71	0.17	0.08	0.13	0.65	0.16	0.08	0.12
3	Visakhapatnam	0.47	0.11	0.05	0.16	0.46	0.06	0.03	0.13	0.42	0.06	0.03	0.12
4	East Godavari	1.99	0.61	0.60	0.96	1.92	0.37	0.32	0.75	1.76	0.35	0.30	0.72
5	West Godavari	2.49	0.72	1.05	2.36	2.40	0.44	0.55	1.85	2.19	0.42	0.52	1.78
6	Krishna	1.74	0.48	0.50	1.46	1.68	0.29	0.26	1.14	1.54	0.28	0.25	1.10

7	Guntur	2.29	0.98	0.32	2.35	2.21	0.60	0.17	1.84	2.02	0.57	0.16	1.77
8	Prakasam	0.97	0.56	0.11	1.31	0.93	0.34	0.06	1.02	0.85	0.33	0.06	0.99
9	Nellore	2.03	0.70	0.40	1.21	1.96	0.43	0.21	0.95	1.79	0.40	0.20	0.91
10	Kurnool	1.58	0.91	0.37	3.28	1.52	0.56	0.19	2.56	1.39	0.53	0.18	2.47
11	Anantapur	0.76	0.31	0.25	0.96	0.74	0.19	0.13	0.75	0.67	0.18	0.12	0.72
12	Kadapa	0.78	0.21	0.19	0.83	0.75	0.13	0.10	0.65	0.69	0.12	0.09	0.63
13	Chittoor	0.94	0.29	0.11	0.48	0.91	0.18	0.06	0.38	0.83	0.17	0.05	0.36

Year wise; District wise; grade wise Fertilizer allocation, Supplies and Sales in state of Andhra Pradesh													
Qty in LMTs													
S. No	District	2016-17											
		Allocation				Total Supplies made available (inclu Opening Balance)				Consumption(used)			
		UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs
1	Srikakulam	0.80	0.29	0.18	0.20	0.74	0.20	0.12	0.15	0.66	0.19	0.12	0.14
2	Vizianagaram	0.72	0.22	0.21	0.17	0.66	0.16	0.15	0.13	0.59	0.15	0.14	0.13
3	Visakhapatnam	0.52	0.08	0.06	0.06	0.48	0.06	0.04	0.05	0.43	0.06	0.04	0.05
4	East Godavari	2.21	0.56	0.51	1.09	2.05	0.40	0.35	0.82	1.82	0.38	0.33	0.81
5	West Godavari	2.33	0.47	0.92	2.24	2.16	0.33	0.64	1.68	1.92	0.32	0.60	1.66
6	Krishna	1.86	0.39	0.42	1.30	1.73	0.28	0.29	0.98	1.53	0.27	0.27	0.96
7	Guntur	2.85	0.86	0.31	2.98	2.64	0.61	0.22	2.24	2.34	0.58	0.20	2.21
8	Prakasam	1.01	0.43	0.21	1.14	0.93	0.31	0.14	0.86	0.83	0.29	0.14	0.84
9	Nellore	1.51	0.36	0.37	0.79	1.40	0.25	0.25	0.59	1.25	0.24	0.24	0.58
10	Kurnool	1.95	1.02	0.39	3.45	1.81	0.72	0.27	2.60	1.61	0.69	0.26	2.56
11	Anantapur	0.70	0.38	0.13	0.80	0.64	0.27	0.09	0.60	0.57	0.25	0.08	0.59
12	Kadapa	0.79	0.21	0.17	0.82	0.74	0.15	0.12	0.62	0.65	0.14	0.11	0.61
13	Chittoor	0.74	0.23	0.11	0.46	0.69	0.17	0.08	0.35	0.61	0.16	0.07	0.34

Year wise; District wise; grade wise Fertilizer allocation, Supplies and Sales in state of Andhra Pradesh													
Qty in LMTs													
S. No	District	2017-18											
		Allocation				Total Supplies made available (inclu Opening				Consumption(used)			
		UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs
1	Srikakulam	0.77	0.25	0.12	0.14	0.76	0.23	0.15	0.14	0.68	0.22	0.14	0.12
2	Vizianagaram	0.70	0.18	0.13	0.16	0.69	0.17	0.16	0.15	0.65	0.16	0.15	0.14
3	Visakhapatnam	0.72	0.06	0.04	0.05	0.71	0.05	0.05	0.04	0.42	0.05	0.05	0.04
4	East Godavari	1.64	0.30	0.35	0.70	1.62	0.28	0.44	0.66	1.76	0.27	0.41	0.60
5	West Godavari	1.89	0.29	0.53	1.28	1.87	0.27	0.67	1.21	2.19	0.25	0.63	1.11
6	Krishna	1.53	0.34	0.22	0.97	1.51	0.31	0.27	0.92	1.54	0.30	0.26	0.84
7	Guntur	2.39	0.68	0.16	2.14	2.35	0.63	0.21	2.02	2.02	0.60	0.19	1.84
8	Prakasam	0.91	0.29	0.08	0.91	0.89	0.27	0.10	0.86	0.85	0.26	0.10	0.78
9	Nellore	1.43	0.22	0.22	0.68	1.41	0.21	0.27	0.64	1.79	0.20	0.26	0.58
10	Kurnool	1.83	0.50	0.22	2.69	1.81	0.46	0.28	2.54	1.39	0.44	0.27	2.32
11	Anantapur	0.56	0.26	0.11	0.66	0.56	0.24	0.13	0.63	0.67	0.23	0.13	0.57
12	Kadapa	0.79	0.17	0.14	0.70	0.78	0.15	0.17	0.66	0.69	0.15	0.16	0.60
13	Chittoor	0.83	0.17	0.08	0.43	0.82	0.15	0.10	0.41	0.83	0.15	0.10	0.37

Year wise; District wise; grade wise Fertilizer allocation, Supplies and Sales in state of Andhra Pradesh													
Qty in LMTs													
S. No	District	2018-19											
		Allocation				Total Supplies made available (inclu Opening Balance)				Consumption(used)			
		UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs
1	Srikakulam	0.81	0.29	0.14	0.18	0.75	0.23	0.12	0.17	0.67	0.22	0.12	0.15
2	Vizianagaram	0.66	0.21	0.14	0.19	0.61	0.17	0.13	0.18	0.54	0.16	0.12	0.16
3	Visakhapatnam	0.46	0.08	0.05	0.08	0.43	0.06	0.04	0.07	0.38	0.06	0.04	0.06
4	East Godavari	1.93	0.40	0.38	0.91	1.78	0.31	0.33	0.85	1.58	0.30	0.32	0.76
5	West Godavari	2.52	0.42	0.81	1.76	2.33	0.33	0.71	1.63	2.06	0.31	0.67	1.46
6	Krishna	1.94	0.41	0.38	1.30	1.79	0.32	0.33	1.21	1.59	0.31	0.31	1.08
7	Guntur	2.62	0.77	0.22	2.32	2.42	0.61	0.19	2.16	2.14	0.58	0.18	1.93
8	Prakasam	0.90	0.33	0.08	1.04	0.83	0.26	0.07	0.97	0.74	0.25	0.07	0.87
9	Nellore	1.49	0.24	0.22	0.69	1.37	0.19	0.19	0.64	1.22	0.18	0.19	0.57
10	Kurnool	1.81	0.50	0.21	2.65	1.67	0.40	0.18	2.46	1.48	0.38	0.17	2.20
11	Anantapur	0.72	0.22	0.13	0.73	0.66	0.17	0.11	0.68	0.59	0.16	0.10	0.61
12	Kadapa	0.79	0.15	0.15	0.72	0.73	0.12	0.13	0.67	0.65	0.11	0.13	0.60
13	Chittoor	0.85	0.20	0.09	0.45	0.79	0.16	0.08	0.42	0.70	0.15	0.07	0.37

Year wise; District wise; grade wise Fertilizer allocation, Supplies and Sales in state of Andhra Pradesh													
Qty in LMTs													
S. No	District	2019-20											
		Allocation				Total Supplies made available (inclu Opening				Consumption(used)			
		UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs
1	Srikakulam	0.89	0.21	0.14	0.12	0.87	0.25	0.13	0.13	0.73	0.24	0.12	0.12
2	Vizianagaram	0.78	0.15	0.16	0.18	0.76	0.18	0.15	0.20	0.63	0.17	0.14	0.19
3	Visakhapatnam	0.50	0.07	0.06	0.07	0.48	0.08	0.06	0.08	0.40	0.08	0.05	0.08
4	East Godavari	1.87	0.28	0.33	0.84	1.83	0.34	0.31	0.91	1.52	0.33	0.30	0.88
5	West Godavari	2.06	0.24	0.64	1.39	2.01	0.29	0.60	1.51	1.68	0.28	0.57	1.45
6	Krishna	1.93	0.27	0.36	1.16	1.89	0.33	0.34	1.26	1.57	0.32	0.32	1.21
7	Guntur	2.88	0.58	0.20	2.22	2.82	0.71	0.19	2.42	2.35	0.68	0.18	2.32
8	Prakasam	0.92	0.27	0.08	1.09	0.90	0.33	0.07	1.19	0.75	0.31	0.07	1.15
9	Nellore	1.53	0.22	0.21	0.69	1.50	0.27	0.20	0.76	1.25	0.26	0.19	0.73
10	Kurnool	1.97	0.36	0.18	2.57	1.93	0.44	0.17	2.80	1.60	0.42	0.16	2.69
11	Anantapur	0.80	0.15	0.13	0.67	0.78	0.18	0.12	0.73	0.65	0.17	0.12	0.71

12	Kadana	0.68	0.10	0.14	0.65	0.67	0.13	0.13	0.70	0.56	0.12	0.13	0.68
13	Chittoor	0.71	0.11	0.07	0.34	0.69	0.14	0.07	0.37	0.58	0.13	0.06	0.36

Year wise; District wise; grade wise Fertilizer allocation, Supplies and Sales in state of Andhra Pradesh													
Qty in LMTs													
S. No	District	2020-21											
		Allocation				Total Supplies made available (inclu Opening Balance)				Consumption(used)			
		UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs
1	Srikakulam	0.78	0.24	0.12	0.11	0.84	0.26	0.13	0.14	0.71	0.25	0.12	0.14
2	Vizianagaram	0.64	0.17	0.13	0.15	0.69	0.19	0.14	0.19	0.58	0.18	0.14	0.18
3	Visakhapatnam	0.46	0.09	0.06	0.07	0.49	0.10	0.07	0.08	0.42	0.10	0.06	0.08
4	East Godavari	1.65	0.32	0.33	0.80	1.78	0.35	0.36	0.99	1.50	0.33	0.35	0.96
5	West Godavari	2.05	0.28	0.64	1.44	2.21	0.31	0.71	1.78	1.86	0.30	0.68	1.74
6	Krishna	1.86	0.32	0.33	1.20	2.00	0.35	0.37	1.48	1.69	0.34	0.35	1.45
7	Guntur	2.76	0.71	0.21	2.34	2.98	0.78	0.23	2.89	2.51	0.75	0.22	2.81
8	Prakasam	0.99	0.38	0.11	1.39	1.06	0.42	0.12	1.72	0.90	0.40	0.11	1.67
9	Nellore	1.83	0.29	0.25	0.85	1.97	0.32	0.27	1.05	1.66	0.30	0.26	1.03
10	Kurnool	2.07	0.56	0.23	3.03	2.24	0.62	0.25	3.73	1.89	0.59	0.24	3.64
11	Anantapur	0.82	0.31	0.15	0.96	0.88	0.34	0.17	1.18	0.74	0.32	0.16	1.15
12	Kadapa	0.71	0.15	0.16	0.75	0.76	0.17	0.17	0.92	0.64	0.16	0.16	0.90
13	Chittoor	0.91	0.19	0.09	0.40	0.98	0.21	0.09	0.49	0.82	0.20	0.09	0.48

Year wise; District wise; grade wise Fertilizer allocation, Supplies and Sales in state of Andhra Pradesh													
Qty in LMTs													
S. No	District	2021-22											
		Allocation				Total Supplies made available (inclu Opening Balance)				Consumption(used)			
		UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs
1	Srikakulam	0.86	0.28	0.11	0.16	0.81	0.23	0.07	0.15	0.75	0.22	0.06	0.13
2	Vizianagaram	0.66	0.19	0.16	0.24	0.62	0.16	0.10	0.23	0.57	0.15	0.09	0.19
3	Visakhapatnam	0.43	0.09	0.07	0.13	0.41	0.07	0.04	0.13	0.38	0.07	0.04	0.11
4	East Godavari	1.84	0.41	0.37	1.13	1.74	0.34	0.23	1.09	1.60	0.33	0.22	0.93

5	West Godavari	2.04	0.39	0.80	1.99	1.93	0.33	0.49	1.91	1.77	0.32	0.46	1.64
6	Krishna	1.58	0.36	0.38	1.42	1.49	0.31	0.23	1.37	1.38	0.29	0.22	1.17
7	Guntur	2.55	0.82	0.21	2.54	2.41	0.70	0.13	2.44	2.22	0.67	0.12	2.09
8	Prakasam	0.94	0.37	0.11	1.81	0.89	0.32	0.06	1.74	0.82	0.30	0.06	1.49
9	Nellore	1.65	0.27	0.21	1.08	1.56	0.23	0.13	1.04	1.44	0.22	0.12	0.89
10	Kurnool	1.92	0.62	0.20	3.73	1.82	0.53	0.12	3.58	1.67	0.50	0.12	3.07
11	Anantapur	0.79	0.32	0.19	1.33	0.74	0.27	0.12	1.28	0.68	0.26	0.11	1.10
12	Kadapa	0.75	0.17	0.18	0.94	0.71	0.14	0.11	0.91	0.66	0.13	0.11	0.78
13	Chittoor	1.00	0.17	0.07	0.49	0.94	0.15	0.04	0.48	0.87	0.14	0.04	0.41

Year wise: District wise: grade wise Fertilizer allocation, Supplies and Sales in state of Andhra Pradesh													
													Qty in LMTs
S. No	District	2022-23											
		Allocation				Total Supplies made available (inclu Opening Balance)				Consumption(used)			
		UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs
1	Srikakulam	0.74	0.19	0.10	0.09	0.76	0.21	0.04	0.10	0.70	0.20	0.04	0.08
2	Vizianagaram	0.53	0.11	0.09	0.11	0.54	0.13	0.03	0.12	0.50	0.12	0.03	0.09
3	P Manyam	0.34	0.08	0.10	0.10	0.35	0.09	0.04	0.10	0.32	0.09	0.04	0.08
4	ASR	0.06	0.02	0.01	0.04	0.06	0.02	0.00	0.04	0.06	0.02	0.00	0.03
5	Visakhapatnam	0.05	0.01	0.01	0.01	0.05	0.02	0.00	0.01	0.05	0.02	0.00	0.01
6	Anakapalle	0.37	0.05	0.08	0.07	0.38	0.05	0.03	0.08	0.35	0.05	0.03	0.06
7	Kakinada	0.58	0.14	0.11	0.24	0.60	0.16	0.04	0.25	0.55	0.16	0.04	0.21
8	Konaseema	0.43	0.07	0.15	0.39	0.44	0.08	0.06	0.41	0.41	0.08	0.06	0.33
9	East Godavari	0.87	0.15	0.22	0.59	0.90	0.17	0.08	0.63	0.83	0.16	0.08	0.51
10	West Godavari	0.65	0.07	0.27	0.65	0.67	0.08	0.10	0.70	0.62	0.08	0.10	0.56
11	Eluru	0.90	0.23	0.60	1.11	0.93	0.26	0.23	1.18	0.86	0.25	0.23	0.95
12	Krishna	0.60	0.13	0.15	0.38	0.62	0.14	0.06	0.40	0.57	0.14	0.06	0.33
13	NTR	0.65	0.13	0.09	0.68	0.67	0.15	0.03	0.72	0.62	0.14	0.03	0.59
14	Guntur	0.96	0.28	0.03	0.54	0.99	0.32	0.01	0.57	0.91	0.31	0.01	0.46
15	Bapatla	0.93	0.31	0.05	0.79	0.96	0.35	0.02	0.84	0.88	0.34	0.02	0.68
16	Palnadu	1.10	0.41	0.09	1.73	1.14	0.46	0.04	1.84	1.05	0.45	0.04	1.49
17	Prakasam	0.58	0.21	0.08	1.33	0.60	0.24	0.03	1.41	0.55	0.23	0.03	1.14
18	SPSR Nellore	1.16	0.23	0.18	0.90	1.20	0.26	0.07	0.95	1.11	0.26	0.07	0.77
19	Kurnool	0.96	0.22	0.05	1.77	0.99	0.25	0.02	1.89	0.92	0.24	0.02	1.53
20	Nandyala	1.18	0.49	0.12	1.73	1.22	0.55	0.05	1.84	1.12	0.54	0.05	1.49
21	Anantapur	0.56	0.21	0.15	0.94	0.58	0.24	0.06	1.00	0.53	0.23	0.06	0.81
22	Sri Satya sai	0.30	0.08	0.04	0.23	0.30	0.09	0.02	0.25	0.28	0.08	0.02	0.20
23	YSR	0.54	0.18	0.11	0.72	0.56	0.20	0.04	0.77	0.52	0.20	0.04	0.62
24	Annamayya	0.34	0.08	0.08	0.28	0.35	0.09	0.03	0.30	0.33	0.09	0.03	0.24

25	Chittoor	0.43	0.04	0.02	0.13	0.44	0.05	0.01	0.14	0.41	0.05	0.01	0.12
26	Tirupati	0.84	0.09	0.10	0.44	0.87	0.11	0.04	0.46	0.80	0.10	0.04	0.38

Year wise; District wise; grade wise Fertilizer allocation, Supplies and Sales in state of Andhra Pradesh													
Qty in LMTs													
S. No	District	2023-24											
		Allocation				Total Supplies made available (inclu Opening				Consumption(used)			
		UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs
1	Srikakulam	0.70	0.20	0.06	0.09	0.69	0.20	0.04	0.11	0.62	0.20	0.04	0.08
2	Vizianagaram	0.60	0.16	0.06	0.10	0.59	0.16	0.04	0.13	0.53	0.16	0.04	0.10
3	P Manyam	0.36	0.11	0.06	0.09	0.36	0.11	0.04	0.12	0.32	0.11	0.04	0.09
4	ASR	0.08	0.03	0.00	0.04	0.08	0.03	0.00	0.05	0.07	0.03	0.00	0.04
5	Visakhapatnam	0.04	0.01	0.00	0.01	0.04	0.01	0.00	0.01	0.03	0.01	0.00	0.01
6	Anakapalle	0.36	0.05	0.04	0.07	0.35	0.05	0.03	0.09	0.32	0.05	0.03	0.07
7	Kakinada	0.65	0.16	0.07	0.23	0.64	0.16	0.05	0.30	0.58	0.16	0.05	0.23
8	Konaseema	0.51	0.09	0.08	0.35	0.50	0.09	0.06	0.45	0.45	0.09	0.05	0.34
9	East Godavari	0.99	0.15	0.15	0.55	0.98	0.16	0.11	0.71	0.88	0.15	0.11	0.54
10	West Godavari	0.60	0.06	0.12	0.52	0.58	0.06	0.09	0.67	0.53	0.06	0.09	0.51
11	Eluru	0.91	0.25	0.31	0.90	0.89	0.26	0.22	1.17	0.81	0.26	0.22	0.88
12	Krishna	0.69	0.15	0.10	0.38	0.68	0.15	0.07	0.50	0.61	0.15	0.07	0.38
13	NTR	0.61	0.12	0.05	0.54	0.60	0.12	0.03	0.71	0.55	0.12	0.03	0.53
14	Guntur	0.81	0.26	0.02	0.46	0.79	0.27	0.02	0.61	0.72	0.26	0.01	0.46
15	Bapatla	0.87	0.28	0.03	0.61	0.86	0.29	0.02	0.80	0.78	0.29	0.02	0.60
16	Palnadu	0.87	0.26	0.05	1.24	0.86	0.27	0.03	1.63	0.77	0.27	0.03	1.22
17	Prakasam	0.53	0.22	0.04	0.94	0.52	0.22	0.03	1.23	0.47	0.22	0.03	0.92
18	SPSR Nellore	1.50	0.24	0.11	0.78	1.47	0.24	0.08	1.02	1.33	0.24	0.08	0.76
19	Kurnool	0.63	0.17	0.02	1.30	0.62	0.17	0.02	1.70	0.56	0.17	0.02	1.28
20	Nandyala	1.14	0.46	0.08	1.51	1.12	0.47	0.06	1.97	1.01	0.47	0.06	1.48

21	Anantapur	0.58	0.25	0.13	0.89	0.57	0.25	0.10	1.17	0.52	0.25	0.10	0.88
22	Sri Satya sai	0.36	0.09	0.03	0.21	0.36	0.09	0.02	0.28	0.32	0.09	0.02	0.21
23	YSR	0.57	0.13	0.09	0.70	0.56	0.14	0.06	0.92	0.51	0.14	0.06	0.69
24	Annamayya	0.41	0.09	0.06	0.26	0.40	0.09	0.04	0.33	0.36	0.09	0.04	0.25
25	Chittoor	0.50	0.05	0.01	0.11	0.49	0.05	0.01	0.14	0.44	0.05	0.01	0.11
26	Tirupati	1.00	0.10	0.07	0.42	0.98	4.22	0.05	0.55	0.89	0.10	0.05	0.41

Year wise; District wise; grade wise Fertilizer allocation, Supplies and Sales in state of Andhra Pradesh													
													Qty in LMTs
S. No	District	2024-25ason											
		Allocation				Total Supplies made available (inclu Opening Balance)				Consumption(used)			
		UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs	UREA	DAP	MOP	NPKs
1	Srikakulam	0.67	0.18	0.05	0.11	0.76	0.20	0.08	0.13	0.65	0.18	0.06	0.11
2	Vizianagaram	0.59	0.15	0.05	0.12	0.67	0.16	0.07	0.14	0.57	0.15	0.05	0.12
3	P Manyam	0.34	0.10	0.04	0.12	0.39	0.11	0.07	0.14	0.33	0.10	0.05	0.12
4	ASR	0.08	0.02	0.00	0.06	0.10	0.03	0.00	0.07	0.08	0.02	0.00	0.06
5	Visakhapatnam	0.03	0.01	0.00	0.01	0.03	0.01	0.01	0.01	0.03	0.01	0.00	0.01
6	Anakapalle	0.32	0.03	0.03	0.08	0.37	0.04	0.05	0.09	0.31	0.03	0.04	0.08
7	Kakinada	0.63	0.17	0.06	0.29	0.72	0.19	0.09	0.32	0.62	0.17	0.07	0.28
8	Konaseema	0.45	0.10	0.06	0.40	0.52	0.11	0.09	0.45	0.44	0.10	0.07	0.40
9	East Godavari	0.84	0.13	0.11	0.65	0.96	0.14	0.18	0.73	0.82	0.13	0.13	0.64
10	West Godavari	0.52	0.05	0.10	0.53	0.59	0.06	0.15	0.58	0.51	0.05	0.11	0.51
11	Eluru	0.87	0.25	0.24	1.13	0.99	0.28	0.38	1.26	0.85	0.25	0.27	1.11
12	Krishna	0.60	0.13	0.06	0.41	0.68	0.14	0.10	0.45	0.58	0.13	0.07	0.40
13	NTR	0.59	0.12	0.04	0.63	0.67	0.13	0.06	0.70	0.57	0.12	0.05	0.62
14	Guntur	0.77	0.25	0.02	0.51	0.87	0.28	0.03	0.57	0.75	0.25	0.02	0.50
15	Bapatla	1.00	0.42	0.05	1.55	1.14	0.46	0.08	1.72	0.97	0.42	0.06	1.51
16	Palnadu	0.82	0.33	0.03	0.71	0.93	0.36	0.05	0.79	0.80	0.33	0.03	0.70
17	Prakasam	0.51	0.25	0.03	1.29	0.58	0.27	0.05	1.44	0.49	0.25	0.03	1.27
18	SPSR Nellore	1.26	0.23	0.10	0.96	1.44	0.26	0.15	1.07	1.23	0.23	0.11	0.94
19	Kurnool	0.66	0.18	0.03	1.53	0.75	0.20	0.04	1.70	0.64	0.18	0.03	1.50
20	Nandyala	1.28	0.50	0.08	1.95	1.46	0.55	0.12	2.17	1.25	0.50	0.09	1.91
21	Anantapur	0.59	0.26	0.10	0.97	0.68	0.28	0.16	1.08	0.58	0.26	0.11	0.95
22	Sri Satya sai	0.33	0.10	0.03	0.29	0.38	0.11	0.04	0.33	0.33	0.10	0.03	0.29
23	YSR	0.58	0.13	0.07	0.79	0.67	0.14	0.11	0.88	0.57	0.13	0.08	0.78
24	Annamayya	0.33	0.09	0.05	0.29	0.38	0.09	0.07	0.32	0.33	0.09	0.05	0.28
25	Chittoor	0.40	0.05	0.01	0.12	0.46	0.05	0.02	0.13	0.39	0.05	0.01	0.12
26	Tirupati	0.86	0.09	0.05	0.47	0.98	0.10	0.09	0.52	0.84	0.09	0.06	0.46

9	Assam	BVFCL:- II	Brahmaputra Valley Fertilizers Corporation Ltd.,	Urea	2.61	2.56	2.50	2.12	2.29	1.10	1.30	1.70	2.23	1.80	1.63
9	Kerala	Fertilizer and Chemicals & Travancore Ltd.	Fertilizer and Chemicals & Travancore Ltd.: Idazhamandal	A/S & Complexes	2.55	2.00	3.18	3.65	2.72	4.31	4.62	3.23	4.53	4.63	3.44
10			Fertilizer & Chemicals Travancore Ltd.: Cochin	Complexes	4.69	4.08	4.93	4.87	5.06	6.41	6.46	6.40	6.20	6.06	4.44
11	Tamil Nadu	Madras Fertilizer Ltd.	Madras Fertilizer Ltd.: Chennai	Urea & Complexes	4.03	4.44	5.17	4.81	4.20	4.10	5.34	5.28	5.27	4.33	4.76
COOPERATIVE SECTOR															
12	Gujarat	Indian Farmers Fertilizers Co-operative Ltd.	Indian Farmers Fertilizers Co-operative Ltd.: Kandla	DAP & Complexes	16.41	22.56	25.05	20.29	19.23	23.27	22.83	23.40	24.87	18.90	21.26
13			Indian Farmers Fertilizers Co-operative Ltd. : Kalol	Urea	5.97	6.01	6.02	6.02	6.02	6.02	6.24	5.45	6.62	6.19	5.47
14	Odisha		Indian Farmers Fertilizers Co-operative Ltd. :Paradeep	DAP & Complexes	16.92	17.11	16.31	17.24	16.54	19.31	19.88	19.95	21.88	21.17	21.46
15	Uttar Pradesh		Indian Farmers Fertilizers Co-operative Ltd. : Phulpur-I	Urea	5.78	7.58	6.32	7.26	6.71	7.50	7.06	6.40	6.51	7.05	6.97
16			Indian Farmers Fertilizers Co-operative Ltd.: Phulpur-II	Urea	8.84	10.54	9.92	9.55	10.48	12.16	10.64	8.38	12.24	12.00	9.62
17			Indian Farmers Fertilizers Co-operative Ltd.: Aonla-I	Urea	10.47	11.33	10.69	8.96	11.22	12.20	11.04	12.07	11.52	12.26	11.08

18			Indian Farmers Fertilizers Co-operative Ltd.: Aonla-II	Urea	10.21	11.23	10.34	9.31	11.18	10.87	11.77	11.32	11.92	11.36	11.43
19	Gujarat	Krishak Bharati Co-operative Ltd.	Krishak Bharati Co-operative Ltd.: Hazira	Urea	22.25	22.68	23.53	22.54	23.42	23.31	23.23	22.08	22.21	23.35	22.24
PRIVATESECTOR															
20	Andhra Pradesh	Nagarjuna Fertilizers and Chemicals Ltd.	Nagarjuna Fertilizers & Chemicals Ltd.: Kakinada-I	Urea	3.48	6.31	7.88	7.98	3.89	3.28	5.28	7.53	6.08	6.45	1.13
21			Nagarjuna Fertilizers & Chemicals Ltd.: Kakinada-II	Urea	5.83	7.11	7.10	7.92	1.96	3.65	2.16	1.61	5.13	6.65	1.04
22		Coromandel International Ltd.	Coromandal International Ltd.: Kakinada	DAP & Complexes	12.58	12.79	11.48	16.50	16.16	16.79	16.50	15.59	20.06	19.31	20.11
23			Coromandal International Ltd. Vizag	DAP & Complexes	9.22	9.42	11.23	10.77	10.72	10.76	9.75	10.77	11.43	11.64	10.72
24	Uttar Pradesh	Hindustan Urvarak and Rashayan Ltd. (HURL)	HURL: Gorakhpur	Urea	-	-	-	-	-	-	-	-	8.66	13.50	10.74
25	Bihar		HURL: Barauni	Urea	-	-	-	-	-	-	-	-	1.74	10.57	7.65
26	Jharkhand		HURL: Sindri	Urea	-	-	-	-	-	-	-	-	1.74	11.44	11.32
27	Goa	PPL : Goa (earlier ZACL)	PPL : Goa (earlier ZACL)	Urea, DAP & Complexes	10.04	10.43	10.49	11.61	11.46	4.24	8.19	6.00	7.75	8.79	9.89

28	Gujarat	Gujarat Narmada Valley Fertilizers & Chemicals Ltd.	Gujarat Narmada Valley Fertilizer & Chemicals Ltd.:	Urea & Complexes	9.10	8.98	9.11	8.66	8.42	8.85	8.10	7.79	7.69	8.28	7.53
29		Gujarat State Fertilizers & Chemicals Ltd.	Gujarat State Fertilizers & Chemicals Ltd.: Vadodara	Urea, DAP, A/S &	9.51	10.05	9.68	9.46	10.09	9.84	11.09	10.91	11.13	9.89	10.34
30			Gujarat State Fertilizers & Chemicals Ltd.: Sikka	DAP & Complexes	3.88	4.36	4.92	6.78	6.81	6.63	7.93	3.63	2.74	4.40	4.97
31		Kisan Shakti	Kisan Shakti, Bharuch	TSP	-	-	-	-	-	-	-	-	-	0.02	0.01
32	Karnt-taka	Manglore Chemicals & Fertilizers Ltd.	Manglore Chemicals & Fertilizers Ltd.: Manglore	Urea, DAP & Complexes	4.21	5.85	6.42	6.85	6.46	6.73	6.11	6.81	5.62	7.55	7.09
33	Mahar-ashtra	Mahadhan Agritech Ltd. Taloja	Mahadhan Agritech Ltd./Smartchem/DFPCL: Taloia	Complexes	0.39	0.89	2.54	5.65	5.04	4.85	6.56	5.62	5.83	6.08	7.63
34	Odisha	Paradeep Phosphate Ltd.	Paradeep Phosphate Ltd.: Paradeep	DAP & Complexes	10.88	13.21	13.15	12.62	12.02	10.63	10.23	12.49	12.98	14.27	13.93
35	Rajasthan	Chambal Fertilizers and Chemicals Ltd.	Chambal Fertilizers & Chemicals Ltd.: Gadepan-I	Urea	9.76	10.91	9.66	13.38	11.33	9.51	11.15	10.10	10.22	10.40	10.56
36			Chambal Fertilizers & Chemicals Ltd.: Gadepan-II	Urea	8.76	10.35	10.36	9.56	9.87	10.45	9.62	9.49	10.39	9.58	9.71
37			Chambal Fertilizers & Chemicals Ltd.: Gadepan-III	Urea	-	-	-	-	3.83	12.70	12.70	13.55	12.86	13.84	12.87
38		Shriram Fertilizers & Chemicals Ltd.	Shriram Fertilizers & Chemicals Ltd.: Kota	Urea	3.97	4.01	3.94	4.10	3.90	3.87	4.01	3.92	3.98	4.10	3.72

39		Patel Phoschem	Patel Phoschem, Udaipur	TSP & Complex	-	-	-	-	-	-	0.00		0.04	0.02	0.03
40		Coromandel International Ltd.	Coromandel International Ltd.: Ennore	Complexes	2.40	1.77	1.43	1.55	2.54	2.20	2.12	2.51	1.40	2.19	0.00
41	Tamil Nadu	Southern Petrochemicals Inds. Cor. Ltd	Southern Petrochemical Inds. Corpn. Ltd.: Tuticorin	Urea	4.92	6.20	5.63	6.59	6.52	5.50	6.20	6.20	7.59	5.23	6.50
42		Greenstar Fertilizer Ltd.	Greenstar Fertilizer Ltd.: Tuticorin	DAP & Complexes	4.22	5.16	5.53	5.39	4.02	5.83	3.60	4.12	5.03	5.06	5.59
43	Telangana	Ramagundam Fertilizers & Chemicals Ltd.	RFCL, Ramangundam	Urea	-	-	-	-	-	0.03	0.02	3.83	8.41	11.12	10.81
44		Indorama India (earlier GRASIM) Pvt Limited	Indorama/GRASIM/IGF: Jagdishpur	Urea	10.22	12.08	11.61	11.84	11.37	11.15	10.95	10.45	11.17	11.38	11.19
45		Yara Fertilizers India Pvt. Ltd.	Yara Fertilizers India Pvt. Ltd./TCL: Babrala	Urea	12.50	12.31	12.14	12.48	13.01	12.84	11.55	12.98	11.82	12.31	12.16
46	Uttar Pradesh	Kribhco Fertilizers Ltd.	KFL/Kribhco Shyam Fertilizers Ltd.: Shahjahanpur	Urea	10.50	9.83	9.32	9.01	10.64	10.34	10.74	9.65	10.95	10.66	10.32
47		Kanpur Fertilizers & Cement Ltd.	KFCL: Kanpur	Urea	6.41	7.17	7.23	7.23	6.73	7.23	6.72	6.73	6.28	6.85	5.50
48		IRC Agrochemicals Pvt. Ltd.	Indorama India: Haldia	DAP & Complexes	6.56	4.71	3.57	3.83	5.69	5.78	6.70	5.18	4.94	6.01	6.24
49	West Bengal	Matix Fertilizers & Chemicals Ltd.	Matix Fertilizers & Chemicals Ltd.: Panagarh	Urea	0.00	0.00	0.00	0.11	-	-	0.00	6.29	10.52	14.99	13.38

50	Madhya Pradesh	Madhya Bharat Agro Product Ltd.	Madhya Bharat Agro Product Ltd.(MBAPL)	DAP & Complexes	-	-	-	-	-	-	-	0.38	0.94	1.27	1.38
51		Ltd. (MBAPL)													
52		Krishna Phoschem Ltd.	Krishna Phoschem Ltd.	DAP & Complex	-	-	-	-	-	-	-	-	0.01	1.49	2.10
53	Rajasthan	Coromandel International Ltd.	CIL: Nirmani	Complexes	-	-	-	-	-	-	-	-	-	-	0.46
54		Rama Phos-Udaipur	Rama Phos-Udaipur	Complexes	-	-	-	-	-	-	-	-	-	-	0.01
		Hindalco Industries Ltd. Dahej		DAP	2.98	3.24	3.00	-	-	-	-	-	-	-	-
Total					343.03	369.76	370.25	374.24	369.51	380.66	384.27	382.61	428.85	458.90	428.73
SSP					42.36	43.39	44.18	38.75	40.719	42.529	49.349	53.341	56.443	44.44	48.152
Extra AS					0.05	0.00									
Grand					385.44	413.15	414.43	412.98	410.23	423.19	433.62	435.95	485.29	503.34	476.88

STATEMENT-IV

[illegible]

Karnataka	327 944	16830 88	1635 768	606 680	13838 64	1812 249	47091 69	35660 16	1753 965	21372 12	5181 3	9585 45	2744 568	76177 62	3141 27	1485 612	8865 9	8096 76	1753 803	30357 27	53531 82	2382 435	15473 61	48169 98	18905 76	52901 01	6967 35	1383 138
Kerala		272	62	1	694	2920 1	29580	34597	8690 5	9324	982	6459 3	7851 5	8177	1863	1854 1	1740 6	148	1698 7	32972	82378	2149 5	36334	37596	44675	80725	4629	2252 2
Ladakh	93	44	628		7	501	239	419	1779	81	5	44	155	2212	134	253	12	205	257	861	1717	79	109	282	857	1629	38	212
Maharashtra	115 606	64494 3	8019 33	116 876	19589 4	2373 54	95133 4	67816 6	2090 13	27926 7	1586	2335 0	1250 32	20336 58	1486 3	1053 64	2014	6547 4	1073 83	76862 1	43658 6	9546 5	96462 3	10925 88	85947	77666 7	3747 48	4204 2
Manipur		8	2		42	6	12	12	30	5	7	1	8	32		17			4	18	21		21		30	11		23
Meghalaya	6	171	88	1	102	4452	1964	4284	2107 4	538	22	1065 3	2013 1	5	1	78	1763	7	353	9105	5961	255	17071	1799	12967	8518	100	9303
Mizoram	21	1471	1048 9		52	296	5908	5211	450	129	3	6023	5733	14	31	96	128	5	40	7575	430	48	3937	237	1826	9901	6	41
Nagaland	102 21	919	8178	30	46	1324	693	725	1640 4	244	81	1091 9	4395	128	29	158	3665	19	466	5176	2669	27	11058	2734	3009	11157	734	1764
Odisha	7	794	624	4	843	3046 2	13278 6	92342	1960 0	68481	612	1081 30	1519 54	19563	4205	3611 5	2294 2	209	1315 0	10507 4	83624	1093 9	13093 0	44283	98886	15773 0	7644	3478 2
Puducherry		1087	50	3	3513						2	71	684	2908	144	440	1	403	28	388	452	14	3772	960	1091	2058	89	455
Punjab	120 1	1211	4821	912	8437	5361	64317 8	10267 5	4066	5407	573	45	902	70938 1	5755	1754	18	4354 3	2712 0	26128 3	24440 1	7711	20235 1	15266 0	16598 4	33173 9	3566 5	5438 4
Rajasthan	1	7	6		12	1151 93	19787 76	66004 4	3187 1	13411 95	2335	620	9504	34223 61	4089 6	3283 6	336	6174 01	3803 40	86951 9	27525 40	3103 4	92351	10820 56	35054 3	25573 54	6587 6	7148 1
Sikkim	544	2901	7279	19	162	245	32	125	1047 7	4	4	809	8136	326	249	1316	40	11	684	3497	5431	259	1036	2930	283	6917	656	121
Tamil Nadu	230	59451 2	2260 0	934	61182 6	4321 6	60389 7	17223 7	2976 2	29703 2	5613	2201 1	1327 44	86657 9	4815 2	1312 61	3119	2810 3	1329 12	30155 1	36117 6	1684 41	27445 0	22636 8	28294 6	51110 8	8064 2	1371 18
Telangana	447 48	57513 6	2048 67	115 29	27529 2	3244 5	86681 7	15241 5	1634 4	44703	1719	5436	8388 0	84183 3	1970 1	1466 64	351	1686 6	1071 90	28427 4	19559 7	1341 63	39435 3	21674 7	25032 6	55180 8	6973 2	2435 4
The Dadra And Nagar Haveli And Daman						414	773	923	36	81		110	693	1079	6	329		10	103	1557	536	30	1	984	14	281	946	2
Tripura	138	68	234		107	1156 2	5056	11134	268	1522	188	1700 4	1098 7	136	73	147	1035	92	4491	15140	7345	1564	757	2434	21887	2449	17	2566
Uttar Pradesh	116	29852	6295	665	38306	6356	33434	44166	8988	10383	3052	1339	3570	44707	2683	1574	1319	2361	1529	30254	35318	6468	15272	13476	86298	37686	1660	1934

	10	60	40	60	590	10	770	30	40	250	60	0	80	510	780	080	0	40	80	110	90	20	460	80	50	590	60	110
Uttarakhand	9	170	173	4	247	1778 3	46752	40361	1088 5	8655	39	620	9801	90232	7380	1630 8	16	142	1642	53794	29988	852	38261	12052	31951	74425	1213	4856
West Bengal	331 0	78127	1219 26	204	8086	3080 2	63932	10189 0	7747	7123	330	7015 7	7002 5	46193	1443	1547 5	7001	1632	7759 0	6162	67532	6040 9	807	46948	27913	12251 6	5047	1006 3
Grand Total	710 121	1090 9009	5303 881	880 206	4239 8811	4398 779	4769 1571	1284 5717	4504 763	1591 4980	447 338	2198 020	6561 120	6583 7697	3409 799	5137 157	328 670	2023 681	3621 297	3923 9125	1638 8645	3969 204	2266 3888	1192 8311	1354 6824	5384 2506	1781 222	4642 920

Cycle-->	2017-2019																											
Nutrient-->	Nitrogen(N)					Organic Carbon(OC)					pH								Phosphorus(P)					Potassium(K)				
State Name	High	Low	Medium	Very High	Very Low	High	Low	Medium	Very High	Very Low	Acid Sulphate	Highly acidic	Moderately acidic	Neutrally alkaline	Slightly acidic	Strongly acidic	Strongly Alkaline	High	Low	Medium	Very High	Very Low	High	Low	Medium	Very High	Very Low	
Andaman And Nicobar Islands	2	2948	47	4	1064	13	2022	265	161	1606	1	731	1624	753	107	786	59	14	1	406	48	5	3604	3	964	98	1	2998
Andhra Pradesh	18581	771639	314671	6051	354084	181865	570956	324495	165366	221838	17873	189744	157246	103374	20294	138024	22523	94293	221533	309033	561975	191749	181146	539063	198515	545871	97343	84537
Arunachal Pradesh	20409	12	1587	98	24	1867	131	657	19425	50	66	12950	1683	4	2	63	73604		64	13425	1516	23	7103	585	8446	5203	50	7846
Assam	86262	116028	64974	336	6126	28791	98734	59094	79364	12494	276	80163	40044	109069	1354	20586	26155	824	4232	99662	30063	2458	142042	9186	91363	51131	317	126457
Bihar	2801	272171	184797	291	2957	51721	114887	282249	5569	6932	297	5229	57232	294956	90062	89222	372	5928	30110	584007	33962	9815	7828	20623	593481	35426	5994	3422
Chhattisgarh	86292	5743728	1942047	25938	709911	927567	3390183	2556702	717750	903375	17964	1001529	3052296	2508552	188523	1595322	124686	19872	136386	3590154	1262142	101691	3403998	2663478	808857	4633758	191457	201636
Delhi	2	278	786		24	278	165	597	26	24			1	979	1	1		108	5	387	110	5	582	442	153	393	84	17
Goa	180	4968	9927	153	1300	2746	2218	1768	1192	877	17	4419	1240	508	392	1271	509	10	1351	2501	4011	1175	9339	4007	4437	7720	1599	1736

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Meghalaya	14	18	50		37	5594	1391	6712	26968	396	19	13211	23968	518	22	2197	11587		633	13167	7440	378	19448	3905	17048	10825	170	9082
Mizoram	9	1429	10722	1	60	515	5631	5659	264	150	1	6484	54038		4	18	303	2	35	7566	242	35	4340	292	1063	108223		31
Nagaland	8613	82	3262	55	11	2226	569	1484	7661	83	57	7094	1849	19	17	87	28991		161	2102	1349	86	8324	1854	2804	6243	10	1110
Odisha	12	2304	1411	5	1009	52115	235986	156927	26954	111867	516	174192	286544	32700	5462	52777	31935	209	19213	186613	137177	15507	225297	79876	156128	279392	20841	47164
Puducherry		1381	26	3	5746	1		1	1		7	286	1302	4050	182	1188	72	77	179	536	928	55	5458	2255	817	3306	586	191
Punjab	500	1039	1612	549	17935	3281	561657	195925	7041	4335	182	11	585	746969	1183	1221	6	22866	46178	267699	288792	17345	152348	167020	164094	349373	50580	41096
Rajasthan		1			3	26897	895404	197421	13495	351146	880	207	2884	1247801	11138	7650	102	213376	80576	349768	1003301	10016	409139	285195	1508271	102068	15078	12809
Sikkim	4	6908	3056	5	327	452	238	281	9323	4	102	3297	6166	2	9	452	282		3117	1577	4546	848	208	2673	985	6213	242	180
Tamil Nadu	2298	962116	13576	809	412545	32323	815388	213960	13151	334287	2437	20830	136635	1025597	51902	147963	24626	2428	181909	374119	462438	211284	181540	377020	144353	701627	151768	36416
Telangana	131886	5809347	1658799	34218	1966725	1418301	4375224	1896030	761724	1000053	23193	110628	1032426	6707709	204633	1247310	34623	242253	1750104	1258515	4165884	1871631	544014	3219237	1429623	3697551	544545	698445
The Dadra And Nagar Haveli And		1431	587	1	196	412	702	1214	63	39		45	749	1215	11	400		10	110	1472	469	161	218	998	68	557	773	34

Daman																												
Tripura	125 7	15862	1164 0	26	1584	3054	8114	14528	1101	4016	76	2223 8	6991	73	1	52	1452	10	3273	10962	14098	596	1892	1204	16464	9164	13	3960
Uttar Pradesh	244 40	37494 10	7472 00	590 00	42965 170	4401 00	34410 590	44854 80	4353 00	86806 80	1892 80	4173 0	6170 70	43342 000	2408 220	1305 480	1005 0	5851 60	6977 60	28282 600	48611 70	8566 50	13764 990	14368 70	89535 20	35084 790	1042 00	2864 100
Uttarakhand	38	62	372	9	1130	1791 8	44537	47567 8	1928	8629	116	1091	1422 3	96737	9276 5	1738	22	532	3295	52909	39902	1762	41258	20627	27588	81872	4048	5091
West Bengal	18	377	725		30	312	194	277	313	54	7	323	193	269		53	300	4	158	79	245	604	64	118	250	447	6	329
Grand Total	853 303	2186 0229	8256 633	719 676	4869 7406	5751 638	5356 4810	1583 3466	5002 462	1406 1783	278 800	2619 077	8653 979	7044 2172	3350 200	6629 598	369 841	2145 956	5785 413	3986 9533	2078 1797	5254 583	2269 7044	1635 1924	1499 1366	5504 6984	2350 846	5635 980

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Tamil Nadu																													
Telangana	630	5796	2637	9	4059	1170	7011	1521	45	3375		18	90	1155 6	135	927		405	2646	1998	5022	2097	1323	2502	3294	5850	216	1269	
The Dadra And Nagar Haveli And Daman																													
Tripura																													
Uttar Pradesh		570	500	20	2594 0	1180	1830 0	700	150	6710	20	30	80	2615 0	290	450	20	30	630	1406 0	4460	600	7280	560	9260	1672 0	50	430	
Uttarakhand																													
West Bengal																													
Grand Total	481 27	7776 53	5392 73	413 67	3051 66	3066 58	8516 10	6590 77	2899 95	3307 28	911 0	2513 73	5476 58	1111 721	624 35	3124 17	556 40	890 22	2388 15	7407 02	8820 95	1690 80	4060 61	6895 64	3737 15	1009 033	641 75	3000 67	

Cycle-->	2021-22																											
Nutrient-->	Nitrogen(N)					Organic Carbon(OC)					pH							Phosphorus(P)					Potassium(K)					
State Name	High	Low	Medium	Very High	Very Low	High	Low	Medium	Very High	Very Low	Acid Sulphate	Highly acidic	Moderately acidic	Moderately alkaline	Neutral	Slightly acidic	Strongly acidic	Strongly alkaline	High	Low	Medium	Very High	Very Low	High	Low	Medium	Very High	Very Low
Andaman And Nicobar Islands																												
Andhra Pradesh																												
Arunachal Pradesh																												
Assam																												
Bihar																												
Chhattisgarh	2971	1763	7875	72	15957	51663	14280	11074	4122	7137	18	5481	15570	12465	1188	6444	468	153	54	1056	2331	36	28845	9927	7704	21510	1503	1188
Delhi																												
Goa																												
Gujarat																												
Haryana																												
Himachal Pradesh																												
Jammu And Kashmir																												
Jharkhand																												
Karnataka	26712	46428	26452	11280	15740	155196	361629	322884	96444	114894	846	135405	230373	496035	10530	130806	25326	22086	105084	272961	468207	81702	123183	285759	158445	488673	22266	9606

Kerala																												
Ladakh																												
Maharashtra																												
Manipur																												
Meghalaya																												
Mizoram																												
Nagaland																												
Odisha																												
Puducherry																												
Punjab																												
Rajasthan																												
Sikkim																												
Tamil Nadu																												
Telangana	2988	167319	38871	9	70578	67140	120195	44091	2286	44973	144	6318	23580	201456	7227	30789	207	9927	60129	12645	127593	74898	4446	84681	57186	108207	14886	14832
The Dadra And Nagar Haveli And Daman																												
Tripura																												
Uttar Pradesh		140	40		9000	10	8650	370	30	120		10	780	5730	400	1310		940	10	5400	440	10	3320	1140	2100	4400		1540
Uttarakhand																												
West Bengal																												
Grand Total	29997	649418	311338	11361	252975	227512	504757	378415	102882	167124	1008	147214	270303	715686	19345	169349	26001	33106	165277	301572	598571	156646	159794	381507	225435	622790	38655	113626

Cycle-->	2022-23																											
Nutrient-->	Nitrogen(N)					Organic Carbon(OC)					pH								Phosphorus(P)					Potassium(K)				
State Name	High	Low	Medium	Very High	Very Low	High	Low	Medium	Very High	Very Low	Acid Sulfate	Highly acidic	Moderately acidic	Moderately alkaline	Neutral	Slightly acidic	Strongly acidic	Strongly Alkaline	High	Low	Medium	Very High	Very Low	High	Low	Medium	Very High	Very Low
Andaman And Nicobar Islands																												
Andhra Pradesh																												
Arunachal Pradesh																												
Assam																												
Bihar																												
Chhattisgarh	63	12168	2178		3168	2034	5922	3303	2979	3339		396	3078	10170	1152	2529	36	216	270	6381	1530	36	9360	7200	1071	8613	594	99
Delhi																												
Goa																												
Gujarat																												
Haryana																												
Himachal Pradesh																												
Jammu And Kashmir																												
Jharkhand																												
Karnataka	18600	33240	237424	8688	97728	97704	278289	244368	96228	79542	264639	105030	194131	338931	14022	100692	31716	9045	80919	212922	358605	65934	77733	230166	120240	352071	12735	80883

Kerala																												
Ladakh																												
Maharashtra																												
Manipur																												
Meghalaya																												
Mizoram																												
Nagaland																												
Odisha																												
Puducherry																												
Punjab																												
Rajasthan																												
Sikkim																												
Tamil Nadu																												
Telangana	9			81	18	45	18		9			18	63		9			72			18		27	63				
The Dadra And Nagar Haveli And Daman																												
Tripura																												
Uttar Pradesh	20	20		2560	10	2200	160	10	220			140	1540	470	450				1330	150		1120		1140	1290		170	
Uttarakhand																												
West Bengal																												
Grand Total	186 63	3446 77	2396 22	868 8	1035 37	997 66	2864 56	2478 49	992 17	831 10	264 6	1054 35	1973 66	3507 04	156 44	1036 80	317 52	926 1	811 89	2207 05	3602 85	659 70	882 31	2373 66	1224 78	3620 37	133 29	811 52

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Manipur																							
Meghalaya																							
Mizoram																							
Nagaland																							
Odisha																							
Puducherry																							
Punjab																							
Rajasthan																							
Sikkim																							
Tamil Nadu																							
Telangana																							
The Dadra And Nagar Haveli And Daman																							
Tripura																							
Uttar Pradesh			30		30						30						30					30	
Uttarakhand																							
West Bengal																							
Grand Total	2241	72	129	522	840	882	45	153	27	252	1560	162	432	9	18	594	1623	9	198	387	18	2028	9

Cycle-->	Mode Village Programme (2019-20)																											
Nutrient-->	Nitrogen(N)					Organic Carbon(OC)					pH					Phosphorus(P)					Potassium(K)							
State Name	High	Low	Medium	Very High	Very Low	High	Low	Medium	Very High	Very Low	Acid Sulphate	Highly acidic	Moderately acidic	Moderately alkaline	Neutral	Slightly acidic	Strongly acidic	Strongly Alkaline	High	Low	Medium	Very High	Very Low	High	Low	Medium	Very High	Very Low
Andaman And Nicobar Islands		482	22		501		245	246		515		236	551	37	1	180	2			35	5	1	965		362	25		619
Andhra Pradesh	25919	12781	35643	427	63133	19913	104124	49417	17371	38828	190	883	14723	181517	3608	19170	168	95888	35998	439063	103503	14643	31626	919374	2413	840476	1858	10952
Arunachal Pradesh	12112		235	14	2	105	71	91	11925	3	928	73					463	1	3	780	99	4	577	203	388	834	13	25
Assam	13155	13382	39767	208	1282	19979	7482	229466	1662	776	248	17042	12764	21585	747	7608	7112	722	2041	20190	14467	644	30458	2451	21285	13067	23	30965
Bihar	1698	76087	40523	345	4021	17725	38042	58289	3076	5525	102	21012	1020	87983	14553	17173	278	34338	1816	14574	720343	11083	6844	143178	2085	79053	3003	5469
Chhattisgarh	32490	40014	103644	405	27918	46422	231336	162234	17712	77580	783	94392	244593	93429	7911	88128	5967	189	4545	210645	72594	19358	245620	122940	43353	359892	5139	3996
Delhi		4	2			1	2	3						6						6				1	5			
Goa	215	692	1726	102	120	342	406	204	1792	111		765	1726	43	37	160	124		161	358	504	99	1163	418	825	1219	162	230
Gujarat	1151	417095	1448	396	4860	10809	15930	22105	9956	3802	1	126	1741	52099	1546	5034	7	20485	1197	9208	39239	1369	811	24439	4511	28273	4990	389
Haryana	6	2462	115	5	9990	121	16469	3751	18	4876	9	6	380	23605	223	607	3	401	1436	4624	2135	800	16238	4321	5709	12350	347	2507
Himachal Pradesh	443	6552	11287	4	275	3212	2811	5677	7631	91	2	695	6520	7761	766	3629	46	7	265	10090	4998	62	4007	2815	4583	11063	677	276
Jammu And Kashmir	3475	9884	24068	7801	1207	12707	9647	13288	18793	1909	37	837	9117	25416	4184	16528	106	143	1479	26453	19654	1641	7083	3477	10046	37603	712	4477
Jharkhand	224	9988	8251	278	1219	3638	5855	6286	2032	2128	438	6295	7407	2304	244	1429	149288		2017	7254	4437	1899	4285	2422	5138	8926	533	2858
Karnataka	67840	155282	6583	5512	78344	76932	257229	151002	87372	80910	25740	7119	161775	297756	11529	77526	145440	17010	82080	179334	217026	61695	113040	153270	87795	271710	39195	101574
Kerala		13	1		514	17134	20579	219617	3718	6660	22673	33031	4094	7835	998	11137	773850		10049	13641	520736	13406	14636	173871	2643	42732	2236	15106

Ladakh	8	90	1047		6	328	35	170	1193	5			12	1409	31	48	1	230	248	380	647	245	209	335	178	979	155	80
Maharashtra	7557	88154	67770	4166	26267	26632	71174	58919	25594	16195	97	2306	17881	162928	14863	10573	146	3242	10620	65862	454366	1190	64660	89213	8994	63503	33319	3484
Manipur	1	47	116		7	23	28	56	64	1	5	38	77	22	2	25	3			55	110		7	9	63	90		10
Meghalaya						232	604	657	1559	237	4	1294	1739	17	5	220	15	1	185	610	1138	28	1333	761	710	1376	7	439
Mizoram	15	873	1203	3	41	84	741	664	370	11	39	944	725	29	16	62	320	2	101	711	337	9	978	429	340	866	484	17
Nagaland	333	3460	5722	1	743	2674	1687	3165	1876	865	61	5036	2524	29	2	134	2503		725	3860	3071	841	1770	1043	2414	5499	34	1272
Odisha	225	7920	6906	53	2477	25080	87489	62619	6798	46908	409	75331	98909	12887	2555	22121	16813	181	5305	71024	55725	5179	91586	270664	61309	12109	36762	1567
Puducherry		450	6	7	2074						1	161	385	1510	85	334	49	13	39	185	251	32	2029	1037	180	1064	243	13
Punjab		4	10		308	257	3419	11586	19	48	13	1	4	15075	18	9		299	987	3839	5825	435	3886	3317	3600	6181	730	1121
Rajasthan					1		27	4	1	17	1	1		42	1			5	10	3	33		3	7	3	35		4
Sikkim		778	78		16	8	1	6	858	1		229	644			1			14	288	520	4	6	102	104	656	1	6
Tamil Nadu	3	41149	1639	8	15710	2066	32127	8292	750	15256	60	1657	6103	41727	1167	5989	189	1625	6014	13807	21882	7374	9428	18926	4514	23907	10239	912
Telangana	15579	611847	154665	1647	225981	155655	474489	247149	9333	122904	486	9612	64323	798003	19224	96741	1296	20358	182142	100395	472734	201006	53325	351711	116235	365157	112257	64215
The Dadra And Nagar Haveli And Daman																												
Tripura	103	9241	5642	7	315	1870	5130	4588	2320	1399	14	11235	2545	2	1	5	1524	1	726	5351	8089	491	655	177	8033	5925	2	1159
Uttar Pradesh	920	409110	75490	2100	2071780	58530	1673860	373380	13940	440240	5150	510	22100	2293320	116150	99380	570	24260	12030	1458520	367210	39420	682560	146290	467960	1807020	7520	130780
Uttarakhand					38	2935	2346	4504	3392	451	5	364	2293	7654	566	2629	3	126	707	4804	4960	150	2991	1853	3908	6774	329	763
West Bengal																												
Grand Total	58946	2017619	665895	23489	2539150	505414	3063385	1293259	288825	868254	12999	337248	732777	4136030	174558	486580	61482	84023	390070	2270792	1590736	376401	1392787	1082674	933963	3360925	244612	399390

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Manipur																												
Meghalaya																												
Mizoram																												
Nagaland																												
Odisha																												
Puducherry																												
Punjab																												
Rajasthan																												
Sikkim																												
Tamil Nadu																												
Telangana		1323	2340		81	1809	792	1125		18		774	846	1530		468	117	9	90	1323	1521	63	747	1854	189	1638	18	45
The Dadra And Nagar Haveli And Daman																												
Tripura																												
Uttar Pradesh		70	50		260	40	240	60		50			370		20		10		240	20		130	20	10	280		80	
Uttarakhand																												
West Bengal																												
Grand Total	20400	67803	70431	10640	19548	38983	95055	84777	51030	21722	21879	39609	81468	96346	75152	36728	18288	96041	41759	58749	108974	50229	31801	85529	57376	122446	31411	23021

STATEMENT- V

Status of Andhra Pradesh State Soil Micro nutrients from 2015-16 to 2024-25														
S. No	Year	No. of samples	COPPER		BORON		SULPHUR		IRON		ZINC		MANGANESE	
			Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient
1	2014-15		Scheme not implemented											
2	2015-16	401782	94.89	5.11	76.73	23.27	90.96	9.04	78.01	21.99	56.87	43.13	92.95	7.05
3	2016-17	1200698	93.86	6.14	82.27	17.73	83.34	16.66	77.22	22.78	64.31	35.69	89.25	10.75
4	2017-18	683361	94.16	5.84	81.59	18.41	88.38	11.62	76.86	23.14	64.81	35.19	90.80	9.20
5	2018-19	680787	94.26	5.74	83.21	16.79	88.24	11.76	76.29	23.71	65.15	34.85	90.50	9.50
6	2019-20	226487	93.67	6.33	83.12	16.88	87.86	12.14	76.40	23.60	66.35	33.65	93.14	6.86
7	2020-21	0	Scheme not implemented											
8	2021-22	0												
9	2022-23	0												
10	2023-24	259482	94.69	5.31	72.91	27.09	84.29	15.71	70.80	29.20	63.02	36.98	88.78	11.22
11	2024-25	423336	93.77	6.23	74.83	25.17	85.52	14.48	68.23	31.77	60.14	39.86	86.46	13.54

Status of Andhra Pradesh State Soil Macro nutrients from 2015-16 to 2024-25

S. No	Year	No. of samples	Nitrogen			Phosphorous			Potassium			Organic Carbon		
			High	Medium	Low	High	Medium	Low	High	Medium	Low	High	Medium	Low
1	2014-15		Scheme not implemented											
2	2015-16	401782	4.86	12.83	68.25	60.57	25.65	13.78	55.88	33.53	11.30	19.83	19.99	60.16
3	2016-17	1200698	4.34	21.16	69.94	59.32	24.91	15.77	53.44	31.44	15.09	22.27	20.90	56.81
4	2017-18	683361	4.52	21.96	73.51	56.70	28.06	15.24	51.15	33.31	15.54	27.12	23.22	49.66
5	2018-19	680787	0.35	1.69	5.65	4.36	2.16	1.17	3.93	2.56	1.20	2.09	1.79	3.82
6	2019-20	226487	2.67	14.94	82.38	55.44	30.29	14.27	54.23	31.55	14.14	14.68	23.98	61.32
7	2020-21	0	Scheme not implemented											
8	2021-22	0												
9	2022-23	0												
10	2023-24	259482	3.75	23.86	72.39	49.58	32.52	17.91	63.94	27.47	8.59	22.28	23.91	53.81
11	2024-25	423336	1.80	22.91	75.29	50.92	33.70	15.38	58.85	31.06	10.09	16.08	23.29	60.63

District wise Soil Micro Nutrient Status-2015-16 (%)

S. No.	Name of the District	No. of samples	COPPER		Boron		Sulphur		IRON		ZINC		MANGANESE	
			Sufficicnt	Defficie nt	Sufficicnt	Defficie nt	Sufficicnt	Defficie nt	Sufficicnt	Defficie nt	Sufficicnt	Defficie nt	Sufficicnt	Defficie nt
1	Srikakulam	32485	98.93	1.07	100.00	0.00	96.20	3.80	94.02	5.98	81.75	18.25	94.44	5.56
2	Vizianagara m	30250	97.91	2.09	97.67	2.33	92.20	7.8	92.74	7.26	58.03	41.97	96.33	3.67
3	Visakhapatn am	30387	96.84	3.16	98.13	1.87	99.78	0.22	78.97	21.03	50.36	49.64	86.83	13.17
4	East Godavari	29631	99.58	0.42	75.40	24.60	97.40	2.60	93.72	6.28	54.85	45.15	97.78	2.22
5	West Godavari	27094	96.33	3.67	71.72	28.28	97.54	2.46	91.81	8.19	76.28	23.72	94.53	5.47
6	Krishna	30419	98.58	1.42	62.02	37.98	98.50	1.50	93.99	6.01	42.46	57.54	98.40	1.60
7	Guntur	32777	97.29	2.71	87.52	12.48	97.12	2.88	78.15	21.85	58.48	41.52	93.60	6.40
8	Prakasam	33450	97.12	2.88	94.70	5.30	84.00	16.00	63.27	36.73	27.90	72.10	98.91	1.09
9	Nellore	29047	80.00	20.00	29.83	70.17	96.83	3.17	84.00	16.00	58.00	42.00	92.00	8.00
10	Ananthapur	31503	95.85	4.15	89.80	10.20	95.19	4.81	76.16	23.84	79.35	20.65	91.93	8.07
11	Chittoor	42234	99.53	0.47	80.86	19.14	84.83	15.17	84.18	15.82	77.06	22.94	92.34	7.66
12	KADAPA	24817	93.77	6.23	82.88	17.12	60.89	39.11	56.44	43.56	32.27	67.73	95.80	4.20
13	KURNOOL	27688	81.81	18.19	27.00	73.00	82.00	18.00	26.60	73.40	42.55	57.45	75.53	24.47
	TOTAL	401782	1233.54	66.46	997.53	302.47	1182.48	117.52	1014.07	285.93	739.34	560.66	1208.41	91.59
	Average		94.89	5.11	76.73	23.27	90.96	9.04	78.01	21.99	56.87	43.13	92.95	7.05

District wise Soil Macro Nutrient Status-2015-16(%)

S. No.	Name of District	No. of Soil Samples	Nitrogen			PHOSPHORUS			POTASH			OC			EC		pH		
			High	Mediu	Low	High	Mediu	Low	High	Mediu	Low	High	Mediu	Low	Salin	Non Salin	Acidic	Neutra	Alkalin
1	Srikakulam	32485	0.00	10.34	90.00	20.12	47.38	32.40	45.13	43.94	10.83	36.05	24.64	39.00	3.33	96.64	26.09	60.41	13.50
2	Vizianagaram	30250	4.57	5.28	90.15	77.65	18.69	3.66	67.44	37.26	4.7	12.51	25.63	61.86	12.13	87.87	34.9	35.39	29.71
3	Visakhapatna	30387	0.78	3.25	5.59	69.50	22.06	8.44	37.24	40.58	22.17	41.57	19.35	39.08	1.62	98.38	17.21	36.65	46.15
4	E. Godavari	29631	13.92	10.55	75.53	53.09	36.64	10.26	55.35	33.83	10.82	31.88	27.45	40.66	1.03	98.97	22.82	56.72	20.46
5	W. Godavari	27094	1.84	68.07	30.09	70.63	24.77	4.60	25.35	54.21	20.44	33.24	26.26	40.50	3.00	97.00	40.23	16.50	43.28
6	Krishna	30419	27.33	12.46	60.21	96.22	3.32	0.46	57.87	29.44	12.69	27.33	12.46	60.21	6.36	93.64	3.39	29.33	67.28
7	Guntur	32777	1.21	7.10	91.69	62.13	18.90	18.97	84.03	14.37	1.60	14.50	11.60	73.90	7.74	92.26	2.23	16.60	81.17
8	Prakasam	33450	1.75	6.06	92.19	39.38	33.20	27.42	60.82	28.75	10.43	7.71	8.81	83.49	8.00	92.00	2.28	5.75	91.98
9	Nellore	29047	0.12	15.39	84.49	82.23	12.23	5.55	41.73	40.85	17.43	9.92	19.39	70.69	8.94	91.06	8.61	18.06	73.33
10	Chittoor	42234	0.00	0.00	99.85	55.82	28.52	15.66	26.76	50.95	22.29	4.62	14.59	80.79	2.74	97.26	8.84	24.94	66.22
11	Kadapa	24817	0.30	1.29	5.93	49.98	26.36	23.66	77.44	18.52	4.03	10.08	22.54	67.37	1.54	98.46	0.14	10.87	88.99
12	Ananthapur	31503	11.42	27.06	61.51	61.64	31.86	6.49	81.86	13.33	4.81	13.39	19.74	66.86	0.67	99.33	1.01	17.93	81.05
13	Kurnool	27688	0.00	0.00	100.00	48.95	29.53	21.52	65.45	29.85	4.70	14.99	27.39	57.62	1.00	99.00	3.78	13.40	82.82
Total		401782	63.2	166.84	887.2	787.3	333.46	179.0	726.4	435.87	146.9	257.8	259.82	782.0	58.11	1241.8	171.5	342.56	785.93
Percentage:			4.86	12.83	68.25	60.57	25.65	13.78	55.88	33.53	11.30	19.83	19.99	60.16	4.47	95.53	13.19	26.35	60.46

District wise Soil Micro Nutrient Status-2016-17(%)														
Sl. No	Name of the District	No. of soil samples	Cu		Boron		Sulphur		Fe		Zn		Mn	
			Sufficient	Defficient	Sufficient	Defficient	Sufficient	Defficient	Sufficient	Defficient	Sufficient	Defficient	Sufficient	Defficient
1	Srikakulam	69273	98.47	1.53	100.00	0.00	90.00	10.00	86.17	13.83	77.80	22.20	95.66	4.34
2	Vizianagaram	47437	96.00	4.00	97.67	2.33	85.00	15.00	89.00	11.00	67.00	33.00	92.00	8.00
3	Visakhapatnam	38787	98.23	1.77	98.33	1.67	87.00	13.00	75.00	25.00	60.17	39.83	89.15	10.85
4	East Godavari	92295	97.00	3.00	75.00	25.00	96.00	4.00	93.00	7.00	81.00	19.00	96.00	4.00
5	West Godavari	104678	97.05	2.95	70.00	30.00	88.00	12.00	95.52	4.48	76.03	23.97	98.02	1.98
6	Krishna	111297	95.92	4.08	62.02	37.98	99.00	1.00	86.94	13.06	77.47	22.53	91.42	8.58
7	Guntur	163774	97.96	2.04	87.00	13.00	88.45	11.55	76.07	23.93	52.81	47.19	92.82	7.18
8	Prakasam	95341	92.00	8.00	94.70	5.30	67.00	33.00	56.00	44.00	68.37	31.63	74.00	26.00
9	Nellore	94241	88.00	12.00	70.00	30.00	77.00	23.00	87.00	13.00	51.18	48.82	90.00	10.00
10	Chittoor	54391	99.55	0.45	89.81	10.19	80.00	20.00	87.60	12.40	78.01	21.99	92.58	7.42
11	Kadapa	61202	80.00	20.00	72.00	28.00	72.00	28.00	48.00	52.00	35.00	65.00	83.00	17.00
12	Ananthapur	131536	98.00	2.00	81.00	19.00	87.00	13.00	87.00	13.00	74.00	26.00	98.00	2.00
13	Kurnool	136446	82.00	18.00	72.00	28.00	67.00	33.00	36.52	63.48	37.13	62.87	67.63	32.37
Total		1200698	1220.18	79.82	1069.53	230.47	1083.45	216.55	1003.82	296.18	835.98	464.02	1160.27	139.73
Avg			93.86	6.14	82.27	17.73	83.34	16.66	77.22	22.78	64.31	35.69	89.25	10.75

District wise Soil Macro Nutrient Status-2016-17(%)

S. No	Name of District	No. of soil samples	Nitrogen			PHOSPHORUS			POTASH			OC			EC		pH		
			High	Medium	Low	High	Medium	Low	High	Medium	Low	High	Medium	Low	Saline	Non-Saline	Acidity	Neutral	Alkaline
1	Srikakulam	69273	1.23	27.08	71.69	5.11	48.53	46.36	47.19	40.60	12.21	10.98	30.21	58.80	3.21	96.79	18.44	58.66	22.90
2	Vizianagaram	47437	0.12	51.6	48.28	26.5	48.2	25.3	73.5	24.9	1.6	24.9	29.2	45.9	1.6	98.4	5.3	47.4	47.3
3	Visakhapatnam	38787	2.43	10.22	28.05	53.60	25.85	20.55	44.61	38.58	16.80	30.42	21.68	47.90	4.69	95.31	23.26	42.70	34.04
4	E. Godavari	92295	21.85	16.23	61.92	76.34	16.75	6.92	64.57	29.22	6.22	40.35	23.50	36.00	1.94	98.06	16.49	59.80	23.71
5	W. Godavari	104678	2.50	72.29	25.21	70.20	25.79	4.01	26.50	54.97	18.53	35.60	24.03	40.37	3.00	97.00	42.23	14.50	43.28
6	Krishna	111297	8.33	33.38	58.29	95.22	3.74	1.05	63.89	27.66	8.45	42.97	16.13	40.90	2.12	97.88	6.98	30.69	62.33
7	Guntur	163774	4.73	15.19	80.08	53.57	24.34	22.09	77.86	14.14	8.00	10.97	19.52	69.51	14.77	85.23	2.45	12.25	85.30
8	Prakasam	95341	6.38	11.45	82.20	42.07	30.12	27.81	79.02	16.50	4.48	20.10	17.47	62.43	5.93	94.05	1.60	4.92	93.43
9	Nellore	94241	1.22	8.58	90.21	76.62	15.03	8.35	14.93	34.19	50.88	34.80	18.82	46.38	5.27	94.73	17.49	20.36	62.16
10	Chittoor	54391	0.70	11.11	88.18	77.90	17.01	5.09	21.10	49.66	29.25	14.68	19.65	65.67	1.93	98.07	17.40	34.96	47.63
11	Kadapa	61202	1.22	1.85	96.93	36.55	36.49	26.96	43.24	36.82	19.94	9.92	15.89	74.19	4.53	95.47	1.48	8.47	90.05
12	Ananthapur	131536	5.44	14.35	80.20	84.65	12.90	2.45	80.88	14.81	4.31	4.35	12.67	83.00	0.21	99.79	0.00	42.68	57.32
13	Kurnool	136446	0.29	1.72	98.00	72.90	19.04	8.14	57.39	26.63	15.49	9.53	22.99	67.48	1.00	99.00	1.43	20.64	77.93
Total		1200698	56.43	275.06	909.24	771.20	323.80	205.07	694.68	408.68	196.16	289.56	271.76	738.53	50.21	1249.77	154.55	398.05	747.37
Percentage:			4.34	21.16	69.94	59.32	24.91	15.77	53.44	31.44	15.09	22.27	20.90	56.81	3.86	96.14	11.89	30.62	57.49

District wise Soil Micro Nutrient Status-2017-18(%)

S. No	District	No. of soil samples	Copper		Boron		Sulphur		Iron		Zinc		Manganese	
			Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient
1	Srikakulam	41528	99.99	0.01	100.00	0.00	87.25	12.75	98.20	1.80	86.20	13.80	99.40	0.60
2	Vizianagaram	36162	99.30	0.70	81.42	18.58	87.61	12.39	93.51	6.49	64.22	35.78	98.65	1.35
3	Visakhapatnam	34681	95.02	4.98	84.85	15.15	88.71	11.29	63.33	36.67	52.98	47.02	76.08	23.92
4	East Godavari	61154	96.93	3.07	82.14	17.86	96.56	3.44	90.63	9.37	73.94	26.06	98.70	1.30
5	West Godavari	73582	95.44	4.56	80.36	19.64	84.16	15.84	88.10	11.90	68.92	31.08	98.34	1.66
6	Krishna	56878	91.14	8.86	68.17	31.83	99.33	0.67	79.33	20.67	88.18	11.82	84.55	15.45
7	Guntur	82301	98.56	1.44	87.93	12.07	93.07	6.93	69.90	30.10	58.78	41.22	96.62	3.38
8	Prakasam	40756	96.40	3.60	59.10	40.90	65.64	34.36	58.80	41.20	41.70	58.30	82.70	17.30
9	Nellore	56025	76.89	23.11	79.86	20.14	79.88	20.12	47.54	52.46	26.90	73.10	79.48	20.52
10	Chittoor	30396	99.93	0.07	91.67	8.33	89.78	10.22	82.76	17.24	78.80	21.20	93.57	6.43
11	Kadapa	38832	83.17	16.83	74.48	25.52	92.16	7.84	74.07	25.93	69.61	30.39	83.27	16.73
12	Ananthapur	52257	97.11	2.89	77.85	22.15	97.26	2.74	84.84	15.16	75.87	24.13	98.34	1.66
13	Kurnool	78809	94.25	5.75	92.87	7.13	87.56	12.44	68.14	31.86	56.39	43.61	90.71	9.29
	Total	683361	1224.13	75.87	1060.70	239.30	1148.97	151.03	999.15	300.85	842.49	457.51	1180.41	119.59
	AV		94.16	5.84	81.59	18.41	88.38	11.62	76.86	23.14	64.81	35.19	90.80	9.20

District wise Soil Macro Nutrient Status-2017-18 (%)

S. No	District	No. of soil samples	Nitrogen			Phosphorous			Potassium			Organic Carbon		
			High	Medium	Low	High	Medium	Low	High	Medium	Low	High	Medium	Low
1	Srikakulam	41528	7.50	26.92	65.58	17.82	45.19	36.99	48.19	39.15	12.66	22.61	32.01	45.38
2	Vizianagaram	36162	5.63	32.39	61.98	33.20	41.42	25.38	39.26	51.94	8.80	30.06	31.61	38.33
3	Visakhapatnam	34681	9.79	24.88	65.33	49.74	26.94	23.32	24.81	36.21	38.98	67.09	17.09	15.83
4	East Godavari	61154	7.36	23.20	69.44	42.36	30.26	27.38	57.10	32.87	10.03	56.08	22.38	21.54
5	West Godavari	73582	1.94	67.48	30.58	71.63	23.77	4.60	26.35	54.21	19.44	34.24	25.26	40.50
6	Krishna	56878	4.70	24.46	70.84	96.28	3.06	0.66	59.08	25.37	15.55	40.28	15.64	44.08
7	Guntur	82301	1.12	27.43	71.45	74.92	14.65	10.43	84.10	12.88	3.02	14.85	18.78	66.37
8	Prakasam	40756	0.80	10.00	89.20	50.00	28.00	22.00	67.52	24.34	8.14	21.38	22.38	56.24
9	Nellore	56025	0.65	5.38	93.97	40.64	47.34	12.02	18.38	42.45	39.17	14.97	16.67	68.36
10	Chittoor	30396	0.18	8.92	90.90	49.63	36.82	13.55	27.41	56.37	16.22	21.55	27.84	50.61
11	Kadapa	38832	0.90	5.07	94.03	73.88	18.78	7.34	71.68	19.35	8.97	13.00	30.30	56.70
12	Ananthapur	52257	8.82	18.19	72.99	76.77	19.61	3.62	82.37	13.92	3.70	6.68	13.42	79.90
13	Kurnool	78809	9.42	11.23	79.35	60.29	28.92	10.79	58.70	23.95	17.35	9.76	28.53	61.71
	Total	683361	58.82	285.53	955.65	737.16	364.75	198.07	664.97	433.01	202.03	352.56	301.89	645.55
	Av.		4.52	21.96	73.51	56.70	28.06	15.24	51.15	33.31	15.54	27.12	23.22	49.66

District wise Soil Micro Nutrient Status-2018-19(%)

S. No	District	No. of soil samples	Copper		Boron		Sulphur		Iron		Zinc		Manganese	
			Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient
1	Srikakulam	41528	99.96	0.04	99.73	0.27	87.50	12.50	93.13	6.87	85.43	14.57	98.40	1.60
2	Vizianagaram	36939	97.88	2.12	80.26	19.74	88.15	11.86	94.50	5.50	63.22	36.79	98.84	1.17
3	Visakhapatnam	34360	95.02	4.98	84.85	15.15	88.71	11.29	63.33	36.67	52.98	47.02	76.08	23.92
4	East Godavari	61084	95.47	4.53	88.95	11.06	95.37	4.64	89.07	10.94	74.55	25.45	97.23	2.78
5	West Godavari	72532	96.35	3.66	87.44	12.57	89.25	10.75	87.56	12.45	67.53	32.48	96.64	3.37
6	Krishna	56373	87.38	12.63	67.29	32.72	91.40	8.60	73.37	26.64	78.35	21.66	83.25	16.75
7	Guntur	82148	98.79	1.22	85.34	14.67	89.85	10.16	68.74	31.27	57.23	42.77	96.12	3.88
8	Prakasam	40715	94.01	5.99	73.99	26.02	65.95	34.05	62.80	37.20	41.51	58.49	82.24	17.77
9	Nellore	55994	82.78	17.23	73.45	26.56	87.01	13.00	57.19	42.82	40.55	59.45	77.91	22.09
10	Chittoor	30577	99.72	0.29	90.99	9.02	88.94	11.06	80.28	19.72	79.45	20.55	93.19	6.82
11	Kadapa	38840	87.09	12.92	73.74	26.26	85.08	14.92	73.04	26.97	69.31	30.70	87.64	12.37
12	Ananthapur	52044	97.34	2.66	81.49	18.51	97.37	2.63	86.75	13.26	78.81	21.20	97.83	2.17
13	Kurnool	77653	93.56	6.44	94.28	5.72	92.58	7.42	61.98	38.02	58.06	41.95	91.19	8.81
	Total	680787	1225.33	74.67	1081.77	218.23	1147.14	152.86	991.71	308.29	846.95	453.05	1176.53	123.47

	Av.		94.26	5.74	83.21	16.79	88.24	11.76	76.29	23.71	65.15	34.85	90.50	9.50

District wise Soil Macro Nutrient Status-2018-19(%)

S. No	District	No. of soil	Nitrogen			Phosphorous			Potassium			Organic Carbon			EC		pH		
			High	Medium	Low	High	Medium	Low	High	Medium	Low	High	Medium	Low	Saline	Non saline	Acidic	Neutral	Alkaline
1	Srikakulam	41528	7.14	24.65	68.22	15.80	54.47	29.75	61.45	29.71	8.85	19.89	33.96	46.15	1.00	99.00	24.00	49.00	27.00
2	Vizianagaram	36939	5.98	31.65	62.37	41.79	42.09	16.13	36.23	53.63	10.14	18.27	31.18	50.55	1.00	99.00	47.90	40.29	11.81
3	Visakhapatnam	34360	9.79	24.88	65.33	49.74	26.94	23.32	24.81	36.21	38.98	67.09	17.09	15.83	1.00	99.00	28.62	25.37	46.01
4	East Godavari	61084	4.63	24.57	70.80	40.30	34.33	25.38	59.52	32.26	8.22	46.42	28.57	25.01	2.00	98.00	11.15	58.75	30.10
5	West Godavari	72532	2.90	71.89	25.21	71.20	24.79	4.01	28.50	53.97	17.53	36.60	25.03	38.37	2.00	98.00	42.23	14.50	43.28
6	Krishna	56373	4.59	23.41	71.99	94.85	3.95	1.19	56.34	28.28	15.37	32.25	17.06	50.70	3.00	97.00	5.94	3.53	90.53
7	Guntur	82148	1.16	24.08	74.76	65.27	21.12	13.62	86.77	10.80	2.44	16.77	18.04	65.20	4.00	96.00	4.26	17.73	78.01
8	Prakasam	40715	0.60	8.09	91.31	45.72	31.92	22.36	67.15	25.17	7.68	17.29	17.00	65.71	5.00	95.00	3.11	9.81	87.08
9	Nellore	55994	0.42	3.20	96.37	45.35	40.07	14.58	16.74	35.79	47.47	17.58	22.49	59.93	12.00	88.00	15.55	3.36	81.09
10	Chittoor	30577	0.12	8.97	90.92	48.32	37.99	13.69	27.83	54.36	17.81	27.33	30.14	42.52	1.00	99.00	16.00	25.40	58.60
11	Kadapa	38840	0.95	5.03	94.01	65.44	24.89	9.67	71.34	20.18	8.48	13.00	25.15	61.85	6.00	94.00	3.00	2.00	95.00
12	Ananthapur	52044	6.48	11.41	82.11	78.33	17.93	3.74	79.74	14.56	3.94	4.38	9.33	86.29	0.00	100.00	0.00	41.28	58.72
13	Kurnool	77653	4.71	5.61	89.67	65.99	27.09	7.82	67.54	20.62	11.84	9.20	28.57	62.24	1.00	99.00	0.00	12.00	88.00
	Total	680787	49.49	267.43	983.08	728.09	387.58	185.25	683.95	415.54	198.75	326.05	303.60	670.34	39.00	1261.00	201.75	303.02	795.23
	AV		3.81	20.57	75.62	56.01	29.81	14.25	52.61	31.96	15.29	25.08	23.35	51.56	3.00	97.00	15.52	23.31	61.17

District wise Soil Micro Nutrient Status-2019-20(%)

S.	District	No. of Soil	Copper		Boron		Sulphur		Iron		Zinc		Manganese	
			Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient
1	Srikakulam	5305	93.00	7.00	99.00	1.00	94.00	6.00	89.00	11.00	86.00	14.00	99.00	1.00
2	Vizianagaram	7210	97.62	2.38	87.60	12.40	89.75	10.25	96.85	3.15	67.20	32.80	97.45	2.55
3	Visakhapatna	6300	90.24	9.763	91.22	8.779	86.40	13.60	86.07	13.934	60.67	39.327	96.32	3.678
4	East Godavari	22368	97.90	2.10	87.30	12.70	93.12	6.88	89.10	10.90	77.00	23.00	98.90	1.10
5	West Godavari	12657	98.25	1.75	87.00	13.00	95.44	4.56	93.00	7.00	87.00	13.00	99.00	1.00
6	Krishna	18952	84.00	16.00	61.75	38.25	84.97	15.03	68.00	32.00	65.15	34.85	85.53	14.47
7	Guntur	23625	98.30	1.70	88.80	11.20	90.45	9.55	58.90	41.10	51.40	48.60	94.10	5.90
8	Prakasam	25271	80.88	19.12	87.45	12.55	85.11	14.89	46.66	53.34	35.58	64.42	81.56	18.44
9	Nellore	12708	85.63	14.37	52.16	47.84	70.90	29.1	45.11	54.89	43.63	56.37	79.21	20.79
10	Chittoor	12677	99.74	0.26	91.51	8.49	87.63	12.37	81.59	18.41	81.27	18.73	94.56	5.44
11	Kadapa	12082	94.22	5.78	70.03	29.97	72.75	27.25	74.23	25.77	63.95	36.05	95.26	4.74
12	Ananthapur	40782	98.97	1.03	81.77	18.23	94.61	5.39	89.71	10.29	82.67	17.33	97.98	2.02
13	Kurnool	26550	99.00	1.00	95.00	5.00	97.00	3.00	75.00	25.00	61.00	39.00	92.00	8.00
	Total	226487	1217.74	82.26	1080.59	219.41	1142.13	157.87	993.21	306.79	862.53	437.47	1210.87	89.13
	Avg		93.67	6.33	83.12	16.88	87.86	12.14	76.40	23.60	66.35	33.65	93.14	6.86

District wise Soil Macro Nutrient Status-2019-20 (%)

S. No	District	No. of soil samples	Nitrogen			Phosphorous			Potassium			Organic Carbon		
			High	Medium	Low	High	Medium	Low	High	Medium	Low	High	Medium	Low
1	Srikakulam	5305	8.00	23.00	69.00	10.00	67.00	23.00	54.00	43.00	3.00	18.00	41.00	41.00
2	Vizianagaram	7210	6.47	30.74	62.80	36.24	48.62	15.15	34.67	55.69	9.65	10.57	33.67	55.76
3	Visakhapatnam	6300	10.26	30.33	59.41	76.28	16.56	7.17	11.16	33.83	55.01	15.92	26.21	57.87
4	East Godavari	22368	1.00	26.00	72.99	46.39	30.90	22.70	66.26	31.90	1.80	16.20	33.30	50.44
5	West Godavari	12657	3.98	12.1	83.9	67.9	18.7	13.4	72.6	24.0	3.4	18.1	19.6	62.3
6	Krishna	18952	4.24	32.48	63.29	92.45	6.08	1.47	60.76	27.68	11.56	16.59	25.64	57.76
7	Guntur	23625	0.14	10.40	89.46	47.36	36.71	15.93	89.63	8.59	1.79	23.40	24.30	52.30
8	Prakasam	25271	0.05	3.88	96.07	45.74	33.33	20.93	67.72	28.18	4.10	16.65	8.65	74.70
9	Nellore	12708	0.047	2.56	97.39616	43.15	27.12	29.74	8.79	33.47	57.74	12.33	18.59	69.08
10	Chittoor	12677	0.16	6.71	93.12	45.82	40.12	14.04	24.86	56.80	18.33	21.25	28.01	50.73
11	Kadapa	12082	0.18	9.25	90.56	66.54	23.77	9.68	56.38	33.80	9.81	9.60	18.70	71.60
12	Ananthapur	40782	0.22	5.78	93.99	84.80	11.88	3.32	88.16	8.23	3.60	0.21	5.11	94.68
13	Kurnool	26550	0.00	1.00	99.00	58.00	33.00	9.00	70.00	25.00	4.00	12.00	29.00	59.00
	Total	226487	34.74	194.22	1070.99	720.66	393.78	185.53	704.99	410.18	183.79	190.83	311.79	797.22
	StateAverage		2.67	14.94	82.38	55.44	30.29	14.27	54.23	31.55	14.14	14.68	23.98	61.32

District wise Soil Micro Nutrient Status-2023-24(%)

S. No	District	No. of Soil Samples	Copper		Boron		Sulphur		Iron(Fe)		Zinc(Zn)		Manganese(Mn)	
			Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient	Sufficient	Deficient
1	Alluri Sitharama	8126	90.73	9.27	32.93	67.07	87.28	12.72	68.69	31.31	42.30	57.70	86.62	13.38
2	NTR	10671	99.50	0.50	83.22	16.78	77.32	22.68	83.33	16.67	78.70	21.30	94.95	5.05
3	Anakapalli	10002	94.60	5.40	96.17	3.83	93.43	6.57	79.31	20.69	71.73	28.27	91.47	8.53
4	Annamayya	10990	94.65	5.35	40.88	59.12	57.16	42.84	56.42	43.58	60.38	39.62	83.25	16.75
5	CHITTOOR	10523	96.16	3.84	91.33	8.67	79.20	20.80	64.41	35.59	75.01	24.99	85.99	14.01
6	SRIKAKULAM	10244	99.62	0.38	75.55	24.45	94.11	5.89	81.99	18.01	78.04	21.96	96.53	3.47
7	Nandyal	10649	99.86	0.14	99.86	0.14	99.56	0.44	61.93	38.07	49.27	50.73	97.28	2.72
8	VIZIANAGARAM	9913	95.50	4.50	90.76	9.24	97.33	2.67	95.87	4.13	82.29	17.71	98.07	1.93
9	VISAKHAPATANAM	2148	97.01	2.99	31.10	68.90	78.17	21.83	65.07	34.93	56.24	43.76	62.13	37.87
10	GUNTUR	10329	98.94	1.06	97.87	2.13	84.67	15.33	66.00	34.00	73.79	26.21	89.43	10.57
11	Eluru	10364	97.99	2.01	87.96	12.04	71.77	28.23	77.46	22.54	65.98	34.02	88.28	11.72
12	KURNOOL	10819	93.05	6.95	83.76	16.24	99.17	0.83	33.92	66.08	56.45	43.55	76.59	23.41
13	Parvathipuram Mandam	11008	94.41	5.59	82.43	17.57	93.88	6.12	92.82	7.18	74.40	25.60	98.57	1.43
14	Tirupati	9458	95.73	4.27	92.98	7.02	82.37	17.63	67.92	32.08	71.29	28.71	85.19	14.81
15	Kakinada	10791	94.94	5.06	60.87	39.13	72.91	27.09	80.35	19.65	68.37	31.63	91.65	8.35
16	WESTGODAVARI	10166	97.88	2.12	84.56	15.44	71.20	28.80	90.60	9.40	73.95	26.05	98.88	1.12
17	Y.S.R.	11791	82.70	17.30	15.53	84.47	44.36	55.64	39.02	60.98	32.97	67.03	79.36	20.64
18	Konaseema	10455	98.01	1.99	74.20	25.80	74.49	25.51	83.27	16.73	68.78	31.22	90.68	9.32
19	KRISHNA	10777	99.20	0.80	96.91	3.09	83.04	16.96	70.94	29.06	53.35	46.65	88.77	11.23
20	ANANTAPUR	10723	99.71	0.29	78.25	21.75	98.10	1.90	71.78	28.22	66.43	33.57	98.87	1.13
21	SPSRNELLORE	7833	79.65	20.35	25.10	74.90	89.95	10.05	75.25	24.75	21.26	78.74	86.72	13.28
22	Bapatla	10482	94.36	5.64	72.94	27.06	80.31	19.69	39.03	60.97	48.15	51.85	74.12	25.88
23	PRAKASAM	10266	96.34	3.66	71.93	28.07	98.84	1.16	61.92	38.08	76.17	23.83	95.42	4.58
24	Palnadu	11163	98.50	1.50	98.86	1.14	96.74	3.26	88.00	12.00	76.84	23.16	94.91	5.09
25	EASTGODAVARI	11302	78.91	21.09	76.04	23.96	88.89	11.11	66.23	33.77	65.96	34.04	78.75	21.25
26	Sri Sathya Sai	8489	93.58	6.42	53.25	46.75	97.23	2.77	79.10	20.90	50.06	49.94	95.81	4.19

Total**259482**

District wise Soil Macro Nutrient Status-2023-24(%)																			
S. No	District	No .of soil samples	Nitrogen (%)			Phosphorous(%)			Potassium (%)			OC (%)			EC (%)		pH (%)		
			High	Medium	Low	High	Medium	Low	High	Medium	Low	High	Medium	Low	Saline	Non Saline	Acidic	Neutral	Alkaline
1	Alluri Sitharama Raju	8126	3.56	48.20	48.24	48.65	23.28	28.07	25.24	42.49	32.26	20.74	47.92	31.34	2.97	97.03	3.07	96.71	0.23
2	NTR	10671	0.63	19.05	80.32	59.27	22.60	18.13	74.16	19.22	6.62	22.65	21.82	55.53	3.81	96.19	0.23	98.61	1.15
3	Anakapalli	10002	21.37	26.11	52.52	71.05	18.71	10.24	73.85	19.55	6.61	22.65	25.71	51.64	9.01	90.99	0.90	92.29	6.81
4	Annamayya	10990	1.27	5.42	93.31	53.00	28.33	18.67	46.39	50.35	3.26	3.58	11.11	85.30	5.17	94.83	2.00	92.88	5.12
5	CHITTOOR	10523	0.34	28.68	70.98	52.73	29.93	17.34	44.86	45.93	9.21	4.99	26.77	68.23	0.23	99.77	1.26	97.85	0.90
6	SRIKAKULAM	10244	0.31	10.65	89.04	23.55	46.71	29.74	73.18	23.93	2.89	60.62	18.83	20.54	5.66	94.34	3.60	95.94	0.46
7	Nandyal	10649	0.56	54.71	44.73	43.41	56.15	0.44	66.62	32.78	0.60	16.47	43.82	39.72	0.36	99.64	0.12	86.25	13.62
8	VIZIANAGARAM	9913	0.16	8.76	91.08	56.77	32.28	10.95	73.54	22.50	3.96	8.41	15.91	75.68	0.24	99.76	0.20	98.39	1.41
9	VISAKHAPATANAM	2148	1.12	28.07	70.81	70.25	14.62	15.13	15.83	57.03	27.14	2.84	26.69	70.47	0.33	99.67	0.37	93.39	6.24
10	GUNTUR	10329	0.29	25.60	74.11	72.28	18.83	8.90	87.56	8.11	4.33	39.03	18.19	42.78	4.80	95.20	0.12	96.39	3.50
11	Eluru	10364	0.33	14.06	85.61	56.27	26.20	17.53	59.78	27.89	12.33	16.92	21.44	61.64	3.31	96.69	2.08	97.63	0.29
12	KURNOOL	10819	0.62	57.90	41.48	19.72	69.70	10.58	76.77	22.01	1.22	4.50	28.23	67.28	5.23	94.77	0.09	86.67	13.24
13	Parvathipuram Manyam	11008	0.29	10.60	89.10	58.44	34.76	6.80	72.66	23.22	4.12	39.36	18.83	41.81	2.68	97.32	3.78	95.98	0.24
14	Tirupati	9458	0.10	23.12	76.79	54.50	32.91	12.59	50.28	40.08	9.64	4.23	26.07	69.70	3.04	96.96	4.47	92.95	2.58
15	Kakinada	10791	15.52	21.97	62.50	43.23	25.10	31.66	48.88	28.39	22.73	33.03	25.92	41.05	10.73	89.27	2.26	97.49	0.25

16	WEST GODAVARI	10166	0.81	16.55	82.65	46.29	41.13	12.58	80.20	12.84	6.96	40.67	36.63	22.70	12.87	87.13	5.60	94.32	0.08
17	Y.S.R.	11791	0.11	8.17	91.72	56.54	23.32	20.14	81.60	16.09	2.31	4.88	17.62	77.50	3.46	96.54	0.30	80.39	19.31
18	Konaseema	10455	37.23	23.00	39.78	54.06	23.87	22.06	69.92	16.00	14.08	54.16	21.00	24.84	21.64	78.36	1.21	98.69	0.11
19	KRISHNA	10777	2.95	54.01	43.04	21.50	32.94	45.56	68.62	15.31	16.07	52.22	21.26	26.52	30.36	69.64	0.20	97.12	2.68
20	ANANTAPUR	10723	0.05	2.99	96.96	79.49	20.15	0.36	66.64	32.60	0.76	0.26	6.97	92.77	1.48	98.52	0.01	94.80	5.19
21	SPSR NELLORE	7833	0.00	1.35	98.65	38.07	39.36	22.56	17.87	44.48	37.65	20.50	26.49	53.01	16.16	83.84	0.39	91.71	7.90
22	Bapatla	10482	0.21	15.12	84.67	1.74	21.54	76.71	71.76	25.81	2.43	2.11	16.18	81.71	13.43	86.57	0.85	97.84	1.31
23	PRAKASAM	10266	0.24	3.55	96.21	69.13	23.90	6.97	93.75	5.24	1.01	60.74	16.26	23.00	0.26	99.74	0.16	76.03	23.82
24	Palnadu	11163	4.26	26.53	69.22	74.14	20.95	4.91	65.24	25.50	9.27	5.04	8.69	86.27	2.57	97.43	0.07	96.80	3.13
25	EAST GODAVARI	11302	2.06	77.58	20.36	14.75	73.68	11.57	55.51	43.16	1.33	19.02	69.97	11.01	0.46	99.54	0.88	99.07	0.05
26	Sri Sathya Sai	8489	0.01	1.88	98.11	71.05	25.66	3.29	36.41	49.21	14.37	1.50	6.28	92.22	2.12	97.88	0.18	95.13	4.68
	Total	259482																	
	ABSTRACT		3.75	23.86	72.39	49.58	32.52	17.91	63.94	27.47	8.59	22.28	23.91	53.81	6.39	93.61	1.33	93.87	4.8

District wise Soil Micro Nutrient Status- 2024-25 (%)

S. No.	District	No. of soil	Copper		Boron		Sulphur		Iron(Fe)		Zinc(Zn)		Manganese(Mn)	
			Sufficie	Deficie	Sufficie	Deficie	Sufficie	Deficie	Sufficie	Deficie	Sufficie	Deficie	Sufficie	Deficie
1	EASTGODAVAR	15500	75.45	24.55	21.39	78.61	32.38	67.62	42.66	57.34	16.68	83.32	36.89	63.11
2	SRIKAKULAM	24142	99.48	0.52	88.85	11.15	97.70	2.30	92.54	7.46	91.55	8.45	98.91	1.09
3	Eluru	22400	96.42	3.58	91.16	8.84	81.51	18.49	82.82	17.18	70.79	29.21	91.63	8.38
4	ANANTAPUR	18600	98.02	1.98	76.41	23.59	96.20	3.80	82.07	17.93	70.67	29.33	97.77	2.23
5	Parvathipuram	10159	95.96	4.04	18.73	81.27	97.94	2.06	84.12	15.88	22.95	77.05	98.28	1.72
6	VIZIANAGARAM	21147	96.56	3.44	91.99	8.01	99.64	0.36	97.83	2.17	88.11	11.89	99.67	0.33
7	NTR	11230	99.84	0.16	81.95	18.05	82.41	17.59	76.76	23.24	80.75	19.25	90.53	9.47
8	Bapatla	17200	86.43	13.57	88.11	11.89	84.61	15.39	17.21	82.79	39.98	60.02	47.70	52.30
9	GUNTUR	10800	95.56	4.44	97.06	2.94	84.94	15.06	48.55	51.45	61.90	38.10	65.94	34.06
10	WESTGODAVA	5061	97.36	2.64	92.22	7.78	59.31	40.69	84.00	16.00	55.84	44.16	95.88	4.12
11	SPSRNELLORE	23300	77.90	22.10	51.76	48.24	80.53	19.47	84.35	15.65	23.86	76.14	91.84	8.16
12	Y.S.R.	17800	89.99	10.01	51.85	48.15	56.36	43.64	44.58	55.42	41.50	58.50	95.45	4.55
13	Annamayya	16500	93.56	6.44	50.23	49.77	68.63	31.37	60.68	39.32	58.14	41.86	92.85	7.15
14	Palnadu	17276	92.70	7.30	84.66	15.34	96.89	3.11	64.22	35.78	66.05	33.95	86.77	13.23
15	Sri Sathya Sai	17200	98.79	1.21	78.60	21.40	96.47	3.53	81.76	18.24	69.49	30.51	97.05	2.95
16	KURNOOL	16863	96.53	3.47	87.93	12.07	98.35	1.65	44.92	55.08	66.22	33.78	87.88	12.12
17	PRAKASAM	24612	91.91	8.09	99.34	0.66	95.89	4.11	61.17	38.83	57.95	42.05	90.94	9.06
18	Tirupati	18414	94.54	5.46	92.40	7.60	82.55	17.45	67.61	32.39	71.06	28.94	83.70	16.30
19	VISAKHAPATAN	2426	99.74	0.26	29.03	70.97	97.09	2.91	52.75	47.25	97.54	2.46	90.09	9.91
20	Kakinada	16962	96.98	3.02	22.28	77.72	99.16	0.84	85.45	14.55	51.20	48.80	89.48	10.52
21	Konaseema	14456	96.49	3.51	22.93	77.07	95.48	4.52	78.42	21.58	52.16	47.84	87.74	12.26
22	CHITTOOR	20900	96.00	4.00	87.79	12.21	74.11	25.89	65.22	34.78	74.08	25.92	85.66	14.34
23	Anakapalli	18800	93.73	6.27	98.44	1.56	92.67	7.33	83.94	16.06	75.75	24.25	93.73	6.27
24	Alluri Sitharama	8227	94.62	5.38	13.23	86.77	88.35	11.65	84.89	15.11	55.53	44.47	96.58	3.42
25	Nandyal	16961	99.49	0.51	99.51	0.49	99.47	0.53	51.57	48.43	39.16	60.84	95.94	4.06
26	KRISHNA	16400	98.13	1.87	88.77	11.23	74.77	25.23	54.99	45.01	46.87	53.13	66.09	33.91

TOTAL

423336

(ii) Unstarred Question Nos. 5521 to 5750

MEDICINAL EFFECTS OF COW URINE

5521. SHRI S. VENKATESAN:

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

- (a) whether the Government has issued any advisories to prominent persons in top positions at Government/State Institutions not to make unscientific statements with regard to medicinal effects benefits of cow urine intake which may have negative influence on the health of ordinary people,
- (b) if so, the details thereof,
- (c) whether the Government has issued any statement to the public not to fall prey to such unscientific ideas which may interfere with the health of the people; and
- (d) 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, Ministry of Ayush has not issued any advisories on cow urine.
- (c) and (d): Yes sir, Ministry of Ayush has issued a public notice on 08.10.2024, informing the general public about the facts regarding Ayurvedic, Siddha, Unani and Homoeopathy (ASU&H) drugs/medicines and urging them to avoid patronizing misleading advertisements, which was published in 100 leading newspapers across India in Hindi, English, and several regional languages.

NATIONWIDE DATA ON MENSTRUAL HEALTH RELATED ISSUES**5522. DR. SHASHI THAROOR:**

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

- (a) whether the Government records nationwide data on menstrual health-related phenomena like PCOD, PCOS and health problems faced during menstruation like body aches, weakness, abdominal cramps, etc., if so, the details thereof;
- (b) whether the Government is considering to conduct study for different menstrual health-related phenomena and their indicators that affect the day-to-day life of women, if so, the details thereof; and
- (c) whether the Government record such menstrual health-related phenomena in the National Family and Health Survey (NFHS) to foster policy-making around menstruation-related health problems, 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 (c): Ministry of Health and Family Welfare implements the 'Scheme for Promotion of Menstrual Hygiene' under Rashtriya Kishor Swasthya Karyakram (RKSK). The scheme implementation promotes increased awareness among adolescent girls on menstrual hygiene, increased access to sanitary napkins by adolescent girls and promotion of safe disposal of sanitary napkins in an environmentally friendly manner. The National Health Mission supports the same through the Annual State Programme Implementation Plans (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.

National Family Health Survey (NFHS) 5 (2019-21) shows an improvement in access to safe menstrual hygiene products for women aged 15-24 years to 77.3% as compared to 57.6% in NFHS 4 (2015-16).

POLYCYSTIC OVARIAN DISEASE

5523. SHRI SAPTAGIRI SANKAR ULAKA:

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

- (a) the total number of women affected by Polycystic Ovarian Disease (PCOD) in the country along with a detailed age-wise division of the affected population;
- (b) the steps taken/proposed to be taken by the Government to increase awareness, early diagnosis and management of PCOD across different regions of the country;
- (c) whether there are any ongoing research initiatives or government collaborations to develop a vaccine or preventive drug for PCOD and if so, the details thereof; and
- (d) the availability of affordable treatment options for PCOD in public healthcare facilities and the programmes, if any aimed at improving access to such treatments for women in rural and underserved areas?

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): As per information received from the Indian Council of Medical Research (ICMR), a cross sectional study conducted by ICMR to estimate the nationwide prevalence of PCOS in India, examined its phenotypic spectrum, and assessed the magnitude of associated comorbidities in the recruited 9824 women aged 18 to 40 years from November 1, 2018, to July 31, 2022, across the country. The mean age of screen-positive women for PCOS was 28.1 years. The prevalence of PCOS was 7.2 % (95%CI, 4.8%-10.8%) by NIH 1990 criteria, 19.6 % (95%CI, 12.7%-29.2%) by Rotterdam 2003 criteria, and 13.6 % (95%CI, 8.4%-21.6%) by AE-PCOS criteria.

(b) and (d) : The Department of Science and Technology has launched a dedicated module on Yoga in PCOS developed by ICMR-NIRRH in collaboration with Kaivalyadham Institute of Yoga.

ICMR-NIRRH in collaboration with Medical Research Centre of the Kasturba Health Society (KHS-MRC), has developed recommendations for the multidisciplinary management of PCOS for healthcare providers across all levels of the Indian health system.

The Ministry of Health and Family Welfare implements the Rashtriya Kishor Swasthya Karyakram (RKSK) to reach the adolescents, focussing on six thematic areas viz, sexual and reproductive health, nutrition, non-communicable diseases, substance abuse, injuries and violence (including gender-based violence), and mental health. Adolescent Friendly Health Clinics established under RKSK support the adolescents by providing counselling and referral services on major adolescent health issues including reproductive health and promotion of healthy lifestyle.

(c) : As per the information available in ICMR, there is no ongoing research initiatives or government collaborations to develop a vaccine for PCOD. The cause of PCOS being multifactorial, preventive emphasis is on healthy lifestyle management with diet and exercise.

POLLUTANTS IN GANGA WATER ISSUE

5524. SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:

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

- (a) the immediate action likely to be taken by the Government to address the alarming levels of bacteriological contamination, particularly faecal coliform, in the Ganga river as reported in the Bihar Economic Survey and ensure the said water is fit for public use;
- (b) the specific steps taken/proposed to be taken by the Government to prevent untreated sewage and domestic wastewater from contaminating the Ganga river in light of the findings in the above Survey;
- (c) the details of the presence of higher levels of faecal coliform bacteria in the Ganga river which is detrimental to public health;
- (d) the measures taken/proposed to be taken by the Government to improve the functioning of Sewage Treatment Plants (STPs) in the State to mitigate the contamination of the river; and
- (e) whether the Government has set fixed timeline and detailed plan for the implementation of effective water treatment and waste management practices to ensure the Ganga river is cleaned and made safe for bathing and other purposes 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 (e): As per the report dated 28.02.2025 submitted by Central Pollution Control Board (CPCB) before National Green Tribunal, median value of pH, Dissolved Oxygen (DO), Biochemical Oxygen demand (BOD) and Faecal Coliform (FC) for all the monitored locations was within the respective criteria/permissible limits for bathing water.

National Mission for Clean Ganga (NMCG), Ministry of Jal Shakti implements the Namami Gange Programme (NGP) for the rejuvenation of river Ganga and its tributaries.

Cleaning/rejuvenation of rivers is an ongoing activity. It is the primary responsibility of States/Union Territories (UTs) and Urban Local Bodies to ensure the required treatment of sewage and industrial effluents to the prescribed norms before discharging into the rivers and other water bodies. The Government of India has been supplementing the efforts of the States/UTs by providing financial and technical assistance for abatement of pollution in rivers/tributaries in Ganga basin through the Central Sector Scheme of Namami Gange programme.

Further, the steps taken by the Government of India for improving the water quality along the river Ganga and its tributaries are given in the enclosed **Statement.**

STATEMENT

Steps taken by the Government of India for improving the water quality along the river Ganga and its tributaries

1. 206 sewerage infrastructure have been taken up for remediation of polluted river areas with treatment capacity of 6,335 Million Liters per Day (MLD). 127 Sewage Treatment plant (STP) projects with a capacity of 3,446 MLD have been completed and made operational.
2. For industrial pollution abatement, 3 Common Effluent Treatment Plants (CETPs) have been sanctioned, i.e., Jajmau CETP (20 MLD), Banther CETP (4.5 MLD), and Mathura CETP (6.25 MLD). Two projects, Mathura CETP (6.25 MLD) and Jajmau CETP (20 MLD) have been completed;
3. At NMCG, an on-line dashboard “PRAYAG” has been operationalized for continuous monitoring of river water quality; the performance of STPs; etc. on the Ganga and Yamuna River;
4. 139 District Ganga Committees (DGC) have been constituted which conducts 4M (Monthly, Mandated, Minuted, and Monitored) meetings regularly. As of December 2024, more than 3,781 meetings have been conducted;
5. Biodiversity Conservation: Seven Biodiversity Parks in seven districts (Mirzapur, Bulandshahar, Hapur, Budaun, Ayodhya, Bijnore and Pratapgarh) of Uttar Pradesh and 4 priority wetlands in Uttar Pradesh (3), and Jharkhand (1) have been sanctioned;
6. NMCG, through the State Forest Department, has implemented a forestry intervention project along the main stem of river Ganga.

7. 143.8 lakhs of Indian Major Carp (IMC) fingerlings have been reared in the Ganga since 2017 to conserve fish biodiversity and prey base for river Dolphins, and ensure the livelihood of fishers in the Ganga basin under the special project implemented by Central Inland Fisheries Research Institute (CIFRI);
8. Science-based species restoration programme, rescue, and rehabilitation programme for aquatic species like Dolphins, Otters, Hilsa, Turtles, and Ghariyal in collaboration with Wild Life Institute of India (WII), Dehradun and State Forest Department, have shown marked improvements in biodiversity with increased sightings of Dolphins, Otters, Hilsa, Turtles, and other riverine species;
9. “Ganga Knowledge Portal” is a pioneering initiative developed in-house by the National Mission for Clean Ganga, serving as a centralized repository for comprehensive resources on water resource management. This platform is engineered to facilitate access for students, research scholars, stakeholders, and the general public to a vast array of materials (716 documents), including journals, publications, books, technical articles, research reports; data sets (District River Maps, STP performance and river atlas) and coffee table books. By concentrating on the intricacies of water resource challenges, Ganga Knowledge portal aims to enhance awareness and foster informed decision-making in this critical sector;
10. Ganga Task Force (GTF) was raised in the State of Uttar Pradesh to assist NMCG in carrying out its mandated tasks, such as (a) Plantation of trees to

check soil erosion; (b) Management of Public Awareness / Participation campaigns; (c) Patrolling of Sensitive Rivers Areas for Biodiversity protection; (d) Patrolling of Ghats, etc.;

11.A cadre of Ganga Doots (45,000), Ganga Praharis (2,900) and Ganga Mitra (700) are involved in public participatory activities;

12.Comprehensive public awareness campaigns have been undertaken to instill a sense of responsibility and engagement among the public in efforts to clean and conserve the Ganga River. These include - Ganga Utsav, Nadi Utsav, regular cleanathons and plantation drives, Ghat Par Yoga, Ganga Aartis, etc. The efforts are also supported by dedicated cadres of Ganga saviours, such as Ganga Praharis, Ganga VicharManch, Ganga Doots, etc.

RESURGENCE OF JIHADI GROUP IN BANGLADESH

5525. SHRI SUBBARAYAN K.:

SHRI SELVARAJ V.:

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

- (a) whether it is a fact that the resurgence of jihadi groups in Bangladesh especially in areas bordering India's North-Eastern States and the increasing influence of the Arakan Army at Myanmar's border regions presents a significant security threat to the country; and
- (b) if so, the details thereof along with the precautionary actions being taken by the Government to safeguard the Indian border from this security threat?

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): The Government of India is closely monitoring developments that have a bearing on security in the North-Eastern states bordering Bangladesh and Myanmar. The Government is taking all necessary measures to safeguard India's national interests and the safety and security of our people.

संसद सदस्यों के खिलाफ मामले

5526. श्री देवेश शाक्य :

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

- (क) विगत पांच वर्षों के दौरान उत्तर प्रदेश में संसद सदस्यों के विरुद्ध कुल कितने मामले दर्ज किए गए हैं ;
- (ख) इनके द्वारा किये गए अपराधों की प्रकृति क्या है तथा गंभीर एवं छोटे अपराधों के रूप में उनका वर्गीकरण क्या है ;
- (ग) संसद सदस्यों के दोषी पाए जाने वाले मामलों की संख्या कितनी है तथा दोषसिद्धि दर कितनी है ;
- (घ) कितने मामलों में संसद सदस्यों को दोषमुक्त या बरी किया गया;
- (ङ) क्या सरकार ने संसद सदस्यों के विरुद्ध मामलों की जांच में तेजी लाने के लिए कोई कदम उठाया है ; और
- (च) 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 (घ) : रिट याचिका (सिविल) 699/2016 (अश्विनी कुमार उपाध्याय बनाम भारत संघ और अन्य) में भारत के माननीय उच्चतम न्यायालय के तारीख 1 नवंबर, 2017 और 14 दिसंबर, 2017 के आदेशों के अनुसरण में, संघ सरकार ने निर्वाचित सांसदों/विधायकों से संबंधित आपराधिक मामलों के शीघ्र विचारण और निपटान के लिए 11 राज्यों (2 राष्ट्रीय राजधानी क्षेत्र दिल्ली में और एक-एक आंध्र

प्रदेश, तेलंगाना, कर्नाटक, केरल, तमिलनाडु, महाराष्ट्र, मध्य प्रदेश, उत्तर प्रदेश, बिहार और पश्चिमी बंगाल में) में 12 विशेष न्यायालयों की स्थापना की सुविधा प्रदान की। 28.02.2025 तक, 9 राज्यों में ऐसे 10 विशेष न्यायालय कार्यरत हैं (बिहार और केरल के विशेष न्यायालयों को सर्वोच्च न्यायालय के तारीख 04.12.2018 के निदेश के अनुसार बंद कर दिया गया था)। माननीय उच्चतम न्यायालय इन न्यायालयों के निष्पादन का पर्यवेक्षण करता है, जबकि भारत सरकार राज्य सरकार के अनुरोध पर उन्हें प्रति न्यायालय प्रति वर्ष 65.00 लाख रुपए तक निधि पोषण करती है।

इलाहाबाद उच्च न्यायालय द्वारा उपलब्ध कराई गई जानकारी के अनुसार, 22.03.2025 तक उत्तर प्रदेश के जिला न्यायालयों में संसद सदस्यों (सांसदों) के खिलाफ मामलों की संख्या अपेक्षित वर्गीकरण के साथ नीचे दी गई है:

वर्ष	सांसदों के विरुद्ध रजिस्ट्रीकृत मामलों की संख्या	सांसदों के विरुद्ध लघु आपराधिक मामलों की संख्या	सांसदों के विरुद्ध गंभीर आपराधिक मामलों की संख्या	उन मामलों की संख्या जिनमें सांसदों का उन्मोचन कर दिया गया था या दोषमुक्त कर दिया गया था	उन मामलों की संख्या जिनमें सांसद दोषी पाए गए थे
2025*	23	49	27	7	0
2024	36	50	36	16	0
2023	49	66	35	21	10
2022	136	82	39	24	7
2021	108	70	21	12	4
2020	105	65	25	4	3

*22.03.2025 की स्थिति

(ड) और (च) : संसद सदस्यों सहित लंबित मामलों की समग्र संख्या को कम करने के लिए इलाहाबाद उच्च न्यायालय द्वारा निम्नलिखित समेत अनेक कदम उठाए जा रहे हैं :

- लंबित मामलों का वास्तविक सत्यापन और लंबित और निपटाए गए मामलों का सही डेटा फीड।
- 1980 तक के वर्षों के पुराने मामलों के शीघ्र निपटारे के लिए, मामलों को उपयुक्त पीठ के समक्ष सूचीबद्ध करना और यदि आवश्यक हो, तो विशेष न्यायपीठों का गठन करना।

- वर्ष 1981 से 1990 तक के मामलों के लिए इन्हें माननीय न्यायालयों के समक्ष उठाया जा रहा है और माननीय न्यायाधीशों से अनुरोध किया जा रहा है कि वे इन मामलों को प्रतिदिन लें और उन पर निर्णय लेने के लिए सभी प्रयास करें। वर्ष 1991 से 1995, 1996 से 2000 आदि चरणों में मामलों पर विशेष ध्यान देने के लिए पंचवर्षीय योजनाएं बनाई जा रही हैं।
- माननीय न्यायालयों के समक्ष केवल ऐसे मामलों को सूचीबद्ध करना जो अंतिम सुनवाई के लिए परिपक्व हैं या जहां ऐसे आदेश पारित किए जाने हैं जो किसी न किसी तरह से पक्षकारों के अधिकारों को प्रभावित कर सकते हैं। जहां केवल मंत्रालयी कार्य की अपेक्षा होती है और कोई प्रभावी न्यायिक आदेश पारित करने की अपेक्षा नहीं होती है जैसे कि पक्षकारों को नोटिस भेजना, निचली अदालत के रिकॉर्ड (एलसीआर) को बुलाना, पेपर-बुक तैयार करने का आदेश देना, अभियुक्त को नोटिस देना, रिपोर्ट प्राप्त करना कि आरोपी मर चुका है या जीवित है आदि, ऐसे मामलों को माननीय न्यायालय के समक्ष सूचीबद्ध नहीं किया जाता है। इसके बजाय, ऐसे मामलों को इन छोटे मंत्रालयी कार्यों को करने के लिए विशेष ड्यूटी पर कुछ न्यायिक अधिकारियों के समक्ष सूचीबद्ध किया जाता है।
- अपेक्षा के अनुसार एकल और खंड न्यायपीठों का गठन और न्यायपीठों को कार्य का उचित आबंटन तथा अनुशासन में उपलब्ध न्यायिक विशेषज्ञता का उपयोग।
- उच्च न्यायालय में मामलों के सूचीबद्ध होने और निपटारे में तेजी लाने के लिए, मामलों को समूहों में सूचीबद्ध किए जाने के लिए वर्गीकृत किया जा रहा है।
- विशेष प्रकार के मामलों या व्यक्तियों के संबंध में शीघ्र न्याय प्रदान करने के लिए, उच्चतम न्यायालय (शीघ्र) मामले और वरिष्ठ नागरिकों से जुड़े मामले सूची के शीर्ष पर सूचीबद्ध हैं।
- ताकि पुराने लंबित मामलों को पूरी तरह से समाप्त किया जा सके, मामलों को एक क्रम में सूचीबद्ध किया जाता है, जो सबसे पुराने से आरंभ होता है।

- हाल ही में, जिन मामलों में निचले न्यायालय की कार्यवाहियों पर रोक लगा दी गई है, उन्हें माननीय न्यायालयों के समक्ष सूचीबद्ध किया जा रहा है।

एम्स जोधपुर

5527. श्री हनुमान बेनीवाल:

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

- (क) क्या सरकार को इस तथ्य की जानकारी है कि पूर्व में एम्स जोधपुर ने सामान्य वित्तीय नियमावली(जीएफआर) में किसी प्रावधान के अभाव में तथा बिना किसी कानूनी आधार के एम्स गोरखपुर कोसर्वर/सॉफ्टवेयर पट्टे पर दिए थे, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार ने इस संबंध में कोई जांच कराई है;
- (ग) यदि हां, तो जांच रिपोर्ट का ब्यौरा क्या है तथा नियमों का उल्लंघन कर ऐसे कार्य में संलिप्त अधिकारियों के विरुद्ध सरकार द्वारा क्या कार्रवाई की गई है;
- (घ) क्या एक निजी कंपनी द्वारा एम्स गोरखपुर और जोधपुर को सूचना प्रौद्योगिकी (आईटी) सेवाएं प्रदान करना एम्स जोधपुर और गोरखपुर द्वारा अनुमोदित नियमों का उल्लंघन है;
- (ङ) क्या एम्स जोधपुर और गोरखपुर के अधिकारी भ्रष्टाचार में लिप्त हैं और उक्त कंपनी के साथ उनकी मिलीभगत है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (च) क्या सरकार का विचार आईटी कंपनी को दिए गए विभिन्न कार्यों के मद्देनजर मामले की जांच किसी केंद्रीय एजेंसी से कराने का है और यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा जांच कब तक पूरी हो जाएगी?

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

- (क) से (च) : एम्स जोधपुर ने एम्स गोरखपुर के मेंटर संस्थान के रूप में अगस्त 2019 में मेसर्स एल्गोरिथम इन्फोवेब प्राइवेट लिमिटेड को मासिक भुगतान के आधार पर एम्स गोरखपुर के लिए बाह्य

रोगी विभाग (ओपीडी), संकाय, छात्र और परीक्षा सेवा मॉड्यूल चलाने के लिए सॉफ्टवेयर की व्यवस्था के लिए कार्य आदेश जारी किया है। अगस्त 2020 से, सेंटर फॉर डेवलपमेंट ऑफ एडवांस कंप्यूटिंग (सी-डैक) एम्स, गोरखपुर में अस्पताल प्रबंधन सूचना प्रणाली (एचएमआईएस) सेवाएं प्रदान कर रहा है। नियमों के उल्लंघन सहित, जैसा भी मामला हो, उक्त मामले के तथ्यों के निर्धारण के लिए एक प्रारंभिक जांच समिति को आदेश दिया गया था। रिपोर्ट प्रस्तुत कर दी गई है।

HEALTHCARE SERVICES FOR SENIOR CITIZENS

5528. SHRIMATI DAGGUBATI PURANDESWARI:

SHRI MITESH PATEL (BAKABHAI):

SHRI HASMUKHBHAI SOMABHAI PATEL:

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

- (a) the details of the MoU signed by the Government to enhance geriatric healthcare and combat substance abuse particularly in Rajahmundry Parliamentary constituency of Andhra Pradesh;
- (b) whether this initiative is expected to strengthen healthcare services for senior citizens and improve rehabilitation efforts for substance abuse victims and if so, the details thereof;
- (c) the anticipated impact of integrating Ayush-based treatments into mainstream healthcare for elderly care and de-addiction programmes and the steps taken by the Government to ensure accessibility; and
- (d) the measures adopted by the Government to collaborate with relevant stakeholders and align this initiative with national healthcare policies and the global best practices 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) to (d) : A MoU was signed between Ministry of Ayush (MoA) and Department of Social Justice and Empowerment (DoSJE) on 12.02.2025 with the following objectives -

- i. Develop cooperation, convergence and synergy between MoA and DoSJE to have innovative initiatives to promote health of senior citizens and also to attempt reducing demand for drugs and substance abuse, their treatment and mental rehabilitation through, awareness generation, capacity building of service providers through Ayush systems.
- ii. Promote research in the area of geriatric health, substance abuse and mental health
- iii. Any other activities for the purpose of health promotion of geriatric as well as drug addict population.

As per the MoU, the roles and responsibilities of MoA for geriatric healthcare and substance abuse are to develop training module and treatment protocol of Ayush system in the field of geriatric caregivers and substance abuse counsellors, develop video module on yoga training program, share knowledge and practices in preventive and curative care, provide Ayush related technical support and provide geriatric healthcare and de-addiction through autonomous bodies under MoA.

Under the MoU, DOSJE is responsible for facilitating the Ayush Autonomous bodies in establishing the Geriatric Health Centers, support the research in the area of geriatric health, promote the integration of any of Ayush services in old age

homes, to incorporate the Ayush system in preventive and curative aspects of senior citizens, create awareness about the Ayush system amongst the senior citizens, to support and develop Information Education Communication (IEC) material on geriatric care, to support in organizing the training programs, workshops and seminars aimed at capacity building of geriatric caregivers. Copy of the MoU has been shared with the Regional Resource Training Centres (RRTCs) under Ministry of Social Justice & Empowerment to expand the reach of the MoU for the welfare of the senior citizens of the country including Rajahmundry Parliamentary constituency of Andhra Pradesh.

10 राज बटालियन

5529. श्री राजकुमार रोत:

क्या रक्षा मंत्री यह बताने की कृपा करेंगे कि :

- (क) क्या यह सच है कि 10 राज बटालियन वर्तमान में उदयपुर में कार्यरत है और यदि हां, तो तत्संबंधी ब्यौरा क्या है ;
- (ख) क्या सरकार का विचार डूंगरपुर-बांसवाड़ा जिले में उक्त 10 राज बटालियन की एक शाखा स्थापित करने का है ;
- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा इसे कब तक स्थापित किए जाने की संभावना है और यदि नहीं, तो इसके क्या कारण हैं;
- (घ) डूंगरपुर और बांसवाड़ा जिलों के वे स्कूल जहां वर्तमान में एनसीसी शाखाएं संचालित हो रही हैं;
- (ङ) क्या सरकार का विचार डूंगरपुर-बांसवाड़ा जिले के प्रत्येक ब्लॉक में एनसीसी शाखाएं खोलने का है; और

(च) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा इसे कब तक खोले जाने की संभावना है और यदि नहीं, तो इसके क्या कारण हैं?

रक्षा मंत्रालय में राज्य मंत्री (श्री संजय सेठ):

(क) से (च) : वर्तमान में 10 राजस्थान बटालियन एनसीसी उदयपुर में स्थित है। एनसीसी डूंगरपुर जिले के 03 शैक्षिक संस्थानों और बांसवाड़ा जिले के 07 शैक्षिक संस्थानों में क्रियाशील है।

LINKING OF AADHAAR WITH EPIC

5530. DR. M. P. ABDUSSAMAD SAMADANI:

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

- (a) whether the Government has initiated the process of linking Aadhaar with the Electoral Photo Identity Card (EPIC) to prevent electoral fraud and ensure accuracy in voter records;
- (c) if so, the details of the progress made in this regard, including the number of voters who have linked their Aadhaar with EPIC so far;
- (d) whether any concerns regarding privacy, data security, or voter exclusion have been raised in connection with this linking process; and
- (e) if so, the steps taken by the Government to address these concerns while ensuring fair and transparent elections?

**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 Election Commission of India has informed that the Representation of the People Act, 1950 as amended by the Election Laws (Amendment) Act, 2021, allows Electoral Registration Officers to require the existing or prospective elector

to provide the Aadhaar number for the purpose of establishing identity on a voluntary basis. The Election Commission *vide* its instruction dated 4th July, 2022, has launched the programme to collect the Aadhaar number of existing and prospective electors on a voluntary basis from 1st August, 2022 in all States and Union territories and no Election Photo Identity Card has yet been linked with Aadhaar.

(c) and (d) : The Election Commission has informed that it is voluntary to submit Aadhaar number with Voter ID and consent is obtained from the electors for Aadhaar in Form 6B. Under article 324 of the Constitution, the Election Commission is responsible for superintendence, direction and control of preparation of electoral roll and maintains data with multi-layered security architecture. The electoral data is encrypted in both static and transit.

DISPENSARIES AND HEALTH CENTRES UNDER CGHS

5531. DR. GANAPATHY RAJKUMAR P.:

SHRI SANJAY HARIBHAU JADHAV:

SHRI ARVIND GANPAT SAWANT:

SHRI OMPRAKASH BHUPALSINH ALIAS PAVAN RAJENIMBALKAR:

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

- (a) the details of dispensaries and health centres projects under Central Government Health Scheme (CGHS) undertaken in the country, State-wise particularly in Parbhani Parliamentary Constituency of Maharashtra,
- (b) whether the Government proposes to set up more CGHS Centres in the country and if so, the details thereof, State/district-wise including Tamil Nadu

and Maharashtra particularly in Parbhani Parliamentary Constituency and Osmanabad aspirational district and if not, the reasons therefor;

- (c) the criteria prescribed for selection of cities for setting up dispensaries and health centres under Central Government Health Scheme;
- (d) the names of the States where CGHS health centres have been set up during the last three years in the country, State/district-wise and location-wise particularly in Maharashtra, and
- (e) the number of beneficiaries registered at the above said centres along with the number of serving employees and pensioners benefited therefrom?

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 details of CGHS Wellness Centres, State-wise, are given in the enclosed **Statement-I**. The extant norms for opening of a new CGHS Wellness Centre, *inter-alia*, include minimum 2500 principal CGHS Cardholders or 6000 CGHS beneficiaries subject to availability of resources, suitable accommodations, creation of posts of Medical Officers, Pharmacists, Staff Nurse, Clerical Staff *etc.* The sanction of posts and allocation of funds for these Wellness Centres is under the ambit of Department of Expenditure, Ministry of Finance.

The details of CGHS Wellness Centres, District-wise and Location-wise along with number of CGHS beneficiaries, opened during last 03 years, are given in the enclosed **Statement-II**.

STATEMENT-I
STATE-WISE DETAILS OF CGHS WELLNESS CENTRE

Sl. No.	State/Union Territory	City	Number of Allopathic Dispensaries
1	Arunachal Pradesh	Itanagar	1
2	Andhra Pradesh	Visakhapatnam, Rajahmundry, Vijayawada, Guntur, Nellore	(2, 1, 1, 1, 1) 6
3	Assam	Guwahati, Dibrugarh, Silchar	(5, 1, 1) 7
4	Bihar	Patna, Chhapra, Gaya, Muzaffarpur, Darbhanga	(5, 1, 1, 1, 1) 9
5	Chhattisgarh	Raipur	2
6	Delhi	Delhi	87
7	Goa	Goa	1
8	Gujarat	Ahmedabad, Gandhinagar, Vadodara	(8, 1, 1) 10
9	Haryana	Ambala, Panchkula, Faridabad, Gurgaon, Sonipat	(1, 1, 2, 2, 1) 7
10	Himachal Pradesh	Shimla	1
11	Jammu & Kashmir	Jammu, Srinagar	(2, 1) 3
12	Jharkhand	Ranchi, Dhanbad	(3, 1) 4
13	Karnataka	Bangalore, Mysuru	(10, 1) 11
14	Kerala	Trivandrum, Kochi, Kozhikode, Kannur	(3, 1, 1, 1) 6
15	Madhya Pradesh	Bhopal, Indore, Jabalpur, Gwalior	(2, 1, 6, 1) 10
16	Maharashtra	Pune, Nagpur, Mumbai, Chh. Sambhajinagar, Chandrapur, Nashik	(9, 12, 25, 1, 1, 1) 49
17	Manipur	Imphal	1
18	Meghalaya	Shillong	2
19	Mizoram	Aizawl	1
20	Nagaland	Kohima	1
21	Odisha	Bhubaneswar, Cuttack, Berhampur	(3, 1, 1) 5
22	Punjab	Amritsar, Jalandhar	(1, 1) 2
23	Puducherry	Puduchery	1
24	Rajasthan	Jaipur, Ajmer, Kota, Jodhpur	(7, 1, 1, 1) 10
25	Sikkim	Gangtok	1
26	Tamil Nadu	Chennai, Trichy, Tirunelveli, Coimbatore	(14, 1, 1, 1) 17
27	Telangana	Hyderabad	13

28	Tripura	Agartala	1
29	Uttarakhand	Dehradun	3
30	Uttar Pradesh	Prayagraj, Varanasi, Kanpur, Lucknow, Agra, Bareilly, Gorakhpur, Meerut, Aligarh, Baghpat, Moradabad, Saharanpur, Ghaziabad, Noida, Greater Noida	(7, 2, 9, 9, 1, 1, 1, 6, 1, 1, 1, 1, 4, 3) 47
31	West Bengal	Kolkata, Siliguri, Jalpaiguri	(19, 1, 1) 21
32	Chandigarh	Chandigarh	2

STATEMENT-II

Details of District-Wise And Location-Wise CGHS Wellness Centres Opened During Last 03 Years (Including Number Of Beneficiaries)

Sl. No.	UT/District	Location	No. of Serving Beneficiaries	No. of Pensioner Beneficiaries
13.	Cachar	Silchar	4423	530
●	Chandigarh	Sector – 29, Chandigarh	5893	938
●	Chandrapur	Chandrapur	401	2227
4.	Chhatrapati Sambhajinagar	Chhatrapati Sambhajinagar	2247	1723
●	Coimbatore	Coimbatore	3214	5170
i.	Ghaziabad	Pratap Vihar	306	248
7.	Mysuru	Mysuru	2926	4129
●	Nasik	Nasik	7607	9057
i.	North Delhi	Narela	7720	1701
10.	Panchkula	Panchkula	1677	1714
(i)	Papum Pare	Itanagar	421	0

ANAEMIA AMONG TRIBAL WOMEN

5532.SHRI S. JAGATHRATCHAKAN:

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

- (a) the details of the measures being taken by the Government to increase the rate of institutional deliveries among tribal women, given that it remains the lowest at 70.1%;
- (b) the steps being implemented to address the high prevalence of anaemia among tribal women, affecting 65% of those in the age group of 15-49 years; and
- (c) the details of the targeted programmes to improve their nutritional and health status?

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) : As per the National Family Health Survey - 5 (2019-21) India report, the institutional delivery of the country, including tribal women, is 88.6%. Under National Health Mission (NHM), the Government of India (GoI) has undertaken various steps to improve the institutional delivery across all States and Union Territories, including tribal areas. These include:

- **Janani Suraksha Yojana (JSY)** is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- **Janani Shishu Suraksha Karyakram (JSSK)** entitles every pregnant woman to free delivery, including caesarean section, in public health institutions along with the provision of free transport, diagnostics, medicines, blood, other consumables and diet.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant

women a fixed day, free of cost assured and quality antenatal checkup by an obstetrician/Specialist/Medical Officer on the 9th day of every month.

Extended PMSMA strategy was launched to ensure quality ANC to pregnant women, especially to high-risk pregnancy (HRP) women, and individual HRP tracking until a safe delivery is achieved through financial incentivization for the identified high-risk pregnant women and accompanying ASHA for extra three visits over and above the PMSMA visit.

- **Surakshit Matritva Aashwasan (SUMAN)** provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting public health facilities to end all preventable maternal and newborn deaths.
- **Birth Waiting Homes (BWH)** are established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities.
- **Monthly Village Health, Sanitation and Nutrition Day (VHSND)** is an outreach activity at Anganwadi centers for provision of maternal and child care including nutrition in convergence with the Ministry of Women and Child Development (MoWCD).
- **Outreach camps** are provisioned to improve the reach of health care services, especially in tribal and hard-to-reach areas. This platform is used to increase awareness for the Maternal and Child health services and community mobilization as well as to track high-risk pregnancies.

(b) and (c) : The Ministry of Health and Family Welfare implements Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM), which includes interventions to improve health and nutritional status of children and women including tribal women across the country, as placed below:-

- **Anemia Mukh 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.
- Under **National Deworming Day (NDD)** albendazole tablets are administered in a single fixed day approach via schools and Anganwadi centres in two rounds (February and August) to reduce the soil transmitted helminth (STH) infestation among all children and adolescents (1-19 years).
- Provision of affordable, accessible and quality care to all Sickle Cell Disease (SCD) patient under **National Sickle Cell Anaemia Elimination Mission (NSCAEM)** for reduction in the prevalence of SCD along with awareness creation, targeted screening in affected districts of tribal areas and counselling through collaborative efforts of Central Ministries and State Governments.

- Additionally, the **Ministry of Tribal Affairs** has sanctioned 15 Centres of Competence (CoCs) across the country, as part of its effort to achieve the objectives of National Mission to Eliminate Sickle Cell Anaemia by 2047.
- **Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM JANMAN)** has 11 critical interventions for Particularly Vulnerable Tribal Groups (PVTGs) families and habitations, for provision of basic facilities, including one ANM in Multi-Purpose Centers (MPCs) with basic drugs & diagnostics, up to 10 MMUs/district in PVTG areas under NHM and saturation of PVTGs as beneficiaries under PMJAY.
- **Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DA-JGUA)** aims to provide Ayushman Card to the uncovered tribal household under PMJAY and provision of MMUs to cover left-out villages under NHM in tribal majority villages and villages with significant ST population of Aspirational blocks.
- Under **National Health Mission (NHM)**, tribal areas have relaxed norms for establishment of healthcare infrastructure and human resources for need-based intervention.

IMPACT OF ONE NATION, ONE FERTILIZER

5533. SHRI ARVIND DHARMAPURI:

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

- (a) whether the Government has conducted any study to assess the impact of the One Nation, One Fertilizer (ONOF) scheme on small and marginal farmers, particularly in Telangana, and if so, key findings thereof;
- (b) whether concerns have been raised by farmer's organizations in Telangana regarding the standardization of fertilizers under a single brand and if so, the details of consultations held with them; and
- (c) whether the Government has considered setting up region-specific fertilizer customization programmes under the ONOF framework to ensure soil fertility and crop yield optimization, particularly in Telangana and if so, 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) : Government of India vide notification dated 24th August, 2022 has decided to implement One Nation One Fertilizers (ONOF) by introducing Single Bharat Brand for Fertilizers and Logo under Fertilizer subsidy scheme namely “Pradhanmantri Bhartiya Janurvarak Pariyojna” (PMBJP). The objective of the scheme is to increase the availability basket of fertilizers; take care of dilemma among farmers in choosing from plethora of brands available in the markets, to reduce the crisscross movement and further ensure timely supply of fertilizers. Further, Department of Fertilizers had consulted all stake holders, including public and private fertilizer companies, before launching PMBJP. However, the Government has not conducted any study to assess the impact of the One Nation, One Fertilizer (ONOF) scheme on small and marginal farmers in the country.

(b) : No. No such concerns have been received.

(c) : The Government of India encourages the balance use of fertilizer and in furtherance to that Department of Agriculture & Farmers Welfare under clause 20 B of Fertiliser Control Order, 1985 notifies the crop specific and soil customized specific fertilizers for a maximum period not exceeding 4 years after taking into consideration their bio-efficacy. At present, 30 customized fertilizers are valid for various districts of States including Telangana (Sugarcane Top dressing, Sugarcane Basal, Oil Palm Basal, Maize Basal, Maize Top dressing, Rice Basal, Rice Top dressing) and other States namely, Uttar Pradesh (Sugarcane Basal, Potato Basal, Wheat Basal, Paddy Basal), Uttarakhand (Sugarcane Basal), Andhra Pradesh (Sugarcane Basal, Oil Palm Basal, Maize Basal, Maize Top dressing, Rice Basal, Rice Top dressing), Tamil Nadu (Sugarcane Top dressing, Sugarcane Basal), Maharashtra (Sugarcane Top dressing, Sugarcane Basal, Onion Basal, Red Gram Basal, Maize Basal, Cotton, Banana), Bihar (Maize Basal) & West Bengal (Paddy Basal, Potato Basal).

Indian Council of Agriculture Research (ICAR) have worked out crop specific agroclimatic zone specific fertilizer recommendations for improving the efficiency of fertilizer use. Also crop yield optimization for a given input and soil condition is done through network programme on soil test crop response for major crops.

JUSTICE FOR SC/ST AND MARGINALIZED COMMUNITIES

5534. ADV. CHANDRA SHEKHAR:

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

- (a) the initiatives taken by the Government to improve access to justice for SC/ST and other marginalized communities, particularly in rural and remote areas of the country;

- (b) the details of the schemes which have been launched to provide free or subsidized legal aid to the said communities; and
- (c) the total number of people from the said communities who have benefited from these schemes in the last three years?

**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): The Government has taken several initiatives to improve access to justice for citizens including SC/ST and other marginalized communities, particularly in rural and remote areas of the country. National Legal Services Authority (NALSA) had been setup 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 LSA Act. This Act provides that opportunities for securing justice are not denied to any citizen by reason of economic or other disabilities and Lok Adalats are organized for amicable settlement of disputes. For this purpose, the legal services institutions have been setup from the Taluk Court level to the Supreme Court.

The details of number of people from SC /ST and other marginalized communities benefited through legal aid services provided by the Legal Services Institutions in the country during the last three financial years; 2022-23, 2023-24 and 2024-25 (upto December, 2024) are as follows: -

Year	SC	ST	*Other Marginalized Communities	Total
2022-23	93,796	78,556	10,42,417	12,14,769
2023-24	1,07,673	1,00,823	13,41,668	15,50,164

2024-25 (upto December 2024)	89,351	86,824	10,03,625	11,79,800

* Marginalized Communities include Women, Children , In Custody, Persons with Disability, Industrial Workmen, Transgender, Victim of Trafficking in Human beings or Begar, Victims of Mass Disaster Violence, Flood, Draught, Earthquake and Industrial Disaster, General whose annual income does not exceed the prescribed limit, and Others.

In addition to this, the Government is also implementing the scheme titled “Designing Innovative Solutions for Holistic Access to Justice in India” (DISHA), which aims to provide easy, accessible, affordable and citizen-centric delivery of pre-litigation advice and other services. Under this scheme, there are three programs namely: (a) Tele-Law which connects citizens with the lawyers through mobile app “Tele- Law” and Toll Free number for rendering pre-litigation advice, (b) Nyaya Bandhu (Pro Bono Legal Services) which facilitates registered beneficiaries to avail pro bono legal representation in courts and (c) under the Legal Literacy and Legal Awareness Programme, citizens are empowered to know, understand and avail their legal rights, duties and entitlements. Under the Tele-Law Program, 1,10,38,557 beneficiaries have been covered as on 31st March 2025 and the number of people from the SC/ST and other marginalized communities (OBCs), who have benefited from Tele-Law program in the last three years , is as follows:-

Year	SC	ST	OBC	Total
2022-23	6,48,403	3,10,718	5,38,204	14,97,325
2023-24	13,79,780	4,70,347	14,27,018	19,97,145
2024-25 (upto March 2025)	9,46,570	4,07,388	10,02,382	14,54,190

The category-wise data in respect of Nyaya Bandhu (Pro Bono legal Services) and Legal Literacy and Legal Awareness Programme (LLLAP) is not maintained.

अफ्रीका में भारत की राजनयिक उपस्थिति

5535. श्री लुम्बाराम चौधरी:

डॉ. हेमंत विष्णु सवरा:

श्री खगेन मुर्मु:

श्रीमती भारती पारधी:

श्री पी. पी. चौधरी:

श्रीमती स्मिता उदय वाघ:

श्री श्रीरंग आप्पा चंदू बारणे:

श्रीमती शोभनाबेन महेन्द्रसिंह बारैया:

श्री धर्मबीर सिंह:

डॉ. के. सुधाकर:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) अफ्रीकी महाद्वीप में भारत की राजनीतिक उपस्थिति को मजबूत करने के लिए क्या पहल/कार्रवाई की गई है;
- (ख) क्या ऊर्जा, बुनियादी ढांचे और शिक्षा जैसे क्षेत्रों में अफ्रीकी देशों के साथ कोई नया समझौता या सहयोग स्थापित करने का प्रस्ताव है;
- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) हाल के वर्षों में अफ्रीकी देशों के साथ भारत की विकास सहायता किस प्रकार बढ़ी है; और
- (ङ) भारत के लोगों का अफ्रीकी देशों के लोगों के साथ संपर्क बढ़ाने के लिए सरकार द्वारा क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है?

पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय में राज्य मंत्री; तथा विदेश मंत्रालय में राज्य मंत्री (श्री कीर्ति वर्धन सिंह):

(क) से (ड): पिछले दशक में, अफ्रीका में भारत की भागीदारी विजन सागर (क्षेत्र में सभी के लिए सुरक्षा और विकास) द्वारा निर्देशित रही है, जिसे हाल ही में वैश्विक दक्षिण के लिए विजन महासागर (क्षेत्रों में सुरक्षा और विकास की पारस्परिक और समग्र उन्नति) तक विस्तारित किया गया था। भारत लगातार उच्च स्तरीय जुड़ावों के माध्यम से अफ्रीकी देशों के साथ सक्रिय राजनयिक संबंध बनाए रखता है, जिसमें भारत अफ्रीका फोरम शिखर सम्मेलन (आईएफएस), भारत-अफ्रीका बिजनेस कॉन्क्लेव (आईबीसी) आदि जैसे शिखर सम्मेलन और द्विपक्षीय बैठकें शामिल हैं। एचओएस /एचओजी, मंत्रियों और वरिष्ठ अधिकारियों के स्तर पर ये बातचीत राजनीतिक संबंधों को मजबूत करने, आपसी चिंताओं को दूर करने और विभिन्न क्षेत्रों में सहयोग के अवसरों की खोज करने में मदद करती है। हमने 2018 से 16 नए राजनयिक मिशन खोलकर अफ्रीका में अपने राजनयिक पदचिह्न का विस्तार किया है, जिससे महाद्वीप में कुल भारतीय मिशनों की संख्या 45 हो गई है। 2023 में हमारी अध्यक्षता के दौरान अफ्रीकी संघ को जी-20 के स्थायी सदस्य के रूप में शामिल करना भी भारत के लिए अफ्रीका के विकास रूपरेखा एजेंडा 2063 में उसके साथ साझेदारी करने की दिशा में एक महत्वपूर्ण कदम था। भारत ने आईसीसीआर और भारतीय तकनीकी और आर्थिक सहयोग (आईटीईसी) के तहत अवसंरचना परियोजनाओं, क्षमता निर्माण और प्रशिक्षण कार्यक्रमों और ऊर्जा, शिक्षा और स्वास्थ्य सेवा सहित क्षेत्रों में सहयोग जैसी पहलों के माध्यम से अफ्रीका में अपनी राजनीतिक उपस्थिति को मजबूत किया है।

अफ्रीका के साथ भारत की विकास साझेदारी सहयोग के परामर्शी मॉडल, विकास के अनुभवों को साझा करने और अफ्रीकी देशों की प्राथमिकताओं और जरूरतों को पूरा करने पर केंद्रित है। पिछले कुछ वर्षों में, यह टिकाऊ, लोगों पर केंद्रित परियोजनाओं को प्राथमिकता देने के लिए विकसित हुआ है। अवसंरचना, बिजली, जलविद्युत, पारेषण और वितरण नेटवर्क, बांध, सड़क, रेलवे, कृषि और सिंचाई, औद्योगिक इकाइयों, कौशल विकास, नागरिक निर्माण, रक्षा आदि जैसे विभिन्न क्षेत्रों में परियोजनाओं को लागू करने के लिए अफ्रीका के 42 साझेदार देशों को 12.22 बिलियन अमेरिकी डॉलर की राशि के

190 से अधिक एलओसी दिए गए हैं। शिक्षा में, पिछले 10 वर्षों में आईटीईसी/आईसीसीआर छात्रवृत्ति के तहत भारत में 37,000 से अधिक अफ्रीकियों को प्रशिक्षित किया गया है। भारत ने टेली-एजुकेशन और टेली-मेडिसिन परियोजना का दूसरा चरण भी शुरू किया है। ऊर्जा के क्षेत्र में, हमने अधिकांश अफ्रीकी देशों को ऊर्जा के वैकल्पिक और नवीकरणीय स्रोतों का दोहन करने के लिए अंतर्राष्ट्रीय सौर गठबंधन (आईएसए) में शामिल होने के लिए आमंत्रित किया है; और वैश्विक जैव ईंधन गठबंधन को टिकाऊ जैव ईंधन के गहन उपयोग को सुविधाजनक बनाने और बढ़ावा देने के लिए आमंत्रित किया है।

लोगों के बीच आपसी संबंध अफ्रीका के साथ हमारे संबंधों का एक महत्वपूर्ण आयाम हैं, और हमने 33 अफ्रीकी देशों को ई-वीजा सुविधाएं प्रदान की हैं। लोगों के बीच आपसी संपर्क को और गहरा करने के लिए, समय-समय पर, क्षेत्र के विभिन्न देशों के साथ सांस्कृतिक आदान-प्रदान कार्यक्रमों (सीईपी) पर समझौता ज्ञापन पर हस्ताक्षर किए जाते हैं। भारत में विदेशी पत्रकारों के परिचयात्मक दौरों भी आयोजित किए जाते हैं, जिसमें सरकारी विभागों के साथ बातचीत और वाणिज्यिक, वैज्ञानिक, शैक्षिक और पर्यटन संबंधी रुचि के स्थानों का क्षेत्रीय दौरा शामिल होता है।

GRAM NYAYALAYAS IN ANDHRA PRADESH

5536. SHRI G. LAKSHMINARAYANA:

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

- (a) the number of Gram Nyayalayas established and operational State-wise and district-wise in Andhra Pradesh;
- (b) the amount of funds allocated and utilized for setting up and functioning of Gram Nyayalayas State-wise and district-wise in Andhra Pradesh during the last five years;
- (c) whether the Government has identified any challenges in the implementation of Gram Nyayalayas in Andhra Pradesh, including issues related to

infrastructure, Judicial vacancies, or low case disposal rates, if so, the details thereof;

(d) the measures taken by the Government to improve the functioning of Gram Nyayalayas, particularly in backward and tribal regions in said State; and

(e) whether there is any proposal to establish additional Gram Nyayalayas in Andhra Pradesh, and if so, the details thereof, district-wise?

**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) : Section 3 (1) of the Gram Nyayalayas Act, 2008 mandates that the State Governments, after consultation with their respective High Courts, 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. However, the Act does not make setting up of Gram Nyayalayas mandatory.

As per information provided by the High Court of Andhra Pradesh, no Gram Nyayalayas have been operationalized in the State of Andhra Pradesh, as of now. The Government of India had initially allocated a sum of Rs. 4.37 cr during financial year 2020-21 to the 42 notified Gram Nyayalayas in the State of Andhra Pradesh. However, the State Government has not utilized the said fund as the Gram Nyayalayas have not been operationalized till date. Since no Gram Nyayalayas

have been operationalized in the State, the issue of challenges, if any and improving their functioning does not arise.

पीजी योग्यता की मान्यता में असमानता

5537. श्री हरेन्द्र सिंह मलिक:

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

- (क) कॉलेज ऑफ फिजिशियन एण्ड सर्जन (सीपीएस) मुंबई की स्नातकोत्तर योग्यता की मान्यता में असमानता के क्या कारण हैं जबकि कुछ राज्य प्रैक्टिस की अनुमति देते हैं और अन्य नहीं देते हैं;
- (ख) सरकार द्वारा एकरूपता लाने तथा यह सुनिश्चित करने के लिए क्या उपाय किए जा रहे हैं कि इन योग्यताओं को सभी राज्यों और संघ राज्यक्षेत्रों में मान्यता प्राप्त हो;
- (ग) इस तथ्य के बावजूद कि सीपीएस एक सदियों पुरानी स्वतंत्रता-पूर्व संस्था है, परीक्षा उत्तीर्ण करने वाले छात्रों को मान्यता न देने और उन्हें मुख्यधारा में न लाने के क्या कारण हैं;
- (घ) क्या सरकार का विचार उनकी मान्यता सुनिश्चित करने तथा उन्हें अपनी शिक्षा को आगे बढ़ाने के अवसर प्रदान करने का है; और
- (ङ) 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 (ङ) : राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) अधिनियम, 2019 के तहत गठित एक सांविधिक निकाय है। एनएमसी अधिनियम, 2019 की धारा 35 में भारत में विश्वविद्यालयों या चिकित्सा संस्थानों द्वारा दी जाने वाली चिकित्सा अर्हताओं की मान्यता के बारे में उल्लेख किया गया है। इसके अलावा, भारत में कोई भी विश्वविद्यालय या चिकित्सा संस्थान जो स्नातक या स्नातकोत्तर या सुपर-स्पेशियलिटी चिकित्सा अर्हता प्रदान करता है, जो ऐसी एनएमसी

द्वारा बनाई गई सूची में शामिल नहीं है, कोई मान्यता प्राप्त चिकित्सा अर्हता देने वाला पाठ्यक्रम शुरू करने से पहले एनएमसी में आवेदन कर सकता है। कुछ राज्यों ने सीपीएस की अर्हताओं को अपने राज्य के कानून के सांविधिक उपबंधों के आधार पर मान्यता दी है।

STATUS OF NEW ALL INDIA INSTITUTE OF MEDICAL SCIENCES

5538. SHRI RAHUL GANDHI.

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

- (a) the current status of new All India Institute of Medical Sciences (AIIMS) being established across the country along with details of funds allocated to each such AIIMS;
- (b) whether there is any delay in establishment of new AIIMS;
- (c) if so, the reasons for delay in their establishment;
- (d) the details of patient footfall in all the operational AIIMS during the last five years, hospital-wise;
- (e) the distribution of patients visiting AIIMS Delhi, State-wise; and
- (f) the details of amenities and accommodation available for patients and their families at AIIMS, Delhi?

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 Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), establishment of 22 All India Institutes of Medical Sciences (AIIMS) has been approved in various States/UTs in the country. Details of AIIMS and the patient footfall in last 5 years is placed at **Statement-I**. The completion of projects depends

upon various factors including transfer of encumbrance free land by the State Government, regulatory clearances and site specific issues.

(e) and (f) : The details of patients visiting AIIMS Delhi is at **Statement -II**. To assist patients and their attendants, AIIMS has Vishram Sadans at five locations within the premises of the Institute with provision of over 1500 beds and facilities for clean drinking water, mobile charging stations, cafeteria and restroom etc. For convenience of patients, AIIMS has taken various initiatives including Online Registration System (ORS), Smart Lab Facility, Jan Aushadhi Kendras, e-shuttle service, multilingual signages, ramps & wheel chairs, deployment of Patient Care Coordinators to assist patients in accessing hospital facilities etc.

STATEMENT -I

Details of AIIMS under PMSSY

Sl. No.	Name of AIIMS	Project cost (in Cr.)	Patient footfall during last 5 years/ since operationalization of the Institute(OPD)
1	AIIMS, Mangalagiri	1618	2108434
2	AIIMS, Guwahati	1123	855947
3	AIIMS, Patna	820	3904602
4	AIIMS, Darbhanga	1264	Pre-investment activities are in progress.
5	AIIMS, Raipur	820	3152614
6	AIIMS, Rajkot	1195	435817
7	AIIMS, Rewari	1646.43	Under construction
8	AIIMS, Bilaspur	1471	703645
9	AIIMS Vijaypur, Jammu	1963.54	161461
10	AIIMS Awantipora, Kashmir	2160.84	Under construction

Sl. No.	Name of AIIMS	Project cost (in Cr.)	Patient footfall during last 5 years/ since operationalization of the Institute(OPD)
11	AIIMS, Deoghar	1103	625880
12	AIIMS, Bhopal	820	3843997
13	AIIMS, Nagpur	1577	2072054
14	AIIMS, Bhubaneswar	820	5089297
15	AIIMS, Bathinda	925	1708398
16	AIIMS, Jodhpur	820	3626493
17	AIIMS, Madurai	2121.51	Under construction
18	AIIMS, Bibinagar	1365.95	1179720
19	AIIMS, Raebareli	820	1412924
20	AIIMS, Gorakhpur	1011	2493736
21	AIIMS, Rishikesh	820	3124688
22	AIIMS, Kalyani	1754	1366214

STATEMENT -II

Details of patients visiting AIIMS Delhi, State-wise during the last six years

Sr. No	STATE NAME	OPD PATIENT FOOTFALL	IPD PATIENT FOOTFALL
1	ANDAMAN AND NICOBAR ISLAND	1976	166
2	ANDHRA PRADESH	3888	497
3	ARUNACHAL PRADESH	2440	406
4	ASSAM	20514	2762
5	BIHAR	1748164	177611
6	CHANDIGARH	7471	677
7	CHHATISGARH	37151	3672
8	DADRA AND NAGAR HAVELI	2132	167
9	DAMAN AND DIU	21601	2198
10	DELHI	6229627	523377

11	GOA	634	39
12	GUJARAT	6308	808
13	HARYANA	1695587	172301
14	HIMACHAL PRADESH	95058	7431
15	JAMMU AND KASHMIR	61033	7882
16	JHARKHAND	127185	15858
17	KARNATAKA	3454	655
18	KERALA	5203	643
19	LADAKH	5866	1623
20	LAKSHADWEEP	1557	123
21	MADHYA PRADESH	232081	26101
22	MAHARASHTRA	14181	1372
23	MANIPUR	16764	2641
24	MEGHALAYA	2225	264
25	MIZORAM	1812	365
26	NAGALAND	2280	283
27	ORISSA	19372	3626
28	PONDICHERY	787	73
29	PUNJAB	34734	4822
30	RAJASTHAN	245134	31072
31	SIKKIM	5991	1180
32	TAMIL NADU	2948	441
33	Telangana	2131	237
34	TRIPURA	5566	547
35	UTTAR PRADESH	3336442	393402
36	UTTRAKHAND	441018	45440
37	WEST BENGAL	91354	10894
38	Other	1546	214
	Total	14533215	1441870

MEASURES TAKEN FOR CURBING FOOD ADULTERATION

5539. SHRI NARESH GANPAT MHASKE:

SHRI RAJESH VERMA:

SHRIMATI SHAMBHAVI:

DR. SHRIKANT EKNATH SHINDE:

SHRI RAVINDRA DATTARAM WAIKAR:

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

- (a) the steps taken/proposed to be taken by the Government to curb food adulteration, including surveillance, monitoring, and penal actions against defaulting Food Business Operators (FBOs);
- (b) the number of Mobile Food Testing Labs, “Food Safety on Wheels” (FSWs), deployed and their effectiveness in extending food testing services to remote areas;
- (c) the details of Pan-India surveillance conducted by FSSAI, particularly for staple foods and commodities prone to adulteration;
- (d) the mechanisms in place for consumers to report food adulteration complaints along with the action taken/proposed to be taken by the Government to address them; and
- (e) the initiatives launched by the Government to raise consumer awareness regarding food adulteration and ensure strict enforcement of Food Safety Standards?

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) : Food Safety and Standards Authority of India (FSSAI) is fully committed to ensure the availability of safe food products to the consumers across the country. For this, regular surveillance drives, monitoring, Pan-India Surveillance, regulatory inspection and random sampling of various food products especially on staple

foods and commodities are conducted throughout the year by the officials of Food Safety Departments of the respective States/ UTs and Regional offices of FSSAI. The details of Pan-India Surveillance conducted by FSSAI are available in public domain at <https://www.fssai.gov.in/cms/national-surveys.php>.

In the event of any violations, strict regulatory actions such as imposing penalty, suspension or cancellation of licenses etc, are enforced against the offenders in accordance with the provisions of the Food Safety and Standards (FSS) Act, 2006 and as per the nature of contraventions. Targeted drives are conducted especially during festive/peak demand seasons through FSSAI's regional offices and States/UTs.

FSSAI has notified 243 laboratories for primary testing of food product and 22 laboratories for referral testing across the country. Further, there are 285 Mobile Food Testing Laboratory (MFTL) referred to as “Food Safety on wheels” (FSW) equipped with basic infrastructure for on spot testing of adulteration in various food commodities across 35 States/UTs. FSWs have also helped in dissemination of information through training and awareness programs especially in remote areas.

(d) and (e) : Complaints/concerns of consumers and Food Business Operators (FBO) are received by FSSAI through various channels such as Web portal and Mobile App, FSSAI Helpline, Twitter, Facebook, etc. These complaints are directed into a single portal i.e. Food Safety Connect Portal which is the part of the online Food Safety Compliance System (FoSCoS). Complaints are attended by the respective authorities and in cases, where the food samples are found non-

conforming, penal actions are initiated against the defaulting Food Business Operators (FBOs) as per the provisions of FSS Act 2006, Rules and Regulations made thereunder.

FSSAI has implemented following initiatives to raise awareness about food safety among consumers, the food industry, and citizens:-

- i. **Website and Social Media:** FSSAI's website and Social Media pages provide accessible information on Standards/Regulations/Advisories related to Food Safety and on detecting food adulterants at home, offering practical tips for consumers.
- ii. **Adulteration Videos:** FSSAI has produced a series of videos that visually demonstrate methods for identifying adulteration in commonly used foods. These are available on the FSSAI YouTube channel and promoted on various other media platforms like Instagram, Twitter, Facebook time to time and are showcased at various public events and campaigns.
- iii. Resources like the DART Book offer simple tests for detecting food adulterants at home.
- iv. **Food Safety Magic Box:** This educational toolkit is designed for school students, teachers and parents, containing easy-to-use tests for detecting food adulteration through an interactive and engaging way for students to learn about food safety.
- v. Food Safety on Wheels (FSWs) or mobile food testing laboratories are deployed to reach remote areas and for conducting food testing and raising awareness.

- vi. **Food Safety Guidebook for Teachers/Students:** The lesson plan booklet provides with the detailed information of how to conduct the different test on food adulteration. These tests are mapped across the curriculum of the particular grade.

CHILD MARRIAGES IN THE COUNTRY

5540. DR. KADIYAM KAVYA:

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

- (a) the number of reported cases of child marriage in the country during the last three years, State-wise;
- (b) the details of initiatives taken by the Government to prevent child marriages and support victims of child marriage;
- (c) whether the Government proposes to launch any new schemes or programmes to address the issue of child marriage, if so, the details thereof; and
- (d) the details of the measures being taken by the Government to increase awareness about the Prohibition of Child Marriage Act, 2006 and to enforce its provisions effectively?

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

- (a) : The National Crime Records Bureau (NCRB) compiles and publishes the data on the number of cases of child marriage registered under The Prohibition of Child Marriage Act (PCMA), 2006 in its publication 'Crime in India'. The said report is available upto the year 2022 – Crime Head Wise and State/ UT-wise. As per

information available with NCRB, the number of cases registered under PCMA during the last three years i.e 2020, 2021 and 2022 are 785, 1050 and 1002 respectively. The State wise details of child marriage cases registered under PCMA during the years 2020, 2021 and 2022 are given in the enclosed **Statement.**

(b) to (d): '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, rests with the respective State Governments and 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 the child marriages. Section 16 of the PCMA authorises the State Government to appoint for the whole State, or such part thereof 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. All these authorities function under the direct administrative control and supervision of respective State Governments and 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 and UTs from time to time to highlight evil effects of this practice. The Ministry has also been writing to all States and 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 BetiBachaoBetiPadhao (BBBP) component under the umbrella scheme of '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 Child Helpline has also been integrated with Emergency Response Support System (ERSS-112) to provide for 24x7x365 emergency response, resources and services.

The Central Government launched 'BalVivahMukt Bharat' campaign on 27th November 2024 which 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' through 'whole of government' and 'whole of society' approach. Under the campaign, a portal '<https://stopchildmarriage.wcd.gov.in>' has been launched to support the States and 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 and UTs.

STATEMENT

The State/ UT-wise details of child marriage cases registered under The Prohibition of Child Marriage Act (PCMA), 2006 during the years 2020, 2021 and 2022.

SL	State/UT	2020	2021	2022
1	Andhra Pradesh	32	19	26
2	Arunachal Pradesh	0	0	0
3	Assam	138	155	163
4	Bihar	5	11	13
5	Chhattisgarh	1	0	0
6	Goa	0	0	0
7	Gujarat	15	12	9
8	Haryana	33	33	37
9	Himachal Pradesh	5	5	4
10	Jharkhand	3	4	5
11	Karnataka	184	273	215
12	Kerala	8	12	6
13	Madhya Pradesh	5	4	7
14	Maharashtra	50	82	99
15	Manipur	0	2	1

16	Meghalaya	0	0	0
17	Mizoram	0	0	0
18	Nagaland	0	0	0
19	Odisha	24	64	46
20	Punjab	13	8	4
21	Rajasthan	3	11	10
22	Sikkim	0	0	0
23	Tamil Nadu	77	169	155
24	Telangana	60	57	53
25	Tripura	4	1	2
26	Uttar Pradesh	12	6	17
27	Uttarakhand	9	12	6
28	West Bengal	98	105	121
	TOTAL STATE(S)	779	1045	999
29	A&N Islands	0	0	0
30	Chandigarh	1	0	0
31	D&N Haveli and Daman & Diu+	0	0	0
32	Delhi	4	2	1
33	Jammu & Kashmir*	1	2	2
34	Ladakh	0	0	0
35	Lakshadweep	0	0	0
36	Puducherry	0	1	0
	TOTAL UT(S)	6	5	3
	TOTAL (ALL INDIA)	785	1050	1002

Source: Crime in India

FRAUDULENT TRAVEL AGENTS

5541. KUMARI SELJA:

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

- (a) whether the Government is aware of the increasing exploitation of youth by fraudulent travel agents in the country especially in Haryana;
- (b) if so, the details thereof;

- (c) whether the Government has any plans to launch a comprehensive campaign to curb the activities of fraudulent travel agents;
- (d) if so, the details thereof; and
- (e) the measures proposed to be taken for the rehabilitation and reintegration of the affected youth upon their return to India, including counselling, education, and employment support?

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): Ministry is aware of fraudulent activities by some illegal/unscrupulous recruitment agents/agencies in the country, including that in Haryana.

Ministry comes to know about fraudulent activities of illegal/unscrupulous recruitment agents/agencies in the country, including that in Haryana, as and when a complaint is filed by aggrieved emigrants or their relatives/friends who have been cheated by their employers.

As and when complaints of illegal migration/human trafficking are received, such matters are referred to the State police for investigation and prosecution under the relevant legal provisions of the Bharatiya Nyaya Sanhita (BNS) and other legislation in place including that enacted by the State Governments. In the cyber domain, action is also taken against illegal recruiting agents in association with MHA and State Police authorities. Requests to take down social media posts of illegal recruiting agencies from all over India including Haryana have been regularly shared with MHA.

Ministry issues advisories through eMigrate portal, social media handles, and other modes of publicity about the perils of fake job rackets and ways to prevent the same. Till February 2025, a total of 3,281 illegal agents in country including in the State of Haryana, have been notified on the eMigrate portal. The awareness campaign on safe and legal migration through eMigrate portal has been carried out by the Ministry across the country including in Haryana by conducting workshops, trainings, information sessions, digital campaigns for media groups, police officials and law enforcement agencies, local administration, aspiring recruiting agents, entrepreneurs and general public.

Ministry regularly coordinates with the State Governments including Haryana regarding issues of illegal agencies in the field of overseas employment and the ways to address challenges related to enforcement of Emigration Regulations. Videsh Sampark Programme is organized in collaboration with State Governments from time to time. The Ministry regularly organises outreach programs to sensitise various stakeholders about the benefits of safe and legal migration and suggests ways to prevent illegal migration through fake/unregistered recruitment agencies. In addition to the regular information sharing on unregistered recruiting agencies, regular meetings with the State level Nodal Officer are held. Regular workshops & training sessions are held by the Ministry for law enforcement agencies of the State Governments in which information on the Standard Operating Procedures (SOP) of the Ministry, detection of unlawful content on social media, and case studies of Cyber Scamming are shared with the participants.

दवाओं की गुणवत्ता नियंत्रण

5542. डॉ. शिवाजी बंडाप्पा कालगे:

श्री ज्ञानेश्वर पाटील:

श्री संदिपनराव आसाराम भुमरे:

श्रीमती कलाबेन मोहनभाई देलकर:

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

- (क) सरकार द्वारा यह सुनिश्चित करने के लिए क्या उपाय किए गए हैं/किए जाने का विचार है कि भेषज कंपनियों द्वारा उत्पादित दवाएं आवश्यक सुरक्षा और प्रभावकारिता मानकों को पूरा करें;
- (ख) क्या सरकार ने दवाओं के लिए गुणवत्ता नियंत्रण विनियमों को सुदृढ़ करने हेतु औषधि और प्रसाधन सामग्री अधिनियम की कोई समीक्षा की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ग) सरकार द्वारा गुणवत्ता नियंत्रण कमियों को दूर करने के लिए केन्द्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) के कामकाज और दक्षता में सुधार लाने के लिए क्या कदम उठाए गए हैं/उठाए जाने का विचार है?

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

(क) से (ग) : केन्द्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) एवं स्वास्थ्य और परिवार कल्याण मंत्रालय ने पूरे देश में दवाओं की गुणवत्ता, सुरक्षा और प्रभावकारिता सुनिश्चित करने के लिए कई उपाय किए हैं, जैसा कि बताया गया है:

- (i) देश में दवा विनिर्माण परिसरों के विनियामक अनुपालन का आकलन करने के लिए, केन्द्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) ने राज्य विनियामकों के सहयोग से दिसंबर 2022 में दवा विनिर्माण और परीक्षण फर्मों के जोखिम-आधारित निरीक्षण शुरू किए। अब तक, 905 इकाइयों का निरीक्षण किया गया है, जिसके परिणामस्वरूप 694 कार्रवाई की गई है। इन कार्रवाइयों में अनुपालन न करने की गंभीरता के आधार पर स्टॉप प्रोडक्शन ऑर्डर (एसपीओ),

स्टॉप टेस्टिंग ऑर्डर (एसटीओ), लाइसेंस निलंबन/रद्दीकरण, चेतावनी पत्र और कारण बता नोटिस शामिल हैं। इस पहल ने विनिर्माण कार्यनीतियों की वास्तविकता के बारे में मूल्यवान जानकारी प्रदान की है और इससे प्रासंगिक सुधारात्मक कार्रवाइयों की जाती है, जिसके परिणामस्वरूप विनियामक ढांचे में उल्लेखनीय सुधार हुए हैं।

- (ii) केंद्र सरकार ने औषधि नियम 1945 में सा.का.नि. 922 (अ) दिनांक 28.12.2023 के द्वारा संशोधन किया है, ताकि फार्मास्यूटिकल उत्पादों के लिए अच्छे विनिर्माण कार्यनीतियों और परिसर, संयंत्र और उपकरणों की आवश्यकताओं से संबंधित नियमों की अनुसूची एम को संशोधित किया जा सके। संशोधित अनुसूची एम 29.06.2024 से 250 करोड़ रुपये से अधिक टर्नओवर वाले दवा विनिर्माताओं के लिए प्रभावी हो गई है। हालांकि, 250 करोड़ रुपये से कम टर्नओवर वाले विनिर्माताओं के लिए, सा.का.नि. 127 (अ) दिनांक 11.02.2025 के द्वारा कार्यान्वयन के लिए समयसीमा को 31 दिसंबर, 2025 तक बढ़ा दिया गया है।
- (iii) दिनांक 17.11.2022 को, औषधि नियमावली, 1945 को सा.का.नि. 823 (अ) के माध्यम से संशोधित किया गया, जो 1 अगस्त, 2023 से लागू हो गया है, जिसमें प्रावधान है कि औषधि विनिर्माण उत्पादों के प्रमुख 300 ब्रांडों के विनिर्माता, जैसा कि अनुसूची एच2 में विनिर्दिष्ट है, अपने प्राथमिक पैकेजिंग लेबल या प्राथमिक पैकेज लेबल में अथवा अपर्याप्त स्थान के मामले में, द्वितीयक पैकेज लेबल पर जो प्रमाणीकरण की सुविधा के लिए सॉफ्टवेयर एप्लिकेशन के साथ सुपाठ्य डेटा या सूचना संग्रहीत करता है पर बार कोड या क्वीक रिस्पोंस कोड प्रिंट या चिपकाएंगे।
- (iv) दिनांक 18.01.2022 को, औषधि नियमावली, 1945 को सा.का.नि. 20(अ) के द्वारा संशोधित किया गया, जिसमें प्रावधान किया गया कि भारत में विनिर्मित या आयातित प्रत्येक सक्रिय दवा अवयव (थोक दवा) पैकेजिंग के प्रत्येक स्तर पर अपने लेबल पर क्वीक रिस्पोंस कोड अंकित करेगा, जो ट्रैकिंग और ट्रेसिंग की सुविधा के लिए सॉफ्टवेयर एप्लीकेशन के साथ पढ़ने योग्य डेटा या सूचना संग्रहीत करता है। संग्रहीत डेटा या सूचना में विशिष्ट उत्पाद पहचान कोड, बैच संख्या, विनिर्माण तिथि, समाप्ति तिथि आदि सहित न्यूनतम विवरण शामिल होंगे।

- (v) दिनांक 11.02.2020 को औषधि नियम, 1945 को सा.का.नि.101 (अ) के द्वारा संशोधित किया गया, जिसमें प्रावधान किया गया कि दिनांक 01.03.2021 से कोई भी विपणनकर्ता जो किसी भी दवा को विक्रय या वितरित करता है, वह इन नियमों के तहत विनिर्माता के साथ उस दवा की गुणवत्ता के साथ-साथ अन्य विनियामक अनुपालन के लिए भी उत्तरदायी होगा।
- (vi) नकली और मिलावटी दवाओं के विनिर्माण के लिए कठोर दंड का प्रावधान करने के लिए औषधि और प्रसाधन सामग्री अधिनियम, 1940 को औषधि और प्रसाधन सामग्री (संशोधन) अधिनियम, 2008 के तहत संशोधित किया गया। कुछ अपराधों को संज्ञेय और गैर-जमानती भी बनाया गया है।
- (vii) राज्यों/संघ राज्य क्षेत्रों ने औषधि और प्रसाधन सामग्री अधिनियम के अंतर्गत अपराधों के त्वरित निपटान के लिए विशेष न्यायालय स्थापित किए हैं।
- (viii) औषधियों की प्रभावकारिता सुनिश्चित करने के लिए औषधि और प्रसाधन सामग्री नियम, 1945 में संशोधन किया गया है, जिसमें यह प्रावधान किया गया है कि आवेदक को कुछ औषधियों के मुख सेव्य खुराक के विनिर्माण लाइसेंस प्राप्त करने के लिए आवेदन के साथ जैव समतुल्यता अध्ययन का परिणाम प्रस्तुत करना होगा।
- (ix) औषधि और प्रसाधन सामग्री नियम, 1945 में संशोधन किया गया है, जिसके तहत यह अनिवार्य कर दिया गया है कि आवेदक प्राधिकरण द्वारा विनिर्माण लाइसेंस प्रदान करने से पहले राज्य लाइसेंसिंग प्राधिकरण को अनुद्रव्यों की स्थिरता, सुरक्षा आदि का साक्ष्य प्रस्तुत करेंगे।
- (x) केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) में स्वीकृत पदों की संख्या में पिछले 10 वर्षों में उल्लेखनीय वृद्धि हुई है।
- (xi) केंद्रीय नियामक राज्य औषधि नियंत्रण संगठनों के कार्यकलापों का समन्वय करता है और औषधि एवं प्रसाधन सामग्री अधिनियम के लागू करने में एकरूपता के लिए राज्य औषधि नियंत्रकों के साथ आयोजित औषधि परामर्श समिति (डीसीसी) की बैठकों के माध्यम से विशेषज्ञ सलाह प्रदान करता है।

- (xii) केंद्र सरकार सीडीएससीओ तथा राज्य औषधि विनियामक प्राधिकरणों के अधिकारियों को अच्छे विनिर्माण कार्यनीतियों पर नियमित आवासीय, क्षेत्रीय प्रशिक्षण तथा कार्यशालाएं आयोजित कर रही है। वित्तीय वर्ष 2023-24 में सी.डी.एस.सी.ओ. ने 22854 व्यक्तियों को प्रशिक्षित किया है, जबकि वित्तीय वर्ष 2024-25 में अब तक 13007 व्यक्तियों को प्रशिक्षित किया जा चुका है।

DIPLOMATIC STAND OFF BETWEEN INDIA AND CANADA

5543. SHRI YUSUF PATHAN:

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

- (a) whether any action has been taken by the Government to address the issue of the recent diplomatic standoff between India and Canada including allegations of foreign interference and subsequent diplomatic expulsions; and
- (b) if so, the details thereof along with the steps taken to restore normalcy in bilateral relations?

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) : The downturn in India-Canada relations is a result of the license given to secessionist and extremist elements in Canada.

The Government of India has repeatedly urged the Canadian Government to take prompt and effective action against all anti-India elements operating from its soil. This includes preventing secessionist and extremist elements from glorifying the assassination of our leaders; issuing threats to our current political leadership and diplomats; disrespecting and vandalizing places of worship; and espousing for the balkanization of India by holding so-called "referendums". We

continue to engage with the Government of Canada to address our concerns regarding the activities of anti-India elements in Canada.

As far as the issue of foreign interference is concerned, it is a fact that Canada has been consistently interfering in India's internal affairs. This has also created an environment for illegal migration and organized criminal activities. We reject any insinuations made by the Canadian Government on India.

Our hope is that we can rebuild ties, based on mutual respect and sensitivity.

UPGRADATION OF PORTS

5544. SHRI MAGUNTA SREENIVASULU REDDY:

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

- (a) the details of the list of all upgradation works in ports proposed, approved, under construction and presently functioning across India, State-wise especially in Andhra Pradesh;
- (b) the details of the list of minor and major ports undergoing upgradation works, their present status and estimated term of completion across the country, State-wise especially in Andhra Pradesh;
- (c) the total amount of funds allocated/utilised for the upgradation of ports across the country over the last five years, State-wise especially in Andhra Pradesh; and
- (d) the list of companies (public and private) which are involved in the construction and upgradation of ports across the country, State-wise?

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

(a) and (b) : Under Modernisation pillar of Sagarmala Programme, 234 projects at cost of around Rs. 2.91 Lakh crores have been undertaken for implementation across Coastal States/UTs. These projects are implemented by Central Ministries, IWAI, Indian Railways, State Government and Major Ports etc. Out of these, 103 projects worth Rs. 32,634 crores have been completed and 56 projects worth Rs. 74,744 crores are under implementation. The details of projects undertaken in Sagarmala Programme in the State of Andhra Pradesh under Port Modernisation pillar are given in the enclosed **Statement-I**.

(c) : Under the Sagarmala Scheme, the Ministry provides financial assistance to State/UT Governments for Port infrastructure projects, Coastal berth projects, Road & Rail projects, fishing harbours, skill development projects, Coastal community development, cruise terminal and projects such as Ro-Pax ferry services. Ministry has till date undertaken 119 project at a total Cost of Rs. 9407 Cr. for partial funding under Sagarmala Scheme. Out of these, 72 projects have been completed till date. The State Wise details of projects under Sagarmala Scheme are given in the enclosed **Statement-II**. Under Sagarmala Scheme, Ministry is partially funding 12 projects costing around Rs. 2,410 Crore in the State of Andhra Pradesh including Visakhapatnam Port Authority. Out of these, 7 projects have been completed. The details of projects are given in the enclosed **Statement-III**.

(d) : Major Ports are under the jurisdiction of the Ministry of Ports, Shipping and Waterways. The details of companies (public and private) which are involved in the construction and upgradation of Major Ports across the country are given in the enclosed **Statement-IV**.

STATEMENT- I

List of Sagarmala Projects in Andhra Pradesh under Ports Modernisation pillar.

S. No	Name of Project	Project Cost (Rs. Cr)	Implementing Agency	Status Category
1	Award of WQ6 on PPP	250	Vishakhapatnam Port Authority	Completed
2	Berth 5 & 6 Mechanization	100	Andhra Pradesh Maritime Board	Under Implementation
3	Construction of covered storage sheds	160	Vishakhapatnam Port Authority	Completed
4	Container scanners - Visakhapatnam Port	30	Vishakhapatnam Port Authority	Completed
5	Conversion of existing berths EQ-2- EQ-3- EQ-4 and part of EQ-5 into two numbers of berths - Visakhapatnam	182	Vishakhapatnam Port Authority	Completed
6	Development of greenfield ports at Bhavanapadu, Srikakulam district, Andhra Pradesh	5390	Andhra Pradesh Maritime Board	Under Implementation
7	Development of deep water ports at Machilipatnam, Krishna district, Andhra Pradesh	4500	Andhra Pradesh Maritime Board	Under Development
8	Development of EQ6 berth and mechanisation on PPP	70	Vishakhapatnam Port Authority	Under Development
9	Development of New Berth EQ 1A - Visakhapatnam	313	Vishakhapatnam Port Authority	Under Implementation
10	Development of New EQ-10 berth - Visakhapatnam	55.38	Vishakhapatnam Port Authority	Completed

11	Development of Ramayapatnam Ports, Prakasam district, Andhra Pradesh	5000	Andhra Pradesh Maritime Board	Under Implementation
12	Development of WQ N -WQ-7 and WQ-8 - Visakhapatnam	243	Visakhapatnam Port Authority	Completed
13	Extension of existing container terminal at VPT on DBFOT basis	633	Visakhapatnam Port Authority	Completed
14	Improvement of Kakinada Anchorage Ports infrastructure in East Godavari district, Andhra Pradesh	85.83	Andhra Pradesh Maritime Board	Completed
15	Improving the capacity utilisation of OR-I & OR-II berths in inner harbour of Visakhapatnam Port	168	Visakhapatnam Port Authority	Under Implementation
16	KPCL Phase-III development	12256	Andhra Pradesh Maritime Board	Under Implementation
17	Liquid Jetty	200	Andhra Pradesh Maritime Board	Completed
18	Mechanisation of EQ-7 Berth / Multiple Cargoes	200	Visakhapatnam Port Authority	Under Implementation
19	Mechanisation of WQ-7 & WQ-8 berths (Bulk cargo) - PPP	288.47	Visakhapatnam Port Authority	Under Implementation
20	New Port - Kakinada SEZ - KSEZ	2123	Andhra Pradesh Maritime Board	Under Implementation
21	Phase-II of Wagon Loading Station	20	Andhra Pradesh Maritime Board	Under Development
22	Port-based gas/LNG terminals	2000	Andhra Pradesh Maritime Board	Under Development
23	RFID system - Visakhapatnam Port	7	Visakhapatnam Port Authority	Completed
24	Strengthening of existing EQ-7 berth to handle vessels of 14.5 m draft	16.5	Visakhapatnam Port Authority	Completed
25	Supply- Erection- Testing and commissioning of 2 HMCs of capacity greater than 100MT at east quay berth - Visakhapatnam Port	39	Visakhapatnam Port Authority	Completed
26	Upgradation of OB 1 and 2 for Iron Ore Handling - Phase 1	395	Visakhapatnam Port Authority	Completed

27	Upgrading Berth WQ 2-5 to handle fully loaded Panamax ships	600	Vishakhapatnam Port Authority	Under Development
28	West Berth Extension	90	Andhra Pradesh Maritime Board	Under Development
29	West Berth Mechanization	200	Andhra Pradesh Maritime Board	Under Development

STATEMENT- II

State Wise details of projects under Sagarmala Scheme

State/UT	No. of projects	Financials	
		Total cost of project (Rs. Cr)	MoPSW assistance under Sagamala (Rs. Cr)
Andaman & Nicobar Islands	3	46	46
Andhra Pradesh	12	2409	399
Goa	9	763	156
Gujarat	9	1321	902
Karnataka	8	491	183
Kerala	8	273	129
Maharashtra	31	1927	818
Odisha	6	340	159
Puducherry	2	30	30
Tamil Nadu	22	1238	517
West Bengal	9	569	280
Grand Total	119	9406	3620

STATEMENT-III

List of Sagarmala-funded Projects in Andhra Pradesh

S. No.	Name of Project	Implementing Agency	Status of the project	Project Cost (Rs. Cr)	MoPSW Share Cr.)	Funds Released (Rs. in Cr.)

1	Construction of coastal Berth at VPT	Visakhapatnam Port Authority	Completed	43.00	30.00	30.00
2	Construction of grade separator from H-7 area to Port connectivity Road by passing Convent Junction - Visakhapatnam Port	NHAI	Completed	46.34	23.17	21.99
3	2 to 4 laning of port road connectivity to NH – 5 -Phase II	NHAI	Completed	77.00	20.00	20.00
4	Coastal Districts Skill Development Program - Phase I - Andhra Pradesh	Ministry of Rural Development (DDU-GKY)	Completed	0.28	0.28	0.14
5	Centre of Excellence in Maritime and Shipbuilding - CEMS - AP-18 out of 24 Labs in AP	IRS	Completed	574.00	37.52	36.30
6	Development of Fishing Harbour in Juvvaladinne in SPSR Nellore District in the State of Andhra Pradesh.	Fisheries Department, GoAP	Completed	288.00	69.15	62.23
7	Coastal Districts Skill Development Program - Phase 2 -Andhra Pradesh	Ministry of Rural Development (DDU-GKY)	Under Implementation	5.98	5.98	5.98
8	Improvement of Kakinada Anchorage Ports infrastructure in East Godavari district, Andhra Pradesh	Andhra Pradesh Maritime Board	Completed	85.83	36.67	36.67
9	Fishing harbor at Budugatlapalem	Andhra Pradesh	Under Implementation	386.20	40.00	0.00

		Maritime Board				
10	Fishing harbor at Kothapatnam	Andhra Pradesh Maritime Board	Under Implementation	364.00	40.00	0.00
11	Fishing harbor at Pudimadaka	Andhra Pradesh Maritime Board	Under Implementation	387.00	40.00	0.00
12	Modernisation of Visakhapatnam Fishing Harbour	Visakhapatnam Port Authority	Under Implementation	151.81	50.00	7.34

STATEMENT-IV

Companies (public and private) which are involved in the construction and upgradation of Major Ports

- **West Bengal: Syama Prasad Mookerjee Port**

Century Ports Pvt. Ltd.

Mackintosh Burn Limited

M/s Biswajyoti Bhattacharyya

M/s. Tribeni Constructions Ltd

Hooghly Oil and Gas Terminal Private Limited (HOGTPL)

HDC Bulk Terminal Ltd (HBTL)

Ganges bulk terminal Pvt. Ltd.

- **Tamil Nadu: Kamarajar Port Limited**

Indian Ports Rail & Ropeway Corporation Limited

Tamil Nadu Road Development Company (TNRDC)

Jan De Nul Dredging India Pvt. Limited

Van Oord Dredging and Marine Contractors bv

Sripathy Associate Pvt. Ltd.

Sentinel Technologies Pvt. Ltd.

- **Tamil Nadu:V.O. Chidambaranar Port Authority**

M/s. Jandenul Dredging India Pvt. Ltd.

M/s. Surabhi pile foundation & Gio Technics Pt. Ltd. Mumbai.

M/s. Jefferson samuelraj& sons.

M/s. TTK Construction, Madurai

M/s. R.K & Sons, Salem

M/s. JSWTMTPL, Mumbai

M/s. Tuticorin International Container Terminal Pvt. Ltd. (TICTPL), Tuticorin.

- **Maharashtra: Jawaharlal Nehru Port Authority**

M/s. Ferro Concrete Construction (India) Pvt. Ltd. Indore, MP>

M/s. Thakur- Mhatre JV, Mumbai.

M/s. Alfra- Backbone- Tarmat JV Mumbai

M/s. Thakur-Mhatre- Kharpatil JV, Mumbai

M/s RKEC Projects Ltd., Visakhapatnam.

M/s. Blue Star Construction Co,

M/s. Manoj Infracon Private Limited, Mumbai.

M/s. J.M. Mhatre infra Pvt. Ltd, Mumbai.

M/s. Paresh Construction Co., Mumbai

M/s. JPR Balaji Infra Pvt. Ltd., Jalna.

M/s. Niraj Cement Structurals Ltd., Mumbai.

M/s. Ferro Concrete Construction (India) Pvt. Ltd., Mumbai

M/s. DEV Engineers

M/s. Capacite Engineering Pvt Ltd and M/s. Capacit'e Infraprojects Ltd. (JV),
Mumbai.

M/s. P.P. Kharpatil Construction Pvt. Ltd., Mumbai

M/s. ITD Cementation In Ltd., Mumbai

M/s Shandar Interior Pvt. Ltd, Pune

M/s. Van Oord India Pvt Ltd

M/s. MAN Infra Construction Ltd

M/s. ITD Cementation

M/s. MAN Infraconstruction Ltd

M/s. Antelec Pvt Ltd

M/sDoosan Enerbility Vietnam

M/s. Doosan EnerbilityVientnam

M/s. Wuxi Huadong Heavy Machinery

M/s. Cullen Grummitt& Roe (India) Pvt. Ltd.

M/s. Egis India Consulting Engineers Pvt Ltd

M/s. Ultratech Environmental Consultancy and Laboratory Pvt Ltd.

M/s. National Institute of Oceanography (NIO)

M/s. Gujarat Institute of Desert Ecology (GUIDE)

M/s. ARI Simulation, New Delhi

M/s. Central Water and Power Research Station, Pune (CWPRS)

- **Maharashtra: Mumbai Port Authority**

M/s. Vanoord India Private Ltd.

M/s. Magoxy Infra Pvt. Ltd.

M/s. BELIEVE Infra Project Pvt. Ltd.

M/s. Belhekar and Kale Associated (JV)

M/S. Kargwal Construction Pvt. Ltd

M/s. ITD Cementation India Ltd.

M/s. DVP Infraprojects Pvt Ltd.

- **Andhra Pradesh: Visakhapatnam Port Authority**

M/s. Rail Vikas Nigam Limited

M/s. RKEC & M/s. SBEC

M/s. ITD Cementation Ltd.,

M/s. SSN&Co.

M/s Indus Project Pvt. Ltd.

M/s. SSN&Co.

M/s. PJR Constructions (P) Ltd.

M/s. JD Constructions

M/s. GR Constructions

M/s Sri Venkateswara Constructions

M/s Md. Jahangeer

M/s. Lalitha Constructions

M/s Hardware Tools and Machinery Projects Pvt Ltd.,

M/s. IPRCL

M/s. IPRCL

M/s. JD Constructions

M/s ShrushtiContechPvt. Ltd. & Others.

M/s AKVR Infra

M/s. Shell Refractories and Insulations, (JV) with M/s. Karagwal Constructions Pvt.

M/s. Integrated Cargo Terminal Pvt. Ltd.

M/s Everson Marine Trade Pvt. Ltd.

- **Gujarat: Deendayal Port Authority**

M/s. Kandla International Caontainer Terminal

M/s. Italgrus.r.l., Italy

M/s. Suzlon Energy Limited, New Delhi

M/s. Inox Wind Limited, Noida.

M/s. RISHI Shipping, Gandhidham

M/s. Merit BMH Engg. Pvt. Ltd., Chennai

M/s. Sterling and Wilson Pvt. Ltd.

M/s Omkar Enterprise, Ahmedabad

M/s Hi-Tech Elastomers Ltd., Ahmedabad

M/s Hi-Tech Elastomers Ltd., Ahmedabad

M/s Woodfield Systems International Pvt. Ltd., Mumbai

M/s Italgrus.r.l., Italy

M/s. Jay Project, Baroda and M/s Patel Construction Co., Gandhi Dham

M/s. Jay Project, Baroda

M/s C.K electrical, surat

M/s. L&T Energy Green Tech Limited, Vadodara.

M/s. Adani Ports & Special Economic Zone Limited (APSEZL)

M/s. Hindustan Gateway Container Terminal Kandla Pvt. Ltd.

M/s. Kandla Oil Terminal Private Ltd.

M/s. Coviva Energy Terminal Ltd.

M/s. Rock and Reef Dredging Pvt Ltd.

M/s. K.K. Sorathia JV Hariom Earthmovers and Transport, Adipur

M/s. BMS Projects – Marymatha JV

M/s. Indian port rail & ropeway corporation limited (IPRCL)

M/s. Neelkanth Infratech Pvt. Ltd.

M/s. Hariom Earthmovers and Transport – Adipur

M/s. Radhe Associated, Mehsana

M/s. Neelkanth Infratech Pvt. Ltd.

M/s. Dhanji K. Patel

M/s. Patel Corrtch JV

M/s. Patel Construction Co., Gandhidham

M/s. Baldaniya Construction

- **Goa: Mormugao Port Authority**

M/s South West Port Ltd (SWPL)

M/s Delta Ports Mormugao Terminal Pvt. Ltd.

M/s. Goa IGT Pvt. Ltd. Navi Mumbai

- **Kerala: Cochin Port Authority**

M/s. KVJ Builders & Developers Pvt. Ltd. Kochi

M/s. KVJ Builders & Developers Pvt. Ltd. Kochi

M/s RKEC Projects Pvt. Ltd., Visakhapatnam

- **Karnataka: New Mangalore Port Authority**

M/s. JSW-MCTPL

- **Odisha: Paradip Port Authority**

Paradip East Quay Coal Terminal Pvt. Ltd.

Jindal Paradip Port Ltd.

PM GATI SHAKTI NATIONAL MASTER PLAN

5545. SHRI PRABHAKAR REDDY VEMIREDDY:

SHRI RAJESH NARANBHAI CHUDASAMA:

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

- (a) the connectivity projects under PM Gati Shakti scheme, State-wise;
- (b) the funds allocated for waterways under the said scheme, State-wise;
- (c) the time proposed to be taken to complete the waterways project;
- (d) whether it is true that 13 projects with an estimated cost of Rs. 5,800 crores under PM Gati Shakti National Master Plan have been taken up in the State of Andhra Pradesh;
- (e) if so, the details of each of the above projects including its locations, objectives, cost and the time by which the said project is likely to be completed, project-wise; and
- (f) whether Ministry of Finance has made additional capital assistance to States in this regard, if so, the details of assistance given to Andhra Pradesh?

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

(a) : There is total 101 projects of Ministry of Ports, Shipping and Waterways (MoPSW) under PM Gati Shakti National Master Plan. All of these are only infrastructure projects related to port and waterways development. The state wise details of 101 projects are given in the enclosed **Statement-I**.

(b) and (c) : Out of 101 MoPSW projects under PM Gati Shakti National Master Plan, 5 projects are related to waterways development. The details of these projects are given in the enclosed **Statement-II**. The details of projects undertaken for development of National Waterways in India are given in the enclosed **Statement-III**.

(d) and (e): There are total 13 projects of Ministry of Ports, Shipping and Waterways of around Rs. 7101.68 Cr. in the state of Andhra Pradesh under PM Gati Shakti National Master Plan. These projects are being implemented by Andhra Pradesh Maritime Board and Visakhapatnam Port Authority. Details of these 13 projects are given in the enclosed **Statement-IV**.

(f): Ministry of Finance has informed that based on the recommendations of Department for Promotion of Industry and Internal Trade (DPIIT), capital expenditure amounting to Rs. 202.00 crore was approved and released by Ministry of Finance under “Scheme for Special Assistance to States for Capital Investment for 2022-23” to the State Government of Andhra Pradesh as per details are given in the enclosed **Statement-V**.

STATEMENT-I

State wise number of projects of MoPSW under PM Gati Shakti National Master Plan:

State	No. of projects
Andhra Pradesh	13
Gujarat	19
Karnataka	10
Kerala	3
Maharashtra	13
Odisha	7
Tamil Nadu	12
West Bengal	6
Bihar	2
Goa	12
Pondicherry	2
UP	2

STATEMENT -II

Waterways project under PM Gati Shakti National Master Plan:

Sr No	Name of Project	Cost (Rs. Cr)	Executing Agency	State
1	Multi-modal terminal at Varanasi	186.61	IWAI	UP
2	Multi-modal terminal at Sahibganj	278.56	IWAI	Bihar
3	Multi-modal terminal at Haldia	503.16	IWAI	West Bengal
4	Setting up of the Frieght Village at Varanasi	165	IWAI	UP
5	Industrial Cluster cum Logistic park ,Sahibganj	72	IWAI	Bihar

STATEMENT-III**DETAILS OF PROJECTS ON NATIONAL WATERWAYS DURING THE LAST FIVE FINANCIAL YEARS WITH FUNDS SANCTIONED/ALLOCATED:****(Rs. in Cr.)**

S.No	Name of Project in States	Sanctioned Cost
A	Ongoing sanctioned NWs projects -	
1	Jal Marg Vikas Project (JMVP-I & II) from Varanasi-Haldia stretch on NW-1 (Ganga-Bhagirathi-Hooghly River System) in Uttar Pradesh, Bihar, Jharkhand & West Bengal	5061.15
2	Comprehensive Development of NW-2 (River Brahmaputra from B'desh Border –Dhubri to Sadiya) in Assam	474.00
3	Comprehensive Development of NW-16 (River Barak from Lakhimpur to Tukur Gram) in Assam and Indian Portion of IndoBangladesh Route in Assam	148.00
B.	NWs projects sanctioned since 3 years	
4	Development of Approach Road from Pandu Port Terminal to NH27 on NW-2	180.00
5	Development of Ship Repair Facility at Pandu, Guwahati(Assam) on NW-2	208.00
6	Development of 23 NW's (Phase1) (** 3 existing & 13 new NW's) -- Development of 20 NWs (NW-3, 4, 5 & 17 new NWs) in the States of Kerala, Andhra Pradesh, Odisha, Goa, West Bengal, Uttar Pradesh, Bihar, Maharashtra & Assam	266.09
(i)	NW-3-West Coast Canal (Kottapuram - Kollam), Champakara and Udyogmandal Canals in Kerala	
(ii)	Part of NW-4- Krishna River (Vijayawada – Muktyala) in Andhra Pradesh	
(iii)	NW-5- Dhamra-Paradip via Mangalagadi to Pankopal of river Brahmani in Odisha	
(iv)	NW-8- Alappuzha-Changanassery Canal in Kerala	
(v)	NW-9- Alappuzha-Athirampuzha Canal in Kerala	
(vi)	NW-27-Cumberjua River in Goa	
(vii)	NW-68- Mandovi River in Goa	
(viii)	NW-111- Zuari River in Goa	
(ix)	NW-86- River Rupnarayan in West Bengal	
(x)	NW-97- Sundarbans Waterways in West Bengal	

(xi)	NW-40- Ghaghra River in U.P. & Bihar	
(xii)	NW-44- Ichamati River in West Bengal	
(xiii)	NW-10- Amba River in Maharashtra	
(xiv)	NW-28-Dabhol Creek Vashisthi River in Maharashtra	
(xv)	NW-57- Kopili River in Assam	
(xvi)	NW-31- Dhansiri River in Assam	
(xvii)	NW-73- Pontoons in River narmada in Gujarat	
(xviii)	NW-73 (the Narmada) & NW-100 (the Tapi) – EIA/EMP Study in Gujarat NWs	
(xix)	NW-110 (the Yamuna)- Pontoons in Mathura	
(xx)	NW-37 (the Gandak)- Pontoons in Battiah in Bihar	
	Total	6337.24

STATEMENT -IV

**Details of projects being implemented by Andhra Pradesh Maritime Board
and Visakhapatnam Port Authority.**

Sl. No	Name of Project	Cost (Rs. Cr)	Name of Port	Location	Project Status	Physical Progress	Objective of the Project
1	Development of Ramayapatnam Ports, Prakasam district, Andhra Pradesh	4929.39	Ramaya patnam Port	Ramayapatnam Port	Under Implementation	52.95%	The port is being built to handle potential traffic of 34.04 MMTPA in Phase I (2024-25) to facilitate EXIM trade and rapid industrialization in the region.
2	Liquid Jetty	236	Krishna patnam Port	Krishnapatnam Port	Completed	100%	Liquid jetty has been constructed to handle 6 MMTPA (million metric

							tonnes per annum) of liquid cargo.
3	Berth 6 Mechanization	125.4	Krishna patnam Port	Krishnapa tnam Port	complete d	100%	Mechanization of Berth undertaken to carry out Mechanized handling of cargo at berth 6.
4	West Berth Extension	90	Krishna patnam Port	Krishnapa tnam Port	Under Developm ent	0	Capacity Addition
5	West Berth Mechanization	200	Krishna patnam Port	Krishnapa tnam Port	Under Developm ent	0	Capacity Addition
6	Phase-II of Wagon Loading Station	20	Krishna patnam Port	Krishnapa tnam Port	Under Developm ent	0	Capacity Addition
7	Development of New Berth EQ-1A Visakhapatnam (left over civil works)	22.35	Visakha patnam Port Authorit y	Visakhap atnam Port	Complete d	100%	Capacity Augmentation of port
8	Extension of existing container terminal at VPT on DBFOT basis	633.11	Visakha patnam Port Authorit y	Visakhap atnam Port	Complete d	100%	Capacity augmentation from 0.54 TEUs to 0.99TEUs
9	Mechanisation of WQ-7 & WQ-8 berths in the Inner harbour	288.47	Visakha patnam Port Authorit y	Visakhap atnam Port	Under Developm ent	0	Augmentation of Port Cargo handling capacity with improved performance.

10	Mechanisation of EQ-7 berth in the Inner harbour	201	Visakhapatnam Port Authority	Visakhapatnam Port	Under Development	0	Augmentation of Port Cargo handling capacity with improved performance.
11	Additional Oil Jetty - OR3 alongwith OR1 and OR2 at Visakhapatnam	167.66	Visakhapatnam Port Authority	Visakhapatnam Port	Under Implementation	84.74%	The objective is to handle PANAMAX vessels with 85,000 DWT vessel.
12	a) Construction of cruise berth b)Construction of cruise terminal	72.26	Visakhapatnam Port Authority	Visakhapatnam Port	Completed	100.00 %	To enhance the tourism potential of this area & to create indirect employment to the local people.
13	Construction of covered storage sheds	116.04	Visakhapatnam Port Authority	Visakhapatnam Port	Completed	100.00 %	to improve the Environmental Hygiene and to meet statutory requirements of Pollution control Board and NGT in order to create Eco friendly environment during the cargo handling operations.

STATEMENT -V

Details of Capital Expenditure released by DoE, MoF to Govt. of Andhra Pradesh under Part-II (PM Gatishakti related Expenditure) of “Scheme for Special Assistance to States for Capital Investment for 2022-23:

(Rs. in crore)

Sl. No.	Name of project	Location	Estimated Project Cost	Capital Expenditure approved by DoE, MoF	Capital Expenditure released by DoE, MoF
1	Phase 1 to 46 MLD External Water Supply to Jagananna Mega Industrial Hub (JMIH)	Kopparthy YSR Kadapa district	171.00	171.00	171.00
2	Railway siding to YSR JMIH, Kopparthy, Kadapa	Kopparthy YSR Kadapa district	54.00	31.00	31.00
Total			225.00	202.00	202.00

PROMOTING AWARENESS ABOUT AYUSH SYSTEMS

5546. SHRI BAJRANG MANOHAR SONWANE:

DR. AMOL RAMSING KOLHE:

SHRI NILESH DNYANDEV LANKE:

PROF. VARSHA EKNATH GAIKWAD:

SHRI BHASKAR MURLIDHAR BHAGARE:

SHRIMATI SUPRIYA SULE:

SHRI DHAIRYASHEEL RAJSINH MOHITE-PATIL:

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

- (a) the steps taken by the Government to promote awareness about AYUSH systems through the Central Sector Scheme for Promotion of Information, Education and Communication (IEC);
- (b) the number of awareness campaigns, workshops and training sessions conducted under the scheme in the last three years in the State of Maharashtra;

- (c) whether the Government has assessed the impact of these initiatives on public awareness and the adoption of AYUSH practices;
- (d) if so, the details thereof and if not, the reasons therefor;
- (e) the major challenges faced in the implementation of IEC programmes for AYUSH awareness across the country;
- (f) whether there are regional disparities in the outreach and effectiveness of AYUSH awareness programmes and if so, the details thereof; and
- (g) the measures being taken to address these challenges and ensure better dissemination of information?

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) : With the view to fulfil the mandate of propagation of Ayush System of Healthcare, the Ministry implements a Central Sector Scheme for promotion of Information Education and Communication (IEC). Under this Scheme, the Ministry organises National/State level Arogya Fairs, Yoga Fests/Utsavs, Ayurveda Parvs, Celebrate important days to expand AYUSH system, Participate in Health fairs/melas, Exhibitions etc., Provide financial assistance for organising seminars, workshops, conferences and conduct multimedia campaigns etc. to create awareness among citizens regarding AYUSH system of health care and healing. The details of the events held in the last three years under the IEC Scheme are given in the enclosed **Statement-I**.
- (b) : The details are given in the enclosed **Statement-II**.

(c) and (d) : The Government has not conducted any impact assessment of the IEC Scheme in the country. However, the first exclusive All-India survey on AYUSH was conducted by the Ministry of Statistics and Programme Implementation (MoSPI) during July 2022 to June 2023 as a part of National Sample Survey 79th Round. The following were the findings:-

- i. In the rural areas, 94.8% of persons are aware of AYUSH system of medicine and 46.3% of persons have used AYUSH system of medicine for prevention or treatment of ailments, during last 365 days.
- ii. In urban areas, 96% of persons are aware of AYUSH system of medicine and 52.9% of persons used Ayush system of medicine for prevention or treatment of ailments, during last 365 days

It is also to inform that as per Survey namely Social Consumption on Health conducted by National Sample Survey Office (NSSO) from Jan-June 2014, it was found that only 5-7% usage of AYUSH was reported. It can be clearly seen that there has been significant increase in usage of AYUSH showcasing the continuous efforts of this Ministry to position AYUSH as a preferred system of medicine.

(e) : The Ministry has not faced any challenge in implementing the IEC Schemes for promoting AYUSH.

(f) : There are no regional disparities in the outreach and effectiveness of AYUSH awareness programmes. In order to have effective implementation strategy and with the efforts to cover maximum number of towns and cities once in three years, the Ministry preparesevent calendar for each financial year for various activities under the IEC Scheme.

(g) : The question does not arise.

STATEMENT-I

Details of the events held in the last three years under the IEC Scheme

i. National Level Arogya Fair

Financial Year	Number	Place
2022-23	3	1. Ujjain (Madhya Pradesh) 2. Bengaluru (Karnataka) 3. Guwahati (Assam)
2023-24	4	1. Jaipur (Rajasthan) 2. Thiruvananthapuram (Kerala) 3. Thane (Maharashtra) 4. New Delhi (Delhi)
2024-25	1	1. Dehradun (Uttarakhand)

ii. State Level Arogya Fair

Financial Year	Number	Place
2022-23	2	1. Varanasi (Uttar Pradesh) 2. Aizawl (Mizoram)
2023-24	1	1. Mon (Nagaland)
2024-25	3	1. Raipur (Chhattisgarh) 2. Nashik (Maharashtra) 3. Mon (Nagaland)

iii. Ayurveda Parv/Yoga Fest

Financial Year	Number	Place
2022-23	14	1. Thiruvananthapuram (Kerala) 2. Guwahati (Assam) 3. Jammu (J&K) 4. Siliguri (West Bengal) 5. Imphal (Manipur) 6. Shillong (Meghalaya)

		7. Shirdi (Maharashtra) 8. Nagpur (Maharashtra) 9. Rajahmundry (Andhra Pradesh) 10. New Delhi (Delhi) 11. Rohtak (Haryana) 12. Puri (Odisha) 13. Meerut (Uttar Pradesh) 14. Chandigarh
2023-24	4	1. Srinagar (J&K) 2. Tirupati (Andhra Pradesh) 3. Panchkula (Haryana) 4. Udaipur (Rajasthan)
2024-25	5	1. Hyderabad (Telangana) 2. Amritsar (Punjab) 3. New Delhi (Delhi) 4. Puri (Odisha) 5. Bhopal (Madhya Pradesh)

iv. Participation in Fairs/Melas/Exhibitions

F.Y	Number	Event Name & Place
2022-23	14	1. Confederation of Indian Industry(CII) Chandigarh Fair (Chandigarh) 2. India International Trade Fair 2022 (Pragati Maidan, New Delhi) 3. Arogya Fair on the occasion of Naturopathy Day 2022 (Tanakpur, Uttarakhand) 4. Rise in UP 2022 (Ghaziabad, Uttar Pradesh) 5. 11th Mega Industrial Exhibition (Vadodara, Gujarat) 6. 12th East Himalayan Trade Fair (Shillong, Meghalaya) 7. 4th edition of Health Tech India (Delhi) 8. 2nd All India official Language Conference (Surat, Gujarat) 9. 5th RashtriyaPoshanMah (Delhi) 10. 53rd edition of International Film Festival of India (IFFI) (Goa) 11. State level Ayush Health "Arogya Mela" 2022-23 (Bharatpur, Rajasthan)

		12. Science Technology Research & Entrepreneurship Enhancement (STREE) 2020 National Conference & Expo (New Delhi, Delhi) 13. Bharat Parv 2023 (Red Fort, Delhi) 14. National Tribal Festival "Aadi Mahotsav" (Delhi)
2023-24	15	1. Cow Based Global Investment Summit & Expo (Rajkot, Gujarat) 2. 26th National Health Exhibition (Kolkata, West Bengal) 3. Indraprastha University (IPU) Health Mela (New Delhi, Delhi) 4. Aadi Mahotsav (Jamshedpur, Jharkhand) 5. World Food India (New Delhi, Delhi) 6. India International Trade Fair (New Delhi, Delhi) 7. Arogya Fair on the occasion of Naturopathy Day 2023 (Tanakpur, Uttarakhand) 8. Odisha Ayush Expo (Bhubaneshwar, Odisha) 9. Exhibition (Karnataka, Bengaluru) 10. Rise in India -Health & Wellness Expo (Ghaziabad, Uttar Pradesh) 11. North East Festival 2023 (New Delhi, Delhi) 12. Bharat Parv 2024 (Red Fort, Delhi) 13. Suraj Kund Mela 2024 (Faridabad, Haryana) 14. Aadi Mahotsav (New Delhi, Delhi) 15. AYUSH Health "Arogya Mela"2024 (Dundu, Jaipur, Rajasthan)
2024-25	7	1. World Food India (New Delhi, Delhi) 2. India International Trade Fair (New Delhi, Delhi) 3. Suraj Kund Mela, 2025(Faridabad, Haryana) 4. Rise in India 2025 (Ghaziabad, UP) 5. Health Tech India 2025(New Delhi, Delhi) 6. Pravasi Bhartiya Diwas 2025 (Bhubaneshwar, Odisha) 7. Bharat Parv 2025 (Delhi)

v. Providing Financial Assistance for organizing

Workshop/Conference/Seminars etc. on Ayush System

F.Y	Number of Workshop/Conference/Seminars etc. for which financial support has been provided

2022-23	6
2023-24	4
2024-25	4

vi. Media Activities:

F.Y	Number	Subject
2022-23	6	1. Outdoor Publicity for promotion of Global Ayush Investment and Innovation Summit (GAIS) 2. Print Publicity for promotion of Global Ayush Investment and Innovation Summit (GAIS) 3. Print Publicity for promotion of Global Centre for Traditional Medicine (GCTM) 4. Print Publicity for promotion of International Day of Yoga (IDY) 2022 5. Print Publicity for promotion of Ayurveda Day 2022 6. Print Publicity through India International Trade Fair(IITF) 2022 tickets
2023-24	4	1. Print Advertisement for IDY 2023 2. Print Advertisement for National Dhanvantari Ayurveda Award 2023 3. Print Advertisement for an important event held at Guwahati 4. Print Publicity through IITF 2023 tickets
2024-25	1	1. Print Advertisement for National Dhanvantari Ayurveda Award 2024 2. Print Advertisement on the topic "Five Guinness World Records on DeshKaPrakritiParikshan". 3. Print Advertisement on the topic of PM Yoga award for 2025 4. Print Advertisement on the topic of Misleading Advertisements, False Claims, Fake Medicines Etc.

viii. Important Days

F.Y	Number	Place
2022-23	3	1. IDY 2022

		2. 5th Naturopathy Day 2022 3. Unani Day 2023
2023-24	4	1. World Homoeopathy day 2023 2. IDY 2023 3. 7th Siddha day 4. Unani Day 2024
2024-25	5	1. World Homoeopathy Day 2024 2. IDY 2024 3. Ayurveda Day 2024 4. Unani Day 2025 5. 8 th Siddha Day

ix. Special Event

2022-23	1	Global Ayush Investment and Innovation Summit (GAIIS), Gandhinagar, Gujarat

STATEMENT-II

Details of the event held under IEC Scheme in the last three years in the State of Maharashtra				
S.No.	F.Y.	Event Name	Event Place	State
1.	2024-25	State Aarogya Fair	Nashik	Maharashtra
2.	2023-24	National Aarogya Fair	Thane	Maharashtra
3.	2022-23	Ayurveda Parv	Shirdi	Maharashtra
4.	2022-23	Ayurveda Parv	Nagpur	Maharashtra

COVID-19 VACCINE

5547. SHRIMATI MALA ROY:

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

- (a) the total number of people who have taken the first dose of COVID-19 vaccine in the country till date, State/UT-wise;
- (b) the total number of people who have taken both the doses of COVID-19 vaccine in the country till date, State/UT-wise; and
- (c) the number of people who have not taken any dose of COVID-19 vaccine in the country till date, 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) : As on 24th March 2025, 102.58 crore beneficiaries of the age group 12 years and above have received 1st dose of COVID-19 vaccine. State/UT wise details of the same is at Statement.

(b) : As on 24th March 2025, 95.21 crore beneficiaries have received both the doses of COVID-19 vaccine. State/UT wise details of the same is at Statement.

(c) : As on 24th March 2025, 3.44 crore people have not taken any dose of COVID-19 Vaccination, across the country, against the estimated target population of 12 years and above (as per population estimates by RGI).

STATEMENT

**State/UT wise COVID-19 coverage of 12 years and above
(As on 24th March 2025)**

SN	STATE/UT	1st DOSE	2nd DOSE
1	A & N Islands	3,47,616	3,53,285

2	Andhra Pradesh	4,47,18,502	4,75,79,797
3	Arunachal Pradesh	9,61,348	8,21,819
4	Assam	2,48,13,013	2,21,50,254
5	Bihar	7,34,85,881	6,79,12,592
6	Chandigarh	11,86,207	9,91,384
7	Chhattisgarh	2,12,67,795	2,03,43,760
8	Dadra & Nagar Haveli	4,62,359	3,56,872
9	Daman & Diu	3,19,994	2,80,090
10	Delhi	1,82,98,099	1,57,17,708
11	Goa	14,40,045	12,95,735
12	Gujarat	5,43,98,707	5,40,32,774
13	Haryana	2,36,81,866	1,98,49,305
14	Himachal Pradesh	66,46,550	63,28,308
15	Jammu & Kashmir	1,13,72,601	1,17,68,145
16	Jharkhand	2,39,69,120	1,78,60,835
17	Karnataka	5,51,74,970	5,53,92,071
18	Kerala	2,91,51,962	2,52,72,770
19	Ladakh	2,38,303	2,04,114
20	Lakshadweep	61,813	60,525
21	Madhya Pradesh	6,07,49,471	5,92,33,166
22	Maharashtra	9,16,77,139	7,66,30,964
23	Manipur	16,49,669	13,39,315
24	Meghalaya	14,47,033	10,87,890
25	Mizoram	8,94,318	7,50,177
26	Nagaland	9,23,955	7,44,983
27	Odisha	3,52,50,844	3,30,12,189
28	Puducherry	9,94,720	8,68,155
29	Punjab	2,41,65,488	2,09,97,310
30	Rajasthan	5,70,35,533	5,10,38,787
31	Sikkim	5,91,877	5,54,656
32	Tamil Nadu	6,12,17,112	5,72,22,371
33	Telangana	3,24,49,231	3,15,66,059
34	Tripura	29,16,816	25,23,858
35	Uttar Pradesh	17,70,01,202	16,89,70,596
36	Uttarakhand	91,18,686	87,33,098
37	West Bengal	7,35,27,921	6,67,07,912

INDIA-US DEPORTATION ISSUES

5548. SHRIMATI RACHNA BANERJEE:

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

- (a) the steps taken by the Government to support its citizens who are likely to be at risk of deportation or other legal consequences due to their undocumented status in light of the evolving immigration policies in the US;
- (b) whether the Government is likely to seek any form of bilateral cooperation with the US to address the status of Indian migrants in the US including potential work visas or amnesty options;
- (c) if so, the details thereof; and
- (d) the manner in which the Government foresee this policy affecting the remittance flow from Indian migrants in the US and the families who depend on it?

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 accords the highest priority to the safety, security and well-being of Indian nationals abroad.

The Government of India continues to work in close coordination with the U.S. Government on all instances of deportation of individuals who were found to have illegally entered the U.S., or have overstayed their visa validity, or have been found living in the U.S. without any documentation or have criminal convictions against them. The list of persons identified for deportation by the US side is closely

scrutinized and verified by the concerned agencies of the Government of India. Only those persons who have been verified to be Indian nationals are accepted to be deported to India.

Government of India remains engaged with the U.S. to promote mutually advantageous and secure mobility frameworks that allow for streamlining avenues for legal mobility of students and professionals, and facilitating short-term tourist and business travel, while addressing illegal immigration and human trafficking by taking strong action against the bad actors, criminal facilitators, and illegal immigration networks.

Since January 2025 till date, a total of 682 Indian nationals have been deported to India from the U.S. The vast majority of these deportees had attempted to enter the U.S. illegally, but were apprehended at the U.S. border itself and thereafter deported to India after due verification. As such, these deportations may not have any impact on the overall remittance flows to India.

MICRONUTRIENT DEFICIENCY AMONG CHILDREN

5549. SHRI SUBBARAYAN K.:

SHRI SELVARAJ V.:

SHRI P. V. MIDHUN REDDY:

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

- (a) the percentage of children affected by micronutrient deficiency along with plans of the Government to address the said challenges;
- (b) whether micronutrient deficiency in school children can affect their memory, cognition/ working memory, if so, the details thereof;

- (c) whether the Ministry has conducted any survey about micronutrient deficiency among children in the country, if so, the details thereof and if not, the reason therefor; and
- (d) the details of the incidence of child retardation in the country along with the steps taken to address this challenge?

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

(a) to (d): 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 of various activities lies with the States and UTs. This mission is a universal self-selecting umbrella scheme where there are no entry barriers for any beneficiary to register and receive services. This mission is being implemented across the country.

The objectives of Mission are as follows:

- To contribute to 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 of nutrients. This process is 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 in a convergent manner. It 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 in January 2023. 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 for 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 at least once a week for preparation of Hot Cooked Meal and Take Home ration at Anganwadi centers.

Ministries of Women & Child Development and Health & 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 to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. State and UTs are conducting and reporting regular sensitisation activities under Jan Andolans 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.

Ministry of Women & 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 & Family Welfare (MoH&FW). The protocol embodies a Social Model for Divyangjan inclusive care under the POSHAN Abhiyan, with a step-by-step approach comprising of

Step 1: Screening for early disability signs,

Step 2: Inclusion in community events and empowering families, and

Step 3: Referral support via ASHA/ANM & Rashtriya Bal Swasthya Karyakram (RBSK) teams.

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.

Various rounds of the National Family Health Survey (NFHS) conducted by Ministry of Health & 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 & Family Welfare). However, only 7.49 crores children up to 5 years were enrolled in

Anganwadis and registered on Poshan Tracker of the Ministry of Women & Child Development as per the February 2025 Poshan Tracker data. 7.25 crores of these children were measured on growth parameters of height and weight. 39.09% of them have been found to be stunted, 16.60% have been found to be underweight and 5.35% 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 February 2025 data of Poshan Tracker, 8.80 crores children (0-6 years) were enrolled in Anganwadis out of whom 8.52 crores were measured on growth parameters of height and weight. 37.75% of these children (0-6 years) have been found to be stunted and 17.19% 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.

The Ministry of Health and Family Welfare (MoHFW) implements Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM). The strategy includes interventions to address nutrition concerns including micronutrient deficiency among children across the country. The interventions are given in the enclosed **Statement**.

Department of Empowerment of Persons with Disabilities on 17.06.2021 has launched single window, Cross Disability Early Intervention Centres (CDEICs) in its various National Institutes (NIs) and Composite Regional Centres (CRCs) to give focused attention to children in the age bracket of 0-6 years. The CDEICs are

equipped to provide services for screening and identification facilities for identification of risk cases and referring for appropriate rehabilitative services; Therapeutic Services viz. Speech Therapy, Occupational Therapy, Physiotherapy and Parental/Peer Counseling. At present, 26 CDEICs have been approved in National Institutes and Composite Regional Centres in various States/UTs. As per Census 2011, there were 15.05 lakh mentally retarded persons in the Country.

STATEMENT

The interventions taken by MoHFW to address nutrition concerns including micronutrient deficiency among children are as follows:

1. **Nutrition Rehabilitation Centres (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 to correction of micronutrient deficiencies through supplementation of potassium, magnesium, zinc, iron and vitamin supplements and on improving the skills for mother and caregivers on complete age-appropriate caring and feeding practices.
2. **Anemia Mukht Bharat (AMB) Programme** 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.

3. **Mothers' Absolute Affection (MAA) Programme** is implemented to improve breastfeeding coverage in children which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by counseling on age-appropriate complementary feeding practices.
4. Under **Rashtriya Bal Swasthya Karyakaram (RBSK)**, Children from birth to six years of age are screened at Anganwadi centres and children from 6 years till 18 years of age enrolled in Government and Government aided schools are screened for 4 Ds- Defects at birth, Diseases, Deficiencies and Development delays, spanning 32 common health conditions for early detection and free treatment and management for these identified health conditions.
5. **Lactation Management Centres:** Lactation Management Units (LMU) are facilities established to provide lactation support to facilitate expression of mother's own milk and safe, pasteurized Donor Human Milk for feeding of sick, preterm and low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units.
6. Under **National Deworming Day (NDD)**, albendazole tablets are administered in a single fixed day approach via schools and Anganwadi centres in two rounds (February and August) to reduce the soil transmitted helminth (STH) infestation among all children and adolescents (1-19 years).
7. **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.

ATROCITIES AGAINST WOMEN

5550. SHRI Y. S. AVINASH REDDY:

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

- (a) whether the Government has received a representation from the Ministry regarding increase in the cases of atrocities on women during the past three years; and
- (b) if so, the details thereof along with the action taken by the Government in this regard?

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

(a) and (b) : 'Police' and 'Public Order' are State subjects under the Seventh Schedule to 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 rest primarily with the respective State Governments; they are competent to deal with such crimes.

The data about crimes against women as reported by The National Crime Records Bureau (NCRB) upto the year 2022 is available at its website <https://ncrb.gov.in/en/crime-india>. Increased reporting of crime may be attributable to the increased level of awareness among citizens due to various measures taken by government in the last few years including the operationalisation of helplines

such as Women Helpline -181 and Emergency Response Support System (ERSS-112), concept of Zero FIR and e-FIR and provision of institutional support to the survivors.

For safety and security of women and girls, government has taken several steps. Some recent laws and policies that directly and indirectly cater to the safety of women are given below:

- i. The Government of India with an aim to modernize and improve the criminal justice system has enacted Bharatiya Nyaya Sanhita (BNS), Bharatiya Nagarik Suraksha Sanhita (BNSS) and Bharatiya 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 BNS has introduced new provisions to strengthen laws related to women and children, 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), 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 punishments 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. Such a woman facing sexual harassment at workplace has an option to file a complaint under these provisions.

- ii. Additionally, provisions under section 398 BNSS which introduce Witness Protection Schemes, acknowledging the critical need to shield witnesses from threats and intimidation and Section 2(1)(d) of BSA which 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 can also be referred for protection of women from harassment at workplace.
- iii. Further, the Labour Codes, collectively include provisions to promote participation of women in workforce in a dignified manner and with adequate safety measures adopted by the employers. Occupational Safety, Health, and Working Conditions Code, 2020 consolidates and amends laws regulating the safety, health, and working conditions of workers, with specific provisions to ensure the safety of women at the workplace.
- 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 provides 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 of women:
 - a. One Stop Centre (OSC) component of Mission Shakti Umbrella Scheme, which is fully funded by the central government is implemented across the country since 1st April, 2015. 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 also provides an integrated range of services including medical aid, legal aid and advice, temporary shelter, police assistance, psycho-social counselling to needy women. 818 OSCs are operational across the country and over 10.80 lakh women have been assisted upto 31st January, 2025.
 - b. To ensure that the Police Stations are more women friendly and approachable, as they would be the first and single point of contact for any

woman walking into a police station, 14,658 Women Help Desks (WHDs) have been set up, of which 13,743 are headed by women police officers.

- c. 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/ police resources. Since its launch, over 43 crore calls have been handled so far. In addition to ERSS, a fully functional dedicated Women helpline (WHL-181) is operational in 35 States/ UTs except West Bengal. The WHL has also been integrated with ERSS. So far, Women Helplines have handled over 2.10 crore calls and assisted over 84.43 lakh women.
- d. To ensure safety of public places where women work and live, various components under 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.

- vi. Bureau of Police Research and Development (BPR&D) has also undertaken several initiatives, which, inter-alia include training and skill development programs for Investigation Officers, Prosecution Officers and Medical Officers. BPR&D 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 BPR&D.
- vii. Recognizing the need for psycho-social counselling to women affected by violence and those 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 'StreeManoraksha' 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.
- viii. 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.

- ix. The Government, through institutions like the National Commission for Women (NCW) and its counterparts in States has 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.
- x. The Ministry has launched the 'Mission Shakti Portal' with all functional features on January 22, 2025. This portal aims to enhance accessibility of various government services for women, establish quality mechanisms for rescue, protection, and rehabilitation, and build the capacity of functionaries and duty holders under various schemes and legislations.

CITIZENS REGISTERED UNDER AYUSHMAN BHARAT SCHEME

5551. PROF. SOUGATA RAY:

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

- (a) the number of persons enrolled in AB-PMJAY since its inception till date, State-wise;

- (b) the number of citizens aged 70 and above registered in Ayushman Bharat, State-wise;
- (c) the details of Insurance Model & Trust Model opted in the country, State-wise;
- (d) whether the CAG reports revealed use of certain phone or Aadhaar numbers multiple users to get the benefit in the scheme; and
- (e) if so, the details thereof along with the steps taken/proposed to be taken by the Government to avoid such types of multiplication and misuse of the welfare scheme?

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): State/UT-wise details of number of Ayushman cards created under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) are given in the enclosed **Statement-I.**

(b) State/UT-wise details of number of Ayushman Vay Vandana cards created for senior citizens aged 70 years and above under AB-PMJAY are given in the enclosed **Statement-II.**

(c) State/UT-wise details of model adopted for the implementation of AB-PMJAY in the country are given in the enclosed **Statement-III.**

(d) and (e): The CAG report for FY 2018-21 has mentioned that a large number of beneficiaries registered against a single mobile number. Before August 2022, in the Beneficiary Identification System (BIS), used for generating Ayushman cards, mobile number was a mandatory field and in cases where individuals did not have their own mobile number, the operators authorised to create cards, chose to enter

their own mobile number or a random 10-digit number. However, mobile number is not a basis for determining eligibility and creating an Ayushman card. Ayushman cards are issued only after Aadhaar e-KYC of a beneficiary.

To address this, a new version of BIS has been launched wherein mobile number has been made optional and necessary validations of mobile number have been put in place.

Further, after receipt of the said Report, NHA conducted an exercise for checking all of its beneficiary database for duplicate Aadhaar number and no such duplicate Aadhaar has been found. Thus, there are no irregularities in the validation of beneficiaries whether related to multiple beneficiaries linked to same mobile numbers or multiple registrations against single Aadhaar number in NHA IT system.

STATEMENT-I

State/UT-wise details of number of Ayushman cards created under AB-PMJAY

State/UT	Number of Ayushman cards created
Andaman And Nicobar Islands	78,745
Andhra Pradesh	1,56,45,241
Arunachal Pradesh	1,55,473
Assam	1,73,31,483
Bihar	3,72,35,018
Chandigarh	2,64,435
Chhattisgarh	2,33,23,348
DNH & DD	4,42,110
Goa	90,548
Gujarat	2,72,96,057
Haryana	1,31,43,285

Himachal Pradesh	13,87,423
Jammu And Kashmir	86,47,008
Jharkhand	1,25,24,252
Karnataka	1,83,41,044
Kerala	82,45,623
Ladakh	1,95,340
Lakshadweep	35,606
Madhya Pradesh	4,27,48,945
Maharashtra	2,94,87,246
Manipur	6,57,183
Meghalaya	20,51,227
Mizoram	5,77,694
Nagaland	7,37,724
Puducherry	5,31,672
Punjab	88,91,556
Rajasthan	2,23,44,252
Sikkim	84,197
Tamil Nadu	79,32,327
Telangana	82,66,761
Tripura	20,78,335
Uttar Pradesh	5,23,04,148
Uttarakhand	59,42,627

STATEMENT-II

State/UT-wise details of number of Ayushman Vay Vandana cards created for senior citizens aged 70 years and above under AB-PMJAY

State/UT	Number of Ayushman Vay Vandana cards created
Andaman And Nicobar Islands	3,479
Andhra Pradesh	70,485
Arunachal Pradesh	157
Assam	15,218

Bihar	2,15,808
Chandigarh	8,951
Chhattisgarh	3,07,608
DNH & DD	2,143
Goa	6,567
Gujarat	4,27,120
Haryana	1,32,548
Himachal Pradesh	49,400
Jammu And Kashmir	77,169
Jharkhand	29,881
Karnataka	1,53,988
Kerala	5,89,193
Ladakh	180
Lakshadweep	43
Madhya Pradesh	13,82,089
Maharashtra	2,15,454
Manipur	10,803
Meghalaya	128
Mizoram	3,449
Nagaland	265
Puducherry	10,257
Punjab	1,01,637
Rajasthan	3,18,329
Sikkim	4,488
Tamil Nadu	1,50,660
Telangana	18,019
Tripura	39,226
Uttar Pradesh	10,06,847
Uttarakhand	12,733

STATEMENT-III**State/UT-wise details of model adopted for the implementation of AB-PMJAY in the country**

State/UT	Mode of Implementation
Andaman And Nicobar Islands	Trust
Andhra Pradesh	Trust
Arunachal Pradesh	Trust
Assam	Trust
Bihar	Trust
Chandigarh	Trust
Chhattisgarh	Trust
DNH&DD	Insurance
Goa	Trust
Gujarat	Hybrid
Haryana	Trust
Himachal Pradesh	Trust
Jammu And Kashmir	Insurance
Jharkhand	Hybrid
Karnataka	Trust
Kerala	Trust
Ladakh	Trust
Lakshadweep	Insurance
Madhya Pradesh	Trust
Maharashtra	Trust
Manipur	Trust
Meghalaya	Insurance
Mizoram	Trust
Nagaland	Insurance
Puducherry	Trust
Punjab	Trust
Rajasthan	Insurance
Sikkim	Trust
Tamil Nadu	Insurance
Telangana	Trust
Tripura	Trust
Uttar Pradesh	Trust
Uttarakhand	Trust

प्रधानमंत्री जनऔषधि परियोजना

5552. श्री विजय बघेल:

श्री नारायण तातू राणे:

श्री कार्तिक चन्द्र पॉल:

श्री अनुराग सिंह ठाकुर:

श्री जगदम्बिका पाल:

श्री बिभु प्रसाद तराई:

सुश्री बाँसुरी स्वराज:

डॉ .विनोद कुमार बिंद:

श्री प्रताप चंद्र षडङ्गी:

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

- (क) फरवरी, 2025 तक देश भर में छत्तीसगढ़, ओडिशा और महाराष्ट्र सहित राज्यवार और जिलावार कितने जनऔषधि केन्द्र (जेएके) खोले गए हैं और उक्त जनऔषधि केन्द्रों (जेएके) की वर्तमान स्थिति क्या है;
- (ख) पीएमबीजेपी के अंतर्गत अब तक संस्वीकृत, आवंटित और उपयोग की गई निधि का उक्त राज्यों सहित राज्यवार ब्यौरा क्या है;
- (ग) ब्रांडेड दवाओं की तुलना में जन औषधि केन्द्रों में दवाओं और शल्य चिकित्सा जाती उपकरणों के लिए कितनी छूट दी जाती है; और
- (घ) वित्त वर्ष 2024-25 में फरवरी, 2025 तक जनऔषधि केन्द्रों पर राज्यवार और जिलावार, विशेषकर दुर्ग संसदीय निर्वाचन क्षेत्र में की गई बिक्री का ब्यौरा क्या है?

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

- (क) : दिनांक 28.2.2025 की स्थिति के अनुसार, प्रधानमंत्री भारतीय जन औषधि परियोजना के अंतर्गत देश भर में खोले गए जन औषधि केंद्रों (जेएके) की संख्या 15,057 थी, जिसमें महाराष्ट्र राज्य में खोले गए 708 जेएके, ओडिशा राज्य में 682 जेएके और छत्तीसगढ़ राज्य में 278 जेएके शामिल थे।

खोले गए जेएके की जिलावार और राज्य तथा केंद्र शासित प्रदेश-वार संख्या संलग्न **विवरण-I** में दी गई है।

(ख) : योजना के तहत निधियों का कोई राज्य-वार आवंटन नहीं है।

(ग) : दवाओं का अधिकतम खुदरा मूल्य (एमआरपी) बाजार में प्रमुख ब्रांडेड दवाओं के एमआरपी की तुलना में लगभग 50% से 80% सस्ता है।

(घ) : जेएके में की गई बिक्री के राज्य और केंद्र शासित प्रदेश-वार तथा जिला-वार आंकड़ें योजना के लिए कार्यान्वयन एजेंसी अर्थात् भारतीय औषधि और चिकित्सा उपकरण ब्यूरोके पास नहीं रखे जाते हैं। हालाँकि, वित्तीय वर्ष 2024-25 में, फरवरी 2025 के अंत तक, ब्यूरो द्वारा वितरकों और जेएके को 1,767.18 करोड़ रुपए के मूल्य की एमआरपी वाली दवाओं की बिक्री की गई है, जिसका राज्य और केंद्र शासित प्रदेश-वार ब्यौरा (दुर्ग और बेमेतरा जिलों, जिनके कुछ हिस्से दुर्ग लोकसभा निर्वाचन क्षेत्र में आते हैं, के संबंध में) संलग्न **विवरण-II** में दिया गया है।

विवरण-I

दिनांक 28.02.2025 तक खोले गए जन औषधि केन्द्र

क्र.सं.	राज्य / संघ-राज्य क्षेत्र	जिला	खोले गए जेएके
1	अंडमान और निकोबार द्वीप समूह	दक्षिण अंडमान	3
2		निकोबार	3
3		उत्तर और मध्य अंडमान	3
कुल			9
4	आंध्र प्रदेश	अनंथापुरमु	12
5		चित्तूर	12
6		वाई.एस.आर.	8
7		पूर्वी गोदावरी	13
8		गुंटूर	22
9		कृष्णा	7
10		कुरनूल	18
11		श्री पोद्दी श्रीरामुलु नेल्लोर	5
12		प्रकाशम	16
13		श्रीकाकुलम	7
14		विशाखापत्तनम	9
15		विजयनगरम	8

16		पश्चिमी गोदावरी	14
17		पार्वतीपुरम मन्यम	3
18		अनकापल्ली	9
19		अल्लूरी सीताराम राजू	3
20		काकीनाडा	6
21		डॉ.बी.आर. अम्बेडकर कोनसीमा	10
22		एलुरु	13
23		एनटीआर	19
24		बापतला	10
25		पलनाडु	13
26		तिरुपति	13
27		अन्नमय्या	8
28		श्री सत्य साई	11
29		नांदयाल	6
कुल			275
30	अरुणाचल प्रदेश	चांगलांग	2
31		दिबांग घाटी	1
32		पूर्वी कामेंग	2
33		पूर्वी सियांग	3
34		कुरुंग कुमे	2
35		लोहित	1
36		निचली दिबांग घाटी	2
37		निचला सुबनसिरी	1
38		पापुम पारे	2
39		तवांग	1
40		तिराप	1
41		ऊपरी सियांग	1
42		ऊपरी सुबनसिरी	1
43		पश्चिम कामेंग	2
44		पश्चिम सियांग	1
45		अंजॉ	1
46		लॉगडिंग	1
47		क्रा दादी	2
48		नामसाई	1
49		सियांग	1
50		कामले	1
51		निचला सियांग	1

52		पक्के केसांग	1
53		लेपराडा	1
54		शि योमी	1
कुल			34
55	असम	बरपेटा	4
56		बोंगईगांव	2
57		कछार	35
58		दरांग	5
59		धेमाजी	2
60		धुबरी	2
61		डिब्रूगढ़	6
62		गोलपाड़ा	2
63		गोलाघाट	3
64		हैलाकांडी	9
65		जोरहाट	3
66		कामरूप	8
67		कार्बी आंगलोंग	1
68		करीमगंज	17
69		कोकराझार	4
70		लखीमपुर	1
71		मारीगांव	4
72		नगांव	10
73		नलबाड़ी	2
74		दीमा हसाओ	1
75		शिवसागर	2
76		सोनितपुर	4
77		तिनसुकिया	8
78		चिरांग	2
79		बक्सा	1
80		उदालगुड़ी	2
81		कामरूप मेट्रो	19
82		बिश्वनाथ	2
83		माजुली	1
84		दक्षिण सलमारा मनकाचर	2
85		चराईदेओ	3
86		होजाई	2
87		पश्चिम कार्बी आंगलोंग	1

		कुल	170
88	बिहार	अररिया	3
89		औरंगाबाद	14
90		बांका	4
91		बेगूसराय	43
92		भागलपुर	16
93		भोजपुर	15
94		बक्सर	9
95		दरभंगा	39
96		गया	26
97		गोपालगंज	17
98		जमुई	7
99		जहानाबाद	5
100		कैमूर (भभुआ)	7
101		कटिहार	6
102		खगरिया	6
103		किशनगंज	1
104		लखीसराय	3
105		मधेपुरा	7
106		मधुबनी	43
107		मुंगेर	9
108		मुजफ्फरपुर	91
109		नालंदा	13
110		नवादा	12
111		पश्चिमी चंपारण	23
112		पटना	113
113		पूर्वी चंपारण	69
114		पूर्णिया	4
115		रोहतास	16
116		सहरसा	11
117		समस्तीपुर	32
118		सरन	18
119		शेखपुरा	4
120		शिवहर	11
121		सीतामढ़ी	34
122		सिवान	37
123		सुपौल	11

124		वैशाली	31
125		अरवल	2
कुल			812
126	चंडीगढ़	चंडीगढ़	11
कुल			11
127	छत्तीसगढ़	बस्तर	8
128		बिलासपुर	18
129		दक्षिण बस्तर दंतेवाड़ा	2
130		धमतरी	9
131		दुर्ग	43
132		जांजगीर-चांपा	9
133		जशपुर	6
134		उत्तर बस्तर कांकेर	3
135		कबीरधाम	5
136		कोरबा	9
137		कोरिया	3
138		महासमुंद	11
139		रायगढ़	8
140		रायपुर	34
141		राजनंदगांव	16
142		सरगुजा	5
143		बीजापुर	2
144		नारायणपुर	3
145		सुकमा	1
146		कोंडागांव	6
147		बलौदाबाजार-भाटापारा	12
148		गरियाबंद	6
149		बालोद	7
150		मुंगेली	8
151		सूरजपुर	6
152		बलरामपुर-रामानुजगंज	5
153		बेमेतरा	8
154		गौरेला-पेंड्रा-मरवाही	3
155		खैरागढ़-छुईखदान-गंडई	5
156		मनेन्द्रगढ़-चिरमिरी-भरतपुर	5
157		मोहला-मानपुर-अम्बागढ़ चौकी	4
158		शक्ति	4

159		सारंगढ़-बिलाईगढ़	4
कुल			278
160	दिल्ली	केंद्रीय	14
161		पूर्व	53
162		नई दिल्ली	5
163		उत्तर	52
164		उत्तर पूर्व	57
165		उत्तर पश्चिम	97
166		दक्षिण	49
167		दक्षिण पश्चिम	46
168		पश्चिम	87
169		दक्षिण पूर्व	22
170		शाहदरा	10
कुल			492
171	गोवा	उत्तर गोवा	9
172		दक्षिण गोवा	6
कुल			15
173	गुजरात	अहमदाबाद	92
174		अमरेली	15
175		आनंद	21
176		बनास कांथा	19
177		भरूच	13
178		भावनगर	24
179		डांग	4
180		दाहोद	7
181		गांधीनगर	14
182		जामनगर	18
183		जूनागढ़	24
184		कच्छ	39
185		खेड़ा	22
186		मेहसाणा	20
187		नर्मदा	4
188		नवसारी	11
189		पंचमहल	11
190		पाटन	14
191		पोरबंदर	6
192		राजकोट	90

193		साबर कांथा	20
194		सूरत	105
195		सुरेन्द्रनगर	10
196		वडोदरा	66
197		वलसाड	15
198		तापी	6
199		छोटाउदेपुर	5
200		महिसागर	7
201		अरावली	10
202		मोरबी	14
203		देवभूमि द्वारका	7
204		गिर सोमनाथ	17
205		बोटाड	10
कुल			760
206		अंबाला	22
207		भिवानी	13
208		फरीदाबाद	41
209		फतेहाबाद	8
210		गुरुग्राम	53
211		हिसार	32
212		झज्जर	19
213		जींद	18
214		कैथल	13
215		करनाल	29
216	हरियाणा	कुरुक्षेत्र	18
217		महेंद्रगढ़	10
218		पंचकुला	9
219		पानीपत	14
220		रेवाड़ी	10
221		रोहतक	23
222		सिरसा	17
223		सोनीपत	25
224		यमुनानगर	13
225		नूह	5
226		पलवल	11
227		चरखी दादरी	5
कुल			408

228	हिमाचल प्रदेश	बिलासपुर	5
229		चंबा	3
230		हमीरपुर	7
231		कांगड़ा	19
232		किन्नौर	1
233		कुल्लू	2
234		लाहौल और स्पीति	1
235		मंडी	9
236		शिमला	6
237		सिरमौर	5
238		सोलन	6
239		ऊना	7
कुल			71
240	जम्मू और कश्मीर	अनंतनाग	30
241		बडगाम	21
242		बारामुल्ला	19
243		डोडा	6
244		जम्मू	57
245		कठुआ	10
246		कुपवाड़ा	14
247		पूँछ	14
248		पुलवामा	21
249		राजौरी	10
250		श्रीनगर	33
251		उधमपुर	7
252		किश्तवाड़	5
253		रामबन	7
254		कुलगाम	14
255		बांदीपुरा	8
256		सांबा	18
257		शोपियां	8
258		गांदरबल	8
259		रियासी	8
कुल			318
260	झारखंड	बोकारो	24
261		चतरा	1
262		देवघर	14

263		धनबाद	12
264		दुमका	4
265		पूर्वी सिंहभूम	11
266		गढ़वा	2
267		गिरिडीह	5
268		गोड्डा	2
269		गुमला	3
270		हजारीबाग	7
271		जामताड़ा	3
272		कोडरमा	4
273		लातेहार	3
274		लोहरदगा	1
275		पाकुर	3
276		पलामू	6
277		रांची	23
278		साहेबगंज	2
279		सरायकेला खरसावां	6
280		सिमडेगा	3
281		पश्चिमी सिंहभूम	2
282		खूंटी	1
283		रामगढ़	6
कुल			148
284	कर्नाटक	बागलकोट	28
285		बेंगलुरु शहरी	397
286		बेंगलुरु ग्रामीण	39
287		बेलगावी	25
288		बल्लारी	27
289		बीदर	29
290		विजयपुरा	46
291		चामराजनगर	14
292		चिक्कामगलुरु	22
293		चित्रदुर्ग	20
294		दक्षिण कन्नड़	128
295		दावणगेरे	37
296		धारवाड़	43
297		गदग	17
298		कलबुर्गी	32

299		हसन	27
300		हावेरी	45
301		कोडागू	19
302		कोलार	17
303		कोप्पल	24
304		मंड्या	45
305		मैसूर	73
306		रायचूर	29
307		शिवमोगा	41
308		तुमकुरु	43
309		उडुपी	72
310		उत्तर कन्नड़	27
311		चिक्कबल्लपुर	15
312		रामनगर	16
313		यादगीर	15
314		विजयनगर	13
कुल			1,425
315	केरल	अलपुझा	123
316		एर्नाकुलम	180
317		इडुक्की	42
318		कन्नूर	86
319		कासरगोड	39
320		कोल्लम	91
321		कोट्टायम	102
322		कोझिकोड	133
323		मलप्पुरम	167
324		पलक्कड़	147
325		पथानामथिट्टा	53
326		तिरुवनंतपुरम	142
327		त्रिशूर	196
328		वायनाड	27
कुल			1528
329	लद्दाख	कारगिल	1
330		लेह	1
कुल			2
331	लक्षद्वीप	लक्षद्वीप जिला	1
कुल			1

332	मध्य प्रदेश	अनूपपुर	6
333		अशोकनगर	3
334		बालाघाट	8
335		बड़वानी	9
336		बेतुल	8
337		भिंड	3
338		भोपाल	28
339		बुरहानपुर	5
340		छतरपुर	20
341		छिंदवाड़ा	9
342		दमोह	8
343		दतिया	3
344		देवास	15
345		धार	16
346		डिंडोरी	2
347		खंडवा (पूर्वी निमाड़)	5
348		गुना	3
349		ग्वालियर	28
350		हरदा	4
351		नर्मदापुरम	6
352		इंदौर	89
353		जबलपुर	26
354		झाबुआ	4
355		कटनी	7
356		खरगोन (पश्चिम निमाड़)	10
357		मंडला	9
358		मन्दसौर	14
359		मुरैना	6
360		नरसिंहपुर	8
361		नीमच	9
362		पन्ना	4
363		रायसेन	5
364		राजगढ़	6
365		रतलाम	24
366		रीवा	11
367		सागर	16
368		सतना	7

369		सीहोर	11
370		सिवनी	6
371		शाहडोल	6
372		शाजापुर	8
373		श्योपुर	3
374		शिवपुरी	5
375		सीधी	4
376		टीकमगढ़	5
377		उज्जैन	24
378		उमरिया	3
379		विदिशा	5
380		सिंगरौली	7
381		अलीराजपुर	2
382		आगर-मालवा	5
383		निवाड़ी	2
384		मऊगंज	3
385		मैहर	1
386		पंधुरना	1
कुल			545
387	महाराष्ट्र	अहमदनगर	14
388		अकोला	13
389		अमरावती	12
390		छत्रपति संभाजीनगर	13
391		बीड	29
392		भंडारा	4
393		बुलढाना	32
394		चंद्रपुर	5
395		धुले	6
396		गडचिरोली	1
397		गोंदिया	8
398		हिंगोली	8
399		जलगांव	15
400		जलना	31
401		कोल्हापुर	22
402		लातूर	49
403		मुंबई	69
404		मुंबई उपनगर	13

405		नागपुर	17
406		नांदेड	26
407		नंदुरबार	4
408		नासिक	29
409		धाराशिव	15
410		परभनी	17
411		पुणे	50
412		रायगढ़	10
413		रत्नागिरि	4
414		सांगली	29
415		सतारा	17
416		सिंधुदुर्ग	3
417		सोलापुर	29
418		ठाणे	60
419		वर्धा	4
420		वाशिम	7
421		यवतमाल	12
422		पालघर	31
कुल			708
423		बिश्नुपुर	4
424		चंदेल	2
425		चुराचांदपुर	1
426		पूर्वी इम्फाल	9
427		पश्चिमी इम्फाल	14
428		सेनापति	3
429		थौबल	7
430	मणिपुर	उखरूल	2
431		काकचिंग	2
432		कांगपोकपी	2
433		जिरीबाम	1
434		नोनी	3
435		फेरजावल	1
436		टेंगनौपाल	2
437		कामजोंग	1
कुल			54
438	मेघालय	पूर्वी गारो हिल्स	1
439		पूर्वी खासी हिल्स	5

440		पश्चिमी जैतिया हिल्स	3
441		री भोई	4
442		दक्षिण गारो हिल्स	1
443		पश्चिमी गारो हिल्स	3
444		पश्चिमी खासी हिल्स	1
445		उत्तरी गारो हिल्स	1
446		पूर्वी जैतिया हिल्स	2
447		दक्षिण पश्चिम खासी हिल्स	1
448		दक्षिण पश्चिम गारो हिल्स	2
449		पूर्वी पश्चिमी खासी हिल्स	1
कुल			25
450		आइजोल	6
451		चम्फाई	1
452		कोलासिब	1
453		लुंगलेई	1
454	मिजोरम	मामित	1
455		सेरछिप	2
456		ह्वाथियाल	1
457		सैतुअल	1
458		खावजौल	1
कुल			15
459		दीमापुर	3
460		कोहिमा	2
461		मोकोकचुंग	2
462		मोन	4
463		फ़ेक	2
464		तुएनसांग	1
465	नागालैंड	वोखा	1
466		जुन्हेबोटो	1
467		पेरेन	1
468		किफायर	2
469		लॉंगलेंग	1
470		न्यूलैंड	1
471		शमतोर	1
कुल			22
472	ओडिशा	अनुगुल	16
473		बलांगीर	14

474		बालेश्वर	60
475		बारगढ़	15
476		भद्रक	23
477		बौध	4
478		कटक	136
479		देवगढ़	1
480		ढेंकनाल	25
481		गजपति	2
482		गंजम	64
483		जगतसिंहपुर	36
484		जाजापुर	37
485		झारसुगुडा	9
486		कालाहांडी	3
487		कंधमाल	2
488		केंद्रपाड़ा	32
489		केंदुझार	13
490		खोरधा	89
491		कोरापुट	3
492		मल्कानगिरी	2
493		मयूरभंज	14
494		नबरंगपुर	4
495		नयागढ़	12
496		नुआपाड़ा	2
497		पुरी	23
498		रायगढ़	4
499	संबलपुर	17	
500	सोनेपुर	10	
501	सुंदरगढ़	10	
कुल			682
502	पुदुचेरी	कराईकल	5
503		पुदुचेरी	28
कुल			33
504	पंजाब	अमृतसर	22
505		बठिंडा	40
506		फरीदकोट	8
507		फतेहगढ़ साहिब	10
508		फिरोजपुर	11

509		गुरदासपुर	8
510		होशियारपुर	16
511		जालंधर	41
512		कपूरथला	15
513		लुधियाना	101
514		मनसा	10
515		मोगा	13
516		श्री मुक्तसर साहिब	14
517		शहीद भगत सिंह नगर	6
518		पटियाला	68
519		रूपनगर	11
520		संगरूर	16
521		बरनाला	13
522		एस.ए.एस नगर	27
523		तरनतारन	4
524		फाजिल्का	12
525		पठानकोट	20
526		मलेरकोटला	3
कुल			489
527	राजस्थान	अजमेर	5
528		अलवर	23
529		बांसवाड़ा	3
530		बरन	3
531		बाड़मेर	8
532		भरतपुर	5
533		भीलवाड़ा	10
534		बीकानेर	9
535		बूंदी	3
536		चित्तौड़गढ़	5
537		चुरू	10
538		दौसा	11
539		धौलपुर	6
540		डूंगरपुर	3
541		गंगानगर	10
542		हनुमानगढ़	19
543		जयपुर	141
544		जैसलमेर	4

545		जालौर	12
546		झालावाड़	3
547		झुंझुनू	25
548		जोधपुर	26
549		करौली	6
550		कोटा	11
551		नागौर	21
552		पाली	8
553		राजसमंद	5
554		सवाई माधोपुर	12
555		सीकर	20
556		सिरोही	5
557		टोंक	11
558		उदयपुर	6
559		प्रतापगढ़	2
560		डीग	1
561		डीडवाना-कुचामन	17
562		खैरथल-तिजारा	4
563		फलौदी	2
564		ब्यावर	2
565	बालोतरा	3	
566	सलुम्बर	2	
567	कोटपूतली-बहरोड़	4	
कुल			486
568	सिक्किम	गंगटोक	5
569		मंगन	1
570		नामची	1
571		गेजिंग	2
572		पाकयोंग	2
कुल			11
573	तमिलनाडु	चेन्नई	181
574		कोयंबटूर	95
575		कुड्डालोर	32
576		धर्मपुरी	20
577		डिंडीगुल	39
578		इरोड	48
579		कांचीपुरम	29

580		कन्याकुमारी	65
581		करूर	19
582		कृष्णागिरी	19
583		मदुरै	73
584		नागपट्टिनम	21
585		नमक्कल	23
586		पेरम्बलुर	9
587		पुदुक्कोट्टई	33
588		रामनाथपुरम	15
589		सलेम	55
590		शिवगंगा	14
591		तंजावुर	59
592		नीलगिरी	11
593		तब में	29
594		तिरुवल्लुर	56
595		थिरुवरुर	27
596		तिरुचिरापल्ली	74
597		तिरुनेलवेली	38
598		तिरुवन्नामलाई	22
599		तूतुकुडी	16
600		वेल्लोर	38
601		विलुप्पुरम	12
602		विरुधुनगर	21
603		अरियालुर	11
604		तिरुपूर	37
605		कल्लाकुरिची	11
606		चेंगलपट्टू	56
607		रानीपेट	17
608		तिरुपथुर	6
609		तेनकासी	19
610		माइलादुत्रयी	13
कुल			1,363
611	तेलंगाना	आदिलाबाद	11
612		हैदराबाद	22
613		करीमनगर	4
614		खम्माम	2
615		महबूबनगर	6

616		मेडक	1
617		नलगोंडा	2
618		निजामाबाद	12
619		रंगा रेड्डी	20
620		वारंगल	7
621		निर्मल	4
622		जगतियाल	12
623		पेद्दापल्ली	5
624		राजन्ना सिरसिला	1
625		मंचेरियल	7
626		कामारेड्डी	1
627		हनुमानकोंडा	6
628		जयशंकर भूपालपल्ली	2
629		महबुबाबाद	2
630		जांगोअन	6
631		भद्राद्री कोठागुडेम	3
632		संगारेड्डी	6
633		सिद्धीपेट	3
634		वानापर्थी	2
635		नगरकुरनूल	2
636		जोगुलम्बा गडवाल	3
637		सूर्यपेट	2
638		यदाद्री भुवनागिरी	3
639		विकाराबाद	5
640		कुमुराम भीम आसिफाबाद	3
641		मेडचल मलकाजगिरी	31
642	मुलुगु	2	
643	नारायणपेट	1	
कुल			199
644	दादरा और नगर हवेली तथा दमन और दीव	दमन	15
645		दीव	3
646		दादरा और नगर हवेली	21
कुल			39
647	त्रिपुरा	धलाई	2
648		उत्तर त्रिपुरा	4
649		दक्षिण त्रिपुरा	4
650		पश्चिमी त्रिपुरा	8

651		खोवाई	2
652		सेपाहिजाला	4
653		गोमती	1
654		उनाकोटि	3
कुल			28
655	उत्तर प्रदेश	आगरा	80
656		अलीगढ़	37
657		प्रयागराज	63
658		अंबेडकर नगर	13
659		औरैया	8
660		आजमगढ़	40
661		बागपत	18
662		बहराइच	21
663		बलिया	32
664		बलरामपुर	11
665		बाँदा	14
666		बाराबंकी	41
667		बरेली	38
668		बस्ती	14
669		बिजनौर	17
670		बदायूँ	20
671		बुलंदशहर	37
672		चंदौली	24
673		चित्रकूट	8
674		देवरिया	102
675		एटा	15
676		इटावा	16
677		अयोध्या	30
678		फर्रुखाबाद	13
679		फतेहपुर	21
680		फिरोजाबाद	17
681		गौतम बुद्ध नगर	77
682		गाजियाबाद	115
683		गाजीपुर	35
684		गोंडा	27
685		गोरखपुर	126
686		हमीरपुर	7

687	हरदोई	34
688	जालौन	21
689	जौनपुर	24
690	झांसी	29
691	अमरोहा	25
692	कन्नौज	13
693	कानपुर देहात	8
694	कानपुर नगर	79
695	कौशाम्बी	5
696	खेरी	54
697	कुशीनगर	63
698	ललितपुर	7
699	लखनऊ	226
700	हाथरस	10
701	महराजगंज	56
702	महोबा	3
703	मैनपुरी	18
704	मथुरा	29
705	मऊ	32
706	मेरठ	117
707	मिर्जापुर	24
708	मुरादाबाद	26
709	मुजफ्फरनगर	59
710	पीलीभीत	19
711	प्रतापगढ़	22
712	रायबरेली	18
713	रामपुर	36
714	सहारनपुर	81
715	संत कबीर नगर	10
716	भदोही	14
717	शाहजहांपुर	28
718	श्रावस्ती	4
719	सिद्धार्थनगर	19
720	सीतापुर	49
721	सोनभद्र	18
722	सुल्तानपुर	30
723	उन्नाव	18

724		वाराणसी	93
725		कासगंज	14
726		अमेठी	15
727		संभल	26
728		शामली	21
729		हापुड़	24
कुल			2,658
730	उत्तराखंड	अल्मोड़ा	12
731		बागेश्वर	6
732		चमोली	6
733		चम्पावत	9
734		देहरादून	76
735		हरिद्वार	66
736		नैनीताल	60
737		पौड़ी गढ़वाल	12
738		पिथौरागढ़	7
739		रुद्र प्रयाग	4
740		टिहरी गढ़वाल	9
741		उदम सिंह नगर	35
742		उत्तर काशी	11
कुल			313
743	पश्चिम बंगाल	उत्तर 24 परगना	129
744		दक्षिण 24 परगना	34
745		बांकुड़ा	20
746		पूर्बा बर्धमान	32
747		बीरभूम	5
748		कूच बिहार	14
749		दार्जिलिंग	10
750		दक्षिण दिनाजपुर	1
751		उत्तर दिनाजपुर	5
752		हुगली	69
753		हावड़ा	68
754		जलपाईगुड़ी	13
755		कोलकाता	92
756		मालदा	9
757		पूर्व मेदिनीपुर	31
758		पश्चिम मेदिनीपुर	21

759		मुर्शिदाबाद	10
760		नादिया	18
761		पुरुलिया	6
762		अलीपुरद्वार	6
763		कलिम्पोंग	1
764		झारग्राम	2
765		पश्चिम बर्धमान	34
कुल			630
कुलयोग			15,057

विवरण -II

वित्तीय वर्ष 2024-25 (फरवरी, 2025 के अंत तक) के दौरान वितरकों और जेएके को भारतीय औषध एवं चिकित्सा उपकरण ब्यूरो (पीएमबीआई) द्वारा की गई दवाओं की बिक्री

क्र.सं.	राज्य या संघराज्यक्षेत्र	बिक्री * (करोड़ रुपए में)
1	अंडमान एवं निकोबार द्वीप समूह	0.04
2	आंध्र प्रदेश	5.48
3	अरुणाचल प्रदेश	0.24
4	असम	7.49
5	बिहार	100.99
6	चंडीगढ़	3.08
7	छत्तीसगढ़	23.24
8	दिल्ली	26.44
9	गोवा	0.65
10	गुजरात	20.01
11	हरियाणा	14.90
12	हिमाचल प्रदेश	2.53
13	जम्मू और कश्मीर	34.06
14	झारखंड	13.11
15	कर्नाटक	115.30
16	केरल	175.55
17	लद्दाख	0.15
18	लक्षद्वीप	#
19	मध्य प्रदेश	2.83
20	महाराष्ट्र	11.78
21	मणिपुर	4.34
22	मेघालय	0.69

23	मिजोरम	0.97
24	नागालैंड	0.48
25	ओडिशा	40.60
26	पुदुचेरी	2.64
27	पंजाब	33.29
28	राजस्थान	24.95
29	सिक्किम	2.14
30	तमिलनाडु	80.95
31	तेलंगाना	4.25
32	दादरा और नगर हवेली तथा दमन और दीव	0.17
33	त्रिपुरा	1.78
34	उत्तर प्रदेश	160.44
35	उत्तराखंड	16.26
36	पश्चिम बंगाल	104.00

* बिक्री के मूल्य में इस अवधि के दौरान वितरकों और जेएके को दिया गया कमीशन और वितरकों के पास उपलब्ध स्टॉक का मूल्य शामिल नहीं है।

लक्षद्वीप संघ-राज्य-क्षेत्रका प्रशासन सरकारी आपूर्ति के लिए सीधे पीएमबीआई से दवाइयों की खरीद करता है।

TAHAWWUR RANA'S EXTRADITION

5553. SHRI BALASHOWRY VALLABHANENI

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

- (a) whether the US Administration has approved Tahawwur Rana's extradition; and
- (b) if so, the time by which the above accused is expected to be brought back to India?

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) : During the visit of Prime Minister to Washington DC on 13 February 2025, the U.S. Administration conveyed that it had approved the extradition of Tahawwur Rana to India.

Mr. Rana's application for a stay on this decision is before the U.S. Supreme Court which is expected to pronounce on it soon.

Both India and the U.S. remain engaged on the case and are working closely to complete the necessary formalities to allow for the swift extradition of Tahawwur Rana to India.

INDIA-SRI LANKA CO-OPERATION IN AGRICULTURE

5554. DR. NAMDEO KIRSAN:

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

- (a) whether the Indian High Commissioner met with the Minister of Agriculture, Livestock, Land and Irrigation of Sri Lanka to discuss bilateral opportunities in boosting farm productivity;
- (b) if so, the details thereof;
- (c) the steps taken/proposed to be taken by the Government to modernize farm productivity, incomes for farmers and technological transfers;
- (d) the role of the "Neighbourhood First Policy" in shaping India's agricultural cooperation with Sri Lanka; and
- (e) the manner in which this policy align with its goals of enhancing food security and agricultural development?

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) : The High Commissioner of India to Sri Lanka met Hon'ble K. D. Lalkantha, Minister of Agriculture, Livestock, Land and Irrigation of Sri Lanka on 24 February 2025 in Colombo to discuss opportunities for bilateral cooperation in the agricultural sector.

(c) and (e) : During the State Visit of President Anura Kumara Disanayaka to India in December 2024, both sides agreed to establish a Joint Working Group (JWG) to examine possibilities for the comprehensive development of the agricultural sector in Sri Lanka.

As part of the 'Neighbourhood First' policy, India has consistently responded to the food security and agricultural development requirements of Sri Lanka. In response to the urgent request of Sri Lanka during the economic crisis (2022) to secure urea fertilizer, Government of India provided expeditious assistance of USD 55 million under Line of Credit to Sri Lanka for procurement of urea. India has also extended grant assistance of LKR 300 million (approx. INR 12 Crore) for construction of first-of-its-kind 5000 MT temperature controlled warehouse for perishable agricultural produce in Dambulla, in the Central Province of Sri Lanka.

MODERN HEALTHCARE FACILITIES IN MAHARASHTRA

5555. DR. AMOL RAMSING KOLHE:

SHRI NILESH DNYANDEV LANKE:

PROF. VARSHA EKNATH GAIKWAD:

SHRI BHASKAR MURLIDHAR BHAGARE:

SHRIMATI SUPRIYA SULE:

SHRI DHAIRYASHEEL RAJSINH MOHITE-PATIL:

SHRI SANJAY DINA PATIL:

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

- (a) whether the Government has taken any specific steps to develop modern healthcare facilities in the State of Maharashtra;
- (b) if so, the details of healthcare infrastructure projects initiated or completed during the last three years, district-wise in the said State;
- (c) whether the Government has undertaken any programmes to modernize existing healthcare infrastructure in the said State;
- (d) if so, the details of hospitals and healthcare centres that have been upgraded with modern medical technologies;
- (e) whether the Government is collaborating with private sector organizations to establish modern healthcare facilities in the said State;
- (f) if so, the details of such partnerships and the areas covered under these initiatives;
- (g) whether the Government plans to establish new AIIMS and medical colleges in the said state to enhance healthcare services;
- (h) if so, the details of the locations identified for these institutions and the timeline for their completion; and
- (i) the major healthcare challenges faced in Maharashtra including in rural and urban areas and the steps taken by the Government to address issues?

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 Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the healthcare facilities including the State of Maharashtra 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.

Health Dynamics of India (HDI) (Infrastructure & Human Resources), 2022-23 is an annual publication, based on healthcare administrative data reported by States/UTs. Details of healthcare infrastructure under National Health Mission (NHM) in the country State/UT-wise including Maharashtra, 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)

Through 1.76 lakh Ayushman Arogya Mandir including 12,311 in Maharashtra, comprehensive primary healthcare is provided by strengthening Sub Health Centres (SHCs) and Primary Health Centres (PHCs). These Ayushman Arogya Mandir (AAM) provide preventive, promotive, rehabilitative and curative care for an expanded range of services encompassing reproductive and child healthcare services, Communicable diseases, Non-communicable diseases and other health issues.

The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) with an outlay of Rs.64,180 crore aims to support for infrastructure

development for Sub-Health Centres, Urban Health and Wellness Centres, Support for Block Public Health Units, Integrated District Public Health Laboratories and Critical Care Hospital Blocks. Total amount of Rs. 1,195.14 crore has been approved under PM-ABHIM for the State of Maharashtra for FY 2021-22 to FY 2025-26. Under PM-ABHIM, a total of 36 Integrated Public Health Laboratory (IPHL) and 36 CCB are approved in the State of Maharashtra.

The XV-Finance Commission has recommended grants aggregating to Rs.70,051 crore over the period of five years (2021-2026) through Local Governments to strengthen the healthcare system in states. Total amount of Rs. 7,066.74 crore has been allocated under FC-XV health grant for the State of Maharashtra for FY 2021-22 to FY 2025-26.

(e) and (f) : Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY) is a flagship scheme of the Government which provides 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 economically vulnerable bottom 40% of India's population including Maharashtra. In Maharashtra, 1,129 private and 508 public hospitals are empaneled under AB-PMJAY.

Pradhan Mantri National Dialysis Programme (PMNDP) for Chronic Kidney Disease(CKD) patients ensures availability of dialysis services in all the district hospitals in the country free of cost to all Below Poverty Line (BPL) beneficiaries. PMNDP is operational in both Public-Private Partnership (PPP) mode and in-house

mode. In Maharashtra, 63 centers in in-house mode and in 34 centers on PPP mode under PMNDP are operational.

(g) and (h) : Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), setting up of 22 All India Institutes of Medical Sciences (AIIMS) has been approved including one AIIMS at Nagpur in Maharashtra, which is functional. Further, for expansion and strengthening of tertiary healthcare facilities in Maharashtra, under another component of PMSSY upgradation of six (06) Government Medical Colleges/ Institutes have been approved by way of construction of Super Specialty Blocks (SSBs) on Centre-State cost sharing basis: (i) Grant Medical College and Sir JJ Group of Hospitals, Mumbai (ii) Government Medical College, Nagpur (iii) Govt. Medical College, Aurangabad (iv) Govt. Medical College, Latur (v) Govt. Medical College, Akola and (vi) Shri Vasantrao Naik Govt. Medical College, Yavatmal.

Under Centrally Sponsored Scheme (CSS) for 'Establishment of new medical colleges attached with existing district/referral hospitals', out of 157 medical colleges approved, 02 medical colleges have been approved in Gondia and Nandurbar district in Maharashtra and are functional.

(i) : To provide quality health care services especially for the under served and marginalized groups in rural and underserved areas, various initiatives carried out under NHM by the Government of India in the country including Maharashtra 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, various activities under Reproductive &

Child Health, Anaemia Mukta Bharat (AMB) strategy, Pradhan Mantri TB Mukta Bharat Abhiyaan (PMTBMBA) and Universal Immunization programme.

The teleconsultation services, available at operational AAMs, enables people to access the specialist services closer to their homes addressing concerns of physical accessibility, saving cost to care, shortage of service providers and to ensure continuum of care. Total teleconsultation conducted at AAM are 34.90 cr as on 31.03.2025.

Community platforms like Village Health Sanitation & Nutrition Committee and Mahila Arogya Samiti and facility-based platforms like Jan Arogya Samitis are instrumental in raising awareness of National Health Programs and health initiatives. The National Quality Assurance Standards (NQAS) assessments have significantly contributed to improving the quality of primary healthcare system across the country.

The Government of India has taken number of initiatives in the form of incentives and honorarium to the medical professionals for encouraging better service delivery in rural and remote areas across the country including Jharkhand, which include:

- (a) Hard Area Allowance to specialist doctors for serving in rural and remote areas so that they find it attractive to serve in public health facilities in such areas.
- (b) States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as "You Quote We Pay".
- (c) Non-monetary incentives such as preferential admission in postgraduate

courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.

(d) Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists such as Comprehensive Emergency Obstetric and Newborn Care (CEmONC) and Life Saving Anaesthesia Skills (LSAS).

सिकल सेल रोग का उन्मूलन

5556. डॉ. मन्ना लाल रावत:

श्री दामोदर अग्रवाल:

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

- (क) क्या सरकार द्वारा देश में सिकल सेल रोग के उन्मूलन के लिए कोई योजना कार्यान्वित की जा रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) सरकार द्वारा उक्त योजना के अंतर्गत क्या कार्रवाई की जा रही है; और
- (ग) क्या विगत तीन वर्षों के दौरान उक्त योजना के अंतर्गत भीलवाड़ा जिले सहित राजस्थान राज्य में सिकल सेल रोग के लिए अनेक व्यक्तियों की जांच की गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और उक्त जांच से अनुसूचित जाति/अनुसूचित जनजाति सहित जिलावार, वर्षवार और श्रेणीवार क्या परिणाम प्राप्त हुए हैं?

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

- (क) और (ख) : माननीय प्रधानमंत्री द्वारा 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 माध्यम से 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।

एनएससीआईएम के तहत, जिला अस्पतालों से लेकर आयुष्मान आरोग्य मंदिर (एएएम) स्तर तक सभी स्वास्थ्य सुविधा केंद्रों के स्तरों पर जांच की जाती है। एससीडी से पीड़ित मरीजों को एएएम- उप स्वास्थ्य केंद्र (एसएचसी) और एएएम- प्राथमिक स्वास्थ्य केंद्र (पीएचसी) के माध्यम से उनके जीवन की गुणवत्ता में सुधार के लिए निम्नलिखित सेवाएं/सुविधाएं प्रदान की जाती हैं:

- रोगग्रस्त व्यक्तियों की नियमित अंतराल पर अनुवर्ती जांच।
- जीवनशैली प्रबंधन, विवाह-पूर्व और प्रसव-पूर्व निर्णयों के बारे में परामर्श।
- फोलिक एसिड की गोलियों के वितरण के माध्यम से पोषण संबंधी पूरक सहायता।
- योग और आरोग्य संबंधी सत्र आयोजित करना।
- संकट के लक्षणों का प्रबंधन और उच्च सुविधा केंद्रों के लिए रेफरल।

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 दवाओं की उपलब्धता की समस्या न रहे। एनएचएम के तहत, हाइड्रोक्सीयूरिया और नियमित नैदानिक की खरीद के लिए वित्तीय सहायता दी जाती है ताकि सिकल सेल एनीमिया के रोगियों के जेबी खर्च को कम किया जा सके।

जनजातीय कार्य मंत्रालय के माध्यम से जागरूकता और परामर्श सामग्री तैयार की गई है। रोग, जांच और प्रबंधन के बारे में जागरूकता फैलाने के लिए आईईसी और मीडिया कार्यक्रमों को अंगीकार किया जाता है। प्रत्येक सिकल सेल जांच शिविर में जागरूकता संबंधी क्रियाकलापों को भी प्रदान किया जाता है। राज्य सरकारें जागरूकता अभियान सहित मिशन-कार्यकलापों के कार्यान्वयन में महत्वपूर्ण भूमिका निभाती हैं।

(ग) : एनएससीआईएम के तहत राजस्थान राज्य में दिनांक 27.03.2025 की स्थिति के अनुसार जिला-वार की गई कुल जांचों, जांच के माध्यम से पहचाने गए कुल रोगियों और वाहकों की संख्या का ब्यौरा विवरण में संलग्न है।

विवरण

वर्ष 2023, 2024 और 2025 में राजस्थान राज्य में की गई कुल जांचों का विवरण, जांच के माध्यम से पहचाने गए रोगियों एवं वाहकों की संख्या							
जिले का नाम	की गई जांच					रोगियों की कुल संख्या*	वाहक की कुल संख्या*
	पीवीटीजी सहित एसटी	एससी	ओबीसी	अन्य	कुल		
बांसवाड़ा	860595	58030	38132	78781	1035538	622	3237
बारां	87478	291	704	1618	90091	1	5
बाड़मेर	-	-	2	5	7	-	-
भीलवाड़ा	-	-	-	1	1	-	-
बीकानेर	-	-	-	3	3	-	-
चित्तौड़गढ़	9409	1622	1794	532	13357	-	1
दौसा	-	-	1	-	1	-	-
डूंगरपुर	652107	39179	54832	55695	801813	857	138
जयपुर	-	-	2	-	2	-	-
जैसलमेर	-	-	1	1	2	-	-
जालौर	-	-	-	1	1	-	-
झालावाड़	-	-	-	1	1	-	-
जोधपुर	1432	1087	1690	1590	5799	-	61
नागौर	1	-	-	7	8	-	-
पाली	36864	4290	32	30	41216	49	309
प्रतापगढ़	411223	10619	2763	1222	425827	30	3001
राजसमंद	11311	891	378	493	13073	-	1
सीकर	-	-	-	1	1	-	-
सिरोही	55437	32740	40179	35551	163907	30	132
उदयपुर	925020	55959	53052	77389	1111420	1117	1560
सकल योग	30,50,877	2,04,708	1,93,562	2,52,921	37,02,068	2,706	8,445

* सभी श्रेणी।

थैलेसीमिया के मामले

5557. श्रीमती संजना जाटव:

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

- (क) क्या यह सच है कि देश में एक लाख से अधिक मरीज थैलेसीमिया से पीड़ित हैं और 40 लाख रोगी इसके वाहक हैं;
- (ख) यदि हां, तो मरीज केन्द्रित तरीके से थैलेसीमिया की प्रसव-पूर्व जांच, परामर्श, रोकथाम, प्रबंधन अथवा उपचार के महत्व को बढ़ावा देने के लिए सरकार द्वारा की गई/की जाने वाली पहलों 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 (ख): राष्ट्रीय पोर्टल पर राज्यों द्वारा दिए गए अद्यतन आंकड़ों के अनुसार, दिनांक 26.03.2025 तक थैलेसीमिया के लिए जांच किए गए 15,87,903 व्यक्तियों में से कुल 5,037 व्यक्तियों की पहचान रोगग्रस्त और 50,462 व्यक्तियों की पहचान थैलेसीमिया के वाहक के रूप में की गई है।

राष्ट्रीय स्वास्थ्य मिशन के तहत राज्यों/संघ राज्य क्षेत्रों को उनकी स्वास्थ्य सेवा प्रणाली को सुदृढ़ करने के लिए सहायता प्रदान की जाती है, जिसमें जन स्वास्थ्य सुविधा केंद्रों में थैलेसीमिया की रोकथाम और प्रबंधन, रक्त बैंक सुविधा केंद्रों का प्रावधान, डे केयर सेंटर, दवाएं, प्रयोगशाला सेवाएं, आईईसी क्रियाकलाप और मानव संसाधन का प्रशिक्षण आदि शामिल हैं, जो राज्यों/संघ राज्य क्षेत्रों द्वारा उनकी कार्यक्रम कार्यान्वयन योजनाओं में प्रस्तुत प्रस्तावों पर आधारित है।

भारत में हीमोग्लोबिनोपैथी की रोकथाम और नियंत्रण संबंधी व्यापक दिशा-निर्देश - थैलेसीमिया और सिकल सेल रोग तथा अन्य वैरिएंट हीमोग्लोबिन (2016) को राज्यों/संघ राज्य क्षेत्रों को थैलेसीमिया सहित हीमोग्लोबिनोपैथी के प्रबंधन में सहायता के लिए साझा किया गया था। दिशा-निर्देशों में थैलेसीमिया मेजर (पैकड रेड ब्लड सेल के साथ रक्त आधान चिकित्सा, आयरन ओवरलोड के लिए आयरन केलेशन, जटिलता की निगरानी और प्रबंधन तथा मनोवैज्ञानिक सहायता आदि) और नॉन

ट्रांसप्लूजन डिपेंडेंट थैलेसीमिया (एनटीडीटी) आदि सहित थैलेसीमिया रोग के प्रबंधन के लिए कार्यनीतियों का विस्तृत उल्लेख किया गया है।

यह मंत्रालय कोल इंडिया लिमिटेड (सीआईएल) के सहयोग से थैलेसीमिया बाल सेवा योजना (टीबीएसवाई) नामक एक योजना को कार्यान्वित कर रहा है, जिसके तहत सीआईएल कॉर्पोरेट सामाजिक दायित्व (सीएसआर) निधि से पात्र रोगियों को अस्थि मज्जा प्रत्यारोपण (बीएमटी) के लिए 10 लाख रुपये तक की वित्तीय सहायता प्रदान की जाती है। यह योजना देश भर में स्थित सत्रह (17) पैनलबद्ध अस्पतालों में बीएमटी की सुविधा प्रदान करती है।

MACHINES FOR HAEMODIALYSIS IN CGHS HOSPITALS

5558. SHRI SUDHEER GUPTA:

SHRI RAVINDRA VASANTRAO CHAVAN:

SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:

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

- (a) whether the Haemodialysis treatment facility for dialysis treatment is provided to the CGHS beneficiaries in the CGHS impanelled hospitals of the country, if so, the details thereof, State-wise;
- (b) whether it is true that despite the availability of state-of-the-art-machines for haemodialysis CGHS empanelled hospitals in the country are using obsolete machines for dialysis treatment of CGHS beneficiaries;
- (c) if so, the details thereof and if not, the reasons therefor, State/UT-wise;
- (d) whether the Government has issued any directives to the private empanelled hospitals to provide haemodialysis treatment facility to CGHS beneficiaries through latest machines Haemodiasiltration; and

(e) if so, the details thereof along with response of the CGHS empanelled private hospitals 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) to (e): Haemodialysis treatment facility for dialysis treatment is provided to CGHS beneficiaries through all the CGHS empanelled hospitals having dialysis unit. The details of such hospitals, State-wise, are given in the enclosed **Statement.**

STATEMENT

S. No.	State/UTs	Number of HCOs providing Haemodialysis treatment.
(i)	Arunachal Pradesh	0
(ii)	Andhra Pradesh	8
(iii)	Assam	9
(iv)	Bihar	10
(v)	Chhattisgarh	4
(vi)	Chandigarh	3
(vii)	Delhi & NCR	53
(viii)	Goa	1
(ix)	Gujarat	5
(x)	Haryana	36
(xi)	Himachal Pradesh	0
(xii)	Jammu & Kashmir	2
(xiii)	Jharkhand	10
(xiv)	Karnataka	10
(xv)	Kerala	11
(xvi)	Madhya Pradesh	30
(xvii)	Maharashtra	60
(xviii)	Manipur	0
(xix)	Meghalaya	2

(xx)	Mizoram	0
(xxi)	Nagaland	0
(xxii)	Odisha	8
(xxiii)	Punjab	9
(xxiv)	Puducherry	2
(xxv)	Rajasthan	28
(xxvi)	Sikkim	0
(xxvii)	Tamil Nadu	17
(xxviii)	Telangana	40
(xxix)	Tripura	1
(xxx)	Uttarakhand	10
(xxxi)	Uttar Pradesh	113
(xxxii)	West Bengal	18

PM'S VISIT TO FRANCE AND USA

5559. SHRI D. M. KATHIR ANAND:

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

- (a) the details of the outcome(s) of Prime Minister's recent visit to France and USA;
- (b) whether the Union Government has signed any agreement for the procurement of Fighter Jets including F-35 fighter jets from the United States of America during the recent visit of Prime Minister to USA, if so, the details thereof;
- (c) the total value (in INR) about the procurement deals signed by India and USA; and
- (d) whether the Union Government has received all the 36 Rafael Jets from France as per the agreement between India and France, 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) : At the invitation of President Emmanuel Macron, Prime Minister Shri Narendra Modi visited France from 10-12 February, 2025. Prime Minister along with the French President co-chaired the AI Action Summit on 10-11 February, 2025. The summit brought together 30 Heads of State/Government, 57 Ministers, 12 Heads of International Organizations, and 41 business leaders from the field, including CEOs and Co-Founders. A statement titled "Inclusive and Sustainable Artificial Intelligence for People and the Planet" was adopted. The Public Interest AI Platform and Incubator was also launched during the Summit. It was agreed that India would host the next AI Summit. The visit had a significant bilateral component both in Paris and Marseille. The bilateral talks between Prime Minister and French President focussed on advancing all areas of the India-France Strategic Partnership under the Horizon 2047 Roadmap: partnership for security and sovereignty, partnership for the planet and partnership for the people; and the key global and regional developments. The 14th meeting of the India-France CEO Forum was also held during the visit. The key outcomes of the visit are as follows:

- Joint Inauguration of India's Consulate in Marseille.
- Launch of the logo for the India-France Year of Innovation 2026.
- Adoption of the India France Declaration on Artificial Intelligence.
- Agreement for hosting 10 Indian Startups at the French Start-up incubator Station F.

- Declaration of Intent on Advanced Modular Reactors and Small Modular Reactors aiming for co-designing, co-developing and co-producing SMR and AMR Technologies between India and France.
- MoU and Implementing Agreement between Department of Atomic Energy (DAE), India and Commissariat à l'Energie Atomique et aux Energies Alternatives (CAE) of France, concerning cooperation with Global Center for Nuclear Energy Partnership (GCNEP).
- Joint Declaration of Intent on Triangular Development Cooperation for Joint Development Projects in third countries in the Indo-Pacific.
- Letter of Intent/Declaration of Intent in areas of Digital Sciences and Environment.

At the invitation of the 47th President of the United States Mr. Donald Trump, Prime Minister Modi visited Washington D.C. on February 12-13, 2025 for an “Official Working” visit. The two leaders jointly launched “U.S.-India COMPACT (Catalyzing Opportunities for Military Partnership, Accelerated Commerce & Technology) for the 21st Century” – to drive transformative change across key pillars of cooperation. Key takeaways of the visit include the following:

- A ten-year Framework for the India–U.S. Major Defence Partnership in the 21st century to be finalized this year.
- Autonomous System Industry Alliance (ASIA) to scale defence industry partnership in the Indo Pacific. This would be building on the India-US Roadmap for Defence Industrial Cooperation.

- New goal of “Mission 500” for bilateral trade, including through negotiations of a multi sector Bilateral Trade Agreement, the first tranche of which would be negotiated this year.
- Pursue cooperation in civil nuclear energy while addressing the nuclear liability issue and private sector collaboration between the two countries, particularly in advanced Small Modular Reactors, involving large scale localization and transfer of technology.
- India-U.S. “TRUST” – Transforming the Relationship Utilizing Strategic Technology initiative, to deepen collaboration in critical and emerging technologies.
- Roadmap on accelerating AI infrastructure and a commitment to work together on development and access to compute and processors for AI.
- INDUS Innovation – to advance industry and academic partnership in space, energy and other emerging technologies.
- Strategic Mineral Recovery Initiative to recover and process critical minerals.
- MOU between US National Science Foundation and India’s Anusandhan National Research Foundation.
- Launch of the Indian Ocean Strategic Venture to advance coordinated investments in economic connectivity and commerce.

(b) No.

(c) Not Applicable.

(d) Yes, all the 36 Rafale Jets have been received by IAF as per the agreement between India and France.

TWENTY-THIRD LAW COMMISSION**5560. SHRI SHASHANK MANI:**

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

- (a) whether the Government has set up the 23rd Law Commission to review the system of judicial administration and make it more responsive to Contemporary demands; and
- (b) 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 23rd Law Commission of India has been constituted vide order dated 2nd September, 2024. The Commission is *inter-alia* mandated to review the system of Judicial Administration to ensure that it is responsive to the reasonable demands of the times and in particular to secure:

- (i) elimination of delays, speedy clearance of arrears and reduction in costs so as to secure quick and economical disposal of cases without affecting the cardinal principle that decision should be just and fair;
- (ii) simplification of processes and court procedures and suggesting harmonising Rules of various High Courts for the sake of uniformity and ease of understanding and implementation;
- (iii) simplification of procedure to reduce and eliminate technicalities and devices for delay so that it operates not as an end in itself but as a means of achieving justice; and

- (iv) Implementation of framework for case management hearing and case flow management.

FINANCIAL ASSISTANCE FOR BPL CANCER PATIENT

5561. SHRI RAJMOHAN UNNITHAN:

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

- (a) whether Government is providing financial assistance to cancer patients living below poverty line under Cancer Patient Fund;
- (b) if so, the details thereof along with the procedure to seek financial assistance from the said fund; and
- (c) the number of patients benefitted under the scheme along with the amount disbursed during each of the last five years and the current year, year and 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 Health Minister's Cancer Patient Fund (HMCPF) component of the Umbrella Scheme of RashtriyaArogyaNidhi (RAN), one-time financial assistance of up to Rs. 15 lakhs provided for the treatment of poor (living below State/UT-wise poverty line) patients suffering from cancer. The financial assistance is provided for treatment of the patients at Regional Cancer Centres (RCCs)/ Tertiary Care Cancer Centres (TCCCs), State Cancer Institutes (SCIs) and other Government hospitals/institutes having cancer treatment facilities.

(b) : Patients can apply for financial assistance under the Umbrella Scheme of RAN through either offline or online modes. Offline submission of applications can be made through any Government hospital by patients belonging to those States/UTs, the National Food Security Act (NFSA) data of which, is not integrated on National Health Authority (NHA)'s IT platform. For States/UTs which are integrated on NHA's IT platform, the Government hospital generates RAN ID of the eligible patient and, subsequently, the application is processed further through the Transaction Management System (TMS). Upon approval, confirmation is sent to the bank for reserving the fund for the patient and treatment commences.

(c) : Financial assistance for eligible patients is released to the treating hospitals/institutes. There is no State/UT-wise allocation of funds under Umbrella Scheme of RAN. Therefore, State/UT-wise data is not maintained centrally. The number of patients benefitted and amount disbursed under the Umbrella Scheme of RAN, which has a component of HMCPF, during each of the last five years and the current year is as under:

Year	Amount disbursed (in Rs. Crore)	Beneficiaries
2019-20	66.21	1159
2020-21	44.37	419
2021-22	22.86	332
2022-23	53.88	572
2023-24	14.36	568
2024-25	27.06	514

SHELTERS FOR VICTIMS OF DOMESTIC VIOLENCE

5562. SUSHRI S. JOTHIMANI:

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

- (a) whether the domestic violence survivors can currently seek temporary shelter at One Stop Centres for only five days, if so, the details thereof;
- (b) whether the Ministry is planning to extend the maximum duration for which survivors can seek shelter and if so, the details thereof;
- (c) whether the Government has taken steps to ensure that survivors are provided with safe, long-term rehabilitation options, including access to legal aid, mental health support, and employment assistance; and
- (d) the number of women who have sought refuge in One Stop Centres during the last three years, State-wise along with the percentage of survivors who have required long-term shelter in SwadharGreh?

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

(a) to (d) : The One Stop Centre (OSC) is a component of the Sambal vertical under the 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.

Further, Ministry has provisioned for extension of temporary shelter beyond 5 days in specific cases where relocation to Shakti Sadan is not feasible. In such cases, Centre Administrators may extend the stay up to 10 days on a case-by-

case basis. For any further extension beyond 10 days, the District Nodal Officer (DNO)/District Program Officer (DPO) is authorized an additional stay of up to 10 more days, ensuring victims have continuous access to essential services as required. However, efforts to be made to transfer the beneficiary to nearest Shakti Sadan or some other institution, if required. Total number of 10.98 lakh women have been assisted by OSCs across the country till 28th February, 2025, since the year 2015. State and UT-wise details for the last three years are given in the enclosed **Statement**.

STATEMENT

State/UT wise number of women assisted by One Stop Centres across the country during the last three years:

SL	State /UTs	2021-22	2022-23	2023-24
1	A&N Islands	114	106	133
2	Andhra Pradesh	4,049	4,356	2,993
3	Arunachal Pradesh	447	370	293
4	Assam	3,852	5,348	5,714
5	Bihar	7,002	6,556	7,376
6	Chandigarh	153	199	329
7	Chhattisgarh	5,007	6,052	5,889
8	DNHDD	139	136	90
9	Delhi	3,869	4,387	6,945
10	Goa	1,434	2,132	611
11	Gujarat	6,583	8,669	7,158
12	Haryana	7,080	8,253	7,932
13	Himachal Pradesh	348	480	1,007
14	Jammu & Kashmir	1,544	2,482	2,374
15	Jharkhand	715	830	1,683
16	Karnataka	4,396	6,551	6,997
17	Kerala	4,420	4,357	4,137
18	Ladakh	26	19	17
19	Lakshadweep	Nil	Nil	Nil

20	Madhya Pradesh	14,573	19,909	19,868
21	Maharashtra	5,462	6,814	9,894
22	Manipur	382	448	411
23	Meghalaya	665	1,168	771
24	Mizoram	205	217	366
25	Nagaland	275	246	186
26	Odisha	5,366	7,188	7,480
27	Puducherry	56	62	36
28	Punjab	2,840	3,403	3,315
29	Rajasthan	19,241	5,870	6,591
30	Sikkim	237	323	367
31	Tamil Nadu	14,391	22,929	23,661
32	Telangana	12,753	12,066	11,674
33	Tripura	163	171	465
34	Uttar Pradesh	18,063	22,155	33,774
35	Uttarakhand	1,462	1,156	578
36	West Bengal	Not function	328	2,163
	Total	1,47,312	1,65,736	1,83,278

MADAD PORTAL

5563. SHRI LAVU SRIKRISHNA DAVARAYALU:

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

- (a) The measures being taken to enhance the accessibility of the MADAD Portal, considering the challenges faced by migrant workers with limited digital literacy;
- (b) The steps taken/proposed to be taken by the Government to ensure faster response times for complaints registered on the Madad Portal, particularly for Indians in distress in conflict zones;

- (c) The measures taken/proposed to be taken by the Government to promote awareness about the Portal among Indian migrant workers and students to ensure they can easily seek assistance when needed;
- (d) Whether the Government has conducted any assessments on the effectiveness of the said Portal; and
- (e) If so, the details of the improvements being considered based on user feedback 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) : In pursuance of "Good Governance" initiatives, MEA launched an online Consular Grievances Management System named MADAD on 21 February 2015 to extend a helping hand to Indians abroad requiring consular assistance. All Indian Missions and Posts abroad and the MEA's Branch Secretariats in Chennai, Guwahati, Hyderabad, Mumbai and Kolkata, are associated with this portal for consular grievance tracking and follow-up. The MADAD portal represents a qualitative improvement over existing procedures for handling of consular grievances, through online forwarding, tracking and escalation until their eventual resolution. It allows direct registration of the grievances by the members of the public and effective tracking of the entire grievance handling process thereafter. MADAD incorporates several innovative features such as a flexible architecture to handle a variety of grievances, online filing and linking of similar grievances for easier retrieval and reference, automatic escalation and enhancement of priority,

colour-coded dash boards for easy assessment and monitoring, and has an associated call centre to help grievants.

The interface of the portal is designed to be user-friendly and has minimal steps to log grievances. Moreover, the Madad App is available on Android, iOS and Windows platforms. Twitter Sewa (@meaMadad) was launched in March, 2017 to manage and respond to grievances received on twitter.

(b): Madad Portal allows online registration of grievances by Indian citizens abroad, eliminating delays associated with manual processes. Grievances so registered can be tracked in real time as the system is designed to cut down the time required for grievances to be sent to our Missions abroad. An Automated Escalation Mechanism is also employed to monitor response time to automatically escalate un-addressed complaints to higher authorities within a stipulated period ensuring transparency and faster disposal.

For all Indians including those in conflict zones, the portal is integrated to all Indian Missions and Posts abroad, along with MEA Branch Secretariats in cities like Chennai, Hyderabad, Guwahati, Mumbai and Kolkata, enabling seamless forwarding of complaints to the relevant authority. This integration ensures that grievances reach the concerned Mission/Post quickly, facilitating immediate coordination with local authorities or rescue operations. Furthermore, the Portal also uses built-in prioritizing mechanism for certain categories of grievances, such as repatriation of mortal remains or cases of extreme distress, which are common in conflict zones. The Madad Mobile App, available on Android, iOS, and Windows,

and 24x7 Helpline (1800-11-3090) particularly in conflict zones is critical for Indian citizen stranded abroad.

(c) : The Ministry through its Missions/Posts abroad have been regularly interacting with Indian students studying abroad to register details on the Students Module voluntarily and also encouraging the Indian students organizations and Indian community associations for the same through social media platforms.

The Ministry is also supporting the promotion by publicizing MADAD App through official channels like the MEA website and Mission announcements, aimed to reach Indian migrant workers and students to encourage its adoption. Release of regular advisories from Indian Missions/Posts for students encouraging online registration on Madad to facilitate assistance, thereby targeting a key demographic directly.

MEA has also leveraged social networking platform such as Twitter (@MEAIndia, @MeaMadad), Electronic mode of communication such as Email (madad@mea.gov.in), 24x7 Helpline (1800-11-3090) to respond to distress calls and promote Madad. Assistance to workers in Gulf countries, have been publicized to demonstrate the portal's utility, indirectly raising awareness among migrant communities who follow these channels or hear about them through word of mouth. As noted in MEA reports from 2016, linking of Indian Workers Resource Centres (IWRCs) in cities like Riyadh and Jeddah, established to support distressed workers, to Madad's ecosystem serve as physical touchpoints where staff likely inform workers about the portal during counseling or aid sessions. Through hosting of events like Pravasi Bharatiya Divas or programmes like diaspora engagements,

MEA is spreading awareness dedicated to Madad awareness among migrant Indian workers and students distressed abroad. These high-visibility platforms are some of the efforts in reaching both to workers and students in host countries, reinforcing the portal's role.

(d) and (e) : Regular feedbacks from grievants and petitioners are taken under consideration to strive for continuous improvement of MADAD Portal. To enhance effectiveness of MADAD Portal, the government has established other support systems, such as the Indian Community Welfare Fund (ICWF) and the Pravasi Bharatiya Sahayta Kendras (PBSK), which provide assistance with issues like emergency medical care, air passage, and legal aid. From time to time, MEA has expanded the Portal's functionality and promoting its uses in crises. The MADAD portal represents a qualitative improvement over existing procedures for handling of consular grievances, through online forwarding, tracking and escalation until their eventual resolution.

IMPORT OF NANO UREA

5564. THIRU DAYANIDHI MARAN:

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

- (a) whether scientific studies and field trials were conducted to assess the effectiveness of Nano Urea before its approval for large-scale use, if so, the details thereof;
- (b) whether the Government has taken note of the reports suggesting that Nano fertilizers used by the farmers were found to be inefficient and costly and if so, the details thereof;

- (c) whether the Government is considering reassessment of its policy for large-scale promotion of Nano Urea, in light of the said reports about Nano Urea's inefficiency and if so, the details thereof;
- (d) whether the Government has conducted any study on Nano Urea's use impacts on nutritional quality of staple grains produced, if so, the details thereof;
- (e) whether reports also suggest that Punjab Agricultural University and other institutions have found a decline in crop yield; and
- (f) if so, whether the Government will conduct independent trials in Tamil Nadu's agro-climatic conditions before further promoting Nano Urea in the area 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) to (e) : Yes, Sir. Indian Council of Agriculture Research (ICAR) research institutes/state agricultural Universities carried out nano urea trials on different crops such as Paddy, Wheat, Mustard, Maize, Tomato, Cabbage, Cucumber, Capsicum and Onion in different agro-climatic zones. The study on the effect of nano urea (liquid) on crop yield and soil indicated that nano-urea can be used as foliar spray for top-dressing instead of normal urea. Independent study carried out by the ICAR institute on selected crops revealed that Nano urea spray along with recommended practice enhanced 0.8% growth (height, tillers), 1% in physiological traits (chlorophyll, enzyme), 2% yield attributes over 100% RDN in rice. It also

significantly decreased the cynogen (bitterness compound) in cassava and enhanced protein content (1-2%) and reduced fiber fractions in fodder maize.

The Maximum Retail Price (MRP) of 45 Kg bag of conventional Urea, after subsidy, is Rs 266.5 per bag. Against this, the MRP of Nano Urea produced by various companies are as under :

Sr. No	Company Name	The cost of Nano Urea without subsidy (MRP)
1	Indian Farmers Fertilisers Cooperative Limited	Rs 225 per 500 ml bottle
2	Ray Nano Science & Research Centre	Rs 225 per 500 ml bottle
3	Meghmani Crop Nutrition Limited	Rs 225 per 500 ml bottle
4	Zuari Farm Hub Ltd	Rs 265 per 500 ml bottle
5	Coromandel International Limited	Rs 325 per 500 ml bottle

A 500 ml bottle of Nano urea is approximately equivalent to 1 bag of 45 Kg of conventional Urea.

The MRP of 50 Kg bag of conventional DAP, after subsidy, is Rs 1350 per bag. Against this, the MRP of Nano DAP produced by various companies are as under:

Sr. No	Company Name	The cost of Nano DAP without subsidy
1	Indian Farmers Fertilisers Cooperative Limited	Rs 600 per 500 ml bottle
2	Coromandel International Limited	Rs 600 per 1 litre bottle
3	Zuari Farm Hub Ltd	Rs 625 per 500 ml bottle

A 500 ml bottle of Nano DAP is approximately equivalent to 1 bag of 50 Kg of conventional DAP.

In case of conventional Urea and conventional DAP, Government bears the cost of subsidy for their sale, while even without any subsidy, Nano fertilizers are cheaper than conventional fertilizers.

The project "Effect of Nano Urea and DAP and popularization of its use in crop production," is undertaken at ICAR from 2024 to 2026, to evaluate the impact of Nano Urea and DAP on crop growth, soil health, and nutrient uptake across various agro-ecological zones in India.

An MoU has also been signed between National Productivity Council (NPC) of India and Department of Fertilizers on 5th March, 2024 to undertake the study of Nano Urea on "Evaluating Efficacy, Utility and Impact of Nano Urea in comparison to Conventional Urea. Study conducted in 8 States (AP, Assam, Gujarat, Bihar, Karnataka, MP, Maharashtra, UP), 24 districts and 120 villages from key stakeholders viz. farmers, retailers, SAU/KVK and submitted their findings as under:

- (i) Improved Nano Urea plus with 16% Nitrogen (w/w) or 20% Nitrogen (w/v) which covers large number of crops is better for higher yield.
- (ii) Percentage increase in yield for combined application of conventional urea (basal dose) and nano urea (foliar application) as compared to conventional urea alone is 1.65-14.82% depending upon the crop based on feedback from farmers (given in the enclosed **Statement**).
- (iii) The crop growth is better if seed treatment is done with Nano DAP.
- (iv) Conventional urea harms the population of earthworms which are beneficial for the health of soil and the crops. Hence conventional urea may be used to

a minimum extent and the use of nano urea has to be promoted for better soil and crop health.

(v) Nano urea does not degrade soil health as it is applied as a foliar application.

The experiments conducted by Punjab Agricultural University (PAU), Ludhiana on IFFCO Nano Urea during 2020-2024 along with on-farm trials at 17 Krishi Vigyan Kendras (KVKs) of PAU and 10 farmers' fields, did not support the claims regarding yield improvement or nitrogen efficiency with the use of nano urea. However, ICAR study recommends using 2 foliar sprays of Nano urea, along with 2/3 of the recommended N and full doses of PK, which can increase crop yields by 3-8%. Short-term studies have found no significant impact of Nano urea application on soil properties, including soil nitrogen content.

(f) : Yes Sir. ICAR has informed that Annamalai University and Tamil Nadu Agricultural University have tested the product of IFFCO Nano Urea, in Tamil Nadu.

STATEMENT

S.No.	Crop	States Covered under Study	Range of % increase in yield in different crops
1	Paddy	Andhra Pradesh, Assam, Bihar, Gujarat, Karnataka, Madhya Pradesh, Maharashtra & Uttar Pradesh	3.12 -12.74
2	Wheat	Andhra Pradesh, Bihar, Gujarat, Maharashtra, Madhya Pradesh & Uttar Pradesh	3.32 -10.11
3	Maize	Bihar, Gujarat, Karnataka, Maharashtra & Madhya Pradesh	8.11 -12.5
4	Cotton	Andhra Pradesh, Gujarat, Karnataka & Maharashtra	3.58 - 10.16
5	Mustard	Gujarat, Madhya Pradesh & Uttar Pradesh	8.12 -12.14

6	Sugarcane	Gujarat, Karnataka & Uttar Pradesh	1.65 -4.00
7	Chilli	Andhra Pradesh, Gujarat & Uttar Pradesh	7.3 -11.31
8	Potato	Assam, Gujrat & Madhya Pradesh	4.32 -7.88
9	Soyabean	Gujarat & Karnataka	5.87 - 6.98
10	Gram	Andhra Pradesh & Madhya Pradesh	2.98 - 12.76
11	Groundnut	Andhra Pradesh & Gujarat	7.11 - 12.00
12	Onion	Andhra Pradesh & Madhya Pradesh	5.32 -11
13	Pearl Millet	Gujarat & Maharashtra	7.16 - 9.57
14	Cabbage	Madhya Pradesh & Uttar Pradesh	7.50 -13.57
15	Brinjal	Andhra Pradesh & Uttar Pradesh	6.7 - 14.38
16	Garlic	Madhya Pradesh	7.58 -12.00
17	Coriander	Madhya Pradesh	7.81 -12.01
18	Pea	Uttar Pradesh	6.14 -14.82
19	Carrot	Madhya Pradesh	6.20 -10.12
20	Castor	Gujarat	7.52 - 7.67
21	Ragi	Andhra Pradesh	3.45-7.67
22	Masur	Madhya Pradesh	5.73-8.00
23	Moong	Madhya Pradesh	5.53-7.98
24	Tabacco	Gujarat	7.71-8.00
25	Tomato	Andhra Pradesh	3.54-6.52
26	Udad	Maharashtra	5.7-9.5
27	Watermelon	Maharashtra	10.83-11.02
28	Arhar	Gujarat	5.9-8.1
29	Banana	Andhra Pradesh	5.21-7.1
30	Boro/Springce	Assam	3.54-8.23

ALLOCATION OF FUNDS TO KERALA UNDER NHM

5565. SHRI SHAFI PARAMBIL:

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

- (a) the total amount of fund allocated and disbursed under the National Health Mission (NHM) during the last three years to the State of Kerala; and

(b) whether there is any pending dues to be released under the National Health Mission during the last three years to the State of Kerala 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) : Under the National Health Mission, technical and financial support is provided to the States/UTs including the State of Kerala 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.

Based on the proposals received from the States in their Programme Implementation Plan (PIP), approvals are provided keeping in view of the resource envelope of the States/UTs including Kerala as well as existing norms. 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.

Further, funds released under the National Health Mission (NHM) to the State of Kerala during the financial year 2021-22 to 2024-25 is given below:

(Rs. in cr.)

Financial Year	Central Release
2021-22	771.47
2022-23	1,036.76
2023-24	189.15
2024-25	1,351.79

Note:

1. The above release includes only Central Govt. grants and do not include State share contribution.
2. Release for the FY 2024-25 is updated up-to 31.03.2025 is under reconciliation and is provisional.

AYUSH HOLISTIC WELLNESS CENTRE

5566. SHRIMATI ROOPKUMARI CHOUDHARY:

SHRI JASWANTSINH SUMANBHAI BHABHOR:

SHRI ALOK SHARMA:

SHRIMATI MAHIMA KUMARI MEWAR:

SHRI GAJENDRA SINGH PATEL:

SHRI CHHATRAPAL SINGH GANGWAR:

SHRI MADHAVANENI RAGHUNANDAN RAO:

SHRI DHARAMBIR SINGH:

DR. BHOLA SINGH:

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

- (a) the objectives of the recent MoU signed with the Supreme Court of India regarding AYUSH Holistic Wellness Centres;
- (b) the key areas addressed/likely to be addressed by the said Centres;
- (c) whether the Government has launched any digital services of AYUSH Holistic Wellness Centres and if so, the details thereof along with the number of such centres operational in Madhya Pradesh and the progress report thereon;
- (d) whether there are any plans to establish AYUSH Holistic Wellness Centres in the Bhiwani-Mahendergarh Parliamentary constituency of Haryana and if so, the details of timeline thereof;

- (e) the steps being taken by the Government to ensure the accessibility of AYUSH Holistic Wellness Centres to the general public; and
- (f) the challenges faced by the Government in implementing the AYUSH Holistic Wellness Centres along with the steps being taken to address them?

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 MoU signed with the Supreme Court of India (SCI) regarding AYUSH Holistic Wellness Centres:

- i. All India Institute of Ayurveda and the Supreme Court of India, Tilak Marg, New Delhi has agreed to collaborate on the setting up and operationalization of the AYUSH Holistic Wellness Centre for Ayurveda at Additional Building Complex, Supreme Court of India, New Delhi for sensitization and awareness activities about Ayurveda to employees, officers, officials and staff etc. of Supreme Court of India, New Delhi.
- ii. AYUSH Holistic Wellness Centre for Ayurveda including-
 - Panchakarma Centre is equipped with all the necessary equipment for all Panchakarma and allied therapies,
 - Lifestyle counselling, Yoga, Diet advice and Stress Management Unit,
 - Ayurveda consultation provided with mini pharmacy to provide technical expertise for establishment of the AYUSH Holistic Wellness Centre for Ayurveda at Supreme Court of India, New Delhi.

As per MoU the key areas addressed/likely to be addressed by the said Centres are as follows:-

- i. To establish and operationalize the AYUSH Holistic Wellness Centre for Ayurveda at Supreme Court of India, New Delhi.
- ii. To conduct awareness and sensitization activities on Ayurveda for Hon'ble Judges and their families and officers and staff of Supreme Court of India including coordinating agencies.
- iii. To further develop and enrich AYUSH Holistic Wellness Centre for Ayurveda as Centre of excellence for Ayurveda therapies.

(c) : There are no digital services in Ayurveda Holistic Wellness Center at Supreme Court of India. Further, there are no such centres operational in Madhya Pradesh.

(d) to (f): Public Health being a State subject, establishment of AYUSH Holistic Wellness Centers in the Bhiwani Mahendergarh Parliamentary constituency of Haryana comes under the purview of respective State Government. However, under Centrally Sponsored Scheme of National Ayush Mission (NAM), as per the proposals received through State Annual Action Plan (SAAP) from State Govt. of Haryana, 21 existing Ayush dispensaries in the Bhiwani has been supported to be upgraded as Ayush Health and Wellness Centers now known as Ayushman Arogya Mandir-Ayush.

The primary responsibility to ensure the accessibility of AYUSH Holistic Wellness Centres to the general public lies with respective State Government. However, Govt. of India has approved the proposal in 2019-20 to operationalized 12500 Ayush Health & Wellness Centers through States/UTs in Centrally Sponsored Scheme mode under the broad umbrella of National Ayush Mission. The main objectives of Ayush Health & Wellness Centres are to establish a holistic

Wellness model based on Ayush principles and practices to empower masses for "self-care" to reduce the disease burden, out of pocket expenditure and to provide informed choice to the needy public. Further, under NAM as per the proposals received from State/UT Governments through SAAPs, 12500 units of existing Ayush dispensaries/Sub health centers have been approved in the country to be upgraded as Ayushman Arogya MandirAyush and as reported by the States/UTs 12471 are functional.

BENEFICIARIES UNDER AB-PMJAY IN NORTH EASTERN STATES

5567. DR. ANGOMCHA BIMOL AKOIJAM:

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

- (a) the total number of beneficiaries under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) across the country till date, State-wise particularly the North Eastern States; and
- (b) the total amount received by the beneficiaries under the said scheme, State-wise particularly the North Eastern States?

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) : State/UT-wise details of number of eligible beneficiary families under Ayushman Bharat -Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) are given in the enclosed **Statement**.
- (b) : AB-PMJAY is a paperless and cashless centrally sponsored health scheme wherein no funds are directly transferred or released to the beneficiaries.

STATEMENT**State/UT-wise details of number of eligible beneficiary families under AB-PMJAY**

States/UT	Number of eligible beneficiary families
Andaman & Nicobar Island	32,572
Andhra Pradesh	78,65,341
Arunachal Pradesh	1,33,249
Assam	37,25,630
Bihar	1,32,60,697
Chandigarh	1,04,084
Chhattisgarh	45,70,670
DNH & DD	49,763
Goa	1,07,089
Gujarat	67,01,820
Haryana	24,78,787
Himachal Pradesh	7,99,728
Jammu And Kashmir	10,84,365
Jharkhand	36,19,092
Karnataka	87,51,412
Kerala	35,94,528
Ladakh	24,474
Lakshadweep	3,498
Madhya Pradesh	1,06,34,139
Maharashtra	1,32,92,650
Manipur	3,73,701
Meghalaya	4,30,702
Mizoram	2,26,156
Nagaland	2,96,233
Puducherry	1,52,164
Punjab	27,35,109
Rajasthan	80,72,469
Sikkim	58,764
Tamil Nadu	1,16,21,507
Telangana	39,78,169
Tripura	6,27,394
Uttar Pradesh	1,80,17,007
Uttarakhand	9,73,184

Delhi	8,95,517
Odisha	77,79,939
West Bengal	1,43,39,146

कामकाजी महिलाओं के लिए हॉस्टल

5568. श्री दामोदर अग्रवाल:

श्री कुलदीप इंदौरा:

श्री हरीश चंद्र मीना:

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

- (क) क्या सरकार के पास राजस्थान सहित देश के विभिन्न भागों में कामकाजी महिलाओं के लिए जिलावार आवासीय इकाई/हॉस्टल बनाने की कोई योजना है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा कामकाजी महिलाओं की सुरक्षा के लिए क्या कदम उठाए गए हैं;
- (ग) क्या सरकार के पास इस योजना के प्रथम चरण में राजस्थान के श्रीगंगानगर, टोंक सवाई माधोपुर और हनुमानगढ़ जिलों में कामकाजी महिलाओं के लिए हॉस्टल बनाने की कोई योजना है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) वर्तमान में देश भर में कामकाजी महिलाओं के लिए राज्यवार कितने सरकारी हॉस्टल उपलब्ध हैं; और
- (ङ) क्या उक्त जिलों में हॉस्टल के लिए भूमि अधिग्रहण और निर्माण योजना को अंतिम रूप दे दिया गया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है और उक्त जिलों में हॉस्टलों के पूरा होने/संचालन हेतु क्या समय-सीमा निर्धारित की गई है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

- (क) से (ङ): सरकार कामकाजी महिलाओं और कार्यबल में शामिल होने की इच्छुक महिलाओं के लिए सुरक्षित, संरक्षित और किफायती छात्रावास सुविधा प्रदान करने के लिए प्रतिबद्ध है। कामकाजी महिला

छात्रावास श्रम बल में महिलाओं की भागीदारी में सुधार लाने के लिए महत्वपूर्ण घटक हैं जो 'वीमेन लेड डिवेलपमेंट' के विचार को साकार करने की दिशा में एक बड़ा कदम है।

मिशन शक्ति के अंतर्गत सखी निवास योजना [कामकाजी महिला छात्रावास (डब्ल्यूडब्ल्यूएच)] एक मांग आधारित केंद्र प्रायोजित योजना है जहां राज्य और संघ राज्य क्षेत्र स्थानीय आवश्यकताओं के अनुसार अपनी आवश्यकता का आकलन करते हैं और राज्यों/संघ राज्य क्षेत्रों के साथ चर्चा के बाद कार्यक्रम अनुमोदन बोर्ड (पीएबी) द्वारा प्रस्तावों को मंजूरी दी जाती है। इस योजना का उद्देश्य कामकाजी महिलाओं और उच्च शिक्षा/प्रशिक्षण प्राप्त कर रही महिलाओं के लिए सुरक्षित और सुविधाजनक स्थान पर आवास की उपलब्धता को बढ़ावा देना है, साथ ही शहरी, अर्ध-शहरी और यहां तक कि ग्रामीण क्षेत्रों में जहां महिलाओं के लिए रोजगार के अवसर मौजूद हैं, बच्चों के लिए डे केयर सुविधा भी उपलब्ध कराना है। इस योजना में किराये के आधार पर निधि प्रदान की जाती है। नए ग्रीनफील्ड निर्माण को बंद कर दिया गया है।

तथापि, वित्त मंत्रालय के व्यय विभाग (डीओई) ने पूंजी निवेश के लिए राज्यों को विशेष सहायता योजना (एसएससीआई) के अंतर्गत वित्तीय वर्ष 2024-25 के दौरान 28 राज्यों को डब्ल्यूडब्ल्यूएच के ग्रीनफील्ड निर्माण के लिए 5000.00 करोड़ रुपये आवंटित किए हैं। अपनी जरूरतों और आवश्यकताओं का आकलन करने के बाद, 28 राज्यों ने व्यय विभाग को डब्ल्यूडब्ल्यूएच के निर्माण के प्रस्ताव प्रस्तुत किए थे। प्रस्तावों के आधार पर, व्यय विभाग ने वित्तीय वर्ष 2024-25 के दौरान डब्ल्यूडब्ल्यूएच के निर्माण के लिए 28 राज्यों को पहली किस्त जारी कर दी है।

निर्भया कोष के ढांचे के अंतर्गत अधिकार प्राप्त समिति ने भी उत्तराखंड में 7, उत्तर प्रदेश में 3, नागालैंड में 7, पंजाब में 1, तमिलनाडु में 3 और दिल्ली विश्वविद्यालय के लिए 1 डब्ल्यूडब्ल्यूएच के ग्रीनफील्ड निर्माण का मूल्यांकन किया है।

राजस्थान सरकार ने सूचित किया है कि उन्होंने वित्तीय वर्ष 2024-25 के दौरान एसएससीआई योजना के तहत 41 जिलों में डब्ल्यूडब्ल्यूएच के निर्माण के लिए व्यय विभाग को 165.32 करोड़ रुपये का प्रस्ताव प्रस्तुत किया है। इन 41 जिलों में श्रीगंगानगर, टोंक, सवाई माधोपुर

और हनुमानगढ़ जिले शामिल हैं। वित्तीय वर्ष 2024-25 के दौरान उन्हें 109.11 करोड़ रुपये की पहली किस्त प्राप्त हो गई है। राज्य सरकार द्वारा यह भी सूचित किया है कि इन चार जिलों में 50 बिस्तरों वाले डब्ल्यूडब्ल्यूएच के निर्माण के लिए भूमि आवंटित कर दी गई है।

वर्तमान में देश भर में 523 सखी निवास कार्यशील हैं और राज्यवार ब्यौरा संलग्न विवरण में दिया गया है।

विवरण

कार्यशील सखी निवास (डब्ल्यूडब्ल्यूएच) का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा

क्र.सं.	राज्य/संघ राज्य क्षेत्र	कार्यशील सखी निवास (डब्ल्यूडब्ल्यूएच) की संख्या
1.	आंध्र प्रदेश	23
2.	अरुणाचल प्रदेश	05
3.	अंडमान और निकोबार द्वीप समूह	00
4.	असम	10
5.	बिहार	00
6.	चंडीगढ़	06
7.	छत्तीसगढ़	06
8.	दमन और दीव एवं दादरा और नगर हवेली	00
9.	दिल्ली	15
10.	गोवा	00
11।	गुजरात	14
12.	हरियाणा	07
13.	हिमाचल प्रदेश	06
14.	जम्मू और कश्मीर	01
15.	झारखंड	02
16.	कर्नाटक	62
17.	केरल	138
18.	लद्दाख	00
19.	लक्षद्वीप	00
20.	मध्य प्रदेश	02
21.	महाराष्ट्र	74
22.	मणिपुर	18

23.	मेघालय	04
24.	मिजोरम	03
25.	नागालैंड	11
26.	ओडिशा	11
27.	पुदुचेरी	04
28.	पंजाब	00
29.	राजस्थान	15
30.	सिक्किम	01
31.	तमिलनाडु	60
32.	तेलंगाना	17
33.	त्रिपुरा	00
34.	उत्तराखंड	00
35.	उत्तर प्रदेश	08
36.	पश्चिम बंगाल	00
कुल*		523

* राज्यों/संघ राज्य क्षेत्रों से प्राप्त जानकारी के अनुसार।

AYUSH MEDICINE AND THERAPIES IN KARNATAKA

5569. SHRI KOTA SRINIVASA POOJARY:

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

- whether any steps have been taken by the Government to promote the use of AYUSH medicine and therapies in Karnataka, particularly in rural and hilly areas;
- if so, the details thereof;
- the number of Ayushman Arogya Mandirs operational in Karnataka and the allocation of funds for these centres;

- (d) whether there are any plans to increase the number of AYUSH practitioners in the State to improve access to alternative healthcare; and
- (e) 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) : Public Health being a State subject, the primary responsibility to promote the use of Ayush medicine and therapies across the country including rural and hilly areas of Karnataka comes under the purview of respective State/UT Governments. However, under National Ayush Mission (NAM), Ministry of Ayush is supporting the efforts of State/ UT Governments for overall development & promotion of Ayush systems in the country by providing financial assistance to them under different activities as per the proposals received in their State Annual Action Plans (SAAPs) with in the existing provisions of NAM guideline. NAM inter-alia has provisions for the following major activities:

- i. Operationalization of Ayush Health & Wellness Centres by upgrading existing Ayush dispensaries and sub health centres, 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 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.
- x. Infrastructural development of Ayush Post-Graduate Institutions / add on PG/ Pharmacy/Para-Medical Courses.

(c) : As per the proposals received from the State Government of Karnataka through SAAPs, 376 units of Ayushman Arogya Mandir-Ayush (formerly known as Ayush Health & Wellness Centres) have been approved and as reported by the State Governments, all 376 units are functional. Further, an amount of Rs. 2520.144 lakhs were allocated for these centres from 2019-20 to 2023-24.

(d) and (e) : The primary responsibility to increase the number of Ayush practitioners in the State to improve access to alternative healthcare in the country comes under the purview of respective State/UT Governments as Public Health is a State subject. However, under Centrally Sponsored Scheme of National Ayush Mission (NAM), there is provision of financial assistance for establishment of new Ayush Colleges in the States where availability of Ayush teaching institutions is

inadequate in Government Sector. It will also provide opportunities to the students for availing education of Ayush system of medicine in the States/UTs. Further under NAM there is provision for setting up of upto 50/30/10 bedded integrated Ayush Hospitals, upgradation of exclusive/ standalone Ayush Hospitals inter-alia are having provision for contractual deployment of Ayush Doctors. In this regard, State/UT Governments are required to submit their proposals through State Annual Action Plans (SAAPs) as per the guidelines of the scheme.

FUNDS FOR BETI BACHAO BETI PADHAO SCHEMES

5570. SHRI VISHALDADA PRAKASHBAPU PATIL:

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

- (a) whether approximately 80 percent of the Beti Bachao Beti Padhao (BBBP) scheme's funds during the year 2016-19 were allocated to media campaigns.
- (b) if so, the details thereof along with the reasons for prioritizing media campaigns over direct interventions.
- (c) whether the Government has assessed the on-ground effectiveness of the BBBP scheme in achieving its objectives over the past decade.
- (d) if so, the measurable improvements observed in child sex ratios and the socio-economic status of girls in the areas targeted by the scheme; and
- (e) the details of the steps being taken to balance awareness campaigns with direct action and grassroots interventions to ensure comprehensive empowerment of the girl child?

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

(a) and (b) : Beti Bachao Beti Padhao (BBBP) Scheme was launched on 22nd January 2015 to help address declining Child Sex Ratio (CSR) and related issues of empowerment of girls and women. The scheme focuses on creating mindset and behavioural changes towards the girl child by informing, influencing, motivating, engaging, and empowering all stakeholders. Year wise expenditure on BBBP including media advocacy during the years 2016-19 is in the table below:-

Sl. No.	Financial Year	Revised Estimates (R.E) (In Crores)	Funds released For Multi Sectoral Interventions including media advocacy (In Crores)
1	2016-17	43	28.66
2	2017-18	200	169.1
3	2018-19	280	244.73

These initiatives have successfully established the brand BBBP which has an excellent recall value and has transformed from a policy initiative into a national movement by mobilizing various stakeholders, including government agencies, media, civil society, and the public at large. This movement aims not only to address immediate concerns related to Sex Ratio at Birth and gender-based discrimination but also to foster a cultural shift towards valuing the girl child and ensuring her rights and opportunities.

(c) to (e) : An evaluation of the schemes of the Ministry of Women and Child Development was conducted during the Financial Year 2020-21 by NITI Aayog. Based on the report, the Ministry has modified the guideline under Mission Shakti

including increasing coverage of the scheme to all the districts of the country through multi-sectoral interventions and by encouraging greater expenditure on activities that have a direct impact like promoting sports among girls, self-defence camps, awareness about PC-PNDT Act etc. Ministry has also developed an operational manual which, inter-alia, includes a thematic calendar for suggested convergence activities at the district level with month wise specific themes for holistic development and comprehensive empowerment of the Girl Child and to ensure year-round engagement of girls, their families and communities.

BBBP dashboard has been developed for real time monitoring of the activities conducted at district and State/UT level. Ministry issues regular advisories and reviews the scheme through video conferencing from time to time with the officials of States and UTs. Field visits are also undertaken by senior officers to review implementation of the scheme on ground. State and UT -wise detailed reviews are conducted during the annual Programme Approval Board meetings, in which Ministry reviews the progress of the State/UT.

As per the latest reports of Health Management Information System (HMIS) of Ministry of Health & Family Welfare (MoHFW), Sex Ratio at Birth (SRB) has increased from 918 in 2014-15 to 930 in 2023-24 at the national level during 2014-15 and 2023-24 with a net addition of 12 points.

Further, Gross Enrollment Ratio (GER) of girls in the schools at secondary level has increased from 75.51 percent in (2014-15) to 78 percent in (2023-24) [UDISE-data, MoE].

The Government gives utmost priority to the safety, security and empowerment of girls the country. To this end, the Government has adopted multi-pronged approach to address the educational, social and economic empowerment of girls.

In order to enhance the ease of living for the girl child, particularly in the rural areas of the country, under the Swachh Bharat Mission more than 11.8 crore toilets have been constructed.

Sukanya Samriddhi Yojana (SSY) is a small savings scheme designed to secure the future of girl children, offering a high interest rate. Only one Sukanya Samriddhi account can be opened in the name of a girl child. The total number of active accounts under Sukanya Samriddhi account (SSA) and the total amount deposited in these accounts (as on 31.01.2025) are more than 4.16 Crores and more than Rs. 2.70 lakh crore respectively.

Samagra Shiksha is an integrated scheme for school education from pre-school to class XII, supporting the implementation of the National Education Policy 2020 and the Right to Education Act, 2009. It emphasizes early childhood care and education, foundational literacy and numeracy, a holistic and inclusive curriculum, enhancing learning outcomes, bridging social and gender gaps, and ensuring equity and inclusion at all education levels.

Kasturba Gandhi Balika Vidyalaya (KGBV) scheme seeks to bridge gender and social category gaps in school education by providing residential schooling facilities for girls up to Class XII. Under the scheme, the girls in the age group of

10-18 years from Scheduled Caste (SC), Scheduled Tribe (ST), Other Backward Class (OBC), minority communities, and BPL families are covered.

The Scheme for Adolescent Girls (SAG) has been subsumed under Mission Saksham Anganwadi and Poshan 2.0 w.e.f. 01.04.2022. The targeted beneficiaries under this scheme are girls in the age group of 14 – 18 years in the Aspirational Districts and all North Eastern States.

Vigyan Jyoti Programme encourages girls to pursue education and careers in STEM (Science, Technology, Engineering, Mathematics) fields to improve gender balance. It targets meritorious girls from Class IX to Class XII and includes student-parent counselling, career counselling, additional academic support classes, tinkering activities, special lectures, visits to scientific institutions, labs, industries, and science camps and workshops.

CGHS WELLNESS CENTRE IN TELANGANA

5571. SHRIMATI D. K. ARUNA:

SHRI CHAMALA KIRAN KUMAR REDDY:

SHRI SURESH KUMAR SHETKAR:

SHRI EATALA RAJENDER:

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

- (a) whether the Government has any proposal to set up new CGHS wellness centres/Dental Care hospitals in the country particularly in Hyderabad-at KPHB Colony, Miyapur, Patancheru, Bharat Nagar, Narsingi, Gundlapochampally areas and also in all the districts of Telangana to cater to the growing needs of serving and retired employees of the Central Government who have settled

there in a large number and if so the details thereof, State/UT-wise and district-wise;

- (b) whether the Government has carried out any surveys regarding the need for setting up of more CGHS wellness centres in the country and prepared report thereon especially for Telangana State as the existing 13 CGHS wellness centres are not able to cater to the growing needs/demands of the CGHS beneficiaries/patients and if so, the details thereof:
- (c) the steps taken/proposed to be taken by the Government to set up more such centres in all the districts in Telangana/Andhra Pradesh;
- (d) whether the Government also proposes to improve the services of the existing 13 CGHS centres in Hyderabad by providing latest equipments and appointing more doctors and other specialists; and
- (e) if so, the details thereof along with the funds sanctioned and spent during the last five years and current year till date as per doctor-patient ratio of CGHS and 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) to (e) : The extant norms for opening of a new CGHS Wellness Centre, *inter-alia*, include minimum 2500 principal CGHS Cardholders or 6000 CGHS beneficiaries subject to availability of resources, suitable accommodations, creation of posts of Medical Officers, Pharmacists, Staff Nurse, Clerical Staff *etc.*

The sanction of posts and allocation of funds for these Wellness Centres is under the ambit of Department of Expenditure, Ministry of Finance.

111 private hospitals, 30 exclusive eye care hospitals, 8 exclusive dental care hospitals, and 11 diagnostic laboratories and imaging centers are empanelled under CGHS to provide better healthcare services to CGHS beneficiary in Hyderabad, Telangana.

For filling up the post of General Duty Medical Officers (GDMOs), the Ministry of Health and Family Welfare submits requisition of vacancies every year to Union Public Service Commission (UPSC). UPSC also conducts interviews for recruitment of Non-Teaching Specialists and recommend suitable candidates against the vacant posts. Similarly, in respect of Non-Gazetted staff, these vacancies are filled through Staff Selection Commission (SSC). The details of Budget Expenditure during the last five years and current year, are given in the enclosed **Statement**.

STATEMENT

Details of Budget Expenditure during last 5 years and current year

Sl. No.	Financial Year	Funds Sanctioned (Amount in Crore Rs.)	Funds Spent (Amount in Crore Rs.)	Doctors	Beneficiaries
1	FY 19-20	206.71	206.16	98	196695
2	FY 20-21	236.15	236.00	98	221235
3	FY 21-22	267.86	265.69	98	237848
4	FY 22-23	382.75	382.65	98	254636
5	FY 23-24	332.49	353.05	98	269106
6	FY 24-25 (upto 26.03.2025)	471.81	428.45	98	285220

EXPENDITURE UNDER AB-PMJAY**5572. ADV. DEAN KURIAKOSE:**

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

- (a) the total expenditure incurred by the Union Government for claims under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) scheme alongwith the details of central contribution to the State Governments since its inception, State-wise;
- (b) the overall claim expenditure of the State Governments under AB-PMJAY scheme since its inception, State-wise; and
- (c) whether a committee was constituted by the Union Government for revision of the overall premium for the scheme and if so, the details thereof along with the main recommendations given by the committee for the State of Kerala?

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) : Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is completely funded by the Government and costs are shared between Central and State Governments in the ratio as per the extant directives issued by the Ministry of Finance, from time to time.

The ratio of Central share to State share for all States, except North-Eastern States and 3 Himalayan States/UTs, is 60:40. For North-Eastern States and 3 Himalayan States/UTs (viz. Jammu and Kashmir, Himachal Pradesh and Uttarakhand), the ratio of Central share to State share is 90:10. In the case of Union

Territories, the Central contribution of premium is 100% for UTs without legislature, while it is 60:40 for those with legislature. The same ratio is applicable for expenditure for treatments of senior citizens of age 70 years and above.

State/UT-wise details of total expenditure incurred in hospital admissions under AB-PMJAY are given in the enclosed **Statement**.

(c) : Regular updation such as expansion of beneficiary base, inclusion of new procedures, empanelment of new hospitals and other improvements are done in the scheme as per requirements from time to time.

STATEMENT

State/UT-wise details of total expenditure incurred in hospital admissions under AB-PMJAY

State/UT	Amount for hospital admissions (in crore of Rupees)
Andaman And Nicobar Islands	11.10
Andhra Pradesh	17,787.80
Arunachal Pradesh	12.77
Assam	2,630.43
Bihar	2,280.77
Chandigarh	63.97
Chhattisgarh	8,537.68
DNH & DD	113.78
Goa	5.21
Gujarat	14,922.13
Haryana	3,258.50
Himachal Pradesh	457.36
Jammu And Kashmir	2,893.05
Jharkhand	2,923.18
Karnataka	8,922.62
Kerala	7,892.47
Ladakh	32.76
Lakshadweep	4.14

Madhya Pradesh	8,570.12
Maharashtra	6,764.63
Manipur	294.34
Meghalaya	944.59
Mizoram	186.40
Nagaland	196.25
Puducherry	98.20
Punjab	3,259.93
Rajasthan	7,216.97
Sikkim	24.77
Tamil Nadu	8,230.80
Telangana	4,663.58
Tripura	405.60
Uttar Pradesh	9,488.94
Uttarakhand	3,002.85

राष्ट्रीय जलमार्गों की स्थिति

5573. श्री बाल्या मामा सुरेश गोपीनाथ म्हात्रे :

श्री बलवंत बसवंत वानखडे :

क्या पत्तन, पोत परिवहन और जलमार्ग मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या यह सच है कि गंगा, ब्रह्मपुत्र, यमुना और अन्य नदियों में जल परिवहन अभी भी पूरी तरह से विकसित नहीं हुआ है;
- (ख) यदि हां, तो राष्ट्रीय जलमार्गों की वर्तमान स्थिति क्या है और वास्तव में कितने जलमार्ग प्रचालनरत हैं;
- (ग) क्या सरकार के पास जलमार्ग अवसंरचना के विकास के लिए निजी क्षेत्र और विदेशी निवेश को आकर्षित करने की कोई योजना है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या सरकार यह सुनिश्चित करेगी कि जल परिवहन को अधिक किफायती और वाणिज्यिक रूप से सफल बनाया जाए;

(ड) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(च) यदि नहीं, तो इसके क्या कारण हैं?

पत्तन, पोत परिवहन और जलमार्ग मंत्री (श्री सर्बानंद सोनोवाल):

(क) : वर्ष 2023-24 के दौरान, गंगा-भागीरथी-हुगली नदी प्रणाली (राष्ट्रीय जलमार्ग-1) और ब्रह्मपुत्र नदी (राष्ट्रीय जलमार्ग-2) पर क्रमशः 12.82 मिलियन टन और 0.59 मिलियन टन कार्गो की आवाजाही दर्ज की गई। राष्ट्रीय जलमार्ग (रा.ज.)-1 और रा.ज.-2 की क्षमता बढ़ाने के लिए, पत्तन, पोत परिवहन और जलमार्ग मंत्रालय के अंतर्गत भारतीय अंतर्देशीय जलमार्ग प्राधिकरण (आईडब्ल्यूआई) ने क्रमशः 5061 करोड़ रुपए और 862 करोड़ रुपए की लागत से व्यापक विकास परियोजनाओं का कार्यान्वयन शुरू किया है। इसके अतिरिक्त, जल परिवहन की पूरी क्षमता का दोहन करने के लिए मथुरा और दिल्ली में यमुना सहित अन्य नदियों पर अंतर्देशीय जल परिवहन अवसंरचना को बढ़ाने का काम शुरू किया गया है।

(ख) : वर्तमान में, 29 राष्ट्रीय जलमार्ग, कार्गो/यात्री आवागमन के लिए चालू हैं।

(ग) : राष्ट्रीय जलमार्ग (जेट्टी/टर्मिनलों का निर्माण) विनियम, 2025 को आईडब्ल्यूआई द्वारा 04.03.2025 को अधिसूचित किया गया है, जिसके अंतर्गत निजी क्षेत्र आईडब्ल्यूआई से अनापत्ति प्रमाण-पत्र (एनओसी) प्राप्त करने के बाद राष्ट्रीय जलमार्गों के किनारों पर जेट्टी/टर्मिनलों का विकास कर सकते हैं।

(घ) से (च) : आईडब्ल्यूआई ने भारत में अंतर्देशीय जल परिवहन के विकास और संवर्धन पर उल्लेखनीय जोर दिया है, जो किफायती और पर्यावरण अनुकूल है। अंतर्देशीय जल परिवहन (आईडब्ल्यूटी) को बढ़ावा देने के लिए सरकार द्वारा उठाए गए अवसंरचना और नीतिगत उपायों में शामिल हैं: (क) अवसंरचना संबंधी उपाय जैसे फेयरवे रखरखाव कार्य (नदी प्रशिक्षण, रखरखाव ड्रेजिंग, चैनल मार्किंग और नियमित हाइड्रोग्राफिक सर्वेक्षण), सामुदायिक जेट्टी, फ्लोटिंग टर्मिनलों, मल्टी-मॉडल टर्मिनलों, इंटर-मॉडल टर्मिनल और नौचालन लॉक आदि का निर्माण। (ख) नीतिगत उपाय जैसे; जलवाहक योजना का शुभारंभ, राष्ट्रीय जलमार्ग (जेट्टी/टर्मिनल का निर्माण) विनियम, 2015 की

अधिसूचना, पत्तनों के साथ एकीकरण, डिजिटलीकरण, कार्गो एक्त्रीकरण, सार्वजनिक क्षेत्र के उपक्रमों (पीएसयू) द्वारा कार्गो को शिफ्ट करना और नदी क्रूज पर्यटन को बढ़ावा देना।

PREVALENCE OF ANAEMIA

5574. SHRI PRADYUT BORDOLOI:

SHRI IMRAN MASOOD:

SHRI TANUJ PUNIA:

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

- (a) whether any measurements pertaining to anaemia have been excluded from the National Family Health Survey-6 and if so, the details thereof and if not, the reasons therefor;
- (b) whether the Government has planned for alternate surveys to measure the prevalence of anaemia across the country;
- (c) if so, the details thereof including information pertaining to its sample size, methodology employed to measure anaemia, periodicity and whether it will be a nation-wide survey or only cover specific States/ regions;
- (d) the total number of anaemia cases among women and children during the last five years, year and State-wise; and
- (e) the details of the initiatives taken by the Government to reduce the prevalence of anaemia among women and children in the country, State/UT and year-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) : As per information received from the Indian Council of Medical Research (ICMR), Diet and Biomarker Survey of India (DABS-I) is being undertaken across

States and UTs covering more than two lakhs population from different age groups of children, adolescents, women, pregnant women, men, elderly etc. The figures for haemoglobin estimation by the DABS study, among the various age groups, will be availed by the Ministry of Health and Family Welfare for estimating the prevalence of anaemia.

(d) : As per National Family Health Survey-5 (NFHS-5, 2019-21), the prevalence of anaemia is 57.0 percent in women age 15-49 years and 67.1 percent in children 6-59 months at national level. The State/UT-wise prevalence of anaemia among women and children is given in the enclosed **Statement**.

(e) : 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 Syrup to children 6-59 months, IFA Pink tablets to children 5-9 years, IFA Blue tablets to adolescents 10-19 years, IFA Red tablets to women of reproductive age group and IFA Red tablets to pregnant women and lactating mothers), Deworming, Intensified year-round behavior 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, addressing non-nutritional causes of anaemia in endemic pockets, with special focus on malaria, haemoglobinopathies and fluorosis, via robust institutional mechanism.

STATEMENT**State/UT-wise Prevalence of Anaemia among women and children under 5 years (Source: NFHS-5, 2019-21)**

S No.	State/UT	All women age 15-49 years who are anaemic (%)	Children age 6-59 months who are anaemic (%)
1	Andaman & Nicobar Islands	57.5	40.0
2	Andhra Pradesh	58.8	63.2
3	Arunachal Pradesh	40.3	56.6
4	Assam	65.9	68.4
5	Bihar	63.5	69.4
6	Chandigarh	60.3	54.6
7	Chhattisgarh	60.8	67.2
8	Delhi	49.9	69.2
9	DNH& DD	62.5	75.8
10	Goa	39.0	53.2
11	Gujarat	65.0	79.7
12	Haryana	60.4	70.4
13	Himachal Pradesh	53.0	55.4
14	Jammu & Kashmir	65.9	72.7
15	Jharkhand	65.3	67.5
16	Karnataka	47.8	65.5
17	Kerala	36.3	39.4
18	Ladakh	92.8	92.5
19	Lakshadweep	25.8	43.1
20	Madhya Pradesh	54.7	72.7
21	Maharashtra	54.2	68.9
22	Manipur	29.4	42.8
23	Meghalaya	53.8	45.1
24	Mizoram	34.8	46.4
25	Nagaland	28.9	42.7
26	Odisha	64.3	64.2
27	Puducherry	55.1	64.0
28	Punjab	58.7	71.1
29	Rajasthan	54.4	71.5
30	Sikkim	42.1	56.4

31	Tamil Nadu	53.4	57.4
32	Telangana	57.6	70.0
33	Tripura	67.2	64.3
34	Uttar Pradesh	50.4	66.4
35	Uttarakhand	42.6	58.8
36	West Bengal	71.4	69.0

आंगनवाड़ी कार्यकर्ताओं और आंगनवाड़ी सहायकों को न्यूनतम वेतन

5575. श्री धर्मेन्द्र यादव:

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

- (क) केन्द्र सरकार द्वारा आंगनवाड़ी कार्यकर्ताओं (एडब्ल्यूडब्ल्यू) और आंगनवाड़ी सहायकों (एडब्ल्यूएच) को प्रदान किया जाने वाला वर्तमान मूल मानदेय कितना है;
- (ख) राज्य सरकारें केन्द्र सरकार द्वारा प्रदान किए जाने वाले पारिश्रमिक में किस प्रकार अनुपूरण करती हैं तथा विभिन्न राज्यों में इसमें कितनी भिन्नताएं हैं तथा इन भिन्नताओं के क्या कारण हैं;
- (ग) क्या आंगनवाड़ी कार्यकर्ताओं तथा आंगनवाड़ी सहायकों को कार्य-निष्पादन से जुड़े प्रोत्साहन प्रदान किए जाते हैं;
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा इन प्रोत्साहनों को किस प्रकार क्रियान्वित किया गया है;
- (ङ) क्या आंगनवाड़ी कार्यकर्ताओं का वर्तमान मानदेय विभिन्न क्षेत्रों/राज्यों में एक समान पद के लिए न्यूनतम मजदूरी मानकों के अनुरूप है; और
- (च) यदि नहीं, तो इसके क्या कारण हैं तथा सरकार द्वारा विभिन्न क्षेत्रों में न्यूनतम मजदूरी के अनुरूप 'आंगनवाड़ी कार्यकर्ताओं को मानदेय प्रदान करने के लिए क्या कदम उठाए गए हैं?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

- (क) से (च) : मिशन सक्षम आंगनवाड़ी और पोषण 2.0 एक केंद्र प्रायोजित योजना है। केंद्र सरकार नीति और योजना के लिए जिम्मेदार है और राज्य सरकारें दिन-प्रतिदिन के कार्यक्रम कार्यान्वयन के लिए जिम्मेदार हैं।

आंगनवाड़ी कार्यकर्त्रियां और सहायिकाएं स्थानीय समुदाय की “मानद कार्यकर्त्रियां” हैं, जो समुदाय की सहायता के लिए बाल देखभाल और विकास के क्षेत्र में अपनी सेवाएं देने हेतु स्वेच्छा से आगे आती हैं जिसके लिए उन्हें मानदेय का भुगतान किया जाता है। भारत सरकार समय-समय पर आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू) और आंगनवाड़ी सहायिकाओं (एडब्ल्यूएच) के मानदेय में वृद्धि करती है। भारत सरकार ने दिनांक 1 अक्टूबर, 2018 से निर्धारित लागत साझाकरण अनुपात के अनुसार मुख्य आंगनवाड़ी केन्द्रों पर आंगनवाड़ी कार्यकर्त्रियों का मानदेय 3,000 रुपये से बढ़ाकर 4,500 रुपये प्रति माह; लघु आंगनवाड़ी केन्द्रों पर 2,250 रुपये से बढ़ाकर 3,500 रुपये प्रति माह कर दिया है; आंगनवाड़ी सहायिकाओं का मानदेय 1,500 रुपये से बढ़ाकर 2,250 रुपये प्रति माह कर दिया है;

इसके अतिरिक्त, आंगनवाड़ी सहायिकाओं के लिए 250 रुपये तथा आंगनवाड़ी कार्यकर्त्रियों के लिए 500 रुपये प्रति माह का कार्य-निष्पादन आधारित प्रोत्साहन शुरू किया है। इसके अलावा, राज्य/संघ राज्य क्षेत्र अपने संसाधनों से इन कार्यकर्त्रियों को अतिरिक्त मौद्रिक प्रोत्साहन/मानदेय भी दे रहे हैं जो राज्य दर राज्य अलग-अलग है। इसका ब्यौरा संलग्न **विवरण** में दिया गया है।

मिशन पोषण 2.0 के तहत, कुशल निगरानी और सेवा वितरण के लिए आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू) को स्मार्टफोन देकर तकनीकी रूप से सशक्त बनाया गया है। मोबाइल एप्लीकेशन पोषण ट्रैकर ने आंगनवाड़ी कार्यकर्त्रियों द्वारा उपयोग किए जाने वाले भौतिक रजिस्ट्रों को डिजिटल बनाया है। इससे उनके काम की गुणवत्ता में सुधार होने के साथ ही आंगनवाड़ी केंद्र में चल रही सभी गतिविधियों की निगरानी करना भी सुगम हुआ है।

आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू) और आंगनवाड़ी सहायकों (एडब्ल्यूएच) को प्रोत्साहित करने के उद्देश्य से निम्नलिखित सहित विभिन्न पहल शुरू की गई हैं:

- i. पदोन्नति : मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत आंगनवाड़ी कार्यकर्त्रियों के लिए पदोन्नति के अवसर बढ़ाए गए हैं। आंगनवाड़ी कार्यकर्त्रियों के 50% पद 5 वर्ष का अनुभव रखने वाली आंगनवाड़ी सहायिकाओं द्वारा भरे जाने हैं तथा पर्यवेक्षकों के 50% पद 5 वर्ष का अनुभव

- रखने वाली आंगनवाड़ी कार्यकर्त्रियों की पदोन्नति द्वारा भरे जाने हैं, बशर्ते कि वे अन्य मानदण्डों को पूरा करती हों।
- ii. सामाजिक सुरक्षा बीमा योजनाएं : 18 से 50 वर्ष की आयु वर्ग की आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को प्रधानमंत्री जीवन ज्योति बीमा योजना (पीएमजेजेबीवाई) के अंतर्गत 2.00 लाख रुपये का जीवन बीमा (जीवन जोखिम, किसी भी कारण से मृत्यु को शामिल करता है) और 18-59 वर्ष की आयु वर्ग की प्रधानमंत्री सुरक्षा बीमा योजना के अंतर्गत 2.00 लाख रुपये (दुर्घटना मृत्यु और स्थायी पूर्ण विकलांगता)/1.00 लाख रुपये (आंशिक लेकिन स्थायी विकलांगता) का दुर्घटना बीमा प्रदान किया गया है।
 - iii. राज्य सरकारों और संघ राज्य क्षेत्रों के प्रशासनों से अनुरोध किया गया है कि वे पात्र आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को प्रधानमंत्री श्रम योगी मानधन (पीएम-एसवाईएम) पेंशन योजना के अंतर्गत स्वयं को नामांकित कराने के लिए प्रोत्साहित करें, यह योजना वृद्धावस्था सुरक्षा सुनिश्चित करने के लिए देश में असंगठित क्षेत्रों हेतु एक स्वैच्छिक और अंशदायी पेंशन योजना है।
 - iv. 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।
 - v. वित्त वर्ष 2024-25 के बजट में सभी आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत 5 लाख रुपये की वार्षिक स्वास्थ्य देखभाल कवरेज देने की घोषणा की गई है।

विवरण

क्रम सं	राज्यों/संघ राज्य क्षेत्रों के नाम	राज्यों और संघ राज्य क्षेत्रों द्वारा दी गई जानकारी के अनुसार स्वयं के स्रोतों से दिए जा रहे अतिरिक्त प्रोत्साहन/मानदेय (प्रति माह) रु.में	
		आंगनवाड़ी कार्यकर्त्री	आंगनवाड़ी सहायिका
1	आंध्र प्रदेश	7000	4750

2	बिहार	2500	1725
3	छत्तीसगढ़	5500	2750
4	गोवा	5500 (0-10 वर्ष का अनुभव), 6000 (10-15 वर्ष का अनुभव), 8000 (15 से 20 वर्ष का अनुभव) 10000 (20-25 वर्ष का अनुभव) और 12000 (25 वर्ष और इससे ज्यादा का अनुभव)	3000 (0-5 वर्ष का अनुभव), 3500 (5-10 वर्ष का अनुभव), 4000 (10 से 15 वर्ष का अनुभव) 4500 (15-20 वर्ष का अनुभव) 5250 (20 से 25 वर्ष का अनुभव) और 6000 (25 वर्ष और इससे ज्यादा का अनुभव)
5	गुजरात	5500	3250
6	हरियाणा	9500 (एडब्ल्यूडब्ल्यू 10 वर्ष से अधिक का अनुभव) 9000 (एडब्ल्यूडब्ल्यू 10 वर्ष से कम सेवा/अनुभव) 9000 (मिनी एडब्ल्यूडब्ल्यू) 4000 प्ले स्कूलों (अपग्रेडेड आंगनवाड़ी केन्द्रों) में कार्यरत 4000 आंगनवाड़ी कार्यकर्त्रियों को 1000 रुपए प्रति माह अतिरिक्त भुगतान किया जाता है।	5250
7	हिमाचल प्रदेश	मुख्य आंगनवाड़ी केन्द्र के लिए 5000 और मिनी आंगनवाड़ी केन्द्र के लिए 2950	3100
8	जम्मू एवं कश्मीर	600	300
9	झारखंड	5000 (मुख्य आंगनवाड़ी केन्द्र) और 6000 (मिनी आंगनवाड़ी केन्द्र)	2500
10	कर्नाटक	6500	4000
11	केरल	5 वर्ष की सेवा पूरी करने वाली को 8000/- रुपये तथा 10 वर्ष की सेवा पूरी करने वाली को 8500/- रुपये	5 वर्ष की सेवा पूरी करने वाली का 6250/- रुपये और 10 वर्ष की सेवा पूरी करने वाली का 6750/- रुपये
12	मध्य प्रदेश	मुख्य आंगनवाड़ी केन्द्र के लिए 8500 और मिनी आंगनवाड़ी केन्द्र के लिए 3750	4250
13	महाराष्ट्र	5500 (10 वर्ष तक का अनुभव) 5800 (11 से 20 वर्ष का अनुभव), 5900 (21 से 30 वर्ष का अनुभव), 6000 (31 वर्ष और उससे अधिक का अनुभव)	3250 (10 वर्ष तक का अनुभव) 3415 (11 से 20 वर्ष का अनुभव), 3470 (21 से 30 वर्ष का अनुभव), 3525 (31 वर्ष और उससे अधिक का अनुभव)

14	ओडिशा	मुख्य आंगनवाड़ी केन्द्र के लिए 3000 और मिनी आंगनवाड़ी केन्द्र के लिए 1875	1500
15	पंजाब	5000 (प्रति वर्ष 500 रुपये की वृद्धि)	3100 (प्रति वर्ष 250 की वृद्धि)
16	राजस्थान	4554	3036
17	तमिलनाडु	10502	6596
18	तेलंगाना	9150	5550
19	उत्तर प्रदेश	1500	750
20	उत्तराखंड	4800-एडब्लूडब्लू और 2750-मिनी एडब्लूडब्लू	3000
21	पश्चिम बंगाल	3750	4050
22	अंडमान एवं निकोबार द्वीप समूह	7500	5750
23	चंडीगढ़	3600	1800
24	दादरा एवं नगर हवेली/दमन एवं दीव	1000	600
25	लक्षद्वीप	5500	4750
26	दिल्ली	8220	4560
27	पुदुचेरी	1950	2125
28	अरुणाचल प्रदेश	16.01.2024 से 2000+ 1000 अर्थात	16.01.2024 से 2000+ 1000 अर्थात
29	असम	आंगनवाड़ी कार्यकर्त्री के लिए 2000 और मिनी आंगनवाड़ी कार्यकर्त्री के लिए 1250	1000
30	मणिपुर	1000	600
31	मेघालय	मुख्य आंगनवाड़ी केन्द्र के लिए 3000 और मिनी आंगनवाड़ी केन्द्र के लिए 1500	1000
32	मिजोरम	450	250
33	नागालैंड	0	0
34	सिक्किम	7000	4500
35	त्रिपुरा	5946 (अधिकतम) और 3500 (न्यूनतम)	4218 (अधिकतम) और 2750 (न्यूनतम)
36	लद्दाख	1300	650

TENDER ON NOMINATION BASIS

5576. SHRIMATI MANJU SHARMA:

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

- (a) the list of PSUs/CPSUs to whom works were awarded on nomination basis, especially to Richardson & Cruddas (1972) Ltd. from April 2017 to January 2025 from Electrical & Mechanical Department (ECM), Public Health Department (PHD), Roads & Buildings Department (R&B) instead of through an open tender process;
- (b) the details of decision-making authorities involved in approving these contracts without an open tender process;
- (c) the details of the Government orders or any policy documents issued by Paradip Port Trust or by the higher authorities allowing such tender on nomination basis;
- (d) whether internal or external authorities have raised any objections, queries, or concerns regarding awarding contract works without an open tender, if so, the details thereof;
- (e) whether there are any agreements made between Paradip Port Trust and Richardson & Cruddas (1972) Ltd. specifically mentioning whether subcontracting was permitted under the original terms; and
- (f) if so, the details thereof?

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

(a) to (f) : The list of works awarded to PSUs/CPSUs on nomination basis, including Richardson & Cruddas (1972) Ltd. is given in the enclosed **Statement-I and II**. Works have been awarded on nomination basis with due approval of Board of Paradip Port Authority considering their expertise in their respective fields. There is no sub-contracting clause in the MoU signed with Richardson & Cruddas (1972) Ltd.

STATEMENT-I

Work / Assignments awarded to PSUs / CPSUs under R&B Division	
Sl. No.	Work assigned to NBCC
1.	Upliftment of façade of PPA Administrative Building
2.	Up-gradation to the Administrative Building Premises
3.	Beautification of Beach Front of Nehru Bungalow at Paradip
	PMC Assigned to RITES Ltd.
1.	Four lane road from substation square to administrative building via dock recreation club
	Work Assigned to Richardson & Cruddas Ltd.
1.	Conducting Non-destructive test (NDT) to port residential qtrs

STATEMENT-II

Sl.No.	Name of the Assignments awarded to Richardson & Cruddas (1972) Ltd. Under PHD
1.	PMC for the work (A) Construction, supply, delivery, erection, commission, trial running and operation & maintenance of sewage treatment plant of capacity 2.00 MLD in front of Trade centre-II & (B) Construction, supply, delivery, erection, trial running and operation & maintenance of sewage treatment plant of capacity 2.50 MLD at Brundaban colony

	(C) “Construction, supply, delivery, erection, trial running and operation & maintenance of sewage treatment plant of capacity 2.00 MLD at Bhimabhoi Colony” (D) “Connecting open drain and septic tanks to STP of capacity 2.00 MLD at Bhimabhoi colony” (E) “Connecting open drains and septic tanks to STPs(two Nos.)” (F) “Detailed engineering, construction, supply, delivery, erection, testing and commissioning of 16 MLD water treatment plant at balijhara water works including 3 MONTHS trial run and one year operation and maintenance.”
2.	Preparation of details survey, estimate, BoQ and Tender Document for additional reservoir area to increase the storage capacity with pipeline
3.	Preparation of Detailed project report(DPR) and Project Management Consultancy (PMC) services at Paradip Port Authority, Paradip for “Laying of water supply pipeline from instream barrage near Choudhurygada to Paradip on the left bank of Taladanda canal”

MATERNAL AND INFANT MORTALITY RATE

5577. SHRI RAJESHBHAI NARANBHAI CHUDASAMA:

SHRI DHARMENDRA YADAV:

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

- (a) the details of the Infant Mortality Rate in the country at present;
- (b) whether the maternal mortality rate is still very high in the country particularly in rural areas;
- (c) if so, the details thereof alongwith the major factors contributing to maternal mortality;
- (d) the success made so far in addressing these factors;

- (e) the maternal mortality rate to women and children due to lack of quality health services in the country particularly in the rural areas;
- (f) the role of the Government in providing quality health services to women and children particularly in rural areas;
- (g) whether the Government is aware of the primary health issues and toilet-related concerns of adolescent girls in the country; and
- (h) if so, the details thereof along with the steps taken by the Government to address these issues?

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) : As per Sample Registration System (SRS) Report 2020 of Registrar General of India (RGI), the Infant Mortality Rate (IMR) is 28 per 1000 live births at National level.

(b) to (d) : As per the SRS-RGI report on causes of Maternal Deaths across the country, the identified primary causes of maternal deaths are Haemorrhage, Sepsis, Unsafe abortion, Hypertensive Disorders, Obstructed labour and others. The Government of India implements evidence-based interventions for better maternal health outcomes along with guidelines and protocols on maternal care. As per the SRS report released by the RGI, the Maternal Mortality Ratio (MMR) of the country is 97 per lakh live births in 2018-20 and has shown significant decline of 33 points from 130 in 2014-16 to 97 in 2018-20.

(e) and (f) : LaQshya and MusQan are quality improvement initiatives of Ministry of Health and Family Welfare (MoHFW) aimed at enhancing maternal and child healthcare in public health facilities. LaQshya focuses on improving intrapartum and post-partum care in labour rooms and maternity OTs, while MusQan ensures child-friendly services by strengthening infrastructure, equipment, skilled staff, and clinical protocols in public health facilities.

(g) and (h): The primary health issues of adolescent girls are addressed through the Rashtriya Kishor Swasthya Karyakram (RKSK) implemented by Ministry of Health and Family Welfare (MoHFW), Government of India, since 2014 to address adolescent health issues, covering sexual and reproductive health, nutrition, non-communicable diseases, substance abuse, injuries, gender-based violence and mental health.

Adolescent Friendly Health Clinics (AFHCs) provide counselling on adolescent health concerns, while Peer Educators (PEs) conduct participatory sessions to enhance awareness. The Weekly Iron Folic Acid Supplementation (WIFS) programme ensures supervised Iron Folic Acid (IFA) tablet distribution in schools and anganwadi centres to prevent anaemia through inter-ministerial collaboration.

The Scheme for Promotion of Menstrual Hygiene raises awareness and improves access to sanitary napkins with safe disposal methods. The School Health Programme, under Ayushman Bharat, strengthens health promotion and disease prevention through school-based interventions.

आंगनवाड़ी केन्द्रों पर 'ई-प्वाइंट आफ सेल' (ई-पॉस) मशीनें

5578. श्री इमरान मसूद:

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

- (क) क्या सरकार ने आंगनवाड़ी केन्द्रों पर पोषाहार राशन वितरण में अनियमितताओं और घोटालों/को रोकने के लिए ई-प्वाइंट आफ सेल मशीनों के माध्यम से पोषाहार राशन वितरित करने का निर्णय लिया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या देश को किसी भी राज्य में आंगनवाड़ी केन्द्रों पर ई पॉस मशीनों के माध्यम से पोषाहार/राशन-वितरित किया जा रहा है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ग) उत्तर प्रदेश में आंगनवाड़ी केन्द्रों पर ई पॉस मशीनों के माध्यम से पोषाहार/राशन वितरण की-स्थिति क्या है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) और (ख) : ऐसा कोई प्रस्ताव विचाराधीन नहीं है।

यह सुनिश्चित करने के लिए कि मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत पूरक पोषण सहित सभी लाभ लक्षित लाभार्थियों तक पहुँचें, सरकार ने पोषण सामग्री, प्रदायगी आउटरीच और परिणामों को मजबूत करने के लिए कदम उठाए हैं जिसमें स्वास्थ्य, कल्याण और रोग तथा कुपोषण के प्रति प्रतिरोधक क्षमता को बढ़ावा देने वाली पद्धतियों को विकसित करने पर ध्यान केंद्रित किया गया है।

इस संबंध में, 13.01.2021 को सुव्यवस्थित दिशा-निर्देश जारी किए गए थे, जिनमें गुणवत्ता आश्वासन, कर्तव्यधारकों की भूमिकाएं और उत्तरदायित्व, खरीद की प्रक्रिया, पारदर्शिता के लिए "पोषण ट्रैकर" के माध्यम से आयुष अवधारणाओं और डेटा प्रबंधन तथा निगरानी को एकीकृत करना, पूरक पोषण के वितरण में दक्षता और जवाबदेही जैसे कई पहलुओं को शामिल किया गया था।

देश भर में आंगनवाड़ियों में प्रदान की जाने वाली सेवाओं के कार्यान्वयन और निगरानी पर लगभग तत्कालीन समय के डेटा को कैप्चर करने के लिए पोषण ट्रैकर नामक एक मजबूत आईसीटी सक्षम प्लेटफॉर्म डिज़ाइन किया गया है। पोषण ट्रैकर प्रबंधन एप्लिकेशन आंगनवाड़ी केंद्र (एडब्ल्यूसी)

में गतिविधियों, आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू) की सेवा प्रदायगी पर नज़र रखता है और पूर्ण लाभार्थी प्रबंधन की सुविधा प्रदान करता है।

(ग) : जैसा कि उत्तर प्रदेश सरकार द्वारा बताया गया है, उनके आंगनवाड़ी केंद्रों पर ई-पीओएस मशीनों के माध्यम से पोषाहार/राशन वितरित नहीं किया जा रहा है।

INCREASING DEATH CASES OF POST CORONA

5579. SHRI ANIL YESHWANT DESAI:

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

- (a) whether the Government has conducted any study or received any study report on the increasing number of deaths among the youths post corona period and if so, the details thereof alongwith the precautions to be taken by common man to save themselves from any untoward situation;
- (b) whether the Government is aware of the fact that there are alarming increasing of cases of untimely deaths of youths while doing some exercise in Gyms or playing of some games and if so, the details thereof; and
- (c) whether any special guidelines has been issued by the Government for taking extra precautions and advising some special medicines for the same 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 (c) : Indian Council of Medical Research (ICMR) has informed that ICMR-National Institute of Epidemiology (NIE) conducted a study titled “Factors associated with unexplained sudden deaths among adults aged 18-45 years in

India – A multicentric matched case–control study” at 47 tertiary care hospitals located across 19 States/Union Territories of India during May- August 2023. Cases were apparently healthy individuals without any known co-morbidity, who suddenly (<24 hours of hospitalization or seen apparently healthy 24 hours before death) died of unexplained causes during 1st October 2021-31st March 2023. Four controls were included per case matched for age, gender and neighbourhood. Information was collected regarding data on COVID-19 vaccination/infection, post-COVID-19 conditions, family history of sudden death, smoking, recreational drug use, alcohol frequency, binge drinking and vigorous-intensity physical activity two days before death among the cases / interviewed controls.

A total of 729 sudden death cases and 2916 controls were included in the analysis. It was observed that receipt of any dose of COVID-19 vaccine reduced the odds for unexplained sudden death. Receiving two doses of COVID-19 vaccine significantly reduced the odds of unexplained sudden death. Past COVID-19 hospitalization, family history of sudden death, binge drinking 48 hours before death/interview, use of recreational drug/substance and performing vigorous-intensity physical activity 48 hours before death/interview increased the odds of sudden death.

Hence, the study observed that COVID-19 vaccination did not increase the risk of unexplained sudden death among young adults in India. Past COVID-19 hospitalization, family history of sudden death and certain lifestyle behaviours increased the likelihood of unexplained sudden death.

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 NCDs including cardiovascular diseases. 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 cardiovascular diseases 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.

Further, initiatives for increasing public awareness about NCDs including heart diseases and for promotion of healthy lifestyle include observance of World Hypertension Day and World Heart 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 heart diseases is provided to States/Union Territories as per their Programme Implementation Plans (PIPs).

Healthy Eating is promoted through "Eat Right India movement" of Food Safety and Standards Authority of India (FSSAI). "Fit India movement" is

implemented by Ministry of Youth Affairs and Sports. Various Yoga related activities are carried out by Ministry of AYUSH.

औषधीय पौधों की खेती को प्रोत्साहन

5580. श्री संजय हरिभाऊ जाधव:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) देश में औषधीय पौधों की खेती को बढ़ावा देने के लिए सरकार द्वारा क्या कदम उठाए जा रहे हैं;
- (ख) क्या सरकार ने इस संबंध में कोई पहल या अभियान शुरू किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसका उद्देश्य क्या है;
- (ग) क्या औषधीय पौधों की खेती में लगे किसानों को वित्तीय सहायता प्रदान की जा रही है;
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;
- (ङ) देश में औषधीय पौधों/जड़ी-बूटियों/दुर्लभ पौधों की खेती को बढ़ावा देने के लिए बनाई गई/बनाई जाने वाली योजना का ब्यौरा क्या है; और
- (च) क्या सरकार ने औषधीय पौधों और जड़ी-बूटियों की दुर्लभ प्रजातियों की खोज के लिए कोई सर्वेक्षण कराया है और यदि हां, तो इसका ब्यौरा क्या है?

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

(क) : वर्तमान में, राष्ट्रीय औषधीय पादप बोर्ड (एनएमपीबी), आयुष मंत्रालय, भारत सरकार औषधीय पादपों की खेती को बढ़ावा देने के लिए पूरे देश में "औषधीय पादपों के संरक्षण, विकास और सतत प्रबंधन" पर केंद्रीय क्षेत्रीय योजना को कार्यान्वित कर रहा है, जिसमें निम्नलिखित गतिविधियों को सहयोग प्रदान किया जाता है:-

- i. सूचना शिक्षा एवं संचार (आईईसी) गतिविधियाँ जैसे प्रशिक्षण/कार्यशालाएँ/सेमिनार/सम्मेलन आदि।

- ii. औषधीय पादपों की आपूर्ति श्रृंखला में अग्रवर्ती और पश्चवर्ती लिंकेज (एकीकृत घटक)।
- iii. स्व-स्थाने संरक्षण/बाह्य-स्थाने संरक्षण।
- iv. संयुक्त वन प्रबंधन समितियों (जेएफएमसी)/पंचायतों/वन पंचायतों/जैव विविधता प्रबंधन समितियों (बीएमसी)/स्वयं सहायता समूहों (एसएचजी) के साथ आजीविका संबंध।
- v. अनुसंधान और विकास।
- vi. औषधीय पादपों के उत्पादन का प्रचार, विपणन और व्यापार।

(ख) : जी नहीं। हालाँकि, राष्ट्रीय औषधीय पादप बोर्ड (एनएमपीबी), आयुष मंत्रालय ने हाल ही में बेहतर स्वास्थ्य के लिए-शतावरी पर प्रजाति-विशिष्ट अभियान शुरू किया है। इसका मुख्य उद्देश्य लोगों में शतावरी के स्वास्थ्य लाभों के बारे में जागरूकता पैदा करना और पूरे देश में इस क्षमतावान औषधीय पौधे के उपयोग को बढ़ावा देना है।

(ग) और (घ) : जी नहीं। वर्तमान में, आयुष मंत्रालय के राष्ट्रीय औषधीय पादप बोर्ड (एनएमपीबी) में औषधीय पादपों की खेती के लिए कोई योजना नहीं है। हालाँकि, विगत में, आयुष मंत्रालय, भारत सरकार द्वारा वर्ष 2015-16 से 2020-21 तक औषधीय पादपों की खेती को बढ़ावा देने के लिए राष्ट्रीय आयुष मिशन (एनएम) की केंद्रीय प्रायोजित योजना के औषधीय पादपों के घटक कार्यक्रमान्वयन किया गया था। राष्ट्रीय आयुष मिशन (एनएम) योजना के औषधीय पादप घटक के तहत, राज्य कार्यान्वयन एजेंसियों के माध्यम से किसानों को प्राथमिकता वाली 140 औषधीय पादप प्रजातियों की खेती के लिए कृषि लागत पर 30%, 50% और 75% की दर से सब्सिडी प्रदान की गई थी। आयुष मंत्रालय ने पूरे देश में वित्तीय वर्ष 2015-16 से 2020-21 तक राष्ट्रीय आयुष मिशन (एनएम) योजना के तहत, औषधीय पादपों की खेती के लिए 13657.67 लाख रुपये की धनराशि स्वीकृत की थी। ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(ङ) : कृषि एवं किसान कल्याण मंत्रालय से प्राप्त सूचना के अनुसार, एकीकृत बागवानी विकास मिशन (एमआईडीएच)- केन्द्रीय प्रायोजित योजना के अंतर्गत, अल्प आवधिक औषधीय पादपों के क्षेत्र विस्तार के लिए वित्तीय सहायता प्रदान करने का प्रावधान किया गया है। सहायता के पैटर्न के साथ लागत मानदंडों का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

(च) : भारतीय वनस्पति सर्वेक्षण (बीएसआई) से प्राप्त सूचना के अनुसार, देश के विभिन्न फाइटोग्राफिकल क्षेत्रों में वन्य पादपों के संसाधनों के सर्वेक्षण और अन्वेषण के माध्यम से, बीएसआई ने औषधीय और संगंध पादप प्रजातियों की पहचान की और ओडिशा, गुजरात, बिहार के जनजातीय क्षेत्रों, उत्तराखंड के थारु और भोकसा जनजाति, पश्चिम बंगाल की लोध जनजातियों में पारंपरिक/औषधीय ज्ञान पर लगभग 2034 एथनोबॉटनिकल सूचना का दस्तावेजीकरण किया।

विवरण-I

वित्तीय वर्ष 2015-16 से 2020-21 तक राष्ट्रीय आयुष मिशन (एनएएम) योजना के अंतर्गत, औषधीय पादपों की खेती के लिए स्वीकृत निधि का ब्यौरा

(लाख रुपये में)

क्र.सं.	नाम	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	कुल
1	आंध्र प्रदेश	121.28	205.26	128.38	69.28	220.41	0	744.61
2	अरुणाचल प्रदेश	0	42.78	38.43	9.36	26.26	59.5	176.33
3	असम	0	85.86	55.35	28.12	0	0	169.33
4	बिहार	0	0	0	0	74.49	0	74.49
5	छत्तीसगढ़	0	47.63	27.96	28.11	0	0	103.7
6	गोवा	0	8.22	9.44	9.44	9.74	0	36.84
7	गुजरात	25.92	72.19	71.45	178.67	0	0	348.23
8	हरियाणा	49.81	56.99	0	0	0	0	106.8
9	हिमाचल प्रदेश	35.73	100.06	8.04	0	54.44	0	198.27
10	जम्मू-कश्मीर	7.39	30.67	19.22	21.5	18.29	21.54	118.61
11	कर्नाटक	102.2	195.63	154.21	86.49	114.67	359.88	1013.08
12	केरल	69.64	130.43	171.39	115.27	0	101.11	587.84
13	मध्य प्रदेश	286.91	490.88	317.28	249.36	287.87	853.74	2486.04
14	महाराष्ट्र	194.61	0	265.51	0	285.36	0	745.48
15	मणिपुर	48.3	70.88	30.25	17.58	15.83	0	182.84
16	मेघालय	0	12.77	7.05	0	31.53	0	51.35
17	मिजोरम	8.13	6.82	41.26	39.64	0.95	10.3	107.1
18	नागालैंड	20.36	39.38	65.89	38.04	0	75.48	239.15
19	ओडिशा	0	107.55	0	85.06	0	0	192.61
20	पुडुचेरी	0	4.96	0	0.39	0.78	0	6.13
21	पंजाब	0	78.61	0	9.47	66.15	0	154.23
22	राजस्थान	38.53	194.81	473.6	203.24	327.85	0	1238.03
23	सिक्किम	22.32	23.25	24.98	0	0	40.99	111.54
24	तमिलनाडु	144.22	252.71	222.92	173.09	260.99	0	1053.93
25	तेलंगाना	81.32	38.75	75.04	36.87	65.75	0	297.73
26	त्रिपुरा	6.06	0	0	42.9	0	0	48.96
27	उत्तराखंड	54.22	129.82	105.99	55.67	133.6	0	479.3

28	उत्तर प्रदेश	548.76	336.92	241.2	564.05	0	503.01	2193.94
29	पश्चिमी बंगाल	18.13	44.94	104.98	62.2	160.93	0	391.18
कुल		1883.84	2808.77	2659.82	2123.8	2155.89	2025.55	13657.67

विवरण-II

एकीकृत बागवानी विकास मिशन (एमआईडीएच) योजना के लिए मिशन के अंतर्गत सहायता के पैटर्न के साथ-साथ लागत मानदंडों का विवरण निम्नलिखित है:

क्र.सं.	घटक का नाम	लागत मानदंड	सहायता का पैटर्न
1.	औषधीय पादप (मुलेठी, शतावरी, कलिहारी, श्वेत मुसली, गुग्गल, मंजिष्ठा, कुटकी, अतीस, जटामांसी, अश्वगंधा, ब्राह्मी, तुलसी, विदारीकंद, पिप्पली, चिरायता, पुष्करमूल आदि)	1,50,000 रुपये /हेक्टेयर	एकीकृत पोषक तत्व प्रबंधन (आईएनएम)/एकीकृत कीट प्रबंधन (आईपीएम) आदि के लिए रोपण सामग्री और सामग्री की लागत पर व्यय को पूरा करने के लिए सामान्य क्षेत्रों में 2 हेक्टेयर तक के क्षेत्र के लिए आनुपातिक आधार पर 40% की दर से 60:40 की 2 किस्तों में सहायता प्रदान की जाएगी। पूर्वोत्तर और हिमालयी राज्यों, अनुसूचित क्षेत्रों, जीवंत गांवों, अंदमान एवं निकोबार और लक्षद्वीप के मामले में, आनुपातिक आधार पर 2 हेक्टेयर तक के क्षेत्र के लिए 50% की दर से सहायता प्रदान की जाएगी।

REMOTE VOTING MECHANISM FOR NRIS

5581. ADV. ADOOR PRAKASH:

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

- whether the Government has any plan to implement remote voting mechanisms for elections in the country to allow the Non-Resident Indians to cast vote from their instant locations; and
- 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) and (b) : No such proposal is under active consideration of this Ministry.

IMPACT OF MISSION SHAKTI

5582. SHRI NAVEEN JINDAL:

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

- (a) whether the Government has assessed the impact of Mission Shakti particularly the effectiveness of One Stop Centres (OSCs) in providing support services to women facing violence and if so, the details thereof;
- (b) the number of women benefited from the Women Helpline (181-WHL) along with the major categories of assistance provided under this initiative;
- (c) the details of the progress made under the BetiBachaoBetiPadhao (BBBP) scheme in improving the Sex Ratio at Birth (SRB) and Gross Enrollment Ratio (GER) of girls in secondary education since its inception;
- (d) whether the Government has taken any steps to strengthen economic empowerment programs like ShakhiNiwas/Palna, if so, the details of their expansion along with fund allocations; and
- (e) the details of the measures being taken to further reduce the Maternal Mortality Rate (MMR) enhance the infrastructure and reach of Mission SakshamAnganwadi and Poshan 2.0?

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

(a) and (b) : Evaluation of the schemes of the Ministry of Women and Child Development was conducted during the Financial Year 2020-21 by NITI Aayog. The study found the relevance, effectiveness, and sustainability of the various schemes as satisfactory including One Stop Centre. Based on the report Ministry has launched Mission Shakti guidelines for implementation during the 15th Finance Commission up to FY 2025-26. Mission Shakti has two sub-schemes namely "Sambal" for safety and security of women and "Samarthya" for empowerment of women.

One Stop Center (OSC) is component of Sambal vertical which provides integrated support and assistance to women affected by violence in both private and public spaces. It offers services such as medical aid, legal support and advice, temporary shelter, police assistance, and psychosocial counselling to women in need. As on date, 818 OSCs are functional across the country and over 10.98 lakhs women have been assisted till 28.02.2025 since inception in April, 2015.

Women Helpline (WHL) is component of Sambal vertical which provides 24-hour telephonic assistance through a universal toll-free number (181) by connecting women for emergency and non-emergency needs and over 85.32 lakhs women have been assisted till 28.02.2025 since inception in April, 2015.

Ministry monitors the progress of activities under Mission Shakti and reviews status of achievement of objectives through yearly Programme Approval Board meetings with the States/UTs. Apart from this, officials of the Ministry also review the Mission Shakti schemes through meetings, video conferencing and by making occasional field visits to States and UTs.

(c) : Beti Bachao Beti Padhao (BBBP) Scheme was launched on 22nd January 2015 to address declining Child Sex Ratio (CSR) and related issues of empowerment of girls and women over a life cycle continuum. The scheme focuses on creating mindset change and behavioural change towards the girl child by informing, influencing, motivating, engaging, and empowering all stakeholders.

BBBP has transformed from a policy initiative into a national movement by mobilizing various stakeholders, including government agencies, media, civil society, and the general public. This movement aims not only to address immediate concerns related to sex ratio and gender-based discrimination but also to foster a cultural shift towards valuing the girl child and ensuring her rights and opportunities.

As per the reports of Health Management Information System (HMIS) of Ministry of Health & Family Welfare (MoHFW), Sex Ratio at Birth (SRB) has increased from 918 in 2014-15 to 930 in 2023-24 at national level with a net addition of 12 points. Further, Gross Enrolment Ratio (GER) of girls in the schools at secondary level has increased from 75.51 percent in (2014-15) to 78 percent in (2023-24) [UDISE-data, MoE].

(d) : The Samarthya vertical under Mission Shakti is for empowerment of women and includes components/schemes of Shakti Sadan, SakhiNiwas, Pradhan MantriMatruVandanaYojana, Palna and SANKALP: Hub for Empowerment of Women (SANKALP: HEW).

‘Sakhi Niwas’ under Samarthya vertical aims to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and also in rural areas where employment opportunity for women exists. Under the

Scheme, financial assistance is provided for running of SakhiNiwas in rented premises for working women and for those women who are under training for job. Provision of Day Care Centre for children of the residents of the SakhiNiwas is an important aspect of the scheme.

The objective of 'Palna' scheme is to provide quality crèche facility in safe and secure environment for children (from ages 6 months – 6 years), nutritional support, health and cognitive development of children, growth monitoring, immunization, education etc. Crèche facilities under Palna are provided to all mothers, irrespective of their employment status. There are two type Crèches under Palna component: Standalone Crèches and Anganwadi-cum-Crèches.

The Ministry has extended the services of childcare through Anganwadi cum Crèche. This will ensure whole day childcare support ensuring their well-being in a safe and secure environment. Anganwadi cum Crèche initiative aims to increase the women work force participation in the economy. As on date, 11395 AWCCs have been approved as per proposals received from various States and UTs and out of which 1761 AWCCs are operational across the country.

The detail of fund released to States and UTs during last three years under Palna and SakhiNiwas scheme is mentioned below.

(Rs. in crore)			
Scheme	2022-23	2023-24	2024-25
Palna	4.68	64.15	45.17
SakhiNiwas	17.63	4.52	8.13

(e) : Under the National Health Mission (NHM), the Government has taken several steps to reduce Maternal Mortality Ratio (MMR) and improve maternal and child

health. Initiatives like Janani Suraksha Yojana (JSY) promote institutional deliveries through conditional cash transfers, while Janani Shishu Suraksha Karyakram (JSSK) ensures free delivery, including C-sections, along with transport, medicines, diagnostics, and diet for pregnant women in public health facilities. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) provides free, quality antenatal checkups on the 9th of every month, with additional tracking for high-risk pregnancies. Surakshit Matritva Aashwasan (SUMAN) guarantees respectful, quality healthcare to prevent maternal and neonatal deaths, and LaQshya aims to improve the quality of care in labor rooms and maternity operation theaters. Additionally, Village Health, Sanitation, and Nutrition Days (VHSND) at Anganwadicenters provide maternal and child care, including nutrition, while outreach camps extend healthcare services to tribal and remote areas. As per the Registrar General of India, India's MMR has declined from 130 in 2014-16 to 97 in 2018-20.

Under Mission Saksham Anganwadi and Poshan 2.0, there is a provision of construction of 50,000 AWCs buildings over a period of five years @10,000 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 shared between Centre and States/UTs in the prescribed cost sharing ratio.

Further, in order to improve the infrastructure facility of Anganwadi Centres (AWCs), various steps have been undertaken by the Ministry, inter alia, increasing the funding for drinking water facilities and toilets. Moreover, 2 lakh AWCs located

in Government buildings @ 40,000 AWCs per year are strengthened and upgraded as SakshamAnganwadis for improved nutrition delivery and for Early Childhood Care and Education under Mission SakshamAnganwadi and Poshan 2.0. SakshamAnganwadis are provided with better infrastructure than the conventional Anganwadi Centres including LED screens, water purifier/installation of RO Machine, PoshanVatika, ECCE related books and learning material etc.

ALLOWANCE TO ASHA WORKERS

5583. SHRI V. K. SREEKANDAN:

DR. PRABHA MALLIKARJUN:

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

- (a) whether the Government has decided to enhance the allowance to ASHA workers in the country and if so, the details thereof;
- (b) whether the Government is considering to make them as regular employees and if so, the details thereof;
- (c) whether the Government is considering to meet all the demands of ASHA workers and if so, the details thereof; and
- (d) whether the Government is implementing revised monetary benefits to the ASHA worker, if so, the details thereof and 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) to (d) : The primary responsibility of strengthening public healthcare system, including support for ASHA workers lies with the respective State/UT

Governments. Under National Health Mission (NHM), 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.

ASHAs are envisaged to be community health volunteer and are given performance-based incentives after completion of specific activities under various National Health Programmes. 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 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.pdf

Further, States/UTs have also been given flexibility to provide additional incentives to ASHA workers.

After the launch of Ayushman Arogya Mandir, ASHAs are eligible additionally for Team Based Incentives (TBIs) along with ANMs based on monitored performance indicators (up to 1000 per month). ASHAs are also entitled to non-monetary incentives like – ASHA Uniform, Identity Card, Cycle, Mobile, CUG Sim, ASHA Diary, Drug Kit, ASHA rest room etc. The Government has also approved a cash award of ₹20,000/- and a citation to ASHAs who leave the programme after

working as ASHAs for minimum of 10 years, as acknowledgement of their contribution.

In the year 2018, the ASHA benefit package was introduced acknowledging significant contribution and commitment of ASHAs. The package provides coverage for:

- Pradhan Mantri Jeevan Jyoti Beema Yojana (PMJJBY) with a benefit Rs. 2.00 Lakh in case of death of the insured (annual premium contributed by GOI).
- Pradhan Mantri Suraksha Beema Yojana (PMSBY) with a benefit of Rs.2.00 lakh for accidental death or permanent disability; Rs. 1.00 lakh for partial disability (annual premium contributed by GOI).

In addition, Pradhan Mantri Shram Yogi Maan Dhan (PM-SYM) with pension benefit of ₹3,000/- pm after age of 60 years (50% contribution of premium by GOI and 50% by beneficiaries) is also available for ASHA workers. ASHAs across the States/UTs have been enrolled in all the above-mentioned Social Security Schemes as per the defined eligibility norms.

Also, a health care annual coverage of ₹5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB- PMJAY) has been extended to all ASHAs workers.

The incentive structure for the Accredited Social Health Activists (ASHAs) have been revised regularly with the timely addition of incentives to align with the programmatic requirements and priorities. The incentives of the ASHA workers were last revised in the 7th meeting of Mission Steering Group (MSG) held on 7th September, 2022.

आयुष्मान भारत कार्ड

5584. श्री मुरारी लाल मीना:

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

- (क) देश में गत पांच वर्षों के दौरान सरकार द्वारा जारी किए गए आयुष्मान भारत कार्डों की राजस्थान सहित राज्य/जिलावार कुल संख्या कितनी है;
- (ख) उक्त कार्ड का लाभ उठाने वाले कुल लोगों की संख्या कितनी है तथा विगत पांच वर्षों के दौरान राजस्थान के दौसा संसदीय निर्वाचन क्षेत्र सहित इस पर राज्य/जिलावार कितनी धनराशि व्यय की गई है; और
- (ग) उक्त समयावधि के दौरान देश में आयुष्मान भारत कार्ड से संबंधित प्राप्त शिकायतों की प्रकृति का राजस्थान सहित राज्यवार ब्यौरा क्या है?

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

(क) : देश में पिछले पांच वर्षों (वित्त वर्ष 2020-21 से वित्त वर्ष 2024-25) में आयुष्मान भारत - प्रधान मंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत बनाए गए आयुष्मान कार्डों की संख्या का राज्य/संघ राज्य क्षेत्र-वार विवरण और राजस्थान में जिलेवार अद्यतन स्थिति क्रमशः संलग्न **विवरण-I** और **विवरण-II** में दी गई है।

(ख) : एबी-पीएमजेएवाई के तहत पिछले पांच वर्षों (वित्त वर्ष 2019-20 से वित्त वर्ष 2023-24) के दौरान अस्पताल में भर्ती होने वालों की संख्या और संबंधित धनराशि का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा संलग्न **विवरण-III** में है।

योजना में निर्वाचन क्षेत्रवार डेटा नहीं लिया जाता है, परन्तु जिलेवार डेटा उपलब्ध है। राजस्थान में पिछले पांच वर्षों के दौरान अस्पताल में भर्ती होने वाले मरीजों की संख्या और उनकी संख्या का जिलेवार ब्यौरा संलग्न **विवरण-IV** में दिया गया है।

(ग) : एबी-पीएमजेएवाई के तहत, स्वास्थ्य सेवाओं का उपयोग करने में लाभार्थियों के समक्ष आने वाली समस्याओं का समाधान करने के लिए जिला, राज्य और राष्ट्रीय स्तर पर एक त्रि-स्तरीय शिकायत निवारण प्रणाली बनाई गई है। प्रत्येक स्तर पर शिकायतों के समाधान के लिए एक समर्पित नोडल अधिकारी और शिकायत निवारण समितियाँ 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 अंतर्गत उपचार प्राप्त करने में लाभार्थियों को सहायता प्रदान करने सहित आवश्यक कार्रवाई की जाती है।

विवरण-I

पिछले पांच वर्षों (वित्त वर्ष 2020-21 से वित्त वर्ष 2024-25) के दौरान एबी-पीएमजेएवाई के अंतर्गत बनाए गए आयुष्मान कार्डों की संख्या का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा

राज्य/संघ राज्य क्षेत्र	बनाए गए आयुष्मान कार्डों की संख्या
अंडमान व निकोबार द्वीप समूह	61,823
आंध्र प्रदेश	1,56,14,089
अरुणाचल प्रदेश	1,56,460
असम	1,80,05,092
बिहार	3,19,57,054
चंडीगढ़	2,11,235
छत्तीसगढ़	2,07,44,674
दादरा और नगर हवेली तथा दमन और दीव	60,342
गोवा	68,817
गुजरात	2,01,01,765
हरियाणा	1,10,21,097
हिमाचल प्रदेश	5,65,156
जम्मू और कश्मीर	76,58,306
झारखंड	38,41,677
कर्नाटक	1,90,02,713
केरल	19,44,418
लद्दाख	1,57,725
लक्षद्वीप	38,132

मध्य प्रदेश	2,94,87,060
महाराष्ट्र	2,26,63,726
मणिपुर	4,64,151
मेघालय	5,43,418
मिजोरम	2,35,981
नागालैंड	5,43,438
पुदुचेरी	4,17,748
पंजाब	55,60,994
राजस्थान	2,32,37,180
सिक्किम	52,299
तमिलनाडु	79,14,520
तेलंगाना	82,65,374
त्रिपुरा	9,50,375
उत्तर प्रदेश	4,32,26,107
उत्तराखंड	22,65,303

विवरण- II

राजस्थान में एबी-पीएमजेवाई के तहत बनाए गए आयुष्मान कार्डों की संख्या का जिलेवार ब्यौरा

ज़िला	बनाए गए आयुष्मान कार्डों की संख्या
अजमेर	4,33,805
अलवर	7,20,433
अनूपगढ़	2,33,657
बालोतरा	4,21,486
बांसवाड़ा	7,22,241
बारां	4,96,166
बाड़मेर	5,79,192
ब्यावर	3,66,443
भरतपुर	4,75,990
भीलवाड़ा	4,97,990
बीकानेर	5,99,180
बूंदी	3,52,240
चित्तौड़गढ़	5,39,535
चुरू	7,24,192
दौसा	5,55,089
डीग	3,46,142

धौलपुर	4,17,535
डीडवाना-कुचामन	5,41,577
दूदू	1,69,339
डूंगरपुर	5,96,791
गंगानगर	4,13,219
गंगापुर सिटी	2,35,588
हनुमानगढ़	5,72,239
जयपुर	3,98,399
जयपुर (ग्रामीण)	8,30,738
जैसलमेर	2,25,180
जालौर	4,02,529
झालावाड़	5,42,098
झुंझुनू	4,89,898
जोधपुर	2,00,130
जोधपुर (ग्रामीण)	5,85,074
करौली	3,12,958
केकड़ी	2,35,734
खैरथल-तिजारा	2,66,850
कोटा	4,37,569
कोटपूतली-बहरोड़	4,22,839
नागौर	6,92,418
नीम का थाना	4,56,011
पाली	5,12,284
फलौदी	2,39,063
प्रतापगढ़	3,50,836
राजसमंद	4,45,983
सलूम्बर	2,57,987
सांचोर	2,59,089
सवाई माधोपुर	2,68,098
शाहपुरा	2,33,174
सीकर	5,86,257
सिरोही	3,75,111
टोंक	4,82,568
उदयपुर	8,92,364

विवरण- III

एबी-पीएमजेएवाई के अंतर्गत पिछले पांच वर्षों (वित्त वर्ष 2019-20 से वित्त वर्ष 2023-24) के दौरान अस्पताल में भर्ती होने वालों की संख्या और संबंधित धनराशि का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा

राज्य/संघ राज्य क्षेत्र	अस्पताल में भर्ती होने वालों की संख्या	अस्पताल में भर्ती हेतु राशि (करोड़ रुपए में)
अंडमान व निकोबार द्वीप समूह	3,316	10.98
आंध्र प्रदेश	70,99,854	15,715.58
अरुणाचल प्रदेश	6,758	12.47
असम	14,72,431	2,630.04
बिहार	16,18,871	2,092.65
चंडीगढ़	62,735	59.56
छत्तीसगढ़	59,64,372	7,511.93
दादरा और नगर हवेली तथा दमन और दीव	97,849	74.60
गोवा	13,857	5.08
गुजरात	44,14,974	12,168.29
हरियाणा	20,84,895	3,104.45
हिमाचल प्रदेश	2,79,425	396.26
जम्मू और कश्मीर	15,28,970	2,850.78
झारखंड	18,61,005	2,416.28
कर्नाटक	1,05,60,755	7,776.01
केरल	59,10,863	7,202.36
लद्दाख	22,562	32.76
लक्षद्वीप	1,429	4.14
मध्य प्रदेश	50,87,263	8,086.35
महाराष्ट्र	24,83,503	6,040.62
मणिपुर	2,05,828	271.54
मेघालय	8,50,909	847.88
मिजोरम	1,22,314	154.29
नागालैंड	86,144	181.81
पुदुचेरी	1,18,284	97.00
पंजाब	23,46,495	3,022.70
राजस्थान	62,57,999	6,821.50
सिक्किम	26,832	23.08
तमिलनाडु	99,01,735	6,726.54
तेलंगाना	21,13,518	4,663.58
त्रिपुरा	3,63,407	371.21
उत्तर प्रदेश	56,50,661	9,065.47
उत्तराखंड	12,95,663	2,861.25

विवरण- IV

राजस्थान में एबी-पीएमजेएवाई के अंतर्गत पिछले पांच वर्षों के दौरान अस्पताल में भर्ती होने वालों की संख्या और संबंधित धनराशि का जिलावार ब्यौरा

ज़िला	अस्पताल में भर्ती होने वालों की संख्या	अस्पताल में भर्ती हेतु राशि (करोड़ रुपये में)
अजमेर	2,30,117	252.39
अलवर	3,90,807	416.30
अनूपगढ़	11,589	15.85
बालोतरा	15,411	17.44
बांसवाड़ा	1,18,879	90.69
बारां	1,48,248	125.55
बाड़मेर	1,49,666	155.17
ब्यावर	25,218	29.78
भरतपुर	2,10,609	223.69
भीलवाड़ा	2,24,204	214.57
बीकानेर	1,78,769	176.69
बूंदी	1,09,159	106.12
चित्तौड़गढ़	1,98,676	160.28
चुरू	1,97,601	224.84
दौसा	1,59,468	180.46
डीग	22,024	29.17
धौलपुर	1,05,914	94.30
डीडवाना-कुचामन	57,569	61.73
दूदू	7,508	10.75
डूंगरपुर	91,256	89.96
गंगापुर सिटी	19,905	21.26
हनुमानगढ़	1,57,029	204.36
जयपुर	6,25,602	845.88
जयपुर(ग्रामीण)	71,464	104.31
जैसलमेर	47,884	47.81
जालौर	91,203	89.12
झालावाड़	1,51,338	144.99
झुंझुनू	2,55,558	295.71
जोधपुर	2,80,031	292.95
जोधपुर(ग्रामीण)	42,254	46.68
करौली	1,00,396	121.88

केकड़ी	13,425	14.87
खैरथल-तिजारा	23,410	29.92
कोटा	1,96,375	203.38
कोटपूतली-बहरोड़	38,338	50.52
नागौर	2,97,985	336.32
नीम का थाना	30,475	38.48
पाली	1,96,766	202.76
फलौदी	13,022	14.86
प्रतापगढ़	76,293	60.16
राजसमंद	1,14,420	17.28
सलूमबर	12,236	14.13
सांचोर	5,673	7.55
सवाई माधोपुर	1,26,332	120.05
शाहपुरा	14,745	13.10
सीकर	3,23,970	396.08
सिरोही	75,025	59.79
श्री गंगानगर	1,99,922	223.68
टोंक	1,53,904	170.27
उदयपुर	2,67,321	253.11

PMMVY COVERAGE AND ACCESS GAPS

5585. SHRI AMRINDER SINGH RAJA WARRING:

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

- the number of beneficiaries under the Pradhan Mantri Matru Vandana Yojana (PMMVY) since its inception in Punjab, year-wise;
- whether the ministry has identified barriers such as social norms, cultural beliefs and lack of awareness that hinder timely pregnancy registration and access to PMMVY benefits particularly in rural areas, if so, the details thereof alongwith the steps taken to address them;

- (c) the details of the initiatives undertaken to increase awareness about PMMVY benefits and promote early Antenatal Care (ANC) especially in rural regions;
- (d) the details of the coverage of ANC in Punjab with regard to first, second, third, and complete ANC check-ups; and
- (e) the details of the steps taken to improve the coverage/quality of maternal healthcare services to ensure that PMMVY beneficiaries receive comprehensive antenatal care, particularly in regions with poorer coverage?

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

(a) : The year-wise number of beneficiaries enrolled, beneficiaries paid and amount disbursed under PMMVY in the State of Punjab is given below:

Financial Year	Beneficiaries Enrolled	Beneficiaries Paid	Amount Disbursed (₹ in crores)
2017-18	60,052	38,074	7.86
2018-19	1,17,401	1,27,520	59.77
2019-20	1,06,767	1,05,641	50.08
2020-21	1,05,737	82,254	41.57
2021-22	81,212	47,089	19.11
2022-23	91,021	1,41,304	68.40
2023-24	1,26,948	83,221	39.47
2024-25	1,04,650	2,03,913	79.42

(b) : PMMVY is implemented in 34 States and UTs of the country. The Government of Odisha is in the process of onboarding PMMVY in their State and the Government of Telangana is not implementing PMMVY in their State. In 29 States and UTs, the scheme is implemented through the Women & Child Development

Departments, where applications are registered at the level of Anganwadi Worker, and subsequent processing is done at the level of Supervisor, Child Development Project Officer (CDPO) and State Nodal Officer. In the 5 States of Andhra Pradesh, Gujarat, Maharashtra, Tamil Nadu and West Bengal, the scheme is implemented through the Health & Family Welfare Departments, where applications are registered at the level of Accredited Social Health Activist (ASHA), and subsequent processing is done at the level of Auxilliary Nurse Midwife (ANM), Medical Officer and State Nodal Officer. The registration, processing and day-to-day monitoring of PMMVY is done by the respective State and UT Governments. The release of Central funds to States and UTs is done in a timely manner provided they utilise the funds available in the State Nodal Agency (SNA) Account on time. States and UTs are regularly requested to clear the payments of beneficiaries under PMMVY Scheme.

Further, to facilitate the beneficiaries for tracking the status of their applications and payments, a 'Track and Search' feature is available on the PMMVY portal to show real time location and status of Application. Also, a Grievance redressal module has been implemented to lodge and track any PMMVY related grievances by any beneficiary.

The Ministry conducts various awareness programs including those on Maternity Benefits through SANKALP-Hub for Empowerment of Women (HEW) scheme for all States and UTs. It includes various Information, Education and Communication (IEC) and Behavior Change Communication (BCC) activities such as PrabhatPheri, NukkadNatak, 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 under PMMVY on a periodic basis.

(c) to (e) : Under National Health Mission (NHM), the Government of India has undertaken following initiatives to promote early Antenatal Care (ANC) across the country including rural regions.

- Janani Suraksha Yojana (JSY), is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- JananiShishuSurakshaKaryakram (JSSK) entitles every pregnant woman to free delivery, including caesarean section, in public health institutions along with the provision of free transport, diagnostics, medicines, blood, other consumables and diet.
- Pradhan MantriSurakshitMatritvaAbhiyan (PMSMA) provides pregnant women a fixed day, free of cost assured and quality antenatal checkup by an obstetrician/Specialist/Medical Officer on the 9th day of every month. Extended PMSMA strategy was launched to ensure quality ANC to pregnant women, especially to high-risk pregnancy (HRP) women, and individual HRP tracking until a safe delivery is achieved through financial incentivization for the identified high-risk pregnant women and accompanying ASHA for extra three visits over and above the PMSMA visit.
- SurakshitMatritvaAashwasan (SUMAN) provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of

services for every woman and newborn visiting public health facilities to end all preventable maternal and newborn deaths.

- Monthly Village Health, Sanitation and Nutrition Day (VHSND) is an outreach activity at Anganwadicenters for provision of maternal and child care including nutrition in convergence with the ICDS.
- Outreach camps are provisioned to improve the reach of health care services, especially in tribal and hard-to-reach areas. This platform is used to increase awareness for the Maternal and Child health services and community mobilization as well as to track high-risk pregnancies.

The details of the coverage of ANC in Punjab during last three years is given below:

2021-22			2022-23			2023-24		
Total number of new pregnant women registered for ANC	Out of the total NEW ANC registered, number registered within 1st trimester (within 12 weeks)	Number of Pregnant Women received 4 or more ANC check ups	Total number of new pregnant women registered for ANC	Out of the total NEW ANC registered, number registered within 1st trimester (within 12 weeks)	Number of Pregnant Women received 4 or more ANC check ups	Total number of new Pregnant Women registered for ANC	Out of the total NEW ANC registered, number registered within 1st trimester (within 12 weeks)	Number of Pregnant Women received 4 or more ANC check ups
4,31,209	3,40,220	3,28,473	4,41,818	3,55,585	3,53,843	4,28,048	3,46,195	3,57,100

MULTI-SPECIALTY HOSPITAL IN TELANGANA**5586. SHRI KUNDURU RAGHUVeer:**

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

- (a) whether there is any plan to establish a multi-specialty hospital in Telangana particularly in Nalgonda and if so, the details thereof;
- (b) whether telemedicine services is likely to be introduced in rural areas of the country and if so, the details thereof; and
- (c) the amount of funds that have been allocated under Ayushman Bharat to Telangana?

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 informed by the Government of Telangana, all the 33 districts in the State are having Multi Specialty Hospitals including Nalgonda district.
- (b) and (c) : The teleconsultation services, available at all operational AAMs across the country including rural areas, enables people to access the specialist services closer to their homes addressing concerns of physical accessibility, shortage of service providers and to facilitate continuum of care. Total teleconsultations conducted at AAM are 34.90 cr as on 31.03.2025.

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 proposals in the form of Record of Proceedings (RoPs) as per norms & available resources. The details of RoPs issued to States/UTs including approvals for Ayushman Arogya Mandirs, are available at following web link:

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>

National Health Authority (NHA) releases funds for implementation of Pradhan Mantri Jan Arogya Yojana (PM-JAY) at the State level on the basis of the actual demand received from the State. Rs 675.82 crore has been released to Telangana under AB PM-JAY.

The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) with an outlay of Rs.64,180 crore aims to support for infrastructure development for Sub-Health Centres, Urban Health and Wellness Centres, Support for Block Public Health Units, Integrated District Public Health Laboratories and Critical Care Hospital Blocks. Total amount of Rs.1369.00 crore has been approved under PM-ABHIM for the State of Telangana for FY 2021-22 to FY 2025-26.

ONE STOP CENTRES

5587. SHRI K. C. VENUGOPAL:

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

- (a) the details of the number of women supported by One Stop Centres (OSCs), State-wise;

- (b) the number of complaints lodged about crimes against women in the country, State-wise;
- (c) the details of funds allocated to OSCs and the percentage of fund utilisation during the past five years, State-wise;
- (d) the details of the staff requirements for OSC across the country along with the actual number of staff currently employed; and
- (e) whether each OSC is administered by a woman, in line with programme requirements?

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 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. One Stop Centres (OSCs) have assisted 10.98 lakh women up to 28th February, 2025 since inception of the scheme in 2015.

(b) : As per the latest information published by National Crime Records Bureau (NCRB), State/UTs- wise details of cases registered for the crime against women during the years 2020, 2021 and 2022 are given in the enclosed **Statement- I**.

(c) : Details of the funds released to OSCs and percentage of funds utilised by the States/UTs during the last five years are given in the enclosed **Statement -II**.

(d) and (e) : As per the Mission Shakti guidelines, the head of an OSC is a woman administrator. Further, Central Government provides 100% financial assistance to States/ UTs for implementation of OSC scheme for 13 persons which comprises Centre Administrator (1), Case Worker (2), Para Legal Personnel/Lawyer (1), Para Medical Personnel (1), Psycho-social Counsellor (1), Office Assistant with computer knowledge (1), Multi-purpose Staff / Cook (3) and Security Guard/ Night Guard (3) for each OSC. Furthermore, financial assistance is also provided to State & UTs for the establishment of OSCs in either rented premises, pre-existing government buildings, or for construction of new building. The responsibility for the effective implementation and monitoring of the OSC scheme lies with the respective State Governments/UT Administrations to ensure its efficient operation.

STATEMENT-I

STATE/UT WISE DETAILS OF CASES REGISTERED FOR CRIME AGAINST WOMEN DURING THE YEARS 2020, 2021 AND 2022 (SOURCE: NCRB)

SL	State/UT	2020	2021	2022
1	Andhra Pradesh	17089	17752	25503
2	Arunachal Pradesh	281	366	335
3	Assam	26352	29046	14148
4	Bihar	15359	17950	20222
5	Chhattisgarh	7385	7344	8693
6	Goa	219	224	273
7	Gujarat	8028	7348	7731
8	Haryana	13000	16658	16743
9	Himachal Pradesh	1614	1599	1551
10	Jharkhand	7630	8110	7678
11	Karnataka	12680	14468	17813

12	Kerala	10139	13539	15213
13	Madhya Pradesh	25640	30673	32765
14	Maharashtra	31954	39526	45331
15	Manipur	247	302	248
16	Meghalaya	568	685	690
17	Mizoram	172	176	147
18	Nagaland	39	54	49
19	Odisha	25489	31352	23648
20	Punjab	4838	5662	5572
21	Rajasthan	34535	40738	45058
22	Sikkim	140	130	179
23	Tamil Nadu	6630	8501	9207
24	Telangana	17791	20865	22066
25	Tripura	874	807	752
26	Uttar Pradesh	49385	56083	65743
27	Uttarakhand	2846	3431	4337
28	West Bengal	36439	35884	34738
	TOTAL STATE(S)	357363	409273	426433
UNION TERRITORIES:				
29	A&N Islands	143	169	178
30	Chandigarh	301	343	325
31	D&N Haveli and Daman &Diu	61	99	126
32	Delhi	10093	14277	14247
33	Jammu &Kashmir	3405	3937	3716
34	Ladakh	9	18	15
35	Lakshadweep	15	9	16
36	Puducherry	113	153	200
	TOTAL UT(S)	14140	19005	18823
	TOTAL ALL INDIA	371503	428278	445256

STATEMENT -II

Details of the funds released to OSCs and percentage of funds utilised by the States/UTs during the last five years.

(Amount in lakhs)

S.No.	State/UT	2019-20		2020-21		2021-22		2022-23		2023-24	
		released	%age of fund utilized	released	%age of fund utilized	released	%age of fund utilized	released	%age of fund utilized	released	%age of fund utilized
1	A&N Islands	41.6	71%	38.59	94%	58.22	44%	15.2	29%	135.99	UCNR
2	Andhra Pradesh	260.99	85%	205.05	73%	249.57	79%	72.96	45%	605.58	69%
3	Arunachal Pradesh	134.18	4%	514.14	6%	369.45	5%	40.39	UCNR	847.7	54%
4	Assam	804.09	49%	642.14	73%	650.63	183%	129.61	396%	1755.48	73%
5	Bihar	1046.09	1%	709.66	0%	555.17	UCNR	0	UCNR	0	UCNR
6	Chandigarh	15	151%	33.84	90%	15	200%	49.22	UCNR	16.8	UCNR
7	Chhattisgarh	677.38	74%	353.21	139%	526.86	90%	304.63	25%	882.44	61%
8	DNHDD	0	UCNR	0	UCNR	0	UCNR	0	UCNR	50.39	UCNR
9	Delhi	390.97	28%	189.05	95%	184.69	121%	138.56	UCNR	184.78	120%
10	Goa	15	UCNR	30.01	UCNR	30.01	UCNR	0	UCNR	0	UCNR
11	Gujarat	679.52	91%	875.17	86%	997.46	64%	386.76	127%	1166.26	66%
12	Haryana	401.92	64%	398.44	86%	385.35	96%	186.75	35%	594.68	78%

13	Himachal Pradesh	317.3	14%	204.05	7%	180.05	83%	18.9	1338%	403.15	97%
14	Jammu and Kashmir	96.39	39%	218.84	UCNR	323.09	UCNR	0	UCNR	335.96	106%
15	Jharkhand	408.53	UCNR	697.25	7%	506.78	UCNR	0	UCNR	0	UCNR
16	Karnataka	582.04	61%	729.09	94%	513.88	148%	130.88	467%	1054.13	23%
17	Kerala	140.9	95%	243.06	68%	234.41	94%	139.28	82%	0	UCNR
18	Ladakh	0	100%	65.45	33%	30.01	41%	0	UCNR	33.6	UCNR
19	Lakshadweep	20.91	UCNR	7.5	UCNR	15	UCNR	0	UCNR	16.8	UCNR
20	Madhya Pradesh	1670.92	20%	1057.05	42%	921.41	55%	261.55	126%	820.48	137%
21	Maharashtra	669.99	7%	646.2	1%	561.35	UCNR	69.37	470%	1539.69	80%
22	Manipur	248.84	97%	501.94	98%	396.59	191%	543.29	UCNR	268.77	88%
23	Meghalaya	374.3	42%	211.62	85%	276.22	97%	232.77	4%	321.56	95%
24	Mizoram	218.71	101%	172.64	144%	280.33	85%	178.05	UCNR	283.45	104%
25	Nagaland	191.73	166%	329.91	92%	528.92	101%	197.41	UCNR	545.83	63%
26	Odisha	209.35	282%	931.55	90%	739.31	115%	614.67	39%	1084.95	71%
27	Puducherry	43.76	UCNR	72.02	UCNR	67.24	UCNR	18.25	7%	0	UCNR
28	Punjab	351.84	20%	490.61	15%	385.31	UCNR	0	UCNR	389.01	131%
29	Rajasthan	677.12	37%	566.87	58%	941.85	33%	129.59	51%	883.59	101%
30	Sikkim	68.1	98%	66.02	100%	80.8	72%	77.48	UCNR	126.09	61%
31	Tamil Nadu	713.6	75%	1066.6	105%	520.38	135%	697.43	48%	1158.88	85%

32	Telangana	624.47	112%	793.39	109%	945.98	102%	1392.65	UCNR	1217.41	81%
33	Tripura	60.02	UCNR	162.04	7%	135.75	UCNR	18.21	UCNR	0	UCNR
34	Uttar Pradesh	1231.94	15%	2288.33	1%	1396.79	UCNR	347	210%	1812.71	113%
35	Uttarakhand	229.07	43%	273.09	UCNR	263.17	UCNR	153.33	9%	436.75	49%
36	West Bengal	95.46	UCNR	198.9	UCNR	227.32	UCNR	28.41	UCNR	0	UCNR
	Total	13712.04		15983.31		14,494.34		6,572.61		18,972.9	

Note: More than 100% utilization is due to usage of grant released during previous years.

UCNR – Utilization Certificate not received.

INTEGRATED PUBLIC HEALTH LABS IN ANDHRA PRADESH**5588. DR. C. M. RAMESH:**

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

- (a) whether the Government has approved 23 Integrated Public Health Labs for Andhra Pradesh under Ayushman Bharat Health Infrastructure Mission;
- (b) if so, the details of total estimated/approved cost thereof;
- (c) the number of public health labs likely to be set up in Anakapalli district of Andhra Pradesh; and
- (d) the time by which above labs are going to become operational?

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) : Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) is a Centrally Sponsored Scheme (CSS) with some Central Sector Components (CS) which has an outlay of Rs. 64,180 Crores for the scheme period (2021-22 to 2025-26).

Under the CSS components of the scheme, support is provisioned to the State/UTs during the scheme period (2021-2026) for establishment of 730 District Integrated Public Health Labs (IPHLs) in the country, wherein each district will have one such lab.

Under the scheme, administrative approval has been accorded to the State of Andhra Pradesh, for five years (i.e. FY 2021-22, 2022-23, 2023-24, 2024-25 &

2025-26) for an amount of Rs 41.32 Cr. for establishment/ strengthening of 26 IPHLs to be established one in each district including Anakapalli district of Andhra Pradesh.

Under the scheme it is envisaged that all the projects approved across the States and UTs will be completed during the scheme period i.e. 2025-26, as per timeline mentioned in the operational guidelines.

HINDUSTAN ORGANIC CHEMICALS LIMITED

5589. SHRI BHARTRUHARI MAHTAB:

SHRI CHINTAMANI MAHARAJ:

SHRI RAVINDRA SHUKLA ALIAS RAVI KISHAN:

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

- (a) the capacity utilization and sales turnover of Hindustan Organic Chemicals Limited in FY2024-25, as of February 2025;
- (b) whether the company has achieved a reduction in the consumption of raw materials; and
- (c) if so, 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) : There are three main products of Hindustan Organic Chemicals Limited namely, Phenol, Acetone and Hydrogen Peroxide. In FY2024-25, as of February,

2025, the company has produced 60,440 MT of Phenol, Acetone and Hydrogen Peroxide against the combined capacity of 75,090 MT per annum. Hence, capacity utilization of the company has been 80%. Further, the company has achieved sales turnover of Rs. 498 Crores till February, 2025.

(a) and (c) : There are two main raw materials used for production of Phenol and Acetone which are Benzene and LPG. The ratio of Benzene to Phenol and LPG to Phenol till February, 2025 has been 0.97 and 0.56 respectively, whereas, for FY 2023-24, the ratios were 0.93 and 0.51. Similarly, the ratio of Benzene to Acetone and LPG to Acetone till February, 2025 has been 1.55 and 0.89 respectively, whereas, for FY 2023-24 the ratios were 1.49 and 0.81. Hence, there has been no reduction in the consumption of raw materials for Phenol and Acetone.

Main raw material used for production of Hydrogen Peroxide is Hydrogen. The ratio of Hydrogen to Hydrogen Peroxide till February, 2025 has been 370.32, whereas, for FY 2023-24, the ratio was 368.61.

Hence, there has been no reduction in the consumption of raw materials for any of the product.

MEDICAL HOSPITAL IN MEGHALAYA

5590. SHRI SALENG A. SANGMA:

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

- (a) whether there is any proposal for the construction of medical hospital in Meghalaya particularly in Tura and the surrounding parliamentary constituency;
- (b) if so, the details of the allocated funds, including the estimated cost and timeline thereof;
- (c) the steps taken/proposed to be taken by Government to improve healthcare infrastructure and medical facilities in the Tura Parliamentary constituency of Meghalaya; and
- (d) whether there is any provision for upgrading existing healthcare facilities in Tura to meet the increasing medical needs of the population, 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 is a state subject, hence, the responsibility for improving the healthcare facilities lies with the respective State/UT Governments. Under Fifteenth Finance Commission (FC-XV) Health Grants for the State of Meghalaya, an approval of Rs. 20.39 Crore has been given over the five year period from FY 2021-22 to FY 2025-26 for establishment and strengthening of 32 Building-less Sub Health Centres (SHC) and 2 Primary Health Centres (PHC) as per proposal of the State. Further, under Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), an amount of Rs 230.89 Crore has been approved for five

years period i.e. FY 2021-22 to FY 2025-26 for construction/strengthening of 251 Building less-Sub-Health Centres - Ayushman Arogya Mandir (SHC-AAM), 10 Integrated Public Health Laboratory (IPHL) and 3 Critical care Blocks (CCBs) as per proposal of the State. Also, under Emergency Response and Health Systems Preparedness Package (ECRP-II), an amount of Rs. 46.94 crore was approved for establishment of 3 Paediatric Care Units, 1 Paediatric Centre of Excellence and 1 Critical Care Block in the State of Meghalaya during 2021-22.

Under National Health Mission (NHM), financial and technical support is provided to the State Governments/UTs to strengthen their health care system based on the requirement posed by the States/UTs in their Programme Implementation Plans (PIPs). Under NHM, States/UTs (including Meghalaya) are provided the flexibility to propose initiatives in their Program Implementation Plans (PIPs) depending on their needs and gaps in public health facilities and thus strengthen the health system. These initiatives may include support for infrastructure, human resources, diagnostics, equipments, and medicines. Ministry of Health and Family Welfare (MoHFW) reviews and approves these proposals within the state's allocated resource envelope. As per the information provided by the State Govt. of Meghalaya, construction of Medical Teaching Hospital in Tura Civil Hospital Complex is under process.

छत्तीसगढ़ में राज्य वार्षिक कार्य योजना

5591. श्री विजय बघेल:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) छत्तीसगढ़ राज्य में वर्ष से आज की तिथि तक स्वास्थ्य क्षेत्र के लिए राज्य वार्षिक कार्य 2014-15

योजना हेतु कितनी धनराशि जारी की गई है;

(ख) वर्ष से आज की तिथि तक छत्तीसगढ़ में सरकार द्वारा स्वीकृत आयुष अस्पतालों और 2014-15

आयुष औषधालयों की कुल संख्या कितनी है; और

(ग) देश में वर्ष से आज की तिथि तक स्वीकृत आयुष गांवों की राज्य/संघ राज्यक्षेत्रवार 2014-15,

विशेषकर दुर्ग संसदीय निर्वाचन क्षेत्र सहित छत्तीसगढ़ में जिलावार कुल संख्या कितनी है?

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

(क) : वर्ष 2014-15 से आज की तिथि तक राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, छत्तीसगढ़ राज्य सरकार से राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के अनुसार, आयुष मंत्रालय ने विभिन्न अनुमोदित गतिविधियों के कार्यान्वयन के लिए 139.36 करोड़ रुपये की धनराशि जारी की है।

(ख) : जन स्वास्थ्य राज्य का विषय होने के कारण, आयुष अस्पतालों और आयुष औषधालयों की स्थापना करना संबंधित राज्य/संघ राज्य क्षेत्र की सरकारों के कार्यक्षेत्र में आता है। हालांकि, एनएएम के तहत, छत्तीसगढ़ सहित राज्यों/संघ राज्य क्षेत्रों को 50/30/10 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना और उन क्षेत्रों में नए आयुष औषधालयों की स्थापना के लिए वित्तीय सहायता प्रदान करने का प्रावधान है, जहां आयुष सुविधाएं उपलब्ध नहीं हैं। तदनुसार, छत्तीसगढ़ राज्य सरकार से एसएएपी

के माध्यम से प्राप्त प्रस्तावों के अनुसार, एकीकृत आयुष अस्पतालों की 13 इकाइयों और आयुष औषधालयों की 6 इकाइयों की स्थापना के लिए मंजूरी दी गई है।

(ग) : आयुष ग्राम एक ऐसी अवधारणा है, जिसमें आयुष जीवन शैली के सिद्धांतों और अभ्यासों तथा स्वास्थ्य देखभाल के उपचारों को अपनाने के लिए गांवों का चयन किया जाता है। एनएएम दिशानिर्देश के अनुसार, एक ब्लॉक के 2-3 गांवों में 2000-3000 आबादी को कवर करने वाली प्रति इकाई को 3.0 लाख रुपये की वित्तीय सहायता का प्रावधान है। राज्यों/संघ राज्य क्षेत्रों द्वारा एसएएपी के माध्यम से प्राप्त प्रस्तावों के अनुसार, वर्ष 2014-15 से 2024-25 तक देश में आयुष ग्राम के तहत 1494 आयुष ग्राम इकाइयों को सहयोग प्रदान किया गया है, परंतु मंत्रालय में जिले-वार आंकड़ों का रख-रखाव नहीं किया जा रहा है। इसके अलावा, छत्तीसगढ़ राज्य सरकार द्वारा दी गई सूचना के अनुसार दुर्ग निर्वाचन क्षेत्र के तीन गांवों को छत्तीसगढ़ राज्य सरकार द्वारा प्रस्तावित एसएएपी 2024-25 में आयुष ग्राम इकाई के तहत अनुमोदित किया गया है। अनुमोदित आयुष ग्रामों की राज्य/संघ राज्य क्षेत्र-वार स्थिति संलग्न **विवरण** में दी गई है।

विवरण

वित्त वर्ष 2014-15 से 2024-25 तक राज्य/संघ राज्य क्षेत्र-वार स्वीकृत कुल आयुष ग्राम इकाइयों की स्थिति

क्र.सं.	राज्य/संघ राज्य क्षेत्र	अनुमोदित आयुष ग्राम इकाइयाँ
1	अंदमान और निकोबार द्वीप	13
2	आंध्र प्रदेश	28
3	अरुणाचल प्रदेश	8
4	असम	6
5	बिहार	12
6	चंडीगढ़	10
7	छत्तीसगढ़	146
8	दादरा और नागर हवेली तथा दमण और दीव	28
9	दिल्ली	0
10	गोवा	21

11	गुजरात	130
12	हरियाणा	52
13	हिमाचल प्रदेश	1
14	जम्मू-कश्मीर	96
15	झारखंड	193
16	कर्नाटक	25
17	केरल	101
18	लक्षद्वीप	10
19	मध्य प्रदेश	261
20	महाराष्ट्र	39
21	मणिपुर	13
22	मेघालय	69
23	मिजोरम	15
24	नागालैंड	10
25	ओडिशा	12
26	पुडुचेरी	0
27	पंजाब	0
28	राजस्थान	30
29	सिक्किम	0
30	तमिलनाडु	0
31	तेलंगाना	34
32	त्रिपुरा	12
33	उत्तर प्रदेश	62
34	उत्तराखंड	13
35	पश्चिमी बंगाल	27
36	लद्दाख	17
	कुल	1494

JOB ASSISTANCE PROGRAMMES

5592. SHRI B. MANICKAM TAGORE:

SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:

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

- (a) whether the Ministry has any specific programs or initiatives to provide job assistance and support to Indian nationals seeking employment opportunities abroad;
- (b) if so, the details of these programs, including their objectives, implementation mechanisms, and areas of focus;
- (c) the number of Indian nationals who have benefited from these job assistance programmes over the last five years including country-wise data and specific sectors in which these jobs were secured;
- (d) the number of job fairs, recruitment drives, or other similar events organized by the Ministry in collaboration with foreign Governments or international employers to increase job opportunities for Indian nationals in the last five years; and
- (e) whether the Government has any collaboration with foreign Governments to ensure the welfare, legal rights, and safety of Indian workers employed abroad and if so, the number of cases where such assistance was provided during the last five years?

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) : The Government has been working towards establishing institutional mechanisms to foster the global mobility of Indian workers as well as students, academicians, researchers, business persons etc. The Government has been proactively furthering the mobility for Indian workforce through diverse MoUs/agreements such as, Migration and Mobility Partnerships, Labour mobility and Labour Welfare with destination countries. Agreements/MoUs on Migration and Mobility Partnership have been signed with Austria, Australia, France, Germany, Italy, Denmark and UK. Labour Mobility Agreements have been signed with Japan, Portugal, Taiwan, Mauritius, Israel and Malaysia.

Additionally, Labour and Manpower Cooperation Agreements have been signed with the Gulf Cooperation Countries (GCC), like Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, UAE and with Jordan, that provide overarching framework for cooperation on labour and manpower issues. To safeguard the specific interest of domestic workers of the GCC countries, who are often in the most vulnerable category, the Ministry has signed separate MoUs and Agreements with Saudi Arabia, UAE and Kuwait.

The process of overseas employment of Indian nationals holding Emigration Check Required (ECR) passports and emigrating to any of the 18 notified ECR countries is done through e-Migrate portal. The web-based application makes the

process of emigration fully digital, transparent, safe, legal, humane, efficient, convenient, and faster. It seamlessly brings all stakeholders, including Foreign Employers (FEs), registered Recruiting Agents (RAs) and the prospective emigrants on a common platform and enables MEA to capture comprehensive and online database. A dedicated helpline and support system is also available to assist emigrants and other stakeholders to address any query/issue. The advisories/alerts on fake job offers and fraudulent/illegal recruitment agencies are hosted on the portal. Till February 2025, a total of 3,281 illegal agents in country have been notified on the eMigrate portal.

An updated, revamped and user friendly eMigrate-V2.0 portal was launched on 14 October 2024. The revamped portal has been integrated with DigiLocker to provide for storage and access by users of documents across the world; Common Services Centers (CSC) to enable delivery of emigration related services through its network of over 5 lakh centers across the country; UMANG for providing access to pan-India e-Gov services; BHASHINI to enable access to information in regional languages; SBlePay for provisioning of an additional digital payment gateway with zero transaction charges; Bureau of Immigration for seamless and hassle free travel of emigrants; Passport Seva Portal for e-verification of Passports, insurance companies for procurement of mandatory PBBY policy etc., among others. The eMigrate Mobile App has also been developed for the first time and is available on Google Play Store and Government App Store. The App allows the stakeholders to

have easy access to major services available on the portal, including tracking of application status, obtaining list of registered as well as unregistered recruiting agents, filing grievances etc.

These skilled, semi-skilled and unskilled workers are employed in various sectors like construction, oil & gas, food and beverage industry, hospitality, retail, housekeeping, domestic works, warehousing and logistics, healthcare, engineering, IT, finance, farming, manufacturing, transport, port and shipping, tourism, mining, education, wholesale, retail, automobiles, domestic works such as plumbers, electricians, drivers, maids, cleaners, and cooks etc.

The year-wise and country-wise details of emigration clearances granted through E-migrate portal to Indian emigrants for employment with foreign entities during 2020-2025 (01.01.2020 to 26.03.2025) are given below:

Country	2020	2021	2022	2023	2024	2025
SAUDI ARABIA	44316	32845	178622	200713	167598	37575
UNITED ARAB EMIRATES	17891	10844	33233	71688	111308	46486
QATAR	8907	49579	30871	30683	23785	4987
KUWAIT	8107	10158	71432	48212	39862	12680
OMAN	7206	19453	31994	21336	24258	5615
BAHRAIN	4175	6383	10232	7376	8607	1814
MALAYSIA	2435	36	12836	15319	5606	1348
IRAQ	759	935	1430	1599	2761	454
JORDAN	317	2386	2487	1187	3137	468

LEBANON	21	54	282	200	130	2
THAILAND	10	1	3	4	10	0
INDONESIA	1	0	3	0	3	7
SOUTH SUDAN	0	1	1	0	0	19
SUDAN	0	0	0	0	2	0

INSURANCE COVERAGE FOR AYUSH TREATMENT

5593. SHRI KIRTI AZAD:

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

- (a) whether the Government has taken any steps to encourage private insurance companies to include AYUSH treatments, such as Panchkarma and other therapies, under their coverage;
- (b) if so, the details thereof along with the progress made and the challenges faced in this regard;
- (c) the timeline for ensuring wider insurance coverage for AYUSH treatments in the country;
- (d) whether the Government is considering integrating financial components, such as fixing rates for consultations in AYUSH treatments and if so, the details thereof;
- (e) the steps taken/proposed to be taken by the Government to implement this integration and the expected impact on the affordability and accessibility of AYUSH treatments; and

- (f) whether any lessons have been drawn from countries like South Korea regarding integrating Western and traditional medicines and the manner in which these are likely to be adapted to the Indian context 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 (e) : Yes sir, Ministry of Ayush conducted several meetings regarding insurance related issues in Ayush sector with Insurance Regulatory and Development Authority of India (IRDAI), General Insurance Council (GIC), General Insurance Public Sector Association (GIPSA) and Private health insurance companies.

Ministry of Ayush has constituted a Core Group of experts for insurance coverage in Ayush system with following Term of Reference;

- i. To advise and monitor insurance related matters in Ayush Sector
- ii. To conduct sensitization programme involving all stake holders
- iii. To conduct a study of current status of Ayush systems under health insurance and to create a white paper.

With recommendation of the Core Group of Experts, Ministry of Ayush has also conducted series of sensitization programs for Ayush stakeholders and insurance stakeholders across the country wherein private healthcare organisation and private insurance companies also participated in large number.

Considering the growing demand for Ayush treatment, IRDAI vide letter no-IRDAI/HLT/CIR/GDL/31/01/2024 dated 31/01/2024 has advised to place Ayush Treatments at par with other treatments for the purpose of health insurance so as to provide an option for the policyholders to choose treatment of their choice. IRDAI also advised that all the policies shall contain the quality parameters as well as procedures for enrolling Ayush Hospitals/Day Care Centers as network providers for the purpose of providing cashless facility and this circular came into force w.e.f. 01.04.2024.

Further, Ministry of AYUSH has constituted a committee for revision of Committee for Revision of "Guidelines for Insurance Coverage of Ayush Treatments and Settlement of Claims on the basis of benchmark rates of various therapies/interventions (2016).

(f) : No such information is available in this Ministry.

SEVERE TRANSPORTATION CRISIS IN LAKSHADWEEP

5594. SHRI HAMDULLAH SAYEED:

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

- (a) whether the Government is aware of the severe transportation crisis faced by the residents of Lakshadweep due to the limited availability of passenger ship services, with only one operational ship currently serving the islands, while four others M.V. Kavaratti, M.V. Corals, M.V. Lakshadweep Sea and M.V. Arabian Sea are under repair or maintenance;

- (b) if so, the current status of these four ships, including the expected timeline for their repair, maintenance and return to operational service;
- (c) the steps taken by the Government to expedite the repair and maintenance of these ships to restore normalcy and ensure uninterrupted connectivity between Lakshadweep and the mainland; and
- (d) the measures being implemented to address the immediate distress caused to thousands of stranded commuters, including delays in the supply of essential goods, medical aid, and educational materials, as well as the adverse impact on the economic activities of the islands?

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

(a) : The Union Territory of Lakshadweep Administration (UTLA) owns and operates 05 all weather passengers ships and 06 High Speed Crafts (HSC) fair weather vessels. Out of these ships, 01 all weather ship and 06 HSC are in service which are presently utilized for Islands to Mainland and Inter-Island transportation. UTLA has entered into a Quadripartite Agreement with Cochin Port Authority (CoPA), Cochin Shipyard Limited (CSL) and Lakshadweep Development Corporation Limited (LDCL) under which CSL is responsible for repair and maintenance of the UTLA vessels.

(b) : The final survey of M.V. Kavaratti has been completed on 24.03.2025. This ship is expected to be back in service by mid of April, 2025. The Radio survey of

M. V. Coral has been completed and the ship is expected to be in service on 10th of April, 2025. The M. V. Arabian Sea was docked on 27th March, 2025 for repair which is expected to be completed within 65 days. M. V. Lakshadweep Sea has finished sea trials on 08.03.2025. The ship is expected to be back in service by mid April, 2025.

(c) : The purpose of the quadripartite agreement between UTLA, CoPA, CSL and LDCL is to ensure timely repair and maintenance of ships.

(d) : The scheduling of the serviceable ships is closely carried out in such a manner that the schedule meets the requirements of Islanders. Further, UTLA is taking regular reviews with CSL to ensure that the ships in repairs are back in service as per the above mentioned timelines.

जननी सुरक्षा योजना

5595. श्री अरविंद गणपत सावंत:

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

- (क) राज्य सरकारों, विशेषकर महाराष्ट्र द्वारा गत पांच वर्षों के दौरान जननी सुरक्षा योजना के अंतर्गत राज्य/संघ राज्यक्षेत्रवार कितनी धनराशि आवंटित/उपयोग की गई;
- (ख) उक्त समयावधि के दौरान उक्त योजना के अंतर्गत देश में कितने संस्थागत प्रसव दर्ज किए गए;
- (ग) इस संबंध में विभिन्न राज्यों की रैंकिंग क्या है;

- (घ) क्या राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) की जननी सुरक्षा योजना के अंतर्गत सरकारी और निजी अस्पतालों में संस्थागत प्रसव के लिए आने वाली गरीबी रेखा से नीचे (बीपीएल)/अनुसूचित जाति/अनुसूचित जनजाति की महिलाओं को नकद सहायता राशि देने का कोई प्रावधान है;
- (ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (च) विभिन्न गांवों/ग्रामीण तथा शहरी क्षेत्रों में, विशेषकर महाराष्ट्र में इस प्रयोजन हेतु प्रदान की गई नकद सहायता राशि का राज्य/संघ राज्यक्षेत्रवार ब्यौरा क्या है?

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

(क) : राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत, राज्यों/संघ राज्य क्षेत्रों द्वारा पिछले पांच वर्षों के दौरान महाराष्ट्र सहित जेएसवाई के अंतर्गत किए गए व्यय का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा संलग्न

विवरण-I में दिया गया है।

(ख) और (ग) : देश में इस योजना के तहत संस्थागत प्रसव (जेएसवाई लाभार्थियों की संख्या) की संख्या नीचे दी गई तालिका में दी गई है। एनएफएस-5 (2019-21) के अनुसार कुल संस्थागत प्रसवों का राज्य-वार ब्यौरा संलग्न **विवरण-II** में दिया गया है।

संस्थागत प्रसव की संख्या (जेएसवाई लाभार्थियों की संख्या)					
वित्त वर्ष	वित्त वर्ष 2019-20	वित्त वर्ष 2020-21	वित्त वर्ष 2021-22	वित्त वर्ष 2022-23	वित्त वर्ष 2023-24
लाभार्थी (संख्या लाख में)	107.09	99.70	96.76	101.06	102.43

(घ) से (च) : राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत लागू की गई जननी सुरक्षा योजना (जेएसवाई) एक सुरक्षित मातृत्व कार्यक्रम है, जो सामाजिक-आर्थिक स्थिति से कमजोर-वर्ग वाली महिलाओं अर्थात् अनुसूचित जाति, अनुसूचित जनजाति और बीपीएल परिवारों की महिलाओं सहित सभी गर्भवती

महिलाओं के बीच संस्थागत प्रसव को बढ़ावा देता है। महाराष्ट्र (उच्च निष्पादन वाले राज्य (एचपीएस)) सहित राज्यों/संघ राज्य क्षेत्रों के लिए ग्रामीण और शहरी क्षेत्रों में जेएसवाई के तहत पात्रता और नकद सहायता का ब्यौरा निम्नानुसार है:

श्रेणी	ग्रामीण क्षेत्र (रु. में)	शहरी क्षेत्र (रु. में)	पात्रता
संस्थागत प्रसव के लिए वित्तीय सहायता			
कम निष्पादन वाले राज्य (एलपीएस)*	1400	1000	सरकारी/निजी मान्यता प्राप्त स्वास्थ्य सुविधा केंद्रों में प्रसव के लिए सभी महिलाओं को उपलब्ध कराना, चाहे उनकी आयु और उनके बच्चों की संख्या कुछ भी हो।
उच्च निष्पादन वाले राज्य (एचपीएस)**	700	600	सरकारी/निजी मान्यता प्राप्त स्वास्थ्य सुविधा केंद्रों में प्रसव के लिए केवल बीपीएल/अनुसूचित जाति/अनुसूचित जनजाति की महिलाओं को उपलब्ध कराना, चाहे उनकी आयु और उनके बच्चों की संख्या कुछ भी हो।
होम डिलीवरी के लिए वित्तीय सहायता			
कम निष्पादन वाले राज्य (एलपीएस)*	500	500	यह सुविधा केवल बीपीएल महिलाओं के लिए उपलब्ध है, जो घर पर ही प्रसव कराना पसंद करती हैं (चाहे उनकी आयु और उनके बच्चों की संख्या कुछ भी हो)।
उच्च निष्पादन वाले राज्य (एचपीएस)**	500	500	

* कम निष्पादन वाले राज्य अर्थात् असम, बिहार, छत्तीसगढ़, झारखंड, जम्मू और कश्मीर, लद्दाख, मध्य प्रदेश, ओडिशा, राजस्थान, उत्तर प्रदेश और उत्तराखंड (एलपीएस) वे राज्य/संघ राज्य क्षेत्र हैं जिनमें संस्थागत प्रसव दर कम है।

** उच्च निष्पादन वाले राज्य (एचपीएस) वे शेष राज्य/संघ राज्य क्षेत्र हैं, जहां संस्थागत प्रसव का स्तर संतोषजनक है।

विवरण-I

राज्यवार जेएसवाई व्यय दर्शाने वाला विवरण (लाख रुपए में)						
क्र. सं.	राज्य	वित्त वर्ष 2019-20	वित्त वर्ष 2020-21	वित्त वर्ष 2021-22	वित्त वर्ष 2022-23	वित्त वर्ष 2023-24
1	अंडमान एवं निकोबार द्वीप समूह	3.48	1.70	1.32	0.75	1.04
2	आंध्र प्रदेश	1,424.28	3,028.47	1,747.25	2,528.71	4,088.97

3	अरुणाचल प्रदेश	102.95	166.85	69.66	301.98	52.48
4	असम	8,053.34	7,017.89	6,919.93	7,871.59	7,451.78
5	बिहार	26,542.72	27,153.73	24,905.95	29,563.10	27,650.71
6	चंडीगढ़	3.43	2.47	1.87	0.70	1.22
7	छत्तीसगढ़	6,317.86	6,445.84	6,349.13	7,593.36	6,292.06
8	दादरा एवं नगर हवेली	45.25	29.24	28.93	24.37	16.87
	दमन और दीव	1.74				
9	दिल्ली	77.52	33.37	38.85	41.5	51.28
10	गोवा	2.92	2.04	0.52	1.97	2.62
11	गुजरात	2,887.86	2,888.01	2,373.59	2,532.93	4,379.25
12	हरियाणा	627.40	536.90	582.49	641.22	534.41
13	हिमाचल प्रदेश	463.17	437.32	626.53	512.23	483.79
14	जम्मू और कश्मीर	2,552.28	2,260.37	2,160.45	2,397.42	1,689.38
15	झारखंड	7,510.45	6,959.84	3,797.86	7,334.31	8,209.81
16	कर्नाटक	4,580.00	4,590.02	3,524.84	4,064.05	4,391.89
17	केरल	1,463.42	2,093.44	1,397.41	1,836.30	1,143.47
18	लद्दाख		49.40	132.11	62.69	44.16
19	लक्षद्वीप	18.85	22.91	9.78	18.44	12.10
20	मध्य प्रदेश	20,614.90	17,753.76	19,689.00	19,085.77	19,489.27
21	महाराष्ट्र	4,773.57	4,286.95	3,698.46	5,105.59	4,660.26
22	मणिपुर	56.40	66.33	21.54	17.12	13.32
23	मेघालय	360.52	393.38	92.75	360.73	264.64
24	मिजोरम	129.83	83.05	108.68	97.56	70.36
25	नागालैंड	97.59	71.14	59.95	57.11	94.17
26	ओडिशा	9,384.32	9,433.84	11,924.48	9,209.66	8,472.30
27	पुदुचेरी	16.12	39.64	15.68	44.71	63.07
28	पंजाब	1,088.00	889.85	747.44	806.97	1,084.30
29	राजस्थान	17,503.85	17,404.90	15,832.16	19,033.50	18,497.29
30	सिक्किम	36.47	7.96	41.45	30.08	34.04
31	तमिलनाडु	2,350.20	2,307.72	1,498.77	2,660.00	2,385.29
32	तेलंगाना	2,131.73	2,013.26	3,222.07	1,674.05	1,693.76
33	त्रिपुरा	250.12	236.76	86.44	277.73	241.76
34	उत्तर प्रदेश	45,786.18	44,436.57	28,696.63	42,284.58	47,531.53
35	उत्तराखंड	1,629.50	1,303.72	1,164.28	1,253.52	1,307.25

36	पश्चिम बंगाल	8,500.48	8,111.64	6,304.96	8,483.51	9,086.17
स्रोत: वित्त वर्ष 2021-22 जैसा कि राज्य द्वारा तिमाही रिपोर्ट में साझा किया गया है। अन्य वित्त वर्ष जैसा कि राज्य द्वारा एनएचएम वित्त प्रभाग, स्वास्थ्य और परिवार कल्याण मंत्रालयके साथ साझा किया गया है।						

विवरण- II

संस्थागत प्रसव राज्य-वार	
राज्य/संघ राज्य क्षेत्र	संस्थागत जन्म (%)
केरल	99.8
गोवा	99.7
लक्षद्वीप	99.6
पुदुचेरी	99.6
तमिलनाडु	99.6
अंडमान व नोकोबार द्वीप समूह	99.0
कर्नाटक	97.0
तेलंगाना	97.0
चंडीगढ़	96.9
आंध्र प्रदेश	96.5
दादरा और नगर हवेली और दमन और दीव	96.5
लद्दाख	95.1
हरियाणा	94.9
राजस्थान	94.9
महाराष्ट्र	94.7
सिक्किम	94.7
गुजरात	94.3
पंजाब	94.3
जम्मू और कश्मीर	92.4
ओडिशा	92.2
दिल्ली	91.8
पश्चिम बंगाल	91.7
मध्य प्रदेश	90.7
त्रिपुरा	89.2
हिमाचल प्रदेश	88.2
मिजोरम	85.8

छत्तीसगढ़	85.7
असम	84.1
उत्तर प्रदेश	83.4
उत्तराखंड	83.2
मणिपुर	79.9
अरुणाचल प्रदेश	79.2
बिहार	76.2
झारखंड	75.8
मेघालय	58.1
नागालैंड	45.7
स्रोत: राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएस-5, 2019-21)	

STRENGTHENING OF INDIA'S STRATEGIC POSITION

5596. SHRI ZIA UR REHMAN:

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

- whether the Government has taken cognizance of the challenges posed by shifting global alliances and emerging geopolitical tensions; and
- if so, the details of the diplomatic measures proposed to strengthen India's strategic position and protect its national interests in the evolving global order?

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) : The Government is constantly monitoring all geopolitical developments having a bearing on India's national interest. Amidst uncertainties and challenges of geopolitical tensions and shifting equations, the Government has taken steps to strengthen India's strategic position and protect its national interests.

(b) : Government of India has established strategic partnerships with more than 30 countries across the Global South and North. To further strengthen bilateral strategic partnerships, the Government has entered into technology partnerships with various countries including the US, Japan, the UK, the EU, among others. The Government has also undertaken negotiations for signing of Free Trade Agreements (FTAs) with key partners. Apart from strong bilateral partnerships, the Government has undertaken various foreign policy initiatives to strengthen regional and international cooperation. These include the Neighbourhood First Policy, Act East Policy, Mutual and Holistic Advancement for Security and Growth Across Regions (MAHASAGAR) initiative, Indo-Pacific Oceans Initiative (IPOI) and Link West Policy. Other major India-led initiatives include the International Solar Alliance, Global Biofuels Alliance, Coalition for Disaster Resilient Infrastructure and India Middle East Europe Economic Corridor. In addition, through India's participation in various multilateral and plurilateral groupings like the G20, BRICS, Quad, UN and its various agencies, India has been engaging partner countries on a wide range of contemporary global issues having a bearing on India's economic and security interests.

CANCER DRUGS

5597. SHRI RAVINDRA VASANTRAO CHAVAN:

SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:

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

- (a) whether most cancer drugs, at present, are imported making them prohibitively expensive;
- (b) if so, the details thereof along with the corrective measures taken/being taken by the Government to reduce the import of cancer drugs in the country;
- (c) whether as per data from the ICMR, cancer burden is likely to increase in coming years in the country, and if so, the details thereof;
- (d) whether the country's drug makers are producing cancer drugs under the Production Linked Incentive (PLI) scheme;
- (e) if so, the details along with the results thereof; and
- (f) the manner in which this step of the Government will boost domestic production and strengthen the position of the country as the pharmacy of the world?

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 data of the Directorate General of Commercial Intelligence and Statistics for the financial year 2024-25 (till the month of December 2024), anti-cancer medicines worth US\$ 41.52 million were imported into the country. The Department is implementing the Production Linked Incentive (PLI) scheme for pharmaceuticals to increase domestic production of high-value medicines, including anti-cancer drugs.

(c) : As per data of the National Cancer Registry Programme of the Indian Council of Medical Research (ICMR), the estimated number of incidence of cancer cases in the country for the year 2025 is 15,69,793. As per the Global Cancer Observatory, International Agency for Research on Cancer, the estimated number of incidence of cancer cases in India is likely to increase to 22,18,694 by the year 2040.

(d) to (f) : Under the PLI Scheme for Pharmaceuticals, financial incentive is provided to 55 selected applicants for manufacturing identified products, which include anti-cancer drugs. Details regarding the anti-cancer drugs manufactured under the scheme, including the details of domestic sales and exports of such drugs during the last three years, are given in the enclosed **Statement**.

STATEMENT

Details of anti-cancer drugs being manufactured under the PLI Scheme for Pharmaceuticals

S. No.	Anti-cancer drug	Therapeutic use
1	Abiraterone	Prostate cancer
2	Afatinib	Lung cancer
3	Anastrozole	Breast cancer
4	Apalutamide	Prostate cancer
5	Arsenic trioxide	Acute promyelocytic leukaemia
6	Axitinib	Advanced renal cell carcinoma
7	Azacitidine	Myelomonocytic leukaemia
8	Bendamustine	Chronic lymphocytic leukaemia
9	Bevacizumab	Colorectal, Lung and Ovarian cancer
10	Bexarotene	Cutaneous T-cell lymphoma
11	Bicalutimide	Spread of cancer Cells

12	Bleomycin	Testicular cancer
13	Bortezomib	Blood plasma cell cancer
14	Bosutinibmonohydrate	Chronic myelogenousleukaemia
15	Busulphan	Chronic myelogenousleukaemia
16	Cabazitaxel	Castration-resistant prostate cancer
17	Cabozantinib	Medullary thyroid cancer
18	Capecitabine	Metastatic Breast and Colorectal Cancers
19	Capecitabine + cyclophosphamide	Metastatic colorectal cancer
20	Carboplatin	Cancer of the Ovaries
21	Carfilzomib	Multiple myeloma
22	Carmustine	Lymphomas and Brain Tumours
23	Cisplatin	Bladder, Ovarian and Testicular Cancers
24	Clofarabine	Acute lymphoblastic leukaemia
25	Cyclophosphamide	Cancer of the ovaries and breast
26	Cytarabine	Cancer of the white blood cells
27	Decitabine	Myelodysplastic syndromes
28	Docetaxcel	Breast, ovarian and non-small cell lung cancer
29	Doxorubicin hydrochloride	Leukaemia and lymphoma
30	Enzalutamide	Prostate cancer
31	Epirubicin	Breast cancer
32	Eribulin	Metastatic breast cancer
33	Erlotinibhydrochloride	Lung cancer and pancreatic cancer
34	Etoposide	Various cancers such as testicular, prostate, bladder, stomach and lung
35	Everolimus	Renal cell cancer and other tumours
36	Exemestane	Breast cancer
37	Fluorouracil	Breast cancer
38	Fulvestrant	Breast cancer
39	Gefitinib	Breast, lung and other cancers
40	Gemceitabine	Pancreatic, breast, lung and ovarian cancers
41	Ibrutinib	Chronic lymphocytic leukaemia

42	Imatinib	Chronic myelogenousleukaemia
43	Imiquimod	Basal cell carcinoma
44	Irinotecan	Colon cancer and small cell lung cancer
45	Lenalidomide	Multiple myeloma, myelodysplastic syndromes
46	Lenvatinib	Progressive, differentiated thyroid cancer
47	Letrozole	Breast cancer
48	Leuprolide acetate	Prostate cancer
49	Melphalan	Multiple myeloma
50	Methotrexate	Breast, head and neck, lung and blood cancer
51	Midostaurin	Acute myeloid leukaemia
52	Nano paclitaxel	Breast, lung and pancreatic cancer
53	Nelarabine	T-cell acute lymphoblastic leukaemia
54	Nilotinib	Chronic myeloid leukaemia
55	Nimotuzumab	Head and neck cancer and cancer of colon and rectum
56	Olaparib	Ovarian cancer and fallopian tube cancer
57	Oxaliplatin	Colon or rectal cancer
58	Paclitaxel	Breast, ovarian and lung cancer
59	Palbociclib	Metastatic breast cancer
60	Pazopanib	Advanced renal cell carcinoma
61	Pegaspargase	Acute lymphoblastic leukaemia
62	Peglypodoxorubicin	Ovarian cancer and Kaposi sarcoma
63	Pemetrexed	Metastatic non-squamous non-small cell lung cancer
64	Rituximab	Non-Hodgkin's lymphoma and chronic lymphocytic leukaemia
65	Sorafenibtosylate	Kidney cancer
66	Sunitinib	Renal cell carcinoma
67	Tamoxifen citrate	Breast cancer
68	Temozolomide	Brain tumours
69	Thiotepa	Breast, ovarian and bladder cancer
70	Topotecanhydrochloride	Ovarian, lung and cervical cancer
71	Toremifenecitrate	Breast cancer

72	Trabectedine	Advanced soft-tissue sarcoma
73	Trastuzumab	Breast and stomach cancer
74	Venetoclax	Chronic lymphocytic leukaemia
75	Vinorelbine tartrate	Non-small cell lung cancer and breast cancer

Sales and exports of anti-cancer drugs manufactured under the PLI Scheme for Pharmaceuticals

Financial year	Domestic sales (in crore ₹)	Export sales (in crore ₹)	Total sales (in crore ₹)
2022-23	1,402.58	9,373.7	10,776.28
2023-24	1,776.24	13,258.65	15,034.89
2024-25 (till December 2024)	1,521.48	11,602.29	13,123.77

IMPLEMENTATION OF RESERVATION FOR WOMEN IN LEGISLATURES

5598. SHRI A. RAJA:

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

- the present status of implementation of Constitution (Amendment) Act, 2023 for reservation for women in Lok Sabha and State Legislatures;
- whether ratification by the State Legislatures has been obtained for this legislation, if so, the details thereof;
- the time frame by which the constituencies of Lok Sabha and Assemblies are likely redrawn and notified for the purpose of women reservation; and
- whether there is a possibility of notifying reserved constituencies for women before the next Lok Sabha elections, 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), (c) and (d) : Article 334A of the Constitution, inserted by the Constitution (One Hundred and Sixth Amendment) Act, 2023, provides that the reservation of seats for women in the House of the People, the Legislative Assembly of a State and the Legislative Assembly of the National Capital Territory of Delhi shall come into effect after an exercise of delimitation is undertaken for this purpose after the relevant figures for the first census taken after commencement of the Constitution (One Hundred and Sixth Amendment) Act, 2023 have been published. Similar amendments have also been incorporated in the Government of Union Territories Act, 1963 as well as the Jammu and Kashmir Reorganisation Act, 2019.

(b): As per article 368 of the Constitution, ratification by the State Legislatures is not required.

ALTERNATIVE DISPUTE RESOLUTION

5599. SHRI VISHNU DATT SHARMA:

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

- (a) whether the government is promoting Alternative Dispute Resolution (ADR) mechanisms to reduce court backlog, especially in Madhya Pradesh, if so, details thereof;

- (b) whether the Government has established ADR centres in Khajuraho parliamentary constituency including Katni and Panna districts of Madhya Pradesh;
- (c) if so, the details thereof and the measures taken by the Government to ensure the success of the initiative; and
- (d) if not, the reasons therefor and the steps being taken to address the issue?

**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) : During the past decade, the Government of India has taken various initiatives in the realm of Alternative Dispute Resolution (ADR) mechanisms. The Government is promoting ADR mechanisms including arbitration and mediation as these mechanisms are less adversarial and are capable of providing a better substitute to the conventional methods of resolving disputes. Various legislative interventions have been carried out to strengthen these mechanisms and make them more efficacious and expeditious. The use of ADR mechanisms is also expected to reduce the burden on the judiciary and thereby enable timely justice dispensation. The major initiatives taken by the Central Government over the years in this regard include amendments to the existing Acts such as Arbitration and Conciliation Act, 1996 in the years 2015, 2019 and 2021 and enactment of new legislations such as India International Arbitration Centre Act, 2019 and the

Mediation Act, 2023. However, no state specific initiatives including for Madhya Pradesh, have been taken by the Government.

UNDERUTILIZATION OF FUNDS IN KEY SCHEMES

5600. SUSHRI PRANITI SUSHILKUMAR SHINDE:

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

- (a) whether Mission Shakti and Mission Vatsalya faced significant underutilization of funds between 2021-22 and 2024-25, with Mission Shakti spending 43 percent lower and Mission Vatsalya spending 14 percent lower than budgeted;
- (b) if so, the details of the reasons for underutilization along with its impact on the implementation of said schemes; and
- (c) the details of the measures being taken by the Government to ensure optimal utilization of funds along with effective delivery of benefits under both missions?

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

- (a) : The actual expenditure in respect of Mission Vatsalya between the year 2021-22 and 2024-25 is 99.46% of the Revised Estimates (RE). In respect of Mission Shakti, the actual expenditure between the same period is 88.83% of the RE.
- (b) : Mission Vatsalya and Mission Shakti are both Centrally Sponsored Schemes (CSS). The Ministry of Women and Child Development (MWCD) releases funds to the States/ UTs as per the guidelines of the schemes and also as per the

instructions issued by the Department of Expenditure, Ministry of Finance, from time to time for ensuring financial prudence in the matters of expenditure from public fund through observance of the procedure prescribed including Single Nodal Agency (SNA) or SNA SPARSH of the Public Financial Management System (PFMS) and the implementation of the schemes lies within the domain of the State Governments and UT Administrations. The new system of release of central share of funds has been introduced to bring in more efficiency in cash management and to achieve the goal of “Just in time” funds flow from both Centre and States. The main reasons for partial under-utilization of funds include delay in transition by States and UTs to Single Nodal Agency (SNA) and from SNA to SNA SPARSH module. After implementation of SNA module, the following requirements are to be met by States/ UTs before the Central Share is actually released:

- i. Utilisation by State or UT of 75% of funds released.
- ii. SNA Balance in State or UT of maximum 12.5% or less of the annual allocation (Centre + State share) in the SNA before release.
- iii. Deposit of interest by State or UT accrued on the funds earlier released by Central Government but lying unspent with the State or UT.

In addition there are various other factors that have a bearing on release of funds by the Central Government. Some of these include delay in completion of construction activities, including identification of land for construction of buildings like One Stop Centers (OSCs), etc, delay in submission of Utilization Certificates

(UCs) and Statement of Expenditure (SoE), shortfall in activities carried out under BetiBachaoBetiPadhao (BBBP), Hub for Empowerment of Women (HEW) etc, receipt of incomplete documents required for the release of pending liabilities, non-receipt of bills against the mother sanction issued to the States/ UTs., transition to new advanced software which is paper-less and Aadhar authentication and NPCI seeding enabled under Pradhan MantriMatruVandanaYojana (PMMVY) etc.

(c) : The Ministry reviews the progress of implementation in coordination with States and UTs through various modes including the Programme Approval Board (PAB) meetings, Video Conferencing, field visits by officers from the Ministry and issues advisories from time to time. The Ministry through the PFMS team organises handholding sessions for States/ UTs for early resolution of SNA/ SNA SPARSH related issues. Further, the Ministry has developed a dedicated portal for uploading of UC and SoE by the States/ UTs to avoid delays in receipt of documents from States/ UTs. The transition to new software under PMMVY is now complete (except in cases of Tamil Nadu and Odisha). Pending applications from the old software of PMMVY has now been migrated to the new software. These have resulted in faster processing of cases.

The Ministry also conducts various awareness programs through States/ UTs. It includes various Information, Education and Communication (IEC) and Behavioral Change Communication (BCC) activities among others, PrabhatPheri, NukkadNatak, Newspaper Advertisements, Airing Radio Jingles, Selfie Campaign,

Door to Door Campaign, Community Programmes which are conducted at field functionary levels. Further, the Ministry also runs special campaign for registration of eligible beneficiaries in all the States and UTs under PMMVY on a periodic basis.

IMPROVEMENT IN COASTAL SECURITY

5601. SHRI KRISHNA PRASAD TENNETI:

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

- (a) the details regarding the steps taken by the Government to improve India's coastal security during the last ten years;
- (b) the details regarding the total number of sea vessels seized and individuals arrested during the last ten years for illegally entering/attempting to India's sea space during the last ten years;
- (c) the details regarding the funding allocated/utilised for the purposes of improving India's coastal security during the last ten years, especially in Andhra Pradesh;
- (d) whether the Government has prepared any immediate action plan in event of major breach of India's coastal security and if so, the details thereof;
- (e) whether an institutional framework has been set up for citizen engagement in form of a voluntary force/civil defence mechanism during the last ten years, if so, the details thereof, especially those conducted in Andhra Pradesh; and
- (f) whether any training programme has been conducted for their battle preparedness and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH):

(a): Indian Coast Guard (ICG) has taken following initiative to strengthen the coastal security of the nation: -

ICG deploys 18-20 ships, 30-35 crafts and 10-12 aircrafts for surveillance on daily basis. ICG assets ensure maritime law enforcement to strengthen coastal security and maintain rule based order at sea. Surveillance efforts also focus on Offshore Development Area (ODA) and seas adjoining Island groups (Andaman & Nicobar and Lakshadweep). Surveillance of coastal areas through Coastal Surveillance Network (CSN) and investigation by Remote Operating Station (ROS) and Remote Operating Centres (ROCs) are undertaken. During last 10 years, ICG has conducted 3,00,296 Boarding Operations for deterrence and to establish identity of personnel, 153 Coastal Security Exercises, 451 Coastal Security Operations, 458 Security Drills and 3645 Joint Coastal Patrol Sorties.

(b) : A total of 179 boats have been sized and 1683 personnel arrested over last ten years for illegally entering Indian Waters. These boats were engaged in various illegal activities like poaching, narcotics smuggling, illegal immigrations etc.

(c) : Funds utilized towards acquisition of ships and aircraft by ICG towards coastal security (Pan India) is Rs. 12,201 Crore including Andhra Pradesh. Fund utilized for Coastal Surveillance Network (CSN) (Pan India) including Andhra Pradesh is Rs. 1583.8 Crore.

(d) : Coastal Security Standard Operating Procedures (SOPs) for Coastal States/UTs have been promulgated. These SOPs highlight responsibility of various stakeholder agencies, conduct of operations and response management for various coastal security States.

(e) : ICG interactions are focused on maritime safety and security. ICG conducts regular Community Interaction Programmes (CIPs) involving fisher folks. During the interactions various maritime safety and security aspects are deliberated. A toll free number 1554 has also been promulgated for reporting of any eventuality at sea. Further, fishermen watch groups have also been created by States for reporting of any suspicious activities along coast. In last ten years, a total of 2514 CIPs have been conducted in Andhra Pradesh.

(f) : Training is imparted to ICG personnel and Marine Police personnel towards effective Coastal Security and performing their laid down role and functions.

MEDICAL EMERGENCY INFRASTRUCTURE FOR FUTURE PANDEMICS

5602. SHRI PUTTA MAHESH KUMAR:

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

- (a) whether the Government has prepared any emergency policies so as to reduce the massive economic losses caused by previous pandemic in the country and if so, the details thereof;
- (b) the details of the preparedness of India's medical and emergency infrastructure for future possible pandemics;

- (c) the total number of researchers and professionals who have been appointed/presently employed to make sure that India is prepared for future pandemic situations in our country;
- (d) the total amount of funds allocated and utilised to make our medical infrastructure prepared for possible pandemics in the future across the country during the last three years, State/UT-wise especially in Andhra Pradesh; and
- (e) whether the Government has undertaken any campaigns for raising awareness on pandemic preparedness amongst the general public 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) : Government of India, in light of the pandemic, has followed an inclusive policy approach by strengthening social security systems along with a continued emphasis on economic growth. Government is implementing various targeted measures to provide relief to low-income and vulnerable sections such as by providing elderly with pensions, healthcare facilities and creating elder-friendly public spaces and mobility options. This, coupled with the Government's efforts to provide affordable housing, social security for workers, food security, financial inclusion, universal access to basic amenities and affordable healthcare to improve the overall well-being. At the same time, the Government's focus on robust capital

expenditure, infrastructure build-up, financial sector reforms, ease of doing business, agriculture, education, skill development, small and micro enterprises, and urban development is likely to sustain high growth rates of Indian economy, amidst geopolitical uncertainties. These measures have helped the Indian economy to achieve an average annual growth rate of 8.2 per cent during 2021-22 to 2024-25 (estimates for 2024-25 are the second advance estimate released by the Ministry of Statistics and Programme Implementation).

(b) : Prevention of and preparedness against pandemics is shared global responsibility. In order to better prepare against future pandemics/public health emergencies in the country, Union Ministry of Health & Family Welfare provides requisite support to States/UTs to enhance their capabilities.

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.

Further, Government of India has launched several schemes to address healthcare infrastructure in all the States/UTs in the country in addition to National Health Mission:

- 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).
- 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. The fund sharing mechanism between the Centre and State Governments is in the ratio of 90:10 for North Eastern and Special Category States, and 60:40 for others.

(c) : Preparedness and response to pandemics is a multi-faceted activity wherein research and development activities span a wide array of activities including disease epidemiology, genomics, development and clinical testing of pandemic countermeasures like diagnostics, drugs and vaccines, logistics etc. Government of India promotes research and development in such activities through a number of technical Ministries/Departments including Department of Health Research and Ministry of Science and Technology.

(d) : Funding support has been provided to States/UTs for health system strengthening to meet any exigency due to public health emergencies like pandemics. During the FY 2020-21, funds to the tune of Rs. 8473.73 crore have been released to the States/UTs towards the India COVID-19 Emergency Response and Health System Preparedness Package (ECRP-I) for health infrastructure strengthening, expansion of laboratory network, surveillance, procurement of medical logistics etc. Under India COVID 19 Emergency Response and Health Systems Preparedness Package-Phase II, a sum of Rs. 12,740.22 crore support was provided to States/UTs for ramping up health infrastructure and provision of medical logistics. This included funds provided for enhancement of bed capacities at Primary Health Centres, Community Health Centres and District Hospitals; establishment of Liquid Medical Oxygen (LMO) plants, establishment of paediatric Centres of Excellence and paediatric ICU beds etc.

Further, a release of approximately Rs. 4500.64 crore has been provided as central release of grants under PM-ABHIM (FY 2022-23 till FY 2024-25) for better public health preparedness through Critical Care Blocks at Medical Colleges and District Hospitals, Integrated Public Health Laboratories, etc.

Financial support of Rs. 441.94 crore, Rs. 417.91 crore and Rs. 80.86 crore was provided to State Government of Andhra Pradesh under ECRP-I, ECRP-II and PM-ABHIM respectively.

(e) : Ministry of Health and Family Welfare under Central Sector Scheme, Swastha Nagrik Abhiyan (SNA) aims to support healthy lives and promoting the well-being of all at all ages through Information Education and Communication (IEC) activities. Such IEC activities are taken up by the States/UTs as per the priorities of the diseases under National Health Mission (NHM) program. IEC activities have encouraged health seeking behavior among the masses resulting in better health outcomes through various Health programs of Government.

SELF-INJECTABLE EPINEPHRINE AUTOINJECTORS

5603. SHRI G. M. HARISH BALAYOGI:

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

- (a) whether it is a fact that self-injectable epinephrine autoinjectors are currently unavailable in India and patients have to carry pre-drawn epinephrine syringe for emergency use, if so, the reasons thereof;

- (b) whether the Government has undertaken steps to make the said self-injectable epinephrine autoinjectors available to the public, if so, the details thereof and if not, the reasons therefor;
- (c) whether the Government has plans to include self-injectable epinephrine autoinjectors under the Pradhan MantriBharatiyaJanaushadhiPariyojana (PMBJP), if so, the details thereof and if not, the reasons therefor;
- (d) whether the Government has undertaken any steps/initiatives to promote the domestic manufacturing of self-injectable epinephrine autoinjectors, if so, the details thereof and if not, the reasons therefor; and
- (e) the details of the domestic pharmaceutical companies that are currently in the process of manufacturing self-injectable epinephrine autoinjectors?

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 information received from the Ministry of Health and Family Welfare, self-injectable epinephrine autoinjectors are presently not being manufactured in India. However, epinephrine injectables, such as ampoules and vials, are readily available and are being produced by companies in India.

Under the Production Linked Incentive Scheme for Pharmaceuticals, financial incentive is provided to 55 selected applicants for manufacturing identified products, which include epinephrine autoinjectors. One of the selected applicants has filed an application with the Central Drugs Standard Control Organisation

(CDSCO), for manufacturing and marketing permission for epinephrine autoinjector, which, as per input received from CDSCO, is at the stage of review. As an approved product, manufacturing and sale of epinephrine autoinjector, upon commercialisation, is eligible for incentive at the rate of 10% of sales.

Since manufacturing and marketing permission for epinephrine autoinjector is at the stage of review in CDSCO, and only approved products may be considered for inclusion in the product basket of Pradhan Mantri Bhartiya Janaushadhi Pariyojana scheme, epinephrine autoinjectors are currently not included in the scheme product basket.

BETTER WORKING ENVIRONMENT FOR INDIAN EXPATRIATES

5604. SHRI PUSHPENDRA SAROJ:

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

- (a) whether it is fact that Indian citizens working abroad especially in the Gulf countries are facing challenges related to labour rights, legal protection and repatriation during crisis;
- (b) if so, the details thereof;
- (c) the measures implemented by the Government to ensure the safety, fair treatment and welfare of Indian expatriates; and
- (d) the manner in which India is strengthening diplomatic engagements to secure better working environment/conditions for Indian workers?

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) : Majority of complaints received by Indian Missions in Gulf countries from Indian workers pertain to labour disputes (non-payment or delay in payment of salaries, refusal to grant leave or 'exit/entry permits', denial to arrange the 'final exit visa', delay in renewal/non issuance of resident permits etc.).

The Government of India accords highest priority to the safety, security and well-being of Indian nationals including Indian emigrant workers abroad. To ensure the protection of Indian migrant workers, the Emigration Act, 1983 serves as the regulatory framework governing overseas employment. The Act establishes safeguards against exploitation, regulates recruiting agents and foreign employers, and mandates emigration clearances. Its enforcement is carried out through the Offices of the Protector of Emigrants (POEs), which are set up across the country to oversee the emigration process.

Welfare initiatives

Recognizing the challenges faced by Indian workers abroad, the Government has launched several initiatives to promote safe and informed migration. To digitalise and streamline the emigration process, the Government has introduced eMigrate 2.0, a transformative e-governance platform developed under the Overseas Employment (OE) and Protector General of Emigrants (PGE) Division of MEA. Powered by open-source technology and API-based architecture,

this platform enhances efficiency, and transparency in overseas employment procedures, aligning with the Government of India's Digital Public Infrastructure (DPI) vision.

Notable schemes include the Pravasi Bharatiya Bima Yojana (PBBY) and Pre-departure Orientation Training (P-DOT). The PBBY provides mandatory insurance coverage for Emigration Check Required (ECR) category workers heading to 18 designated countries. The scheme offers an insurance cover of INR 10 lakh for accidental death or permanent disability, with a minimal premium of INR 275 for two years or INR 375 for three years. Complementing this, under the Pravasi Kaushal Vikas Yojana, the P-DOT program conducted by the Ministry of External Affairs (MEA) in collaboration with the Ministry of Skills and Entrepreneurship, equips workers with essential soft skills and knowledge to navigate their employment abroad. The trainings are carried out by NSDC and State governments.

The Government has been actively enhancing awareness about its schemes and policies through state-level outreach programs such as the 'Videsh Sampark' initiative. In 2018, the Ministry introduced the 'Surakshit Jaayen, Prashikshit Jaayen – Go Safe, Go Trained' campaign to further raise awareness about the importance of legal and skill-based migration.

Grievance redressal mechanisms

Additionally, the Government has established a robust framework to assist Indian nationals found in distress situations. Through the Indian Community Welfare Fund (ICWF), Indian Missions and Posts abroad provide crucial assistance, including the repatriation of mortal remains, emergency medical aid, legal assistance, and support for stranded workers.

These services are accessible through multiple channels, including walk-ins at embassies, emergency helplines, grievance redressal portals like MADAD and CPGRAMS, as well as through social media platforms. To offer direct assistance and counselling to Indian workers overseas, Pravasi Bharatiya Sahayata Kendras (PBSKs) have been established in key locations such as New Delhi, Dubai, Riyadh, Jeddah, and Kuala Lumpur. These centers serve as crucial support hubs, guiding workers on their rights and available resources.

International Cooperation and bilateral arrangements

The Government has also been working towards establishing institutional mechanisms to foster the global mobility of Indian workers as well as students, academicians, researchers, business persons etc. through diverse MoUs/agreements such as, Migration and Mobility Partnerships (MMPAs), Labour mobility and Labour Welfare with destination countries. These Agreements/MoUs seek to enhance global employment opportunities for Indian workers while protecting their labour rights, preventing irregular migration and supporting skill

development. MMPAs have been signed with Austria, Australia, France, Germany, Italy, Denmark and UK. Labour Mobility Agreements have been signed with Japan, Portugal, Taiwan, Mauritius, Malaysia and Israel.

Additionally, Labour and Manpower Cooperation Agreements have also been signed with the Gulf Cooperation Countries (GCC), like Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, UAE and with Jordan, that provide overarching framework for cooperation on labour and manpower issues. To safeguard the specific interest of domestic workers of the GCC countries, who are often in the most vulnerable category, the Ministry has signed separate agreements with Saudi Arabia, UAE and Kuwait.

Recognizing the vulnerability of certain migrant groups, especially Domestic Sector Workers (DSWs) and female workers, the Government has implemented specific protective measures. Separate Memorandums of Understanding (MoUs) and Agreements with Saudi Arabia, UAE, and Kuwait outline safeguards for domestic workers. Additionally, only state-run recruitment agencies are authorized to facilitate the overseas employment of female workers in these categories, and a minimum age of 30 years has been set for their migration to mitigate exploitation risks.

Further, the Government has proactively participated in the various international/regional/multilateral fora and platforms on international migration such as the International Migration Review Forum, Abu Dhabi Dialogue, Budapest

Process, the International Dialogue on Migration, Global Compact for Migration regional reviews which involves sharing of best practices and discussions on critical areas aimed at facilitating safe and regular labour migration. India also assumed the chair of the Colombo Process for a two year period in 2024.

Repatriation of Indians during crisis situations

In recent years, Government of India has facilitated repatriation to India of distressed Indian nationals from countries affected by war and internal conflict such as Yemen (2015), Libya (2014), Israel (2023) and Syria (2024) etc, through well-coordinated operations. The quick and smooth repatriation of Indian nationals back to India has been universally appreciated in India and abroad.

PUBLIC DIPLOMACY BUDGET OF MEA

5605. SHRI MANISH TEWARI:

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

- (a) the details of the Public Diplomacy budget of the MEA from 1st June 2014 to 15th March 2025, year-wise;
- (b) whether the MEA funds Think Tanks, Research Organizations, Foundations (for-profit/non-profit), or Government/quasi-Government bodies from its Public Diplomacy or any other budget head;
- (c) if so, the details of funds disbursed to each such entity, including the purpose and amount given from during the said period, year-wise, activity-wise, and organization-wise;

- (d) whether the MEA has commissioned any studies to assess the manner in which such funding has advanced India's strategic, tactical, or diplomatic interests; and
- (e) if so, the details of strategic, tactical or diplomatic outcome/ advantage of each dollop of funding for each activity to each of the organisations delineated above for each activity during the said period?

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) : The Public Diplomacy budget of the MEA is under the External Publicity & Public Diplomacy Division (XPD) of the Ministry. The details of Public Diplomacy Budget (allocated to XPD Division) of Ministry of External Affairs from 1st June 2014 to 15th March 2025, year wise, are given in the enclosed **Statement-I**. XPD Division does not fund think tanks, research organizations, foundations (for-profit/non-profit), or Government/quasi-Government bodies per se from its Public Diplomacy budget head.

(b) : The Policy Planning and Research (PP&R) Division of the Ministry of External Affairs is responsible for engaging with think tanks, universities, research organisations and other academic institutions and supports events, studies, conferences and seminars by these institutions. Some specific foreign policy outreach initiatives by think tanks and other such institutions are part-funded from the PP&R Division's 'Expenditure on Holding Seminars and Studies' budget head.

The details of funding provided to various institutions for foreign policy outreach initiatives and research studies since 2014-15 to 2024-25 are given in the enclosed **Statement-II.**

(c) to (e): The Ministry participates in and supports major foreign policy outreach initiatives/dialogues including Raisina Dialogue, Indian Ocean Conference, Global Technology Summit, Asia Economic Dialogue and India-US Forum. These initiatives have grown in stature and profile to become some of the leading global dialogues on international affairs. Further, to take the discourse on foreign policy issues to strategic community outside Delhi more frequently, PP&R Division has started supporting an increasing number of dialogues to other major cities in India, other than Delhi. The outcomes of all such foreign policy outreach initiatives as well as research studies are regularly incorporated into policy making within the Ministry.

STATEMENT-I

Details of Public Diplomacy Budget (allocated to XPD Division) of Ministry of External Affairs from 1st June 2014 to 15th March 2025, year wise:

S.No	Financial Year	Budget allocated (Revised Estimates) (in crore Rs)
1	2014-15	21.60
2	2015-16	20.29
3	2016-17	20.08
4	2017-18	20.55
5	2018-19	15.65
6	2019-20	18.71

7	2020-21	16.41
8	2021-22	12.90
9	2022-23	10.54
10	2023-24	11.56
11	2024-25	15.08

STATEMENT-II
Financial Year 2014-15

Sl. No.	Think-Tank/Organization	Financial Assistance provided (Rs.)	Purpose
1	Manohar Parrikar Institute for Defence Studies and Analysis	12,95,124	Research Project
2	Centre for Central Asian Studies, University of Kashmir	9,00,000	Seminar on Literary Legacy of Indo-Central Asian, Indo-Afghanistan and Indo-Iran Regions
3	University of Kerala	7,75,000	Seminar on India's Foreign Policy
4	Pondicherry University	6,00,000	Seminar on India's Neighbourhood First Policy
5	Centre for Canadian, US & Latin American Studies	4,02,000	Seminar on Synergy Building in India-US Relations

Financial Year 2015-16

Sl. No.	Think-Tank/Organization	Financial Assistance provided (Rs.)	Purpose
1	Institute of Social and Cultural Studies	35,00,000	Conference on India and Indian Ocean
2	Defence Research Development Establishment	3,08,000	National Workshop on Bio Safety
3	Observer Research Foundation	3,02,000	India-France Policy Planning Dialogue
4	Ananta Aspen Centre	13,95,250	Trilateral Commission
5	Kolkata University	60,00,000	Institute of Foreign Policy Studies
6	Manohar Parrikar Institute for Defence Studies and Analysis	13,09,000	West Asia Conference India-Japan-South Korea Trilateral Dialogue Research project
7	ICRIER	12,78,750	India-Japan Track 1.5 Conference
8	Vidya Prasarak Mandal's Centre for International Studies (Regd.)	4,50,000	Seminar on Nuclear Energy, Non-proliferation

Financial Year 2016-17

Sl. No.	Think-Tank/Organization	Financial Assistance provided (Rs.)	Purpose
1	Institute of Chinese Studies	1,34,00,000	Research project

2	Observer Research Foundation	80,00,000	Raisina Dialogue 2017
3	India Foundation	80,00,000	Indian Ocean Conference 2016
4	Gateway House: Indian Council of Global Relations	75,77,146	T20 Conference 2016 and Geo economic Dialogue 2017
5	Ananta Aspen Centre	68,88,072	India US Forum 2017 and Trilateral Commission
6	Kolkata University	40,00,000	Institute of Foreign Policy Studies
7	Manohar Parrikar Institute for Defence Studies and Analysis	27,59,694	Research project
8	Antarrashtriya Sahayog Parishad	21,11,000	
9	Delhi Policy Group	20,92,513	India-Japan Indo Pacific Forum 2017
10	Centre for China Analysis and Strategy	36,40,000	Research project
11	ICRIER	10,00,000	Grant-in-Aid
12	National Maritime Foundation	8,91,265	IORA meeting of experts
13	Chennai Centre for China Studies	6,00,000	Research project
14	Vidya Prasarak Mandal's Centre for International Studies (Regd.)	8,51,362	Seminar on Act East Policy and Seminar on Nuclear Energy
15	National Institute of Advance Studies	2,29,341	Space in India Foreign Policy Task Force
16	Association of Indian Diplomats	6,98,746	For publishing 'Indian

			Foreign Affairs' Journal and Track 1.5 outreach activities

Financial Year 2017-18

Sl. No.	Think-Tank/Organization	Financial Assistance provided (Rs.)	Purpose
1	Observer Research Foundation	99,63,427	Raisina Dialogue 2018
2	Ananta Aspen Centre	29,55,412	Trilateral Commission and India Korea Track 1.5 Strategic Dialogue 2017
3	Centre for China Analysis and Strategy	36,40,000	Research project
4	Gateway House: Indian Council of Global Relations	23,05,182	Geo Economic Dialogue 2018
5	Kolkata University	17,47,178	Institute of Foreign Policy Studies
6	Symbiosis International University	10,00,000	International Relations Conference
7	Jadavpur Association of International Relations	6,50,000	India-China Think Tank Forum
8	Association of Indian Diplomats	7,95,732	For publishing 'Indian Foreign Affairs' Journal and Track 1.5 outreach activities

Financial Year 2018-19

Sl. No.	Think-Tank/Organization	Financial Assistance provided (Rs.)	Purpose
1	India Foundation	1,86,61,737	Indian Ocean Conference 2018 Indian Ocean Conference 2017
2	Observer Research Foundation	1,14,06,245	Raisina Dialogue 2019
3	Carnegie Endowment for International Peace India	65,87,000	Global Technology Summit 2018 India Strategy Forum 2018
4	Ananta Aspen Centre	57,81,273	India-US Forum 2018 India Korea Track 1.5 Strategic Dialogue
5	Centre for China Analysis and Strategy	36,40,000	Research project
6	Delhi Policy Group	19,91,445	India-Japan Indo Pacific Forum 2018
7	Chennai Centre for China Studies	12,00,000	Research project
8	Jadavpur Association of International Relations	9,85,600	Conference 'Act East through North East: India's way to a New Era of Diplomacy'
9	Association of Indian Diplomats	8,89,093	For publishing 'Indian Foreign Affairs' Journal and Track 1.5 outreach activities
10	Vidya Prasarak Mandal's Centre for International Studies (Regd.)	6,86,835	National Seminar on "Trump Presidency, US relations with India"

11	India-Pakistan Neemrana Initiative	4,38,120	36 th Meeting of India-Pakistan Neemrana Initiative
12	Pune International Centre	3,00,000	Foreign Policy Outreach Lectures, an Emerging Technology Exchange Conference and a Southern Command Series lecture
13	Manohar Parrikar Institute for Defence Studies and Analysis	2,39,100	West Asia Conference 2018 (Advance)

Financial Year 2019-20

Sl. No.	Think-Tank/Organization	Financial Assistance provided (Rs.)	Purpose
1.	Ananta Aspen Centre	46,92,350	India-US Forum 2019
2.	Manohar Parrikar Institute for Defence Studies and Analysis	38,62,246	Research Project
3.	Centre for China Analysis and Strategy	36,40,000	Research Project
4.	Gateway House: Indian Council of Global Relations	19,66,830	India Canada Track 1.5 Dialogue 2018; India Canada Track 1.5 Dialogue 2019
5.	Pune International Centre	11,70,000	Asia Economic Dialogue 2020
6.	Delhi Policy Group	9,98,955	India-Japan Indo Pacific Forum 2020
7.	Association of Indian Diplomats	8,25,156	For publishing 'Indian Foreign Affairs' Journal and Track 1.5 outreach activities

8.	Chennai Centre for China Studies	6,00,000	Research Project
9.	Carnegie Endowment for International Peace India	1,97,500	India Strategy Forum Meeting
10.	Indian Association for Asian & Pacific Studies	77,033	9 th Biennial IAAPS Conference

Financial Year 2020-21

Sl. No.	Think-Tank/Organization	Financial Assistance provided (Rs.)	Purpose
1.	Observer Research Foundation	1,00,00,000	Raisina Dialogue 2020
2.	India Foundation	99,52,823	Indian Ocean Conference 2019
3.	Carnegie Endowment for International Peace India	95,00,000	Global Technology Summit 2020; Global Technology Summit 2019
4.	Manohar Parrikar Institute for Defence Studies and Analysis	59,21,262	Research Project
5.	Pune International Centre	47,06,108	Asia Economic Dialogue 2020
6.	Centre for China Analysis and Strategy	40,04,000	Research Project
7.	Ananta Aspen Centre	37,52,085	India-US Forum 2020; India-Korea Track 1.5 Strategic Dialogue 2020; India-Korea Track 1.5 Strategic Dialogue 2019
8.	Jadavpur Association of International Relations	15,63,029	Conference on '50 years of India-Banlgadesh Relations'

9.	Association of Indian Diplomats	10,21,428	For publishing 'Indian Foreign Affairs' Journal and Track 1.5 outreach activities
10.	Impact Investors Council	5,50,000	Conference titled 'Prabhav' Impact Investment
11.	Vidya Prasarak Mandal's Centre for International Studies (Regd.)	3,34,803	Seminar on 'India's Neighbourhood First Policy'
12.	National Institute of Advance Studies	3,28,120	Strategic Security Threats of 21 st Century
13.	Madurai Kamraj University	1,00,000	Conference on 'Navigating the Idea of Indo Pacific'

Financial Year 2021-22

Sl. No.	Think-Tank/Organization	Financial Assistance provided (Rs.)	Purpose
1.	Manohar Parrikar Institute for Defence Studies and Analysis	65,15,539	Research Project
2.	Centre for China Analysis and Strategy	40,04,000	Research Project
3.	Ananta Aspen Centre	18,50,000	India-Japan Forum 2021
4.	Pune International Centre	19,57,779	Asia Economic Dialogue 2022; Asia Economic Dialogue 2021
5.	Delhi Policy Group	10,50,000	India-Japan Indo Pacific Forum 2021 and Reserach Study
6.	Association of Indian Diplomats	8,73,008	For publishing 'Indian Foreign Affairs' Journal and Track 1.5 outreach activities

7.	Institute of Social and Cultural Studies	8,18,547	Symposium on BIMSTEC: A Vehicle for Growth and Development
8.	Chennai Centre for China Studies	6,00,000	Research Project
9.	Policy 4.0 Foundation	53,400	Webinar on Blockchain Technology

Financial Year 2022-23

Sl. No.	Think-Tank/Organization	Financial Assistance provided (Rs.)	Purpose
1.	Observer Research Foundation	1,30,44,271	For organizing Raisina Dialogue 2022; Raisina Forum for Future of Diplomacy 2022
2.	India Foundation	1,24,35,000	Indian Ocean Conference 2021
3.	Ananta Aspen Centre	1,08,99,514	India-US Forum 2023; India-US Forum 2022; India-Europe Strategic Dialogue 2022; India-Europe Strategic Dialogue 2021; India-Korea Track 1.5 Strategic Dialogue 2021
4.	Carnegie Endowment for International Peace India	58,11,032	For organizing Global Technology Summit 2021
5.	Asian Confluence	44,35,000	NADI Dialogue 2022; Imphal Dialogue 2022
6.	Manohar Parrikar Institute for Defence Studies and Analysis	35,62,456	Research Project
7.	Centre for China Analysis and Strategy	40,04,000	Research Project
8.	Chennai Centre for China	19,96,000	Research Project

	Studies		
9.	Delhi Policy Group	19,31,711	India-Japan Indo Pacific Forum 2022
10.	United Services Institution	10,00,000	MEA Chair of Excellence for Research
11.	Vidya Prasarak Mandal's Centre for International Studies (Regd.)	5,57,260	National Seminar on 'Changing Contours of India US Relations'
12.	Gateway House: Indian Council of Global Relations	6,69,100	India France Track 1.5 Dialogue 2022
13.	Association of Indian Diplomats	4,36,069	For publishing 'Indian Foreign Affairs' Journal and Track 1.5 outreach activities

Financial Year 2023-24

Sl. No.	Think-Tank/Organization	Financial Assistance provided (Rs.)	Purpose
1.	Observer Research Foundation	1,28,79,440	For organizing Raisina Dialogue 2023; Raisina Forum for Future of Diplomacy 2023; Research Project
2.	Carnegie Endowment for International Peace India	59,86,600	For organizing Global Technology Summit 2022
3.	Pune International Centre	45,78,719	For organizing Asia Economic Dialogue 2023
4.	Manohar Parrikar Institute for Defence Studies and Analysis	40,46,692	Research Project
5.	Centre for China Analysis and	30,03,000	Research Project

	Strategy		
6.	Ananta Aspen Centre	35,30,169	For organizing India-Japan Forum 2023 and India Korea Track 1.5 Strategic Dialogue 2022
7.	Chennai Centre for China Studies	17,54,000	Research Project
8.	Association of Indian Diplomats	17,17,615	For publishing 'Indian Foreign Affairs' Journal and Track 1.5 outreach activities
9.	The Energy Forum	27,40,817	For organizing the 1 st Purvodaya Perspectives Conference 2023
10.	Usanas Foundation	14,00,253	For organizing the Maharana Pratap Annual Geopolitics Dialogue 2023
11.	Delhi Policy Group	12,36,293	India-Japan Indo Pacific Forum 2023
12.	Vidya Prasarak Mandal's Centre for International Studies (Regd.)	9,13,739	National Seminar on 'India and Her Neighbours'
13.	Asian Confluence	8,99,582	India-Japan Intellectual Conclave 2023
14.	Policy 4.0 Foundation	1,24,600	Webinar on Blockchain Technology

Financial Year 2024-25

Sl. No.	Think-Tank/Organization	Financial Assistance provided (Rs.)	Purpose
1.	Pune International Centre	56,00,000.00	8th Asia Economic Dialogue

			2024
2.	Ananta Aspen Centre	16,15,433.00	22nd India Korea Dialogue 2023
3.	Asian Confluence	8,85,000.00	5 th India-Japan Intellectual Conclave 'Kizuna' 2024
4.	Manohar Parrikar Institute for Defence Studies and Analysis	20,60,541.00	Research Project
5.	Manipur University	8,15,835.00	India – Myanmar Relations Conference
6.	Association of Indian Diplomats	14,63,421.00	For publishing Indian Foreign Affairs Journal and other activities (01st inst 2024-25)
7.	India Foundation	98,17,903.00	6th Indian Ocean Conference 2023
8.	Rashtriya Raksha Univeristy	5,00,000.00	Research Project
9.	Symbiosis School of International Studies	33,53,268.00	9th International Relations Conference 2023
10.	Ananta Aspen Centre	42,73,563.00	7th India-US Forum 2024
11.	Usanas Foundation	16,13,640.00	3rd Maharana Pratap Annual Geopolitics Dialogue 2024
12.	Observer Research Foundation	27,12,112.00	Raisina Young Fellows Programme
13.	Carnegie Endowment for International Peace India	60,00,000.00	8th Global Technology Summit 2023
14.	Bhandarkar Oriental Research Institute	1,98,000.00	Research Project

15.	Manohar Parrikar Institute for Defence Studies and Analysis	21,06,000.00	Research Project
16.	NIAS, Bengaluru	9,19,468.00	Track 1.5 Polar Dialogue
17.	Ananta Aspen Centre	14,11,677.00	1st India Nordic Track 1.5 Dialogue 2024
18.	North Eastern Development Finance Corporation	44,25,000.00	Research Project
19.	Carnegie Endowment for International Peace India	25,00,000	1 st GTS Innovation Dialogue 2024
20.	Delhi Policy Group	9,12,329	7 th India-Japan Indo-Pacific Forum 2024
21.	North Eastern Development Finance Corporation	88,50,000	Research Project
22.	Rashtriya Raksha University	4,23,731	Asian African Treaty Law and Practice Conference 2024
23.	Organization for Research on China and Asia	2,00,000	Global Conference on New Sinology 2024
24.	Association of Indian Diplomats	4,94,147	2 nd instalment of annual grant
25.	Observer Research Foundation	14,89,056	Inaugural Quad Think-Tank Forum 2024
26.	Ananta Aspen Centre	18,46,909	23 rd India-Korea Dialogue 2024
27.	Ananta Aspen Centre	22,65,832	3 rd India-EU Track 1.5 Dialogue 2024
28.	Indian Society of International Law	4,30,604	9 th International Conference of ISIL 2024

29.	Indian Foundation	1,13,03,479	7 th Indian Ocean Conference 2024
30.	The Energy Forum	39,18,383	2 nd International Conference on 'Purvodaya Perspectives' 2024
31.	Asian Confluence	5,84,100	Research Project
32.	Global Counter Terrorism Council	5,00,000	India-EU Roundtable 2024
33.	Observer Research Foundation	30,15,643	3 rd Raisina Forum for Future of Diplomacy
34.	Gateway House: Indian Council of Global Relations	21,78,068	India-Indonesia Track 1.5 Dialogue 2024

AYUSHMAN BHARAT DIGITAL MISSION IN TAMIL NADU

5606. SHRI A. MANI:

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

- (a) the current status of implementation of the Ayushman Bharat Digital Mission (ABDM) in the State of Tamil Nadu especially in Dharmapuri Parliamentary Constituency;
- (b) the steps taken/proposed to be taken by the Government to encourage citizens to register for Digital Health IDs;
- (c) whether ABDM has been integrated with public and private health systems and if so, the details thereof;

- (d) the measures taken to ensure that rural and underserved areas get benefit from the said Mission;
- (e) whether any targeted awareness campaigns have been conducted to promote the said Mission in rural regions, if so, the details thereof;
- (f) the progress achieved in rural areas compared to urban centres under the said Mission; and
- (g) the steps being taken to bring more healthcare facilities under the ABDM ecosystem?

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 (g) : Ayushman Bharat Digital Mission (ABDM) has been launched with an aim to create an online platform enabling interoperability of health data within the health ecosystem to create longitudinal electronic health record of every citizen. The mission aims to develop the backbone necessary to support the integrated digital health infrastructure of the country. ABDM comprises of key registries which intended through building registries such as Ayushman Bharat Health Account (ABHA), healthcare professional registry (HPR), health facility registry (HFR), and drug registry. ABDM intends to make healthcare more transparent, secure, inclusive, accessible, timely delivery, and most importantly citizen centric.

In Tamil Nadu, as on 2nd April 2025, a total of 1,52,99,265 ABHAs have been created, 6,515 health facilities have registered on HFR, 8,202 healthcare

professionals have registered on HPR and 26, 87,736 health records have been linked with ABHA.

For Dharmapuri district, the details of the aforesaid indicators, as on 2nd April 2025 are as under:

ABHA	Health Facility registered on HFR	Health Professional registered on HPR	Health Records linked to ABHA	Scan and Share Tokens Generated
2,93,456	104	159	11,942	3

As implementing agency, National Health Authority (NHA) has initiated awareness campaigns in healthcare facilities through publicity materials. ABDM actively promotes awareness and citizen engagement through participation in public events such as trade fairs, marathons, medical conferences, technology events etc. encouraging the creation of ABHA and adoption of digital healthcare. States/UTs also undertake targeted IEC activities and capacity building to enhance local adoption.

Both public and private sector IT solutions in health are integrated under ABDM through the sandbox environment to aid creation of EHR across the country.

As of 2nd April 2025, 289 digital health IT systems are integrated with ABDM, out of which 66 are public while the remaining 223 are private.

Government has taken various steps to ensure that the benefits of the mission reach every citizen. Inclusion is one of the key principles of ABDM. The digital

health ecosystem created by ABDM supports continuity of care across primary, secondary and tertiary healthcare in a seamless manner. It aids availability of health care services particularly in remote and rural areas through various technology interventions like telemedicine etc. ABDM has provisions for assisted mode in places where internet connectivity might be poor. For instance, offline mode for creation of ABHA has been enabled wherever internet connectivity might be poor or there would be unavailability of hardware or both.

So far, significant progress has been observed in the adoption of ABHA with over 76 crore ABHAs created and over 52 crore health records linked with ABHA, as on 2nd April 2025. Integration with government schemes such as PM-JAY and initiatives such as QR based services for quick OPD registration and faster payments in hospitals AIIMS and various government hospitals, have enhanced the adoption of ABDM, particularly in AIIMS and government hospitals. Private healthcare providers are also increasingly adopting ABHA-integrated solutions.

Various initiatives are being taken, in consultation and with the support of the states/UTs to bring more healthcare facilities both from public and private sector under the ABDM ecosystem. These include developing use cases for quick registration, easy payments, microsites program focused on increasing the adoption in the private sector, the digital health incentive scheme (DHIS) to incentivise health facilities and digital health tech companies to create digital

records and the 'Model Facility' initiative to establish facilities doing end to end digitization.

FREE LEGAL AID SERVICES

5607. SHRI TEJASVI SURYA:

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

- (a) the measures being taken to strengthen the Legal Aid System in the country along with the functioning of District and State Legal Services Authorities;
- (b) the number of advocates empanelled or rendering services in the DSLAs and SLSAs across the country, State-wise;
- (c) the number of cases in which they are representing and have represented clients across the country, State-wise;
- (d) whether there is a plan to expand free legal aid services to remote and tribal areas, if so, the details thereof; and
- (e) the steps taken to ensure that marginalized communities are aware of and can access these services?

**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) : Government has set up National Legal Services Authority (NALSA) under the Legal Services Authorities (LSA) Act, 1987 to provide free and competent legal services to the weaker sections of the society as covered under Section 12 of the

Act. For this purpose, the legal services institutions have been setup from the Taluk Court level to the Supreme Court. The Supreme Court Legal Services Committee (SCLSC) functions at the Supreme Court whereas, there are 38 High Court Legal Services Committees (HCLSCs), 37 State Legal Services Authorities (SLSAs), 708 District Legal Services Authorities (DLSAs) and 2439 Taluk Legal Services Committees (TLSCs). The Government extends the Grants-in-Aid support towards the functioning of the legal services authorities/institutions. 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. 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. Further, All India and Regional Meets are also organized by NALSA to monitor the performance of Legal Services Authorities. The Government of India is also implementing a Central Sector Scheme namely; Legal Aid Defense Counsel System (LADCS) Scheme through NALSA. Under LADCS Scheme, legal aid is provided with regard to criminal cases only to the beneficiaries eligible for legal aid under Section 12 of the LSA Act, 1987. The objective of LADCS Scheme is to strengthen criminal court based legal services, and provide legal services to the beneficiaries in all criminal matters, at trial and appellate stages. As on 31st December 2024, LADC offices are functional in 654

districts across the country and has engaged 5251 staff including 3448 Defense Counsels. During the year 2024-25 (upto December, 2024), LADCS offices dealt more than 3.95 lakh criminal cases.

(b) and (c) : The State-wise details of Panel Advocates empanelled or rendering services in various SLSAs and DSLAs across the country and cases in which they are representing and have represented clients across the country during April, 2024 to December, 2024, are given in the enclosed **Statement**.

(d) and (e) : Section 12 of the LSA Act, 1987 provides for free legal services to the entitled persons across the country including remote and tribal areas. Legal awareness programmes are held across the country by Legal Service Authorities on various laws/schemes relating to children, labourers, victims of disaster, SC and ST, persons suffering from disability, etc. Legal Services Authorities also prepare booklets and pamphlets in simple language on various laws and are distributed amongst the people. 12,49,496 and 1,26,966 legal awareness camps and programs organized by Legal Service Authorities during the year 2022-23, 2023-24 and 2024-25 (upto December 2024) which were attended by around 13.93 crore and 3.06 crore persons respectively.

STATEMENT

State-wise details of Panel Advocates empanelled or rendering services in various SLSAs and DSLAs across the country and cases in which they are representing and have represented clients across the country during April, 2024 to December, 2024

S.No.	Name of the State/UT Authority	Panel Advocates	Client/Cases represented
1	Andman and Nicobar Islands	36	159
2	Andhra Pradesh	1,352	3,050
3	Arunachal Pradesh	157	2,353
4	Assam	601	14,874
5	Bihar	1,940	7,075
6	Chandigarh	426	1,370
7	Chhattisgarh	2,689	6,159
8	Dadra & Nagar Haveli	6	32
	Daman & Diu	21	53
9	Delhi	1,617	35,031
10	Goa	241	978
11	Gujarat	2,868	15,755
12	Haryana	1,019	13,975
13	Himachal Pradesh	415	4,166
14	Jammu & Kashmir	578	2,615
15	Jharkhand	1,025	8,444
16	Karnataka	2,827	5,233
17	Kerala	2,043	12,527
18	Ladakh	13	86
19	Lakshadweep	0	1
20	Madhya Pradesh	2,254	15,627
21	Maharashtra	4,395	21,609
22	Manipur	226	311
23	Meghalaya	152	1,740
24	Mizoram	63	1,813
25	Nagaland	77	532
26	Odisha	2,228	2,088
27	Puducherry	352	469
28	Punjab	689	23,330
29	Rajasthan	1,622	10,508
30	Sikkim	153	693
31	Tamil Nadu	4,406	13,240
32	Telangana	1,891	3,353

33	Tripura	336	1,141
34	Uttar Pradesh	2,476	2,448
35	Uttarakhand	309	4,240
36	West Bengal	3,189	15,387
	Total	44,692	252,465

बाजार में प्रतिबंधित दवाओं की उपलब्धता

5608. श्रीमती रुचि वीरा:

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

- (क) सरकार द्वारा विगत पांच वर्षों के दौरान प्रतिबंधित दवाओं की वर्षवार और सूचीवार/श्रेणीवार संख्या कितनी है;
- (ख) ऐसी प्रतिबंधित दवाओं के बाजार में अभी भी बेचे और खरीदे जाने के क्या कारण हैं और सरकार द्वारा उक्त संबंध में क्या कदम उठाए गए/उठाए जाने का प्रस्ताव है;
- (ग) क्या सरकार को इस बात की जानकारी है कि सरकारी और निजी अस्पतालों में चिकित्सकों द्वारा अभी भी प्रतिबंधित दवाएं लिखी/उपयोग करने की सलाह दी जा रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) सरकार द्वारा ऐसे डॉक्टरों के खिलाफ क्या कार्रवाई की गई/कार्रवाई किए जाने का प्रस्ताव है;
- (ङ) क्या दवा निर्माता कंपनियों द्वारा दवाओं के संघटक में मामूली बदलाव करके अलग-अलग नामों से नई दवाएं बनाई गई हैं और उन्हें बाजार में बेचा गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (च) सरकार द्वारा दवा लाइसेंस जारी करने वाली एजेंसियों और दवा निर्माता कंपनियों के खिलाफ क्या कार्रवाई की गई है; और
- (छ) सरकार द्वारा विगत पांच वर्षों के दौरान रिपोर्ट किए गए ऐसे मामलों की वर्षवार संख्या कितनी है?

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

(क) और (ख) : पिछले पांच वर्षों के दौरान ओषधि और प्रसाधन सामग्री अधिनियम, 1940 के प्रावधानों के तहत केंद्र सरकार द्वारा प्रतिबंधित दवाओं की संख्या निम्नानुसार है:

वर्ष	प्रतिबंधित दवाओं की संख्या
2020	02
2021	00
2022	00
2023	16
2024	158
जनवरी 2025 से 28.03.2025 तक	02

ओषधि और प्रसाधन सामग्री अधिनियम, 1940 के तहत किसी निषिद्ध/प्रतिबंधित ओषधि का विनिर्माण, बिक्री और वितरण एक दंडनीय अपराध है और संबंधित राज्य लाइसेंसिंग प्राधिकारियों को इस संबंध में कार्रवाई करने की शक्तियां प्रदत्त हैं।

जब कभी भी प्रतिबंधित ओषधियों की बिक्री के संबंध में केन्द्रीय ओषधि मानक नियंत्रण संगठन (सीडीएससीओ) में ऐसी कोई शिकायतें/मुद्दे प्राप्त होते हैं तो मामले को आवश्यक कार्रवाई हेतु राज्य ओषधि नियंत्रक के समक्ष उठाया जाता है।

(ग) और (घ) : भारतीय चिकित्सा परिषद (व्यावसायिक आचरण, शिष्टाचार और आचार) विनियम, 2002 के पैरा 8.2 के अनुसार, पेशेवर कदाचार के संबंध में कोई भी शिकायत अनुशासनात्मक कार्रवाई के लिए समुचित चिकित्सा परिषद के समक्ष लाई जा सकती है। पेशेवर कदाचार की कोई शिकायत प्राप्त होने पर, समुचित आयुर्विज्ञान परिषद जांच करेगी और पंजीकृत चिकित्सक (आरएमपी) को व्यक्तिगत रूप से अथवा प्लीडर द्वारा सुनवाई का अवसर प्रदान करेगी। यदि आरएमपी को पेशेवर कदाचार का दोषी पाया जाता है, तो समुचित चिकित्सा परिषद आवश्यक समझे जाने वाले ऐसे दंड दे सकती है या

अपराधी आरएमपी के नाम को रजिस्टर से पूरी तरह से या निर्दिष्ट अवधि के लिए हटाने का निर्देश दे सकती है। रजिस्टर से हटाए जाने की जानकारी स्थानीय प्रेस के साथ-साथ विभिन्न चिकित्सा संघों/सोसाइटियों/निकायों के प्रकाशनों में व्यापक रूप से प्रचारित की जाएगी। सदाचार एवं चिकित्सा पंजीकरण बोर्ड राष्ट्रीय आयुर्विज्ञान आयोग अधिनियम, 2019 की धारा 30(3) के अनुसार राज्य चिकित्सा परिषदों के कार्यों के कार्यवाही के विरुद्ध आरएमपीद्वारा दायर अपील पर अपीलीय क्षेत्राधिकार का प्रयोग करता है।

(ड) से (छ) : ओषधियों के विनिर्माण, बिक्री और वितरण को ओषध और प्रसाधन सामग्री अधिनियम, 1940 और उसके तहत बनाए गए नियमों के उपबंधों के अंतर्गत विनियमित किया जाता है। किसी भी ओषधि के विनिर्माण के लिए विनिर्माता को राज्य लाइसेंसिंग प्राधिकरण (एसएलए) से ओषधि नियमावली, 1945 के अंतर्गत विनिर्माण लाइसेंस प्राप्त करना अपेक्षित है।

हालांकि, नई दवा के निर्माण के लिए, एसएलए से विनिर्माण लाइसेंस लेने से पहले नई दवाओं और नैदानिक परीक्षण नियम, 2019 के प्रावधानों के अनुसार सीडीएससीओ से विनिर्माता द्वारा नई दवा की अनुमति प्राप्त करना आवश्यक है।

यदि दवाओं के सक्रिय संघटकों संबंधी संरचना में कोई परिवर्तन होता है तो एसएलए से विनिर्माण लाइसेंस लेने से पहले सीडीएससीओ से नई ओषध की अनुमति लेना अपेक्षित है। अतः सीडीएससीओ से नई ओषध हेतु अनुमति और संबंधित एसएलए से विनिर्माण लाइसेंस प्राप्त किए बिना परिवर्तित सक्रिय संघटक वाली किसी भी ओषध का विनिर्माण नहीं किया जा सकता है।

इसके अलावा, 06.11.2019 को ओषध और प्रसाधन नियम, 1945 को सा.का.नि. 828 (अ) के द्वारा संशोधित किया गया था जिसमें यह अनिवार्य कर दिया गया था कि यदि आवेदक ब्रांड नाम या व्यापार नाम के तहत दवा का विपणन करना चाहता है, तो आवेदक लाइसेंसिंग प्राधिकारी को फॉर्म 51 में एक अंडरटेकिंग प्रस्तुत करेगा कि ऐसा या समान ब्रांड नाम या व्यापार नाम पहले से देश में कोई भी

दवा अस्तित्व में नहीं है और प्रस्तावित ब्रांड नाम या व्यापार नाम बाजार में किसी भी भ्रम या धोखे का कारण नहीं होगा।

11.02.2020 को ओषधि नियम, 1945 को सा.का.नि. 101 (अ) के द्वारा संशोधित किया गया था, जिसमें यह प्रावधान किया गया था कि 01.03.2021 से कोई भी विपणक जो किसी भी दवा को बेचता या वितरित करता है, वह उस दवा की गुणवत्ता के साथ-साथ इन नियमों के तहत विनिर्माता के साथ अन्य नियामक अनुपालन के लिए जिम्मेदार होगा।

जब कभी भी सीडीएससीओ के अनुमोदन के बिना सक्रिय संघटकों के संघटन में परिवर्तन के साथ किसी दवा के विनिर्माण/विपणन के संबंध में ऐसी कोई शिकायतें/मुद्दे सीडीएससीओ में प्राप्त होते हैं तो मामले को ओषध अधिनियम और नियमों के प्रावधानों के तहत आवश्यक कार्रवाई हेतु संबंधित राज्य ओषध नियंत्रक के समक्ष उठाया जाता है।

महिला विकास योजनाओं के लिए निधि

5609. श्रीमती लवली आनंद:

श्री कौशलेन्द्र कुमार:

श्री दिनेश चंद्र यादव:

श्री रामप्रीत मंडल:

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

(क) जुलाई, के बजट में घोषित 3 लाख करोड़ रुपये के कुल बजट में से महिला विकास 2024-25

योजनाओं पर कितनी निधि व्यय की गई है; और

(ख) व्यय की गई निधि का योजनावार और राज्यवार ब्यौरा क्या है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) और (ख): महिला एवं बाल विकास मंत्रालय लैंगिक समानता और महिला सशक्तीकरण को और बेहतर बनाने के लिए केंद्रीय मंत्रालयों/विभागों/राज्यों/संघ राज्य क्षेत्रों को क्षमता निर्माण और तकनीकी सहायता प्रदान करता है। ताकि वे उनकी लैंगिक बजट प्रक्रियाओं को आगे बढ़ा सके। जेंडर बजट आवंटन को केंद्रीय बजट के व्यय प्रोफाइल के विवरण 13 के रूप में संकलित किया जाता है, मंत्रालयों/विभागों/संघ राज्य क्षेत्रों द्वारा उनकी योजनाओं/कार्यक्रमों के लिए तैयार किया जाता है।

मंत्रालय/विभाग/ संघ राज्य क्षेत्र अपनी योजनाओं/कार्यक्रमों के उद्देश्यों को प्राप्त करने के लिए प्रगति (राज्यवार व्यय किए गए धन सहित) की निगरानी के लिए अपने संसाधनों, कार्यान्वयन एजेंसियों आदि का उपयोग करते हैं।

मंत्रालयों/विभागों/ संघ राज्य क्षेत्रों द्वारा केंद्रीय बजट 2024-25 के व्यय प्रोफाइल में बजट अनुमान के रूप में 3.27 लाख करोड़ रुपये का लैंगिक बजट आवंटन दर्शाया गया है। केंद्रीय बजट 2025-26 के व्यय प्रोफाइल के विवरण 13 में, वित्तीय वर्ष 2023-24 में वास्तविक तौर पर कुल सरकारी व्यय के रूप में 3.84 लाख करोड़ रुपये और वित्तीय वर्ष 2024-25 के संशोधित अनुमान के रूप में 3.76 लाख करोड़ रुपये की राशि दर्शायी गई है। वित्तीय वर्ष 2025-26 में विवरण 13 के अंतर्गत बजट अनुमान 4.49 लाख करोड़ रुपये है। वित्तीय वर्ष 2023-24 में योजनावार व्यय की गई निधि, 2024-25 का बजट अनुमान और संशोधित अनुमान तथा 2025-26 के बजट अनुमान व्यय प्रोफाइल 2025-26 के विवरण संख्या 13 में दिया गया है, जो <https://indiabudget.gov.in> पर उपलब्ध है।

NEW INVESTMENT POLICY

5610: SHRI DUSHYANT SINGH:

SHRIMATI BIJULI KALITA MEDHI:

SHRI BHARATSINHJI SHANKARJI DABHI:

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

- (a) the manner in which the New Investment Policy (NIP)-2012 and its amendment in 2014 have contributed to India's self-sufficiency in Urea Production;
- (b) the steps taken by the government to encourage private investment in the urea and fertilizer sector;
- (c) whether any additional incentives are being considered for private companies to set up urea production units; 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 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 & 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 (RAC) has increased from 207.54 LMTPA during 2014-15 to 283.74 LMTPA in 2023-24.

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, fertilizer companies are allowed to fix MRP at reasonable levels. The fertilizer companies manufacture/import fertilizers and do investment as per the market dynamics.

REMUNERATION OF ASHA WORKERS

5611. SHRI SELVARAJ V.:

SHRI SUBBARAYAN K.:

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

- (a) whether the Government has any data regarding the number of ASHA workers, their remuneration and other social security benefits;
- (b) if so, the details thereof, State-wise;

- (c) whether it is a fact that the remuneration of the ASHA workers is less than the minimum wages approved by the respective State Governments and are not even covered by any of the prevailing social security benefits; and
- (d) if so, the details thereof and the reaction of its Government thereto?

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) : As per NHM-MIS report (as on 30.09.2024), State-wise details of total number of ASHAs under National Health Mission (NHM), excepted Goa & Chandigarh are given in the enclosed **Statement**.

The primary responsibility of strengthening public healthcare system, including support for ASHA workers lies with the respective State/UT Governments. Under National Health Mission (NHM), 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.

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 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.pdf

Further, States/UTs have also been given flexibility to provide additional incentives to ASHA workers.

After the launch of Ayushman Arogya Mandir, ASHAs are eligible additionally for Team Based Incentives (TBIs) along with ANMs based on monitored performance indicators (up to 1000 per month). ASHAs are also entitled to non-monetary incentives like – ASHA Uniform, Identity Card, Cycle, Mobile, CUG Sim, ASHA Diary, Drug Kit, ASHA rest room etc. The Government has also approved a cash award of ₹20,000/- and a citation to ASHAs who leave the programme after working as ASHAs for minimum of 10 years, as acknowledgement of their contribution.

In the year 2018, the ASHA benefit package was introduced acknowledging significant contribution and commitment of ASHAs. The package provides coverage for:

- Pradhan Mantri Jeevan Jyoti Beema Yojana (PMJJBY) with a benefit Rs. 2.00 Lakh in case of death of the insured (annual premium contributed by GOI).
- Pradhan Mantri Suraksha Beema Yojana (PMSBY) with a benefit of Rs.2.00 lakh for accidental death or permanent disability; Rs. 1.00 lakh for partial disability (annual premium contributed by GOI).

In addition, Pradhan Mantri Shram Yogi Maan Dhan (PM-SYM) with pension benefit of ₹3,000/- pm after age of 60 years (50% contribution of premium by GOI and 50% by beneficiaries) is also available for ASHA workers. ASHAs across the States/UTs have been enrolled in all the above-mentioned Social Security Schemes as per the defined eligibility norms.

Also, a health care annual coverage of ₹5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB- PMJAY) has been extended to all ASHAs workers.

STATEMENT

ASHAs in position under NHM		
Sl.No.	State	Number ASHA
1	Bihar	96247
2	Chhattisgarh	72000
3	Himachal Pradesh	8252
4	Jammu & Kashmir	13894
5	Jharkhand	42361
6	Madhya Pradesh	68584
7	Odisha	49367
8	Rajasthan	53914
9	Uttar Pradesh	172331
10	Uttarakhand	11996
11	Arunachal Pradesh	4051
12	Assam	33542
13	Manipur	3971
14	Meghalaya	7073
15	Mizoram	1091
16	Nagaland	2147

17	Sikkim	676
18	Tripura	7808
19	Andhra Pradesh	42518
20	Gujarat	44604
21	Haryana	20299
22	Karnataka	40769
23	Kerala	26448
24	Maharashtra	76141
25	Punjab	19295
26	Tamil Nadu	4866
27	Telangana	28000
28	West Bengal	70468
29	Andaman and Nicobar Islands	422
30	Dadra & Nagar Haveli and Daman & Diu	462
31	Delhi	6306
32	Ladakh	655
33	Lakshadweep	103
34	Puducherry	331
Total		1030992

Note: ASHAs exists in all State/Uts except Goa and Chandigarh

Source: NHM-MIS as on September 2024

COURT LITIGATION AGAINST SERVING OFFICERS/VETERANS

5612. SHRI HIBI EDEN:

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

- (a) the details of court litigation initiated by the Government against serving officers and veterans with regard to disability pension;

- (b) whether the Government has formulated any policy/issued directions for contesting cases in regard to disability pensions of serving officers and veterans; and
- (c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH):

(a) : The Government has not initiated any court litigations against serving officers and veterans in relation to disability pension.

(b) and (c) : The Ministry of Defence, like other Government Departments, follows the laid down process whereby judgements delivered by lower courts which are in deviation from Government regulations/ policies are appealed after due consultation with Department of Legal Affairs. All Orders of Hon'ble Armed Forces Tribunals which are in accordance with the Government Policies are implemented. Where the Orders are in deviation from the Government Policies and has not attained finality with the settled law of the Hon'ble Supreme Court, the Government goes for exhausting the available legal remedies before the court orders are implemented.

SHIPBUILDING AND REPAIR FACILITIES AT KOLKATA PORT

5613. SHRI JAGANNATH SARKAR:

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

- (a) whether the Government has initiated any projects to establish a shipbuilding and repair facility at Syama Prasad Mookerjee Port, Kolkata and if so, the details thereof;
- (b) the total investment planned, the size of the land allocated and the duration of the lease agreements for such projects;
- (c) the types and sizes of vessels that the facility aims to construct in its initial and subsequent phases along with the projected timeline for achieving these milestones; and
- (d) the manner in which this initiative aligns with the Government's strategy to enhance domestic shipbuilding capabilities and monetize port assets through private sector participation?

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

(a) to (d) : Syama Prasad Mookerjee Port, Kolkata (SMPK) has three dry dock facilities at Khidderpore Dock and two dry dock facilities at Netaji Subhas Dock. These have been outsourced to the Cochin Shipyard Ltd. (CSL) and the Garden Reach Engineers and Ship Builders & Engineers (GRSE) through joint venture agreements. Land measuring about 5,65,848 sq. meters at Jellingham in the district of Midnapore (East) has been leased out for a period of 30 years to a JV of M/s. Ripley & Co. Stevedoring & Handling Pvt. Ltd. and Atreya Shipyards Pvt Ltd. for ship repairing, ship building and recycling activities.

SMPK has entered into a Concession Agreement on 28.03.2019 for a period of 15 years, with an option of renewal for another 15 years, with the CSL for the ship-repair management facility at two Dry Docks and one Berth at Netaji Subhas Dock. Ship Repair Operation started functioning w.e.f. 29.09.2019 under the banner 'CSL-Kolkata Ship Repair Unit'. As per this Concession Agreement, CSL shares 40% of the profit before tax with SMPK.

SMPK has entered into a Concession Agreement on 07.10.2021 for a period of 15 years, with an option of renewal for another 15 years, with the GRSE for Ship Repair / Ship Building Operation and Management of Facility at three Dry Docks of Khidderpore Dock. The Dry Docks were handed over to GRSE on 01.12.2021. As per this Concession Agreement, GRSE shares 50% of the profit before tax with SMPK.

The projected investment for the Jellingham Project is about Rs. 2,000 crores in phases with about Rs. 200 crores in Phase 1.

Presently, small vessels of LOA up to 100 m are constructed. The phase 1 at the Jellingham Ship Building and Ship Repairing Hub is for repair/building of small crafts like Tugs, Dredgers and Inland Vessels and phase 2 will be for vessels of Panamax length.

By leasing out the land and the repair facility for ship building and ship repairing activities to the Government and the private players, SMPK is monetizing the asset available along the river front. Further, construction of indigenous vessels

is being promoted through the allotment of land along the river front to promote ship building, ship repairing and recycling activities.

INDIA-SPAIN RELATIONSHIP

5614. SHRI KRIPANATH MALLAH:

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

- (a) the outcome of the recent meeting between External Affairs Minister of India and Defence Minister of Spain;
- (b) the details of the specific areas of defence cooperation being prioritized in this new phase of cooperation;
- (c) whether the said moves to strengthen defence relation between India and Spain is likely to open up the possibility of additional defence procurement agreements or joint ventures in the near future; and
- (d) if so, the details of such specific sectors or products which are under active consideration?

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) : The External Affairs Minister Dr. S. Jaishankar met the Defence Minister of Spain, Ms Margarita Robles, on 14 January 2025, during his official visit to Spain. During the meeting the two ministers took stock of the deepening partnership

between the two countries and exchanged views on regional and global issues. They agreed to further strengthen cooperation in the defence sector.

(b) to (d) : India and Spain have a growing defence partnership. Tata Advanced Systems Ltd. in collaboration with Airbus Spain is setting up the Final Assembly Line Plant of C-295 aircraft at Vadodara. The same was inaugurated by Prime Minister Shri Narendra Modi and President of Government of Spain Mr. Pedro Sanchez during the latter's visit to India in 28-29 October 2024.

The Chief of Spanish Airforce Lt. Gen. Francisco Braco Carbo visited India in August 2024 to participate in Exercise Tarang Shakti. Vessels of Indian Navy participate frequently in Passage Exercises and Port Calls in Spanish coasts, the latest being INS Tabar in August 2024 and INS Sindhuratna, INS Tarkash, INS Chennai and INS Sumedha in 2023. The 5th India-Spain Defence Joint Working Group took place on 06 February 2025. Both sides are exploring closer collaboration in defence, particularly in technology and armament production areas.

भारत-जापान रणनीतिक भागीदारी

5615. श्री बृजमोहन अग्रवाल:

श्रीमती अपराजिता सारंगी:

श्री बलभद्र माझी:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) भारत और जापान द्वारा हिंद-प्रशांत क्षेत्र में रणनीतिक भागीदारी को सुदृढ़ बनाने के लिए कौन-कौन से ठोस कदम उठाए जा रहे हैं;
- (ख) क्या जापान और भारत के बीच हाल ही में आयोजित बैठक में रक्षा और सुरक्षा सहयोग के संबंध में कोई चर्चा हुई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या जापान द्वारा भारतीय रक्षा उत्पादन नीति में किसी नई भागीदारी का प्रस्ताव किया जा रहा है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) दोनों देश विशेष रूप से प्रौद्योगिकी और अवसंरचना जैसे महत्वपूर्ण क्षेत्रों में आर्थिक और व्यापारिक संबंधों को बढ़ाने की योजना किस प्रकार बना रहे हैं;
- (ङ) भारत में जापानी निवेश की वर्तमान स्थिति क्या है और क्या भारत में नई परियोजनाओं में निवेश के संबंध में जापान की ओर से कोई नई प्रतिबद्धताएं की गई हैं; और
- (च) क्या उक्त भागीदारी और जापान द्वारा किए जाने वाले संभावित निवेश के कारण छत्तीसगढ़ को अवसंरचना और औद्योगिक विकास के माध्यम से लाभ मिलने की संभावना है और 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) : भारत की एक्ट-ईस्ट नीति और सागर दृष्टिकोण, तथा जापान के खुले एवं मुक्त हिंद-प्रशांत दृष्टिकोण में कई समानताएं हैं। हमारा सहयोग क्वाड कार्यवाह के तहत द्विपक्षीय संबंधों को और बढ़ाता है, जो एक स्वतंत्र, खुले, शांतिपूर्ण और समृद्ध हिंद-प्रशांत क्षेत्र के लिए साझा प्रतिबद्धता को दर्शाता है।
- (ख) से (घ): रक्षा मंत्री ने 22 नवंबर, 2024 को वियनतियाने, लाओ पीडीआर में 11वें एडीएमएम-प्लस के अवसर पर जापानी रक्षा मंत्री श्री जनरल नाकातानी से मुलाकात की। दोनों मंत्रियों ने दोनों देशों के बीच रक्षा उद्योग और प्रौद्योगिकी सहयोग के महत्व को दोहराया और 15 नवंबर 2024 को जापान में

यूनिफॉर्म मस्ट के कार्यान्वयन संबंधी ज्ञापन पर हस्ताक्षर किए जाने का स्मरण किया। इन्होंने विनिर्माण क्षेत्र में सह-उत्पादन और सह-विकास में सहयोग बढ़ाने पर सहमति व्यक्त की। दोनों ने भारतीय और जापानी सेनाओं के बीच अंतर-संचालन को और बेहतर बनाने, दोनों देशों के बीच आपूर्ति और सेवा करार के पारस्परिक प्रावधान और विभिन्न द्विपक्षीय और बहुपक्षीय अभ्यासों में सेनाओं की भागीदारी पर चर्चा की। दोनों देशों ने वायु क्षेत्र में सहयोग के नए क्षेत्रों का पता लगाने पर भी सहमतिव्यक्त की।

(ड) और (च) : जापान भारत में विदेशी निवेश का पांचवां सबसे बड़ा स्रोत बना हुआ है। 19 मार्च, 2022 को जापान के पूर्व प्रधानमंत्री महामहिम श्री फुमियो किशिदा की भारत यात्रा के दौरान, दोनों पक्षों ने अगले पांच वर्षों में जापान से भारत में 5 ट्रिलियन जापानी येन के सार्वजनिक और निजी निवेश और वित्तपोषण को साकार करने, आपसी हित की उपयुक्त सार्वजनिक और निजी परियोजनाओं को वित्तपोषित करने के अपने साझा हित को व्यक्त किया। भारत-जापान औद्योगिक प्रतिस्पर्धात्मकता साझेदारी, स्वच्छ ऊर्जा साझेदारी और सेमीकंडक्टर आपूर्ति श्रृंखला साझेदारी समकालीन एजेंडे को प्रतिबिंबित करती हैं, जिसका लक्ष्य विश्वसनीय और अनुकूल आपूर्ति श्रृंखलाओं, विश्वसनीय डिजिटल सहयोग और सुरक्षित हरित विकास को बढ़ावा देना है। नवंबर 2024 में टोक्यो में आयोजित रणनीतिक व्यापार और प्रौद्योगिकी सहित आर्थिक सुरक्षा पर वार्ता के दौरान, दोनों पक्षकारों ने आर्थिक सुरक्षा, आपूर्ति श्रृंखला अनुकूलता तथा महत्वपूर्ण और उभरती प्रौद्योगिकियों में साझेदारी से संबंधित विषयों पर चर्चा की।

AADHAAR REGISTRATION OF CHILDREN

5616. SHRI ESWARASAMY K.:

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

- (a) the details of children below the age of five, who have Aadhaar registration, State-wise including Tamil Nadu;

- (b) the steps taken by the Ministry to include more children under the Integrated Child Development Service (ICDS) Scheme, curb leakages and bring transparency in its delivery system; and
- (c) whether the Ministry is planning to replace the provisions of dry ration under ICDS with cash transfers, 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) and (b) : Mission Saksham Anganwadi and Poshan 2.0 [earlier known as Integrated Child Development Services (ICDS) Scheme] aims to address the challenge of child malnutrition and maternal under-nutrition through proper nutrition content and its delivery. It further aims to create conditions and a convergent ecosystem to develop practices that nurture health, wellness and immunity. Under this Mission, there is a provision of Supplementary Nutrition for children in the age group of 6 months to 6 years. State wise details of aadhaar verified children in the age group of 6 months to 6 years are given in the enclosed **Statement**.

This Ministry continuously monitors the implementation of Mission 2.0 through sustained engagement with the States/UTs through Video Conferences, meetings and through Online Poshan Tracker System.

Ministry has issued guidelines to all States/UTs on 13.01.2021 to streamline several aspects such as quality assurance, roles and responsibilities of duty holders, procedure for procurement, integrating AYUSH concepts and data

management and monitoring through “Poshan Tracker” for transparency, efficiency and accountability in the delivery of Supplementary Nutrition. Some of the benefits of Poshan Tracker are as follows:

- (i) All the beneficiaries registered in Poshan Tracker are authenticated through Aadhar verification.
- (ii) All the beneficiaries upon registration in Poshan Tracker are informed, through SMS, about the services which can be availed by them through Anganwadi Platform, thereby creating ownership of citizens,
- (iii) Further, on delivery of THR, SMS alerts along with Poshan Helpline details are being sent on the registered mobile number of beneficiaries. If beneficiary does not receive THR, she/he can raise the complaint on Poshan Helpline.
- (iv) The Physical Records of Growth Monitoring have been replaced by auto generated monthly report in Poshan Tracker. These reports can be downloaded and used in the review meeting by the supervisors.
- (v) IEC material on relevant topics is made available digitally on Poshan Tracker thereby eliminating the need of carrying bulky IEC material.
- (vi) All the home visits are now auto scheduled in Poshan Tracker for which she also receives reminders. Report on completed and pending Home Visit is available in Poshan Tracker.
- (vii) With “Poshan Tracker”, real time data on malnutrition indicators is available every month. As compared to NFHS (sample size of approx 6.1 lakh households),

Poshan Tracker consistently measures approx. 7-8 crore children each month revealing the real time nutritional status of beneficiaries.

(viii) Poshan Tracker has the provision for auto calculation of eligibility for the incentives based on Growth Monitoring, Home Visits and opening of AWCs.

(ix) A new report has been added in Poshan Tracker in the form of Fact sheet. Poshan Tracker generates various reports such as Growth monitoring, Anganwadi centres open, attendance of children each day, infrastructure details at AWC etc. These reports are available at all the levels including, supervisors, CDPO and DPOs which resulted into improved administrative supervision and effective implementation of the scheme including targeted approach for malnourished children.

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 has digitized the physical registers used by Anganwadi workers. This has improved the quality of their work while simultaneously enabling them to do real-time implementation & monitoring.

(c) : No such proposal is under consideration.

STATEMENT

State Wise details of Aadhaar verified children on Poshan Tracker as on 01.04.2025

S No.	State	Children 6 Months-3 Years	Children 3 Years-6 Years	Total
1.	Andhra Pradesh	13,04,247	11,49,108	24,53,355
2.	Arunachal Pradesh	31,405	51,446	82,851
3.	Assam	10,29,574	15,96,061	26,25,635
4.	Bihar	38,71,145	53,80,319	92,51,464
5.	Chhattisgarh	9,87,369	11,11,572	20,98,941
6.	Goa	31,481	14,733	46,214
7.	Gujarat	13,69,739	15,02,958	28,72,697
8.	Haryana	6,95,875	9,49,787	16,45,662
9.	Himachal Pradesh	2,02,917	2,36,667	4,39,584
10.	Jharkhand	12,03,856	14,84,426	26,88,282
11.	Karnataka	17,33,693	17,90,007	35,23,700
12.	Kerala	7,03,963	10,37,624	17,41,587
13.	Madhya Pradesh	26,43,113	35,84,610	62,27,723
14.	Maharashtra	23,60,797	32,58,658	56,19,455
15.	Manipur	93,075	1,64,076	2,57,151
16.	Meghalaya	1,31,530	2,20,737	3,52,267
17.	Mizoram	40,208	60,591	1,00,799
18.	Nagaland	35,285	64,018	99,303
19.	Odisha	14,11,628	18,05,759	32,17,387
20.	Punjab	6,20,609	7,42,844	13,63,453
21.	Rajasthan	17,77,875	16,70,133	34,48,008
22.	Sikkim	11,179	16,969	28,148
23.	Tamil Nadu	16,71,393	17,83,945	34,55,338
24.	Telangana	9,04,830	8,63,692	17,68,522
25.	Tripura	1,12,906	1,66,295	2,79,201
26.	Uttar Pradesh	90,89,109	95,92,704	1,86,81,813
27.	Uttarakhand	3,58,105	2,48,335	6,06,440

28.	West Bengal	31,27,303	40,17,496	71,44,799
29.	Andaman & Nicobar Islands	6,727	3,367	10,094
30.	Dadra & Nagar Haveli - Daman & Diu	15,666	14,162	29,828
31.	Delhi	3,24,392	1,44,483	4,68,875
32.	J&K	3,41,039	4,14,441	7,55,480
33.	Ladakh	7,770	8,439	16,209
34.	Lakshadweep	2,731	968	3,699
35.	Puducherry	22,902	5,003	27,905
36.	UT-Chandigarh	16,239	17,575	33,814
	Total	3,82,91,675	4,51,74,008	8,34,65,683

INFRASTRUCTURE SHORTAGE IN GOVERNMENT HOSPITALS IN PUNJAB

5617. SHRIMATI HARSIMRAT KAUR BADAL:

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

- (a) whether the Government has conducted a study on various types, age groups and occurrence of cancer in the country, especially in Punjab and if so, the details thereof, State/UT-wise; and
- (b) whether the Government has observed any Infrastructure shortage for Government hospitals 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) : As per the Indian Council of Medical Research (ICMR)- National Cancer Registry Programme data, cancer of lung and breast are the most common types of cancer in the country in males and females respectively. The estimated number of incidence of cancer cases reported for 2024 for cancer of lung (Males) and breast (Females) are given below:

Estimated Incidence of most common cancer cases in India (2024)	
Site	Incidence
Lung (Males)	79279
Breast (Females)	227152

The five States with estimated higher incidence of cancer cases are Uttar Pradesh (2,10,958), Maharashtra (1,21,717), West Bengal (1,13,581), Bihar (1,09,274) and Tamil Nadu (93,536). The estimated number of incidence of all types of cancer cases in the country during last five years from 2020 to 2024 by States/Union Territories-wise are given in the enclosed **Statement**.

(b) : In the State of Punjab, Government Medical College, Amritsar has been approved as a State Cancer Institute (SCI) and Civil Hospital, Fazilka has been approved as Tertiary Cancer Care Center(TCCC) under the 'Strengthening of Tertiary Cancer Care Centers Facilities Scheme' to enhance the facilities for cancer care at tertiary level. Under the scheme, support is provided to States and Union Territories for setting up of SCIs and TCCCs across the country. 39 institutions (19 SCI and 20 TCCC) have been approved. SCI at Amritsar provides surgical,

chemotherapy and radiotherapy treatments. TCCC at Fazilka is providing chemotherapy and outpatient department services.

As per announcement of Union Budget 2025-26, the government plans to set up Day Care Cancer Centres (DCCCs) in all district hospitals in the next three years, out of which 200 centres are planned to be set up in 2025-2026. This initiative builds upon existing efforts, with 372 District Day Care Centres already established across district hospitals.

Cancer treatment facilities with diagnostic, medical, and surgical services are approved in all 22 new AIIMS including AIIMS, Bhatinda under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY). Further, under the Department of Atomic Energy cancer centres have been established including Chandigarh, Sangrur, and Mullanpur in Punjab.

STATEMENT

Estimated Incidence of All types of cancer cases in India by different State/UT - (2020-2024)					
State	2020	2021	2022	2023	2024
Jammu & Kashmir UT	12726	13060	13395	13744	14112
Ladakh UT	286	294	302	309	318
Himachal pradesh	8799	8978	9164	9373	9566
Punjab	38636	39521	40435	41337	42288
Chandigarh	1024	1053	1088	1120	1152
Uttaranchal	11482	11779	12065	12348	12642
Haryana	29219	30015	30851	31679	32513
Delhi	25178	25969	26735	27561	28387
Rajasthan	70987	72825	74725	76655	78604
Uttar pradesh	201319	206088	210958	215931	221000

Bihar	103711	106435	109274	112180	115123
Sikkim	445	465	496	525	561
Arunachal pradesh	1035	1064	1087	1125	1143
Nagaland	1768	1805	1854	1890	1935
Manipur	1899	2022	2097	2169	2250
Mizoram	1837	1919	1985	2063	2114
Tripura	2574	2623	2715	2790	2871
Meghalaya	2879	2943	3025	3099	3168
Assam	37880	38834	39787	40721	41713
West bengal	108394	110972	113581	116230	118910
Jharkhand	33961	34910	35860	36840	37824
Orissa	50692	51829	52960	54136	55335
Chattisgarh	27828	28529	29253	30014	30763
Madhya pradesh	77888	79871	81901	84029	86124
Gujarat	69660	71507	73382	75290	77205
Daman	124	135	150	161	173
Dadra & Nagar Haveli	206	219	238	252	268
Maharashtra	116121	118906	121717	124584	127512
Telangana	47620	48775	49983	51145	52334
Andhra pradesh	70424	71970	73536	75086	76708
Karnataka	85968	88126	90349	92560	94832
Goa	1618	1652	1700	1735	1783
Lakshadweep	27	28	28	31	32
Kerala	57155	58139	59143	60162	61175
Tamil nadu	88866	91184	93536	95944	98386
Pondicherry	1577	1623	1679	1753	1823
Andaman & Nicobar Islands	366	380	393	401	408
Total	1392179	1426447	1461427	1496972	1533055
Ref: National Cancer Registry Programme					

AYURVEDIC AAHARA PRODUCTS

5618. SHRIMATI POONAMBEN MAADAM:

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

- (a) whether the Government has provided a clear definition and framework for classifying Ayurvedic food products;
- (b) if so, the details thereof;
- (c) whether Ayurveda Aahara products have specific labelling and branding so that consumers can easily identify authentic products and if so, the details thereof;
- (d) whether the Government has promoted Ayurveda Aahara and its benefits; and
- (e) 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) : Food Safety and Standards Authority of India (FSSAI) has formulated Food Safety and Standards (Ayurveda Aahara) Regulations, 2022 in consultation with the Ministry of Ayush and notified the regulations in the official gazette on 5th May, 2022.

The regulations define “Ayurveda Aahara” a food prepared in accordance with the recipes or ingredients or processes as per method described in the

authoritative books of Ayurveda listed under 'Schedule A' of these regulations including products which have other botanical ingredients in accordance with the concept of Ayurveda Aahara.

(c) : The Regulation 13(i) of the Food Safety and Standards (Ayurveda Aahara) Regulations, 2022 specifies the specific labelling requirements for Ayurveda Aahara, namely:- the words "AYURVEDA AAHARA" printed in the immediate proximity of the name or brand name of the product; and the logo as specified in the Schedule E of the regulations, on the front of the pack of the label.

The labelling of Ayurveda Aahara shall be in accordance with the the specific labelling requirements provided in the Food Safety and Standards (Ayurveda Aahara) Regulations, 2022, and Food Safety and Standards (Labelling and Display) Regulations, 2020.

(d) and (e) : FSSAI had organized a "Sankalp Swachha Aahar" event in Buldhana, Maharashtra on 12th January, 2025, training over 1,500 street food vendors and Self Help Group (SHG) women on food safety and hygiene, with a focus on Ayurveda Aahara.

SUSPENSION OF HOSPITALS FROM PANEL OF HEALTH INSURANCE SCHEME

5619. T SHRI.M. SELVAGANAPATHI:

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

- (a) whether it is a fact that the National Health Authority has recommended suspension of over 600 hospitals and removal of nearly 1200 hospitals from the panel of Government's health insurance scheme, if so, the details thereof;
- (b) whether it is also true that the National Health Authority has also recommended penalties totaling Rs.122 crore against more than 1500 errant hospitals and if so, the details thereof; and
- (c) whether the Government is considering to introduce a new regulation to check such fraud 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 (c) : Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is governed on a zero-tolerance policy towards misuse and abuse and various steps are taken for prevention, detection and deterrence of different kinds of irregularities that could occur in the scheme at different stages of its implementation. A robust anti-fraud mechanism has been put in place and National Anti-Fraud Unit (NAFU) has been set up with the primary responsibility for prevention, detection and deterrence of misuse and abuse under AB-PMJAY.

Suitable actions including de-empanelment of 1114 hospitals, levying penalty worth Rs. 122 crore on 1504 errant hospitals and suspension of 549 hospitals have been taken against fraudulent entities as reported by the States/UTs.

Under AB-PMJAY, triggers have been put in place in the Transaction Management System (TMS) related to the upcoding of the Health Benefit Packages, OPD to IPD conversion, ghost billing/treatment not rendered but claims raised, duplicate images/ documents used for multiple claims, forgery/concealment and beneficiary impersonation/counterfeiting so that automatic flags are raised for proper investigation of such suspected claims. Further, beneficiaries are verified through Aadhaar e-KYC only at the time of creation of the card and have to undergo Aadhaar authentication at the time of availing services, which helps in mitigating the issues of duplicate registration and fraudulent claims. To enhance detection of misuse or abuse, near real-time monitoring and AI-based systems are used to check the hospital claims. Further, hospitals undergo random audits and surprise inspections to ensure the authenticity of claims.

Further, regular updation such as expansion of beneficiary base, inclusion of new procedures, empanelment of new hospitals and other improvements are done in the scheme as per requirements from time to time.

STATUS OF WOMEN AND CHILD WELFARE SCHEMES

5620. SHRI CHARANJIT SINGH CHANNI:

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

- (a) the current status of the implementation of BetiBachao, BetiPadhao (BBBP), Anganwadi services and Poshan Abhiyan schemes in Punjab;

- (b) the number of women benefitting from women empowerment initiatives including Self-Help Groups (SHGs) and skill development programs in the said State;
- (c) whether there has been a reduction in the number of malnourished children in Punjab, if so, the details thereof along with the steps taken to improve nutrition levels;
- (d) the details of financial assistance provided by the Central Government for women and child welfare schemes in said State during the last three years along with the details of its utilization; and
- (e) whether the Government plans to introduce new initiatives for women's safety, helpline services and digital platforms for assistance, if so, the details thereof?

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

(a) : The current status of implementation of BetiBachao, BetiPadhao (BBBP), Anganwadi services and Poshan Abhiyan schemes in the State of Punjab is given in the enclosed **Statement -I**.

(b) : The number of women benefitting from women empowerment schemes of the Ministry in the State of Punjab are given in the enclosed **Statement -II**.

(c) : As may be seen from the status of malnutrition indicators for children (0-5 years) in the State of Punjab from Poshan Tracker given below, there has been reduction in the malnourished children :

Feb-23			Feb-25		
Stunted%	Wasted%	Underweight%	Stunting%	Wasting%	Underweight%
26.05	7.39	12.35	20.67	3.50	6.49

The following steps have been taken to improve nutrition levels:

- 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 of various activities lies with the States and UTs. This mission is a universal self-selecting umbrella scheme where there are no entry barriers for any beneficiary to register and receive services. This mission is implemented across the country including in the State of Punjab. The objectives of Mission are as follows:
 - To contribute to 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 of nutrients. This process is 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 in a convergent manner. Mission Saksham Anganwadi and Poshan 2.0 has addressed this 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 in January 2023. 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 for 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 at least once a week for preparation of Hot Cooked Meal and Take Home ration at Anganwadicenters.
- Ministries of Women & Child Development and Health & 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 to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. State and UTs are conducting and reporting regular sensitisation activities under Jan Andolans during PoshanMaahs and PoshanPakhwadas 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.

(d) : The details of funds released/ utilised under the women and child welfare schemes of the Ministry in the State of Punjab during the last three years are given in the enclosed **Statement -III**.

(e) : For better implementation and efficient monitoring, all schemes implemented by the Ministry for safety, protection and empowerment of women have been clubbed into Mission Shakti. Mission Shakti comprises of two verticals '**Sambal**' and '**Samarthya**' for safety, security and empowerment of women, respectively.

I. Sambal - The following schemes have been included under the Sambal vertical: **One Stop Centres (OSC)** - for providing integrated support and assistance to women affected by violence and those in distress, both in private and public spaces in a convergent and coordinated manner under one roof; **Women Helplines (181-WHL)** is a 24 x 7 x 365 toll-free emergency/non-emergency response system that is integrated with Emergency Response Support System (112) and other existing helplines/institutions; **BetiBachaoBetiPadhao (BBBP)** - launched with an aim to address declining Sex Ratio at Birth (SRB) and related issues of empowerment of girls and women over a life cycle continuum; **Nari Adalat** - an initiative aimed at empowering women by ensuring justice and to offer services such as alternate dispute resolution, grievance redressal, counselling, evidence-based decision-making, pressure group tactics, negotiation, mediation, and reconciliation.

II. Samarthya - The following schemes have been included under 'Samarthya' vertical: **Pradhan Mantri Matru Vandana Yojana (PMMVY)** - a Centrally Sponsored Maternity Benefit Scheme under which cash incentives

flow to the beneficiaries in Direct Benefit Transfer (DBT) mode for the first child and the second girl child; **Ujjwala and SwadharGreh (renamed as Shakti Sadan)** - an Integrated Relief and Rehabilitation Home for women in distress situations including trafficked women; **Working Women Hostel (renamed as Sakhi Niwas)** - to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and also in rural areas where employment opportunities for women exist; **National Hub for Empowerment of Women (NHEW)** - to facilitate intersectoral convergence of schemes and programs meant for women at National level, State/ UT level and district level and **National Creche Scheme (renamed as Palna)** that aims to increase the participation of women in work force in the economy by providing quality crèche facility in safe and secure environment for children.

STATEMENT -I

Current status of implementation of schemes of the Ministry in Punjab (i) Beti Bachao Beti Padhao

The latest reports of Health Management Information System (HMIS) of Ministry of Health & Family welfare (MoHFW) reveal that Sex Ratio at Birth (SRB) has increased from 892 to 924 in the state of Punjab during 2014-15 to 2023-2024.

Further, enrolment of girls in the schools at secondary level has increased from 83.21 percent in 2014-15 to 94.2 percent in 2023-24 for the state of Punjab [as per UDISE-data, MoE].

(ii) Mission Saksham Anganwadi & Poshan 2.0

Category	Number of Registered Beneficiaries (as on 28.02.2025)
Pregnant women	74,994
Lactating mothers	95,235
Children (0-6 years)	14,51,616
Adolescent girls	34,055

STATEMENT -II**Number of women benefitting from women empowerment schemes of the
Ministry in Punjab**

S.No	Scheme	Number of Beneficiaries	
1.	Pradhan Mantri Matru Vandana Yojana	No. of Beneficiaries enrolled during the period from FY 2021-22 to 2024-25	No. of Beneficiaries paid during the period from FY 2021-22 to 2024-25*
		403845	475527

* The number of beneficiaries paid can be higher than number of beneficiaries enrolled during any financial year, as some beneficiaries registered in previous Financial Years have received the payments in the next Financial Year.

STATEMENT-III**The details of funds released/ utilised under the schemes of the Ministry in
the State of Punjab during the last three years****(Rs. in Crore)**

S.No	Mission	Scheme	FY 2021-22	FY 2022-23	FY 2023-24
1.	Mission Saksham Anganwadi & POSHAN 2.0	Saksham Anganwadi & POSHAN 2.0	383.52	75.31	307.87

2.	Mission Vatsalya (erstwhile Integrated Child Protection Scheme)		1.72	10.69	15.43
3.	Mission Shakti – Sambal	BetiBachaoBetiPadhao	3.56	0.00	6.67
		One Stop Centre	3.85	0.00	3.89
		Women Help Line	0.00	0.00	0.27
4.	Mission Shakti – Samarthya	Shakti Sadan (erstwhile SwadharGreh and Ujjawala)	0.00	0.00	0.00
		Sakhi Niwas (erstwhile Working Women Hostel)	0.00	0.00	0.00
		Palna	0.00	0.00	0.00
		Pradhan Mantri Matru Vandana Yojana	16.47	18.82	32.05
		National Hub for Empowerment of Women	0.00	1.89	0.00

NARAYANI RIVER FRONT WATERWAYS

5621. DR. ALOK KUMAR SUMAN:

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

- (a) whether it is fact a that the development of Narayani River Front is pending since longtime causing economical impact in regard to National Waterways No. 37;
- (b) if so, the details thereof and the reasons therefor;

- (c) the total amount of funds spent for development of Narayani River Front in district Gopalganj in Bihar including development of National Waterways Number 37; and
- (d) the details of shipping activities from the Narayani River route?

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

(a) to (c) : Under the Namami Gange Programme of Ministry of Jal Shakti, two Ghats were completed on the Narayani River in the district of Gopalganj, Bihar in July 2021 at a cost of Rs. 8.25 Crore and handed over to the respective urban local bodies (ULBs). The details of the Ghats are as below:

1. DumariyaGhat 60m X 30m
2. Bridge Ghat 60m X 30m

(d) : Inland Waterways Authority of India (IWAI) an autonomous organisation under Ministry of Ports, Shipping and Waterways has initiated hydro graphic survey to assess the navigational depth and for providing floating jetties along the National Waterways 37 (NW-37). Presently country boats are running for fishing, movement of local goods and agro products. To facilitate the local movement, two floating jetties have been constructed for placement near Bettiah and its opposite bank on NW-37.

RECORDING OF BIRTHS IN HEALTHCARE INSTITUTIONS

5622. SHRI ASADUDDIN OWAISI:

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

- (a) whether any specific guidelines have been issued for recording births in healthcare institutions and if so, the details thereof;
- (b) the key health metrics captured under the Reproductive and Child Health (RCH) portal at the time of birth;
- (c) whether the Government is considering to introduce a uniform template for recording and reporting birth metrics, if so, the details thereof; and
- (d) whether the Government has any plans to broaden the scope of the RCH Portal to include additional parameters?

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) : 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, based on requirements of various stakeholders, customizes the RCH application to align with national goals.

NATIONAL TELE MENTAL HEALTH PROGRAMME**5623. SHRI HARIBHAI PATEL:**

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

- (a) the details of the National Tele Mental Health Programme (NTMHP) launched by the Government and its objectives;
- (b) the number of Tele MANAS Cells established across the country along with the languages in which services are available;
- (c) the total number of calls handled under the Tele MANAS initiative and the funds allocated for NTMHP during the last three years;
- (d) whether the Government has launched the Tele MANAS Mobile Application and if so, the details thereof; and
- (e) the steps taken by the Government to integrate mental health services at the primary healthcare level including the number of Ayushman Arogya Mandirs providing mental healthcare 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) : The Government has launched a “National Tele Mental Health Programme” (NTMHP) on 10th October, 2022, that would function as the digital arm of the District Mental Health Programme to provide universal access to equitable, accessible, affordable and quality mental health care through 24 x 7

tele-mental health counselling services. For this, a toll-free number (14416) has been set up across the country.

Specific objectives of the Programme are:

- i. To exponentially scale up the reach of mental health services to anybody who reaches out, across India, any time, by setting up a 24x7 tele-mental health facility in each of the States and UTs of the country.
- ii. To implement a full-fledged mental health service network that, in addition to counselling, provides integrated medical and psychosocial interventions.
- iii. To extend services to vulnerable groups of the population and difficult to reach populations.

As on 01.04.2025, 36 States/ UTs have set up 53 Tele MANAS Cells. Tele-MANAS services are available in 20 languages based on language opted by States. More than 20,05,000 calls have been handled on the helpline number. Rs. 120.98 crore, Rs. 65.00 crore and Rs. 45.00 crore has been allocated for National Tele Mental Health Programme (NTMHP) for the year 2022-23, 2023-24 and 2024-25 respectively.

The Government has launched Tele MANAS Mobile Application on 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 has established a dedicated Tele-MANAS Cell at the Armed Forces Medical College (AFMC), Pune to extend tele-mental health assistance and support to all Armed Forces service personnel and their dependents, further enhancing the mental health care services available to them.

The Government is also taking steps to integrate mental healthcare services at primary healthcare level. The Government has upgraded more than 1.75 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.

The District Mental Health Programme (DMHP) is implemented under the National Mental Health Programme in 767 districts of the country to detect, manage and treat mental illness at District Hospitals. Facilities are also made available under DMHP at the Community Health Centre(CHC) and Primary Health Centre(PHC) levels and include outpatient services, assessment, counselling/ psycho-social interventions, continuing care and support to persons with severe mental disorders, drugs, outreach services, ambulance services etc.

BIFURCATION OF FUNDS UNDER NATIONAL HEALTH MISSION

5624. SHRI ANTO ANTONY:

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

- (a) whether the Government provided the State-wise bifurcation of funds allocated and disbursed under National Health Mission (NHM) during the last three years along with the utilization percentage for each State and if so, the details thereof in this regard;
- (b) the proportion of the total NHM budget allocated specifically for ASHA worker incentives in Kerala for the financial year 2023-24 along with the manner in which it compares to previous years; and
- (c) the total pending amount to be disbursed to Kerala under NHM along with the expected timeline for its release?

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 & Family Welfare is implementing National Health Mission. Under National Health Mission (NHM), funds are released to the States/UTs including Kerala under Flexible Pool on a lump sum basis to provide greater flexibility to States/UTs to utilize the funds as per their felt need and priorities, hence no separate funds released to the States/UTs for ASHA Activities.

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 State/UT-wise Central Release and Expenditure under the National

Health Mission (NHM) from the FY 2021-22 to FY 2023-24 are given in the enclosed **Statement.**

Further, Public Health is a State subject and the responsibility of delivery of healthcare services to the public lies with State Government including release of the share of incentive for ASHA workers. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen their public healthcare system based on the requirements posed by the States/UTs including Kerala in their State Programme Implementation Plans (SPIPs) and within the overall resource envelope. The number of approvals granted to each State is referenced in the Record of Proceedings (RoPs) available at the below mentioned link:

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>

The details of SPIP Approvals and Expenditure for ASHA workers under the National Health Mission (NHM) from the FY 2021-22 to FY 2023-24 to the State of Kerala is as follows:

(Rs. in Lakhs)

Financial Year	SPIP Approvals	Expenditure
2021-22	1,675.38	1,501.01
2022-23	8,780.07	7,868.19
2023-24	8,780.07	6,819.57

Note:

1. The above information is as per FMR submitted by State and is provisional.
2. Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year.

STATEMENT

State/UT-wise Central Release & Expenditure under National Health Mission for the FY 2021-22 to FY 2023-24							
Rs. In Crore							
S. No.	Name of the State/UT	2021-22		2022-23		2023-24	
		Central Release	Expenditure	Central Release	Expenditure	Central Release	Expenditure
1	Andaman and Nicobar Islands	43.68	31.20	45.26	42.28	37.84	40.71
2	Andhra Pradesh	1,199.37	2,448.67	1,489.45	1,914.34	1,096.01	2,436.62
3	Arunachal Pradesh	188.53	248.51	233.82	424.78	404.55	399.44
4	Assam	1,955.93	2,194.36	1,981.83	2,307.00	2,257.06	2,626.87
5	Bihar	1,748.76	1,905.35	1,586.57	3,717.81	2,032.95	4,010.97
6	Chandigarh	17.47	26.86	38.09	26.98	30.58	31.85
7	Chhattisgarh	969.61	1,833.45	1,195.08	2,152.45	875.80	1,743.79
8	Dadra & Nagar Haveli and Daman & Diu	38.59	45.02	58.28	41.61	39.92	41.96

9	Delhi	127.37	237.79	35.15	298.11	150.54	338.41
10	Goa	26.01	60.56	55.42	84.64	48.97	82.44
11	Gujarat	1,094.48	1,835.81	1,120.06	2,292.35	1,506.96	3,672.25
12	Haryana	577.07	879.91	681.21	1,185.43	524.01	998.80
13	Himachal Pradesh	555.09	525.09	494.65	567.83	470.36	700.67
14	Jammu & Kashmir	459.10	779.61	651.52	917.02	805.22	956.95
15	Jharkhand	640.18	1,176.55	810.30	1,495.17	958.06	1,968.70
16	Karnataka	1,274.71	2,200.92	1,246.67	2,376.94	1,187.60	2,272.27
17	Kerala	771.47	1,230.96	1,036.76	1,592.96	189.15	1,069.42
18	Ladakh	44.79	62.81	94.95	109.67	120.44	119.67
19	Lakshadweep	8.41	7.26	9.97	9.29	3.79	7.10
20	Madhya Pradesh	2,295.66	3,714.92	2,582.10	4,489.15	2,545.68	5,079.18

21	Maharashtra	1,769.67	4,227.31	2,187.13	4,501.75	2,729.30	5,001.70
22	Manipur	95.59	154.09	61.40	214.69	169.12	159.32
23	Meghalaya	282.46	227.08	261.56	319.08	261.39	305.83
24	Mizoram	93.82	153.16	111.82	135.33	134.42	148.29
25	Nagaland	126.66	192.16	91.38	161.93	184.84	196.69
26	Odisha	1,263.07	2,587.72	1,284.69	3,402.50	1,901.77	2,868.83
27	Puducherry	21.33	46.36	20.73	48.51	30.80	45.74
28	Punjab	349.21	918.96	448.89	1,054.39	91.49	1,201.21
29	Rajasthan	1,924.95	3,230.01	1,460.80	3,726.21	2,785.46	4,350.63
30	Sikkim	51.86	46.06	73.30	88.69	68.17	55.69
31	Tamil Nadu	1,631.91	3,039.39	1,652.24	3,191.84	1,996.06	2,957.57
32	Telangana	725.67	1,556.65	683.77	2,062.93	564.93	1,001.75

33	Tripura	217.95	237.24	231.90	287.20	264.31	277.62
34	Uttar Pradesh	3,235.46	6,210.20	5,133.59	8,828.29	4,928.14	9,044.22
35	Uttarakhand	553.47	606.07	505.01	647.13	711.33	709.79
36	West Bengal	1,654.26	2,229.46	1,252.32	3,509.86	890.42	2,817.75

Note:

- 1) The above releases relate to Central Govt. Grants & do not include State share contribution.
- 2) The above information is as per the available Financial Management Reports submitted by State/UTs and is provisional.
- 3) Expenditure includes expenditure against Central Release, State share & unspent balances at the beginning of the year.

MISSION VATSALYA SCHEME

5625. SHRI SAUMITRA KHAN:

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

- (a) the details of the key objectives and components along with the steps taken by the Government to promote Mission Vatsalya in the country including Bishnupur Parliamentary Constituency in West Bengal;
- (b) the number of children registered under the said Mission, including said Parliamentary Constituency;
- (c) whether the Mission Vatsalya scheme facilitate sponsorship and foster care for children in difficult circumstances, if so, the details thereof along with the role of the Child Welfare Committee (CWC) and the Sponsorship and Foster Care Approval Committee (SFCAC) in this process; and
- (d) whether the Government has taken any measures to strengthen the implementation/monitoring of child welfare initiatives under said Mission across districts in the country, particularly in ensuring the effective functioning of CWCs, if so, the details thereof?

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

- (a) : Ministry of Women and Child Development is implementing a Centrally Sponsored Scheme namely 'Mission Vatsalya', through the State/ UT Governments on predefined cost sharing basis between the Central and the State Governments

to deliver services for children in difficult circumstances which includes institutional care and non-institutional care services. 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.

The objective of Mission Vatsalya is to ensure that the best interests of children are always taken care of while designing the projects/ programmes. It includes establishing essential services, emergency outreach services for children and include strengthening of institutional and non-institutional care services.

Mission Vatsalya Scheme provides for setting up of statutory and service delivery structures at State and District level for achieving goals for children living in difficult conditions. Under Mission Vatsalya Scheme, State Child Protection Society (SCPS) setup in every State/UT, State Adoption Resource Agency (SARA) and also, Child Welfare Committee, Juvenile Justice Board and District Child Protection Unit in the districts. The State of West Bengal has 25 Child Welfare Committees, 23 Juvenile Justice Boards and 23 District Child Protection Units, as on 31.03.2024.

The Ministry regularly engages with the States/UTs for enhanced implementation of the Scheme. The Ministry has also issued various guidelines and advisories from time to time for strengthening implementation of Mission Vatsalya

by the States/UTs. These include Mission Vatsalya Guidelines, Standard Operating Procedures for Child Helpline, Model Foster Care Guidelines 2024 etc.

The initiatives taken under the Mission Vatsalya Scheme include collaboration with National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore under “SAMVAD” (Support Advocacy & Mental Health Interventions for Children in Vulnerable Circumstances and Distress). SAMVAD works in areas of Mental Health, Care & Protection, Education and Policy & Law. Various training and capacity building programmes have been conducted for child protection functionaries and other stakeholders across the States/ UTs.

Also, the Ministry in collaboration with LalBahadurShastri National Academy of Administration (LBSNAA), Mussoorie has developed an online training module on Juvenile Justice (Care and Protection for Children) Act, 2015 for capacity building of multiple stakeholders such as State Governments/ UT Administrations, district authorities and others.

(b) : State/UT-wise number of children supported under the Mission Vatsalya Scheme in FY 2023-24 is at Annexure.

(c) and (d) : The Juvenile Justice (Care and Protection of Children) Act, 2015 provide for setting up of one Child Welfare Committee (CWC) in every district which is empowered to take decisions with regard to the Children in Need of Care and Protection (CNCP), keeping their best interest in mind. They are also mandated to

monitor the functioning of the Child Care Institutions (CCIs) (Sections 27-30 of JJ Act).

Under Non-Institutional Care component of Mission Vatsalya Scheme, support is provided through sponsorship, foster care, adoption and after care. Mission Vatsalya Scheme guidelines provide for a Sponsorship & Foster Care Approval Committee (SFCAC) in every district to implement and monitor the Sponsorship and Foster Care matters. During the financial year 2023-24, total 1,21,861 children were supported under non-institutional care including Sponsorship and Foster Care under Mission Vatsalya Scheme.

To strengthen the implementation/ monitoring of child welfare initiatives under Mission Vatsalya across districts in the country, the Ministry has issued various guidelines and advisories from time to time for strengthening implementation/monitoring of child welfare initiatives under Mission Vatsalya by the States/UTs. These include Mission Vatsalya Guidelines, Standard Operating Procedures for Child Helpline, Model Foster Care Guidelines 2024 among other advisories.

Section 106 of JJ Act, 2015 states that the primary responsibility and execution of the JJ Act, 2015 lies with the State/UTs. As per JJ Act, 2015 (as amended in 2021), District Magistrates have been empowered as the nodal authority in district for children in need of care and protection.

STATEMENT**STATE/UT-WISE NUMBER OF CHILDREN SUPPORTED UNDER MISSION VATSALYA SCHEME (INSTITUTIONAL CARE AND NON-INSTITUTIONAL CARE) IN FY 2023-24**

S. No.	State/UT	Number of children supported in Institutional Care	Number of children supported in Non-Institutional Care
1	Andhra Pradesh	1546	10000
2	Arunachal Pradesh	206	1719
3	Assam	1241	1919
4	Bihar	2227	4001
5	Chhattisgarh	1843	1137
6	Goa	461	62
7	Gujarat	3195	450
8	Haryana	963	643
9	Himachal Pradesh	926	1352
10	Jammu and Kashmir	1104	4024
11	Jharkhand	1238	4629
12	Karnataka	3110	12449
13	Kerala	776	1455
14	Madhya Pradesh	2597	13715
15	Maharashtra	3495	21680
16	Manipur	2295	1288
17	Meghalaya	1031	1083
18	Mizoram	1172	1516
19	Nagaland	562	779
20	Orissa	4431	3697
21	Punjab	533	4150
22	Rajasthan	2733	933
23	Sikkim	468	460

24	Tamil Nadu	10118	5411
25	Telangana	2243	4858
26	Tripura	948	1373
27	Uttar Pradesh	3226	10000
28	Uttarakhand	589	1817
29	West Bengal	4744	2750
30	Andaman & Nicobar Islands	274	1
31	Chandigarh	222	309
32	Dadra & Nagar Haveli and Daman & Diu	36	984
33	Ladakh	84	411
34	Lakshadweep	0	0
35	Delhi	1216	635
36	Puducherry	739	171
Total		62592	121861

IMMIGRATION OF INDIANS THROUGH ILLEGAL MEANS

5626. SHRI RAJEEV RAI:

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

- (a) whether it is a fact that large number of Indians have immigrated to other countries unauthorisedly through illegal means;
- (b) if so, the details of number of Indians staying illegally in USA and European countries;

- (c) whether the Government has constituted any Committee to delve into the reasons for such illegal immigration of Indians and for taking necessary steps to plug the loopholes encouraging illegal immigrations;
- (d) if not, the reasons therefor and whether constitution of such Committee is in the pipelines;
- (e) 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) and (b) : Many foreign countries, including USA, do not provide information on these illegally emigrated or staying in their countries, except when they are under orders of deportation and travel document/nationality verification is required. As such, our Missions and Posts do not have any reliable data on the number of Indians illegally emigrated or staying in foreign countries. The procedure followed for deportation of foreign nationals also varies from country to country. Some countries do not arrest the deportees and put them in detention/deportation centers until deportation. Moreover, the information about arrest/detention and deportation is not shared with Indian Missions/Posts and the deportation is done directly by the host Government if the deportee has valid travel document. Indian Missions/Posts are contacted by the host Governments only in such cases where the nationality verification and issuance of Emergency Certificate (EC) to the deportee is required.

Since all foreign countries do not share details of all Indian illegally staying in their countries, the exact number of such Indians is not available with this Ministry.

(c) to (e) : No such Committee has been formed as on date and also there is no such proposal under consideration of the Government.

बागपत में आयुष स्वास्थ्य एवं कल्याण केंद्र

5627. डॉ. राजकुमार सांगवान:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार उत्तर प्रदेश के बागपत जिले में आयुष स्वास्थ्य एवं आरोग्य केन्द्र खोलने का विचार कर रही है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा कितने केन्द्र खोले जाने की संभावना है;
- (ग) इन केन्द्रों के लिए कितनी धनराशि आवंटित की गई है तथा इन केन्द्रों को शुरू करने के लिए क्या समयसीमा निर्धारित की गई है-;
- (घ) क्या सरकार ने बागपत में पारंपरिक चिकित्सा के बारे में जागरूकता बढ़ाने के लिए कोई कार्यक्रम चलाया है; और
- (ङ) 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 (ग) : जन स्वास्थ्य राज्य का विषय होने के कारण, उत्तर प्रदेश के बागपत जिले में आयुष स्वास्थ्य एवं कल्याण केंद्र खोलना संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के कार्यक्षेत्र में आता है। हालांकि, राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, उत्तर प्रदेश राज्य सरकार से

राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के अनुसार, बागपत जिले में 02 (दो) आयुष औषधालयों को आयुष स्वास्थ्य एवं कल्याण केंद्रों के रूप में उन्नत करने के लिए सहायता प्रदान की गई है और राज्य द्वारा इन इकाइयों के लिए 29.98 लाख रुपये की धनराशि आवंटित की गई है। इसके अलावा, जैसा कि राज्य सरकार द्वारा सूचित किया गया है, ये इकाइयां पहले से ही कार्यशील हैं।

(घ) और (ङ) : एनएएम के तहत, एसएएपी के माध्यम से राज्य/संघ राज्य क्षेत्र सरकारों से प्राप्त प्रस्तावों के अनुसार उन्हें बागपत सहित विभिन्न जिलों में पारंपरिक चिकित्सा के बारे में जागरूकता बढ़ाने के लिए व्यवहार परिवर्तन संप्रेषण (बीसीसी)/सूचना, शिक्षा और संचार (आईईसी) और आयुष जन स्वास्थ्य कार्यक्रमों सहित विभिन्न अन्य गतिविधियों के लिए समर्थन दिया गया है। इसके अलावा, राज्य सरकार द्वारा दी गई सूचना के अनुसार, बागपत जिले में निम्नलिखित प्रचार संबंधी गतिविधियाँ आयोजित की गई हैं:-

- (i) विद्यालयों में, जिला पंचायत, नगर पंचायत, तहसील स्तर, ब्लॉक स्तर पर आयुष आपके द्वार निःशुल्क शिविर।
- (ii) योग टीमों के साथ विभिन्न स्थानों पर योग शिविर।
- (iii) नुक्कड़ नाटक सत्र।
- (iv) आयुष जागरूकता रैली।
- (v) विभिन्न कार्यक्रमों में पम्पलेट वितरण।
- (vi) अंतर्राष्ट्रीय योग दिवस में औषधीय शिविर।
- (vii) आयुर्वेद दिवस में औषधीय शिविर।
- (viii) मुख्यमंत्री आरोग्य मेले में औषधीय शिविर।

बुनियादी स्वास्थ्य सेवाएं

5628. श्री सनातन पांडेय:

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

- (क) क्या सरकार ने देश में बुनियादी स्वास्थ्य सेवाओं में सुधार के लिए किसी विशेष पैकेज की घोषणा की है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) इस पैकेज के अंतर्गत उपलब्ध कराई जाने वाली संभावित स्वास्थ्य सुविधाओं का ब्यौरा क्या है;
- (घ) क्या इससे देश के ग्रामीण क्षेत्रों में स्वास्थ्य सेवाओं की गुणवत्ता में सुधार होने की संभावना है; और
- (ङ) 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 (ङ) : “जन स्वास्थ्य और अस्पताल” राज्य का विषय है, इसलिए देश के सभी नागरिकों को बुनियादी स्वास्थ्य सेवाएं प्रदान करने का प्राथमिक उत्तरदायित्व संबंधित राज्य/संघ राज्य क्षेत्र सरकार का है। तथापि, स्वास्थ्य और परिवार कल्याण मंत्रालय व्यापक प्राथमिक स्वास्थ्य परिचर्या (सीपीएचसी) प्रदान करने के उद्देश्य से बुनियादी स्वास्थ्य सेवाओं के पुनरुद्धार के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है जिसमें राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत परिचर्या की निरंतरता रखने संबंधी दृष्टिकोण से सामुदायिक स्तर पर प्रभावी, किफायती, गुणवत्तापूर्ण और सुलभ स्वास्थ्य परिचर्या शामिल है।

फरवरी 2018 में, भारत सरकार ने बुनियादी स्वास्थ्य सेवाओं के पूर्ण 12 पैकेज के साथ व्यापक प्राथमिक स्वास्थ्य सेवाओं की विस्तारित श्रृंखला प्रदान करने के लिए ग्रामीण और शहरी क्षेत्रों में मौजूदा उप-स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को बदलकर दिसंबर 2022 तक

देश भर में 1,50,000 आयुष्मान आरोग्य मंदिरों (एएएम), तत्कालीन आयुष्मान भारत स्वास्थ्य और आरोग्य केंद्रों (एबी-एचडब्ल्यूसी) की स्थापना की घोषणा की। इन प्राथमिक स्वास्थ्य सेवाओं में प्रजनन और बाल स्वास्थ्य (आरएमएनसीएचए+एन) सेवाएं, संचारी रोग, गैर-संचारी रोग (एनसीडी) (उच्च रक्तचाप, मधुमेह और मुंह, स्तन और गर्भाशय ग्रीवा के 3 सामान्य कैंसरों जैसे एनसीडी की जांच और प्रबंधन) और मानसिक स्वास्थ्य, ईएनटी, नेत्र विज्ञान, मुख संबंधी स्वास्थ्य, जरावस्था और प्रशामक स्वास्थ्य परिचर्या और अभिघात परिचर्या आदि के लिए अन्य सेवाओं को उत्तरोत्तर जोड़ना शामिल है। एएएम आरोग्य से संबंधित विभिन्न कार्यक्रमों जैसे योगा, जुम्बा, शिरोधारा, ध्यान आदि जो बेहतर शारीरिक और मानसिक स्वास्थ्य को सक्षम बनाते हैं, को संचालित करते हैं। दिनांक 28 फरवरी, 2025 की स्थिति के अनुसार देश भर में कुल 1,76,573 आयुष्मान आरोग्य मंदिर चालू हैं।

SCHEME FOR AYUSH PHYSICIANS

5629. SUSHRI IQRA CHOUDHARY:

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

- (a) the key features of the Dynamic Assured Career Progression (DACP) and application of the scheme for AYUSH physicians;
- (b) whether the grant of retrospective promotion to AYUSH Physicians in NFSG scale in the light of Ministry of AYUSH OM No. Z.28015/04/2008- E.1 (AYUSH) dated 25.04.2011, 15.09.2021 and 08.02.2023 under the DACP scheme has been implemented or not;
- (c) if so, the details thereof along with the names of the beneficiaries of the scheme; and

(d) if not, the reasons for non-implementation and the timeline for the implementation of the scheme?

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) : Dynamic Assured Career Progression (DACP) scheme assures time bound promotion to the ASU&H Medical Officers/ Research Officers appointed by the Ministry of Ayush. The time bound promotion is on selection basis without linkage to the vacancy.

(b) : No.

(c) : Doesn't arise.

(d) : The matter involves financial implications dating back to the year 2011. Accordingly, opinions have been sought from relevant Nodal Ministries.

खेल आयुर्वेदिक केंद्र

5630. श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकर:

क्या **आयुष** मंत्री यह बताने की कृपा करेंगे कि:

(क) विगत पांच वर्षों के दौरान राष्ट्रीय आयुष मिशन (एनएएम) के अंतर्गत प्रत्येक राज्य और संघ राज्यक्षेत्र को राज्य/संघ राज्यक्षेत्रवार, विशेष रूप से महाराष्ट्र में, कितनी धनराशि आवंटित की गई है;

(ख) क्या राष्ट्रीय आयुष मिशन (एनएएम) के अंतर्गत खेल आयुर्वेदिक केंद्र परियोजना की अनुमति है

और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या महाराष्ट्र में ऐसा केंद्र स्थापित करने का कोई प्रस्ताव है;

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;

(ङ) क्या सरकार का एनएएम के अंतर्गत कर्मचारियों के वेतन में वृद्धि करने का प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(च) क्या राष्ट्रीय आयुष मिशन (एनएएम) के अंतर्गत कर्मचारी राज्य बीमा (ईएसआई) और भविष्य निधि (पीएफ) के अंतर्गत दिए जाने वाले लाभों को कर्मचारियों के मूल वेतन ढांचे में शामिल का प्रस्ताव 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) : राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के अंतर्गत, विगत पांच वर्षों के दौरान राज्य वार्षिक कार्य योजनाओं (एसएएपी) की अनुमोदित गतिविधियों के कार्यान्वयन के लिए विभिन्न राज्यों/संघ राज्य क्षेत्रों को कुल 2765.29 करोड़ रुपये का सहायता अनुदान जारी किया गया है और इसमें से 65.44 करोड़ रुपये महाराष्ट्र राज्य सरकार को जारी किए गए हैं। विगत 05 वर्षों के दौरान, आवंटित/जारी की गई धनराशि की महाराष्ट्र सहित राज्य/संघ राज्य क्षेत्र-वार स्थिति संलग्न विवरण में दी गई है।

(ख) से (घ) : एनएएम दिशानिर्देशों के नम्य घटकों के तहत, आयुष के माध्यम से खेल चिकित्सा के लिए राज्य सरकार को वित्तीय सहायता का प्रावधान है। चूंकि एनएएम योजना का कार्यान्वयन संबंधित राज्य सरकार के कार्यक्षेत्र में आता है। अतः महाराष्ट्र राज्य एसएएपी के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके आयुष के माध्यम से खेल चिकित्सा के लिए वित्तीय सहायता प्राप्त कर सकता है। हालांकि, एसएएपी के माध्यम से महाराष्ट्र से ऐसा कोई प्रस्ताव प्राप्त नहीं हुआ है।

(ड) और (च) : मंत्रालय राज्य/संघ राज्य क्षेत्र की सरकारों के माध्यम से एनएएम योजना को कार्यान्वित कर रहा है और जन स्वास्थ्य राज्य का विषय होने के कारण, कार्यबल की तैनाती संबंधित राज्यों/संघ राज्य क्षेत्रों के कार्यक्षेत्र में आती है। इसके अलावा, आयुष मंत्रालय, एनएएम दिशा-निर्देशों के प्रावधानों के तहत, एसएएपी के अंतर्गत प्राप्त प्रस्तावों के अनुसार कार्यबल की तैनाती सहित विभिन्न गतिविधियों के कार्यान्वयन के लिए वित्तीय सहायता प्रदान कर रहा है।

विवरण

विगत 05 वर्षों के दौरान, राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, आवंटित/जारी की गई धनराशि की महाराष्ट्र सहित राज्य/संघ राज्य क्षेत्र-वार स्थिति

(लाख रुपये में)

क्र.सं.	राज्यों/संघ राज्य क्षेत्रों का नाम	2019-20	2020-21	2021-22	2022-23	2023-24
1	अंदमान और निकोबार द्वीप	365.41	251.80	296.06	142.38	407.28
2	आंध्र प्रदेश	1900.59	385.40	0.00	0.00	0.00
3	अरुणाचल प्रदेश	383.33	678.09	180.85	402.04	1186.04
4	असम	1601.32	347.15	639.52	1011.77	3471.45
5	बिहार	2661.29	516.53	1686.07	0.00	1161.06
6	चंडीगढ़	0.00	195.80	94.86	189.73	226.31
7	छत्तीसगढ़	0.00	2691.06	841.309	0.00	2151.42
8	दादरा और नागर हवेली तथा दमण और दीव	63.85	0.00	0.00	0.00	408.45
9	दिल्ली	0.00	0.00	0.00	0.00	0.00
10	गोवा	118.65	65.98	218.98	142.28	628.30
11	गुजरात	2229.69	244.01	466.92	1908.62	2961.42
12	हरियाणा	2299.47	3034.42	647.70	1219.90	3026.58
13	हिमाचल प्रदेश	2045.89	494.94	1261.80	3873.57	3659.22
14	जम्मू-कश्मीर	1848.53	2285.75	1313.10	4895.08	7510.36
15	झारखंड	1522.31	0.00	1309.76	7752.57	2390.42
16	कर्नाटक	1791.70	2184.37	1821.46	1714.08	5031.54
17	केरल	1540.53	2337.58	1153.38	4399.82	7989.40
18	लक्षद्वीप	426.878	19.605	64.257	116.322	332.01
19	मध्य प्रदेश	4012.34	5608.63	3123.19	1716.00	6120.00
20	महाराष्ट्र	4308.64	0.00	0.00	0.00	2235.53
21	मणिपुर	907.07	571.72	170.04	1723.00	0.00

22	मिजोरम	199.51	657.73	259.08	117.27	1057.85
23	मेघालय	348.21	247.97	609.78	796.84	1722.60
24	नागालैंड	950.58	1254.89	232.27	495.78	1016.97
25	ओडिशा	726.09	716.64	1075.38	0.00	0.00
26	पुडुचेरी	238.41	47.66	200.27	623.95	197.08
27	पंजाब	1155.49	89.77	527.28	0.000	109.85
28	राजस्थान	1987.59	2276.40	3189.00	0.00	3731.51
29	सिक्किम	330.59	350.44	99.30	626.06	492.37
30	तमिलनाडु	1993.91	616.58	2348.26	2428.68	6635.76
31	तेलंगाना	934.17	0.00	3132.25	0.00	1225.16
32	त्रिपुरा	0.00	270.08	138.71	1030.90	566.99
33	उत्तर प्रदेश	7923.69	10373.85	13809.72	14437.59	12418.59
34	उत्तराखंड	825.34	656.46	2622.50	1855.79	3234.37
35	पश्चिमी बंगाल	1849.74	247.34	2118.04	1056.58	3379.38
36	लद्दाख	0.00	0.00	187.45	72.26	47.32
कुल		49490.80	39718.64	45838.54	54748.86	86732.59

QUAD FOREIGN MINISTERS' MEETING

5631. SHRI P. P. CHAUDHARY:

SHRI TEJASVI SURYA:

SHRI P. C. MOHAN:

SHRI TRIVENDRA SINGH RAWAT:

SHRI JAGDAMBIKA PAL:

SHRI DHARAMBIR SINGH:

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

- (a) the specific agreements and understandings reached during the Minister's first bilateral meeting with the new US Administration, particularly regarding strategic partnership and defense cooperation thereof;
- (b) whether any roadmap has been established for strengthening India-US cooperation in the Indo-Pacific region, if so, the key focus areas and mechanisms for implementation thereof;
- (c) whether any framework has been developed for collaboration in critical and emerging technologies, including semiconductors, artificial intelligence, and quantum computing, if so, the details thereof; and
- (d) the key outcomes of the QUAD Foreign Ministers' meeting held in January 2025, along with India's specific contributions and commitments therein?

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 External Affairs Minister represented the Prime Minister as his Special Envoy at the inauguration of the U.S. President on 20 January 2025. During bilateral interactions, both sides affirmed a shared commitment to strengthen the Comprehensive Global Strategic Partnership between India and the United States. A wide range of topics were discussed, including regional and global issues and opportunities for further deepening the India-U.S. partnership in critical and emerging technologies, defense cooperation, energy, education and legal mobility. No specific bilateral agreement was concluded during the visit.

The Quad Foreign Ministers met in Washington D.C. on 21 January 2025 and reaffirmed their shared commitment to strengthening a Free and Open Indo-Pacific where the rule of law, democratic values, sovereignty, and territorial integrity are upheld and defended. They underlined their conviction that international law, economic opportunity, peace, stability, and security in all domains including the maritime domain, underpin the development and prosperity of the peoples of the Indo-Pacific. The Ministers also expressed their strong opposition to any unilateral actions that seek to change the status quo by force or coercion. They agreed to strengthen regional maritime, economic, and technology security as well as promoting reliable and resilient supply chains and advance the work of the Quad in preparation for the next Quad Leaders' Summit to be hosted by India in 2025.

एनएचएम के अंतर्गत केंद्र और राज्य सरकारों के बीच निधियों का बंटवारा

5632. डॉ. राजीव भारद्वाज:

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

- (क) राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत केन्द्र सरकार और राज्य सरकारों के बीच साझा की जाने वाली धनराशि का अनुपात क्या है;
- (ख) क्या पूर्वोत्तर राज्यों और हिमाचल प्रदेश जैसे हिमालयी राज्यों में उक्त अनुपात भिन्न है; और
- (ग) 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 (ग) : राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत राज्यों/संघ राज्य क्षेत्रों को उनकी वार्षिक कार्यक्रम कार्यान्वयन योजना (पीआईपी) में स्वास्थ्य परिचर्या प्रणालियों को सुदृढ़ करने के लिए राज्यों/संघ राज्य क्षेत्रों से प्राप्त प्रस्तावों के आधार पर और उपलब्ध संसाधनों (आरई) के अध्यक्षीन तकनीकी और वित्तीय सहायता प्रदान की जाती है।

राज्यों से उनकी कार्यक्रम कार्यान्वयन योजना (पीआईपी) में प्राप्त प्रस्तावों के आधार पर, राज्यों/संघ राज्य क्षेत्रों के उपलब्ध संसाधनों तथा मौजूदा मानदंडों को ध्यान में रखते हुए अनुमोदन प्रदान किए जाते हैं।

एनएचएम और पीएम-एबीएचआईएम के तहत निधियां जारी करना राज्यों/संघ राज्य क्षेत्रों द्वारा व्यय विभाग, वित्त मंत्रालय द्वारा इस संबंध में निर्धारित दिशा-निर्देशों के अनुपालन के अध्यक्षीन है।

इसके अलावा, व्यय विभाग, वित्त मंत्रालय के दिनांक 28 अक्टूबर, 2015 अ.शा. पत्र सं. 32/पीएसओ/एफएस/2015 के अनुसार वित्त-पोषण केंद्र और राज्य के बीच 60:40 (8 पूर्वोत्तर और 3

हिमालयी राज्यों के लिए 90:10) और विधान मंडल विहीन संघ राज्य क्षेत्रों के लिए 100:0 के अनुपात में साझा किया जाएगा।

LEGAL REFORMS

5633. SHRI ANUP SANJAY DHOTRE:

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

- (a) the measures taken by the Government to improve access to justice for citizens, including initiatives to address delays, reduce pendency and enhance the overall efficiency of the justice delivery system;
- (b) the steps taken by the Government to address the challenges faced by the judiciary, as highlighted in reports by the Economic Survey and NITI Aayog, including issues related to infrastructure, manpower and technology; and
- (c) whether the Government acknowledge the need for comprehensive legal reforms to keep pace with contemporary developments and emerging challenges and if so, the initiatives that have been undertaken to review and update existing laws and regulations?

**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) : The Government recognises the need for comprehensive legal reforms and periodic review of existing laws and regulations to keep pace with contemporary developments and emerging challenges. The Government has taken

several initiatives to provide an ecosystem for faster disposal of cases for addressing the challenges faced by the judiciary, as under:

- i. 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 coordinated approach for phased liquidation of arrears and pendency in judicial administration, which, inter-alia, involves better infrastructure for courts including computerization, increase in sanctioned strength of District and Subordinate Courts, policy and legislative measures in the areas prone to excessive litigation and re-engineering of court procedure for quick disposal of cases and emphasis on human resource development.
- ii. Under the Centrally Sponsored Scheme for development of Judicial Infrastructure, funds are being released to States/UTs for construction of court halls, residential quarters for judicial officers, lawyers' halls, toilet complexes and digital computer rooms that ease the life of various stakeholders including the litigants, thereby aiding justice delivery. As on 28.02.2025, Rs.11886.29 crores have been released since the inception of the Centrally Sponsored Scheme (CSS) for Development of Infrastructure Facilities for the Judiciary in 1993-94. The number of court halls has

increased from 15,818 as on 30.06.2014 to 22,062 as on 28.02.2025 and the number of residential units has increased from 10,211 as on 30.06.2014 to 19,775 as on 28.02.2025, under this scheme.

- iii. Further, under Phase I & II of the e-Courts Mission Mode Project, Information and Communication Technology (ICT) had been leveraged for IT enablement of District and Subordinate Courts. 18,735 District and Subordinate Courts were computerized till 2023. WAN connectivity has been provided to 99.5% of court complexes. Video conferencing facility has been enabled between 3,240 court complexes and 1,272 corresponding jails. As on 28.02.2025, 1572 eSewa Kendras in District Courts and 39 eSewa Kendras in High Courts have been made functional to bridge the digital divide by providing citizen centric services to lawyers and litigants. 28 virtual courts have been set up in 21 States/UTs. As on 28.02.2025, these courts have handled more than 6.95 crore cases and realized more than Rs.736.11crores in fines. The Cabinet, on 13.09.2023, has approved Phase-III of the eCourts Project at an outlay of Rs.7,210 crore. Taking the gains of Phase-I and Phase-II to the next level, the e-Courts Phase-III aims to usher in a regime of enhanced ease of justice by moving towards digital, online and paperless courts. It intends to incorporate latest technology such as Artificial Intelligence (AI), Block Chain, etc. to make justice delivery progressively more robust, easy and accessible to all the stakeholders.

- iv. The Government has been regularly filling up vacancies of Judges in the Supreme Court of India and the High Courts. From 01.05.2014 to 31.03.2025, 67 Judges were appointed in the Supreme Court. 1034 new Judges were appointed and 794 Additional Judges were made permanent in the High Courts during the same period. The sanctioned strength of Judges of the High Courts has been increased from 906 in May, 2014 to 1122 till now. The sanctioned and working strength of judicial officers in District and Subordinate Courts has increased as under:

As on	Sanctioned Strength	Working Strength
31.12.2013	19,518	15,115
31.03.2025	25,791	20,459

Source: MIS Portal of the Department of Justice

However, filling up of vacancies in District and Subordinate judiciary falls within the domain of the State/UT Governments and High Courts concerned.

- v. In pursuance of a Resolution passed in Chief Justices' Conference held in April, 2015, Arrears Committees have been set up in all 25 High Courts to clear cases pending for more than five years. Arrears Committees have been set up under District Courts as well.
- vi. Under the aegis of the Fourteenth Finance Commission, the Fast Track Courts have been established for dealing with cases of heinous crimes, cases involving senior citizens, women, children, etc. As on 28.02.2025,

857 Fast Track Courts are functional across the country. To fast-track criminal cases involving elected MPs / MLAs, ten (10) Special Courts are functional in nine (9) States/UTs. Further, the Central Government has approved a Scheme for setting up Fast Track Special Courts (FTSCs) across the country for the expeditious disposal of pending cases of Rape and POCSO Act. As on 28.02.2025, 745 FTSCs including 404 exclusive POCSO (ePOCSO) Courts are functional in 30 States/UTs across the country which have disposed of more than 3,13,000 cases.

- vii. With a view to reduce pendency and unclogging of the courts, the Government has amended various laws like The Negotiable Instruments (Amendment) Act, 2018, The Commercial Courts (Amendment) Act, 2018, The Specific Relief (Amendment) Act, 2018, The Arbitration and Conciliation (Amendment) Act, 2019 and The Criminal Laws (Amendment) Act, 2018.
- viii. Alternate Dispute Resolution methods have been promoted whole heartedly. Accordingly, The Commercial Courts Act, 2015 was amended in August, 2018 making Pre-institution Mediation and Settlement (PIMS) mandatory in case of commercial disputes. In order to further enhance the efficiency of the PIMS mechanism, the Government, through The Mediation Act, 2023, has further amended the Commercial Court Act, 2015. Amendments to The Arbitration and Conciliation Act, 1996 have been made

in the years 2015, 2019 & 2021 for expediting the speedy resolution of disputes.

Under The Commercial Courts Act, 2015, there is a provision for case management hearing which provides for an efficient, effective and purposeful judicial management of a case so as to achieve a timely and qualitative resolution of a dispute. It assists in early identification of disputed issues of fact and law, establishment of procedural calendar for the life of the case and the exploration of possibilities of the resolution of the dispute.

Another novel feature introduced for the commercial courts is the system of color banding which limits the number of adjournments that can be granted in any commercial matter to three and alerts the judges about listing of the cases in accordance with their stage of pendency.

- ix. Lok Adalat is an important Alternative Disputes Resolution Mechanism available to common people. It is a forum where the disputes/ cases pending in the court of law or at pre-litigation stage are settled/ compromised amicably. Under The Legal Services Authorities (LSA) Act, 1987, an award made by a Lok Adalat is deemed to be a decree of a civil court and is final and binding on all parties and no appeal lies against thereto before any court. Lok Adalat is not a permanent establishment. National Lok Adalats are organized simultaneously in all Taluks, Districts and High Courts on a pre-fixed date.

The details of the cases disposed of in National Lok Adalats during the last four years are as under: -

Years	Pre-litigation Cases	Pending Cases	Grand Total
2021	72,06,294	55,81,743	1,27,88,037
2022	3,10,15,215	1,09,10,795	4,19,26,010
2023	7,10,32,980	1,43,09,237	8,53,42,217
2024	8,70,19,059	1,75,07,060	10,45,26,119
Total	19,62,73,548	4,83,08,835	24,45,82,383

- x. The Government launched the Tele-Law programme in 2017, which provides an effective and reliable e-interface platform connecting the needy and disadvantaged sections seeking legal advice and consultation with panel lawyers via video conferencing, telephone and chat facilities available at the Common Service Centres (CSCs) situated in Gram Panchayats and through Tele-Law mobile App.

*Percentage-wise break-up of Tele – Law Data

Category	Cases Registered	% Wise Break Up	Advice Enabled	% Wise Break Up
Gender Wise				
Female	43,50,146	39.53%	42,92,045	39.49%
Male	66,55,274	60.47%	65,77,616	60.51%
Caste Category Wise				
General	25,94,779	23.58%	25,54,696	23.50%
OBC	34,67,629	31.51%	34,21,343	31.48%
SC	34,55,009	31.39%	34,19,433	31.46%
ST	14,88,003	13.52%	14,74,189	13.56%
Total	1,10,05,420		1,08,69,661	

*Data as on 28.02.2025.

- xi. Efforts have been made to institutionalize pro bono culture and pro bono lawyering in the country. A technological framework has been put in place where advocates volunteering to give their time and services for pro bono work can register as Pro Bono Advocates on Nyaya Bandhu (Android & iOS and Apps). Nyaya Bandhu Services are also available on UMANG Platform. Pro Bono Panel of advocates has been initiated in 23 High Courts at the State/UT level. Pro Bono Clubs have been started in 109 Law Schools to instill Pro Bono culture in budding lawyers.

LEGAL AID SERVICES UNDER NALSA

5634. DR. BYREDDY SHABARI:

SHRI APPALANAIDU KALISETTI:

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

- (a) the total number of beneficiaries who have received free legal aid under the National Legal Services Authority (NALSA) in the last five years, State-wise and category-wise (SCs, STs, women, children, senior citizens and economically weaker sections);
- (b) the amount of funds allocated, sanctioned and utilized for legal aid services under NALSA and State Legal Services Authorities (SLSAs), year-wise since 2019;

- (c) whether the Government has assessed the impact of legal aid services, particularly in rural, tribal, and backward regions, and if so, the key findings of such assessments;
- (d) the total number of Legal Aid Clinics and Lok Adalats set up in the past three years and their case disposal rate, State-wise; and
- (e) whether the Government plans to enhance legal aid outreach, including any proposals to expand mobile legal aid services or strengthen the District Legal Services Authorities (DLSAs)?

**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/UT-wise and category-wise details of beneficiaries who have received free legal aid services under the Legal Services Authorities (LSA) Act, 1987 during the last five years; 2020-21, 2021-22, 2022-23, 2023-24 and 2024-25 (upto December 2024) are given in the enclosed **Statement-I**.

(b) : The year wise funds allocated, sanctioned, and utilized for legal aid services under NALSA and State Legal Services Authorities (SLSAs), since 2019 are as follows:-

Rs. in Crore

Financial Year	Funds Allocated	Funds Sanctioned	Funds Utilised #
2019-20	140.00	140.00	142.50
2020-21	100.00	100.00	100.06
2021-22	145.00	145.00	145.96

2022-23	190.00	190.00	193.09
2023-24	200.00 (National Legal Aid Fund)	194.50	199.31
	200.00 (Legal Aid Defence Counsel System Scheme)	200.00	199.97
2024-25	200.000 (National Legal Aid Fund)	200.000	199.92*
	147.925 (Legal Aid Defense Counsel System Scheme)	147.925	147.925

* As on 29.03.2025

The amount includes 'cost receipts' received under the orders of any court or from any other source as provided under the LSA Act, 1987.

(c) : The National Legal Services Authority (NALSA) is a statutory body under the LSA Act 1987. NALSA regularly conducts review meetings with State Legal Services Authorities (SLSAs) across India to assess the impact of legal aid services. Simultaneously, all-India meetings of legal services authorities are held to evaluate the overall functioning of legal aid institutions. During these meetings, officials from District Legal Service Authorities provide valuable feedback on the effectiveness of legal aid services.

(d) : The details of Legal Aid Clinics set up across the country during the last three years are as follows:

Year	No. of Legal Aid Clinics
2022-23	11711
2023-24	11384
2024-25 (upto December 2024)	12647

The State/UT-wise and year-wise details of Lok Adalats organized, cases received and cases disposed of by National Lok Adalats, State Lok Adalats and Permanent Lok Adalats (Public Utility Services) during the last five years are given in the enclosed **Statement-II, III and IV** respectively.

(e) : NALSA is consistently working to enhance the accessibility and outreach of legal aid services, incorporating technology-driven initiatives to ensure that legal assistance reaches those in need. One such effort was undertaken following the Supreme Court's judgment in *Suhas Chakma v. Union of India*, wherein NALSA took proactive steps to publicize its toll-free helpline number, 15100, across the country. This initiative involved placing the number in various public spaces to maximize visibility and ensure that individuals, particularly those from marginalized communities, could easily seek legal assistance. NALSA continues to provide ongoing support to SLSAs and DLSAs to enable them to fulfill their responsibilities under the Legal Services Authorities Act, 1987.

STATEMENT-I**THE NUMBER OF PERSONS BENEFITED THROUGH LEGAL SERVICES PROVIDED UNDER THE LEGAL SERVICES AUTHORITIES ACT, 1987 DURING THE YEAR 2020-2021**

S.No.	Name of the State / UT Authority	SC	ST	Women	Children	General (whose annual income does not exceed the prescribed limit)	Total
1	Andaman & Nicobar Islands	0	0	14	0	0	14
2	Andhra Pradesh	56	16	239	7	246	564
3	Arunachal Pradesh	181	787	719	11	23	1721
4	Assam	86	151	2467	111	744	3559
5	Bihar	1132	260	3622	535	1358	6907
6	Chandigarh	14	0	530	121	175	840
7	Chhattisgarh	2364	7642	1580	169	5682	17437
8	Dadra & Nagar Haveli	0	1	8	0	0	9
	Daman & Diu	0	0	0	0	0	0
9	Delhi	356	12	10605	853	2785	14611
10	Goa	2	0	478	1	110	591
11	Gujarat	545	326	2588	162	1000	4621
12	Haryana	265	0	3253	133	1188	4839
13	Himachal Pradesh	165	15	1111	27	286	1604
14	Jammu & Kashmir	384	153	1951	393	1845	4726
15	Jharkhand	4964	4324	8132	2118	2584	22122

16	Karnataka	4121	2684	4369	205	1066	12445
17	Kerala	529	182	4240	338	2415	7704
18	Ladakh	3	5	0	0	40	48
19	Lakshadweep	0	0	0	0	0	0
20	Madhya Pradesh	9471	9861	17950	5448	6445	49175
21	Maharashtra	1127	543	4640	147	2528	8985
22	Manipur	1265	6575	4805	927	1385	14957
23	Meghalaya	125	1038	273	25	37	1498
24	Mizoram	16	854	288	2	0	1160
25	Nagaland	290	2036	647	207	209	3389
26	Odisha	662	414	1689	23	656	3444
27	Puducherry	11	0	74	70	33	188
28	Punjab	2508	5	6428	207	3932	13080
29	Rajasthan	98	46	519	5540	299	6502
30	Sikkim	11	62	316	21	46	456
31	Tamil Nadu	864	248	4452	163	3044	8771
32	Telangana	49	13	646	9	362	1079
33	Tripura	176	158	1085	34	248	1701
34	Uttar Pradesh	343	5	620	107	303	1378
35	Uttarakhand	69	49	722	8	250	1098
36	West Bengal	1083	599	4594	368	6271	12915
	Total	33335	39064	95654	18490	47595	234138

THE NUMBER OF PERSONS BENEFITED THROUGH LEGAL SERVICES PROVIDED UNDER THE LEGAL SERVICES AUTHORITIES ACT, 1987 DURING THE YEAR 2021-2022

S.No.	Name of the State / UT Authority	SC	ST	Women	Children	General (whose annual income does not exceed the prescribed limit)	Total
1	Andaman & Nicobar Islands	0	0	22	0	2	24
2	Andhra Pradesh	133	43	725	26	684	1611
3	Arunachal Pradesh	242	821	740	114	28	1945
4	Assam	7822	14017	10352	2478	23381	58050
5	Bihar	15335	517	18372	7525	63666	105415
6	Chandigarh	17	0	744	131	326	1218
7	Chhattisgarh	3753	8459	6821	663	4902	24598
8	Dadra & Nagar Haveli	1	2	12	0	0	15
	Daman & Diu	1	0	13	0	0	14
9	Delhi	723	7	16496	2857	7366	27449
10	Goa	3	3	495	4	309	814
11	Gujarat	1354	773	6074	259	3755	12215
12	Haryana	730	0	5516	206	2420	8872
13	Himachal Pradesh	351	69	2510	63	772	3765

14	Jammu & Kashmir	211	331	2474	119	2100	5235
15	Jharkhand	15346	28628	63113	11570	46194	164851
16	Karnataka	5835	5767	5975	315	1200	19092
17	Kerala	1037	253	7261	643	3130	12324
18	Ladakh	48	1479	325	43	0	1895
19	Lakshadweep	0	0	0	0	0	0
20	Madhya Pradesh	819053	1096264	316946	137320	480489	2850072
21	Maharashtra	1656	785	9366	359	4105	16271
22	Manipur	1558	7212	6648	1174	1201	17793
23	Meghalaya	21	698	447	204	59	1429
24	Mizoram	104	1700	414	43	17	2278
25	Nagaland	471	3934	1763	649	396	7213
26	Odisha	1187	1095	2299	23	1127	5731
27	Puducherry	30	3	161	135	61	390
28	Punjab	2429	7	8184	254	5976	16850
29	Rajasthan	144	51	897	5070	472	6634
30	Sikkim	29	100	425	26	67	647
31	Tamil Nadu	1281	299	7279	270	5887	15016
32	Telangana	89	33	1244	46	1426	2838
33	Tripura	246	154	1490	36	390	2316
34	Uttar Pradesh	5983	6	27452	98	4675	38214
35	Uttarakhand	142	22	1060	37	471	1732
36	West Bengal	2066	693	7093	1128	7933	18913
	Total	889431	1174225	541208	173888	674987	3453739

THE NUMBER OF PERSONS BENEFITED THROUGH LEGAL SERVICES PROVIDED UNDER THE LEGAL SERVICES AUTHORITIES ACT, 1987 DURING THE YEAR 2022-2023

S.No.	Name of the State / UT Authority	SC	ST	Women	Children	General (whose annual income does not exceed the prescribed limit)	Total
1	Andaman & Nicobar Islands	1	0	34	0	2	37
2	Andhra Pradesh	202	65	1012	72	1106	2457
3	Arunachal Pradesh	460	1671	1234	10	35	3410
4	Assam	1184	2084	4070	682	2627	10647
5	Bihar	10344	1347	17148	6912	1699	37450
6	Chandigarh	10	0	956	121	338	1425
7	Chhattisgarh	3698	7842	4672	372	4514	21098
8	Dadra & Nagar Haveli	1	0	18	0	0	19
	Daman & Diu	4	2	9	0	1	16
9	Delhi	1341	36	19175	523	9849	30924
10	Goa	7	56	772	7	597	1439
11	Gujarat	2494	1369	7712	381	5298	17254
12	Haryana	645	0	5618	246	2074	8583
13	Himachal Pradesh	436	78	2590	181	779	4064
14	Jammu & Kashmir	503	308	2110	175	912	4008
15	Jharkhand	9387	12339	19712	5331	492	47261

16	Karnataka	4642	2846	8129	359	2053	18029
17	Kerala	681	210	9567	1026	2397	13881
18	Ladakh	10	357	160	12	13	552
19	Lakshadweep	0	0	0	0	0	0
20	Madhya Pradesh	14819	14597	32930	19048	10467	91861
21	Maharashtra	2077	760	11930	424	4774	19965
22	Manipur	1090	9300	7413	1491	1100	20394
23	Meghalaya	22	1134	327	49	81	1613
24	Mizoram	14	1990	642	0	95	2741
25	Nagaland	406	3271	1369	472	324	5842
26	Odisha	1121	838	2534	17	890	5400
27	Puducherry	23	0	180	197	77	477
28	Punjab	3912	37	11607	292	8459	24307
29	Rajasthan	212	75	1122	6352	591	8352
30	Sikkim	22	95	376	18	79	590
31	Tamil Nadu	2093	302	9682	201	6599	18877
32	Telangana	117	45	1423	172	1579	3336
33	Tripura	417	447	2010	128	700	3702
34	Uttar Pradesh	5265	2	1569	156	3053	10045
35	Uttarakhand	122	16	1001	36	482	1657
36	West Bengal	2587	1370	9680	1054	11332	26023
	Total	70369	64889	200493	46517	85468	467736

THE NUMBER OF PERSONS BENEFITED THROUGH LEGAL SERVICES PROVIDED UNDER THE LEGAL SERVICES AUTHORITIES ACT, 1987 DURING THE YEAR 2023-2024

S.No.	Name of the State / UT Authority	SC	ST	Women	Children	General (whose annual income does not exceed the prescribed limit)	Total
1	Andaman & Nicobar Islands	0	0	42	0	14	56
2	Andhra Pradesh	318	75	983	61	1128	2565
3	Arunachal Pradesh	628	2006	1453	84	41	4212
4	Assam	1254	3098	6168	2366	8922	21808
5	Bihar	7306	1270	15307	6889	2575	33347
6	Chandigarh	15	0	1355	238	692	2300
7	Chhattisgarh	6884	12701	9621	544	8489	38239
8	Dadra & Nagar Haveli	2	6	21	0	0	29
	Daman & Diu	4	2	14	1	4	25
9	Delhi	1705	16	22631	2761	12984	40097
10	Goa	6	4	790	4	480	1284
11	Gujarat	3825	2716	11560	565	7981	26647
12	Haryana	1568	0	7818	468	3151	13005
13	Himachal Pradesh	547	143	3195	90	897	4872
14	Jammu & Kashmir	757	398	4082	510	2759	8506
15	Jharkhand	21387	27451	47687	14730	2534	113789
16	Karnataka	6751	3876	11955	932	3210	26724

17	Kerala	2789	441	15812	3899	5822	28763
18	Ladakh	29	333	105	3	0	470
19	Lakshadweep	0	0	0	0	0	0
20	Madhya Pradesh	30163	25563	41291	19955	20759	137731
21	Maharashtra	2298	635	17566	964	5823	27286
22	Manipur	751	8585	7621	2487	2881	22325
23	Meghalaya	27	716	490	68	81	1382
24	Mizoram	4	2528	537	62	62	3193
25	Nagaland	373	2342	557	137	510	3919
26	Odisha	1375	1073	3264	39	1967	7718
27	Puducherry	26	0	181	256	49	512
28	Punjab	5287	28	13714	419	9968	29416
29	Rajasthan	333	132	1337	6274	938	9014
30	Sikkim	32	118	553	18	127	848
31	Tamil Nadu	1881	782	10962	178	7186	20989
32	Telangana	131	66	2066	334	3198	5795
33	Tripura	795	831	3732	286	1610	7254
34	Uttar Pradesh	2776	83	2487	1654	4964	11964
35	Uttarakhand	626	215	2358	846	1570	5615
36	West Bengal	5020	2590	14423	1404	18516	41953
	Total	107673	100823	283738	69526	141892	703652

THE NUMBER OF PERSONS BENEFITED THROUGH LEGAL SERVICES PROVIDED UNDER THE LEGAL SERVICES AUTHORITIES ACT, 1987 DURING THE YEAR 2024-2025 (upto December 2024)

S.No.	Name of the State / UT Authority	SC	ST	Women	Children	General (whose annual income does not exceed the prescribed limit)	Total
1	Andaman & Nicobar Islands	0	0	56	0	18	74
2	Andhra Pradesh	120	10	455	70	553	1208
3	Arunachal Pradesh	482	963	593	46	10	2094
4	Assam	265	315	1878	110	2646	5214
5	Bihar	105	28	283	159	188	763
6	Chandigarh	14	0	521	78	196	809
7	Chhattisgarh	537	421	1409	67	337	2771
8	Dadra & Nagar Haveli	1	4	20	0	0	25
	Daman & Diu	5	3	19	2	6	35
9	Delhi	912	16	11989	2186	5012	20115
10	Goa	9	17	483	4	247	760
11	Gujarat	1114	387	4958	861	2521	9841
12	Haryana	371	0	3653	230	1248	5502
13	Himachal Pradesh	377	70	2225	88	507	3267
14	Jammu & Kashmir	82	54	1506	70	360	2072
15	Jharkhand	155	356	539	66	210	1326

16	Karnataka	531	147	1680	147	735	3240
17	Kerala	952	342	5159	1008	2177	9638
18	Ladakh	0	16	58	5	0	79
19	Lakshadweep	0	1	0	0	0	1
20	Madhya Pradesh	1243	1132	2927	313	1061	6676
21	Maharashtra	891	241	6833	422	2329	10716
22	Manipur	0	10	115	2	97	224
23	Meghalaya	12	408	351	72	105	948
24	Mizoram	26	1015	320	19	0	1380
25	Nagaland	59	237	51	0	50	397
26	Odisha	100	45	737	32	138	1052
27	Puducherry	25	0	117	183	47	372
28	Punjab	1497	0	5713	239	3324	10773
29	Rajasthan	126	46	702	4182	375	5431
30	Sikkim	13	105	343	17	88	566
31	Tamil Nadu	561	111	2545	177	1889	5283
32	Telangana	110	43	641	8	436	1238
33	Tripura	42	60	609	51	130	892
34	Uttar Pradesh	166	0	119	30	445	760
35	Uttarakhand	75	10	816	39	265	1205
36	West Bengal	269	117	2582	828	1657	5453
	Total	11247	6730	63005	11811	29407	122200

STATEMENT-II

Cases received and disposed of (both Pre-litigative and Pending cases) in National Lok Adalats during the last three years viz, 2022, 2023 and 2024.

S.No.	Name of the State / UT Authority	2022		2023		2024	
		Cases received	Cases disposed of	Cases received	Cases disposed of	Cases received	Cases disposed of
1	Andaman & Nicobar Islands	5555	3310	5933	1536	7594	2976
2	Andhra Pradesh	1026449	647956	982779	671612	497317	262449
3	Arunachal Pradesh	7938	1071	6837	990	8028	1771
4	Assam	707744	113989	963744	164445	1079328	179325
5	Bihar	2594655	305483	2868992	357765	3183423	355600
6	Chandigarh	77646	15569	96578	63764	59511	36743
7	Chhattisgarh	1539971	1125318	2105736	1664237	5141101	4634630
8	Dadra & Nagar Haveli	4343	1323	8456	982	8228	724
	Daman & Diu	1959	215	43579	19650	23371	8234
9	Delhi	617852	535025	817332	671278	852367	665892
10	Goa	24461	3934	23018	3505	26816	4052
11	Gujarat	2731581	1185571	3926438	1863177	4410203	2161033
12	Haryana	1100069	673487	1343620	985650	1834082	1376486
13	Himachal Pradesh	255681	111150	368230	150181	365995	182024
14	Jammu & Kashmir	459202	390496	530332	404665	727975	679992

15	Jharkhand	1386756	1121405	3053483	2822947	5375328	5171277
16	Karnataka	5167842	3444607	17195581	14840452	15925526	14369064
17	Kerala	395978	136101	285372	57726	311233	59020
18	Ladakh	1948	1444	2796	1781	3026	2150
19	Lakshadweep	318	129	107	41	183	42
20	Madhya Pradesh	3125248	419776	3489492	536105	3389490	499888
21	Maharashtra	34223486	4754239	27444014	3543736	58086210	4675264
22	Manipur	1905	1343	636	437	1161	1003
23	Meghalaya	5318	956	4277	680	4506	915
24	Mizoram	13529	4432	10757	4087	6745	1230
25	Nagaland	3229	888	2566	801	2911	1021
26	Odisha	821017	337065	898167	348288	1323513	758705
27	Puducherry	21110	6405	23240	6297	25497	4331
28	Punjab	824437	392256	1140074	760712	1524941	1161869
29	Rajasthan	6685251	4572315	19870336	16586071	15188298	12303117
30	Sikkim	402	232	263	126	246	129
31	Tamil Nadu	840700	447536	704748	355762	769962	338520
32	Telangana	1622035	1611677	5634105	5591849	14750839	14693814
33	Tripura	30126	4814	50635	15724	79365	42910
34	Uttar Pradesh	30114718	18698973	47350615	31644594	48137476	38487330
35	Uttarakhand	100809	67438	116672	85032	98566	86813
36	West Bengal	1078663	788082	1445470	1115532	1739032	1315776
	Grand Total	97619931	41926010	142815010	85342217	184969393	104526119

STATEMENT-III

Cases received and disposed of (both Pre-litigative and Pending cases) in State Lok Adalats during the last three years viz, 2022-23, 2023-24 and 2024-25.

S.No.	Name of the State/UT Authority	2022-23			2023-24			2024-25 (upto December, 2024)		
		No. of Benches constituted	Cases received	Cases Disposed of	No. of Benches constituted	Cases received	Cases Disposed of	No. of Benches constituted	Cases received	Cases Disposed of
1	Andaman & Nicobar Islands	0	0	0	0	0	0	0	0	0
2	Andhra Pradesh	4999	16380	6720	80	3511	1825	0	0	0
3	Arunachal Pradesh	1	5	4	0	0	0	0	0	0
4	Assam	0	0	0	0	0	0	0	0	0
5	Bihar	9	576	574	0	0	0	0	0	0
6	Chandigarh	30	6536	538	32	5455	1413	0	0	0
7	Chhattisgarh	124	1487	139	0	0	0	0	0	0
8	Dadra & Nagar Haveli	0	0	0	0	0	0	0	0	0
	Daman & Diu	0	0	0	0	0	0	0	0	0
9	Delhi	60	15773	11094	198	131178	123151	184	149892	142568

10	Goa	43	5094	1308	13	1109	245	8	1969	329
11	Gujarat	3805	95554	19717	12	11311	244	2137	24572	9108
12	Haryana	43135	420041	230018	92	37733	29196	0	0	0
13	Himachal Pradesh	142	6798	4198	59	2968	2880	38	1457	1447
14	Jammu & Kashmir	225	88719	76683	134	31572	28170	242	32853	29115
15	Jharkhand	1523	15668	10868	1495	39685	33718	877	108729 6	796828
16	Karnataka	229	35802	2632	0	0	0	0	0	0
17	Kerala	607	85191	23246	657	108894	26231	428	39532	9515
18	Ladakh	4	294	240	0	0	0	0	0	0
19	Lakshadweep	3	32	3	1	2	1	1	4	2
20	Madhya Pradesh	1242	14064	5367	1472	60425	48996	835	7609	1752
21	Maharashtra	30	2954	341	38	6432	580	4	21	1
22	Manipur	4	91	43	0	0	0	0	0	0
23	Meghalaya	0	0	0	0	0	0	0	0	0
24	Mizoram	41	3855	1202	12	273	94	48	1779	524
25	Nagaland	0	0	0	0	0	0	0	0	0
26	Odisha	6	135624	112422	3	284068	244230	0	0	0
27	Puducherry	47	13781	743	38	10770	492	17	6845	266
28	Punjab	6	20	15	154	6133	2268	0	0	0
29	Rajasthan	1202	35255	1628	1086	40751	1039	723	22919	687

30	Sikkim	150	1513	887	143	1111	784	104	918	515
31	Tamil Nadu	1295	119811	16369	1336	196315	34744	306	54461	3466
32	Telangana	2604	32367	25365	2474	177182	171817	1718	31254	13897
33	Tripura	19	8033	2492	62	39021	25637	35	19798	13080
34	Uttar Pradesh	30	176832 5	259125	172	102002 3	411941	224	151801	59246
35	Uttarakhand	125	56459	26498	102	37193	17407	59	13536	5675
36	West Bengal	454	17167	10830	0	0	0	0	0	0
	Grand Total	62194	300326 9	851309	9865	225311 5	1207103	7988	164851 6	108802 1

STATEMENT-IV

Cases received and disposed of (both Pre-litigative and Pending cases) in Permanent Lok Adalats during the last three years viz, 2022-23, 2023-24 and 2024-25.

S. No	Name of the State / UT Authority	2022-23			2023-24			2024-25 (upto December, 2024)		
		No of Sitting	Cases received	Cases settled	No of Sitting	Cases received	Cases settled	No of Sitting	Cases received	Cases settled
1	Andaman & Nicobar	0	0	0	0	0	0	0	0	0
2	Andhra Pradesh	1058	387	558	1349	1479	1134	935	1010	1083

3	Arunachal Pradesh	0	0	0	0	0	0	0	0	0
4	Assam	213	66	56	195	133	97	108	40	19
5	Bihar	313	235	157	0	0	0	0	0	0
6	Chandigarh	241	7563	10945	239	11322	11511	163	7424	7117
7	Chhattisgarh	1224	2003	2028	1174	6899	6749	753	7654	5559
8	Dadra & Nagar Haveli	0	0	0	0	0	0	0	0	0
	Daman & Diu	0	0	0	0	0	0	0	0	0
9	Delhi	773	18288	18682	781	19682	19337	527	14110	13917
10	Goa	0	0	0	0	0	0	4	479	53
11	Gujarat	1	8	8	0	0	0	0	0	0
12	Haryana	3416	70102	72440	3659	101318	107362	2391	45375	33664
13	Himachal Pradesh	0	0	0	0	0	0	0	0	0
14	Jammu & Kashmir	0	0	0	0	0	0	0	0	0
15	Jharkhand	6216	30114	26154	5826	29779	35715	3777	18844	16872
16	Karnataka	904	7338	4588	603	4709	4190	894	3975	5594
17	Kerala	226	369	2564	415	262	1527	246	248	359
18	Ladakh	0	0	0	0	0	0	0	0	0
19	Lakshadweep	0	0	0	0	0	0	0	0	0
20	Madhya Pradesh	1176	514	608	1071	264	409	602	154	207
21	Maharashtra	1017	1370	1208	1023	779	485	656	467	714

22	Manipur	0	0	0	0	0	0	0	0	0
23	Meghalaya	0	0	0	0	0	0	0	0	0
24	Mizoram	0	0	0	0	0	0	0	0	0
25	Nagaland	0	0	0	0	0	0	0	0	0
26	Odisha	753	1358	1612	1041	1344	1891	777	1541	1200
27	Puducherry	0	0	0	0	0	0	0	0	0
28	Punjab	4902	12907	14545	4969	21521	20279	3328	13427	12047
29	Rajasthan	4435	4804	5072	4230	5382	5799	3416	3493	3168
30	Sikkim	0	0	0	0	0	0	0	0	0
31	Tamil Nadu	1121	597	528	1119	439	427	706	312	314
32	Telangana	118	14101	7540	104	12136	12746	47	5867	7086
33	Tripura	70	165	162	97	152	157	77	155	121
34	Uttar Pradesh	3720	2637	1173	4476	2713	2516	2513	1278	1164
35	Uttarakhand	590	832	510	649	411	432	474	405	385
36	West Bengal	0	0	0	0	0	0	0	0	0
	Grand Total	32487	175758	171138	33020	220724	232763	25148	159577	161277

OUTSTANDING AMOUNT OF SUBSIDY

5635. SHRI MALVINDER SINGH KANG:

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

- (a) the accumulated outstanding amount of subsidy payable to individual fertilizer industries at the end of 2024;
- (b) the reasons for accumulation of the outstanding amount;
- (c) the overall effect thereof on the performance of fertilizer industries; and
- (d) the steps taken for improving the situation?

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 subsidy provided by the Government for fertilizers in the year 2024-25 under various schemes, namely Import of Urea, Indigenous Urea (including MDA), Imported P&K, and Indigenous P&K is Rs. 21,000 Crore, Rs. 1,03,335.5 Crore, Rs. 18,800 Crore, and Rs. 34,010 Crore. The details of accumulated outstanding amount of subsidy payable to individual fertilizer industries under various schemes at the end of 2024 was as under:

Sl. No.	Fertilizer Industry/Scheme	Pending claim as on 31.12.202 (in Rs. Crores)
1	Import of Urea	443.13
2	Indigenous Urea	0
3	Imported P&K	2563.62
4	Indigenous P&K	2794.20
	Total	5800.95

(b) and (c) : The Government provides subsidy to ensure adequate availability of fertilizers at affordable prices to the farmers. Under 'DBT in Fertilizers' system, 100% subsidy on various fertilizer grades is released to the fertilizer companies, on actual sales to the beneficiaries based on Aadhar authentication through POS devices installed at each retail shop. The subsidy payable to individual fertilizer companies under the various subsidy schemes of Department of Fertilizers is disbursed through an online system. All the Fertilizer sale transactions are captured online in the Integrated Fertilizer Management System (iFMS) system on real time basis. The claims are processed on a weekly basis and the amount of subsidy is remitted to the company's bank account through electronic mode based on the actual sales made through PoS machines. The payment of bills is processed on "First in First out (FIFO)" principle in the sequence of the receipt of same based on duly completed bills received in the Department, which is a dynamic process. Further, claims raised by the companies are also sent back for corrections and modifications following laid down provisions resulting in accumulation of pending claims. The Department is responsible for payment of bills only when bills, duly completed in all respects, are generated by the Fertilizer companies and not for incomplete claims.

(d) : Whenever any shortage of funds is noticed, the Department immediately makes all the possible efforts to get additional funds under supplementary grants or revised estimates as per procedure.

केंद्रीकृत पेंशन प्रोसेसिंग प्रणाली

5636. श्री दुलू महतो:

क्या रक्षा मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार ने झारखंड में भूतपूर्व सैनिकों सहित पेंशनभोगियों के लिए केंद्रीकृत पेंशन प्रोसेसिंग प्रणाली लागू की हैं;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा इस प्रणाली के माध्यम से पेंशन वितरण को किस प्रकार आसान बनाया जा रहा है;
- (ग) झारखंड में पंजीकृत सशस्त्र सेना पेंशनभोगियों का ब्यौरा क्या है तथा 'सिस्टम फॉर पेंशन एडमिनिस्ट्रेशन-रक्षा' पोर्टल के माध्यम से पेंशनभोगियों के पंजीकरण में शामिल संगठनों का ब्यौरा क्या है;
- (घ) क्या झारखंड में उक्त पोर्टल के माध्यम से पेंशनभोगियों को शिकायत निवारण तथा आवेदन ट्रैकिंग की सुविधाएं मिल रही हैं; और
- (ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

रक्षा मंत्रालय में राज्य मंत्री (श्री संजय सेठ):

- (क) : जी हां, सिस्टम फॉर पेंशन एडमिनिस्ट्रेशन "रक्षा" (स्पर्श) अक्टूबर 2020 से चरणबद्ध तरीके से केंद्रीकृत पेंशन प्रोसेसिंग प्रणाली के रूप में क्रियान्वित किया गया है जिसमें झारखंड भी शामिल है।
- (ख) : वर्ष 2020 तक 32 लाख रक्षा पेंशनभोगी/पारिवारिक पेंशनभोगी पूरे भारत में फैले 21 सार्वजनिक क्षेत्र के बैंको, 3 निजी क्षेत्र के बैंकों, 26 कोषागारों, 64 रक्षा पेंशन संवितरण कार्यालयों (डीपीडीओ), 1 डाकघर, 5 वेतन एवं लेखा कार्यालयों (पीएओ) के माध्यम से पेंशन प्राप्त कर रहे थे।

अब, अक्टूबर, 2020 से स्पर्श [सिस्टम फॉर पेंशन एडमिनिस्ट्रेशन (रक्षा)] के क्रियान्वयन से पेंशन दावे की शुरुआत से लेकर संवितरण और पेंशन व्यय के लेखाकरण तक पेंशन प्रक्रिया की सभी आवश्यकताओं के लिए एक संपूर्ण समाधान स्थापित किया गया है। इस पहल के केंद्र में, रक्षा पेंशनभोगी हैं, जिन्हें एक पारदर्शी प्लेटफॉर्म प्रदान किया गया है जिसमें पेंशनभोगी के पेंशन की तिथि से लेकर उसके

अंतिम पात्र लाभार्थी को देय पेंशन के समाप्त होने की तिथि तक के पूरे घटनाक्रम का इतिहास और पेंशनभोगी की पात्रताओं का लेखा-जोखा होता है।

स्पर्श पोर्टल पर प्रदर्शित पेंशनभोगी को एक पीपीओ संख्या आवंटित की जाती है और उसमें पंजीकृत मोबाइल नंबर पर लॉगिन आईडी/पासवर्ड के साथ एक एसएमएस भेजा जाता है जिससे वे अपने लॉगिन के माध्यम से स्पर्श पोर्टल का उपयोग कर सकें। स्पर्श पेंशनभोगी को उनकी पात्रता और भुगतान के बारे में पूर्ण पारदर्शिता सुनिश्चित करता है। स्पर्श पोर्टल के माध्यम से पेंशनभोगी को निम्नलिखित सुविधाएं मुहैया कराई जाती हैं:-

1. मैनुअल सर्टिफिकेट आधारित प्रक्रिया या आधार आधारित डिजिटल प्रक्रिया के माध्यम से जीवन प्रमाणपत्र की पहचान करना और उपलब्ध कराना।
2. पेंशनभोगी के प्रोफाइल का प्रबंधन।
3. संवितरण संबंधी सेवाएं:- स्पर्श लाभार्थी के बैंक खाते में सीधे भुगतान करता है।
4. सेवा अनुरोध:- पेंशनभोगी द्वारा अपने समर्पित पोर्टल अकाउंट के माध्यम से कई प्रकार के प्रकार्य जैसे वार्षिक पहचान, पुनः रोजगार अनुरोध, निवेश घोषणा, प्रोफाइल अद्यतन अनुरोध इत्यादि किए जा सकते हैं।

पारस्परिक शिकायत प्रबंधन:- पेंशनभोगी अपने पोर्टल अकाउंट के माध्यम से भुगतान, पेंशनभोगी प्रोफाइल, पेंशन मंजूरी और संशोधन इत्यादि से संबंधित शिकायतें दर्ज कर सकते हैं। शिकायतों के संबंध में हितधारकों द्वारा दी गई निपटान टिप्पणियां पेंशनभोगी देख सकते हैं। पेंशनभोगी अपने पोर्टल अकाउंट के माध्यम से शिकायत की स्थिति का पता लगा सकते हैं।

(ग) : झारखंड राज्य में बैंकों से स्पर्श के माध्यम से पेंशन अहरित करने वाले सशस्त्र बल पेंशन भोगियों की कुल संख्या 26,967 है। झारखंड में रक्षा पेंशनभोगियों को सहायता और अन्य सेवाएं उपलब्ध कराने के लिए 113 स्पर्श सेवा केंद्र (डिफेंस अकाउंट डिपार्टमेंट (डीएडी-02, कॉमन सर्विस सेंटर (सीएससी)-31, बैंक 80) स्थित हैं।

(घ) और (ङ) : स्पर्श पोर्टल सर्विस शिकायत निवारण और आवेदन पत्र ट्रैक करने से संबंधित सहायता उपलब्ध कराता है। ये सेवाएं झारखंड के रक्षा पेंशनभोगियों के लिए भी उपलब्ध हैं।

स्वास्थ्य केंद्रों में चिकित्सकों और नर्सिंग स्टाफ के रिक्त पद

5637. श्री उम्मेदा राम बेनीवाल:

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

- (क) देश में प्राथमिक स्वास्थ्य केन्द्रों (पीएचसी), सामुदायिक स्वास्थ्य केन्द्रों (सीएचसी) तथा उप-स्वास्थ्य केन्द्रों (एसएचसी) में राज्यवार कितने चिकित्सक और नर्सिंग स्टाफ हैं;
- (ख) क्या प्रत्येक राज्य में चिकित्सक/नर्सिंग स्टाफ के पद रिक्त हैं;
- (ग) यदि हां, तो प्रत्येक राज्य में चिकित्सा पेशेवरों के रिक्त पदों को न भरने के कारणों सहित तत्संबंधी ब्यौरा क्या है;
- (घ) राजस्थान राज्य में प्राथमिक, सामुदायिक तथा उप-स्वास्थ्य केन्द्रों में कितने चिकित्सक और नर्सिंग स्टाफ नियुक्त हैं और कितने पद रिक्त हैं;
- (ङ) देश में चिकित्सा महाविद्यालयों में सृजित पदों का राज्य/संघ राज्य क्षेत्रवार ब्यौरा क्या है;
- (च) क्या सरकार द्वारा निदेशक तथा संकाय स्टाफ के साथ-साथ रेजिडेंट डॉक्टर और अन्य पैरा-मेडिकल स्टाफ के पदों सहित उपर्युक्त सभी पदों के लिए भर्ती नियम बनाए गए हैं;
- (छ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं; और
- (ज) चिकित्सा विश्वविद्यालय के कुलपति के रूप में नियुक्ति के लिए क्या पात्रता/मानदण्ड हैं और पद के लिए आवश्यक योग्यताओं का ब्यौरा क्या है?

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

- (क) से (घ) : देश में राजस्थान सहित प्राथमिक स्वास्थ्य केन्द्रों (पीएचसी), सामुदायिक स्वास्थ्य केन्द्रों (सीएचसी) और उप स्वास्थ्य केन्द्रों (एसएचसी) में डॉक्टरों, नर्सिंग कर्मचारियों और अन्य चिकित्सा

व्यावसायिकों तथा उनके रिक्त पदों का राज्य-वार ब्यौरा स्वास्थ्य और परिवार कल्याण मंत्रालय की वेबसाइट यूनिफॉर्म रिसोर्स लोकेटर (यूआरएल) पर निम्नानुसार उपलब्ध है:

https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%20202223_RE%20%281%29.pdf

स्वास्थ्य परिचर्या सुविधा केन्द्रों में रिक्त पदों को भरने सहित जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने का प्राथमिक उत्तरदायित्व संबंधित राज्य/संघ राज्य क्षेत्र सरकारों का है। स्वास्थ्य और परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन के तहत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर ग्रामीण क्षेत्रों में 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 प्रस्ताव के लिए अनुमोदन प्रदान करती है। राज्यों/संघ राज्य क्षेत्रों को लंबे समय में भारतीय जन स्वास्थ्य मानकों (आईपीएचएस) के अनुसार पर्याप्त संख्या में नियमित पदों का सृजन करके और महत्वपूर्ण अंतरालों को भरने के लिए अल्पावधि से मध्यम अवधि में एनएचएम पदों का उपयोग करके मानव संसाधन की उपलब्धता सुनिश्चित करने के लिए राज्य सरकारों/संघ राज्य क्षेत्रों को सूचित किया गया है। एनएचएम आईपीएचएस के अनुसार मध्यम और प्राथमिक परिचर्या सुविधा केन्द्रों (जिला अस्पताल और उससे नीचे) में मानव संसाधनों में अंतराल को भरकर नियमित मानव संसाधनों को संपूरित करता है।

(ड) : राज्य सरकारों के अंतर्गत चिकित्सा महाविद्यालयों के लिए सृजित पदों के ब्यौरे से संबंधित आंकड़े केन्द्रीय रूप से नहीं रखे जाते हैं। केन्द्र सरकार के अधीन मेडिकल कॉलेजों/संस्थानों और स्वायत्तशासी मेडिकल कॉलेजों/संस्थानों में स्वीकृत पदों की संख्या का ब्यौरा संलग्न **विवरण** में दिया गया है। इनमें इन कॉलेजों/संस्थानों में पदों की सभी श्रेणियां (समूह क/ख/ग) जैसे संस्था के प्रमुख, प्रशासनिक पद, संकाय पद, वरिष्ठ रेजिडेंट और जूनियर रेजिडेंट और गैर-संकाय पद शामिल हैं।

(च) और (छ): भर्ती नियमों (आरआर) का निर्माण और संशोधन संबंधित संस्थानों द्वारा किया जाने वाला आवधिक प्रशासनिक कार्य है। भर्ती नियमों में कोई भी संशोधन उभरती हुई आवश्यकताओं के आधार पर किया जाता है। इन मेडिकल कॉलेजों/संस्थानों में अधिकांश पदों के लिए भर्ती नियम तैयार कर लिए गए हैं।

(ज) : विश्वविद्यालय अनुदान आयोग (यूजीसी) द्वारा दी गई जानकारी के अनुसार, यूजीसी विनियमन 2018 में वर्णित है कि किसी विश्वविद्यालय के कुलपति के रूप में नियुक्त किया जाने वाला व्यक्ति एक प्रतिष्ठित शिक्षाविद् होना चाहिए, जिसके पास विश्वविद्यालय प्रणाली में प्रोफेसर के रूप में न्यूनतम दस वर्ष का अनुभव या किसी प्रतिष्ठित शोध और / या अकादमिक प्रशासनिक संगठन में दस वर्ष का अनुभव होना चाहिए। उम्मीदवार के पास पीयर रिव्यू की गई पत्रिकाओं में प्रकाशनों सहित एक प्रभावशाली शोध प्रोफाइल होनी चाहिए। चिकित्सा विश्वविद्यालयों के लिए, स्वास्थ्य विज्ञान में महत्वपूर्ण पृष्ठभूमि और चिकित्सा शिक्षा और अनुसंधान के प्रबंधन में अनुभव वाले उम्मीदवारों को प्राथमिकता दी जाती है।

विवरण

केंद्र सरकार के तहत मेडिकल कॉलेजों/संस्थानों और स्वायत्तशासी मेडिकल कॉलेजों/संस्थानों में स्वीकृत पदों की संख्या

क्रमांक	मेडिकल कॉलेज/संस्थान	स्वीकृत किए गए पद	पदस्थ	रिक्त पद
1	अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), नई दिल्ली	14699	11717	2982
2	प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के तहत 22 नए एम्स	46443	30688	15755
3	स्नातकोत्तर चिकित्सा शिक्षा और अनुसंधान संस्थान, चंडीगढ़ (पीजीआईएमईआर)	9309	7240	2069
4	जवाहरलाल स्नातकोत्तर चिकित्सा शिक्षा और अनुसंधान संस्थान, पुद्दुचेरी (जिपमेर)	5748	4688	1060
5	वर्धमान महावीर मेडिकल कॉलेज (वीएमएमसी), नई दिल्ली (सफदरजंग अस्पताल के साथ संबद्ध)	3179	2703	476
6	लेडी हार्डिंग मेडिकल कॉलेज (एलएचएमसी), नई दिल्ली	1565	1297	268
7	अटल बिहारी वाजपेयी इंस्टीट्यूट ऑफ मेडिकल साइंसेज (एबीवीआईएमएस), नई दिल्ली (डॉ राम मनोहर लोहिया अस्पताल के साथ संबद्ध)	1971	1772	199

8	पूर्वोत्तर इंदिरा गांधी क्षेत्रीय स्वास्थ्य एवं चिकित्सा विज्ञान संस्थान (एनईआईजीआरआईएचएमएस), शिलांग	1743	1424	319
9	क्षेत्रीय आयुर्विज्ञान संस्थान (आरआईएमएस), इम्फाल	1933	1301	632
10	ग्रामीण स्वास्थ्य प्रशिक्षण केंद्र, नजफगढ़, नई दिल्ली	92	31	61

ATMANIRBHAR INITIATIVE

5638: SHRI DHAVAL LAXMANBHAI PATEL:

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

- (a) the steps taken by the Government to promote domestic manufacturing of chemicals and fertilizers under the Atmanirbhar Bharat initiative;
- (b) the progress made in reducing the country's dependence on imported raw materials for fertilizer production and the steps taken to ensure stable pricing and availability for farmers;
- (c) the number of new manufacturing units established under this initiative and the employment generated; and
- (d) the measures implemented to ensure environmental safety and compliance with pollution control norms in the chemical and fertilizer industries?

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 (c) : To promote domestic manufacturing of chemicals in the country, Department has adopted a multi-pronged approach by improving infrastructure, boosting the role of research and development in the sector, improving the quality

of manpower deployed in the sector by better skilling and attracting more foreign investment into the country. Details of these initiatives are indicated below:-

I. Infrastructure

● Petroleum, Chemical and Petrochemical Investment Regions (PCPIRs)

Government of India has notified the PCPIR Policy to attract investment and for the generation of employment in the Petroleum, Chemical and Petrochemical Investment Regions (PCPIRs). PCPIRs promote Chemical and Petrochemical sectors in an integrated and environment friendly manner on a large scale. PCPIRs are conceptualized in a cluster-based approach with common infrastructure and support services to provide a competitive environment conducive for setting up businesses. At present, three Petroleum, Chemical and Petrochemical Investment Regions (PCPIRs) are being implemented in the States of Andhra Pradesh (Vishakhapatnam), Gujarat (Dahej) and Odisha (Paradeep) to promote investment and industrial development in these sectors.

The status of implementation of these PCPIR projects is indicated below:-

Indicator	Gujarat	Andhra Pradesh	Odisha	Total
Location/ Region	Dahej, Bharuch	Vishakhapatnam– Kakinada	Paradeep	-
Approval	Feb, 2009	Feb, 2009	Dec, 2010	-
Total Area (Sq. kms.)	453.00	640.00	284.15	1377.15
Anchor Tenant	ONGC Petro Additions Limited (OPaL)	--	Indian Oil Corporation Ltd. (IOCL)	-
Investments made (Rs. Crore)	1,28,509	58,918	73,518	2,60,945

Indicator	Gujarat	Andhra Pradesh	Odisha	Total
Employment generated (No.)	2,45,140	86,123	40,000	3,71,263
No. of Chemical Units	2079	154	13	2246

These PCPIRs has attracted investment of Rs. 2.61 lakh crore in Petroleum, Chemicals, Petrochemicals and ancillary industries and generated employment to 3.7 lakh persons.

- **Plastic Park Scheme**

A scheme has been formulated by the Department for setting up of need-based PlasticParks with requisite infrastructure and enabling common facilities. The objective is to consolidate and synergize the capacities of downstream plastic processing industry to help increase investment, production and export in the sector as well as generate employment. Under the Scheme, common infrastructure for the industrial units is provided including effluent treatment plant, solid/ hazardous waste management, facilities for plastic recycling, incinerator etc. Some of the Plastic Parks have also established in-house recycling sheds for recycling of plastic waste. 10 Plastic Parks have been approved so far.

II. Research & Development

- **Centres of Excellence (CoEs)**

The Department of Chemicals and Petrochemicals has formulated a scheme on setting up of Centres of Excellence. The objective is to provide grant-in-aid to educational and research institutions to improve existing technology and promote development of new applications of polymers, chemicals and

plastics. The emphasis of the Scheme is on modernization and upgradation of existing manufacturing processes as well as improving the quality of products. Under the scheme, the Government of India provides financial support upto 50% of the total project cost, subject to an upper limit of Rs. 5 crores. So far, 18 CoEs have been approved under the Scheme.

III. Skilling initiatives

The Central Institute of Petrochemicals Engineering & Technology (CIPET) is a technical education institution under the Department engaged in skill development, technology support, as well as academic and research activities for the promotion of the petrochemical and allied industry in the country. CIPET has 48 centres across the country which includes Institutes of Plastics Technology, Centres for Skilling and Technical Support and Schools for Advanced Research in Polymers. During 2023-24, CIPET provided training to 66,606 persons towards long term professional skill development as well as for short term vocational skill development.

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 & 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.

The employment generation at Hindustan Urvarak & Rasayan Limited (HURL) across its three urea units—Gorakhpur, Sindri, and Barauni—is approximately 4,000, including 1,000 direct and 3,000 indirect jobs. Additionally, at the Panagarh urea unit of Matix Fertilizers and Chemicals Ltd. (Matix), the total employment provided in the existing setup, including the marketing network, is 1,391 (as on 31.03.2025), consisting of 471 own employees and 920 contractual

workers under various contracts. Furthermore, the Gadepan-III urea unit of Chambal Fertilisers and Chemicals Ltd. (CFCL) generates approximately 767 jobs, comprising 207 direct (on-roll) employees and 560 indirect (through contracts) workers.

With regard to P&K Fertilizers, following measures have been taken by the Government for making the country self-reliant in the production of fertilizers:

- (i) 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.
- (ii) The number of P&K fertilizers covered under NBS policy has been increased from 22 grades in 2021 to 28 grades at present with a view to boost manufacturing and make country self-reliant in fertilizer production. 06 new grades added are NPK 08-21-21, NPK 09-24-24, Potash Derived Molasses (PDM) (0-0-14.5-0), NPK 11-30-14 fortified with Magnesium, Zinc, Boron and Sulphur, Urea-SSP Complex 5-15-0-10 and SSP 0-16-0-11 fortified with Magnesium, Zinc and Boron.
- (iii) Freight Subsidy on SSP, which is an indigenously manufactured fertilizer, is applicable since Kharif, 2022 to promote SSP usage for providing Phosphatic or 'P' nutrient to the soil.

(b) : Government mandated revival of Talcher unit of M/s FCIL, located in Angul district, Odisha. Accordingly, a Joint Venture Company named M/s. Talcher

Fertilizers Ltd. (TFL) has been incorporated for setting up Coal Gasification-based Ammonia Urea Plant of 12.7 LMTPA capacity, which is first of its kind in India.

The under implementation TFL project has been envisaged for utilizing the abundantly available domestic coal for Urea production as it has emerged as the best possible option since the country is endowed with rich reserves of coal. On completion of the project, the production of urea in the country will increase by 12.7 LMTPA and will assist in maximizing the indigenous production of Urea and provide security in feedstock supply as coal would be sourced domestically and providing alternate route of urea production to diversify the feedstock risk in the sector.

Further, under Urea Subsidy Scheme, Urea is presently 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 in the country are supplied urea at the subsidized rates and thereby are beneficiaries of this scheme.

For P&K fertilizers, Government monitors 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 to ensure affordable supply of P&K fertilizers to the farmers. As far as DAP is concerned, to ensure affordability of DAP to the farmers, in view of the geo-political situation and price volatility, the MRP of DAP has been maintained at Rs.1350 per 50 Kg through one-time special package

@Rs.3500 per MT and linking the subsidy to international market prices from 01.04.2024 to 31.03.2025.

Further, 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&FW), in consultation with all the State Governments, assesses the state-wise & 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&FW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.

(d) : For the protection of environment and to prevent chemical accidents the Ministry under the Environment Protection Act, 1986, has notified several rules including (i) Manufacture, Storage and Import of Hazardous Chemical (MSIHC) Rules, 1989 (as amended), (ii) Chemical Accident (Emergency Planning, Preparedness and Response) Rules, 1986 (as amended) and (iii) Hazardous Waste Management Rules, 2016 (as amended). The Ministry has also notified the

emission and discharge standards for fertilizer industry vide the notification G.S.R. 1607 (E), dated the 29th December, 2017.

Fertilizer industry is proactive in its efforts to minimize the impact of production of fertilizer to the environment. By and large, fertilizer industry is complying with standards prescribed under Environment Protection Rules, 1986 and regulations of State Pollution Control Boards. The environmental safety measures for compliance with pollution control norms are incorporated right from design stage. Fertilizer plants modernize and adopt measures to meet the requirement of new/revised standards. Industry over the years have undertaken measures to reduced GHG emissions from the production by improving energy efficiency, switching to cleaner feedstock like natural gas from coal, naphtha and fuel oil. Currently, feedstock for making urea in the country is natural gas. Fertilizer plants have adopted 3R methodology i.e reduce, reuse and recycle to reduce the wastewater generation and discharge. The fertilizer plants have made tremendous efforts to reduce the water consumption by adopting technologies for treating effluents and making it suitable for reuse as boiler feed water and make-up water in cooling towers. Further, plants are adopting measures to achieve zero liquid discharge (ZLD). International voluntary standards like IS/ISO 14001 on Environment Management System and ISO 18001 international standard for health and safety management systems have been adopted for continuous improvement by almost all major fertilizer companies.

AWARENESS ABOUT MISSION SHAKTI**5639. SHRI NAVASKANI K.:**

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

- (a) whether the Samarthya component of Mission Shakti has effectively provided financial inclusion and entrepreneurship support to women;
- (b) if so, the number of women benefited from self-employment assistance under the said scheme in the country including Tamil Nadu;
- (c) the details of steps being taken to improve financial literacy/access to credit for women in rural and semi-urban areas;
- (d) whether awareness about Mission Shakti remains low in certain regions, if so, the details of measures being taken to improve outreach/engagement especially in rural and tribal areas; and
- (e) whether the Government has partnered with NGOs and local bodies to enhance awareness and implementation of the said scheme, if so, the details thereof?

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 the Umbrella Scheme named as 'Mission Shakti' with effect from 01.04.2022 across the country which aim at strengthening interventions for women safety, security and empowerment. The 'Mission Shakti' has two verticals 'Sambal' for safety and security of women and 'Samarthya' for empowerment of women.

The “Sambal” vertical is for safety and security of women. It has the components of One Stop Centres (OSCs), Women Helpline (WHL), BetiBachaoBetiPadhao (BBBP) and Nari Adalat.

- a. **One Stop Centres (OSCs)**- An institution located at district level offering under one roof immediate help to women in distress such as temporary shelter, medical & police assistance, counselling and legal support.
- b. **Women Helpline (WHL)**- The Women Helpline 181 provides toll-free 24-hours telecom service to women seeking support and information. It is also integrated with Emergency Response Support System (ERSS) 112 for all emergency services and its integration with all One Stop Centres is in progress.
- c. **BetiBachaoBetiPadhao (BBBP)**- BBBP is a mindset change program helping in generating awareness for valuing the girl child through multi-sectoral interventions.
- d. **Nari Adalat**- An experimental platform providing women with an alternative Grievance Redressal Mechanism at Gram Panchayat level by negotiation, mediation, and reconciliation with mutual consent for speedy, accessible, and affordable justice. It has been piloted in 50 Gram Panchayats each of Assam and UT of Jammu & Kashmir.

The “Samarthya” vertical is for empowerment of women. It has the components of Pradhan Mantri Matru Vandana Yojana (PMMVY), Shakti Sadan, SakhiNiwas, Palna and SANKALP : Hub for Empowerment of Women (HEW).

- a. **Pradhan Mantri Matru Vandana Yojana (PMMVY)**- PMMVY is a Centrally Sponsored Maternity Benefits Scheme under which cash incentives of ₹5,000/- is provided directly to the Bank/Post Office account of the beneficiary in Direct Benefit Transfer (DBT) mode for first child. Cash incentive of ₹6,000/- is also provided under PMMVY to eligible beneficiaries for second child being a girl child.
- b. **Shakti Sadan**- Shakti Sadan is an Integrated Relief and Rehabilitation Home for the women in distress situations and difficult circumstances. The residents of Shakti Sadan are provided with shelter, food, clothing, counselling, primary health facilities and other daily requirements. The residents are also provided vocational training, facility for opening of bank accounts, social security benefits etc. in convergence with the relevant departments.
- c. **Sakhi Niwas**- The Sakhi Niwas Scheme (Working Women Hostel) is a demand driven centrally sponsored scheme, under which funds are released directly to the States/UTs and aims to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and even rural areas where employment opportunity for women exist. Financial assistance is provided for running of Sakhi Niwas in rented premises for working women and for those women who are under training for job. Provision of Day Care Centre for children of the residents of the Sakhi Niwas is an important aspect of the scheme.

- d. **Palna-** Palna scheme through day-care crèche facilities provides safe and secure place for the children. Creche services formalise the child care facilities hitherto considered as part of domestic work and uses Aanganwadi infrastructure for ensuring delivery of care facilities till the last mile
- e. **SANKALP: Hub for Empowerment of Women (HEW)-**The SANKALP: HEW serves as a vehicle to bridge the information and knowledge gap regarding schemes and facilities available for women. It also serves as a Project Monitoring Unit (PMU) for all components under Mission Shakti.

The Ministry of Women & Child Development conducts various awareness programs for all States and UTs through Hub for Empowerment of Women (HEW) under Samarthya. It includes various Information, Education and Communication (IEC) and Behavior Change Communication (BCC) activities such as PrabhatPheri, NukkadNatak, Newspaper Advertisements, Airing Radio Jingles, Selfie Campaign, Door to Door Campaign, Community Programmes which are conducted at field functionary levels.

Further, the Ministry is running Special Campaign for registration of eligible beneficiaries in all the States and UTs under PMMVY on a periodic basis.

Additionally, a 100-Day Special Campaign for Women's Empowerment under HEW was conducted with a structured approach guiding States in undertaking a week-wise thematic activities like plantation drives, health camps, public interactions, mobilization drives, and gender sensitization workshops.

By adopting these practices, States/UTs could contribute to strengthening the social, economic, and cultural fabric of society, advancing the mission of Women-Led Development and Viksit Bharat.

Number of women assisted/ benefited in the country and the State of Tamil Nadu under various schemes of Samarthya for the year 2022-23, 2023-24 and 2024-25 (till 30.03.2025) are given in the enclosed **Statement**.

STATEMENT

Number of women assisted/ benefited in the country and the State of Tamil Nadu under various schemes of 'Samarthya' for the year 2022-23, 2023-24 and 2024-25 (till 30.03.2025)

Under PMMVY

Sl. No	State/UT	No. of Beneficiaries		
		2022-23	2023-24	2024-25
1.	All India	7288250	2467844	7983932
2.	Tamil Nadu	135752	286823	537054

Under Sakhi Niwas

Sl. No	State/UT	No. of Beneficiaries		
		2022-23	2023-24	2024-25
1.	All India	47344	47344	47344
2.	Tamil Nadu	3598	4084	4471

Under Shakti Sadan

Sl. No	State/UT	No. of Beneficiaries		
		2022-23	2023-24	2024-25
1.	All India	32113	24753	27676
2.	Tamil Nadu	1129	1281	1800

Under Palna

Sl. No	State/UT	No. of Beneficiaries		
		2022-23	2023-24	2024-25
1.	All India	56,666	55,393	52,671
2.	Tamil Nadu	6,375	5,102	3,526

Under HEW

Sl. No	State/UT	No. of women assisted		
		2022-23	2023-24	2024-25
1.	All India	191396	898267	1466580
2.	Tamil Nadu	0	81257	252382

PRADHAN MANTRI SWASTHYA SURAKSHA YOJANA**5640. SHRI TANGELLA UDAY SRINIVAS:**

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

- (a) the number of projects approved under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) in the country including details of new All India Institute of Medical Sciences (AIIMS) along with upgradation of Government Medical Colleges, State-wise;
- (b) the status of implementation of PMSSY projects including funds allocated, utilized and progress made in Andhra Pradesh, district-wise;
- (c) whether any additional medical colleges or AIIMS campuses are being considered under PMSSY for Andhra Pradesh and if so, the details thereof;
- (d) whether the Government has received any pending proposals from Andhra Pradesh for new PMSSY projects and if so, the current status of these proposals; and

- (e) whether there is any scope for additional States/districts to become eligible for future phases of PMSSY and if so, the criteria for selection?

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 Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), establishment of 22 new All India Institutes of Medical Sciences (AIIMS) and 75 projects of upgradation of existing Government Medical Colleges/Institutions (GMCIs) have been approved in various States/UTs of the country. The details are given in the enclosed **Statement**. Under PMSSY, AIIMS at Mangalagiri has been approved in Andhra Pradesh at a project cost of Rs. 1,618 cr. and Rs. 1,399 cr. has been released. Further, under another component of PMSSY, 3 projects of upgradation of Government Medical Colleges/Institutes have been undertaken in Andhra Pradesh at an approved outlay of Rs. 420 cr. on Centre-State cost sharing basis and Rs. 280.56 cr. has been released out of the Central share of Rs. 300 cr. In the current phase of PMSSY, there is no proposal for implementation of any new projects in Andhra Pradesh.

STATEMENT

State-wise AIIMS approved under PMSSY

Sl. No.	State/ UT	Location of AIIMS
1	Andhra Pradesh	AIIMS Mangalagiri
2	Assam	AIIMS Guwahati
3	Bihar	AIIMS Darbhanga
4		AIIMS Patna
5	Chhattisgarh	AIIMS Raipur

6	Gujarat	AIIMS Rajkot
7	Haryana	AIIMS Majra (Rewari)
8	Himachal Pradesh	AIIMS Bilaspur
9	Jammu & Kashmir	AIIMS Vijaypur, Samba, Jammu
10		AIIMS Awantipora, Kashmir
11	Jharkhand	AIIMS Deoghar
12	Madhya Pradesh	AIIMS Bhopal
13	Maharashtra	AIIMS Nagpur
14	Odisha	AIIMS Bhubaneswar
15	Punjab	AIIMS Bathinda
16	Rajasthan	AIIMS Jodhpur
17	Tamil Nadu	AIIMS Madurai
18	Telangana	AIIMS Bibinagar
19	Uttar Pradesh	AIIMS Raebareli
20		AIIMS Gorakhpur
21	Uttarakhand	AIIMS Rishikesh
22	West Bengal	AIIMS Kalyani

Details of GMC/Institute, State-wise approved under PMSSY

Sl. No.	State	No.	Name of GMC/ Institute	Approved Infrastructure
1	Andhra Pradesh	1	Sri Venkateshwara Institute of Medical Sciences, Tirupati	Procurement of Equipment
		2	Siddhartha Medical College, Vijayawada	Super Speciality Block
		3	Govt. Medical College, Anantpur	Super Speciality Block
2	Assam	4	Guwahati Medical College, Guwahati	Super Speciality Block
		5	Assam Medical College, Dibrugarh	Super Speciality Block
3	Bihar	6	Srikrishna Medical College, Muzaffarpur	Super Speciality Block

Sl. No.	State	No.	Name of GMC/ Institute	Approved Infrastructure
		7	Darbhanga Medical College & Hospital, Darbhanga	Super Speciality Block
		8	Patna Medical College & Hospital, Patna	Super Speciality Block
		9	Government Medical College, Bhagalpur	Super Speciality Block
		10	Government Medical College, Gaya	Super Speciality Block
		11	IGIMS, Patna	Regional Institute of Ophthalmology
4	Chhattisgarh	12	Government Medical College, Bilaspur	Super Speciality Block
		13	Government Medical College, Jagdalpur	Super Speciality Block
5	Delhi	14	UCMS-GTB Hospital	-
6	Goa	15	Goa Medical College, Panaji	Super Speciality Block
7	Gujarat	16	BJ Medical College, Ahmadabad	Procurement of Medical Equipment
		17	Govt. Medical College, Rajkot	Super Speciality Block
		18	Government Medical College, Surat	Super Speciality Block
		19	Government Medical College, Bhavnagar	Super Speciality Block
8	Haryana	20	Pandit BD Sharma Postgraduate Institute of Medical Sciences, Rohtak	Service Block & OT Complex
9	Himachal Pradesh	21	Government Medical College, Tanda	Super Speciality Block
		22	Indira Gandhi Govt. Medical College, Shimla	Super Speciality Block
10	Jammu & Kashmir	23	Government Medical College, Jammu	Super Speciality Block
		24	Government Medical College, Srinagar	Institute of Traumatology

Sl. No.	State	No.	Name of GMC/ Institute	Approved Infrastructure
11	Jharkhand	25	Rajendra Institute of Medical Sciences (RIMS), Ranchi	Super Speciality & Oncology Block
		26	Patliputra Medical College, Dhanbad	Super Speciality Block
12	Karnataka	27	Bangalore Medical College, Bangalore	Super Speciality Block
		28	Vijayanagar Institute of Medical Sciences, Bellary	Trauma Care Block
		29	Karnataka Institute of Medical Sciences, Hubli	Super Speciality Block
13	Kerala	30	Medical College, Thiruvananthapuram	Super Speciality Block
		31	Kozhikode Medical College	Trauma Care Centre with Super Speciality Block
		32	T.D. Medical College, Alappuzha	Super Speciality Block
		33	SCTIMST, Trivandrum	Super Speciality Block
14	Madhya Pradesh	34	Govt. Medical College, Rewa	Super Speciality Block
		35	Netaji Subhash Chandra Bose Medical College, Jabalpur	Super Speciality Block
		36	GR Medical College, Gwalior	Super Speciality Block
		37	Government Medical College, Indore	Super Speciality Block
15	Maharashtra	38	Grant Medical College & Sir JJ Group of Hospitals, Mumbai	Procurement of Medical Equipment
		39	Government Medical College, Nagpur	Procurement of Medical Equipment
		40	Govt. Medical College, Aurangabad	Super Speciality Block
		41	Govt. Medical College, Latur	Super Speciality Block
		42	Govt. Medical College, Akola	Super Speciality Block

Sl. No.	State	No.	Name of GMC/ Institute	Approved Infrastructure
		43	Shri Vasantrao Naik Govt. Medical College, Yavatmal	Super Speciality Block
16	Odisha	44	MKCG Medical College, Berhampur	Super Speciality Block
		45	VSS Medical College, Burla	Super Speciality Block
		46	Government Medical College, Cuttack	Super Speciality Block
17	Punjab	47	Government Medical College, Amritsar	Super Speciality Block
		48	Govt. Medical College, Patiala	Super Speciality Block
18	Rajasthan	49	SP Medical College, Bikaner	Super Speciality Block
		50	RNT Medical College, Udaipur	Super Speciality Block
		51	Govt. Medical College, Kota	Super Speciality Block
		52	Government Medical College, Jaipur	Super Speciality Block
19	Tamil Nadu	53	Government Medical College, Salem	Super Speciality Block and Trauma Centre
		54	Government Medical College, Madurai	Super Speciality Block
		55	Thanjavur Medical College, Thanjavur	Super Speciality Block
		56	Tirunelveli Medical College, Tirunelveli	Super Speciality Block
20	Telangana	57	Nizam Institute of Medical Sciences, Hyderabad	Super Speciality Block and Trauma Centre
		58	Rajiv Gandhi Institute of Medical Sciences, Adilabad	Super Speciality Block
		59	Kakatiya Medical College, Warangal	Super Speciality Block
21	Tripura	60	Agartala Govt. Medical College, Agartala	Super Speciality Block

Sl. No.	State	No.	Name of GMC/ Institute	Approved Infrastructure
22	Uttar Pradesh	61	SGPGIMS, Lucknow	Super Speciality Block
		62	Trauma Centre (TC) in IMS, BHU Varanasi	Trauma Centre and Nursing College
		63	Jawaharlal Nehru Medical College of Aligarh Muslim University (AMU), Aligarh	Trauma Care Centre and OBG Block
		64	Govt. Medical College, Jhansi	Super Speciality Block
		65	BRD Medical College, Gorakhpur	Super Speciality Block
		66	MLN Medical College, Allahabad	Super Speciality Block
		67	LLRM Medical College, Meerut	Super Speciality Block
		68	Government Medical College, Agra	Super Speciality Block
		69	Government Medical College, Kanpur	Super Speciality Block
		70	SSB at Institute of Medical Sciences (IMS), BHU, Varanasi	Super Speciality Block
		71	RIO, IMS, BHU, Varanasi	Regional Institute of Ophthalmology (RIO)
23	West Bengal	72	Kolkata Medical College, Kolkata	Super Speciality Block
		73	BS Medical College, Bankura	Super Speciality Block
		74	Govt. Medical College, Malda	Trauma Care Centre and Emergency Medical Block
		75	North Bengal Medical College, Darjeeling	Super Speciality Block

भारत-पाकिस्तान सीमा विवाद

5641. श्री राहुल कस्वां :

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार ने भारत और पाकिस्तान के बीच सीमा विवाद, आतंकवाद और अन्य मुद्दों के संबंध में बार-बार उत्पन्न होने वाले विवाद को हल करने के लिए कोई योजना बनाई है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;
- (ग) सरकार का पड़ोसी देशों के साथ विवादों को किस प्रकार से निपटाने का विचार है और इसकी समय-सीमा क्या है तथा इसका संभावित समाधान क्या है;
- (घ) क्या उक्त विवादों को हल करने में कोई कानूनी अड़चनें हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ङ) क्या सरकार विवादों को समाप्त करने के लिए पड़ोसी देशों के साथ इनका स्थायी समाधान ढूंढने पर विचार कर रही है; और
- (च) 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) से (च) : भारत पाकिस्तान के साथ आतंक, शत्रुता और हिंसा से मुक्त वातावरण के क्षेत्र में सामान्य पड़ोसी जैसे संबंधों का इच्छुक है। हालाँकि, पाकिस्तान भारत के खिलाफ सीमा पार आतंकवाद की नीति पर चलना जारी रखे हुए है। अगस्त 2019 में पाकिस्तान ने भारत के साथ द्विपक्षीय संबंधों को कम करने के लिए कई कदम उठाए हैं। किसी भी सार्थक बातचीत के लिए अनुकूल माहौल बनाने की जिम्मेदारी पाकिस्तान पर है।

भारत के अन्य पड़ोसियों के संबंध में, आपसी हित के सभी मामलों पर स्थापित तंत्रों के माध्यम से चर्चा की जाती है।

AIIMS UNDER PRADHAN MANTRI SWASTHYA SURAKSHA YOJANA**5642. DR. PRABHA MALLIKARJUN:**

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

- (a) whether the Government has implemented Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) with objectives of correcting regional imbalance in the availability of tertiary healthcare services and augment facilities for quality medical education in the country;
- (b) if so, the details of AIIMS announced/set up/fully functional under PMSSY, State-wise;
- (c) whether it has come to the notice of the Union Government that Karnataka is the only major State in the country which do not have AIIMS and if so, the details thereof along with for not setting up of AIIMS in Karnataka;
- (d) whether the Union Government has received proposal from the State Government of Karnataka for setting up of AIIMS in aspirational districts like Raichur in Kalyan Karnataka region;
- (e) if so, the details thereof along with the action taken/proposed to be taken by the Government in this regard;
- (f) the time since the proposal is pending with the Union Government; and
- (g) the time by which the Government is likely to accord approval for AIIMS in 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 (g) : Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), establishment of 22 All India Institutes of Medical Sciences (AIIMS) has been approved in various States/UTs. Details of AIIMS, State-wise are given in the enclosed **Statement**. Under PMSSY, AIIMS are set up in different parts of the country, keeping in view the gaps in availability of tertiary health care facilities. In the current phase of PMSSY, there is no proposal to establish an AIIMS at Raichur (Kalyan region), Karnataka.

STATEMENT

Details of AIIMS, Location wise/State wise approved under PMSSY

Sl. No.	State/ UT	Location of AIIMS	Status
1	Andhra Pradesh	AIIMS Mangalagiri	Functional
2	Assam	AIIMS Guwahati	Functional
3	Bihar	AIIMS Darbhanga	Pre-investment work in Progress
4		AIIMS Patna	Functional
5	Chhattisgarh	AIIMS Raipur	Functional
6	Gujarat	AIIMS Rajkot	Functional
7	Haryana	AIIMS Majra (Rewari)	Under Construction
8	Himachal Pradesh	AIIMS Bilaspur	Functional
9	Jammu & Kashmir	AIIMS Vijaypur, Samba, Jammu	Functional
10		AIIMS Awantipora, Kashmir	Under Construction
11	Jharkhand	AIIMS Deoghar	Functional
12	Madhya Pradesh	AIIMS Bhopal	Functional
13	Maharashtra	AIIMS Nagpur	Functional
14	Odisha	AIIMS Bhubaneswar	Functional
15	Punjab	AIIMS Bathinda	Functional

16	Rajasthan	AIIMS Jodhpur	Functional
17	Tamil Nadu	AIIMS Madurai	Under Construction
18	Telangana	AIIMS Bibinagar	Functional
19	Uttar Pradesh	AIIMS Raebareli	Functional
20		AIIMS Gorakhpur	Functional
21	Uttarakhand	AIIMS Rishikesh	Functional
22	West Bengal	AIIMS, Kalyani	Functional

WORKING CONDITION OF INDIAN WORKERS IN ISRAEL

5643. DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN:

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 along with 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 wellbeing of workers as they have been placed in a conflict zone along with 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 in November 2023, 6694 Indian workers have arrived in Israel for work as on 10 March 2025. They have been recruited by Israeli authorities, who then assign selected applicants with 195 Israeli companies to work in Israel. Of these 6694 Indian workers, 2348 are deployed in building framework, 1955 in iron bending, 1600 in plastering and 791 in ceramic tiling.

As per the Framework Agreement and Implementation Protocols signed with Israel, Indian workers shall enjoy equal treatment with respect to labour rights as Israeli citizens and shall be provided with proper lodging, medical insurance, and relevant social security coverage.

Embassy of India in Israel is in contact with Indian workers and organizes frequent consular visits to ensure safety and well-being. Embassy has established a 24-hour helpline for the assistance of Indians in Israel. 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.

STRUCTURAL ISSUES IN JUDICIARY

5644. SHRI ADITYA YADAV:

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

- (a) whether the Government has taken necessary steps to address the structural issues affecting the judiciary such as the pendency of cases, archaic procedures and the culture of adjournments; and
- (b) 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) and (b) : The structural issues such as the pendency of cases, archaic procedures and the culture of adjournments is within the domain of the judiciary. However, the Central Government has unwavering commitment towards speedy disposal of cases and reducing pendency as mandated under Article 21 of the Constitution. To this end, the Government has taken several initiatives to provide an ecosystem for faster disposal of cases by the judiciary, as under:

- i. 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 coordinated approach for phased liquidation of arrears and pendency in judicial administration, which, inter-alia, involves better infrastructure for courts including

- computerization, increase in sanctioned strength of District and Subordinate Courts, policy and legislative measures in the areas prone to excessive litigation and re-engineering of court procedure for quick disposal of cases and emphasis on human resource development.
- ii. Under the Centrally Sponsored Scheme for development of Judicial Infrastructure, funds are being released to States/UTs for construction of court halls, residential quarters for judicial officers, lawyers' halls, toilet complexes and digital computer rooms that ease the life of various stakeholders including the litigants, thereby aiding justice delivery. As on 28.02.2025, Rs.11886.29 crores have been released since the inception of the Centrally Sponsored Scheme (CSS) for Development of Infrastructure Facilities for the Judiciary in 1993-94. The number of court halls has increased from 15,818 as on 30.06.2014 to 22,062 as on 28.02.2025 and the number of residential units has increased from 10,211 as on 30.06.2014 to 19,775 as on 28.02.2025, under this scheme.
 - iii. Further, under Phase I & II of the e-Courts Mission Mode Project, Information and Communication Technology (ICT) had been leveraged for IT enablement of District and Subordinate Courts. 18,735 District and Subordinate Courts were computerized till 2023. WAN connectivity has been provided to 99.5% of court complexes. Video conferencing facility has been enabled between 3,240 court complexes and 1,272 corresponding jails. As on 28.02.2025, 1572 eSewa Kendras in District Courts and 39 eSewa Kendras in High Courts have been made functional to bridge the

digital divide by providing citizen centric services to lawyers and litigants. 28 virtual courts have been set up in 21 States/UTs. As on 28.02.2025, these courts have handled more than 6.95 crore cases and realized more than Rs.736.11crores in fines. The Cabinet, on 13.09.2023, has approved Phase-III of the eCourts Project at an outlay of Rs.7,210 crore. Taking the gains of Phase-I and Phase-II to the next level, the e-Courts Phase-III aims to usher in a regime of enhanced ease of justice by moving towards digital, online and paperless courts. It intends to incorporate latest technology such as Artificial Intelligence (AI), Block Chain, etc. to make justice delivery progressively more robust, easy and accessible to all the stakeholders.

- iv. The Government has been regularly filling up vacancies of Judges in the Supreme Court of India and the High Courts. From 01.05.2014 to 31.03.2025, 67 Judges were appointed in the Supreme Court. 1034 new Judges were appointed and 794 Additional Judges were made permanent in the High Courts during the same period. The sanctioned strength of Judges of the High Courts has been increased from 906 in May, 2014 to 1122 till now. The sanctioned and working strength of judicial officers in District and Subordinate Courts has increased as under:

As on	Sanctioned Strength	Working Strength
31.12.2013	19,518	15,115
31.03.2025	25,791	20,459

Source: MIS Portal of the Department of Justice

However, filling up of vacancies in District and Subordinate judiciary falls within the domain of the State/UT Governments and High Courts concerned.

- v. In pursuance of a Resolution passed in Chief Justices' Conference held in April, 2015, Arrears Committees have been set up in all 25 High Courts to clear cases pending for more than five years. Arrears Committees have been set up under District Courts as well.
- vi. Under the aegis of the Fourteenth Finance Commission, the Fast Track Courts have been established for dealing with cases of heinous crimes, cases involving senior citizens, women, children, etc. As on 28.02.2025, 857 Fast Track Courts are functional across the country. To fast-track criminal cases involving elected MPs / MLAs, ten (10) Special Courts are functional in nine (9) States/UTs. Further, the Central Government has approved a Scheme for setting up Fast Track Special Courts (FTSCs) across the country for the expeditious disposal of pending cases of Rape and POCSO Act. As on 28.02.2025, 745 FTSCs including 404 exclusive POCSO (ePOCSO) Courts are functional in 30 States/UTs across the country which have disposed of more than 3,13,000 cases.
- vii. With a view to reduce pendency and unclogging of the courts, the Government has amended various laws like The Negotiable Instruments (Amendment) Act, 2018, The Commercial Courts (Amendment) Act, 2018, The Specific Relief (Amendment) Act, 2018, and The Arbitration and Conciliation (Amendment) Act, 2019.

viii. Alternate Dispute Resolution methods have been promoted whole heartedly.

Accordingly, The Commercial Courts Act, 2015 was amended in August, 2018 making Pre-institution Mediation and Settlement (PIMS) mandatory in case of commercial disputes. In order to further enhance the efficiency of the PIMS mechanism, the Government, through The Mediation Act, 2023, has further amended the Commercial Court Act, 2015. Amendments to The Arbitration and Conciliation Act, 1996 have been made in the years 2015, 2019 & 2021 for expediting the speedy resolution of disputes.

Under The Commercial Courts Act, 2015, there is a provision for case management hearing which provides for an efficient, effective and purposeful judicial management of a case so as to achieve a timely and qualitative resolution of a dispute. It assists in early identification of disputed issues of fact and law, establishment of procedural calendar for the life of the case and the exploration of possibilities of the resolution of the dispute.

Another novel feature introduced for the commercial courts is the system of color banding which limits the number of adjournments that can be granted in any commercial matter to three and alerts the judges about listing of the cases in accordance with their stage of pendency.

x. Lok Adalat is an important Alternative Disputes Resolution Mechanism available to common people. It is a forum where the disputes/ cases pending in the court of law or at pre-litigation stage are settled/ compromised amicably. Under The Legal Services Authorities (LSA) Act, 1987, an award made by a Lok Adalat is deemed to be a decree of a civil

court and is final and binding on all parties and no appeal lies against thereto before any court. Lok Adalat is not a permanent establishment. National Lok Adalats are organized simultaneously in all Taluks, Districts and High Courts on a pre-fixed date.

The details of the cases disposed of in National Lok Adalats during the last four years are as under: -

Years	Pre-litigation Cases	Pending Cases	Grand Total
2021	72,06,294	55,81,743	1,27,88,037
2022	3,10,15,215	1,09,10,795	4,19,26,010
2023	7,10,32,980	1,43,09,237	8,53,42,217
2024	8,70,19,059	1,75,07,060	10,45,26,119
Total	19,62,73,548	4,83,08,835	24,45,82,383

- x. The Government launched the Tele-Law programme in 2017, which provides an effective and reliable e-interface platform connecting the needy and disadvantaged sections seeking legal advice and consultation with panel lawyers via video conferencing, telephone and chat facilities available at the Common Service Centres (CSCs) situated in Gram Panchayats and through Tele-Law mobile App.

*Percentage-wise break-up of Tele – Law Data

Category	Cases Registered	% Wise Break Up	Advice Enabled	% Wise Break Up
Gender Wise				
Female	43,50,146	39.53%	42,92,045	39.49%
Male	66,55,274	60.47%	65,77,616	60.51%
Caste Category Wise				
General	25,94,779	23.58%	25,54,696	23.50%
OBC	34,67,629	31.51%	34,21,343	31.48%
SC	34,55,009	31.39%	34,19,433	31.46%

ST	14,88,003	13.52%	14,74,189	13.56%
Total	1,10,05,420		1,08,69,661	

*Data as on 28.02.2025.

- xi. Efforts have been made to institutionalize pro bono culture and pro bono lawyering in the country. A technological framework has been put in place where advocates volunteering to give their time and services for pro bono work can register as Pro Bono Advocates on Nyaya Bandhu (Android & iOS and Apps). Nyaya Bandhu Services are also available on UMANG Platform. Pro Bono Panel of advocates has been initiated in 23 High Courts at the State/UT level. Pro Bono Clubs have been started in 109 Law Schools to instill Pro Bono culture in budding lawyers.

GLOBAL YOGA INSTITUTE

5645. SHRIMATI BIJULI KALITA MEDHI:

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

- whether there is likely to be any special provisions or additional support for grassroots-level Yoga practitioners who may not have digital access to apply online;
- if so, the details thereof;
- the steps being taken by the Government to encourage more participation from rural and marginalized communities in the nomination process for yoga practitioner;
- whether there are any collaborations with global Yoga institutions to encourage nominations from foreign practitioners and organizations; and

(e) 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 (c) : The Hon'ble Prime Minister, on the second International Day of Yoga announced two prestigious Yoga awards – one International and other National – to be given on the occasion of International Day of Yoga. The purpose of the Award is to recognize and felicitate individual(s)/ organization(s) who have made significant impact on society for a sustained period of time by way of promotion and development of Yoga. Applications for the Prime Minister's Yoga Awards 2025 are to be submitted via the MyGov platform. The submission window is now open and will be available till 15th April 2025. To encourage greater participation from rural and marginalized communities and to facilitate grassroot level Yoga practitioners who may not have digital access to apply online, Ministry of Ayush has issued necessary instructions to Ministries/ Departments of Government of India, States/UTs, Yoga Organisations to facilitate the nomination for grassroot level Yoga practitioners and marginalized communities and to propagate this through their websites and social media handles. Advertisements regarding the Prime Minister's Yoga Award 2025 have been published in newspapers in local languages, and the Ministry has also prepared a short video on Prime Minister's Yoga Award 2025, for wider publicity.

(d) and (e) : To encourage nominations from international practitioners and organizations, Indian and foreign embassies, through the Ministry of External

Affairs (MEA), along with Yoga Certification Board (YCB)-accredited foreign institutions, have been requested to issue necessary directions to all the Indian Missions abroad for the promotion and propagation of the Prime Minister's Yoga Award 2025. Social media managers of Indian Mission/ Indian Council for Cultural Relations (ICCR)/ other MEA offices have also been requested to publicize the same through their handles.

SAFE MENSTRUAL HYGIENE

5646. SHRI BAIJAYANT PANDA:

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

- (a) the total number of girls as per the last National Family Health Survey using safe menstrual hygiene products in the country, State/UT-wise;
- (b) whether the Government distributes free or subsidized sanitary napkins in rural areas of country; and
- (c) if so, the details thereof alongwith the rural areas covered in Odisha in 2024?

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 the State/ UT wise National Family Health Survey 5 data on safe use of menstrual hygiene products for girls aged 15-19 years are given in the enclosed **Statement**.

(b) : Ministry of Health and Family Welfare implements the 'Scheme for Promotion of Menstrual Hygiene' aimed at promoting menstrual hygiene among adolescent girls aged 10–19 years. The scheme implementation promotes increased

awareness among adolescent girls on menstrual hygiene, increased access to sanitary napkins by adolescent girls and promotion of safe disposal of sanitary napkins in an environmentally friendly manner. Under this scheme, packs of six sanitary napkins are provided to adolescent girls by ASHAs using the platforms of schools and community.

Additionally, under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), the government launched the 'Jan Aushadhi Suvidha' sanitary napkins, available at ₹1 per pad, to ensure affordable access to menstrual hygiene products.

(c) : As per information received from the State of Odisha, it implements the "KHUSI" programme, providing sanitary napkins free of cost to 17.8 lakh school-going adolescent girls (Classes 6–12) in all government-aided schools. For the out-of-school adolescent girls (10–19 years), ASHAs distribute sanitary napkins at subsidized rates through social marketing under the Menstrual Hygiene Scheme of RKSK, ensuring access across both rural and urban areas to promote better menstrual hygiene.

STATEMENT

Percentage (%) of Girls aged 15-19 years who use hygienic methods of protection during their menstrual period as per NFHS5, State/UT-wise	
States/ UTs	NFHS5
Andaman & Nicobar Islands	NA
Andhra Pradesh	89.1
Arunachal Pradesh	92.1
Assam	68.5
Bihar	59.3
Chandigarh	NA
Chhattisgarh	70.7
Delhi	97.6

DNH& DD	NA
Goa	98.3
Gujarat	66.2
Haryana	93.1
Himachal Pradesh	92.7
J&K	73.8
Jharkhand	77.1
Karnataka	57.7
Kerala	93.6
Ladakh	NA
Lakshwadeep	NA
Madhya Pradesh	60.5
Maharashtra	85.7
Manipur	84.7
Meghalaya	65
Mizoram	89.8
Nagaland	78.2
Puducherry	NA
Punjab	94
Odisha	85.5
Rajasthan	85.8
Sikkim	87.5
Tamilnadu	98.7
Telangana	95
Tripura	73.5
Uttarakhand	91.5
Uttar Pradesh	70.5
West Bengal	86.6

*NA-UT data for 15-19 years of girls not available

जनसंख्या विस्फोट पर नियंत्रण

5647. डॉ. मन्ना लाल रावत:

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

- (क) क्या सरकार ने देश में जनसंख्या विस्फोट को नियंत्रित करने के लिए कोई नीति शुरू की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) देश में बढ़ती जनसंख्या को रोकने के लिए सरकार की नीतियों में राज्य/संघ राज्य क्षेत्रवार क्या प्रगति हुई है;
- (ग) क्या अधिक बच्चे पैदा करने वाले लोगों को सरकारी योजनाओं का लाभ नहीं देने का कोई प्रावधान है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या सरकार के पास बढ़ती जनसंख्या को नियंत्रित करने के लिए दीर्घकालिक व्यवस्था हेतु कोई भावी रणनीति है; और
- (ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस संबंध में सरकार द्वारा क्या कदम उठाए गए हैं?

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

(क) से (ङ) : भारत ने एनएफएचएस-5 (2019-21) के अनुसार 2.0 की कुल प्रजनन दर (टीएफआर) हासिल की है। यह राष्ट्रीय जनसंख्या नीति 2000 और राष्ट्रीय स्वास्थ्य नीति 2017 के साथ जुड़ा हुआ है।

स्वास्थ्य और परिवार कल्याण मंत्रालय माता और बच्चे के कल्याण के लिए गर्भधारण के सही समय और अंतराल के बारे में जागरूकता बढ़ाकर, परिवार नियोजन सेवाओं की उपलब्धता प्रदान करके और प्रजनन का प्रबंधन करने के लिए राज्यों की विशिष्ट आवश्यकताओं के आधार पर कार्यक्रम कार्यान्वयन योजना (पीआईपी) में राज्यों द्वारा प्रस्तावित बजट को अनुमोदित करके प्रजनन के प्रतिस्थापन स्तरों को प्राप्त करने और उन्हें बनाए रखने पर ध्यान केंद्रित करता है।

परिवार नियोजन कार्यक्रम के अंतर्गत सरकार द्वारा कार्यान्वित विभिन्न योजनाएँ नीचे दी गई हैं-

- **विस्तारित गर्भनिरोधक विकल्पों** में कंडोम, संयुक्त रूप से खाई जाने वाली गर्भनिरोधक गोलियां, अंतर्गर्भाशयी गर्भनिरोधक उपकरण (आईयूसीडी), नसबंदी, इंजेक्शन योग्य

गर्भनिरोधक एमपीए (अंतरा कार्यक्रम), सेंटक्रोमन (छाया) और आपातकालीन गर्भनिरोधक गोलियां शामिल हैं।

- गर्भनिरोधकों और परिवार नियोजन सेवाओं तक पहुंच बढ़ाने के लिए तेरह राज्यों में **मिशन परिवार विकास** लागू किया गया।
- **नसबंदी करवाने वालों के लिए मुआवजा योजना** लाभार्थियों को मजदूरी की हानि के लिए मुआवजा प्रदान करती है।
- **पोस्ट-पार्टम** अंतर्गर्भाशयी गर्भनिरोधक उपकरण (पीपीआईयूसीडी), गर्भपात के पश्चात अंतर्गर्भाशयी गर्भनिरोधक उपकरण (पीएआईयूसीडी) और पोस्ट-पार्टम नसबंदी (पीपीएस) के रूप में **गर्भावस्था के बाद के गर्भनिरोधक** हैं।
- सभी राज्यों/संघ राज्य क्षेत्रों में परिवार नियोजन और सेवा प्रदायगी के बारे में जागरूकता बढ़ाने के लिए प्रत्येक वर्ष **‘विश्व जनसंख्या दिवस अभियान’** और **‘पुरुष नसबंदी पखवाड़ा’** मनाया जाता है।
- आशा कार्यकर्ताओं द्वारा **घर पर गर्भनिरोधकों की प्रदायगी**।
- सरकार स्वास्थ्य सुविधा केन्द्रों के सभी स्तरों पर परिवार नियोजन संबंधी वस्तुओं की उपलब्धता सुनिश्चित करने के लिए **परिवार नियोजन संभार तंत्र प्रबंधन सूचना प्रणाली (एफपीएलएमआईएस)** कार्यान्वित कर रही है।

UPGRADATION OF ANGANWADI CENTRES IN TAMIL NADU

5648. SHRI DURAI VAIKO:

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

the amount of funds allocated and utilized for the upgradation of infrastructure of Anganwadi Centres in the Tiruchirappalli and Pudukottai districts of Tamil Nadu in the last five years?

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

During the 15th Finance Commission cycle, 2 lakh Government owned Anganwadi Centres (AWCs) @ 40,000 AWCs per year are strengthened and upgraded as SakshamAnganwadis for improved nutrition delivery and for early childhood care and development under Mission SakshamAnganwadi and Poshan 2.0. SakshamAnganwadis are equipped with infrastructure better than the conventional Anganwadi Centres by providing LED screens, water purifier/installation of RO Machine, PoshanVatika, ECCE and BALA Paintings.

As on date, a total of 2 Lakh AWCs have been approved for upgradation as Saksham AWCs including 11,972 AWCs in the State of Tamil Nadu.

Mission SakshamAnganwadi and Poshan 2.0 is a Centrally Sponsored scheme. The Central Government is responsible for policy and planning and the State Governments are responsible for day-to-day program implementation. Funds are released to the State Government. The year wise fund allocated and released for the upgradation of AWCs to the State of Tamil Nadu under Mission SakshamAnganwadi and Poshan 2.0 is as below:

(Rs. in Lakh)				
Name of State	Funds allocated during FY 2022-23	Funds allocated during FY 2023-24	Funds allocated during FY 2024-25	Total Funds allocated
Tamil Nadu	395.76	3354.0	0	3749.76

SHORTAGE OF JUDGES IN COURTS

5649. SHRI JANARDAN SINGH SIGRIWAL:

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

- (a) whether the number of judges in the country is very low, if so, the details thereof along with the reasons therefor;
- (b) the corrective measures being taken by the Government in this regard;
- (c) whether the pending cases in courts have been on rise due to shortage of judges;
- (d) if so, the details thereof along with the measures being taken to address the said issue;and
- (e) whether the Government has any proposal to open Law Colleges for women in Bihar and if so, the details thereof, location-wise?

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) : 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.

Appointments of judges in the Supreme Court and High Courts are governed by Articles 124, 217 and 224 of the Constitution. 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 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, who are recommended by the SCC are appointed as Judges of High Courts. As on 01.04.2025, against the sanctioned strength of 1122 Judges in the High Courts, 766 Judges are working. Recommendations against 216 vacancies are yet to be received from the High Court Collegiums. Since May 2014 till 04.02.2025, 67 Judges have been appointed in the Supreme Court and 1034 Judges have been appointed to various High Courts.

Appointments in District and Subordinate Courts fall under the jurisdiction of State Governments and High Courts, as per Articles 233 and 234 of the Constitution of India. The recruitment process is governed by the rules framed by State Governments in consultation with High Courts, following timelines set by the Hon'ble Supreme Court vide its January 2007 order in the Malik Mazhar Sultan case.

The vacancy of judges is not the sole reason for the increased pendency of cases in courts. Pendency of cases in courts is attributable to 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 delay in 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.

(e) : The Advocates Act, 1961 is the relevant legislation for laying down the standards of Legal Education and Lawyers in India and it grants the powers to BCI to recognize Universities and approve Colleges/Centers of Legal Education for the purpose of imparting legal education upon receipt of affiliation from the Universities. The Law Universities/Private Law Colleges have been established under the Acts enacted by the respective State Legislatures. The Government of India has no role to play regarding opening of Law Colleges for women in Bihar

ACTION AGAINST NORRIS MEDICINES

5650. SHRI RAJA RAM SINGH:

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

- (a) whether the Government has taken any action against Norris Medicines Limited company that was accused of manufacturing cough syrups containing toxins, if so, the details thereof;
- (b) the current status of enquiry, penal action taken and any other relevant information in this regard;
- (c) whether the Government has drafted any procedures/regulations to identify and punish companies producing toxic medicines for children post Norris incident and if so, the details thereof;

- (d) the list of the companies that have been identified by Central Drugs Standard Control Organisation (CDSCO) for producing fraudulent medicines especially for children since 2020; and
- (e) the details of the punishments recommended and the steps taken by the Government for cancellation of licenses of companies responsible for malpractices stated above?

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 manufacture, sale and distribution of drugs are primarily regulated in the country under the provisions of Drugs & Cosmetics Act, 1940 and its Rules through a system of licensing and inspection by State Licensing Authorities appointed by respective State Governments. Licensee is required to comply with all the conditions of license as prescribed under Drugs & Cosmetics Rules and the State Licensing Authorities are empowered to take stringent action against violation of provisions of the Act and Rules.

Based on the test results indicating that the drug sample manufactured by M/s. Norris Medicines Limited, Ankleshwar, was not of standard quality, a joint inspection was carried out by Drugs Inspectors from the State and Central Drugs Standard Control Organization (CDSCO). Consequently, following the recommendations of the inspection team, the State Licensing Authority of Gujarat issued a Show Cause Notice to the firm, followed by stop production order to the firm.

(c) to (e): The provisions under the Drugs and Cosmetics Act, 1940 defines standards of quality drugs including spurious and adulterated drugs.

Manufacture of Spurious/Adulterated/Not of Standard Quality drugs etc. is a punishable offence under the provisions of Drugs & Cosmetics Act, 1940 and licensing authorities concerned are empowered to take action in such cases.

A list of drugs of various companies, which are declared Not of Standard Quality/ Spurious/ Misbranded/ Adulterated by the Central Drugs Testing Laboratories are regularly uploaded on the website of Central Drugs Standard Control Organization (CDSCO) under the heading of Drug Alert (www.cdsco.gov.in).

Further, in order to assess the regulatory compliance of drug manufacturing premises and the quality of drugs being manufactured in the country, the Central Drugs Standard Control Organization (CDSCO), in collaboration with state regulators, initiated risk-based inspections of drug manufacturing and testing firms in December 2022. As of now, 905 units have been inspected, resulting in 694 actions being taken. These actions include Stop Production Orders (SPO), Stop Testing Orders (STO), license suspensions/cancellations, warning letters, and showcause notices, depending on the severity of non-compliance.

RECRUITMENT IN ARMY

5651. DR. KALANIDHI VEERASWAMY:

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

- (a) whether the Government is proposing to reduce the physical test parameters between male and female candidates for recruitment in the Indian Army;
- (b) if so, the details thereof and if not, the reasons therefor;
- (c) whether the Government believes that such a move will ensure a more inclusive environment for women in the Indian Army and if so, the details thereof;
- (d) the manner in which the Government plans to maintain the overall operational efficiency and readiness of the Army while implementing these changes;
- (e) the details of measures proposed/being proposed by the Government to ensure that the physical standards for women candidates, if revised, remain consistent with the physical demands required by the Army in real combat scenarios; and
- (f) whether there are any concerns raised by military leadership or experts regarding the potential impact of reducing the physical test parameters on the performance and preparedness of female recruits and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH):

(a) to (f): No, Sir. No such proposal has been moved by Indian Army till date.

INSTITUTE OF NATIONAL IMPORTANCE

5652. SHRI MADDILA GURUMOORTHY:

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

- (a) the standards and eligibility criteria essential for an institution to be recognized as an Institute of National Importance (INI);
- (b) the details of list of health institutions recognized as Institutes of National Importance (INI) during the last five years including the names of the institutions and the year of recognition, State/UT-wise;
- (c) whether the Government has received any proposals from Sri Venkateswara Institute of Medical Sciences (SVIMS), Tirupati for recognition as an Institute of National Importance (INI), if so, the details thereof;
- (d) whether the Government has considered granting SVIMS the status of Institute of National Importance (INI); and
- (e) if so, the details thereof along with the process and timeline for its recognition and if not, the reasons for not granting this recognition?

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): Institutions of scientific or technical education financed by the Government of India wholly or in part can be declared by an Act of Parliament to be Institutions of National Importance (INIs) in terms of Entry 64 in List I of Seventh Schedule of Constitution of India. A list of AIIMS notified in the last five years as per AIIMS Act 1956 (as amended in 2012) is at Statement.

(c) to (e) : A proposal of SVIMS, Tirupati for recognition as INI has been received in the Ministry. The SVIMS has been set up by an Act of Legislative Assembly of State of Andhra Pradesh.

S.No	Name of Institute	State/UT	Notified
1.	All India Institute of Medical Sciences, Madurai	Tamil Nadu	July 2020
2.	All India Institute of Medical Sciences, Darbhanga	Bihar	April 2021
3.	All India Institute of Medical Sciences, Rewari	Haryana	May 2024

FEE HIKE IN AIR FORCE SCHOOLS

5653. SHRI P. V. MIDHUN REDDY:

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

- (a) whether the fees has been increased recently in schools run by Defence especially in Air Force schools;
- (b) if so, the reasons therefor;
- (c) the rationale behind the decision of the Government to increase fees in Air Force schools; and
- (d) the manner in which the Air Force schools justify unilaterally imposing substantial fee increases on parents while simultaneously receiving funds from the Government?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH):

(a) to (d) : Yes, Sir. The fees has been increased to cater for functional expenses including pay and allowances for the staff. Further, Air Force schools are private unaided schools, managed by respective Air Force Stations as no profit no loss ventures.

पीएमएमवी योजना

5654.श्री अरुण कुमार सागर:

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

- (क) क्या देश में विशेषकर उत्तर प्रदेश के शाहजहांपुर संसदीय निर्वाचन क्षेत्र में प्रधानमंत्री मातृ वंदना योजना(पीएमएमवीवाई) चलाई जा रही है;
- (ख) यदि हां, तो विशेषकर उक्त संसदीय निर्वाचन क्षेत्र के संबंध में तत्संबंधी ब्यौरा क्या है और आज की तारीख तक की इसकी स्थिति क्या है; और
- (ग) विगत तीन वर्षों और चालू वर्ष के दौरान इस योजना के अंतर्गत राज्यवार और वर्षवार कुल कितनी केन्द्रीय निधि आबंटित की गई है और उक्त निधि के उपयोग का ब्यौरा क्या है और उक्त संसदीय निर्वाचन क्षेत्र सहित इसमें लाभान्वित लाभार्थियों की संख्या कितनी है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) : महिला एवं बाल विकास मंत्रालय दिनांक 01.01.2017 से राज्यों और संघ राज्य क्षेत्रों के महिला एवं बाल विकास और स्वास्थ्य एवं परिवार कल्याण विभागों के अधिकारियों के माध्यम से देश भर में (ओडिशा और तेलंगाना को छोड़कर) प्रधान मंत्री मातृ वंदना योजना (पीएमएमवीवाई) कार्यान्वित कर रहा है। पीएमएमवीवाई एक केंद्र प्रायोजित मातृत्व लाभ योजना है जिसके तहत पहले बच्चे के लिए प्रत्यक्ष लाभ अंतरण (डीबीटी) मोड में लाभार्थी के बैंक/डाकघर खाते में सीधे 5,000/- रुपये का नकद प्रोत्साहन प्रदान किया जाता है। पात्र लाभार्थियों को संस्थागत प्रसव के बाद जननी सुरक्षा योजना के अंतर्गत प्रसूति लाभ के लिए अनुमोदित मानदण्डों के अनुसार शेष नकद प्रोत्साहन प्राप्त होता है ताकि एक महिला को औसतन 6000/- रुपए प्राप्त हों। दूसरे बच्चे के लिए पात्र लाभार्थियों को पीएमएमवीवाई के तहत 6,000/- रुपये का नकद प्रोत्साहन भी प्रदान किया जाता है बशर्ते कि दूसरा बच्चा बालिका हो।

(ख) : पीएमएमवीवाई की शुरुआत से लेकर 31.03.2025 तक की स्थिति इस प्रकार है:

	नामांकित लाभार्थी (लाख में)	लाभार्थियों को भुगतान किया गया (लाख में)	संवितरित राशि (करोड़ रुपए में)
भारत	437.49	390.23	17,982.59
उत्तर प्रदेश	67.25	61.61	2,734.76
शाहजहाँपुर जिला	1.22	1.16	51.02

(ग) : पीएमएमवीवाई के अंतर्गत जारी की गई और उपयोग की गई केन्द्रीय निधियों का ब्यौरा संलग्न

विवरण- I में दिया गया है।

नामांकित लाभार्थियों, भुगतान किए गए लाभार्थियों और संवितरित राशि का ब्यौरा संलग्न

विवरण-II में दिया गया है।

विवरण-I

पीएमएमवीवाई के अंतर्गत जारी की गई निधियों का वर्ष-वार और राज्य-वार एवं संघ राज्य क्षेत्र-वार ब्यौरा

(करोड़ रुपए में)

क्र.सं.	राज्य/संघ राज्य क्षेत्र	2021-22		2022-23		2023-24		2024-25
		जारी की गई	उपयोग की गई	जारी की गई	उपयोग की गई	जारी की गई	उपयोग की गई	जारी की गई
1.	अंडमान और निकोबार द्वीप समूह	1.19	0.71	0.18	0.74	0.00	0.40	0.33
2.	आंध्र प्रदेश	20.22	14.43	71.89	95.81	57.99	42.80	44.96
3.	अरुणाचल प्रदेश	0.56	6.31	1.43	2.29	0.00	0.57	1.98
4.	असम	35.47	95.78	79.18	80.37	155.05	62.33	77.07
5.	बिहार	211.74	189.52	171.74	216.2	0.00	31.70	141.53
6.	चंडीगढ़	1.89	2.27	0.62	0.05	4.08	1.35	0.00
7.	छत्तीसगढ़	38.66	34.78	72.75	44.99	0.00	19.03	68.72
8.	दादरा और नगर हवेली और दमन और दीव	0	0.04	1.84	1.64	0.91	1.37	2.44
9.	गोवा	1.09	0.73	1.61	1.12	0.00	0.4	1.86
10.	गुजरात	46.32	25.13	10.75	94.37	75.64	38.92	72.48
11.	हरियाणा	40.02	40.91	63.66	44.57	0.00	2.97	33.30
12.	हिमाचल प्रदेश	21.17	18.88	14.19	16.23	10.56	3.68	26.85
13.	जम्मू एवं कश्मीर	39.34	32.84	20.60	24.43	33.60	2.82	41.90
14.	झारखंड	58.39	35.24	29.27	27.97	0.00	15.80	39.31
15.	कर्नाटक	142.77	72.57	148.87	210.10	113.96	39.00	159.96
16.	केरल	53.37	57.5	53.96	45.93	61.06	20.33	0.00
17.	लद्दाख	0.38	0.36	0.31	0.07	0.69	0.85	0.62
18.	लक्षद्वीप	0.17	0.11	0.01	0.00	0.23	0.11	0.27
19.	मध्य प्रदेश	130.29	102.19	204.02	101.21	105.51	95.27	257.00
20.	महाराष्ट्र	99.50	149.02	240.83	152.86	0.00	26.84	141.17
21.	मणिपुर	1.15	2.90	3.45	3.45	7.93	4.08	0.00
22.	मेघालय	5.08	6.06	6.26	6.04	0.00	6.38	3.45
23.	मिजोरम	2.90	2.99	1.99	1.78	1.40	1.94	2.55

24.	नागालैंड	4.98	2.12	2.03	6.95	2.42	1.91	4.18
25.	राष्ट्रीय राजधानी क्षेत्र दिल्ली	28.31	25.82	31.46	27.47	27.15	11.07	20.08
26.	ओडिशा	0.00	0.00	0.00	0.00	0.00	0.00	43.48
27.	पुदुचेरी	2.39	2.98	1.96	1.82	0.00	0.05	1.76
28.	पंजाब	16.47	9.9	18.82	34.54	32.05	29.72	32.03
29.	राजस्थान	108.20	98.26	81.84	114.15	123.23	56.33	98.17
30.	सिक्किम	0.42	0.44	0.70	1.11	1.28	0.37	0.00
31.	तमिलनाडु	52.31	111.21	68.03	75.81	0.00	63.29	95.62
32.	त्रिपुरा	6.04	4.49	3.27	4.71	11.31	2.75	5.42
33.	उत्तर प्रदेश	290.85	199.7	500.68	384.53	0.00	74.79	0.00
34.	उत्तराखंड	20.71	23.28	16.69	7.10	30.35	19.68	26.41
35.	पश्चिम बंगाल	46.94	0.00	63.22	39.09	0.00	0.58	0.00

नोट:

1. तेलंगाना सरकार अपने राज्य में पीएमएमवीवाई योजना को कार्यान्वित नहीं कर रही है।
2. ओडिशा सरकार अपने राज्य में पीएमएमवीवाई योजना को शुरू करने की प्रक्रिया में है।
3. उपयोग की गई राशिजारी की गई राशि से अधिक हो सकती है क्योंकि इसमें पिछले वर्षों की अप्रयुक्त राशि शामिल हो सकती है ,
4. वित्त वर्ष 2024-25 के लिए उपयोग प्रमाणपत्र अभी देय नहीं है

विवरण - II

पीएमएमवीवाई के तहत नामांकित लाभार्थियों, भुगतान किए गए लाभार्थियों और संवितरित राशि का ब्यौरा

क्र.सं.	राज्य/ संघ राज्य क्षेत्र	2021-22			2022-23			2023-24			2024-25		
		नामांकित लाभार्थी	लाभार्थी को भुगतान किया गया	संवितरित राशि (करोड़ रुपए में)	नामांकित लाभार्थी	लाभार्थी को भुगतान किया गया	संवितरित राशि (करोड़ रुपए में)	नामांकित लाभार्थी	लाभार्थी को भुगतान किया गया	संवितरित राशि (करोड़ रुपए में)	नामांकित लाभार्थी	लाभार्थी को भुगतान किया गया	संवितरित राशि (करोड़ रुपए में)
1.	अंडमान व नोकोबार द्वीप समूह	1100	998	0.46	1213	1291	0.62	1848	856	0.37	1170	1404	0.46
2.	आंध्र प्रदेश	157704	49426	17.71	260731	392312	187.04	260847	150288	64.20	182369	314404	116.22
3.	अरुणाचल प्रदेश	3305	3315	1.54	4685	4533	2.06	5774	1399	0.63	3368	4879	2.05
4.	असम	191438	225412	109.85	176196	179829	89.30	288465	160354	69.26	230322	279883	117.30
5.	बिहार	396376	401223	184.41	696210	731838	341.13	464901	101686	39.80	737045	802894	324.74
6.	चंडीगढ़	5637	5189	2.27	5197	5868	2.82	3725	3038	1.35	3321	4307	1.63
7.	छत्तीसगढ़	140400	136580	57.05	138040	160786	73.31	172100	83540	31.58	208467	389013	138.53
8.	दादरा और नगर हवेली एवं दमन और दीव	2870	3295	1.39	3758	4199	2.01	3458	2845	1.21	3724	8610	2.83

क्र.सं.	राज्य/ संघ राज्य क्षेत्र	2021-22			2022-23			2023-24			2024-25		
		नामांकित लाभार्थी	लाभार्थी को भुगतान किया गया	संवितरित राशि (करोड़ रुपए में)	नामांकित लाभार्थी	लाभार्थी को भुगतान किया गया	संवितरित राशि (करोड़ रुपए में)	नामांकित लाभार्थी	लाभार्थी को भुगतान किया गया	संवितरित राशि (करोड़ रुपए में)	नामांकित लाभार्थी	लाभार्थी को भुगतान किया गया	संवितरित राशि (करोड़ रुपए में)
9.	दिल्ली	75623	95278	42.03	81732	84713	41.10	84598	42130	18.46	75567	107770	44.74
10.	गोवा	3956	2710	1.27	4998	6648	2.94	6684	1486	0.65	3021	8743	3.29
11.	गुजरात	163616	90125	25.13	269023	254947	95.15	299481	158132	64.87	219573	477012	173.00
12.	हरियाणा	113909	147893	68.96	145399	154175	76.39	102043	12624	4.86	107332	149956	63.25
13.	हिमाचल प्रदेश	40682	42025	20.25	40170	44220	22.53	45790	9315	3.78	43554	57776	22.38
14.	जम्मू और कश्मीर	60790	84316	39.64	61944	56049	27.46	73448	13012	5.09	84783	141120	58.00
15.	झारखंड	113105	130732	58.73	135569	91961	43.66	143494	64824	26.20	112494	245991	91.06
16.	कर्नाटक	399447	302156	139.56	339943	597325	293.39	395482	164345	65.01	476159	729323	295.56
17.	केरल	169280	204888	94.18	148258	152962	75.24	149124	76924	33.45	120876	236039	84.42
18.	लद्दाख	717	744	0.36	629	699	0.29	1652	1400	0.64	1829	2510	0.98
19.	लक्षद्वीप	311	289	0.11	11	70	0.02	989	531	0.20	652	994	0.34
20.	मध्य प्रदेश	589374	599733	271.54	557765	570016	280.38	646710	418306	162.53	630329	1298493	441.07
21.	महाराष्ट्र	647779	570602	257.47	587998	691219	326.11	360928	93891	37.17	500092	538936	209.89
22.	मणिपुर	6419	6886	3.21	6494	6494	3.14	12062	7685	3.70	19141	19812	9.44
23.	मेघालय	9746	10570	4.86	10459	10330	4.78	10019	3818	1.96	15440	15449	7.42
24.	मिजोरम	6037	5981	2.89	6851	6817	3.17	6734	2423	1.12	5724	3772	1.81

क्र.सं.	राज्य/ संघ राज्य क्षेत्र	2021-22			2022-23			2023-24			2024-25		
		नामांकित लाभार्थी	लाभार्थी को भुगतान किया गया	संवितरित राशि (करोड़ रुपए में)	नामांकित लाभार्थी	लाभार्थी को भुगतान किया गया	संवितरित राशि (करोड़ रुपए में)	नामांकित लाभार्थी	लाभार्थी को भुगतान किया गया	संवितरित राशि (करोड़ रुपए में)	नामांकित लाभार्थी	लाभार्थी को भुगतान किया गया	संवितरित राशि (करोड़ रुपए में)
25.	नागालैंड	4556	4181	2.09	5265	5532	2.73	6536	2473	1.16	8576	9274	4.51
26.	पुदुचेरी	5791	6390	2.97	5812	6368	3.03	7065	243	0.09	4638	12918	5.10
27.	पंजाब	81212	47089	19.11	91021	141304	68.40	126948	83221	39.47	104650	203913	79.42
28.	राजस्थान	347208	334830	147.92	381712	405991	181.39	390421	186182	73.48	393550	915462	304.80
29.	सिक्किम	2400	1781	0.83	2325	2845	1.07	9941	898	0.41	3277	3068	1.43
30.	तमिलनाडु	359253	178547	108.60	364175	135752	84.21	168418	286823	105.49	95337	537054	111.55
31.	त्रिपुरा	15188	12538	5.35	16796	21027	10.04	17470	7690	3.05	19860	42422	15.96
32.	उत्तर प्रदेश	993093	702993	326.31	1027521	1424694	660.59	642985	277011	124.65	193457	303300	137.58
33.	उत्तराखंड	61063	46211	22.77	47615	67387	28.00	68694	48451	19.08	85727	117431	42.06
34.	पश्चिम बंगाल	61437	102	0.04	532889	868049	394.17	400453	0	0.00	1,52,999	0	0.00

नोट:

1. तेलंगाना सरकार अपने राज्य में पीएमएमवीवाई योजना को कार्यान्वित नहीं कर रही है।
2. ओडिशा सरकार अपने राज्य में पीएमएमवीवाई योजना को शुरू करने की प्रक्रिया में है।
3. भुगतान किए गए लाभार्थियों की संख्या किसी भी वित्तीय वर्ष के दौरान नामांकित लाभार्थियों की संख्या से अधिक हो सकती है, क्योंकि पिछले वित्तीय वर्षों में पंजीकृत कुछ लाभार्थियों ने अगले वित्तीय वर्ष में भुगतान प्राप्त किया है।
4. यह जानकारी पीएमएमवीवाई पोर्टल (<https://pmmvy.wcd.gov.in>) से ली गई है।

EDUCATION AND HEALTH SCHEMES FOR CHILDREN**5655. SHRI BIDYUT BARAN MAHATO:****MD. RAKIBUL HUSSAIN:**

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

- (a) whether the Government is ensuring that all children particularly from disadvantaged or tribal communities, have access to free and quality education under the Right to Education Act in Dhubri Assam;
- (b) the details of the steps being taken to reduce malnutrition and improve the health and nutrition status of children in said areas including Jharkhand especially in tribal and rural areas where child mortality rates remain high;
- (c) whether any targeted interventions or schemes, such as the Integrated Child Development Services (ICDS) and Anganwadi programmes, being implemented effectively in the said areas to support early childhood care and development, particularly in the most vulnerable communities; and
- (d) if so, the details thereof?

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

(a) : The Right of Children to Free and Compulsory Education Act, 2009 (RTE Act), is implemented by the Department of School Education and Literacy (DSEL) under the Ministry of Education. The Right to Free and Compulsory Education (RTE) Act, 2009 extends to the whole of India including disadvantaged or tribal communities of Dhubri Assam and mandates the appropriate Government to provide free and

compulsory elementary education to every child of the age 6 to 14 years in a neighborhood school till the completion of his or her elementary education.

Education is in the concurrent list of the Constitution and majority of the schools are under the domain of the respective State and UT Government which is the appropriate government under the RTE Act, 2009. Ministry of Education issues various advisories/ guidelines to all the States/UTs to ensure the implementation of all the provisions of the RTE Act, 2009 in their respective jurisdiction from time to time.

(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. It is a Centrally Sponsored mission, where the responsibility for implementation of various activities lies with the States and UTs. This mission is a universal self-selecting umbrella scheme where there are no entry barriers for any beneficiary to register and receive services. This mission is being implemented across the country including rural and tribal areas of Jharkhand.

The objectives of Mission are as follows:

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

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, 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 in January 2023. 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 for 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 at least once a week for preparation of Hot Cooked Meal and Take Home ration at Anganwadi centers.

Ministries of Women & Child Development and Health & 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 to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. State and UTs are conducting and reporting regular sensitisation activities under Jan Andolans 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.

During the 15th Finance Commission cycle, 2 lakh Anganwadi Centres @ 40,000 AWCs per year are to be upgraded as Saksham Anganwadis for improved nutrition delivery and for imparting early childhood care and development. 16775 AWCs have been sanctioned in the State of Jharkhand to be upgraded as Saksham Anganwadis.

(c) and (d) : Poshan Bhi Padhai Bhi initiative of Saksham Anganwadi and Poshan 2.0 was launched to bring focus of the Anganwadi system on early childhood care and education and transform the Anganwadi Centre into a Learning Centre having high quality infrastructure, play equipment, and well-trained Anganwadi Workers to stimulate the creative, social, emotional and cognitive development of children under 6 years of age including divyang children.

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 Three Years, 2024” and “Aadharshila- National Curriculum for Early Childhood Care and Education for Children from Three to Six Years 2024” under Poshan Bhi Padhai Bhi programme. “Navchetna” is regarding holistic early stimulation, through responsive caregiving and opportunities for early learning, for optimal development of children. Whereas, “Adharshila” covers all domains of development including physical/motor, cognitive, language and literacy, socioemotional, cultural/aesthetic as well as positive habits.

NBEMS TO BILL DESK

5656. DR. BACHHAV SHOBHA DINESH:

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

- (a) whether the Government has implemented the recommendations made by the Lokpal of India on 25.07.2023 regarding complaint number 3567/2022, regarding regulation of recruitment, salary, finance and administration of autonomous bodies under the administrative control of Government of India;
- (b) if so, the details thereof along with the action taken thereon, recommendation-wise;
- (c) whether the Government has recovered the financial loss of public funds suffered by NBEMS (National Board of Examinations in Medical Sciences), to Bill Desk;

- (d) if so, the details thereof including amount lost, recovered and interest applicable in this regard;
- (e) whether the Government has taken cognizance of the issue raised by the Lokpal regarding the mismanagement, violation of rules, financial manipulations and other irregularities observed in the NBEMS and if so, the details thereof;
- (f) whether the Government has instituted an enquiry to review the issue; and
- (g) if so, the details thereof including findings of the investigation and 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 (g) : Hon'ble Lokpal of India vide judgement dated 25.07.2023 made general recommendations for systemic improvements in the functions of all autonomous bodies under government. The Ministry has implemented these recommendations in NBEMS. NBEMS follows Rules made by Government of India in all service and financial matters. The Ministry conducts the regular internal audit of NBEMS and statutory audit is conducted by Comptroller and Auditor General (CAG).

Further, a Committee was formed to identify any shortcomings in the operations of NBEMS and to recommend measures for strengthening and streamlining its systems and procedures. The Committee found that all departments and sections of NBEMS have been functioning efficiently and

effectively, all appointment of Consultants was in line with DoPT and NITI Aayog guidelines and there is no evidence of corruption or irregularities.

Additionally, NBEMS has taken up the matter regarding loss of funds incurred by NBEMS due to BillDesk through arbitration with the concerned parties.

BARRING STUDENTS WITH PAKISTANI MEDICAL DEGREES

5657. SHRI AGA SYED RUHULLAH MEHDI:

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

- (a) whether the Government has taken/proposes to reconsider its advisories barring students with Pakistani MBBS degrees from employment/higher studies in India, given that most were enrolled pre-advisory;
- (b) if so, the details thereof and if not, the reasons therefor;
- (c) the rationale for derecognizing Pakistani degrees in India while permitting those from Bangladesh/Nepal under SAARC despite identical medical curricula and Pakistan Medical Commission's global accreditation; and
- (d) whether the Government has assessed the socio-economic impact on female students (70-80% of those affected) now forced into debt for transfers to European colleges or informal work?

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 National Medical Commission's Public notice dated 28.04.2022 "any Indian national/Overseas Citizen of India who intends to take admission in

MBBS/BDS or equivalent medical course in any medical college of Pakistan shall not be eligible for appearing in FMGE or seeking employment in India on the basis of educational qualifications (in any subject) acquired in Pakistan except those who had joined Pakistan degree colleges/institutions before December 2018 or later after obtaining Security Clearance from MHA till date. However, migrants and their children who have acquired medical degree or higher education in Pakistan and have been awarded citizenship by India would continue to be eligible for appearing in FMGE/NEXT or seeking employment in India after obtaining Security Clearance from MHA”.

COLD-WAVE RELATED HEALTH RISKS

5658. SHRI MUKESHKUMAR CHANDRAKAANT DALAL:

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

- (a) whether any steps have been taken by the Government to mitigate cold-wave related health risks in vulnerable populations and if so, the details thereof;
- (b) whether any steps have been taken by the Government hospitals to handle cold-wave related emergencies and if so, the details thereof;
- (c) the steps taken by the Government to create awareness regarding the precautions to be taken for cold-waves; and
- (d) whether there has been a change in the number of cold-wave related casualties in the country in 2024 in comparison to the past years 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) : To enhance public awareness, Ministry of Health & Family Welfare disseminates public health advisories on cold waves and frost before the peak winter season in cold wave-prone regions. These advisories aim to inform the general public, including vulnerable groups, about preventive measures and safety guidelines.

State Health Departments in affected regions are responsible for translating, updating, and distributing these advisories through audio, visual, and print media to ensure widespread awareness.

For effective seasonal preparedness, State Health Departments are advised to align their strategies with the National Guidelines for Preparation of Action Plan – Prevention and Management of Cold Wave and Frost, issued by the National Disaster Management Authority (NDMA).

The primary responsibility for implementing necessary measures to prevent cold wave-related fatalities, including the construction of cold shelters, rests with the respective State Governments. The Ministry of Health & Family Welfare does not centrally maintain data on deaths caused by cold waves.

LEGAL FRAMEWORK FOR MEDICAL NEGLIGENCE CASES

5659. SHRI G. KUMAR NAIK:

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

(a) whether the Government has any plans to introduce a clear legal framework to

differentiate between medical negligence and unintended medical errors to prevent undue legal action against doctors, if so, the details thereof and if not, the reasons therefor;

- (b) the measures taken/proposed to be taken by the Government to ensure that genuine and ethical medical practitioners are protected from unwarranted litigation while still holding negligent doctors accountable;
- (c) the manner in which the Government is likely to balance patient rights and safety with protecting doctors from legal fear and ensuring that litigation does not discourage competent medical professionals from practicing;
- (d) whether the Government intends to establish uniform national guidelines to assess medical negligence cases, ensuring that decisions are based on medical expertise rather than just consumer law interpretations; and
- (e) if so, the details thereof and if not, the reasons therefor?

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

(a) to (e): Any complaint with regard to professional misconduct by Registered Medical Practitioner (RMP) can be brought before the appropriate Medical Council for disciplinary action as per provisions made under Professional Conduct, Etiquette and Ethics Regulations 2002 framed under National Medical Commission (NMC), 2019.

Section 30 of the NMC Act, 2019 empowers State Medical Council/Ethics and Medical Registration Board (EMRB) to take disciplinary action in respect of any

professional of ethical misconduct by a registered medical practitioner in accordance with the regulations/guidelines framed under the Act. The act provides for an opportunity of hearing to the RMP before taking any action against him. Provision for an appeal against the decision of SMC/EMRB has also been made.

TREATMENT FOR RARE DISEASES

5660. SHRI VISHALDADA PRAKASHBAPU PATIL:

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

- (a) whether the Government has allocated 143.19 crore to 12 Centers of Excellence (CoE) under the National Policy for Rare Diseases 2021 and if so, the details thereof;
- (b) whether only 100 out of the 577 eligible Lysosomal Storage Disorder patients are receiving treatment, if so, the reasons therefor along with the corrective steps taken/proposed by the Government in this regard;
- (c) whether patients with Hunter, Hurler, Pompe, and Fabry Diseases who have DCGI approved therapies with proven outcomes, are being excluded from treatment by CoEs and if so, the details thereof and the reasons therefor;
- (d) the current number of patients treated for each of the said condition; and
- (e) whether the Government has any plans to include more eligible patients in the treatment framework of the above mentioned diseases 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 Government has allocated Rs. 191.87 crore to the designated Centers of Excellence (CoEs) for treatment of patients under the National Policy for Rare Diseases (NPRD), 2021. Year-wise allocation of funds for treatment are given in the enclosed **Statement-I**.

(b) : No

(c) : Hunter, Hurler, Fabry and Pompe diseases are not excluded from treatment under NPRD.

(d) : Information regarding number of Lysosomal Storage Disorders (LSDs) patients who have received treatment under NPRD is given in the enclosed **Statement-II**.

(e) : Health being a State subject, the primary responsibility of providing healthcare services is that of the State Governments. However, to mitigate the challenges posed by rare diseases in India, National Policy for Rare Diseases (NPRD), 2021 facilitates financial assistance of up to Rs. 50 lakhs per patient for treatment of identified Rare Diseases through the 13 designated Centers of Excellence (CoEs). The treatment is provided based on the recommendation of the Institutional Rare Disease Committee of the CoEs subject to the guidelines made under the policy. Furthermore, for the FY 2025-26, a budget of Rs. 264 Cr. has been allocated for treatment of patients, reflecting an increase from the previous years' budget allocation.

STATEMENT-I

Year wise fund Allocation to CoEs for treatment of rare diseases under National Policy for Rare diseases (NPRD), 2021:

(In Crore INR)

Financial Year	Funds Allocated
2022-23	35.00
2023-24	74.00
2024-25	82.87
Total	191.87

STATEMENT-II

Number of Lysosomal Storage Disorders (LSDs) patients who have received treatment under NPRD, 2021:

S. No.	Type of LSDs under NPRD	Number of Patients
1.	Gaucher's Disease	287
2.	Hurler Syndrome (MPS Type 1)	65
3.	Hunter Syndrome (MPS Type 2)	76
4.	Pompe Disease	64
5.	Fabry Disease	20
6.	MPS IVA	87
7.	MPS VI	25
8.	Cystinosis	33
9.	Wolman Disease	2
	Total	659

DIGITIZATION IN COURTS**5661. KUMARI SUDHA R.:**

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

- (a) the total number of civil and criminal cases that are pending in the Supreme Court, the High Courts and subordinate courts for more than 40 years, State-wise and High Court-wise;

- (b) the amount of fund allocated, utilized for the modernization of courts, State-wise and High Court-wise;
- (c) the status of documents digitization programme in the country, State-wise and High Court-wise; and
- (d) whether the Government has proposed to create any additional benches of High Courts in the country, 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) : As per the information available on the National Judicial Data Grid (NJDG), 03 civil cases and 0 criminal cases are pending for more than 40 years before the Supreme Court as on 02.04.2025. Further, a total of 20,093 civil cases and 3,506 criminal cases are pending for more than 40 years before High Courts as on 28.03.2025. The High Court-wise details of these cases are given in the enclosed **Statement-I**. Furthermore, 4,638 civil cases and 5,567 criminal cases are pending for more than 40 years before the Subordinate Courts of the States/UTs as on 28.03.2025. The State/UT-wise details of these cases are given in the enclosed **Statement-II**.

(b) : Under the Centrally Sponsored Scheme for development of Judicial Infrastructure, funds are being released to States/UTs for construction of court halls, residential quarters for judicial officers, lawyers' halls, toilet complexes and digital computer rooms that ease the life of various stakeholders including the litigants, thereby aiding justice delivery. As on 28.02.2025, Rs.11886.29 crores

have been released since the inception of the Centrally Sponsored Scheme (CSS) for Development of Infrastructure Facilities for the Judiciary in 1993-94. The details of State-wise fund allocation and utilization are given in the enclosed **Statement-III**.

Further, e-Courts Mission Mode project, a Central Sector Scheme for the Information and Communication Technology (ICT) enablement of the Indian courts is being implemented. It aims at ushering a regime of maximum ease of justice by moving towards digital, on-line and paperless courts, through digitization of the entire court records and bringing in universalization of e-filing/e-payments through saturation of all court complexes with e-Seva Kendras. The Government has demonstrated its commitment in modernizing the judiciary with advanced digital infrastructure by significantly increasing budget allocations since 2015. The Union Cabinet in September, 2023 has approved eCourts Phase III (2023-2027) at an outlay of ₹7,210 crore, which is over four times the funding for Phase II. Under eCourts Phase – III, an amount of Rs. 1200 crore was allocated for FY 24-25. The High Court wise expenditure details are given in the enclosed **Statement-IV**.

(c) : Government of India's resolve to promote digitization in the subordinate courts is evident from the significant outlay of Rs. 2038.40 crores earmarked under the eCourts Project Phase III. Digitization of court records is at the core of the Information and Communication Technology (ICT) enablement initiatives in judicial domain. For effective hearing of court proceedings in virtual/paperless courts, availability of court records in digitized form is imperative. Accordingly, a sub-committee was constituted by the eCommittee, Supreme Court of India for

preparing a Digital Preservation Standard Operating Procedure (SOP) for scanning, storage, retrieval, digitization of court records and preservation of legacy data and the same was approved by the Supreme Court on 21st October 2022.

As per the details provided by the eCommittee, Supreme Court of India, 1,99,49,45,317 pages have been digitized in the High Courts and 2,61,48,64,243 pages have been digitized in the District Courts, as on 28.02.2025. The High Court-wise status of the same is given in the enclosed **Statement-V**. The eCommittee, Supreme Court of India and the High Courts are working closely to ensure that scanning and digitization of records at the district level courts are done at an optimum pace.

(d) : High Court Benches are established in accordance with the recommendations made by the Jaswant Singh Commission and the judgment pronounced by the Apex Court in W.P.(C) No.379 of 2000 and after due consideration of a complete proposal from the State Government which is required to provide necessary financial resources and infrastructural facilities and the Chief Justice of the concerned High Court who is required to look after the day-to-day administration of the High Court. The proposal should also have the consent of the Governor of the concerned State. At present, there is no complete proposal pending with the Government for setting up of Bench(es) in any High Court.

STATEMENT-I

Details of cases pending before High Courts

Sr. No.	Name of High Court	Civil	Criminal	Total
1	Allahabad	12368	3459	15827
2	Bombay	8	0	8
3	Calcutta	6127	43	6170

4	Telangana	176	0	176
5	Andhra Pradesh	129	0	129
6	Gujarat	4	0	4
7	Jammu and Kashmir&Ladakh	1	0	1
8	Karnataka	1	0	1
9	Madhya Pradesh	6	0	6
10	Punjab and Haryana	33	1	34
11	Rajasthan	8	3	11
12	Madras	170	0	170
13	Orissa	48	0	48
14	Patna	1014	0	1014
	Total	20093	3506	23599

Source: Data as available on National Judicial Data Grid (NJDG) as on 28.03.2025

STATEMENT-II

Details of cases pending before Subordinate Courts of the States/UTs

Sr No.	State/UTs	Civil	Criminal	Both
1	Andhra Pradesh	4	14	18
2	Assam	9	0	9
3	Bihar	609	568	1177
4	Chhattisgarh	2	0	2
5	Delhi	19	0	19
6	Goa	49	1	50
7	Gujarat	8	1	9
8	Haryana	2	0	2
9	Jammu and Kashmir	3	0	3
10	Jharkhand	10	13	23
11	Karnataka	22	0	22
12	Kerala	18	1	19
13	Madhya Pradesh	7	2	9
14	Maharashtra	410	1287	1697
15	Manipur	0	3	3
16	Meghalaya	3	6	9
17	Odisha	11	74	85
18	Puducherry	2	0	2
19	Punjab	1	0	1
20	Rajasthan	73	1	74
21	Tamil Nadu	19	4	23

22	Telangana	1	7	8
23	Tripura	1	16	17
24	Uttar Pradesh	2735	558	3293
25	West Bengal	620	3011	3631
	Total	4638	5567	10205

Source: Data as available on National Judicial Data Grid (NJDG) as on 28.03.2025

STATEMENT-III

State-wise details of fund allocation and utilization under the Centrally Sponsored Scheme for development of Judicial Infrastructure

(As on 28.02.2025)			
Sl. No.	States/UTs	Total funds (Sanctioned/Allocated Since 1993-94 to F.Y 2024-25 Dated. 28-02- 2025)	Funds Utilized (Since 1993-94 to F.Y 2024-25 Dated. 28-02-2025)
1.	Andaman & Nicobar Islands	14.34	14.34
2.	Andhra Pradesh	272.24	272.24
3.	Arunachal Pradesh	97.96	91.42
4.	Assam	349.76	349.76
5.	Bihar	558.4	558.4
6.	Chandigarh	39.01	37.3
7.	Chhattisgarh	224.91	224.91
8.	Dadar & Nagar Haveli and Daman & Diu	9.38	9.38
9.	Delhi	354.4	344.56
10.	Goa	63.01	52.51
11.	Gujarat	675.17	675.17
12.	Haryana	225.93	225.93
13.	Himachal Pradesh	66.24	65
14.	Jammu & Kashmir	282.57	269.87
15.	Jharkhand	267.57	267.57
16.	Karnataka	991.96	991.53
17.	Kerala	248.4	229.42
18.	Ladakh	8.33	8.33
19.	Lakshadweep	0.51	0.37

20.	Madhya Pradesh	863.71	863.71
21.	Maharashtra	1,076.64	1076.64
22.	Manipur	101.51	99.51
23.	Meghalaya	274.71	274.71
24.	Mizoram	103.07	103.07
25.	Nagaland	139.25	139.18
26.	Odisha	250.25	250.25
27.	Puducherry	71.95	65.58
28.	Punjab	602	597.48
29.	Rajasthan	528.87	528.87
30.	Sikkim	59.57	58.47
31.	Tamil Nadu	495.06	467.25
32.	Telangana	58.89	58.89
33.	Tripura	157.58	141.55
34.	Uttar Pradesh	1,756.41	1679.68
35.	Uttarakhand	301.94	297.15
36.	West Bengal	294.81	292.11
Total		11,886.31	11,682.11

STATEMENT-IV

High Court wise expenditure details

S.No.	Name of High Court	Fund Utilised (Rs. In Crore)
1	Allahabad (Uttar Pradesh)	51.7791
2	Andhra Pradesh	31.7379
3	Bombay (Maharashtra, Goa, Diu & Daman and Nagar Dadar Haveli)	83.1874
4	Calcutta (West Bengal)	27.6514
5	Chhattisgarh	24.1667
6	Delhi	48.1893
7	Gauhati (Arunachal Pradesh, Assam, Mizoram and Nagaland)	53.7451
8	Gujarat	73.2124
9	Himachal Pradesh	6.8904
10	Jammu & Kashmir and Ladakh	14.5258
11	Jharkhand	29.217
12	Karnataka	67.4009

13	Kerala	32.607
14	Madhya Pradesh	76.8718
15	Madras (Tamil Nadu & Puducherry)	91.7467
16	Manipur	7.5355
17	Meghalaya	8.4751
18	Orissa (Odisha)	53.2409
19	Patna (Bihar)	89.5528
20	Punjab & Haryana (Punjab, Haryana & Chandigarh)	26.0111
21	Rajasthan	34.7246
22	Sikkim	8.9376
23	Telangana	28.57
24	Tripura	7.0494
25	Uttarakhand	19.9543
	Total	996.9802

STATEMENT-V

High Court wise number of pages digitized

S. No.	High Court (State/UT)	Total No. of Pages digitized in High Court up to Current month	Total No. of pages digitized (including Taluka Courts) under the concerned High Court
1.	Allahabad (Uttar Pradesh)	53,47,89,659	97,45,60,893
2.	Andhra Pradesh	1,42,04,781	2,56,91,977
3.	Bombay (Maharashtra, Goa, Diu & Daman and Nagar Dadar Haveli)	3,46,09,102	7,25,424
4.	Calcutta (West Bengal)	4,89,38,686	0
5.	Delhi	22,93,29,647	10,90,01,868
6.	Gauhati (Arunachal Pradesh, Assam, Mizoram and Nagaland)	3,06,62,123	15,71,54,484
7.	Gujarat	5,37,090	82,430
8.	Himachal Pradesh	71,42,331	0

9.	Jammu & Kashmir and Ladakh	3,92,08,843	54,83,298
10.	Jharkhand	1,51,23,206	75,83,464
11.	Karnataka	2,69,43,999	3,44,31,202
12.	Kerala	5,86,92,719	91,17,722
13.	Madhya Pradesh	22,47,29,014	53,31,95,995
14.	Madras (Tamil Nadu & Puducherry)	14,55,99,531	8,19,05,103
15.	Manipur	52,78,155	48,45,673
16.	Meghalaya	8,45,702	33,31,430
17.	Orissa (Odisha)	4,45,35,424	11,75,81,662
18.	Patna (Bihar)	2,27,97,499	0
19.	Punjab & Haryana (Punjab, Haryana & Chandigarh)	27,41,99,318	50,66,96,188
20.	Rajasthan	10,43,40,362	52,25,444
21.	Sikkim	11,61,836	44,10,905
22.	Telangana	10,78,15,504	3,28,19,876
23.	Tripura	63,60,786	6,19,005
24.	Uttarakhand	1,71,00,000	4,00,200
25.	Chhattisgarh	0	0
	Total	1,99,49,45,317	2,61,48,64,243

डीएपी के उत्पादन में गिरावट

5662. श्री दरोगा प्रसाद सरोज:

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

- (क) क्या सरकार का उत्तर प्रदेश सहित देश भर में डायमोनियम फॉस्फेट (डीएपी) और यूरिया उर्वरकों की बढ़ती कीमतों को रोकने के लिए कोई कदम उठाने का विचार है, यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;
- (ख) क्या उक्त उर्वरकों के उत्पादन में कोई गिरावट आई है, जिसके परिणामस्वरूप उनके बैग का वजन 50 किलोग्राम से कम हो गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) सरकार द्वारा उत्तर प्रदेश में उर्वरकों के उत्पादन को बढ़ाने के लिए उठाए गए कदमों का ब्यौरा क्या है; और

(घ) क्या नई फसलों की बुवाई/उत्पादन के लिए उत्तर प्रदेश में किसानों के लिए पर्याप्त उर्वरकों के भंडारण या उत्पादन की सुविधा है, यदि हां, तो तत्संबंधी ब्यौरा क्या है और 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) : सरकार ने दिनांक 01.04.2010 से पोषकतत्व आधारित सब्सिडी(एनबीएस) नीति लागू की है। इस नीति के अंतर्गत, किसानों के लिए उर्वरकों की उपलब्धता में सुधार लाने के लिए सब्सिडी प्राप्त पीएण्डके उर्वरकों पर उनके पोषकतत्वों जैसे कि नाइट्रोजन (एन), फास्फोरस (पी), पोटेशियम (के) और सल्फर (एस) की मात्रा के अनुसार वार्षिक/अर्ध-वार्षिक आधार पर तय की गई सब्सिडी की एक नियत राशि उत्पादक/आयातक को प्रदान की जाती है। एनबीएस स्कीम के तहत, पीएण्डके क्षेत्र विनियंत्रित है, उर्वरक कंपनियां बाजार के उतार-चढ़ाव के अनुसार उर्वरक कच्ची सामग्री, मध्यवर्तियों और तैयार उर्वरकों का आयात/उत्पादन करने के लिए स्वतंत्र हैं। एनबीएस स्कीम के तहत, उर्वरक कंपनियों को तर्कसंगत स्तरों पर एमआरपी निर्धारित करने की अनुमति है, जिसकी निगरानी सरकार द्वारा की जाती है। हाल ही के वर्षों में प्रमुख उर्वरकों और कच्चे माल के अंतर्राष्ट्रीय मूल्यों की मूल्य अस्थिरता को ध्यान में रखते हुए, सरकार ने पीएण्डके उर्वरकों के लिए वार्षिक/अर्ध-वार्षिक आधार पर एनबीएस दरें निर्धारित करते समय उतार-चढ़ाव, यदि कोई हैं, को सम्मिलित किया है।

सरकार ने 3346 करोड़ रुपये के अनुमानित वित्तीय निहितार्थ के साथ दिनांक 01.04.2024 से 31.03.2025 तक की अवधि के लिए एनबीएस सब्सिडी दरों के अतिरिक्त प्रारंभ में 3,500 रुपए प्रति मीट्रिक टन की दर से डीएपी पर विशेष पैकेज अथवा वास्तविक लागू व्यय, जो भी कम हो, को मंजूरी दी है। "अन्य लागतों" के लिए इस प्रावधान को लगभग 2095.45 करोड़ रुपये के वित्तीय निहितार्थ के साथ अब खरीफ 2025 के लिए 01.04.2025 से 30.09.2025 तक बढ़ा दिया गया है। जारी भू-

राजनीतिक स्थिति, वैश्विक बाजार में प्रतिस्पर्धी मांगों के मद्देनजर, पैकेज में किए गए विस्तार ने आयात और उत्पादन के माध्यम से डीएपी की उपलब्धता को सुनिश्चित किया है ताकि किसानों को लक्षित फार्मगेट मूल्य पर 1350 रुपये प्रति 50 किलोग्राम की बोरी की सतत आपूर्ति सुनिश्चित की जा सके। साथ ही, सब्सिडी में वृद्धि को अंतर्राष्ट्रीय बाजार मूल्यों से भी जोड़ा गया है। इस प्रकार, यदि वैश्विक बाजार में डीएपी सहित पीएण्डके उर्वरकों के खरीद मूल्यों में वृद्धि होती है तो खरीद और उत्पादन सुनिश्चित किया जाता है।

किसानों को यूरिया सांविधिक रूप से अधिसूचित अधिकतम खुदरा मूल्य (एमआरपी) पर उपलब्ध कराया जाता है। यूरिया की 45 किग्रा बोरी की एमआरपी 242 रुपए प्रति बोरी (नीम लेपन के प्रभार और यथा 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 रूप में दिया जाता है। तदनुसार, देश में सभी किसानों को यूरिया की आपूर्ति सब्सिडी प्राप्त दरों पर की जा रही है।

(ख) : वर्ष 2022-23 में, यूरिया का उत्पादन 284.94 एलएमटी और डीएपी का उत्पादन 43.47 एलएमटी था। वर्ष 2023-24 में, यूरिया का उत्पादन 314.09 एलएमटी और डीएपी का उत्पादन 42.93 एलएमटी था। कुछ संपुष्ट उर्वरकों को छोड़कर, जो 40 किलोग्राम की बोरी में उपलब्ध हैं, 'एन', 'पी', 'के' और 'एस' पोषक तत्वों वाले सभी मिश्रित उर्वरक 50 किलोग्राम की बोरी में उपलब्ध हैं और यूरिया 45 किलोग्राम की बोरी में उपलब्ध है।

(ग) : उत्तर प्रदेश में स्वदेशी यूरिया उत्पादन बढ़ाने के लिए, सरकार ने अन्य बातों के साथ-साथ 12.7 एलएमटीपीए की क्षमता का नया अमोनिया-यूरिया संयंत्र स्थापित करने के लिए नामित सार्वजनिक क्षेत्र के उपक्रमों की संयुक्त उद्यम कंपनी के माध्यम से फर्टिलाइजर कॉर्पोरेशन ऑफ इंडिया लिमिटेड की गोरखपुर इकाई को पुनर्जीवित करने का अधिदेश दिया है। गोरखपुर इकाई को दिनांक 07.12.2021 से शुरू कर दिया गया है।

अनुरोधों के आधार पर, उत्तर प्रदेश में मैसर्स आयुष्मान फर्टिलाइजर प्राइवेट लिमिटेड और मैसर्स राम पोटाश प्राइवेट लिमिटेड की दो इकाइयों को हाल ही में पोषक-तत्व आधारित सब्सिडी (एनबीएस) स्कीम के अंतर्गत शीरे से प्राप्त पोटाश (पीडीएम) के उत्पादक के रूप में मान्यता दी गई है।

(घ) : आगामी फसल की बुवाई/उत्पादन के लिए उत्तर प्रदेश में यथेष्ट रासायनिक उर्वरकों के भंडारण और उत्पादन की पर्याप्त सुविधा है। केन्द्रीय भंडारण निगम (सीडब्ल्यूसी) के पास उत्तर प्रदेश में 12.07 एलएमटी क्षमता के 59 गोदाम हैं, जिनका उपयोग उर्वरकों सहित कृषि उत्पाद के भंडारण के लिए किया जा सकता है।

कामकाजी महिलाओं के लिए नए छात्रावास

5663. श्री कौशलेन्द्र कुमार:

श्री दिनेश चंद्र यादव:

श्री रामप्रीत मंडल:

श्रीमती लवली आनंद:

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

- (क) बजट 2024-25 में घोषित उद्योगों के सहयोग से कामकाजी महिलाओं के लिए स्थानवार कितने नए छात्रावास बनाए गए हैं;
- (ख) क्या बजट में घोषित उक्त योजना के तहत महिलाओं को कौशल और विपणन सुविधाएं भी प्रदान की गई हैं; और
- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है और स्वयं सहायता समूहों (एसएचजी) द्वारा महिलाओं के लिए उक्त सुविधाएं कहाँ-कहाँ प्रदान की गई हैं?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

- (क) से (ग) : सरकार कामकाजी महिलाओं और कार्यबल में शामिल होने की इच्छुक महिलाओं के लिए सुरक्षित, संरक्षित और किफायती छात्रावास सुविधा प्रदान करने के लिए प्रतिबद्ध है। कामकाजी महिला

छात्रावास श्रम बल में महिलाओं की भागीदारी में सुधार लाने के लिए महत्वपूर्ण घटक हैं जो 'वीमेन-लेड डिवेलपमेंट' के विचार को साकार करने की दिशा में एक बड़ा कदम है।

मिशन शक्ति के अंतर्गत सखी निवास योजना [कामकाजी महिला छात्रावास (डब्ल्यूडब्ल्यूएच)] एक मांग आधारित केंद्र प्रायोजित योजना है जहां राज्य/संघ राज्य क्षेत्र स्थानीय आवश्यकताओं के अनुसार अपनी आवश्यकता का आकलन करते हैं और राज्यों/संघ राज्य क्षेत्रों के साथ चर्चा के बाद कार्यक्रम अनुमोदन बोर्ड (पीएबी) द्वारा प्रस्तावों को मंजूरी दी जाती है। इस योजना का उद्देश्य कामकाजी महिलाओं और उच्च शिक्षा/प्रशिक्षण प्राप्त कर रही महिलाओं के लिए सुरक्षित और सुविधाजनक स्थान पर आवास की उपलब्धता को बढ़ावा देना है, साथ ही शहरी, अर्ध-शहरी और यहां तक कि ग्रामीण क्षेत्रों में जहां महिलाओं के लिए रोजगार के अवसर मौजूद हैं, बच्चों के लिए डे केयर सुविधा भी उपलब्ध कराना है। इस योजना में किराये के आधार पर निधि प्रदान की जाती है। नए ग्रीनफील्ड निर्माण को बंद कर दिया गया है।

तथापि, वित्त मंत्रालय के व्यय विभाग (डीओई) ने पूंजी निवेश के लिए राज्यों को विशेष सहायता योजना (एसएससीआई) के अंतर्गत वित्तीय वर्ष 2024-25 के दौरान 28 राज्यों को नए डब्ल्यूडब्ल्यूएच के ग्रीनफील्ड निर्माण के लिए 5000.00 करोड़ रुपये आवंटित किए हैं। अपनी जरूरतों और आवश्यकताओं का आकलन करने के बाद, 28 राज्यों ने व्यय विभाग को डब्ल्यूडब्ल्यूएच के निर्माण के प्रस्ताव प्रस्तुत किए हैं। राज्यों से प्राप्त प्रस्तावों के आधार पर, व्यय विभाग ने वित्तीय वर्ष 2024-25 के दौरान डब्ल्यूडब्ल्यूएच के निर्माण के लिए 28 राज्यों को पहली किस्त जारी कर दी है।

सखी निवास योजना (डब्ल्यूडब्ल्यूएच) में डब्ल्यूडब्ल्यूएच के लाभार्थी को कौशल और विपणन सुविधाएं प्रदान करने के लिए कोई प्रावधान नहीं है।

निर्भरता कोष के ढांचे के अंतर्गत अधिकार प्राप्त समिति ने भी उत्तराखंड में 7, उत्तर प्रदेश में 3, नागालैंड में 7, पंजाब में 1, तमिलनाडु में 3 और दिल्ली विश्वविद्यालय के लिए 1 और अधिक डब्ल्यूडब्ल्यूएच के ग्रीनफील्ड निर्माण का मूल्यांकन किया है।

दरभंगा में एम्स

5664. श्री दिनेश चंद्र यादव:

श्री रामप्रीत मंडल:

श्रीमती लवली आनंद:

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

(क) दरभंगा अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) की वर्तमान स्थिति क्या है;

(ख) दरभंगा एम्स के निर्माण की अनुमानित कुल लागत कितनी है; और

(ग) दरभंगा एम्स पर अब तक कितनी निधि व्यय की गई है?

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

(क) से (ग) : केंद्रीय मंत्रिमंडल ने दिनांक 15.09.2020 को 1264 करोड़ रुपये की अनुमानित लागत से दरभंगा में अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) की स्थापना को मंजूरी दी। सितंबर, 2024 में राज्य सरकार ने दरभंगा में एम्स की स्थापना के लिए 187.44 एकड़ जमीन सौंप दी है। इस परियोजना का निवेश पूर्व कार्य प्रगति पर है। इसका स्थलाकृतिक अध्ययन और हाइड्रोलॉजिकल सर्वेक्षण पूरा हो चुका है। राज्य सरकार द्वारा परियोजना के लिए भूमि का सीमांकन कर लिया गया है। चारदीवारी के निर्माण के लिए दिनांक 25.03.2025 को निष्पादन एजेंसी द्वारा निविदा जारी की गई है। एम्स दरभंगा के निवेश पूर्व कार्य के लिए अब तक 2.81 करोड़ रुपये की राशि जारी की गई है। आईआईटी दिल्ली के परामर्श से मुख्य भवन का मास्टरप्लान और चित्र और अनुमान तैयार किया जा रहा है।

PROVIDING MILK FOR CHILDREN IN ANGANWADI

5665.SHRI KULDEEP INDORA:

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

- (a) whether the Government has any plan to direct States to provide milk to children between the age group of 3 and 6 years to meet their nutritional requirements in Anganwadis;
- (b) if so, the details thereof;
- (c) if not, the reasons therefor; and
- (d) the measures being taken to improve the quality of food items served in the Anganwadis in different parts of the country?

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

(a) to (d) : 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 scheme, where the responsibility for implementation of various activities lies with the States and UTs.

As per the Mission Poshan 2.0 guidelines, State Governments/Union Territory Administrations to provide Morning snack in the form of milk/banana/seasonal fruits etc. and Hot cooked Meal to children in the age group of 3 to 6 years of age. The guidelines recommend that locally available ingredients (green vegetables, fruits, medicinal plants and herbs), fortified rice and millets shall be actively encouraged in prescription of meals to be served to different categories

of beneficiaries under the Scheme to promote health, wellness and immunity and address micronutrient deficiencies.

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, one of the major activities undertaken is Community Mobilization and Awareness Advocacy to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. State and UTs are conducting regular sensitisation activities under Jan Andolans during PoshanMaahs and PoshanPakhwadas 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.

This Ministry continuously monitors the implementation of Mission 2.0 by sustained engagement with the States/UTs through Video Conferences, meetings and online Poshan Tracker System.

Ministry has issued guidelines to all States/UTs on 13.01.2021 to streamline several aspects such as quality assurance, roles and responsibilities of duty holders, procedure for procurement, integrating AYUSH concepts and data

management and monitoring through “Poshan Tracker” for transparency, efficiency and accountability in the delivery of Supplementary Nutrition.

Under the guidelines, the District Magistrate (DM) has been designated as the Nodal Point in the district for monitoring nutritional status of beneficiaries and quality standards. A District Nutrition Committee under the chairpersonship of DM/Collector with certified nutrition experts as members has been constituted to review the progress every month.

Further, States/UTs ensure the quality of Supplementary Nutrition, Take Home Ration (THR) and Hot Cooked Meal (HCM) with reference to the norms as per the Food Safety Act. States/UTs carry out periodic random sample checks through Food Safety and Standards Authority of India FSSAI owned/registered/empanelled/NABL accredited laboratory. In case of Hot Cooked Meal, it is ensured that it is prepared in proper kitchen sheds having adequate sanitation and safe drinking water so as to maintain hygienic conditions. LPG cylinder and gas stove are used for cooking.

SHATAVARI FOR BETTER HEALTH

5666. SHRI RAJESH VERMA:

SHRI RAVINDRA DATTARAM WAIKAR:

DR. SHRIKANT EKNATH SHINDE:

SHRI NARESH GANPAT MHASKE:

SHRIMATI SHAMBHAVI:

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

- (a) the objectives and key focus areas of the nationwide species-specific campaign “Shatavari – For Better Health” launched by the Government and the manner in which it aligns with the Panch Pran Goal of Developed India;
- (b) the steps taken by the Government to promote awareness about the medicinal benefits of Shatavari, particularly in improving women’s health and well-being;
- (c) whether the Government has collaborated with research institutions and healthcare practitioners to conduct scientific studies on the efficacy of Shatavari in addressing women’s health issues and if so, the details thereof;
- (d) the measures being undertaken to ensure accessibility and affordability of Shatavari-based Ayurvedic medicines and supplements for the general public; and
- (e) the initiatives planned under the National Medicinal Plants Board (NMPB) to support the cultivation, conservation and sustainable use of Shatavari 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) and (b) : The National Medicinal Plants Board (NMPB), Ministry of Ayush, Government of India has recently (06.02.2025) launched “species-specific campaign on Shatavari- for better health” aligns with the Panch Pran Goal of Developed India. The tuberous roots of Shatavari plant are useful for women health. The main objective of this campaign is to create awareness about the health

benefits of Shatavari among the public and promote usage of this potential medicinal plant throughout the country. Under the campaign there is provision to provide financial assistance for covering activities i.e. distribution of Shatavari saplings, Information Education and Communication (IEC) material and for organizing workshop etc.

(c) : No, however National Medicinal Plants Board (NMPB), Ministry of Ayush, under its Central Sector Scheme (CSS) on 'Conservation, Development and Sustainable Management of Medicinal Plants' provides project based financial support to carryout research activities on various aspects of medicinal plants to government as well as private universities/research institutions/organizations across the country.

(d) : Indian Medicines Pharmaceutical Corporation Limited, (IMPCL), Ministry of Ayush adopts and enforce strict quality control standards for Shatavari-based products to ensure safety and efficacy.

(e) : National Medicinal Plants Board (NMPB), Ministry of Ayush, is implementing Central Sector Scheme (CSS) on 'Conservation, Development and Sustainable Management of Medicinal Plants' under which there is provision to provide project based financial support to the government as well as private universities/research institutions/organizations across the country for research and Development, Information Education and Communication, Conservation and Marketing aspects of medicinal plants.

बच्चों में कुपोषण

5667. श्री वीरेन्द्र सिंह:

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

- (क) बच्चों में कुपोषण की समस्या से निपटने के लिए सरकार द्वारा उठाए गए कदमों का ब्यौरा क्या है,
- (ख) पिछले पांच वर्षों के दौरान सरकार द्वारा इस संबंध में उत्तर प्रदेश को प्रदान की गई वित्तीय सहायता का ब्यौरा क्या है; और
- (ग) पिछले पांच वर्षों के दौरान बच्चों को अंतर्राष्ट्रीय मानकों के अनुसार पौष्टिक भोजन उपलब्ध कराने के लिए सरकार द्वारा उठाए जा रहे कदमों का ब्यौरा क्या है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) से (ग) : 15वें वित्त आयोग के तहत, बेहतर पोषण सामग्री और वितरण के माध्यम से कुपोषण की चुनौती से निपटने के लिए आंगनवाड़ी सेवाएं, पोषण अभियान और किशोरियों (आकांक्षी जिलों एवं पूर्वोत्तर क्षेत्र में 14-18 वर्ष की) के लिए योजना जैसे विभिन्न घटकों को व्यापक मिशन सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 2.0) के अंतर्गत शामिल किया गया है। यह एक केंद्र प्रायोजित योजना है जिसके कार्यान्वयन की जिम्मेदारी राज्यों और संघ राज्य क्षेत्रों की है। यह मिशन एक सार्वभौमिक स्व-चयनित योजना है, जहाँ किसी भी लाभार्थी के लिए पंजीकरण करने और सेवाएँ प्राप्त करने में कोई बाधा नहीं है। यह उत्तर प्रदेश राज्य सहित पूरे देश में क्रियान्वित किया जा रहा है।

पोषण केवल खाना खाने से नहीं होता है; इसके लिए उचित पाचन, अवशोषण और चयापचय आवश्यक होते हैं जो स्वच्छता, शिक्षा और सुरक्षित पेयजल तक पहुंच जैसे कारकों से प्रभावित होते हैं। चूंकि कुपोषण के लिए भोजन, स्वास्थ्य, पानी, स्वच्छता और शिक्षा के आयामों को शामिल करते हुए एक बहु-क्षेत्रीय दृष्टिकोण आवश्यक होता है, इसलिए कुपोषण के मुद्दे का प्रभावी ढंग से समाधान करना महत्वपूर्ण है। मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत 18 मंत्रालयों/विभागों के बीच क्रॉस कटिंग अभिसरण की मदद से कुपोषण की चुनौतियों का समाधान किया जा रहा है।

मिशन पोषण 2.0 के तहत सामुदायिक सहभागिता, आउटरीच, व्यवहार परिवर्तन और पक्ष समर्थन जैसे कार्यकलापों के माध्यम से कुपोषण में कमी लाने तथा स्वास्थ्य, तंदुरुस्ती एवं प्रतिरक्षा में सुधार के लिए एक नई कार्यनीति बनाई गई है। इसमें मातृ पोषण, शिशु और छोटे बच्चों के आहार मानदंडों, गंभीर तीव्र कुपोषण (एसएएम)/मध्यम तीव्र कुपोषण (एमएम) के उपचार और आयुष पद्धतियों के माध्यम से तंदुरुस्ती पर ध्यान केंद्रित किया जाता है ताकि कुपोषण, ठिगनेपन, रक्ताल्पता (एनीमिया) और अल्प वजन के प्रसार को कम किया जा सके।

इस योजना के तहत बच्चों (6 महीने से 6 वर्ष), गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों को पूरक पोषण दिया जाता है ताकि जीवन चक्र दृष्टिकोण अपनाकर पीढ़ियों से चले आ रहे कुपोषण के चक्र को समाप्त किया जा सके। पूरक पोषण राष्ट्रीय खाद्य सुरक्षा अधिनियम की अनुसूची-II में निहित पोषण मानदंडों के अनुसार प्रदान किया जाता है। इन मानदंडों को पिछले वर्ष संशोधित और उन्नयित किया गया है। पुराने मानदंड काफी हद तक कैलोरी-विशिष्ट थे, तथापि, संशोधित मानदंड आहार विविधता के सिद्धांतों पर आधारित पूरक पोषण की मात्रा और गुणवत्ता दोनों के मामले में अधिक व्यापक और संतुलित हैं। इस में मानदंड में गुणवत्तापूर्ण प्रोटीन, स्वस्थ वसा और सूक्ष्म पोषक तत्वों का प्रावधान किया गया है। ये मानदंड मुख्य रूप से आईसीएमआर-एनआईएन द्वारा निर्धारित आरडीए की तुलना में पोषक तत्वों के सेवन में अंतराल को कम करने के लिए तैयार किए गए हैं। बच्चों सहित भारतीयों के लिए अनुशंसित आहार भत्ते (आरडीए) का सुझाव भारतीय चिकित्सा अनुसंधान परिषद (आईसीएमआर-एनआईएन) के तहत राष्ट्रीय पोषण संस्थान द्वारा दिया जाता है।

महिलाओं और बच्चों में रक्ताल्पता (एनीमिया) को नियंत्रित करने और सूक्ष्म पोषक तत्वों की जरूरत की पूर्ति करने के लिए आंगनवाड़ी केंद्रों को फोर्टिफाइड चावल की आपूर्ति की जा रही है। आंगनवाड़ी केंद्रों पर सप्ताह में कम से कम एक बार पका हुआ गर्म भोजन और घर ले जाया जाने वाला राशन (टीएचआर) तैयार करने के लिए मिलेट (श्री अन्न) के उपयोग पर अधिक जोर दिया जा रहा है।

महिला एवं बाल विकास मंत्रालय और स्वास्थ्य एवं परिवार कल्याण मंत्रालय ने बच्चों में गंभीर तीव्र कुपोषण को रोकने और उसका इलाज करने तथा इससे जुड़ी रुग्णता एवं मृत्यु दर को कम करने के लिए सामुदायिक कुपोषण प्रबंधन (सीएमएएम) के लिए संयुक्त रूप से प्रोटोकॉल जारी किया है।

इस मिशन के तहत प्रमुख गतिविधियों में से सामुदायिक जुटाव और जागरूकता पक्ष समर्थन है जिससे लोगों को पोषण संबंधी पहलुओं के बारे में शिक्षित किया जा सके, क्योंकि अच्छे पोषण संबंधी आदतों को अपनाने के लिए व्यवहार में परिवर्तन के लिए निरंतर प्रयासों की आवश्यकता होती है। राज्य और संघ राज्य क्षेत्र क्रमशः सितंबर और मार्च-अप्रैल के माह में मनाए जाने वाले पोषण माह और पोषण पखवाड़े के दौरान सामुदायिक सहभागिता कार्यक्रमों के तहत नियमित रूप से जागरूकता कार्यकलापों का आयोजन और रिपोर्टिंग कर रहे हैं। समुदाय आधारित कार्यक्रम (सीबीई) ने पोषण पद्धतियों को बदलने में एक महत्वपूर्ण कार्यनीति के रूप में काम किया है और सभी आंगनवाड़ी कार्यकर्त्रियों को प्रत्येक महीने समुदाय आधारित दो कार्यक्रम आयोजित करने होते हैं।

मिशन पोषण 2.0 के अंतर्गत उत्तर प्रदेश को प्रदान की गई वित्तीय सहायता का ब्यौरा संलग्न विवरण में दिया गया है।

विवरण

मिशन पोषण 2.0 के अंतर्गत उत्तर प्रदेश को प्रदान की गई वित्तीय सहायता का विवरण इस प्रकार है:

निधियां	जारी की गई निधि (करोड़ में)
2021-22	2407.55
2022-23	2721.87
2023-24	2668.69
2024-25*	2694.61

* 31 मार्च 2025 तक जारी की गई निधि

मिशन 'वात्सल्य' के लक्ष्य और उद्देश्य

5668. श्री ज्ञानेश्वर पाटील:

डॉ. शिवाजी बंडाप्पा कालगे:

श्री संदिपनराव आसाराम भुमरे:

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

- (क) मिशन वात्सल्य" के उद्देश्य और लक्ष्यों का ब्यौरा क्या है;
- (ख) क्या उक्त योजना बाल कल्याण, विशेषकर कठिन परिस्थितियों में जीवन यापन कर रहे बच्चों के संबंध में वांछित लक्ष्यों को हासिल कर रही है;
- (ग) यदि हां, तो मध्य प्रदेश और महाराष्ट्र सहित तत्संबंधी राज्यवार ब्यौरा क्या है; और
- (घ) गत पांच वर्षों और वर्तमान वर्ष के दौरान गोद लिए गए बच्चों और संस्थागत देखभाल के अंतर्गत जीवन यापन कर रहे बच्चों की संख्या कितनी है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) से (घ) : मिशन वात्सल्य योजना एक केन्द्र प्रायोजित योजना है, जिसे राज्यों/संघ राज्य क्षेत्रों (यूटी) द्वारा कार्यान्वित किया जाता है, जिसका उद्देश्य देखभाल और संरक्षण की आवश्यकता वाले बच्चों (सीएनसीपी) एवं कानून का उल्लंघन करने वाले बच्चों (सीसीएल) को सहायता प्रदान करना है। मिशन वात्सल्य का उद्देश्य यह सुनिश्चित करना है कि परियोजनाएं /कार्यक्रम तैयार करते समय बच्चों के सर्वोत्तम हितों का हमेशा ध्यान रखा जाए। इन उद्देश्यों में बच्चों के लिए आवश्यक सेवाओं, आपातकालीन आउटरीच सेवाओं की स्थापना और संस्थागत एवं गैर-संस्थागत देखभाल सेवाओं को मजबूत करना शामिल है। इस मिशन के तहत स्थापित बाल देखभाल संस्थान (सीसीआई) अन्य बातों के साथ-साथ आयु के अनुकूल शिक्षा, व्यावसायिक प्रशिक्षण तक पहुंच, मनोरंजन, स्वास्थ्य देखभाल और परामर्श प्रदान करते हैं।

उत्तर-पूर्वी राज्यों और पहाड़ी राज्यों - हिमाचल प्रदेश और उत्तराखंड तथा जम्मू व कश्मीर संघ राज्य क्षेत्र को छोड़कर, जहां लागत साझाकरण 90:10 के अनुपात में है, सभी राज्यों और विधानमंडल वाले संघ राज्य क्षेत्रों के लिए निधियां केंद्र एवं राज्यों के बीच 60:40 के अनुपात में साझा की जाती हैं। विधानमंडल रहित संघ राज्य क्षेत्रों में 100% लागत केंद्र सरकार द्वारा वहन की जाती है।

मिशन वात्सल्य योजना में कठिन परिस्थितियों में रहने वाले बच्चों के लिए लक्ष्य प्राप्त करने हेतु राज्य और जिला स्तर पर वैधानिक एवं सेवा प्रदायगी संरचना की स्थापना का प्रावधान है।

दिनांक 31.03.2024 तक राज्य बाल संरक्षण सोसायटी, राज्य दत्तक ग्रहण संसाधन एजेंसी, बाल कल्याण समिति, किशोर न्याय बोर्ड और जिला बाल संरक्षण इकाई का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा संलग्न **विवरण-I** में दिया गया है।

मंत्रालय इस योजना के बेहतर कार्यान्वयन के लिए राज्यों/संघ राज्य क्षेत्रों के साथ नियमित रूप से संपर्क में है। मंत्रालय ने राज्यों/ संघ राज्य क्षेत्रों द्वारा मिशन वात्सल्य के कार्यान्वयन को सुदृढ़ बनाने के लिए समय-समय पर विभिन्न दिशा-निर्देश और परामर्श भी जारी किए हैं। इनमें मिशन वात्सल्य के दिशा-निर्देश, चाइल्ड हेल्पलाइन के लिए मानक संचालन प्रक्रिया, आदर्श पालन पोषण देखभाल दिशा-निर्देश 2024 इत्यादि शामिल हैं।

पिछले पांच वर्षों और वर्तमान वर्ष के दौरान गोद लिए गए बच्चों की संख्या इस प्रकार है:-

वर्ष	गोद लिए गए बच्चों की संख्या
2019-20	3745
2020-21	3559
2021-22	3405
2022-23	3441
2023-24	4029
2024-25 (दिनांक 28.03.2025 तक)	4479

दिनांक 28.03.2025 तक 3198 बच्चे विशेष दत्तक ग्रहण एजेंसियों (एसएए) में रह रहे हैं।

पिछले पांच वर्षों (वित्त वर्ष 2019-20 से 2023-24 तक) के दौरान मिशन वात्सल्य योजना के तहत बाल देखभाल संस्थानों में रहने वाले बच्चों की राज्य/संघ राज्य क्षेत्रवार संख्या संलग्न **विवरण-II** में दी गई है।

विवरण-I

दिनांक 31.03.2024 तक राज्य बाल संरक्षण सोसायटी (एससीपीएस), राज्य दत्तक ग्रहण संसाधन एजेंसी (एसएआरए), बाल कल्याण समिति (सीडब्ल्यूसी), किशोर न्याय बोर्ड (जेजेबी) और जिला बाल संरक्षण इकाई (डीसीपीयू) का राज्य/संघ राज्य क्षेत्रवार ब्यौरा

क्रम सं	राज्य/संघ राज्य क्षेत्र	एससीपी एस	एसएआर ए	सीडब्ल्यूसी	जेजेबी	डीसीपीयू
1	आंध्र प्रदेश	1	1	26	26	26

2	अरुणाचल प्रदेश	1	1	26	26	25
3	असम	1	1	33	33	33
4	बिहार	1	1	38	38	38
5	छत्तीसगढ़	1	1	33	33	33
6	गोवा	1	1	2	2	2
7	गुजरात	1	1	33	33	33
8	हरियाणा	1	1	22	22	22
9	हिमाचल प्रदेश	1	1	12	12	12
10	जम्मू और कश्मीर	1	1	20	20	20
11	झारखंड	1	1	24	24	24
12	कर्नाटक	1	1	39	38	31
13	केरल	1	1	14	14	14
14	मध्य प्रदेश	1	1	51	51	51
15	महाराष्ट्र	1	1	39	37	36
16	मणिपुर	1	1	16	16	16
17	मेघालय	1	1	12	12	12
18	मिजोरम	1	1	11	11	11
19	नागालैंड	1	1	16	16	16
20	उड़ीसा	1	1	31	34	30
21	पंजाब	1	1	23	23	23
22	राजस्थान	1	1	33	34	33
23	सिक्किम	1	1	6	6	6
24	तमिलनाडु	1	1	40	38	38
25	तेलंगाना	1	1	36	33	33
26	त्रिपुरा	1	1	8	8	8
27	उत्तर प्रदेश	1	1	75	75	75
28	उत्तराखंड	1	1	13	13	13
29	पश्चिम बंगाल	1	1	25	23	23
30	अंडमान और निकोबार	1	1	3	3	3
31	चंडीगढ़	1	1	1	1	1
32	दादरा व नगर हवेली व दमन और दीव	1	1	3	3	3
33	लद्दाख	1	1	2	2	2
34	लक्षद्वीप	1	-	1	1	1
35	दिल्ली	1	1	10	9	11
36	पुदुचेरी	1	1	4	4	4
	कुल	36	35	781	774	762

विवरण-II

पिछले पांच वर्षों (वित्त वर्ष 2019-20 से 2023-24 तक) के दौरान मिशन वात्सल्य योजना के तहत बाल देखभाल संस्थानों में रहने वाले बच्चों की राज्य/संघ राज्य क्षेत्रवार संख्या

क्रम सं.	राज्य/संघ राज्य क्षेत्र	2019-20	2020-21	2021-22	2022-23	2023-24
1	आंध्र प्रदेश	3356	3012	3069	1504	1546
2	अरुणाचल प्रदेश	195	195	147	206	206
3	असम	1793	1624	1378	1380	1241
4	बिहार	1418	1844	2372	2088	2227
5	छत्तीसगढ़	2264	2169	2167	1974	1843
6	गोवा	798	798	685	526	461
7	गुजरात	1895	1946	1299	1651	3195
8	हरियाणा	1799	2017	1786	1239	963
9	हिमाचल प्रदेश	1374	1264	1147	805	926
10	जम्मू और कश्मीर	823	759	579	817	1104
11	झारखंड	1683	1767	1537	1219	1238
12	कर्नाटक	4527	4303	3974	3182	3110
13	केरल	1043	591	1380	697	776
14	मध्य प्रदेश	3152	2976	2982	2292	2597
15	महाराष्ट्र	2540	3716	3468	3654	3495
16	मणिपुर	1845	1966	1980	2121	2295
17	मेघालय	1023	975	915	972	1031
18	मिजोरम	1204	1018	776	914	1172
19	नागालैंड	674	770	597	493	562
20	उड़ीसा	7662	7392	7077	4153	4431
21	पंजाब	697	681	685	607	533
22	राजस्थान	4960	5130	3670	2560	2733
23	सिक्किम	580	519	534	526	468
24	तमिलनाडु	13339	13819	13877	7785	10118
25	तेलंगाना	1626	1626	2822	1129	2243
26	त्रिपुरा	848	832	875	829	948
27	उत्तर प्रदेश	4684	4965	4722	3238	3226
28	उत्तराखंड	524	511	457	700	589
29	पश्चिम बंगाल	5708	5257	6494	6220	4744
30	अंडमान और निकोबार	411	360	301	308	274
31	चंडीगढ़	269	297	153	202	222

32	दादरा व नगर हवेली और दमन व दीव	35	60	5	28	36
33	लद्दाख	25	0	0	25	84
34	लक्षद्वीप	0	0	0	0	0
35	दिल्ली	1986	1500	1835	1206	1216
36	पुदुचेरी	1005	956	373	690	739
	कुल	77765	77615	76118	57940	62592

सखी वन स्टॉप सेंटर

5669. श्री हरीश चंद्र मीना:

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

(क) क्या सरकार ने राजस्थान राज्य में 'मिशन शक्ति' के कार्यान्वयन का आकलन किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या टोंक और सवाई माधोपुर जिलों में उक्त मिशन के तहत 'सखी वन स्टॉप सेंटर' और 'महिला हेल्पलाइन' सुचारु रूप से कार्य कर रहे हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या 'मिशन शक्ति' के माध्यम से इन जिलों में महिलाओं के खिलाफ हिंसा को कम करने रोकने/ और कानूनी सहायता प्रदान करने में कोई सुधार देखा गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(घ) क्या इन क्षेत्रों में 'मिशन शक्ति' की प्रभावकारिता में सुधार करने के लिए कानून प्रवर्तन और सहायक कर्मचारियों के लिए अतिरिक्त प्रशिक्षण कार्यक्रमों की योजना बनाई गई है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) : राजस्थान राज्य सहित महिला एवं बाल विकास मंत्रालय की योजनाओं का मूल्यांकन वित्तीय वर्ष 2020-21 के दौरान नीति आयोग द्वारा किया गया। इस अध्ययन में विभिन्न योजनाओं की प्रासंगिकता, प्रभावशीलता और स्थिरता को संतोषजनक पाया गया। रिपोर्ट के आधार पर मंत्रालय ने

15वें वित्त आयोग के दौरान वित्तीय वर्ष 2025-26 तक कार्यान्वयन के लिए मिशन शक्ति दिशा-निर्देश जारी किए हैं।

मिशन शक्ति की दो उप-योजनाएं अर्थात् “संबल” और “सामर्थ्य” हैं। ‘संबल’ उप-योजना महिलाओं की सुरक्षा और संरक्षण के लिए है तथा ‘सामर्थ्य’ उप-योजना महिलाओं के सशक्तिकरण से संबंधित है। ‘संबल’ उप-योजना में वन स्टॉप सेंटर (ओएससी), महिला हेल्पलाइन (डब्ल्यूएचएल), बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) और नारी अदालत जैसे घटक शामिल हैं। ‘सामर्थ्य’ उप-योजना में प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई), शक्ति सदन, सखी निवास, पालना और संकल्प: हब फॉर एम्पावरमेंट ऑफ वीमेन (एचईडब्ल्यू) घटक शामिल हैं।

मंत्रालय मिशन शक्ति के अंतर्गत गतिविधियों की प्रगति की निगरानी करता है और राज्यों/संघ राज्य क्षेत्रों के साथ वार्षिक कार्यक्रम अनुमोदन बोर्ड की बैठकों के माध्यम से उद्देश्यों की प्राप्ति की स्थिति की समीक्षा करता है। इसके अलावा, मंत्रालय के अधिकारी भी बैठकों, वीडियो कॉन्फ्रेंसिंग और राज्यों और संघ राज्य क्षेत्रों के सामयिक क्षेत्रीय दौरे के माध्यम से मिशन शक्ति योजनाओं की समीक्षा करते हैं।

(ख) और (ग) : वन स्टॉप सेंटर (ओएससी) संबल उप-योजना का एक घटक है जो निजी और सार्वजनिक दोनों स्थानों पर हिंसा से प्रभावित महिलाओं को एकीकृत सहायता और सहयोग प्रदान करता है। ओएससी जरूरतमंद महिलाओं को चिकित्सा सहायता, कानूनी सहायता और सलाह, अस्थायी आश्रय, पुलिस सहायता और मनोवैज्ञानिक परामर्श जैसी सेवाएं प्रदान करते हैं। टोंक और सवाई माधोपुर जिलों सहित राजस्थान राज्य में कुल 37 ओएससी कार्यशील हैं और इन्होंने स्थापना (01.04.2015) के बाद से 28.02.2025 तक 50,497 महिलाओं की सहायता की है।

राजस्थान राज्य में महिला हेल्पलाइन (डब्ल्यूएचएल) कार्यशील है जो टोंक और सवाई माधोपुर जिलों सहित आपातकालीन और गैर-आपातकालीन जरूरतों के लिए महिलाओं को एक सार्वभौमिक टोल-फ्री नंबर (181) के माध्यम से 24 घंटे टेलीफोन सहायता प्रदान करती है।

डब्ल्यूएचएल के द्वारा राजस्थान में 1 अप्रैल, 2015 से 28 फरवरी, 2025 के बीच 74,122 महिलाओं की सहायता की गई।

(घ) : मंत्रालय ने मिशन शक्ति योजना के विभिन्न घटकों के कर्मियों के लिए क्षमता निर्माण सत्र आयोजित किए हैं। इसमें प्रशिक्षण उद्देश्यों के लिए विभिन्न पहलुओं पर ध्यान केंद्रित करने हेतु राष्ट्रीय जन सहयोग एवं बाल विकास संस्थान (एनआईपीसीसीडी), राष्ट्रीय मानसिक स्वास्थ्य एवं तंत्रिका विज्ञान संस्थान (निमहांस), संयुक्त राष्ट्र जनसंख्या कोष (यूएनएफपीए), राष्ट्रीय विधिक सेवा प्राधिकरण (एनएलएसए), राष्ट्रीय सूचना विज्ञान केंद्र इत्यादि से विशेषज्ञ स्रोत व्यक्तियों को शामिल किया गया।

IMPLEMENTATION OF WOMEN AND CHILD DEVELOPMENT SCHEMES

5670. SHRI NAGESH BAPURAO AASHTIKAR PATIL:

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

- (a) the details of schemes being implemented for Women Empowerment and Child Development in Hingoli District, Maharashtra under the Ministry of Women and Child Development;
- (b) the funds allocated, released and utilized under the BetiBachaoBetiPadhao (BBBP), Poshan Abhiyaan, One Stop Centre Scheme and Pradhan Mantri Matru Vandana Yojana(PMMVY) during the last three years in the said District;
- (c) whether the Government has received any proposals from the State Government/local administration for setting up of new Anganwadi Centres, Women Safety Homes or Child Care Institutions in the said District;
- (d) if so, the details thereof along with the present status of those proposals; and
- (e) the steps being taken by the Government to improve the implementation of said scheme in the said District, especially in rural and tribal areas?

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

(a) : For better implementation and efficient monitoring, all schemes implemented by the Ministry, including those for women empowerment and child development in Maharashtra, have been clubbed into three Umbrella Missions, viz. (1) Mission Saksham Anganwadi & Poshan 2.0 for improving nutrition & health indicators in the country (2) Mission Shakti, for safety, protection and empowerment of women; and (3) Mission Vatsalya, for protection, care and welfare of children in difficult circumstances. Details of the schemes are as under:

(i) Saksham Anganwadi & Poshan 2.0 (Mission Poshan 2.0): Under this mission, Anganwadi Services Scheme, POSHAN Abhiyaan and Scheme for Adolescent Girls have been reorganized into 3 primary sub-verticals: (i) Nutrition Support for POSHAN and for Adolescent Girls (ii) Early Childhood Care and Education [3-6 years] and (iii) Anganwadi Infrastructure including modern, upgraded SakshamAnganwadis.

(ii) Mission Shakti: It comprises of two verticals '**Sambal**' and '**Samarthya**' for safety, security and empowerment of women, respectively.

I. Sambal - The following schemes have been included under the Sambal vertical:

One Stop Centres (OSC) - for providing integrated support and assistance to women affected by violence and those in distress, both in private and public spaces in a convergent and coordinated manner under one roof; **Women Helplines (181-WHL)** is a 24 x 7 x 365 toll-free emergency/non-emergency response system that is integrated with ERSS (112) and other existing helplines/institutions; **Beti Bachao**

Beti Padhao (BBBP) - launched with an aim to address declining Sex Ratio at Birth (SRB) and related issues of empowerment of girls and women over a life cycle continuum; **Nari Adalat** - an initiative aimed at empowering women by ensuring justice and to offer services such as alternate dispute resolution, grievance redressal, counselling, evidence-based decision-making, pressure group tactics, negotiation, mediation, and reconciliation.

II. Samarthya - The following schemes have been included under 'Samarthya' vertical: **Pradhan Mantri Matru Vandana Yojana (PMMVY)** - a Centrally Sponsored Maternity Benefit Scheme under which cash incentives flow to the beneficiaries in Direct Benefit Transfer (DBT) mode for the first child and the second girl child; **Ujjwala and SwadharGreh (renamed as Shakti Sadan)** - an Integrated Relief and Rehabilitation Home for women in distress situations including trafficked women; **Working Women Hostel (renamed as Sakhi Niwas)** - to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and also in rural areas where employment opportunities for women exist; **National Hub for Empowerment of Women (NHEW)** - to facilitate intersectoral convergence of schemes and programs meant for women at National level, State/ UT level and district level and **National Creche Scheme (renamed as Palna)** that aims to increase the participation of women in work force in the economy by providing quality crèche facility in safe and secure environment for children.

(iii) Mission Vatsalya: Mission Vatsalya includes the Integrated Child Protection Scheme (ICPS) for better outreach and protection for children in need and care in

a mission mode with the objective to: (i) Support and sustain Children in difficult circumstances. (ii) Develop context-based solutions for holistic development of children from varied backgrounds. (iii) Provide scope for encouraging innovative solutions, (iv) Cement convergent action.

(b) : Funds are released to the States/UTs for implementation of the scheme and funds are not directly released to the district. The funds released/utilized under the schemes of BetiBachaoBetiPadhao (BBBP), Poshan Abhiyaan, One Stop Centre Scheme and Pradhan Mantri Matru Vandana Yojana (PMMVY) in the State of Maharashtra during the last three years are given in the enclosed **Statement**.

(c) and (d): The details of proposals received from the State Government of Maharashtra are as under:

(i) Anganwadi Centres: Request has been received from State Government of Maharashtra through various communication for sanction of 8084 additional Anganwadi Centres.

(ii) Women Safety Homes: The Shakti Sadan Scheme is a demand driven Centrally Sponsored Scheme, under which funds are released to the States/UTs for implementation of the scheme. The States/UTs assess their requirement as per local needs and proposals are approved every year by the Programme Approval Board (PAB) after discussion with States/UTs. Under the Scheme, financial assistance is provided for running of Shakti Sadan in rented premises. Presently, no Shakti Sadan is functional in the Hingoli District of Maharashtra.

Sakhi Niwas Scheme (Working Women Hostel) under the overarching Mission Shakti, is a demand driven Centrally Sponsored Scheme, under which

funds are released to the States/UTs for implementation of the scheme. The scheme aims to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and also in rural areas where employment opportunity for women exists. Under the Scheme, financial assistance is provided for running of Sakhi Niwas in rented premises for working women and for those women who are under training for job. Provision of Day Care Centre for children of the residents of the Sakhi Niwas is an important aspect of the scheme. Presently, no Sakhi Niwas is functional in the Hingoli District of Maharashtra.

(iii) Child Care Institutions: No proposal has been received during FY 2024-25 from State Government of Maharashtra for setting up child care institution in Hingoli district of Maharashtra. There is an existing Observation cum Children home which is supported under Mission Vatsalya in the same district.

(e) : The following steps have been taken by the Government to improve implementation of the schemes of the Ministry, including in rural and tribal areas:

- The PM JANMAN Mission launched by Ministry of Tribal Affairs aims for 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. Till now, 17.16 crore has been released to Maharashtra under PM JANMAN from MoWCD.
- Suposhit Gram Panchayat Abhiyaan: Provision of selection of 1000 Suposhit Gram Panchayats with an incentive of Rs. 1 Lakh each under Suposhit Gram

Panchayats Abhiyaan to motivate Gram Panchayats and Anganwadi functionaries to take proactive measures in improving nutrition.

- Poshan Tracker has been implemented for monitoring and tracking of infrastructure and service delivery at Anganwadi Centres (AWCs) and beneficiaries on defined indicators.
- Face authentication module: For last mile tracking of Service Delivery, MWCD has developed two-factor authentication mechanisms for the distribution of Take Home ration to ensure that benefit is given to the intended beneficiaries registered in Poshan Tracker. Regular follow-up is being done with States/UTs for its 100% adoption. The successful implementation of this module would ensure that THR reaches intended beneficiaries, which would ultimately improve the nutritional outcomes of the beneficiaries.

STATEMENT

Details of funds released/ utilized under the schemes of the Ministry in the State of Maharashtra during the last three years

(Rs. in Lakhs)

S.No	Scheme	FY 2021-22	FY 2022-23	FY 2023-24
1.	Beti Bachao Beti Padhao	122.68	0.00*	0.00*
2.	Saksham Anganwadi & POSHAN 2.0	171339.00	164617.00	169952.00
3.	One Stop Centre	561.35	69.37	1539.69
4.	Pradhan Mantri Matru Vandana Yojana	9950.00	24083.00	0.00@

* The unspent balance in FY 2022-23 and FY 2023-24 available with the State was more than 12.5% of the annual requirement due to which released amount is zero (Non-compliance of conditions of Single Nodal Agency account on the Public Financial Management System, Department of Expenditure)

@ Funds could not be released to the State of Maharashtra under PMMVY during the year 2023-24 due to non-compliance of SNA Norms by the State Government of Maharashtra

STATUS OF MISSION SHAKTI

5671. SHRI SUDHAKAR SINGH:

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

- (a) the current status of Mission Shakti along with the details of beneficiaries that have been covered under various components of the said scheme since its launch;
- (b) the details of the implementation of said scheme along with the funds allocated, released and utilized under both Sambal (safety and security for women) and Samarthya (empowerment of women) sub-schemes;
- (c) the details of the steps being taken to strengthen the implementation of One Stop Centres, Women's Helplines/other support mechanisms under the said schemes particularly in rural and backward regions;
- (d) whether the Government has assessed the impact of said scheme on reducing crimes against women and improving their socio-economic conditions, if so, the details thereof; and
- (e) whether measures are being taken to ensure better inter-ministerial coordination for the effective implementation of the said scheme, if so, the

details thereof along with monitoring mechanisms for real-time tracking of progress?

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

(a) and (b) : The Ministry of Women and Child Development (MWCD) implements 'Mission Shakti', a Centrally Sponsored Scheme across the country for the welfare of women and girls during the 15th Finance Commission period, with effect from the financial year 2022-23. 'Mission Shakti' aims at strengthening interventions for women safety, security and empowerment. It comprises of two verticals 'Sambal' and 'Samarthya' for safety and security of women and empowerment of women respectively. The "Sambal" vertical is for safety and security of women and its component include, One Stop Centres (OSCs) which is an institution located at district level offering under one roof immediate help and support to women in distress such as police assistance, medical aid, temporary shelter, psycho-socio counselling and legal aid and counselling, the Women Helpline (WHL) 181 provides toll-free 24-hours telecom service to women seeking support and information. The Beti Bachao Beti Padhao (BBBP) component focusses on improving Sex Ratio at Birth (SRB), promoting girls education and outreach and awareness for mindset change towards valuing the girl child. The Nari Adalat component is implemented on pilot basis for providing alternate grievance redressal platform for resolving petty disputes women experience at the grassroots level. The "Samarthya" vertical is for the empowerment of women. It includes Pradhan Mantri Matru Vandana Yojana (PMMVY) which is for providing cash incentives in Direct Benefit Transfer (DBT)

mode to pregnant women and lactating mothers for promoting health seeking behaviour and partial compensation of wage losses. The Sakhi Niwas (Working Women Hostel) that aims to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and even rural areas where employment opportunity for women exists. Shakti Sadan, a shelter home for women in difficult circumstances including trafficked women. Under Palna component, Government is establishing Creche facility in Anganwadi Centers for providing quality childcare services to the working mothers. The SANKALP: Hub for Empowerment of Women (HEW) serves as a vehicle to bridge the information and knowledge gap regarding schemes and facilities available for women.

The details of funds allocated, fund released, fund utilized and the number of women benefitted/ assisted from the year 2022-23 to 2024-25* is as under:

Component	Funds allocated in Revised Estimate (RE) (₹ in Cr)	Funds released (₹ in Cr)	Number of beneficiaries/ women assisted (in lakh)
Sambal- vertical	999.78	754.52	39.10**
Samarthya-vertical	5444.52	4942.05	206.76

* The provisional figures for 2024-25 have been included.

** Under the BBBP component, mass outreach programmes have been organised, but the number is not measurable.

(c) : The OSC is now the mainstay of Ministry's intervention for safety and security of women at District level. The OSCs now work in close coordination with various institutions like Hospitals, Police Stations, Women Helpdesks in Police Stations, Anti Human Trafficking Units (AHTUs) and other institutional support services available at district level. As on date, 818 OSCs are functional covering the entire

geographical area of the country. Under Mission Shakti, the WHL of all States/ UTs (except West Bengal), which were earlier running separately, has been integrated through computerised application. It is also integrated with Emergency Response Support System (ERSS), national emergency helpline 112. Similarly, the Child Helpline 1098 has also been integrated with ERSS 112. The WHL 181 is also integrated with 501 OSCs. Similarly the Child Helpline 1098 has been integrated with the District Child Protection Units (DCPUs). These 3 helplines together, now provide facility for inter transferability of calls and data for seamless assistance and support to the needy women and girls 24x7x365 by connecting them with appropriate authorities and resources and also provide information about various government schemes, policies and programmes.

(d) and (e) : The Government has put in place a 'Mission Shakti portal' for capturing the complete details of facilities and services as well as the details of women assisted/ supported under various components of the scheme for improving the efficiency and transparency through better monitoring.

With the introduction of umbrella Mission Shakti scheme from 1st April, 2022, the number of instalments under PMMVY have been reduced from three (3) to two (2). Further, maternity benefit under PMMVY is also extended for the second child subject to second child being a girl. A new portal, Pradhan Mantri Matru Vandana Yojana Software (PMMVYSoft) was launched in March, 2023. In order to provide seamless transfer of funds directly to the beneficiaries Aadhaar-seeded bank or post office accounts in a transparent manner, under PMMVYSoft, beneficiary authentication is done through Unique Identification Authority of India (UIDAI) and

National Payment Corporations of India (NPCI). Further, to facilitate the beneficiaries for tracking the status of their applications and payments, a 'Track and Search' feature is available on the PMMVY portal. Also, a Grievance redressal module has been implemented to lodge and track any PMMVY related grievances by any beneficiary.

The support under the HEW is for guiding, linking and hand holding women to various institutional and schematic set ups in coordination and convergence with various Ministries/ Departments of Central Government and their counterparts at State/ UT and District level for their empowerment and development including facilitating access to healthcare, quality education, career and vocational counselling and training, financial inclusion, entrepreneurship, backward and forward linkages, health and safety for workers, social security and digital literacy at districts, Blocks and Gram Panchayat levels across the country.

There are various other schemes/ programmes implemented by the various Ministries/ Departments of the Central Government for the socio-economic development of women and girls in the country. The details of some of them are as under:

- (i) In order to reduce drudgery and enhance the ease of living for the women particularly in the rural areas of the country under the Swachh Bharat Mission more than 11.8 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 over 15 crore households through Jal Jeevan Mission.

(ii) 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.

(iii) 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.

(iv) There are over 15,000 Pradhan Mantri Bhartiya JanaushadhiKendras (PMBJK) functional across the country. The PMBJK besides providing affordable medicines and medical devices, including about 40 women specific items and also have provision for sale of Sanitary Napkins named 'Suvidha Sanitary Napkins' at extremely affordable price of Rupee 1 per pad.

(v) Under Pradhan Mantri Kaushal Vikas Yojna (PMKVY), skill and vocational training is provided to women.

(vi) Pradhan Mantri Gramin Digital Saksharta Abhiyan (PMGDISHA) provides digital literacy to rural populations.

(vii) 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.

(viii) Stand-up India and MUDRA Yojna facilitate bank loans and entrepreneurial activities and have majorly benefitted women entrepreneurs.

(ix) Schemes such as Start-up India, Pradhan Mantri Street Vendors AtmaNirbhar Nidhi (PM SVANidhi), Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) provides employment/ self-employment and credit facilities. Majority of the beneficiaries under these schemes are women.

(x) 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.

The Ministry reviews the progress of implementation in coordination with States/ UTs through various modes including the Programme Approval Board (PAB) meetings, Video Conferencing, field visits and issues advisories from time

to time. The Ministry also conducts various awareness programs through States/UTs. It includes various Information, Education and Communication (IEC) and Behavioral Change Communication (BCC) activities among others, 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 also runs special campaign for registration of eligible beneficiaries in all the States and UTs under PMMVY on a periodic basis.

महिला सशक्तीकरण केंद्र

5672. श्री बाबू सिंह कुशवाहा :

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

- (क) सरकार द्वारा उत्तर प्रदेश सहित देश भर में "महिला सशक्तीकरण केन्द्र योजना" तथा "प्रधानमंत्री मातृ वंदना योजना" के अंतर्गत महिलाओं को सशक्त एवं आत्मनिर्भर बनाने के लिए अब तक क्या कदम उठाए गए हैं;
- (ख) उक्त योजनाओं के माध्यम से लाभान्वित महिलाओं की राज्यवार संख्या कितनी है;
- (ग) उक्त योजनाओं का महिलाओं के स्वास्थ्य, पोषण एवं आर्थिक सशक्तीकरण पर क्या प्रभाव पड़ा है;
- (घ) क्या सरकार का उक्त योजनाओं को अधिक प्रभावी बनाने के लिए कोई नई पहल करने अथवा कोई सुधार करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ङ) क्या ग्रामीण क्षेत्रों में इन योजनाओं के कार्यान्वयन में सरकार को किन्हीं चुनौतियों का सामना करना पड़ा है; और
- (च) यदि हां, तो सरकार द्वारा इन चुनौतियों से निपटने के लिए क्या कदम उठाए गए हैं?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) से (च) : महिला एवं बाल विकास मंत्रालय 01.04.2022 से उत्तर प्रदेश राज्य सहित पूरे देश में 'मिशन शक्ति' नामक अम्ब्रेला योजना क्रियान्वित कर रहा है जिसका उद्देश्य महिला सुरक्षा, संरक्षा और सशक्तीकरण के लिए कार्यकलापों को व्यापक बनाना है। 'मिशन शक्ति' की दो उप-योजनाएं हैं: 'संबल' महिलाओं की सुरक्षा और संरक्षा के लिए और 'सामर्थ्य' महिलाओं के सशक्तीकरण के लिए।

मिशन शक्ति की उप-योजना सामर्थ्य के अंतर्गत एक घटक "महिला सशक्तीकरण केंद्र (एचईडब्ल्यू)" मिशन शक्ति योजना की निगरानी और पर्यवेक्षण इकाई के लिए एक परियोजना प्रबंधन इकाई (पीएमयू) के रूप में कार्य कर रहा है। एचईडब्ल्यू केंद्र महिला केंद्रित योजनाओं, कार्यक्रमों, नीतियों और विधानों से संबंधित जानकारी का प्रसार करने के लिए जागरूकता गतिविधियों, शिविरों और अभियानों के आयोजन के माध्यम से व्यापक पहुंच और जागरूकता प्रसार में भी संलग्न हैं।

महिला एवं बाल विकास मंत्रालय दिनांक 01.01.2017 से राज्यों और संघ राज्य क्षेत्रों के महिला एवं बाल विकास और स्वास्थ्य एवं परिवार कल्याण विभागों के माध्यम से देशभर में (ओडिशा और तेलंगाना को छोड़कर) प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई) कार्यान्वित कर रहा है। पीएमएमवीवाई एक केंद्र प्रायोजित मातृत्व लाभ योजना है जिसके तहत पहले बच्चे के लिए प्रत्यक्ष लाभ अंतरण (डीबीटी) मोड में लाभार्थी के बैंक/डाकघर खाते में सीधे 5,000/- रुपये का नकद प्रोत्साहन प्रदान किया जाता है। पात्र लाभार्थियों को संस्थागत प्रसव के बाद जननी सुरक्षा योजना के अंतर्गत प्रसूति लाभ के लिए अनुमोदित मानदण्डों के अनुसार शेष नकद प्रोत्साहन प्राप्त होता है ताकि एक महिला को औसतन 6000/- रुपए प्राप्त हों। दूसरे बच्चे के लिए पात्र लाभार्थियों को पीएमएमवीवाई के तहत 6,000/- रुपये का नकद प्रोत्साहन भी प्रदान किया जाता है बशर्ते कि दूसरा बच्चा बालिका हो।

दिनांक 01 अप्रैल, 2022 से व्यापक मिशन शक्ति योजना की शुरुआत के साथ, पहले बच्चे के लिए किस्तों की संख्या तीन (3) से घटाकर दो (2) कर दी गई है। इसके अलावा, पीएमएमवीवाई के तहत, दूसरे बच्चे के लिए भी मातृत्व लाभ दिया जाता है, बशर्ते कि दूसरा बच्चा बालिका हो। योजना में संशोधन के परिणामस्वरूप, एक नया पोर्टल, प्रधानमंत्री मातृ वंदना योजना सॉफ्टवेयर (पीएमएमवीवाईसॉफ्ट)

तैयार किया गया और मार्च, 2023 में लॉन्च किया गया। पीएमएमवीवाईसॉफ्ट के अंतर्गत, यूआईडीएआई के माध्यम से आधार प्रमाणीकरण डिजिटल रूप से किया जाता है और भारतीय राष्ट्रीय भुगतान निगम (एनपीसीआई) द्वारा सत्यापन डिजिटल रूप से सुनिश्चित किया जाता है ताकि धनराशि सीधे लाभार्थियों के केवल डीबीटी-सक्षम आधार-सीडेड बैंक या डाकघर खातों में अंतरित की जा सके। पीएमएमवीवाई के तहत पंजीकरण, कार्रवाई और दिन-प्रतिदिन की निगरानी संबंधित राज्य और संघ राज्य क्षेत्र सरकारों द्वारा की जाती है।

इसके अलावा, आवेदन की तत्काल स्थिति और स्थान दिखाने के लिए पीएमएमवीवाई पोर्टल पर एक 'ट्रैक एंड सर्च' सुविधा उपलब्ध है जिसकी सहायता से लाभार्थी अपने आवेदन और भुगतान की स्थिति का पता लगा सकता है। इसके अलावा, किसी भी लाभार्थी द्वारा पीएमएमवीवाई से संबंधित किसी भी शिकायत को दर्ज करने और ट्रैक करने के लिए एक शिकायत निवारण मॉड्यूल कार्यान्वित किया गया है।

महिला एवं बाल विकास मंत्रालय महिला सशक्तीकरण हब (एचईडब्ल्यू) योजना के माध्यम से सभी राज्यों और संघ राज्य क्षेत्रों के लिए विभिन्न जागरूकता कार्यक्रम आयोजित करता है जिसमें मातृत्व लाभ पर आयोजित किए जाने वाले जागरूकता कार्यक्रम भी शामिल हैं। इसमें विभिन्न सूचना, शिक्षा और संचार (आईईसी) तथा व्यवहार परिवर्तन संचार (बीसीसी) संबंधी विभिन्न कार्यकलाप जैसे प्रभात फेरी, नुक्कड़ नाटक, समाचार पत्रों में विज्ञापन, रेडियो जिंगल्स का प्रसारण, सेल्फी अभियान, घर-घर प्रचार अभियान, सामुदायिक कार्यक्रम शामिल हैं जो क्षेत्रीय कार्यकर्ता स्तरों पर आयोजित किए जाते हैं। इसके अलावा, मंत्रालय पीएमएमवीवाई के तहत, सभी राज्यों और संघ राज्य क्षेत्रों में पात्र लाभार्थियों के पंजीकरण के लिए समय-समय पर विशेष अभियान भी चला रहा है।

एचईडब्ल्यू के अंतर्गत महिला सशक्तीकरण के लिए 100 दिवसीय विशेष अभियान चलाया गया, जिसमें राज्यों को सप्ताहवार विषयगत गतिविधियों जैसे वृक्षारोपण अभियान, स्वास्थ्य शिविर, जन संपर्क, लामबंदी अभियान और लिंग संवेदीकरण कार्यशालाएं आयोजित करने के लिए मार्गदर्शन दिया गया।

इन पद्धतियों को अपनाकर, राज्य/संघ राज्य क्षेत्र समाज के सामाजिक, आर्थिक और सांस्कृतिक ताने-बाने को मजबूत करने में योगदान दे सकते हैं, तथा महिला-नेतृत्व वाले विकास और विकसित भारत के मिशन को आगे बढ़ा सकते हैं।

पिछले तीन वर्षों के दौरान पीएमएमवीवाई के तहत लाभार्थियों और एचईडब्ल्यू के तहत सहायता प्राप्त महिलाओं की राज्य/संघ राज्य क्षेत्रवार संख्या संलग्न **विवरण** में दी गई है।

विवरण

पीएमएमवीवाई के अंतर्गत राज्य/संघ राज्य क्षेत्र-वार लाभार्थियों की संख्या

क्र.सं.	राज्य/संघ राज्य क्षेत्र	लाभार्थियों की संख्या		
		2022-23	2023-24	2024-25
1	अंडमान व नोकोबार द्वीप समूह	1291	856	1404
2	आंध्र प्रदेश	392312	150288	314404
3	अरुणाचल प्रदेश	4533	1399	4879
4	असम	179829	160354	279883
5	बिहार	731838	101686	802894
6	चंडीगढ़	5868	3038	4307
7	छत्तीसगढ़	160786	83540	389013
8	दादरा व नगर हवेली और दमन व दीव	4199	2845	8610
9	दिल्ली	84713	42130	107770
10	गोवा	6648	1486	8743
11	गुजरात	254947	158132	477012
12	हरियाणा	154175	12624	149956
13	हिमाचल प्रदेश	44220	9315	57776
14	जम्मू और कश्मीर	56049	13012	141120
15	झारखंड	91961	64824	245991
16	कर्नाटक	597325	164345	729323
17	केरल	152962	76924	236039
18	लद्दाख	699	1400	2510
19	लक्षद्वीप	70	531	994
20	मध्य प्रदेश	570016	418306	1298493
21	महाराष्ट्र	691219	93891	538936
22	मणिपुर	6494	7685	19812
23	मेघालय	10330	3818	15449
24	मिजोरम	6817	2423	3772
25	नागालैंड	5532	2473	9274

26	पुदुचेरी	6368	243	12918
27	पंजाब	141304	83221	203913
28	राजस्थान	405991	186182	915462
29	सिक्किम	2845	898	3068
30	तमिलनाडु	135752	286823	537054
31	त्रिपुरा	21027	7690	42422
32	उत्तर प्रदेश	1424694	277011	303300
33	उत्तराखंड	67387	48451	117431
34	पश्चिम बंगाल	868049	0	0

टिप्पणी:

1. तेलंगाना सरकार अपने राज्य में पीएमएमवीवाई योजना को लागू नहीं कर रही है।
2. ओड़िशा सरकार अपने राज्य में पीएमएमवीवाई योजना को लागू करने की प्रक्रिया में है।

एचईडब्ल्यू के अंतर्गत सहायता प्राप्त महिलाओं की राज्य/संघ राज्य क्षेत्र-वार संख्या

क्र.सं.	राज्य/संघ राज्य क्षेत्र	सहायता प्राप्त महिलाओं की संख्या		
		2022-23	2023-24	2024-25 (30.03.2025तक)
1	अंडमान और निकोबार द्वीप समूह	333	354	1235
2	आंध्र प्रदेश	0	0	5740
3	अरुणाचल प्रदेश	11501	15306	38533
4	असम	1313	3984	6842
5	बिहार	0	583	1556
6	चंडीगढ़	3600	5000	6000
7	छत्तीसगढ़	18	93	138
8	दादरा व नगर हवेली एवं दमन व दीव	0	2863	7031
9	दिल्ली	94558	92292	55950
10	गोवा	0	0	958
11	गुजरात	0	267415	215110
12	हरियाणा	0	0	185594
13	हिमाचल प्रदेश	0	682	1417
14	जम्मू और कश्मीर	17110	24574	28413
15	झारखंड	0	40	10937
16	कर्नाटक	0	18600	35550
17	केरल	0	88581	169026
18	लद्दाख	0	160	799
19	लक्षद्वीप	0	2300	11200

20	मध्य प्रदेश	0	2608	4317
21	महाराष्ट्र	4949	9970	7114
22	मणिपुर	0	0	493
23	मेघालय	0	49	1027
24	मिजोरम	614	728	1989
25	नागालैंड	0	3936	7176
26	ओड़िशा	0	0	0
27	पुदुचेरी	0	6379	26685
28	पंजाब	0	120276	152076
29	राजस्थान	0	97109	168353
30	सिक्किम	0	0	87
31	तमिलनाडु	0	81257	252382
32	तेलंगाना	0	611	1086
33	त्रिपुरा	0	11	102
34	उत्तर प्रदेश	31375	30619	29824
35	उत्तराखंड	26025	21887	31840

टिप्पणी:

1. पश्चिम बंगाल राज्य अपने राज्य में एचईडब्ल्यूयोजना लागू नहीं कर रहा है।
2. ओड़िशा राज्य ने हाल ही में इसे शुरू किया है।

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

- (a) whether there is any dedicated share of fund that is allocated to the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) under the National Health Mission (NHM) in view of the rising share of unnatural deaths due to Non-Communicable Diseases in the country and if so, the details thereof; and
- (b) whether the Government has any data on the number of NCD Cells and Clinics, Cardiac Care Units for emergency cardiac care and 64 Day-Care

Centres for Cancer care functioning within the ambit of the NP-NCD 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) : The Department of Health and Family Welfare provides technical and financial support to States and Union Territories across the country under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) as part of the National Health Mission (NHM). The programme focuses on strengthening infrastructure, human resource development, screening, early diagnosis, referral, treatment, and health promotion for Non-Communicable Diseases (NCDs).

The funds are being provided to the States under NCD Flexi-Pool through State Programme Implementation Plan (PIPs) of respective States/UTs, with the Centre to State share in ratio of 60:40 (except for NE and Hilly States, where the share is 90:10). Under the programme, 770 District NCD Clinics, 372 District Day Care Centres, and 6410 NCD Clinics at Community Health Centres have been set up. The details of funds released to States & Union Territories during last five years under the Programme are given in the enclosed **Statement**.

STATEMENT

States/Union Territories- wise details of State Programme Implementation Plan approvals for NP-NCD under NHM during the period F.Y. 2019-20 to 2023-24

(₹ In lakhs)

S.No.	State/UT	2019-20	2020-21	2021-22	2022-23	2023-24
		SPIP Approval	SPIP Approval	SPIP Approval	SPIP Approval	SPIP Approval
1	Andaman & Nicobar Islands	52.00	13.89	56.96	52.46	56.18
2	Andhra Pradesh	359.83	1616.18	4672.54	6078.76	5954.08
3	Arunachal Pradesh	347.51	381.58	146.45	622.95	779.13
4	Assam	2067.53	568.87	1258.57	1306.81	1222.93
5	Bihar	792.39	1977.74	956.30	8298.99	7163.81
6	Chandigarh	2.80	1.30	12.84	4.15	3.90
7	Chhattisgarh	606.34	433.45	1619.06	3506.32	2974.64
8	Dadra & Nagar Haveli and Daman & Diu	51.18	14.18	7.05	57.55	57.99
9	Delhi	145.88	128.10	191.15	164.70	335.41
10	Goa	85.33	50.53	168.97	153.05	145.25
11	Gujarat	518.38	709.39	2076.80	4071.68	3778.31
12	Haryana	320.86	226.42	476.86	533.41	406.56
13	Himachal Pradesh	158.00	45.00	286.28	1361.00	1416.50
14	Jammu and Kashmir	595.67	1253.80	805.68	792.00	882.00
15	Jharkhand	593.78	535.24	2620.26	1955.15	1958.53
16	Karnataka	1148.79	675.94	4097.12	4409.74	2452.35
17	Kerala	1508.70	1092.82	4250.92	7662.02	5249.09
18	Ladakh	-	0.00	104.45	273.36	166.43
19	Lakshadweep	3.48	15.55	24.72	21.21	22.28
20	Madhya Pradesh	530.77	937.98	1402.09	4753.73	2090.26
21	Maharashtra	3062.36	747.47	976.63	5311.21	5147.52
22	Manipur	199.92	293.66	623.31	722.21	724.30
23	Meghalaya	52.48	46.55	416.03	407.60	370.59

24	Mizoram	54.48	58.88	332.26	176.24	176.24
25	Nagaland	206.04	137.10	305.43	312.26	310.88
26	Odisha	661.80	881.79	2158.89	7442.69	6067.91
27	Puducherry	24.15	23.72	126.82	113.10	135.94
28	Punjab	184.45	169.79	705.42	1405.93	1796.11
29	Rajasthan	2903.20	1227.09	4603.49	23542.92	23542.92
30	Sikkim	72.31	53.06	156.78	117.04	85.55
31	Tamil Nadu	2006.42	798.77	4004.70	8466.91	10031.16
32	Telangana	766.04	490.70	3139.44	5272.72	5145.00
33	Tripura	215.13	131.33	383.86	496.53	578.92
34	Uttar Pradesh	7602.17	6654.70	13196.18	13607.82	18998.70
35	Uttarakhand	331.74	144.80	597.75	1127.33	1167.37
36	West Bengal	892.09	1399.34	3697.33	3868.71	5428.71

VACANCIES IN DEPARTMENT OF HEALTH RESEARCH

5674. SHRI ANAND BHADAURIA:

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

- (a) whether there are large number of vacancies of Scientists in Department of Health Research as on date;
- (b) if so, the details thereof;
- (c) whether Scientists in various grades are being appointed on contractual basis since last five years which is affecting the continuity of health research;
- (d) if so, the details of the number of contractual appointments of scientists made during the last five years and the current year, year and grade-wise; and
- (e) the reason for stopping of regular appointment of scientists?

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 Department of Health Research (DHR) including its autonomous body Indian Council of Medical Research (ICMR) have a total of 901 sanctioned posts of scientists, out of which 143 posts are vacant at present. This vacancy position has been classified grade-wise as follows:

Name/Level of the post	Sanctioned strength	Incumbency position	Vacancy position
Scientist H & Equivalent	03	01	02
Director & Scientist G	30	21	09
Scientist F	05	00	05
Scientist E	84	74	10
Scientist D	92	80	12
Scientist C	235	209	26
Scientist B	452	373	79
Total	901	758	143

(c) and (d) : The appointment of regular scientists in DHR is done on deputation basis and is a continuous process. In ICMR, regular positions of scientists are filled through direct recruitment, deputation (including short term contract) or absorption. There is a continuous process of advertising, assessment and recruitment in place to fill vacancies arising due to retirements, resignations etc. Scientists are currently not appointed on contractual basis against the above regular posts.

The contractual Scientists are engaged in Project Monitoring Units for a fixed tenure. Additionally in ICMR, Project staff is also engaged on contractual basis for research projects, which are of specified duration. This requirement of project staff

is in addition to the regular strength. The details of contractual engagement of scientists made during the last five years are given in the enclosed **Statement**.

(e) : Does not arise, in view of reply of point (c) above.

STATEMENT

Year and grade wise details of strength of Contractual scientists engaged in the various programs and schemes of Department of Health Research (secretariat) (strength as on 31st March of each year)

	31.03.2021	31.03.2022	31.03.2023	31.03.2024	31.03.2025
Total Strength	08	07	16	11	22
Grade/ designation of the contractual scientists	● Scientist D-01 ● Scientist C-06 ● Health Policy Analyst-01	● Scientist D-01 ● Scientist C-05 ● Health Policy Analyst-01	● Scientist D-02 ● Scientist C-11 ● Scientist B-01 ● Health Policy Analyst-01 ● Junior Health Economist-01	11. Scientist D-02 12. Scientist C-07 13. Scientist B-01 14. Health Policy Analyst-01	ii. Scientist D-01 iii. Scientist C-14 iv. Scientist B-01 v. Project Research Scientist II-06

Year and grade wise details of strength of Contractual scientists engaged in the various programs and schemes of ICMR (strength as on 31st March of each year)

	31.03.2021	31.03.2022	31.03.2023	31.03.2024	31.03.2025
Total Strength	168	167	183	184	313

Grade/ designatio n of the contractual scientists	i)Project Research Scientist I- 14 ii)Project Research Scientist II- 13 iii)Project Research Scientist III-00 iv)Others - 141	i)Project Research Scientist I- 14 ii)Project Research Scientist II- 12 iii)Project Research Scientist III- 00 iv)Others - 141	i)Project Research Scientist I-28 ii)Project Research Scientist II-14 iii)Project Research Scientist III-02 iv)Others -139	i)Project Research Scientist I- 55 ii)Project Research Scientist II- 35 iii)Project Research Scientist III- 02 iv)Others - 92	i)Project Research Scientist I-173 ii)Project Research Scientist II-62 iii)Project Research Scientist III-03 iv)Others -75

DOMESTIC CHEMICAL PRODUCTION

5675. SHRI PARSHOTTAMBHAI RUPALA:

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

- (a) the steps taken by the Ministry of Chemicals and Fertilizers in collaboration with other Central Government agencies to address the critical issue of chemical dumping from China;
- (b) the measures implemented by the Government to enhance domestic chemical production including the initiatives undertaken to improve research efforts and train personnel for domestic chemical industries; and
- (c) whether any actions have been taken by the Government in coordination with State Governments and other agencies to prevent major accidents in the chemical sector, if so, the details thereof, 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) : The Directorate General of Trade Remedies (DGTR) in Ministry of Commerce and Industry, conducts various trade remedy investigations (anti-dumping/safeguard measures) under the Custom Tariff Act, 1975 and the rules made there under on the basis of a duly substantiated application filed by the domestic industry alleging dumping of goods into the country causing injury to domestic industry. The DGTR examines the applications filed by the domestic industry and evaluates responses received from importers, exporters and other interested parties in accordance with the provisions of the Custom Tariff Act, 1975. Based on this examination, DGTR submits its recommendations to the Ministry of Finance for final consideration. During the period 2022-23 to 2024- 25, based on the DGTR's recommendations, Department of Revenue has imposed Anti-dumping/Anti-subsidy duty on 14 chemicals imported from China.

(b): To promote domestic manufacturing of chemicals in the country, Department has adopted a multi-pronged approach by improving infrastructure, boosting the role of research and development in the sector and improving the quality of manpower deployed in the sector by better skilling. Details of these initiatives are indicated below:-

i. Infrastructure:

a. Petroleum, Chemical and Petrochemical Investment Regions(PCPIRs)

Government of India has notified the PCPIR Policy to attract investment and for the generation of employment in the Petroleum, Chemical and Petrochemical Investment Regions (PCPIRs). PCPIRs promote Chemical and Petrochemical sectors in an integrated and environment friendly manner on a large scale. PCPIRs are conceptualized in a cluster-based approach with common infrastructure and support services to provide a competitive environment conducive for setting up businesses. At present, three Petroleum, Chemical and Petrochemical Investment Regions (PCPIRs) are being implemented in the States of Andhra Pradesh (Vishakhapatnam), Gujarat (Dahej) and Odisha (Paradeep) to promote investment and industrial development in these sectors.

The status of implementation of these PCPIR projects is indicated below:-

Indicator	Gujarat	Andhra Pradesh	Odisha	Total
Location/ Region	Dahej, Bharuch	Vishakhapatnam– Kakinada	Paradeep	-
Approval	Feb,2009	Feb,2009	Dec,2010	-
Total Area (Sq.kms.)	453.00	640.00	284.15	1377.15
Investments made (Rs. Crore)	1,28,509	58,918	73,518	2,60,945
Employment generated (No.)	2,45,140	86,123	40,000	3,71,263
No. of Chemical Units	2079	154	13	2246
Anchor Tenant	ONGCPetro Additions Limited(OPaL)	--	Indian Oil Corporation Ltd.(IOCL)	-

These PCPIRs have attracted investment of Rs. 2.61 lakh crore in Petroleum, Chemicals, Petrochemicals and ancillary industries and generated employment to 3.7 lakh persons.

b. Plastic Park Scheme

A scheme has been formulated by the Department for setting up of need-based Plastic Parks with requisite infrastructure and enabling common facilities. The objective is to consolidate and synergize the capacities of downstream plastic processing industry to help increase investment, production and export in the sector as well as generate employment. Under the Scheme, common infrastructure for the industrial units is provided including effluent treatment plant, solid/ hazardous waste management, facilities for plastic recycling, incinerator etc. Some of the Plastic Parks have also established in-house recycling sheds for recycling of plastic waste. 10 Plastic Parks have been approved so far.

ii. Research and Development

a. Centres of Excellence (CoEs)

The Department of Chemicals and Petrochemicals has formulated a scheme on setting up of Centers of Excellence. The objective is to provide grant-in-aid to educational and research institutions to improve existing technology and promote development of new applications of polymers, chemicals and plastics. The emphasis of the Scheme is on modernization and up gradation of existing manufacturing processes as well as improving the quality of products. Under the scheme, the Government of India provides financial

support upto 50% of the total project cost, subject to an upper limit of Rs. 5 crores. So far, 18 CoEs have been approved under the Scheme.

iii. **Skilling initiatives:**

The Central Institute of Petrochemicals Engineering & Technology (CIPET) is a technical education institution under the Department engaged in skill development, technology support, as well as academic and research activities for the promotion of the petrochemical and allied industry in the country. CIPET has 48 centres across the country which includes Institutes of Plastics Technology, Centres for Skilling and Technical Support and Schools for Advanced Research in Polymers. During 2023-24, CIPET provided training to 66,606 persons towards long term professional skill development as well as for short term vocational skill development.

(c) Department of Chemicals and petrochemicals has taken an initiative in the form of a series of training programs on “Chemicals and Petrochemicals Industrial Safety” to impart training to workforce of primarily Major Accident Hazard (MAH) units on “Safe handling of hazardous chemicals at work place and reducing risk associated with hazardous chemicals”. These training programs which are being conducted under Chemical Promotion and Development Scheme (CPDS) focus on improving process safety and reducing the risk of hazardous situations arising from potential failures. Two persons from each such MAH unit will be trained. Department has engaged Central Institute of Petrochemicals Engineering & Technology (CIPET) to execute these training programmes. During the Financial Year 2024-25, eight training programs have been conducted covering 554 industries.

राष्ट्रीय बाल अधिकार संरक्षण आयोग

5676. श्री संजय उत्तमराव देशमुख:

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

- (क) पिछले तीन वर्षों के दौरान बाल शोषण के संबंध में राष्ट्रीय बाल अधिकार संरक्षण आयोग में दर्ज की गई शिकायतों की संख्या और प्रकृति क्या है;
- (ख) क्या सरकार ने इस संबंध में कोई जांच की है और यदि हां, तो अब तक कितने लोग दोषी पाए गए हैं और इस संबंध में उनके खिलाफ क्या कार्रवाई की गई है;
- (ग) सरकार द्वारा बच्चों और महिलाओं के प्रति दुर्व्यवहार को रोकने के लिए क्या कदम उठाए गए हैं;
- (घ) क्या सरकार ने इस संबंध में राज्यों में नोडल अधिकारी नियुक्त किए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ङ) सरकार द्वारा महिलाओं और बच्चों की सुरक्षा के लिए चलाई जा रही विभिन्न योजनाओं का ब्यौरा क्या है;
- (च) केंद्र सरकार द्वारा बच्चों के विरुद्ध अपराधों से निपटने के लिए राज्य सरकारों के परामर्श से तैयार की गई रणनीति का ब्यौरा क्या है; और
- (छ) सरकार द्वारा किशोर अपराध को रोकने के लिए क्या कदम उठाए गए हैं?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) से (छ) : राष्ट्रीय बाल अधिकार संरक्षण आयोग (एनसीपीसीआर) बाल दुर्व्यवहार से संबंधित शिकायतें प्राप्त करता है और मामला-दर-मामला के आधार पर समुचित कार्रवाई करता है। शिकायत प्राप्त होने पर, आयोग मामले की आवश्यकताओं के अनुसार जांच सहित आवश्यक कार्रवाई के लिए उन्हें संबंधित जिला प्रशासन या पुलिस अधिकारियों को भेजता है। तदुपरांत, गई कार्रवाई के बारे में नवीनतम जानकारी आयोग के साथ साझा की जाती है।

पिछले तीन वर्षों में बाल दुर्व्यवहार से जुड़ी विभिन्न श्रेणियों जैसे किशोर न्याय (बालकों की देखरेख

और संरक्षण) अधिनियम 2015, पॉक्सो अधिनियम 2012, बच्चों को मुफ्त और अनिवार्य शिक्षा का अधिकार अधिनियम 2009, और इसी तरह के दुर्व्यवहार जैसे कि बाल दुर्व्यापार, बाल श्रम इत्यादि के तहत दर्ज मामलों की संख्या का ब्यौरा संलग्न **विवरण** में दिया गया है।

अपराध का निर्धारण और सज़ा देना न्यायपालिका के अधिकार क्षेत्र में आता है। न्याय विभाग बलात्कार और पॉक्सो से संबंधित मामलों की त्वरित सुनवाई और निपटान के लिए विशेष पॉक्सो न्यायालयों सहित फास्ट ट्रैक विशेष न्यायालयों (एफटीएससी) की स्थापना के लिए एक योजना कार्यान्वित कर रहा है। उच्च न्यायालयों से प्राप्त जानकारी के अनुसार, 28.02.2025 तक, 30 राज्यों/संघ राज्य क्षेत्रों में **404 विशेष पॉक्सो न्यायालयों** सहित **745 एफटीएससी कार्यशील हैं**, जिनमें 3,13,000 से अधिक मामलों का निपटारा किया गया है।

सरकार ने बच्चों की सुरक्षा, संरक्षण, सम्मान और कल्याण सुनिश्चित करने के लिए किशोर न्याय (बालकों की देखरेख और संरक्षण) अधिनियम, 2015 (जेजे अधिनियम, 2015) अधिनियमित किया है। यह अधिनियम देखरेख और संरक्षण की आवश्यकता वाले बच्चों तथा विधि का उल्लंघन करने वाले बच्चों की उचित देखरेख, संरक्षण, विकास, उपचार और समाज में पुनः मिलाने कर उनकी बुनियादी जरूरतों को पूरा करके उनकी सुरक्षा का प्रावधान करता है। अन्य बातों के अलावा, किशोर न्याय (बालकों की देखरेख और संरक्षण) संशोधन अधिनियम, 2021 जिला मजिस्ट्रेट को जेजे अधिनियम, 2015 के कार्यान्वयन के लिए केंद्र बिंदु के रूप में कार्य करने और दत्तक ग्रहण के मामलों का फैसला करने का अधिकार देता है।

महिलाओं तथा बच्चों के कल्याण और विकास के लिए मंत्रालय द्वारा कार्यान्वित सभी योजनाओं को तीन व्यापक मिशनों में अर्थात् (1) देश में पोषण और स्वास्थ्य संकेतकों में सुधार के लिए मिशन सक्षम आंगनवाड़ी और पोषण 2.0, (2) महिलाओं की सुरक्षा, संरक्षण और सशक्तीकरण के लिए मिशन शक्ति; तथा (3) कठिन परिस्थितियों में बच्चों की सुरक्षा, देखरेख और कल्याण के लिए मिशन वात्सल्य को शामिल किया गया है। इन योजनाओं का विवरण इस प्रकार है:

(I) सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 2.0): इस मिशन के तहत, आंगनवाड़ी सेवा योजना, पोषण अभियान और किशोरियों के लिए योजना को 3 प्राथमिक उप-घटकों (i) पोषण और किशोरियों के लिए पोषण सहायता (ii) प्रारंभिक बाल्यावस्था देखरेख और शिक्षा [3-6 वर्ष] और (iii) आधुनिक, उन्नत सक्षम आंगनवाड़ियों सहित आंगनवाड़ी बुनियादी अवसंरचना में पुनर्गठित किया गया है।

(II) मिशन शक्ति: महिलाओं की सुरक्षा, संरक्षा और सशक्तीकरण के लिए भारत सरकार ने एक व्यापक योजना के रूप में एकीकृत महिला सशक्तीकरण कार्यक्रम 'मिशन शक्ति' शुरू किया है जिसे 15वें वित्त आयोग की अवधि के दौरान, यानी वित्तीय वर्ष 2025-26 तक कार्यान्वित किया जाएगा। यह 1 अप्रैल 2022 से देश में प्रभावी हो गया है। मिशन शक्ति में दो उप-योजनाएं हैं, महिलाओं की सुरक्षा के लिए "संबल" और सशक्तीकरण के लिए "सामर्थ्य"। 'संबल' में वन स्टॉप सेंटर (ओएससी), महिला हेल्पलाइन (डब्ल्यूएचएल), बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) और नारी अदालत घटक हैं। 'सामर्थ्य' में शक्ति सदन, सखी निवास, प्रधानमंत्री मातृ वंदना योजना, पालना और संकल्प: महिला सशक्तीकरण केंद्र (संकल्प: एचईडब्ल्यू) घटक हैं। मिशन शक्ति के तहत घटकों के उद्देश्य इस प्रकार हैं:

क. संबल:

- i. **वन स्टॉप सेंटर (ओएससी)** निजी तथा सार्वजनिक दोनों क्षेत्रों में हिंसा से प्रभावित और संकटग्रस्त महिलाओं को एक ही स्थान पर एकीकृत सहायता और सहयोग प्रदान करता है। यह जरूरतमंद महिलाओं को चिकित्सा सहायता, कानूनी सहायता और सलाह, **अस्थायी आश्रय**, पुलिस सहायता और मनो-सामाजिक परामर्श जैसी सेवाएं प्रदान करता है।
- ii. **महिला हेल्पलाइन (डब्ल्यूएचएल)** 24/7 सार्वभौमिक टोल फ्री नंबर 181 के माध्यम से देश भर में महिलाओं और बालिकाओं को निर्बाध आपातकालीन और गैर-आपातकालीन सहायता और सूचना सेवा प्रदान करती है।
- iii. **बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी)** का उद्देश्य बाल लिंगानुपात (सीएसआर) में गिरावट और जीवन चक्र निरंतरता में बालिकाओं और महिलाओं के सशक्तीकरण से संबंधित मुद्दों का

समाधान करना है। इस योजना में मुख्य रूप से सभी हितधारकों को सूचित, प्रभावित, प्रेरित, शामिल करके और सशक्त बनाकर बालिकाओं के प्रति मानसिकता और व्यवहार में बदलाव लाने पर जोर दिया जाता है।

- iv. **नारी अदालत** पहल का उद्देश्य महिलाओं को सशक्त बनाना और विवाद के समाधान का विकल्प, शिकायत निवारण, परामर्श और साक्ष्य-आधारित निर्णय लेने जैसी सेवाओं के माध्यम से न्याय सुनिश्चित करना है। यह घरेलू हिंसा, दहेज संबंधी विवादों, बाल अभिरक्षा और कार्यस्थल में असमानताओं जैसे जेंडर आधारित मुद्दों का समाधान करती है। नारी अदालत 2023-24 से असम तथा जम्मू और कश्मीर में 50-50 ग्राम पंचायतों (जीपी) में सफलतापूर्वक संचालित की जा रही है। 31 दिसंबर 2024 तक, प्रायोगिक असम राज्य तथा संघ राज्य क्षेत्र जम्मू और कश्मीर दोनों में कुल 497 मामले दर्ज किए गए हैं, जिनमें से 414 का सफलतापूर्वक समाधान किया गया है।

ख. सामर्थ्य:

- i. **शक्ति सदन** – यह दुर्व्यापार की शिकार महिलाओं सहित संकटग्रस्त महिलाओं के लिए एक एकीकृत राहत और पुनर्वास गृह है। पिछले तीन वर्षों के दौरान शक्ति सदन के तहत लाभार्थियों की संख्या 3,727 है।
- ii. **सखी निवास** - महिलाओं के लिए रोजगार के अवसर वाले शहरी, अर्ध-शहरी और ग्रामीण क्षेत्रों में कामकाजी महिलाओं के लिए सुरक्षित और सुविधाजनक आवास की उपलब्धता को बढ़ावा देने के लिए। पिछले तीन वर्षों के दौरान सखी निवास के तहत लाभार्थियों की संख्या 25,602 रही।
- iii. **प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई)** – यह केंद्र प्रायोजित मातृत्व लाभ योजना है जिसके तहत लाभार्थियों को पहले बच्चे और दूसरा बच्चा बालिका होने पर प्रत्यक्ष लाभ अंतरण (डीबीटी) मोड में नकद प्रोत्साहन मिलता है।

- iv. **पालना** का उद्देश्य बच्चों के लिए सुरक्षित वातावरण में गुणवत्तापूर्ण क्रेच सुविधा प्रदान करके अर्थव्यवस्था में कार्यबल में महिलाओं की भागीदारी बढ़ाना है।
- v. **संकल्प: महिला सशक्तीकरण केंद्र (एचईडब्ल्यू)** मिशन शक्ति की सामर्थ्य उप-योजना के तहत एक पहल है, जो एकल खिड़की अंतर-क्षेत्रीय तालमेल तंत्र का कार्य करेगा।

(III) मिशन वात्सल्य: महिला एवं बाल विकास मंत्रालय राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से केंद्र और राज्य सरकारों के बीच पूर्व-निर्धारित लागत साझाकरण के आधार पर केंद्र प्रायोजित योजना 'मिशन वात्सल्य' कार्यान्वित कर रहा है, ताकि देखरेख और संरक्षण की आवश्यकता वाले बच्चों (सीएनसीपी) और विधि का उल्लंघन करने वाले बच्चों (सीसीएल) के लिए विभिन्न सेवाएं प्रदान की जा सकें। इसमें संस्थागत और गैर-संस्थागत दोनों तरह की देखरेखा सेवाएं शामिल हैं। मिशन वात्सल्य योजना के तहत स्थापित बाल देखरेख संस्थान (सीसीआई) अन्य बातों के साथ-साथ आयु-अनुकूल शिक्षा, व्यावसायिक प्रशिक्षण तक पहुंच, मनोरंजन, स्वास्थ्य देखरेख, परामर्श इत्यादि में सहायता करते हैं। गैर-संस्थागत देखरेख के तहत सहायता राज्य प्रायोजन, पालन-पोषण देखरेख, दत्तक ग्रहण और देखरेख और संरक्षण की आवश्यकता वाले बच्चों को पश्चात देखरेख (ऑफ्टर केयर) के माध्यम से प्रदान की जाती है।

सरकार बच्चों की सुरक्षा और संरक्षा को सर्वोच्च प्राथमिकता देती है और इस संबंध में कई पहलों की हैं। बच्चों को यौन शोषण और यौन उत्पीड़न से बचाने के लिए सरकार ने यौन अपराधों से बच्चों का संरक्षण (पॉक्सो) अधिनियम, 2012 अधिनियमित किया है। इस अधिनियम में 18 वर्ष से कम आयु के किसी भी व्यक्ति को बच्चा माना गया है।

अपराधियों को डराने और ऐसे अपराधों को रोकने के उद्देश्य से बच्चों के विरुद्ध यौन अपराध करने के लिए मृत्युदंड सहित अधिक कठोर दंड शामिल करने के लिए 2019 में इस अधिनियम में संशोधन किया गया था। इस अधिनियम की धारा 4 में "प्रवेशात्मक यौन हमले" के लिए न्यूनतम 20 वर्ष के कठोर कारावास की सजा निर्धारित की गई है, जिसे आजीवन कारावास में बदला जा सकता है। यदि हमले के परिणामस्वरूप मृत्यु हो जाती है या पीड़ित लगातार निष्क्रिय अवस्था में रहता है, तो धारा 6

में मृत्युदंड या आजीवन कारावास का प्रावधान है। धारा 8 में यौन हमले के दोषी पाए जाने वालों के लिए न्यूनतम तीन से पांच साल के कारावास का प्रावधान है, जबकि धारा 10 गंभीर यौन हमले (किसी व्यक्ति पर कुछ विशेष परिस्थितियों में जैसे कि यदि बलात्कार विश्वास या अधिकार के रिश्ते में किया गया हो, या यदि इससे पीड़ित गर्भवती हो जाए इत्यादि) के लिए सजा को बढ़ाकर न्यूनतम पांच वर्ष करती है। इस अधिनियम की धारा 14 में अश्लीलता (पोर्नोग्राफ़िक) के उद्देश्यों से बच्चों का उपयोग करने पर सात साल तक की कैद का प्रावधान है।

इसके अतिरिक्त, यह अधिनियम धारा 28 के तहत त्वरित सुनवाई के लिए विशेष न्यायलयों का गठन करने का अधिदेश देता है ताकि यह सुनिश्चित किया जा सके कि मामलों को अत्यंत तत्परता और संवेदनशीलता के साथ निपटाया जाता है, जो बच्चों के खिलाफ अपराधों के प्रति कानून के शून्य-सहिष्णुता दृष्टिकोण को दर्शाता है।

इसके अलावा, बच्चों को शोषण, हिंसा और यौन शोषण से बचाने के लिए पॉक्सो नियम, 2020 भी अधिसूचित किया गया है। नियम 3 में प्रावधान है कि बच्चों को रखने वाली या बच्चों के नियमित संपर्क में आने वाली कोई भी संस्था जिसमें स्कूल, क्लब, खेल अकादमी या बच्चों के लिए कोई अन्य सुविधा शामिल है, को समय-समय पर हर कर्मचारी, शिक्षण या गैर-शिक्षण, नियमित या संविदा, या ऐसे संस्थान का कोई अन्य कर्मचारी जो बच्चे के संपर्क में आता है, का पुलिस सत्यापन और पृष्ठभूमि की जांच सुनिश्चित करनी चाहिए। ऐसी संस्था को यह भी सुनिश्चित करना चाहिए कि बच्चों की सुरक्षा और संरक्षण के बारे में उन्हें संवेदनशील बनाने के लिए समय-समय पर प्रशिक्षण आयोजित किया जाता है।

महिला एवं बाल विकास मंत्रालय (एमडब्ल्यूसीडी) ने वित्तीय वर्ष 2023-2024 से राज्य/ संघ राज्य क्षेत्र सरकारों द्वारा कार्यान्वयन के लिए करने के लिए निर्भया कोष से “यौन अपराधों से बच्चों के संरक्षण (पॉक्सो) अधिनियम, 2012 की धारा 4 और 6 के तहत पीड़ितों के लिए देखरेख और सहायता योजना” नामक एक योजना भी शुरू की है ताकि नाबालिग गर्भवती बालिकाओं के सामने आने वाली चुनौतियों का समाधान किया जा सके।

विवरण

पिछले तीन वर्षों में बाल दुर्व्यवहार से जुड़ी विभिन्न श्रेणियों के तहत दर्ज मामलों की संख्या	
वर्ष	कुल
2022-2023	2485
2023-2024	3302
2024-2025	12404

NUMBER OF SC/ST JUDGES IN HIGHER JUDICIARY AND TRIBUNALS**5677. SHRIMATI KANIMOZHI KARUNANIDHI:**

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

- (a) the number of individuals from Scheduled Caste and Scheduled Tribe communities serving in Subordinate Courts specifically in District Courts, State-wise;
- (b) whether the Government maintains data regarding the number of Judicial Officers from the said communities serving in the Central and State Tribunals constituted under various statutes, if so, the details thereof;
- (c) the details of the appointments of Judges or Judicial Officers from Scheduled Caste and Scheduled Tribe communities during the last ten years, State-wise; and
- (d) whether the reservation criteria is followed in the process of appointing Judges in Higher Courts, 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) : As per information available in the MIS (Management Information System) portal of Department of Justice, the number of Judicial Officers from Scheduled Caste and Scheduled Tribe communities serving in Subordinate Courts specifically in District Courts, State-wise, as on 02.04.2025 are given in the enclosed **Statement-I.**

(b) : The number of Judicial Officers from the said communities serving in the Central and State Tribunals constituted under various statutes is not centrally maintained.

(c) and (d) : The details of the appointments of Judges or Judicial Officers from Scheduled Caste and Scheduled Tribe communities during the last ten years, State-wise are not available in the Department. However, as per the information available on the MIS portal, the working strength of Judicial Officers from Scheduled Caste and Scheduled Tribe communities in District and Subordinate Courts during the last five years, State-wise are given in the enclosed **Statement-II.**

Appointment of Judges to 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. Therefore, category-wise data pertaining to representation of SCs, STs and OBCs among the Judges of High Courts are not centrally maintained. However, since 2018, the recommendees for the post of High Court Judges are required to provide details regarding their social background in the prescribed format (prepared in consultation with the Supreme

Court). Accordingly, as per the information provided by the recommendees, out of 719 High Court Judges appointed since 2018, 22 belong to SC category, whereas 16 belong to ST category.

As per the Memorandum of Procedure (MoP), the responsibility for initiation of proposals for appointment of Judges in the Supreme Court vests with the Chief Justice of India, while the responsibility for initiation of proposals for appointment of Judges in the High Courts vests with the Chief Justice of the concerned High Court. However, 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. Only those persons, who are recommended by the Supreme Court Collegium, are appointed as Judges of the Supreme Court and High Courts.

Appointments in District and Subordinate Courts fall under the jurisdiction of State Governments and High Courts, as per Articles 233 and 234 of the Constitution of India. The recruitment process is governed by the rules framed by State Governments in consultation with High Courts.

STATEMENT-I

Working strength of SC/ST Judicial Officer in District and Subordinate courts as on 02.04.2025

Sl. No.	States & UTs	Civil Judge (Junior Division)		Civil Judge (Senior Division)		District Judge/DJ	
		SC	ST	SC	ST	SC	ST
1	Andaman and Nicobar	0	0	0	0	0	0

2	Andhra Pradesh	53	19	23	10	30	3
3	Arunachal Pradesh	0	9	0	16	0	7
4	Assam	16	23	12	21	6	7
5	Bihar	129	9	63	5	48	3
6	Chandigarh	7	0	0	0	1	0
7	Chhattisgarh	26	57	17	45	30	26
8	D & N Haveli	0	0	0	0	0	0
9	Daman & Diu	0	0	0	0	0	0
10	Delhi	46	21	12	1	10	1
11	Goa	0	2	0	0	0	0
12	Gujarat	59	1	50	4	8	0
13	Haryana	31	0	42	0	21	0
14	Himachal Pradesh	8	2	8	4	6	1
15	Jammu and Kashmir	13	11	6	7	9	7
16	Jharkhand	15	31	0	0	0	0
17	Karnataka	77	19	90	20	60	9
18	Kerala	20	0	11	1	11	1
19	Ladakh	1	2	0	4	0	1
20	Lakshadweep	1	0	0	1	0	0
21	Madhya Pradesh	122	55	62	90	85	92
22	Maharashtra	140	2	43	3	44	2
23	Manipur	0	6	0	4	0	4
24	Meghalaya	0	15	0	21	0	18
25	Mizoram	0	13	0	17	0	15
26	Nagaland	0	0	0	0	0	0
27	Odisha	30	4	0	0	0	0
28	Puducherry	3	0	0	0	0	0
29	Punjab	118	0	34	0	33	0
30	Rajasthan	64	47	60	52	59	24
31	Sikkim	0	1	0	2	0	5
32	Tamil Nadu	119	5	57	4	35	1
33	Telangana	38	20	15	7	15	13
34	Tripura	5	9	4	7	4	6
35	Uttar Pradesh	214	17	134	15	191	7
36	Uttarakhand	16	3	12	4	18	5
37	West Bengal	0	0	0	0	0	0
TOTAL		1371	403	755	365	724	258

Source: MIS Portal of Department of Justice.

STATEMENT-II**Working strength of SC/ST Judicial Officer in District and Subordinate courts as on 31.12.2020**

Sl. No.	States & UTs	Civil Judge(Junior Division)		Civil Judge(Senior Division)		District Judge/DJ)	
		SC	ST	SC	ST	SC	ST
1	Andaman and Nicobar	0	0	0	0	0	0
2	Andhra Pradesh	43	16	29	8	16	1
3	Arunachal Pradesh	0	13	0	9	0	9
4	Assam	12	18	10	18	0	0
5	Bihar	123	10	77	4	20	1
6	Chandigarh	2	0	0	0	0	0
7	Chhattisgarh	20	48	18	29	22	27
8	D & N Haveli	0	0	0	0	0	0
9	Daman & Diu	0	0	0	0	0	0
10	Delhi	53	5	1	1	7	1
11	Goa	0	2	0	0	0	0
12	Gujarat	58	2	46	3	11	1
13	Haryana	39	0	25	0	22	0
14	Himachal Pradesh	10	5	7	1	6	2
15	Jammu and Kashmir	9	6	10	4	5	6
16	Jharkhand	26	62	0	0	0	0
17	Karnataka	76	14	48	9	44	7
18	Kerala	22	1	5	0	7	0
19	Ladakh	0	4	0	1	0	0
20	Lakshadweep	1	0	0	1	0	0
21	Madhya Pradesh	106	94	71	87	63	54
22	Maharashtra	140	2	43	3	44	2
23	Manipur	0	2	2	4	0	5
24	Meghalaya	0	20	0	14	0	12
25	Mizoram	0	16	0	14	0	13
26	Nagaland	0	8	0	7	0	11
27	Odisha	13	0	0	0	0	0
28	Puducherry	0	0	0	0	0	0
29	Punjab	76	0	37	0	25	0
30	Rajasthan	92	69	53	40	25	10

31	Sikkim	0	2	0	1	0	4
32	Tamil Nadu	117	4	55	3	41	1
33	Telangana	35	17	11	8	12	6
34	Tripura	5	11	4	5	3	6
35	Uttar Pradesh	234	11	115	10	178	7
36	Uttarakhand	18	4	14	3	14	9
37	West Bengal	0	0	0	0	0	0
TOTAL		1330	466	681	287	565	195

Source: MIS Portal of Department of Justice

Working strength of SC/ST Judicial Officer in District and Subordinate courts as on 31.12.2021

Sl. No.	States & UTs	Civil Judge(Junior Division)		Civil Judge(Senior Division)		District Judge/DJ)	
		SC	ST	SC	ST	SC	ST
1	Andaman and Nicobar	0	0	0	0	0	0
2	Andhra Pradesh	42	15	23	9	19	1
3	Arunachal Pradesh	0	13	0	9	0	9
4	Assam	15	22	7	16	0	0
5	Bihar	115	9	64	5	38	1
6	Chandigarh	2	0	0	0	0	0
7	Chhattisgarh	23	56	20	30	25	27
8	D & N Haveli	0	0	0	0	0	0
9	Daman & Diu	0	0	0	0	0	0
10	Delhi	54	6	14	2	8	1
11	Goa	0	2	0	0	0	0
12	Gujarat	58	2	46	3	10	0
13	Haryana	38	0	26	0	22	0
14	Himachal Pradesh	7	4	8	2	7	2
15	Jammu and Kashmir	7	9	5	6	8	5
16	Jharkhand	26	61	0	0	0	0
17	Karnataka	76	11	48	8	49	9
18	Kerala	21	1	9	0	7	0
19	Ladakh	0	4	0	2	0	0
20	Lakshadweep	0	0	0	1	0	0

21	Madhya Pradesh	104	91	69	84	60	59
22	Maharashtra	140	2	43	3	44	2
23	Manipur	1	5	2	4	1	4
24	Meghalaya	0	20	0	14	0	12
25	Mizoram	0	16	0	13	0	13
26	Nagaland	0	0	0	0	0	0
27	Odisha	17	0	0	0	0	0
28	Puducherry	0	0	0	0	0	0
29	Punjab	79	0	38	0	29	0
30	Rajasthan	87	66	37	30	43	20
31	Sikkim	0	2	0	1	0	4
32	Tamil Nadu	121	5	58	3	46	1
33	Telangana	40	22	11	7	15	7
34	Tripura	5	11	4	5	3	6
35	Uttar Pradesh	193	14	155	11	155	7
36	Uttarakhand	20	4	14	3	13	9
37	West Bengal	0	0	0	0	0	0
TOTAL		1291	473	701	271	602	199

Source: MIS Portal of Department of Justice

Working strength of SC/ST Judicial Officer in District and Subordinate courts as on 31.12.2022

Sl. No	States & UTs	Civil Judge(Junior Division)		Civil Judge(Senior Division)		District Judge/DJ)	
		SC	ST	SC	ST	SC	ST
1	Andaman and Nicobar	0	0	0	0	0	0
2	Andhra Pradesh	39	16	32	12	19	1
3	Arunachal Pradesh	0	12	0	11	0	9
4	Assam	15	22	7	16	0	0
5	Bihar	115	9	62	5	35	1
6	Chandigarh	3	0	0	0	1	0
7	Chhattisgarh	27	65	19	31	27	27
8	D & N Haveli	0	0	0	0	0	0
9	Daman & Diu	0	0	0	0	0	0
10	Delhi	55	6	9	1	8	1
11	Goa	0	2	0	0	0	0

12	Gujarat	54	1	50	4	9	0
13	Haryana	38	0	26	0	22	0
14	Himachal Pradesh	9	4	7	2	7	2
15	Jammu and Kashmir	9	8	6	6	7	3
16	Jharkhand	20	55	0	0	0	0
17	Karnataka	76	15	49	7	59	9
18	Kerala	16	1	13	0	7	1
19	Ladakh	0	2	0	2	0	1
20	Lakshadweep	0	0	0	1	0	0
21	Madhya Pradesh	125	97	59	81	74	56
22	Maharashtra	140	2	43	3	44	2
23	Manipur	1	4	1	5	1	4
24	Meghalaya	0	25	0	14	0	15
25	Mizoram	0	16	0	10	0	15
26	Nagaland	0	0	0	0	0	0
27	Odisha	17	0	0	0	0	0
28	Puducherry	0	0	0	0	0	0
29	Punjab	79	0	36	0	27	0
30	Rajasthan	65	58	46	29	47	22
31	Sikkim	0	2	0	0	0	5
32	Tamil Nadu	120	5	57	3	43	1
33	Telangana	33	18	17	11	13	7
34	Tripura	5	7	4	9	4	7
35	Uttar Pradesh	193	15	151	11	143	7
36	Uttarakhand	16	3	16	4	15	8
37	West Bengal	0	0	0	0	0	0
TOTAL		1270	470	710	278	612	204

Source: MIS Portal of Department of Justice

Working strength of SC/ST Judicial Officer in District and Subordinate courts as on 31.12.2023

Sl. No	States & UTs	Civil Judge(Junior Division)		Civil Judge(Senior Division)		District Judge/DJ)	
		SC	ST	SC	ST	SC	ST
1	Andaman and Nicobar	0	0	0	0	0	0
2	Andhra Pradesh	44	17	23	10	28	3

3	Arunachal Pradesh	0	9	0	16	0	8
4	Assam	13	15	9	18	0	0
5	Bihar	129	9	63	5	48	3
6	Chandigarh	3	0	0	0	1	0
7	Chhattisgarh	26	62	13	29	28	27
8	D & N Haveli	0	0	0	0	0	0
9	Daman & Diu	0	0	0	0	0	0
10	Delhi	48	21	8	0	8	1
11	Goa	0	2	0	0	0	0
12	Gujarat	59	1	50	4	8	0
13	Haryana	48	0	26	0	20	0
14	Himachal Pradesh	8	2	8	4	7	2
15	Jammu and Kashmir	9	7	6	6	5	3
16	Jharkhand	15	36	0	0	0	0
17	Karnataka	80	16	50	7	58	9
18	Kerala	18	1	12	0	9	1
19	Ladakh	0	3	0	2	0	0
20	Lakshadweep	0	0	0	1	0	0
21	Madhya Pradesh	131	66	78	116	72	54
22	Maharashtra	140	2	43	3	44	2
23	Manipur	0	6	0	4	0	4
24	Meghalaya	0	25	0	14	0	15
25	Mizoram	0	16	0	10	0	15
26	Nagaland	0	0	0	0	0	0
27	Odisha	26	3	0	0	0	0
28	Puducherry	0	0	0	0	0	0
29	Punjab	78	0	37	0	27	0
30	Rajasthan	80	59	50	43	53	23
31	Sikkim	0	2	0	0	0	5
32	Tamil Nadu	119	5	57	4	39	1
33	Telangana	38	20	15	7	15	13
34	Tripura	5	9	4	7	4	6
35	Uttar Pradesh	146	11	134	15	196	7
36	Uttarakhand	16	3	14	4	16	5
37	West Bengal	0	0	0	0	0	0
TOTAL		1279	428	700	329	686	207

Source: MIS Portal of Department of Justice

**Working strength of SC/ST Judicial Officer in District and Subordinate courts
as on 31.12.2024**

Sl. No.	States & UTs	Civil Judge(Junior Division)		Civil Judge(Senior Division)		District Judge/DJ)	
		SC	ST	SC	ST	SC	ST
1	Andaman and Nicobar	0	0	0	0	0	0
2	Andhra Pradesh	53	19	23	10	30	3
3	Arunachal Pradesh	0	9	0	16	0	7
4	Assam	16	23	12	21	6	7
5	Bihar	129	9	63	5	48	3
6	Chandigarh	7	0	0	0	1	0
7	Chhattisgarh	26	57	17	45	30	26
8	D & N Haveli	0	0	0	0	0	0
9	Daman & Diu	0	0	0	0	0	0
10	Delhi	46	21	12	1	10	1
11	Goa	0	2	0	0	0	0
12	Gujarat	59	1	50	4	8	0
13	Haryana	31	0	42	0	21	0
14	Himachal Pradesh	8	2	8	4	6	1
15	Jammu and Kashmir	13	11	6	7	9	8
16	Jharkhand	15	31	0	0	0	0
17	Karnataka	77	19	90	20	60	9
18	Kerala	20	0	11	1	10	1
19	Ladakh	1	2	0	4	0	1
20	Lakshadweep	1	0	0	1	0	0
21	Madhya Pradesh	122	55	79	106	66	73
22	Maharashtra	140	2	43	3	44	2
23	Manipur	0	6	0	4	0	4
24	Meghalaya	0	15	0	21	0	18
25	Mizoram	0	13	0	17	0	15
26	Nagaland	0	0	0	0	0	0
27	Odisha	30	4	0	0	0	0
28	Puducherry	3	0	0	0	0	0
29	Punjab	118	0	34	0	33	0
30	Rajasthan	64	47	60	52	59	24
31	Sikkim	0	1	0	2	0	5

32	Tamil Nadu	119	5	57	4	35	1
33	Telangana	38	20	15	7	15	13
34	Tripura	5	9	4	7	4	6
35	Uttar Pradesh	214	17	134	15	193	7
36	Uttarakhand	16	3	12	4	18	5
37	West Bengal	0	0	0	0	0	0
TOTAL		1371	403	772	381	706	240

Source: MIS Portal of Department of Justice

नीट परीक्षा प्रणाली

5678. श्री बलवंत बसवंत वानखडे:

श्री बाल्या मामा सुरेश गोपीनाथ म्हात्रे:

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

- (क) क्या देश में विश्व स्वास्थ्य संगठन के मानकों से प्रति व्यक्ति डॉक्टर की संख्या बहुत कम है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) पिछले पांच वर्षों के दौरान मेडिकल कॉलेजों और मेडिकल सीटों की संख्या में हुई वृद्धि का राज्य/संघ राज्यक्षेत्रवार ब्यौरा क्या है;
- (ग) क्या सरकार का मेडिकल शिक्षा को और अधिक किफायती और सुलभ बनाने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या एनईईटी परीक्षा प्रणाली में सुधार की आवश्यकता है, ताकि गरीब छात्रों को अधिक अवसर मिल सकें; और
- (ङ) 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) और (ख) : राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा दी गई जानकारी के अनुसार, 13,86,150 पंजीकृत एलोपैथिक डॉक्टर हैं। आयुष मंत्रालय ने बताया है कि आयुष चिकित्सा पद्धति में 7,51,768 पंजीकृत चिकित्सक हैं। यह मानते हुए कि एलोपैथिक और आयुष दोनों प्रणालियों में 80% पंजीकृत

चिकित्सक उपलब्ध हैं, देश में डॉक्टर-जनसंख्या अनुपात 1:811 होने का अनुमान है। विगत पाँच वर्षों (वर्ष 2019-20 से 2023-24 तक) के दौरान एमबीबीएस सीटों और मेडिकल कॉलेजों की संख्या के बारे में राज्यवार ब्यौरा संलग्न **विवरण** में दिया गया है।

(ग) : संबंधित राज्य शुल्क विनियामक प्राधिकरणों द्वारा जारी दिशा-निर्देशों के अनुसार सरकारी/निजी मेडिकल कॉलेजों के लिए शुल्क संरचना अलग-अलग राज्यों में अलग-अलग होती है। देश में चिकित्सा शिक्षा को किफायती और सुलभ बनाने के लिए, सरकारी मेडिकल कॉलेजों की शुल्क संरचना में भारी सब्सिडी दी जाती है। इसके अलावा, राष्ट्रीय आयुर्विज्ञान आयोग अधिनियम (एनएमसी), 2019 की धारा 10 की उप-धारा (1) के खंड (i) में अधिनियम के प्रावधानों के तहत शासित निजी चिकित्सा संस्थानों और मानद विश्वविद्यालयों में पचास प्रतिशत (50%) सीटों के संबंध में शुल्क और अन्य सभी शुल्कों के निर्धारण के लिए दिशा-निर्देश तैयार करने का प्रावधान है। तदनुसार, एनएमसी ने दिशा-निर्देश तैयार किए हैं और उन्हें दिनांक 03.02.2022 को जारी किया गया।

(घ) और (ङ) : राष्ट्रीय पात्रता सह प्रवेश परीक्षा (नीट) सभी चिकित्सा संस्थानों में स्नातक, स्नातकोत्तर और सुपर-स्पेशियलिटी चिकित्सा शिक्षा में प्रवेश के लिए एक समान राष्ट्रीय पात्रता सह प्रवेश परीक्षा है, जो राष्ट्रीय आयुर्विज्ञान आयोग अधिनियम, 2019 के प्रावधानों द्वारा शासित हैं।

विवरण

विगत पांच वर्षों (वर्ष 2019-20 से 2023-24 तक) के दौरान एमबीबीएस सीटों और मेडिकल कॉलेजों की संख्या के संबंध में राज्यवार ब्यौरा

क्र. सं.	राज्य/संघ राज्य क्षेत्र का नाम	मेडिकल कॉलेज		एमबीबीएस सीट	
		2019-2020	2023-2024	2019-2020	2023-24
1	अंडमान एवं निकोबार द्वीप समूह	1	1	100	114
2	आंध्र प्रदेश	30	37	5160	6485
3	अरुणाचल प्रदेश	1	1	50	50
4	असम	6	13	900	1550
5	बिहार	14	21	1740	2765
6	चंडीगढ़	1	1	100	150
7	छत्तीसगढ़	9	14	1220	2005

8	दादरा एवं नगर हवेली	1	1	150	177
9	दिल्ली	9	10	1315	1497
10	गोवा	1	1	180	180
11	गुजरात	29	40	5550	7150
12	हरियाणा	12	15	1760	2185
13	हिमाचल प्रदेश	7	8	870	920
14	जम्मू एवं कश्मीर	8	12	985	1339
15	झारखंड	3	9	680	980
16	कर्नाटक	59	70	9145	11745
17	केरल	34	33	4205	4655
18	मध्य प्रदेश	22	27	3470	4800
19	महाराष्ट्र	52	68	8580	10845
20	मणिपुर	2	4	225	525
21	मेघालय	1	1	50	50
22	मिजोरम	1	1	100	100
23	उड़ीसा	11	17	1650	2525
24	पुदुचेरी	8	9	1230	1830
25	पंजाब	8	12	1075	1800
26	राजस्थान	22	35	3900	5575
27	सिक्किम	1	1	100	150
28	तमिलनाडु	49	74	7150	11650
29	तेलंगाना	32	56	4990	8490
30	त्रिपुरा	2	2	225	225
31	उत्तर प्रदेश	55	68	7525	9903
32	उत्तराखंड	5	8	725	1150
33	पश्चिम बंगाल	24	35	3850	5275
34	नागालैण्ड	-	1	-	100
35	आईएनआई	16	*	1357	*

* वर्ष 2023-24 के लिए आईएनआई और उनकी एमबीबीएस सीटों की संख्या संबंधित राज्य/संघ राज्य क्षेत्र में शामिल है।

MEDICINAL PLANTS CULTIVATION IN ODISHA

5679. SHRIMATI SANGEETA KUMARI SINGH DEO:

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

- (a) the total area under medicinal plants cultivation in Odisha and the production trends over the last three financial years;
- (b) the total funds allocated and utilized under the National Medicinal Plants Board (NMPB) for Odisha during the same period;
- (c) whether the Government has taken steps to support farmers and Self-Help Groups (SHGs) in Odisha for medicinal plant cultivation; and
- (d) the steps taken by the Government to facilitate marketing and value addition of medicinal plant-based products from 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) : Ministry of Ayush, Government of India had implemented Centrally Sponsored Scheme of National Ayush Mission (NAM) to promote the cultivation of medicinal plants from the financial year 2015-16 to 2020-21 throughout the country including Odisha. Ministry of Ayush had supported 866 hectare area under cultivation of medicinal plants in Odisha under medicinal plants component of National Ayush Mission (NAM) scheme from the financial year 2015-16 to 2020-21. The details of area supported for cultivation of medicinal plants under medicinal plants component of National Ayush Mission (NAM) scheme in Odisha are given in the enclosed **Statement– I.**

(b) : The total funds sanctioned / approved and utilized under the “Central Sector Scheme (CSS) for Conservation, Development and Sustainable Management of

Medicinal Plants” of National Medicinal Plants Board (NMPB) for Odisha during the financial year 2021-22 to 2023-24 are given in the enclosed **Statement-II**.

(c) : As per information received from Ministry of Agriculture & Farmers Welfare, under Mission for Integrated Development of Horticulture (MIDH) – Centrally Sponsored Scheme, a provision has been made for providing financial assistance for area expansion of short duration medicinal plants. Details of cost norms alongwith the pattern of assistance are given in the enclosed **Statement- III**.

Beside this, State Medicinal Plants Board (SMPB), Odisha also developing a processing unit and drying yard in City Forest Division, Bhubaneswar. SMPB, Odisha also conducting Kalinga Herbal Fairs, awareness programmes through trainings/ workshops/seminars, distribution of IEC materials and exposure visits etc.

(d): As per the information received from Tribal Cooperative Marketing Development Federation of India (TRIFED), TRIFED under the Ministry of Tribal Affairs is implementing “Pradhan Mantri Janjatiya Vikas Mission (PMJVM)” scheme that focus on value addition and marketing of the Minor Forest Produce (MFP), farm, and non-farm produce/products for the promotion of livelihood of the tribal communities across the country including Odisha.

Under its Minimum Support Price for Minor Forest Produces (MSP for MFPs) component under Pradhan Mantri Janjatiya Vikas Mission (PMJVM) scheme, there are 87 MFP commodities identified for procurement, which includes medicinal plants also.

The details of MFPs commodities along with their procurement rates are given at the link below:

<https://trifed.tribal.gov.in/sites/default/files/2022-02/List%20of%2087%20MFPs.pdf>.

STATEMENT – I

The year-wise detail of area supported in Odisha for cultivation of medicinal plants under medicinal plants component of National Ayush Mission (NAM) scheme from the financial year 2015-16 to 2020-21.

S.No.	Financial Year	Area supported in hectare
1.	2015-16	-
2.	2016-17	488
3.	2017-18	-
4.	2018-19	378
5.	2019-20	-
6.	2020-21	-
Total		866

STATEMENT– II

The year-wise detail of funds sanctioned / approved and utilized under the “Central Sector Scheme (CSS) for Conservation, Development and Sustainable Management of Medicinal Plants” of National Medicinal Plants Board (NMPB) for Odisha during the financial year 2021-22 to 2023-24.

(Rs. in lakh)

S. No.	Financial Year	Fund Sanctioned / approved for the projects under CSS to different organization	Fund released (1 st & 2 nd installment of projects) under CSS to different organization	Fund utilized under CSS
1.	2021-22	110.64	61.25	61.89838
2.	2022-23	108.04	79.30	25.72384
3.	2023-24	48.40	36.21	17.56128
	TOTAL	267.08	176.76	105.1835

STATEMENT– III

Details of cost norms alongwith the pattern of assistance under Mission for Integrated Development of Horticulture (MIDH) scheme is given below:

S. No.	Name of the Component	Cost Norms	Pattern of Assistance
1.	Medicinal Plants (Mulethi, Shatavari, Kalihari, ShwetMusali, Guggule, Manjishtha, Kutki, Atees, Jatamansi, Ashwagandha, Brahmi, Tulsi, Vidarikand, Pippali, Chirata, Pushkarmool etc.)	Rs. 1,50,000/ha	Assistance @ 40% in general areas for an area upto 2 hectare on pro rata basis for meeting the expenditure on planting material and cost of material for Integrated Nutrient Management (INM) / Integrated Pest Management (IPM) etc. in 2 instalments of 60:40. In the case of North Eastern& Himalayan States, Scheduled areas, vibrant villages, Andaman & Nicobar and Lakshadweep Islands, assistance will be @ 50% for an area upto 2 hectare on pro rata basis.

गरीबी रेखा से नीचे जीवन-यापन करने वालों के लिए स्वास्थ्य बीमा योजना

5680. श्री भाऊसाहेब राजाराम वाकचौरे:

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

(क) क्या देश के गरीबी रेखा से नीचे के आर्थिक रूप से कमजोर लोगों (बीपीएल कार्ड-धारकों) को आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत स्वास्थ्य बीमा योजना का लाभ मिल रहा है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

- (ख) क्या सामाजिक-आर्थिक जाति जनगणना (एसईसीसी), 2011 के अनुसार ग्रामीण क्षेत्रों में 8.03 करोड़ परिवार और शहरी क्षेत्रों में 2.33 करोड़ परिवार एबी-पीएमजेवाई के अंतर्गत कवर किए गए हैं;
- (ग) क्या सरकार ने कोरोना जैसी वैश्विक महामारी से प्रभावित देश के ऐसे सभी गरीब परिवारों की बीमारियों के इलाज के लिए होने वाले खर्च का 50 प्रतिशत हिस्सा केंद्र सरकार द्वारा एकमुश्त भुगतान करने तथा शेष 50 प्रतिशत भुगतान को सीधे केंद्र सरकार द्वारा आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना नामक स्वास्थ्य बीमा योजना के तहत राज्य सरकार को दिए जाने वाले अनुदान से राज्य सरकार द्वारा वहन किए जाने के लिए कोई कदम उठाए हैं;
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ) इस संबंध में सरकार द्वारा क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव 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-पीएमजेवाई) सरकार की एक प्रमुख योजना है जिसमें मध्यम और विशिष्ट स्तरीय परिचर्या वाले अस्पताल में भर्ती होने के लिए प्रति वर्ष प्रति पात्र परिवार 5 लाख रुपये का स्वास्थ्य कवर प्रदान किया जाता है।

एबी-पीएमजेवाई के तहत, लाभार्थी परिवारों की पहचान शुरू में वर्ष 2011 की सामाजिक-आर्थिक जाति जनगणना (एसईसीसी) से ग्रामीण और शहरी क्षेत्रों में क्रमशः 6 वंचितों और 11 व्यावसायिक मानदंडों के आधार पर की गई थी। इसके अलावा, जनवरी 2022 में, 11.7% की दशकीय वृद्धि दर के आधार पर, भारत सरकार ने लाभार्थी आधार को 12 करोड़ परिवारों तक संशोधित किया और राज्यों/संघ राज्य क्षेत्रों को ऐसे एसईसीसी लाभार्थियों के संबंध में लाभार्थियों के सत्यापन के लिए अन्य डेटाबेस (समान सामाजिक-आर्थिक प्रोफाइल वाले) का उपयोग करने के लिए स्वायत्तता प्रदान की, जिनकी पहचान और सत्यापन नहीं किया जा सका। एबी-पीएमजेवाई को लागू करने वाले कई राज्यों और संघ राज्य क्षेत्रों (यूटी) ने गैर-एसईसीसी डेटा स्रोतों (राष्ट्रीय खाद्य सुरक्षा अधिनियम, राज्य

विशिष्ट डेटासेट सहित) का उपयोग करके इस योजना के तहत लाभार्थी आधार का और विस्तार किया है।

मार्च 2024 में, 37 लाख मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ताओं (आशाकर्मियों), आंगनवाड़ी कार्यकर्ताओं (एडब्ल्यूडब्ल्यू), आंगनवाड़ी सहायकों (एडब्ल्यूएच) और उनके परिवारों को शामिल करने के लिए इस योजना के तहत पात्रता मानदंड का विस्तार किया गया था। इसके अलावा, दिनांक 29.10.2024 को, सरकार ने 4.5 करोड़ परिवारों के 70 वर्ष और उससे अधिक आयु के लगभग 6 करोड़ वरिष्ठ नागरिकों चाहे उनकी सामाजिक-आर्थिक स्थिति कुछ भी हो, को प्रति वर्ष 5 लाख रुपये तक का निः शुल्क उपचार लाभ प्रदान करने के लिए एबी-पीएमजेएवाई का विस्तार किया। (ग) से (ड) : एबी-पीएमजेएवाई के तहत, पात्र लाभार्थियों को प्रदान की जाने वाली सेवाएं निःशुल्क हैं और यह योजना पूरी तरह से सरकार द्वारा वित्त पोषित है। केन्द्र और राज्य सरकारों के बीच समय-समय पर वित्त मंत्रालय द्वारा जारी वर्तमान निर्देशों के अनुसार लागतों में सांझेदारी की जाती है।

SUGAR ADDED IN BABY FOOD PRODUCTS

5681. ADV. GOWAAL KAGADA PADAVI:

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

- (a) whether the Food Safety and Standard Authority of India (FSSAI) know about the quantity of sugar added in baby food products as compared to European countries which follow European Food Safety Authority (EFSA) guidelines and if so, the details thereof;
- (b) whether any regulatory measures has been adopted by the FSSAI regarding Ultra Processed Foods (UPF) in the country and if so, the details thereof; and
- (c) the other steps taken/proposed to be taken by the Government to impose restrictions 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) to (c) : The Food Safety and Standards (Foods for Infant Nutrition) Regulations, 2020 prescribes the standards for different categories of Infant food and formulae. The limits specified for sugars in infant food products in the Food Safety and Standards (Foods for Infant Nutrition) Regulations, 2020 is at par with the global standards namely Codex Alimentarius Commission, which takes into account the recommendation of World Health Organization (WHO) while setting food standards.

Food Safety and Standards Authority of India (FSSAI) is fully committed to ensure the availability of safe food products to the consumers across the country. Towards this, regular surveillance drives, monitoring, regulatory inspection and random sampling of various food products including frozen food products are conducted throughout the year by the officials of Food Safety Departments of the respective States/ UTs and Regional offices of FSSAI. In the event of any violations, strict regulatory actions such as imposing penalty, suspension or cancellation of licenses etc are enforced against the offenders in accordance with the provisions of the Food Safety and Standards (FSS) Act, 2006 and as per nature of contraventions.

Further, Food Safety and Standards (Labelling and Display) Regulations, 2020 notified by FSSAI mandates to mention nutritional information on the labels

with respect to salt, sugar and fat for consumer to make informed choices while selecting the food articles.

जेनेरिक दवा केंद्र

5682. श्री अशोक कुमार रावत:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) उत्तर प्रदेश के मिसरिख जिले में अब तक खोले गए जेनेरिक दवा केन्द्रों की संख्या कितनी है;
- (ख) क्या सरकार ने उत्तर प्रदेश में ऐसे जेनेरिक दवा केन्द्र खोलने का कोई लक्ष्य निर्धारित किया है;
- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) उत्तर प्रदेश में जिलावार कितने जेनेरिक दवा केन्द्र स्थापित खोले जाने का प्रस्ताव है/; और
- (ङ) क्या निर्धारित लक्ष्य समय पर प्राप्त किया जा रहा 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) से (ङ) : रसायन एवं उर्वरक मंत्रालय के औषध विभाग ने एक योजना- 'प्रधानमंत्री भारतीय जन औषधि परियोजना' (पीएमबीजेपी) शुरू की है, यह योजना, औषध विभाग, रसायन एवं उर्वरक मंत्रालय, भारत सरकार के प्रशासनिक नियंत्रण में कार्यरत एक पंजीकृत सोसाइटी अर्थात् फार्मास्यूटिकल्स एंड मेडिकल डिवाइसेस ब्यूरो ऑफ इंडिया (पीएमबीआई) के माध्यम से कार्यान्वित की जा रही है। इस योजना के उद्देश्य निम्न प्रकार हैं:

- (क) सभी के लिए सस्ती कीमतों पर गुणवत्ता वाली दवाइयां, उपभोग्य सामग्रियां और सर्जिकल वस्तुएं उपलब्ध कराना और इस तरह उपभोक्ताओं/रोगियों के अतिरिक्त खर्च को कम करना।
- (ख) जेनेरिक दवाओं को जनता के बीच लोकप्रिय बनाना और इस प्रचलित धारणा को दूर करना कि कम कीमत वाली जेनेरिक दवाइयां घटिया गुणवत्ता की होती हैं या कम असरदार होती हैं।
- (ग) पीएमबीजेपी केंद्र खोलने में व्यक्तिगत उद्यमियों को शामिल करके रोजगार पैदा करना।

औषध विभाग से प्राप्त सूचना के अनुसार, पीएमबीजेपी के तहत देशभर में दिनांक 31.03.2025 तक कुल 15,403 जन औषधि केंद्र (जेएके) खोले जा चुके हैं, जिनमें से 2 केंद्र उत्तर प्रदेश के सीतापुर जिले के मिसरिख शहर में खोले गए हैं। नए जन औषधि केंद्र खोलने के लिए राज्य/संघ राज्य क्षेत्रवार कोई विशिष्ट लक्ष्य नहीं है। सरकार ने मार्च, 2025 तक 15,000 जन औषधि केंद्र खोलने का लक्ष्य रखा था जिसे दिनांक 31.01.2025 को पहले ही हासिल कर लिया गया है।

आयुर्वेद उत्पादों को पीएमबीजेपी के उत्पाद समूह में जोड़ा गया है, जिन्हें चयनित केंद्रों के माध्यम से सस्ती दरों पर उपलब्ध कराया जा रहा है।

पथरी रोग के बढ़ते मामले

5683. श्रीमती गनीबेन नागाजी ठाकोर:

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

- (क) सरकार द्वारा पथरी रोग के बढ़ते प्रसार को नियंत्रित करने के लिए क्या कदम उठाए गए हैं/उठाए जाने का विचार है;
- (ख) क्या सरकार उक्त रोग की बढ़ती घटनाओं में भूमिका निभाने वाले कारकों का पता लगाने के लिए कोई शोध कर रही है; और
- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा सरकार द्वारा उक्त रोग की रोकथाम के लिए क्या कदम उठाए गए हैं/उठाए जाने का विचार है?

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 विभाग, भारत सरकार राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के भाग के रूप में राष्ट्रीय गैर-संचारी रोग रोकथाम और नियंत्रण कार्यक्रम (एनपी-एनसीडी) के तहत राज्यों और संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। राज्यों को संबंधित राज्यों/संघ राज्य क्षेत्रों की राज्य कार्यक्रम कार्यान्वयन योजना (पीआईपी) के माध्यम से एनसीडी फ्लेक्सी-पूल के तहत निधियां प्रदान की जा रही हैं, जिसमें केन्द्र से राज्य का हिस्सा 60:40 के अनुपात

में है (पूर्वोत्तर और पहाड़ी राज्यों को छोड़कर, जहां हिस्सा 90:10 है)। इस कार्यक्रम के तहत, देश भर में 770 जिला एनसीडी क्लीनिक, 372 जिला डे केयर केंद्र और सामुदायिक स्वास्थ्य केंद्रों में 6410 एनसीडी क्लीनिक स्थापित किए गए हैं।

पथरी (पित्ताशय की पथरी और गुर्दे/मूत्रवाहिनी की पथरी) जीवनशैली कारकों से जुड़ी होती है, जिनमें आहार (उच्च नमक, उच्च चीनी, उच्च ऑक्सालेट, उच्च वसा और ट्रांसफैट), मोटापा, तेजी से वजन घटाने, और शारीरिक गतिविधि की कमी, साथ ही मधुमेह की बढ़ती दर, इंसुलिन प्रतिरोध और चयापचय सिंड्रोम, या सिकल सेल एनीमिया जैसे कुछ रक्त विकार या कभी-कभी कुछ दवाओं या हार्मोन रिप्लेसमेंट थेरेपी के कारण होते हैं।

सामुदायिक स्तर पर आरोग्य क्रियाविधियों और लक्षित संचार को बढ़ावा देकर आयुष्मान आरोग्य मंदिर योजना के माध्यम से व्यापक प्राथमिक स्वास्थ्य परिचर्या के तहत गैर-संचारी रोगों के निवारक पहलू को सुदृढ़ किया जाता है। जन जागरूकता बढ़ाने और स्वस्थ जीवन शैली को बढ़ावा देने के लिए अन्य पहलों में राष्ट्रीय और अंतर्राष्ट्रीय दिवस मनाना और सामुदायिक जागरूकता जारी रखने के लिए प्रिंट, इलेक्ट्रानिक और सोशल मीडिया का उपयोग शामिल है। इसके अलावा, भारतीय खाद्य सुरक्षा और मानक प्राधिकरण (एफएसएसएआई) के माध्यम से पौष्टिक आहार को भी बढ़ावा दिया जाता है। फिट इंडिया मूवमेंट को युवा कार्यक्रम और खेल मंत्रालय द्वारा लागू किया जा रहा है, और आयुष मंत्रालय द्वारा विभिन्न योग संबंधी क्रियाविधियां की जा रही हैं।

सरकार, भारत में गुर्दे की बीमारियों को रोकने के लिए अनुसंधान के महत्व को स्वीकार करती है। भारतीय आयुर्विज्ञान अनुसंधान परिषद गुर्दे/पित्ताशय पथरी से संबंधित निम्नलिखित परियोजनाओं का वित्तपोषण कर रहा है :-

- (i) गुर्दे की पथरी की बीमारी का पता लगाने वाले तत्वों की भूमिका
- (ii) गुर्दे की पथरी रोग के विकास में सीएलडीएन 14, एमजीपी और एसपीपी 1 जीन के विभिन्न उत्परिवर्तनों/बहुरूपता का कार्यात्मक परस्पर क्रिया।

- (iii) दो चरण में अध्ययन जिनमें पित्ताशय पथरी रोग (केएसडी) के जोखिम कारकों का मूल्यांकन और आंत माइक्रोबायोटा में परिवर्तन द्वारा केएसडी पर पड़ने वाले प्रोबायोटिक उपयोग के प्रभाव।
- (iv) इंडियन एसिम्प्टमैटिक गॉलस्टॉन: नैचुरल कॉर्स एण्ड केयर प्रिडिक्टर्स-इंडियास्टॉन स्टडी

HIGH CASES OF CANCER IN NORTH EASTERN REGION

5684. SHRI JOYANTA BASUMATARY:

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

- (a) whether the Government has taken cognizance of high burden of cancer cases on the North Eastern region and if so, the details thereof including the region's percent share of total cases in the country during the last five years, year-wise;
- (b) the total number of cases, gender distribution and types of cancers prevalent in the country, State/UT-wise, especially in North Eastern States;
- (c) whether the Government has conducted any study to assess the reasons for high prevalence of cancer in the North Eastern region and if so, the details of the outcomes of the study along with the measures being taken to address the causes;
- (d) whether any steps has been taken towards prevention and early detection of cancer in the North Eastern region and if so, the details thereof; and
- (e) whether the Government has taken any steps/proposes to take steps to make quality treatment of affordable and accessible to cancer patients in the North Eastern region 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 (c) : As per the Indian Council of Medical Research (ICMR) - National Cancer Registry Programme (ICMR-NCRP) Data, under the Ministry of Health & Family Welfare, the estimated number of incidences of cancer cases in the North Eastern region is given below:

Estimated Incidence of cancer cases in North East Region of India - All sites (2019-2022) - Both genders					
Region	2018	2019	2020	2021	2022
North East	47881	49067	50317	51675	53046

The North - East Region of India accounts for 3.6% of the total incidence of cases in the country during the last five years. As per the National Centre for Disease Informatics and Research - NCRP, the estimated Incidence of cancer cases in India in different States/Union Territories are given in the enclosed **Statement-I**. Details of leading site of cancers in North Eastern States are given in the enclosed **Statement-II**.

Under the CaRes NER multidisciplinary programme, implemented by ICMR-NCDIR, a monitoring survey of cancer risk factors and health system response in the Northeast Region of India: The study aimed to generate key cancer and other NCD related risk factors and health system response indicators in 12 Population Based Cancer Registries in 8 states of North East India in a study sample of 23,040 adults over 18 years. The results are available on:

https://ncdirindia.org/All_Reports/NE_Report_2022/Default.aspx.

(d) and (e) : In order to detect and control major Non Communicable Diseases (NCDs) including cancer, the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) was launched by the Department of Health and Family Welfare, Government of India in 2010 with focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management and referral to an appropriate level of healthcare facilities. Under the programme, 115 District NCD Clinics and 326 Community Health Centre NCD Clinics have been set up across North-eastern States of India.

A population-based initiative for screening, management and prevention of Non Communicable Diseases, including breast cancer has been rolled out through public health facilities.

The treatment in Government Hospitals is either free or highly subsidized for the poor and needy. There are various schemes of Government of India to facilitate accessible and affordable healthcare and treatment, which include establishment of State Cancer Institute in Assam and Tertiary Cancer Care Centres in Tripura and Mizoram, Nagaland and Sikkim, National Free Drugs Service initiative and Free Diagnostic Service, Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), Affordable Medicines and Reliable Implants for Treatment (AMRIT).

Under Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY), cancer-related treatment is provided for medical, surgical and radiation oncology across 219 packages.

Further, the National Pharmaceutical Pricing Authority (NPPA) under the Department of Pharmaceuticals (DoP) has fixed the ceiling prices of 131 anti-

cancer scheduled formulations. NPPA has also fixed retail price of 28 anti-cancer formulations. Recently, Department of Revenue, Ministry of Finance has reduced the customs duty to Nil and GST rates from 12% to 5% for three anti-cancer drugs.

STATEMENT-I

Estimated Incidence of cancer cases in India by different State/UT - ALL TYPES OF CANCER SITES - (2024)

State	Males	Females
Jammu & Kashmir UT	7150	6962
Ladakh UT	176	142
Himachal pradesh	4582	4984
Punjab	19610	22678
Chandigarh	576	576
Uttaranchal	6078	6564
Haryana	15847	16666
Delhi	14228	14159
Rajasthan	37815	40789
Uttar pradesh	111096	109904
Bihar	59491	55632
Sikkim	275	286
Arunachal pradesh	582	561
Nagaland	1103	832
Manipur	1004	1246
Mizoram	1101	1013
Tripura	1632	1239
Meghalaya	1994	1174
Assam	22575	19138
West bengal	58844	60066
Jharkhand	18568	19256
Orissa	27397	27938
Chattisgarh	14605	16158
Madhya pradesh	42069	44055
Gujarat	37132	40073
Daman	99	74
Dadra & Nagar Haveli	143	125

Maharashtra	60318	67194
Telangana	24301	28033
Andhra pradesh	35616	41092
Karnataka	44630	50202
Goa	807	976
Lakshadweep	12	20
Kerala	30006	31169
Tamil nadu	43697	54689
Pondicherry	815	1008
Andaman & Nicobar Islands	203	205
Total	746177	786878

Ref: National Cancer Registry Programme report, 2020

STATEMENT-II

Leading sites of cancer cases in North East India (2012-2016)

PBCR	MALE			FEMALE		
	Leading Sites(Rank)			Leading Sites(Rank)		
	1	2	3	1	2	3
Manipur State	Lung	Stomach	Nasopharynx	Breast	Lung	Cervix uteri
Mizoram State	Stomach	Oesophagus	Lung	Cervixuteri	Lung	Breast
Sikkim State	Stomach	Oesophagus	Lung	Breast	Cervixuteri	Stomach
Tripura State	Lung	Oesophagus	Larynx	Cervixuteri	Breast	Gall bladder
West Arunachal, Arunachal Pradesh		Liver	Oesophagus	Stomach	Breast	Cervix uteri
Meghalaya	Stomach					
	Oesophagus	Hypopharynx	Stomach	Oesophagus	Cervixuteri	Mouth
Nagaland	Nasopharynx	Stomach	Oesophagus	Cervixuteri	Breast	Stomach
Pasighat, Arunachal Pradesh						
	Stomach	Lung	Liver	Cervixuteri	Breast	Stomach

Cachar, Assam	Oesophagus	Hypopharynx	Lung	Cervixuteri	Breast	Gall bladder
Dibrugarh, Assam	Oesophagus	Hypopharynx	Stomach	Breast	Gall bladder	Ovary
Kamrup Urban, Assam	Oesophagus	Hypopharynx	Lung	Breast	Oesophagu s	Gall bladder
<i>Ref: Report of National Cancer Registry Program, 2020</i>						

REGARDING NUTRITIONAL STATUS

5685. SHRI VAMSI KRISHNA GADDAM:

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

- whether according to the March 2022 District Nutrition Profile, Peddapalli district has reported significant malnutrition indicators among children under five years;
- if so, the details thereof along with the specific interventions implemented to address undernutrition and stunting in the said district; and
- the details of the outcomes of these interventions during the last two years?

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

(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 of various activities lies with the States and UTs. This mission is a universal self-selecting umbrella scheme where there are no entry barriers for any beneficiary to register and receive services. This mission is being implemented across the country including Peddapalli district of Telangana.

The objectives of Mission are as follows:

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

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, 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 NFSA. These norms have been revised in January 2023. 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 for quality protein, healthy fats and micronutrients. Extra Supplementary Nutrition is provided to Severely Acutely Malnourished (SAM) children as per National Food Security Act (NFSA).

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 at least once a week for preparation of Hot Cooked Meal and Take Home ration at Anganwadi centers.

Ministries of Women & Child Development and Health & 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 to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. State and UTs are conducting and reporting regular sensitisation activities under Jan Andolans 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.

The details of malnutrition indicators of Peddapalli district as per District Nutrition Profile, March 2022 and Poshan tracker are given in the enclosed **Statement.**

STATEMENT

The detail of malnutrition indicators of children (0-5 years) of Peddapalli district as per District Nutrition Profile, March 2022 and Poshan tracker is as follows:

Source	Stunting%	Wasting%	Underweight%
District Nutrition Report, March 2022	27	29	33
Poshan Tracker February 2023	24.44	6.14	13.25
Poshan Tracker February 2024	25.7	5.52	10.87

PORT POLLUTION

5686. SHRI SRIBHARAT MATHUKUMILLI:

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

- (a) the details of measures taken/proposed to taken by the Government to prevent coal dust and water pollution at major ports, particularly at Visakhapatnam Port Trust (VPT) and Gangavaram Port, including any recent initiatives aimed at improving environmental safety;
- (b) whether the Government has undertaken any impact assessment studies on the contribution of major ports, especially VPT and Gangavaram Port to local air pollution and their effects on public health, if so, the details thereof and if not, the reasons therefor;

- (c) the specific details of checklists and procedures that ports are required to follow to ensure materials in trucks or railway wagons are properly covered during transportation;
- (d) whether Visakhapatnam Port Trust (VPT) is effectively adhering to these protocols, if so, the details thereof; and
- (e) whether the Government has explored advanced technological solutions for covering cargo stacks beyond traditional tarpaulin methods, to minimize environmental impact and if so, the details of implementation thereof?

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

(a) : Central Pollution Control Board and State Pollution Control Boards regularly monitor air and water quality and conduct environmental audits at all Major Ports including Visakhapatnam Port Authority (VPA). All major ports must comply with the MARPOL Convention and adhere strictly to environmental guidelines.

To enhance environmental safety, initiatives such as mechanized cargo operations, truck-mounted mist fogging cannons, trolley-mounted fog cannons, high-rise walls, wheel-washing systems, covered storage sheds, sewage treatment plants, floating traps, and green belt plantations etc. have been taken place at all Major Ports.

(b) : Yes, Various Major Ports have conducted impact assessment studies to evaluate the environmental and operational impacts. Specifically, VPA has conducted an Air Pollution and Source Apportionment Study, an EIA for the

modernization of 6 berths, and for the modernization of Visakhapatnam Fishing Harbour.

(c) and (d) : All Major ports, including VPA, have their own standard operating procedure (SOP) for cargo heading by trucks and wagons. These SoPs including Loading, Covering and Transportation of Cargo, which are mandatory to be followed by all stakeholders.

(e) : Yes. All Major Ports are exploring advanced technology to minimize environment impact such as advanced dust suspension technology, automated water sprinkle systems, construction of covered shed etc.

NATIONAL CRECHE SCHEME

5687. MD. RAKIBUL HUSSAIN:

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

- (a) whether several creches under the Rajiv Gandhi National Creche Scheme (RGNCS) are closing down due to lack of funds;
- (b) if so, the details thereof indicating the funds released under RGNCS along with its utilization during the Financial year 2018-19, 2019-20, 2020-21 and 2021-22;
- (c) whether extra funds have been disbursed to the State Councils without any reference to the number of creches running and children enrolled therein;
- (d) if so, whether any initiative for the refund of additional funds disbursed to the State Council are being considered;
- (e) if so, the details thereof and if not, the reasons therefor; and

(f) the details of the number of creches working under the scheme?

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

(a) to (f) : Rajiv Gandhi National Crèche Scheme (RGNCS) for the Children of Working Mothers was launched as a central sector scheme w.e.f. 1st January 2006 by merging the National Crèche Fund with the Scheme of Assistance to Voluntary Organizations for crèches for Working/Ailing Women's Children. The Scheme was implemented through the Central Social Welfare Board (CSWB) and two voluntary organizations, namely Indian Council for Child Welfare (ICCW) and Bhartiya Adim Jati Sevak Sangh (BAJSS) in States and UTs. The fund sharing pattern of the scheme between Centre and Implementing Agency was in a ratio of 90:10. State Governments and UT Administrations were not the stakeholders in the scheme, so monitoring and supervision were inadequate. Subsequently, RGNCS was discontinued w.e.f. 31 December 2016.

From 01.01.2017 to 31.03.2022, the Crèche services were provided by the Ministry of Women and Child Development through the erstwhile 'National Crèche Scheme for Children of Working Mothers' (NCS), a Centrally Sponsored Scheme, wherein Stand-alone Crèches were being operated through NGOs as implementing agencies, with the added feature of States' share and UTs' share to ensure better local monitoring.

The Ministry introduced Palna scheme under Samarthya vertical of 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 and is implemented with a funding ratio of 60:40 between Centre and State Governments and UTs with legislature except North East & Special Category States where ratio is 90:10. For UTs without legislature, 100% funding is provided by the central government. Anganwadi centres are the world's largest childcare institutions dedicated to providing essential care and support to children ensuring delivery of care facilities to the last mile. In a first of its kind approach, Ministry has extended the services of childcare through Anganwadi cum Crèches (AWCCs).

As on 28.02.2025 a total of 11,395 AWCCs have been approved by the Ministry as per proposals received from various States and UTs, out of them 1761 AWCCs have been made operational by 19 States and UTs.

AYUSHMAN AROGYA MANDIRS IN ODISHA

5688. SHRI SUKANTA KUMAR PANIGRAHI:

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

- (a) whether the Government has any proposal to establish Ayushman Arogya Mandirs to enhance primary healthcare services in rural and urban areas in Odisha;
- (b) if so, the details thereof, including the number of Centres proposed, their locations and the expected timeline for its implementation;
- (c) whether the Union Government has conducted any feasibility study or held any consultation with the State Government of Odisha regarding the establishment of Ayushman Arogya Mandirs in the State;

- (d) if so, the details of the recommendations received and the budget allocated for the initiative; and
- (e) the other measures being taken by the Government to strengthen healthcare infrastructure and accessibility in Odisha, particularly in underserved 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) to (e) : The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system including establishment of Ayushman Arogya Mandirs (AAMs) in rural and urban 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 & available resources. The details are available at the following URL:

<https://nhm.gov.in/index4.php?lang=1&level=0&linkid=45&lid=58>

The financial approvals for Ayushman Arogya Mandirs under NHM for the State of Odisha for the FY 2023-24 is Rs. 134.18 crores.

In addition to the National Health Mission, following initiatives have been undertaken by the Government to strengthen healthcare infrastructure and accessibility in rural and underserved regions of Odisha:

- **PM 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. Administrative approvals

have been accorded to the State of Odisha, for four years (i.e. FY 2021-22, 2022-23, 2023-24 & 2024-25) for an amount of Rs. 1049.38 Cr. for establishment and strengthening of 604 Building less-AAM (Sub-Centers - Health & wellness Centers), 140 Urban- AAM (U-HWC), 119 Block Public Health Units (BPHUs), 21 Integrated Public Health Laboratories (IPHLs) and 21 Critical Care Blocks (CCBs) at District Hospitals and Medical College level, as per proposal of the State.

- Under **Fifteenth Finance Commission (FC-XV)** for the State of Odisha, an approval of Rs. 1988.92 Cr. has been given over the five year period from FY 2021-22 to FY 2025-26 for establishment and strengthening of 1280 Building-less Sub Health Centres/ Primary Health Centres (884 SHCs and 396 PHCs) and 90 Block Public Health Units (BPHUs) as per proposal of the State.
- 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 Bhubaneswar and upgradation of three Government Medical Colleges/ Institutions (GMCIs) at Behrampur, Burla and Cuttack for the State of Odisha.
- Under 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. 07 medical colleges were approved in Odisha State at Districts Balasore, Baripada, Bolangir, Koraput, Puri, Jajpur and Kalahandi.

DREDGING AND DE-SILTING OF RIVER SAL AND ZUARI

5689. CAPTAIN VIRIATO FERNANDES:

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

- (a) whether the Government has received proposals from Goa for the dredging and desiltation of critical tributaries of the Zuari and Sal rivers to prevent flooding and improve navigability;
- (b) if so, whether any funding has been allocated under the Flood Management and Border Areas Programme; and
- (c) whether the Government is considering to support silt removal and riverbank stabilization projects in South Goa?

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

(a) to (c) : Flood management and anti-erosion schemes are formulated and implemented by the concerned State Governments as per their priority. The Union Government supplements the efforts of the States by providing technical guidance and promotional, financial assistance for management of floods in critical areas. To strengthen the structural measures of flood management, Ministry of Jal Shakti had implemented during XI & XII Plan Flood Management Programme (FMP) for

providing Central Assistance to States for works related to river management, flood control, anti-erosion, drainage development, anti-sea erosion, etc. which subsequently continued as a component of "Flood Management and Border Areas Programme" (FMBAP) for the period from 2017-18 to 2020-21 and further extended up to March, 2026. Two flood management projects of Goa have been completed under FMBAP Scheme and central assistance amounting to Rs. 11.98 Crore has been released. Ministry of Jal Shakti has formulated National Framework for Sediment Management (NFSM) which focuses on approach/measures for sediment management in watershed, rivers and reservoirs.

DISPOSAL CASES IN FAST TRACK COURT

5690. SHRIMATI MALVIKA DEVI:

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

- (a) the steps taken by the Government for the disposal of the cases that are in queue for a long time;
- (b) the total number of cases solved in the fast track courts during the previous year;
- (c) the manner in which the Government plans to implement and make justice accessible to the marginalized communities;
- (d) the average number of cases related to cyber crime registered annually in the country along with the number of such cases resolved within a year; and
- (e) the manner/mode of resolution of such 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) : Disposal of pending court cases is within the domain of the judiciary. However, the Central Government has unwavering commitment towards speedy disposal of cases and reducing pendency as mandated under Article 21 of the Constitution. To this end, the Government has taken several initiatives to provide an ecosystem for faster disposal of cases by the judiciary. Some of these initiatives are as under:

- I. 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 coordinated approach for phased liquidation of arrears and pendency in judicial administration, which, inter-alia, involves better infrastructure for courts including computerization, increase in sanctioned strength of District and Subordinate Courts, policy and legislative measures in the areas prone to excessive litigation and re-engineering of court procedure for quick disposal of cases and emphasis on human resource development.
- II. Under the Centrally Sponsored Scheme for development of Judicial Infrastructure, funds are being released to States/UTs for construction of court halls, residential quarters for judicial officers, lawyers' halls, toilet

complexes and digital computer rooms that ease the life of various stakeholders including the litigants, thereby aiding justice delivery. As on 28.02.2025, Rs. 11886.29 crores have been released since the inception of the Centrally Sponsored Scheme (CSS) for Development of Infrastructure Facilities for the Judiciary in 1993-94. The number of court halls has increased from 15,818 as on 30.06.2014 to 22,062 as on 28.02.2025 and the number of residential units has increased from 10,211 as on 30.06.2014 to 19,775 as on 28.02.2025, under this scheme.

- III. Further, under Phase I & II of the e-Courts Mission Mode Project, Information and Communication Technology (ICT) had been leveraged for IT enablement of District and Subordinate Courts. 18,735 District and Subordinate Courts were computerized till 2023. WAN connectivity has been provided to 99.5% of court complexes. Video conferencing facility has been enabled between 3,240 court complexes and 1,272 corresponding jails. As on 31.01.2025, 1572 eSewa Kendras in District Courts and 39 eSewa Kendras in High Courts have been made functional to bridge the digital divide by providing citizen centric services to lawyers and litigants. 28 virtual courts have been set up in 21 States/UTs. As on 31.01.2025, these courts have handled more than 6.66 crore cases and realized more than Rs. 714.99 crores in fines. The Cabinet, on 13.09.2023, has approved Phase-III of the eCourts Project at an outlay of Rs.7,210 crore. Taking the gains of Phase-I and Phase-II to the next level, the e-Courts Phase-III aims to usher in a regime of enhanced ease of justice by moving towards digital, online and paperless courts. It intends to

incorporate latest technology such as Artificial Intelligence (AI), Block Chain, etc. to make justice delivery progressively more robust, easy and accessible to all the stakeholders.

- IV. The Government has been regularly filling up vacancies of Judges in the Supreme Court of India and the High Courts. From 01.05.2014 to 20.03.2025, 67 Judges were appointed in the Supreme Court. 1030 new Judges were appointed and 791 Additional Judges were made permanent in the High Courts during the same period. The sanctioned strength of Judges of the High Courts has been increased from 906 in May, 2014 to 1122 till now. The sanctioned and working strength of judicial officers in District and Subordinate Courts has increased as under:

As on	Sanctioned Strength	Working Strength
31.12.2013	19,518	15,115
28.02.2025	25,786	20,511

Source: MIS Portal of the Department of Justice

However, filling up of vacancies in District and Subordinate judiciary falls within the domain of the State Governments and High Courts concerned.

- V. In pursuance of a Resolution passed in Chief Justices' Conference held in April, 2015, Arrears Committees have been set up in all 25 High Courts to clear cases pending for more than five years. Arrears Committees have been set up under District Courts as well.
- VI. Under the aegis of the Fourteenth Finance Commission, the Fast Track Courts have been established for dealing with cases of heinous crimes, cases involving senior citizens, women, children, etc. As on 28.02.2025, 857

Fast Track Courts are functional across the country which have disposed of 11,74,885 cases in 2024. To fast-track criminal cases involving elected MPs / MLAs, ten (10) Special Courts are functional in nine (9) States/UTs. Further, the Central Government has approved a Scheme for setting up Fast Track Special Courts (FTSCs) across the country for the expeditious disposal of pending cases of Rape and POCSO Act. As on 28.02.2025, 745 FTSCs including 404 exclusive POCSO (ePOCSO) Courts are functional in 30 States/UTs across the country which have disposed of 85,595 cases in 2024.

VII. With a view to reduce pendency and unclogging of the courts, the Government has amended various laws like The Negotiable Instruments (Amendment) Act, 2018, The Commercial Courts (Amendment) Act, 2018, The Specific Relief (Amendment) Act, 2018, The Arbitration and Conciliation (Amendment) Act, 2019 and The Criminal Laws (Amendment) Act, 2018.

VIII. Alternate Dispute Resolution methods have been promoted whole heartedly. Accordingly, The Commercial Courts Act, 2015 was amended in August, 2018 making Pre-institution Mediation and Settlement (PIMS) mandatory in case of commercial disputes. In order to further enhance the efficiency of the PIMS mechanism, the Government, through The Mediation Act, 2023, has further amended the Commercial Court Act, 2015. Amendments to The Arbitration and Conciliation Act, 1996 have been made in the years 2015, 2019 & 2021 for expediting the speedy resolution of disputes.

Under The Commercial Courts Act, 2015, there is a provision for case management hearing which provides for an efficient, effective and purposeful

judicial management of a case so as to achieve a timely and qualitative resolution of a dispute. It assists in early identification of disputed issues of fact and law, establishment of procedural calendar for the life of the case and the exploration of possibilities of the resolution of the dispute. Another novel feature introduced for the commercial courts is the system of color banding which limits the number of adjournments that can be granted in any commercial matter to three and alerts the judges about listing of the cases in accordance with their stage of pendency.

IX. Efforts have been made to institutionalize pro bono culture and pro bono lawyering in the country. A technological framework has been put in place where advocates volunteering to give their time and services for pro bono work can register as Pro Bono Advocates on Nyaya Bandhu (Android & iOS and Apps). Nyaya Bandhu Services are also available on UMANG Platform. Pro Bono Panel of advocates has been initiated in 23 High Courts at the State/UT level. Pro Bono Clubs have been started in 109 Law Schools to instill Pro Bono culture in budding lawyers.

(c) : The Government remains committed to make justice accessible to marginalized communities. Some of the measures taken by the Government are as follows:

- National Legal Services Authority (NALSA) was 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. 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. For this purpose, the legal services institutions have been set up from the Taluk level to the Supreme Court. The activities/programmes undertaken by Legal Services Authorities include legal aid and advice; legal awareness programmes; legal services/empowerment camps; legal services clinics; legal literacy clubs; Lok Adalats and implementation of victim compensation scheme.

- In 2021, a comprehensive, pan-India scheme titled “Designing Innovative Solutions for Holistic Access to Justice in India” (DISHA) was launched for a period of five years (2021- 2026) at an outlay of Rs. 250 crores. The DISHA scheme aims to provide easy, accessible, affordable and citizen-centric legal services through Tele-Law, Nyaya Bandhu (Pro Bono Legal Services) and Legal Literacy and Legal awareness programmes. Under the DISHA scheme, Tele- Law connects citizens with the lawyers through mobile app “TeleLaw” and Toll Free number for rendering pre-litigation advice; Nyaya Bandhu (Pro Bono services) facilitates registered beneficiaries to avail pro bono legal representation in courts and under the Legal Literacy and Legal Awareness Programme, citizens are empowered to know, understand and avail their legal rights, duties and entitlements. Till 28th February 2025, DISHA scheme through its various programmes has outreached approximately 2.10 crore beneficiaries in the country.

- Further, Tele- Law services has impacted women (39.4 %), General (24%), OBCs (31%), SCs (31%) and STs (14%) of its total 1,08,69,661 beneficiaries. Moreover, in order to increase the outreach, the Tele Law web portal and Tele- Law

application has been translated in 22 scheduled languages. Special endeavours have also been made to increase its outreach through both print and digital media. Further, special efforts have been made to integrate Tele-Law with Nyaya Bandhu (Pro Bono Legal Services) platform for pre-litigation advice and legal representation in courts. Toll-Free number for citizens through 14454 has been operationalized for instant legal advice and counselling.

(d) and (e) : The National Crime Records Bureau (NCRB) compiles and publishes crime statistics in its annual publication "*Crime in India*." The latest available report pertains to the year 2022. According to data provided in the last three reports (2020,2021 & 2022), the average number of cyber crime cases registered annually during the period 2020 to 2022 is 56,300. During the same period, the average number of cyber crime cases disposed of by courts annually stands at 6,081.

'Police' and 'Public Order' are State subjects as per the Seventh Schedule of the Constitution of India. The States/UTs are primarily responsible for the prevention, detection, investigation and prosecution of crimes including cyber crime through their Law Enforcement Agencies (LEAs). The Central Government supplements the initiatives of the States/UTs through advisories and financial assistance under various schemes for capacity building of their LEAs.

To strengthen the mechanism to deal with cyber crimes, including cyber crimes against women and children in a comprehensive and coordinated manner, the Central Government has taken steps which, inter-alia, include the following:

- i. The Ministry of Home Affairs has set up the 'Indian Cyber Crime Coordination Centre' (I4C) as an attached office to deal with all types of cyber crimes in the country, in a coordinated and comprehensive manner.
- ii. The 'National Cyber Crime Reporting Portal' (NCRP) (<https://cybercrime.gov.in>) has been launched, as a part of the I4C, to enable public to report incidents pertaining to all types of cyber crimes, with special focus on cyber crimes against women and children. Cyber crime incidents reported on this portal, their conversion into FIRs and subsequent action thereon are handled by the State/UT Law Enforcement Agencies concerned as per the provisions of the law.
- iii. The 'Citizen Financial Cyber Fraud Reporting and Management System', under I4C, has been launched in year 2021 for immediate reporting of financial frauds and to stop siphoning off funds by the fraudsters. A toll-free Helpline number '1930' has been operationalized to get assistance in lodging online cyber complaints.
- iv. The state of the art 'National Cyber Forensic Laboratory (Investigation)' has been established, as a part of the I4C, at New Delhi to provide early stage cyber forensic assistance to Investigating Officers (IOs) of State/UT Police. So far, National Cyber Forensics Laboratory (Investigation) has provided its services to State/UT LEAs in around 11,835 cases pertaining to cybercrimes.
- v. A State of the Art Centre, Cyber Fraud Mitigation Centre (CFMC) has been established at I4C where representatives of major banks, Financial Intermediaries, Payment Aggregators, Telecom Service Providers, IT Intermediaries and

representatives of States/UTs Law Enforcement Agency are working together for immediate action and seamless cooperation to tackle cybercrime.

vi. Seven Joint Cyber Coordination Teams (JCCTs) have been constituted for Mewat, Jamtara, Ahmedabad, Hyderabad, Chandigarh, Vishakhapatnam, and Guwahati under I4C covering the whole country based upon cybercrime hotspots/ areas having multi-jurisdictional issues by on boarding States/UTs to enhance the coordination framework among the Law Enforcement Agencies of the States/UTs. Seven workshops were organized for JCCTs at Hyderabad, Ahmedabad, Guwahati, Vishakhapatnam, Lucknow, Ranchi and Chandigarh.

vii. Samanvaya Platform has been made operational to serve as a Management Information System (MIS) platform, data repository and a coordination platform for LEAs for cyber crime data sharing and analytics. It provides analytics based interstate linkages of crimes and criminals, involved in cyber crime complaints in various States/UTs. The module 'Pratibimb' maps locations of criminals and crime infrastructure on a map to give visibility to jurisdictional officers. The module also facilitates seeking and receiving of techno-legal assistance by Law Enforcement Agencies from I4C and other SMEs. It has lead to arrest of 6,046 accused, 17,185 linkages and 36,296 Cyber Investigation assistance request.

viii. To spread awareness on cyber crime, the Central Government has taken steps which, inter-alia, include; dissemination of messages through SMS, I4C social media account i.e. X (formerly Twitter) (@CyberDost), Facebook(CyberDostI4C), Instagram (cyberDostI4C), Telegram(cyberdosti4c), Radio campaign, caller tune, engaged MyGov for publicity in multiple mediums,

organizing Cyber Safety and Security Awareness weeks in association with States/UTs, publishing of Handbook for Adolescents/Students, newspaper advertisement on digital arrest scam, announcement in Delhi metros on digital arrest and other modus operandi of cyber criminals, use of social media influencers to create special posts on digital arrest, digital displays on railway stations and airports across, etc.

PROPOSAL FOR INDIAN JUDICIAL SERVICE

5691. SHRI N. K. PREMACHANDRAN:

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

- (a) whether the Government proposes to establish Indian Judicial Service, if so, the action taken thereon and if not, the reasons therefor;
- (b) whether the Law Commission recommended for formulation of Indian Judicial Service, if so, the details thereof and the difficulty being faced into implementation;
- (c) whether it has come to the notice of the Government that there are complaints regarding the selection and appointment of judges and judicial officers in judiciary, if so, the action taken to resolve the issue; and
- (d) whether the Government proposes to ensure for an independent, transparent judicial system, if so, the action taken to strengthen our judicial system?

**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) : Article 312 of the Constitution provides for the establishment of an All India Judicial Service (AIJS), which shall not include any post inferior to that of a District Judge. The issue of creation of All India Judicial Service was considered and recommended by the First National Judicial Pay Commission (FNJPC), known as Justice Shetty Commission. The creation of All India Judicial Service was recommended by Law Commission of India in its 14th report (1958). Subsequently, the Law Commission reiterated the recommendation in its 77th report (1978) and its 116th report (1986).

A comprehensive proposal was formulated for the constitution of an All India Judicial Service (AIJS) and the same was approved by the Committee of Secretaries in November, 2012. The proposal was included as an agenda item in the Conference of Chief Ministers and Chief Justices of the High Courts held in April, 2013 and it was decided that the issue needs further deliberation and consideration. The views of the State Governments and High Courts were sought on the proposal. There was divergence of opinion among the State Governments and among the High Courts on the constitution of an All India Judicial Service.

The matter regarding creation of a Judicial Service Commission to help the recruitment to the post of district judges and review of selection process of judges/ judicial officers at all levels was also included in the agenda for the Chief Justices' Conference, which was held on 03rd and 04th April, 2015, wherein it was resolved to leave it open to the respective High Courts to evolve appropriate methods within the existing system to fill up the vacancies for appointment of District judges expeditiously. The proposal for constitution of All India Judicial Service with views

from the High Courts and State Governments received thereon was also included in the agenda for the Joint Conference of Chief Ministers and Chief Justices of High Courts held on 05th April, 2015. However, no progress was made in the matter.

The proposal of setting up of an All India Judicial Service was again discussed on points of eligibility, age, selection criteria, qualification, reservations etc. in a meeting chaired by then Minister of Law and Justice on 16th January, 2017 in the presence of Minister of State for Law and Justice, Attorney General for India, Solicitor General of India, Secretaries of Department of Justice, Department of Legal Affairs and Legislative Department. Setting up AIJS was also deliberated in a meeting of the Parliamentary Consultative Committee in March, 2017 and the Parliamentary Committee on the Welfare of SCs/STs on 22.02.2021.

It was proposed to include the issue of All India Judicial Service in the agenda for Joint Conference of Chief Ministers and Chief Justices of High Courts held on 30th April, 2022. However, the same could not be included in the agenda of the conference. In view of the existing divergence of opinion amongst the major stakeholders, at present, there is no consensus on the proposal for setting up an All India Judicial Service.

The complaints/representations received, if any, regarding the selection and appointment of judicial officers are forwarded to the Chief Justice of India or to the Chief Justice of the concerned High Court, as the case may be.

आयुष्मान भारत योजना के लाभार्थियों की संख्या

5692. श्री छत्रपाल सिंह गंगवार:

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

- (क) देश में आयुष्मान भारत योजना की शुरुआत से लेकर इसके अंतर्गत कुल कितने लाभार्थी लाभान्वित हुए हैं;
- (ख) आगामी वर्ष के लिए क्या लक्ष्य निर्धारित किए गए हैं; और
- (ग) सरकार द्वारा देश के ग्रामीण क्षेत्रों में स्वास्थ्य सेवाओं में सुधार के लिए क्या नई पहल किए जाने का विचार है?

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

(क) : दिनांक 01.03.2025 की स्थिति के अनुसार, आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेआई) के तहत ₹1.26 लाख करोड़ मूल्य के 8.9 करोड़ से अधिक अस्पताल में उपचार हेतु भर्ती को अधिकृत किया गया है।

(ख) : एबी-पीएमजेआई के लिए कोई लक्ष्य तय नहीं किए गए हैं क्योंकि यह योजना स्वास्थ्य सेवाओं के लिए लाभार्थी की मांग के आधार पर प्रचालित होती है। इस योजना के तहत इसका कार्यान्वयन करने वाले राज्यों/संघ राज्य क्षेत्रों के सभी पात्र लाभार्थी स्वास्थ्य सेवाओं के लिए पात्र हैं।

(ग) : लाभार्थी आधार का विस्तार, नई प्रक्रियाओं को शामिल करना, नए अस्पतालों को पैनलबद्ध करना और समय-समय पर नई आवश्यकताओं के अनुसार योजना में अन्य सुधार नियमित रूप से अद्यतन किए जाते हैं। उठाए गए कुछ कदम/नई पहल निम्नलिखित हैं:

- (i) जनवरी, 2022 में, भारत सरकार ने लाभार्थी आधार को पहले के 10.74 करोड़ परिवारों से संशोधित कर 12 करोड़ परिवार कर दिया। इसके अलावा, मार्च, 2024 में, इस योजना के तहत पात्रता मानदंड का विस्तार करके इसमें 37 लाख मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ता (आशाकर्मी), आंगनवाड़ी कार्यकर्ता (एडब्ल्यूडब्ल्यू), आंगनवाड़ी सहायिका (एडब्ल्यूएच) और उनके परिवारों को शामिल किया गया। इसके अलावा, दिनांक 29.10.2024 को, सरकार ने आयुष्मान वय वंदना कार्ड के माध्यम से 4.5 करोड़ परिवारों के 70 वर्ष और उससे अधिक आयु के लगभग 6 करोड़ वरिष्ठ नागरिकों को उनकी सामाजिक-आर्थिक स्थिति की परवाह किए बिना

प्रति वर्ष ₹ 5 लाख तक का निःशुल्क उपचार लाभ प्रदान करने के लिए एबी-पीएमजेएवाई का विस्तार किया।

(ii) एबी-पीएमजेएवाई के पैनलबद्ध अस्पतालों के नेटवर्क में लगातार सुधार हुआ है और सभी पात्र लाभार्थियों के लिए गुणवत्तापरक स्वास्थ्य सेवा की सुलभता सुनिश्चित करने के लिए 13,866 निजी अस्पतालों और 17,091 सार्वजनिक अस्पतालों सहित पैनलबद्ध अस्पतालों की संख्या 30,957 हो गई है।

(iii) इस योजना के स्वास्थ्य लाभ पैकेज (एचबीपी) को योजना के शुभारंभ के बाद से पांच बार संशोधित किया गया है, जिसमें अब 27 चिकित्सा विशेषताओं में 1,961 पैकेज शामिल हैं।

GROWTH DISPARITY BETWEEN MAJOR AND MINOR PORTS

5693. SHRI RAJIV PRATAP RUDY:

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

- (a) whether it is a fact that the overall growth in the port sector is primarily driven by a few major ports while several other ports, especially minor ports are witnessing slower growth, if so, the details thereof;
- (b) the details of cargo traffic growth at major and minor ports separately over the last five years, along with the annual growth rate;
- (c) the growth of inland waterways in Bihar over the last five years, including cargo and passenger traffic;
- (d) the number of people directly and indirectly employed in the port and inland waterways sector over the last five years, including data specific to Bihar;
- (e) the steps taken/proposed to be taken by the Government to ensure balanced growth across both major and minor ports; and

(f) whether there is any specific plan to modernize and expand minor ports to enhance their efficiency and competitiveness, if so, the details thereof?

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

(a) : Major Ports are under the administrative control of the Ministry of Ports, Shipping & Waterways and Ports other than Major Ports (Non-Major/Minor) are under the jurisdiction of respective State Government. 12 Major Port in the country accounts for the bulk of India's cargo handling capacity and have benefitted from substantial investments in infrastructure, modernization, and automation. For a balanced and sustained growth of the Indian port sector, Ministry of Ports, Shipping and Waterways under Sagarmala Scheme is providing financial assistance to State Government / UT for development of port infrastructure.

(b) : The details of cargo handled by Major Ports and Non-Major Ports are given in the enclosed **Statement-I**.

(c) and (d): Inland Waterways Authority of India (IWAI) has undertaken implementation of the Jal Marg Vikas Project (JMVP) to augment the capacity of National Waterway-1 (NW-1) (from Varanasi to Haldia, 1390 Kilometer stretch). The development objective of JMVP is to enhance transport efficiency and reliability of NW-1 which passes through the states of Uttar Pradesh, Bihar, Jharkhand and West Bengal. Under JMVP, the details of developments in Bihar along with employment generation are given in the enclosed **Statement-II**. The number of people directly employed at Major Ports and Non-Major Ports are given in the enclosed **Statement-III**.

(e) : Ministry constituted Maritime States Development Council (MSDC) in the year 1997, an apex advisory body for the development of maritime sector and aims to ensure development of Major and Non-Major Ports, in consultation with State Governments, the future development of existing and new Minor Ports by the respective Maritime States either directly or through captive users and private participation. Till date, twenty meetings of MSDC have been held. Further, under Sagarmala, the Government aims holistic port infrastructure development along the coastline through modernisation, mechanisation and computerisation.

(f) : Yes Sir, Sagarmala is the flagship Central Sector Scheme 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, and 14,500 km of potentially navigable waterways. Under the Sagarmala Scheme, the Ministry provides financial assistance to State/UT Governments for Port infrastructure projects, Coastal berth projects, Road & Rail projects, fishing harbours, skill development projects, Coastal community development, cruise terminal and projects such as Ro-Pax ferry services. Ministry has till date provided partial assistance to 71 project at a total Cost of Rs. 4925 Cr. for development of Non-Major Ports under Sagarmala Scheme.

STATEMENT-I

Details of cargo handled by Major Ports and Non-Major Ports

Year	Cargo handled by Major Ports (Million Tonnes)	Cargo handled by Non- Major Ports (Million Tonnes)
2019-20	704.92	615.05
2020-21	672.68	577.30
2021-22	720.05	603.75

2022-23	784.30	651.01
2023-24	819.30	723.59

STATEMENT-II

Details of developments in Bihar along with employment generation

JMVP Sub Projects in Bihar	Cost (In Cr.)	Approx. No. of Employment Generated
Development of Intermodal Terminal Kalughat	84.5	171
Development of 21 Community Jetties in Bihar	34.79	546
Fairway Development Klughat Access Channel	9.63	24
Fairway Development Sultanganj – Mahenderpur (2019 – 2024)	159.3	52
Fairway Development Mahenderpur to Barh (2019 – 2024)	182.9	48
Fairway Development Sultanganj – Mahenderpur – Barh (2027 -2027)	147.43	84
Fairway Development Barh – Digha	73.14	45
Fairway Development Digha – Majhauwa	58.93	50
Development of Ship Repair Facility Patna	50	-
Quick Pontoon Opening Mechanism	11.61	5
Total	800.62	1025
JMVP staff at Project Implementation Unit Patna		9
Total		1034

STATEMENT-III**Employment of Manpower at Major Ports and Non Major Ports**

Year	Major Ports (in numbers)	Non- Major Ports (in numbers)
2020	26318	5232
2021	23330	9945
2022	20924	9598
2023	18109	14219
2024	16667	13381

MAHARASHTRA FOOD AND DRUG ADMINISTRATION**5694. DR. MALLU RAVI:**

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

- (a) whether the Government is aware of the direction of Maharashtra Food and Drug Administration (FDA) that allows homeopathic practitioners with certificates in modern pharmacology to prescribe allopathic medicines;
- (b) if so, the details thereof alongwith the stand of the Government on the said direction; and
- (c) the details of the impact it has on patient safety and healthcare practices 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) to (c) : As per information provided by the Government of Maharashtra, the Homoeopathic Practitioners with a Certificate Course in Modern Pharmacology approved by the State Government of Maharashtra fall in the definition of Registered Medical Practitioner (RMP) under Section 2(d) of the Maharashtra

Medical Council Act, 1965 (as amended in 2014) making them eligible to prescribe allopathic medicines. The Maharashtra Food & Drugs Administration (FDA) has instructed drug retailers to dispense medications upon prescription by these registered practitioners. This directive has been challenged before Bombay High Court and the matter is sub judice.

कैंसर का पता लगाना और इसकी रोकथाम

5695. श्री दर्शन सिंह चौधरी:

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

- (क) सरकार द्वारा कैंसर का प्रारंभिक अवस्था में पता लगाने और इसकी रोकथाम करने के लिए क्या कदम उठाए गए हैं/उठाए जाने का विचार है;
- (ख) सरकार द्वारा ग्रामीण और पिछड़े क्षेत्रों में कैंसर रोगियों को समय पर उपचार सुविधाएं प्रदान करने के लिए क्या कदम उठाए गए हैं/उठाए जाने का विचार है;
- (ग) आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना का कैंसर उपचार तक पहुंच में सुधार पर क्या प्रभाव पड़ा है;
- (घ) क्या सरकार का कैंसर रोगियों की अधिक संख्या वाले क्षेत्रों में कैंसर देखभाल केंद्र स्थापित करने का विचार है;
- (ङ) 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) : 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 राज्यों और संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। इस कार्यक्रम

के तहत, देश भर में 770 जिला एनसीडी क्लीनिक, 233 कार्डियक केयर यूनिट, 372 जिला डे केयर सेंटर और सामुदायिक स्वास्थ्य केंद्रों में 6410 एनसीडी क्लीनिक स्थापित किए गए हैं।

आयुष्मान आरोग्य मंदिरों के माध्यम से राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत देश में व्यापक प्राथमिक स्वास्थ्य परिचर्या के एक भाग के रूप में कैंसर सहित सामान्य एनसीडी की जांच, उपचार और रोकथाम के लिए जनसंख्या आधारित पहल शुरू की गई है। मुख, स्तन और गर्भाशय ग्रीवा के कैंसर सहित इन सामान्य गैर संचारी रोगों की जांच ग्रामीण और अल्पसेवित क्षेत्रों सहित सेवा प्रदायगी के 12 पैकेजों का अभिन्न अंग है।

विशिष्ट कैंसर परिचर्या सुविधा केन्द्रों के सुदृढीकरण योजना के अंतर्गत उन्नत कैंसर परिचर्या प्रदान करने के लिए देश के विभिन्न भागों में 19 राज्य कैंसर संस्थान और 20 विशिष्ट कैंसर परिचर्या केन्द्र स्थापित किए गए हैं। इसके अलावा, नैदानिक, चिकित्सा और शल्य चिकित्सा सुविधा केन्द्रों के साथ सभी 22 नए एम्स में कैंसर उपचार सुविधा केन्द्रों को मंजूरी दी गई है। सरकार द्वारा सुपर स्पेशियलिटी परिचर्या प्रदान करने के लिए झज्जर में 1,460 रोगी परिचर्या बिस्तरों और उन्नत नैदानिक एवं उपचार सुविधाओं वाले राष्ट्रीय कैंसर संस्थान (एनसीआई) तथा कोलकाता में 460 बिस्तरों वाले चितरंजन राष्ट्रीय कैंसर संस्थान का दूसरा परिसर स्थापित किया गया है।

(ग) : आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी पीएम-जेएवाई) में 12.37 करोड़ परिवारों के तदनुरूप लगभग 55 करोड़ लाभार्थियों को मध्यम स्तरीय और विशिष्ट परिचर्या अस्पताल में भर्ती करने के लिए प्रति परिवार वार्षिक 5 लाख रुपये का प्रावधान है। हाल ही में, एबी पीएम-जेएवाई ने 70 वर्ष से अधिक आयु के सभी वरिष्ठ नागरिकों चाहे उनकी आय कुछ भी हो, को स्वास्थ्य कवरेज प्रदान किया है। एबी पीएम-जेएवाई के स्वास्थ्य लाभ पैकेज (एचबीपी) का नवीनतम राष्ट्रीय मास्टर कैंसर के लिए उपचार सहित 27 स्पेशियलिटी में 1961 प्रक्रियाओं के अनुरूप उपचार प्रदान करता है।

पीएमजेएवाई के तहत, 13,000 करोड़ रुपये से अधिक के 68 लाख से अधिक कैंसर उपचार किए गए हैं। केन्द्र में उपलब्ध आंकड़ों के अनुसार, इनमें से 75.81% उपचारों का लाभ ग्रामीण क्षेत्रों के लाभार्थियों द्वारा उठाया गया था। कैंसर परिचर्या के लिए लक्षित उपचारों के संबंध में, कैंसर परिचर्या के

लक्षित उपचारों के लिए 985 करोड़ से अधिक के 4.5 लाख से अधिक उपचार किए गए हैं। इनमें से 76.32% का लाभ पीएम-जेएवाई के तहत ग्रामीण लाभार्थियों द्वारा लिया गया था।

(घ) और (ङ) : केंद्रीय बजट 2025-26 की घोषणा के अनुसार, सरकार अगले 3 वर्षों में जिला अस्पतालों में राज्यों/संघ राज्य क्षेत्रों के परामर्श से डे केयर कैंसर सेंटर (डीसीसीसी) स्थापित करने की योजना बना रही है, जिनमें से 200 केंद्र वर्ष 2025-26 में स्थापित किए जाने का प्रस्ताव है।

जिला अस्पतालों में कैंसर परिचर्या अवसंरचना, चिकित्सा कार्मिकों और आवश्यक उपकरणों की उपलब्धता का आकलन करने के लिए एक व्यापक अंतराल विश्लेषण किया गया है। निष्कर्षों के आधार पर, इस मंत्रालय ने राज्य सरकारों के परामर्श से उच्च कैंसर भार वाले और कैंसर परिचर्या सेवाओं तक सीमित पहुंच वाले जिलों में डीसीसीसी स्थापित करने की योजना बनाई है। इन जिलों के चयन से राज्य कैंसर संस्थानों (एससीआई) और विशिष्ट कैंसर परिचर्या केन्द्रों (टीसीसीसी) के साथ सुदृढ़ रेफरल संपर्क सुनिश्चित होगा ताकि निर्बाध परिचर्या प्रदान की जा सके।

राजस्थान में आयुष्मान भारत योजना के अंतर्गत उपचार

5696. श्री भजन लाल जाटव:

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

- (क) राजस्थान में आयुष्मान भारत योजना के अंतर्गत जिलावार कितने लोगों का उपचार किया गया है;
- (ख) उक्त योजना के अंतर्गत प्रति वर्ष एक मरीज को कितनी राशि तक का उपचार उपलब्ध कराया जाता है;
- (ग) क्या सरकार द्वारा गंभीर बीमारियों के लिए कोई विशेष प्रावधान किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) राजस्थान में उक्त योजना के अंतर्गत विगत एक वर्ष के दौरान जिलावार कितनी राशि व्यय की गई है; और
- (ङ) राजस्थान में उक्त योजना के अंतर्गत पंजीकृत निजी अस्पतालों की जिलावार संख्या कितनी 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-पीएमजेवाई) के अंतर्गत राजस्थान में अब तक की गई अस्पताल-भर्तियों का जिला-वार ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(ख) : एबी-पीएमजेवाई के तहत मध्यम और विशिष्ट परिचर्या हेतु अस्पताल भर्ती के लिए प्रति लाभार्थी परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य कवर प्रदान किया जाता है।

(ग) : नवीनतम स्वास्थ्य लाभ पैकेज (एचबीपी) के अनुसार, एबी-पीएमजेवाई के अंतर्गत इस योजना में पात्र लाभार्थियों को सामान्य चिकित्सा, सामान्य शल्य-चिकित्सा, अस्थि-रोग, हृदय-रोग, ऑनकोलॉजी आदि सहित 27 चिकित्सा विशिष्टताओं में 1961 प्रक्रियाओं के संबंध में निःशुल्क स्वास्थ्य परिचर्या सेवाएं प्रदान की जाती हैं। इसके अलावा, राज्यों को स्थानीय संदर्भ में स्वास्थ्य लाभ पैकेजों को और अधिक अनुकूलित करने के लिए लचीलापन प्रदान किया गया है।

(घ) : पिछले एक वर्ष के दौरान एबी-पीएमजेवाई के अंतर्गत राजस्थान में अस्पताल-भर्तियों की संख्या और दी गई राशि का जिला-वार ब्यौरा संलग्न **विवरण-II** में दिया गया है।

(ङ) : एबी-पीएमजेवाई के अंतर्गत राजस्थान में पैनलबद्ध निजी अस्पतालों की संख्या का जिला-वार ब्यौरा संलग्न **विवरण-III** में दिया गया है।

विवरण- I

एबी-पीएमजेवाई के तहत राजस्थान में अब तक की गई अस्पताल-भर्तियों का जिला-वार ब्यौरा

जिला	अस्पताल-भर्तियों की संख्या
अजमेर	2,30,117
अलवर	3,90,807
अनूपगढ़	11,589
बालोतरा	15,411
बांसवाड़ा	1,18,879
बारां	1,48,248
बाड़मेर	1,49,666
ब्यावर	25,218

भरतपुर	2,10,609
भीलवाड़ा	2,24,204
बीकानेर	1,78,769
बूंदी	1,09,159
चित्तौड़गढ़	1,98,676
चुरू	1,97,601
दौसा	1,59,468
डीग	22,024
धौलपुर	1,05,914
डीडवाना-कुचामन	57,569
दूदू	7,508
डूंगरपुर	91,256
गंगापुर शहर	19,905
हनुमानगढ़	1,57,029
जयपुर	6,25,602
जयपुर (ग्रामीण)	71,464
जैसलमेर	47,884
जालोर	91,203
झालावाड़	1,51,338
झुंझुनू	2,55,558
जोधपुर	2,80,031
जोधपुर (ग्रामीण)	42,254
करौली	1,00,396
केकरी	13,425
खैरथल-तिजारा	23,410
कोटा	1,96,375
कोटपुतली-बहरोड़	38,338
नागौर	2,97,985
नीम का थाना	30,475
पाली	1,96,766
फलोदी	13,022
प्रतापगढ़	76,293
राजसमंद	1,14,420

सलूबर	12,236
सांचौर	5,673
सवाई माधोपुर	1,26,332
शाहपुरा	14,745
सीकर	3,23,970
सिरोही	75,025
श्री गंगानगर	1,99,922
टोंक	1,53,904
उदयपुर	2,67,321

विवरण- II

पिछले एक वर्ष के दौरान एबी-पीएमजेएवाई के अंतर्गत राजस्थान में अस्पताल-भर्तियों की संख्या और दी गई राशि का जिला-वार ब्यौरा

जिला	अस्पताल-भर्तियों की संख्या	
	संख्या	राशि (करोड़ रुपये में)
अजमेर	48,835	55.18
अलवर	71,433	85.04
अनूपगढ़	11,263	15.46
बालोतरा	16,619	19.03
बांसवाड़ा	31,260	28.22
बारां	43,885	37.44
बाड़मेर	29,902	34.65
ब्यावर	26,228	31.54
भरतपुर	42,616	47.21
भीलवाड़ा	48,247	52.67
बीकानेर	56,227	55.51
बूंदी	28,379	30.23
चित्तौड़गढ़	57,226	48.94
चुरू	58,211	71.77
दौसा	48,752	53.47
डीग	22,864	30.89
धौलपुर	23,658	27.01

डीडवाना-कुचामन	58,072	64.21
दूदू	7,203	10.65
डूंगरपुर	29,543	29.87
गंगापुर शहर	20,949	20.45
हनुमानगढ़	47,344	64.56
जयपुर	1,25,382	164.14
जयपुर (ग्रामीण)	68,161	101.28
जैसलमेर	13,924	15.16
जालोर	18,965	22.29
झालावाड़	36,955	41.37
झुंझुनू	71,620	84.97
जोधपुर	47,760	48.48
जोधपुर (ग्रामीण)	40,638	45.84
करौली	31,262	31.45
केकरी	12,569	14.13
खैरथल-तिजारा	24,051	31.99
कोटा	50,186	58.57
कोटपुतली-बहरोड़	38,740	52.53
नागौर	51,421	56.20
नीम का थाना	28,438	37.04
पाली	44,844	52.55
फलोदी	13,859	16.07
प्रतापगढ़	16,800	17.06
राजसमंद	32,629	36.69
सलूंबर	13,267	15.31
सांचौर	5,485	7.49
सवाई माधोपुर	30,388	26.69
शाहपुरा	14,601	13.07
सीकर	73,547	99.02
सिरोही	20,335	18.35
श्री गंगानगर	48,800	61.80
टोंक	39,807	47.36
उदयपुर	65,080	69.16

विवरण- III

एबी-पीएमजेएवाई के अंतर्गत राजस्थान में पैनलबद्ध निजी अस्पतालों की संख्या का जिला-वार ब्यौरा

जिला	पैनलबद्ध निजी अस्पतालों की संख्या
अजमेर	29
अलवर	55
बांसवाड़ा	5
बारां	4
बाड़मेर	13
भरतपुर	30
भीलवाड़ा	20
बीकानेर	10
बूंदी	5
चित्तौड़गढ़	7
चुरू	24
दौसा	11
धौलपुर	3
डूंगरपुर	5
गंगानगर	48
हनुमानगढ़	25
जयपुर	299
जैसलमेर	2
जालोर	21
झालावाड़	9
झुंझुनू	51
जोधपुर	67
करौली	9
कोटा	31
नागौर	36
पाली	18
प्रतापगढ़	1
राजसमंद	9
सवाई माधोपुर	16

सीकर	64
सिरोही	7
टोंक	17
उदयपुर	23

नेपाल की छात्रा द्वारा आत्महत्या

5697. श्री राजेश रंजन:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या केआईआईटी विश्वविद्यालय में नेपाल की एक छात्रा द्वारा आत्महत्या किए जाने की दुखद घटना घटी है जिसके पश्चात् इंटरनेट पर एक ,वीडियो प्रसारित किया गया जिसमें विश्वविद्यालय ,
;के अधिकारियों को नेपाल के अन्य छात्रों के साथ दुर्व्यवहार करते हुए दिखाया गया है
- (ख) यदि हां तो क्या उक्त घटना से भारत-नेपाल राजनयिक संबंधों में गंभीर तनाव उत्पन्न हुआ है ,
;और यदि हां, तो तत्संबंधी ब्यौरा क्या है
- (ग) सरकार द्वारा केआईआईटी विश्वविद्यालय के विरुद्ध क्या कार्रवाई की गई है और ;
- (घ) सरकार द्वारा नेपाल सहित किसी अन्य देश के छात्रों के साथ ऐसी घटना की पुनरावृत्ति न होना सुनिश्चित करने के लिए 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 (घ) : भारत सरकार 16 फरवरी 2025 को ओडिशा के भुवनेश्वर में कलिंगा औद्योगिक प्रौद्योगिकी संस्थान (केआईआईटी) में एक नेपाली छात्रा की दुखद मौत पर गहरा दुख व्यक्त करती है। परिसर में अशांति और सभी नेपाली छात्रों के लिए विश्वविद्यालय को अनिश्चित काल के लिए बंद करने की खबरों के बाद, विदेश मंत्रालय ने सुधारात्मक कार्रवाई सुनिश्चित करने और स्थिति को बिगड़ने से रोकने के लिए ओडिशा राज्य सरकार, केआईआईटी के साथ-साथ नेपाली अधिकारियों के साथ संपर्क किया।

ओडिशा सरकार ने नेपाली छात्रों के साथ दुर्व्यवहार करने वाले आरोपी छात्र और केआईआईटी सुरक्षा कर्मियों के खिलाफ आपराधिक मामले दर्ज कर उन्हें गिरफ्तार करके त्वरित कार्रवाई की। घटना से प्रभावित छात्रों की सुरक्षा, उनकी सुरक्षित वापसी और उनके शैक्षणिक हितों की रक्षा के लिए 24x7 हेल्पडेस्क का गठन किया गया है। राज्य सरकार ने एक उच्च स्तरीय तथ्य खोज समिति का गठन किया है और समिति के निष्कर्षों के आधार पर उचित कानूनी और प्रशासनिक कार्रवाई की जाएगी।

अपनी ओर से, केआईआईटी ने नेपाली छात्रों के लिए विश्वविद्यालय को बंद करने के उपरोक्त आदेश को वापस ले लिया, सार्वजनिक रूप से माफ़ी मांगी और अपने नेपाली छात्रों से परिसर में लौटने की अपील की। घटना में शामिल कर्मचारियों के खिलाफ प्रशासनिक कार्रवाई की गई। विश्वविद्यालय ने नेपाली छात्रों की वापसी की सुविधा के लिए परिसर में एक समर्पित 24x7 नियंत्रण कक्ष भी स्थापित किया।

नेपाल के विदेश मंत्रालय द्वारा 18 फरवरी 2025 को जारी एक प्रेस विज्ञप्ति में, नेपाल सरकार ने उपर्युक्त कदमों पर ध्यान दिया और भारत सरकार, ओडिशा राज्य सरकार और अन्य एजेंसियों द्वारा दिए गए समर्थन के लिए आभार व्यक्त किया।

भारत में पढ़ने वाले विदेशी छात्र अन्य देशों के साथ भारत के लोगों के बीच संबंधों का एक महत्वपूर्ण पहलू हैं। भारत सरकार भारत में सभी विदेशी छात्रों की सुरक्षा, सम्मान और भलाई सुनिश्चित करने के लिए सभी आवश्यक कदम उठाना जारी रखेगी।

दीव में पासपोर्ट सेवा केंद्र

5698. श्री उमेशभाई बाबूभाई पटेल:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या दीव में वर्तमान में कोई कार्यात्मक पासपोर्ट सेवा केंद्र (पीएसके) स्थित है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;

- (ग) क्या दीव के निवासियों को पासपोर्ट संबंधी सेवाओं के लिए वेरावल/राजकोट/अहमदाबाद स्थित पासपोर्ट सेवा केंद्रों की यात्रा करनी पड़ती है और यदि हां, तो तत्संबंधी ब्यौरा क्या है ;
- (घ) क्या सरकार ने दीव में पासपोर्ट सेवा केंद्र स्थापित करने के लिए कोई कदम उठाए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;और
- (ङ) दीव में पासपोर्ट सेवा केंद्र स्थापित करने की प्रक्रिया का ब्यौरा क्या है और दीव में पासपोर्ट सेवा केंद्र को कब तक शुरू किए जाने की संभावना है?

पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय में राज्य मंत्री; तथा विदेश मंत्रालय में राज्य मंत्री (श्री कीर्ति वर्धन सिंह):

(क) से (ड.) : वर्तमान में दीव में कोई पासपोर्ट सेवा केंद्र (पीएसके) स्थित नहीं है।

पीएसके/पीओपीएसके खोलना एक सतत कार्यकलाप है तथा यह मौजूदा पीएसके/पीओपीएसके से दूरी और किसी विशेष क्षेत्र से पासपोर्ट आवेदनों की संख्या सहित विभिन्न कारकों पर निर्भर करता है। विदेश मंत्रालय (एमईए) ने डाक विभाग (डीओपी) के सहयोग से जनवरी 2017 में देश में प्रत्येक लोकसभा निर्वाचन क्षेत्र (एलएससी) जिसमें दमन एवं दीव एलएससी भी शामिल है, जहां कोई पीएसके या पीओपीएसके नहीं है, में प्रधान डाकघरों (एचपीओ)/डाकघरों (पीओ) में सेवा केंद्र खोलने का निर्णय लिया था, जिसे डाकघर पासपोर्ट सेवा केंद्र (पीओपीएसके) कहा जाता है।

इस पहल के तहत, दमन एवं दीव एलएससी के अंतर्गत दमन में एक पीओपीएसके कार्यरत है, जहाँ हर दिन 45 अपॉइंटमेंट {40 सामान्य और 5 पुलिस क्लीयरेंस सर्टिफिकेट (पीसीसी)} जारी किए जाते हैं और अगले कार्य दिवस पर अपॉइंटमेंट उपलब्ध होते हैं। इसके अलावा, जून 2018 में, विदेश मंत्रालय ने **'भारत में कहीं से भी आवेदन करें'** योजना शुरू की थी जिसके तहत भारत में किसी भी पीएसके/पीओपीएसके में पासपोर्ट के लिए आवेदन किया जा सकता है। साथ ही, दीव के नज़दीक स्थित पीएसके/पीओपीएसके का ब्यौरा नीचे दिया गया है:

दीव के निकटवर्ती पीएसके/पीओपीएसके	दीव से दूरी
पीओपीएसके वेरावल	85 किलोमीटर
पीओपीएसके अमरेली	120 किलोमीटर

पीओपीएसके जूनागढ़	140 किलोमीटर
पीएसके राजकोट	225 किलोमीटर

INDIA'S GLOBAL INFLUENCE

5699. SHRIMATI PRATIMA MONDAL:

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

- (a) the manner in which the Ministry is working to expand India's global influence in strategic international organizations such as the UN, G20, BRICS, and QUAD;
- (b) the initiatives taken by the Government to deepen India's engagement with the Global South, ensuring mutual growth and development partnerships; and
- (c) the manner in which the Ministry plan to enhance intelligence-sharing agreements with global allies, ensuring proactive defense against security threats?

THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA MARGHERITA):

(a) : India's membership of various multilateral and plurilateral initiatives such as UN, G20, BRICS and Quad and its own leadership in establishing various international institutions, including the International Solar Alliance (ISA), the Coalition for Disaster Resilience Infrastructure (CDRI), Global Bio-fuels Alliance and the India-Middle East Europe Economic Corridor (IMEC) reflects the country's expanding interests and partnerships. Through these groupings, India has put forward its viewpoint on global issues such as reformed multilateralism, peace and

security, climate change, transnational crime, terrorism, cyber-security, energy and food security.

At the United Nations, India engages in a forward-looking and constructive manner across all organs of the UN. It furthers its areas of interest in the UN in a proactive manner, including through its leadership role in realizing several landmark initiatives. These efforts have resulted in greater collaboration and closer engagement with partner countries. India has also been a strong advocate for more inclusive and equitable global economic growth.

India has emerged as an influential global voice and a consistent, balanced and reliable partner in the G20 grouping, placing it in a unique position as an effective bridge and unifying force between the East and the West, and between the developing and developed countries. During its Presidency of the G20 in 2023, under the theme of “One Earth, One Family, One Future”, drawing upon our age-old belief of "Vasudhaiva Kutumbakam", India seized the opportunity to highlight the priorities and concerns of the developing world and emerged as a leader of the Global South at the world stage. The induction of the African Union into the G20 during the Indian Presidency further amplified India's role as a voice of the Global South.

India leverages BRICS to push for reforms in international institutions, like United Nations including its Security Council, aiming for greater representation of emerging economies. The common thread in BRICS is commitment to multipolarity. The meetings and discussions of BRICS are aimed at finding common ground and working together to shape the global order.

With its positive and constructive agenda, Quad has emerged as a force for global good. Quad's initiatives are aimed at complementing the region's development priorities, accelerating the implementation of the Sustainable Development Goals, and delivering public goods to countries in the Indo-Pacific region. India has taken the lead in establishing the Quad Partnership on Humanitarian Assistance and Disaster Relief (HADR) to respond to natural disasters in the region. Quad's positive focus on practical cooperation has been well received in the region.

(b) : India has a people-centric foreign policy, guided by the demands and aspirations of its people. India has joined several groupings and piloted initiatives in a manner that promote India's engagements and interests at bilateral, regional and global level. India is a voice of peace, security and prosperity for all, particularly the Global South. India has always been committed towards addressing the needs and aspirations of fellow developing countries and has been constructively championing the cause of holistic human-centric development of countries of the Global South.

To deepen India's engagement with the Global South, India has hosted three editions of the Voice of Global South Summit. These Summits were aimed to deliberate specifically on Global South's developmental priorities and the solutions that can emerge for the unique challenges faced by them. The first edition of the Summit was held from 12-13 January, 2023 with the theme of 'Unity of voice, Unity of purpose'. The second edition of the Summit was held on 17th November 2023, under the overarching theme- 'Together, For Everyone's Growth, With Everyone's

Trust'. The third edition of the Summit was held on 17th August 2024 with the overarching theme of "An Empowered Global South for a Sustainable Future". All the three editions saw participation by Leaders, Ministers and Senior Officials from over 100 countries.

Further, to strengthen our ties with the Global South, following initiatives have also been taken:

- i. Enhancing Connectivity and economic inter-linkages by undertaking projects ranging from large scale infrastructure development to community related projects in various sectors, including health, housing, environment and education.
- ii. Extending financial, budgetary and humanitarian assistance to partner countries to aid them in mitigating economic challenges and overcome crisis.
- iii. Contributing towards capacity building and skill development in countries of the Global South by offering scholarships and training programs to students and professionals.

In order to deepen India's engagement with Global South, Honorable Prime Minister outlined the MAHASAGAR doctrine i.e. "Mutual and Holistic Advancement for Security and Growth Across Regions" (an extension of SAGAR doctrine) in March 2025 in Mauritius.

(c) : With a view to bolster national security and address emerging threats, India has been engaged with global allies at various levels to enter into strategic partnerships and defence agreements/MoUs in various domains including

intelligence-sharing agreements. In addition, MEA regularly conducts Joint Working Group (JWG) meeting, during which proposals for intelligence sharing agreements are also discussed.

खाद्य पदार्थों में मिलावट

5700. श्री मनसुखभाई धनजीभाई वसावा:

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

- (क) क्या सरकार को पता है कि देश में दुग्ध उत्पादों, खाद्य तेलों, सब्जियों, मिठाइयों और अन्य खाद्य पदार्थों में मिलावट से लोगों के स्वास्थ्य पर प्रतिकूल प्रभाव पड़ रहा है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) देश में विगत तीन वर्षों और वर्तमान वर्ष के दौरान विभिन्न खाद्य पदार्थों में पाई गई मिलावट का प्रतिशतराज्यवार/संघ राज्यक्षेत्रवार और वर्षवार कितना है;
- (घ) सरकार द्वारा ऐसी गतिविधियों में शामिल दोषी व्यक्तियों के विरुद्ध क्या कार्रवाई की गई है/किए जाने का विचार है; और
- (ङ) सरकार द्वारा इस संबंध में क्या सुधारात्मक उपाय किए गए हैं/ किए जाने का विचार है?

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

(क) से (ङ) : भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) ने देश के लोगों के स्वास्थ्य पर मिलावटी भोजन के सेवन के प्रतिकूल प्रभावों का आकलन करने के लिए कोई अध्ययन नहीं किया है। तथापि, मिलावटी भोजन के सेवन से दस्त, मतली, एलर्जी आदि जैसे कुछ स्वास्थ्य संबंधी दुष्प्रभाव हो सकते हैं।

भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण (एफएसएसआई) की स्थापना 2008 में खाद्य सुरक्षा और मानक अधिनियम, 2006 के अंतर्गत की गई थी, जिसका मुख्य उद्देश्य खाद्य पदार्थों के लिए विज्ञान आधारित मानक निर्धारित करना तथा मानव उपभोग के लिए सुरक्षित एवं पौष्टिक भोजन की

उपलब्धता सुनिश्चित करने के लिए उनके विनिर्माण, भंडारण, वितरण, बिक्री और आयात को विनियमित करना है।

खाद्य सुरक्षा एवं मानक अधिनियम में गुणवत्ता रहित खाद्य, गलत ब्रांड वाले खाद्य और असुरक्षित खाद्य के संबंध में दंडात्मक कार्रवाई के लिए विशिष्ट प्रावधान शामिल हैं। एफएसएसआई अपने क्षेत्रीय कार्यालयों और राज्य/संघ राज्य क्षेत्रों के माध्यम से खाद्य उत्पादों की नियमित निगरानी, निरीक्षण और यादृच्छिक नमूनाकरण करता है। ऐसे मामलों में जहां खाद्य नमूने अननुरूप पाए जाते हैं, खाद्य सुरक्षा और मानक अधिनियम, नियमों और विनियमों के प्रावधानों के अनुसार दोषी खाद्य व्यवसाय संचालकों के खिलाफ दंडात्मक कार्रवाई की जाती है। इसके अलावा, दूरदराज के क्षेत्रों में भी बुनियादी परीक्षण सुविधाओं की पहुंच बढ़ाने के लिए, एफएसएसआई ने फूड सेफ्टी ऑन व्हील्स (एफएसडब्ल्यू) नामक मोबाइल खाद्य परीक्षण प्रयोगशालाएं प्रदान की हैं। एफएसएसआई खाद्य उत्पादों की समय-समय पर अखिल भारतीय निगरानी भी करता है, खासकर मुख्य खाद्य पदार्थों और उन वस्तुओं पर जिनमें मिलावट की संभावना होती है।

वर्ष 2021-22 से 2024-25 के दौरान विभिन्न खाद्य पदार्थों में पाई गई मिलावट के प्रतिशत का राज्य-वार ब्यौरा **विवरण-I से IV** में संलग्न है।

विवरण -I

वर्ष 2024-25 (सितंबर तक) के दौरान विश्लेषण किए गए और अनुरूप पाए गए प्रवर्तन नमूनों का ब्यौरा

क्र. सं.	राज्य/संघ राज्य क्षेत्र	विश्लेषण किए गए नमूनों की संख्या	वर्ष के दौरान अनुरूप पाए गए नमूनों की संख्या	अनुरूप पाए गए नमूनों का प्रतिशत (%)
1	अंडमान और निकोबार द्वीप समूह	44	0	0.0
2	आंध्र प्रदेश	2997	298	9.9
3	अरुणाचल प्रदेश	34	2	5.9
4	असम	742	121	16.3
5	बिहार	1543	43	2.8

6	चंडीगढ़	114	24	21.1
7	छत्तीसगढ़	683	115	16.8
8	दादरा और नगर हवेली और दमन और दीव	10	0	0.0
9	दिल्ली	1192	42	3.5
10	गोवा	294	24	8.2
11	गुजरात	4316	360	8.3
12	हरियाणा	694	176	25.4
13	हिमाचल प्रदेश	724	155	21.4
14	जम्मू एवं कश्मीर	1338	78	5.8
15	झारखंड	151	54	35.8
16	कर्नाटक	3955	316	8.0
17	केरल	4425	564	12.7
18	लद्दाख	76	5	6.6
19	लक्षद्वीप	0	0	0.0
20	मध्य प्रदेश	7091	924	13.0
21	महाराष्ट्र	1878	352	18.7
22	मणिपुर	3	1	33.3
23	मेघालय	139	1	0.7
24	मिजोरम	8	0	0.0
25	नगालैंड	135	2	1.5
26	उड़ीसा	1144	91	8.0
27	पुदुचेरी	63	0	0.0
28	पंजाब	1628	358	22.0
29	राजस्थान	6576	1865	28.4
30	सिक्किम	90	0	0.0
31	तमिलनाडु	7839	1095	14.0
32	तेलंगाना	1660	167	10.1
33	त्रिपुरा	66	3	4.5
34	उत्तर प्रदेश	13305	7030	52.8
35	उत्तराखंड	687	94	13.7
36	पश्चिम बंगाल	6464	423	6.5

विवरण-II**वर्ष 2023-24 के दौरान विश्लेषण किए गए और अनुरूप पाए गए प्रवर्तन नमूनों का ब्यौरा**

क्र. सं.	राज्य/संघ राज्य क्षेत्र	विश्लेषण किए गए नमूनों की संख्या	वर्ष के दौरान अनुरूप पाए गए नमूनों की संख्या	अनुरूप पाए गए नमूनों का प्रतिशत (%)
1	अंडमान और निकोबार द्वीप समूह	0	0	0.00
2	आंध्र प्रदेश	6439	472	7.33
3	अरुणाचल प्रदेश	501	11	2.20
4	असम	1139	125	10.97
5	बिहार	2806	126	4.49
6	चंडीगढ़	311	49	15.76
7	छत्तीसगढ़	1373	167	12.16
8	दादरा और नगर हवेली और दमन और दीव	185	0	0.00
9	दिल्ली	3412	150	4.40
10	गोवा	599	16	2.67
11	गुजरात	15841	910	5.74
12	हरियाणा	3485	856	24.56
13	हिमाचल प्रदेश	1618	401	24.78
14	जम्मू एवं कश्मीर	9057	750	8.28
15	झारखंड	384	292	76.04
16	कर्नाटक	5492	286	5.21
17	केरल	10792	1304	12.08
18	लद्दाख	638	11	1.72
19	लक्षद्वीप	0	0	0.00
20	मध्य प्रदेश	13998	2022	14.44
21	महाराष्ट्र	5087	1174	23.08
22	मणिपुर	168	3	1.79
23	मेघालय	123	7	5.69
24	मिजोरम	0	0	0.00
25	नगालैंड	138	3	2.17
26	उड़ीसा	2003	252	12.58
27	पुदुचेरी	31	0	0.00
28	पंजाब	6041	929	15.38
29	राजस्थान	18536	3493	18.84
30	सिक्किम	231	0	0.00
31	तमिलनाडु	18146	2237	12.33
32	तेलंगाना	6156	973	15.81
33	त्रिपुरा	87	0	0.00
34	उत्तर प्रदेश	27750	16183	58.32
35	उत्तराखंड	1998	192	9.61
36	पश्चिम बंगाल	5948	414	6.96

विवरण-III**वर्ष 2022-23 के दौरान विश्लेषण किए गए और अनुरूप पाए गए प्रवर्तन नमूनों का ब्यौरा**

क्र. सं.	राज्य/संघ राज्य क्षेत्र	विश्लेषण किए गए नमूनों की संख्या	वर्ष के दौरान अनुरूप पाए गए नमूनों की संख्या	अनुरूप पाए गए नमूनों का प्रतिशत (%)
1	अंडमान और निकोबार द्वीप समूह	1200	46	3.83
2	आंध्र प्रदेश	3607	314	8.71
3	अरुणाचल प्रदेश	258	11	4.26
4	असम	602	99	16.45
5	बिहार	2935	92	3.13
6	चंडीगढ़	473	64	13.53
7	छत्तीसगढ़	1468	96	6.54
8	दादरा और नगर हवेली और दमन और दीव	164	10	6.10
9	दिल्ली	3133	255	8.14
10	गोवा	699	103	14.74
11	गुजरात	14562	978	6.72
12	हरियाणा	4445	1425	32.06
13	हिमाचल प्रदेश	2720	729	26.80
14	जम्मू एवं कश्मीर	13502	1195	8.85
15	झारखंड	943	370	39.24
16	कर्नाटक	3416	322	9.43
17	केरल	8533	1362	15.96
18	लद्दाख	220	6	2.73
19	लक्षद्वीप	0	0	0.00
20	मध्य प्रदेश	12507	2092	16.73
21	महाराष्ट्र	11077	1340	12.10
22	मणिपुर	169	4	2.37
23	मेघालय	409	41	10.02
24	मिजोरम	140	0	0.00
25	नगालैंड	109	6	5.50
26	उड़ीसा	1368	367	26.83
27	पुदुचेरी	0	0	0.00
28	पंजाब	8179	1724	21.08
29	राजस्थान	13184	3965	30.07
30	सिक्किम	279	0	0.00
31	तमिलनाडु	24188	7924	32.76
32	तेलंगाना	4809	894	18.59
33	त्रिपुरा	31	8	25.81
34	उत्तर प्रदेश	30140	18108	60.08
35	उत्तराखंड	1839	342	18.60
36	पश्चिम बंगाल	6203	334	5.38

विवरण-IV**वर्ष 2021-22 के दौरान विश्लेषण किए गए और अनुरूप पाए गए प्रवर्तन नमूनों का ब्यौरा**

क्र. सं.	राज्य/संघ राज्य क्षेत्र	विश्लेषण किए गए नमूनों की संख्या	वर्ष के दौरान अनुरूप पाए गए नमूनों की संख्या	अनुरूप पाए गए नमूनों का प्रतिशत (%)
1	अंडमान और निकोबार द्वीप समूह	850	4	0.47
2	आंध्र प्रदेश	5290	533	10.08
3	अरुणाचल प्रदेश	108	2	1.85
4	असम	520	66	12.69
5	बिहार	555	17	3.06
6	चंडीगढ़	388	28	7.22
7	छत्तीसगढ़	1436	180	12.53
8	दादरा और नगर हवेली और दमन और दीव	234	0	0
9	दिल्ली	1956	218	11.15
10	गोवा	200	14	7
11	गुजरात	13663	824	6.03
12	हरियाणा	4235	1182	27.91
13	हिमाचल प्रदेश	1745	308	17.65
14	जम्मू एवं कश्मीर	8109	1735	21.40
15	झारखंड	175	85	48.57
16	कर्नाटक	5844	150	2.57
17	केरल	7855	925	11.78
18	लद्दाख	47	19	40.43
19	लक्षद्वीप	0	0	0
20	मध्य प्रदेश	16059	2900	18.06
21	महाराष्ट्र	9580	1454	15.18
22	मणिपुर	236	3	1.27
23	मेघालय	70	5	7.14
24	मिजोरम	0	0	0
25	नगालैंड	127	14	11.02
26	उड़ीसा	1168	260	22.26
27	पुदुचेरी	5	2	0
28	पंजाब	6768	1059	15.65
29	राजस्थान	10386	2891	27.84
30	सिक्किम	66	5	7.58
31	तमिलनाडु	16363	3778	23.09
32	तेलंगाना	3077	353	11.47
33	त्रिपुरा	31	0	0
34	उत्तर प्रदेश	21987	13153	59.82
35	उत्तराखंड	2511	560	22.30
36	पश्चिम बंगाल	2701	207	7.66

निदान केन्द्रों में महिला कर्मचारियों की अनुपलब्धता

5701. श्री शेर सिंह घुबाया:

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

- (क) क्या सरकार की उन महिला रोगियों की शिकायतों के निवारण हेतु कोई योजना है, जिन्हें देश भर के विभिन्न निदान केन्द्रों में महिला कर्मचारियों की अनुपलब्धता के कारण शारीरिक जांच के दौरान कठिनाइयों और शर्मिंदगी का सामना करना पड़ता है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या निदान केन्द्रों में पर्याप्त संख्या में प्रशिक्षित महिला कर्मचारियों का उपलब्ध होना अनिवार्य है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;
- (घ) क्या महिला तकनीशियनों और नर्सों की भर्ती को अनिवार्य किए जाने की संभावना है; और
- (ङ) 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 (ङ) : 'स्वास्थ्य' राज्य का विषय है, इसलिए निदान केन्द्रों में महिला कर्मचारियों की अनुपलब्धता के कारण शारीरिक जांच के दौरान किसी महिला रोगी को होने वाली कठिनाइयों और शर्मिंदगी की शिकायत मिलने पर उसे संबंधित राज्य/संघ राज्य क्षेत्र को आवश्यक कार्रवाई के लिए भेज दिया जाता है। इसके अलावा, राज्य/संघ राज्य क्षेत्र मुख्य रूप से महिला तकनीशियनों और नर्सों की भर्ती के साथ-साथ निदान केन्द्रों में इनकी उपलब्धता सुनिश्चित करने के लिए जिम्मेदार हैं।

इसके अलावा, भारत सरकार ने मान्यता प्राप्त चिकित्सा प्रणालियों से संबंधित निदान केन्द्रों सहित सरकारी और निजी नैदानिक स्थापनाओं (सशस्त्र बलों के इतर) के पंजीकरण और विनियमन के लिए नैदानिक स्थापन (रजिस्ट्रीकरण और विनियमन) अधिनियम, 2010 को अधिनियमित किया। इस अधिनियम के तहत गठित राष्ट्रीय नैदानिक स्थापन परिषद ने रोगियों के अधिकारों और जिम्मेदारियों के चार्टर को मंजूरी दी, जिसमें उपचार के दौरान गोपनीयता, मानवीय गरिमा और निजता के अधिकार

के साथ-साथ पुरुष चिकित्सक द्वारा महिला रोगी की शारीरिक जांच के दौरान किसी महिला की उपस्थिति सुनिश्चित करने का अधिकार शामिल है। इस चार्टर को अपनाने और कार्यान्वयन के लिए सभी राज्यों/संघ राज्य क्षेत्रों के साथ साझा किया गया था।

ATTACKS ON INDIAN STUDENTS ABROAD

5702. SHRI TANUJ PUNIA:

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

- (a) whether the Union Government is aware of the growing incidents of violence against Indian students abroad;
- (b) if so, the number of Indian students in foreign universities who have died during the past five years; and
- (c) the measures taken/proposed to be taken by the Government to investigate incidents of violence against Indian students abroad?

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) : The number of Indian students abroad who faced violence during the last five years, country-wise, are given in the enclosed **Statement**.
- (b) : The number of Indian students in foreign universities who have died during the past five years are given in the enclosed **Statement**.
- (c) : Safety and security of Indian Students abroad is one of the foremost priorities of the Government of India. Indian Missions and Posts abroad remain vigilant and closely monitor any untoward incident against Indian students in their respective countries of accreditation. Such unfortunate incidents, if any, are

immediately taken up with the concerned authorities of the host country to ensure that the cases are properly investigated and the perpetrators are punished. These issues are also raised during meetings with Government officials of the countries concerned, including at the highest levels, as appropriate. The Government also remains seized with the contemporary political and security situation in different countries of the world that could impact the lives of Indians abroad, including students, and takes all possible measures to safeguard their interests and welfare.

The grievances of Indian students abroad are dealt with by Indian Missions/Posts on priority and are responded to almost on a real time basis through telephone calls, walk-ins, emails, social media, 24x7 emergency helplines, Open Houses and the MADAD Portal. and distressed students are provided all possible consular assistance, including emergency medical care and boarding/lodging, whenever required. Indian Missions/Posts abroad also encourage Indian students travelling abroad for higher studies to register with them on the MADAD Portal so that their grievances and outstanding issues can be addressed in a time bound manner. The Indian students are also encouraged to remain connected with Indian Missions/Posts on a regular basis so that any complaint received from them can be taken up with the concerned University/Institution and the host Government, as the case may be, for requisite action.

The Indian Community Welfare Fund (ICWF) has been set up in Indian Missions/Posts abroad for assisting overseas Indian nationals, including Indian students, in distress situations on a means tested basis for deserving cases. The

support extended under ICWF also includes extension of legal assistance, counselling and transportation of mortal remains of Indian nationals who die abroad.

STATEMENT

Country-wise inputs received on number of violent attacks on Indian students and involved deaths in the last 5 years

S. No.	Name of the Country	Total Number of violent attacks	Number of deaths due to attacks
1	Australia	4	1
2	USA	9	9
3	UK	12	1
4	Italy	3	0
5	Russia	15	0
6	Canada	27	16
7	Ireland	4	0
8	Iran	1	0
9	Germany	11	1
10	China	1	1
11	Kyrgyzstan	1	1
12	Philippines	3	0
Total		91	30

दिल्ली में आयुष्मान आरोग्य मंदिर

5703. श्री रामवीर सिंह बिधूड़ी:

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

(क) क्या सरकार दिल्ली में आयुष्मान आरोग्य मंदिर (एएएम) खोलने की योजना बना रही है और यदि

हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) दिल्ली में स्थानवार कुल कितने आयुष्मान आरोग्य मंदिर खोले जाने का प्रस्ताव है; और

(ग) उक्त आयुष्मान आरोग्य मंदिरों में प्रदान की जाने वाली विभिन्न सुविधाओं 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) : साम्यता, किफायती और गुणवत्तापरक स्वास्थ्य परिचर्या सेवाओं तक सार्वभौमिक सुलभता के उद्देश्य से, स्वास्थ्य और परिवार कल्याण मंत्रालय विभिन्न कार्यक्रमों को लागू कर रहा है और स्वास्थ्य सेवाओं की अवसंरचना की स्थिति में सुधार के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है।

स्वास्थ्य और परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन 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 अभिलेख (आरओपी) के रूप में प्रस्ताव के लिए अनुमोदन प्रदान करती है।

संघ राज्य क्षेत्र दिल्ली ने वित्त वर्ष 2025-26 के लिए पूरक पीआईपी में 123 आयुष्मान आरोग्य मंदिर (एएएम) के प्रचालन का प्रस्ताव दिया है।

आयुष्मान आरोग्य मंदिर (एएएम), जिसे पहले आयुष्मान भारत-स्वास्थ्य और आरोग्य केंद्र कार्यक्रम के नाम से जाना जाता था, सार्वभौमिक स्वास्थ्य कवरेज के प्रोत्साहन, निवारक, उपचारात्मक, प्रशामक और पुनर्वास संबंधी पहलुओं को प्राप्त करने के लिए भारत की प्रतिबद्धता है, जिसका लक्ष्य लोगों के घरों के नजदीक मातृ एवं शिशु स्वास्थ्य सेवाओं और गैर-संचारी रोगों के साथ-साथ निःशुल्क आवश्यक दवाएं और नैदानिक सेवाएं सहित व्यापक प्राथमिक स्वास्थ्य परिचर्या (सीपीएचसी) प्रदान करना है।

मौजूदा प्रजनन और बाल स्वास्थ्य (आरएमएनसीएचए+एन) सेवाओं और संचारी रोग सेवाओं को विस्तारित और मजबूत करने के अलावा, कार्यात्मक एएएम विस्तारित सेवा पैकेज प्रदान करता है जो इस प्रकार है:

1. गर्भावस्था और प्रसव में परिचर्या
2. नवजात और शिशु स्वास्थ्य परिचर्या सेवाएँ
3. बाल और किशोरावस्था स्वास्थ्य परिचर्या सेवाएँ
4. परिवार नियोजन, गर्भनिरोधक सेवाएँ और अन्य प्रजनन स्वास्थ्य परिचर्या सेवाएँ
5. संचारी रोगों का प्रबंधन: राष्ट्रीय स्वास्थ्य कार्यक्रम
6. तीव्र साधारण रोगों और गौण रोगों के लिए सामान्य बाह्य रोगी परिचर्या
7. गैर-संचारी रोगों और क्षयरोग और कुछ रोग जैसी चिरकालिक संचारी रोगों की जाँच, रोकथाम, नियंत्रण और प्रबंधन
8. बुनियादी मुँह संबंधी स्वास्थ्य परिचर्या
9. मानसिक स्वास्थ्य रोगों की जाँच और बुनियादी प्रबंधन
10. सामान्य नेत्र और ईएनटी समस्या की परिचर्या
11. वृद्धावस्था और प्रशामक स्वास्थ्य परिचर्या सेवाएँ
12. बर्न और आघात सहित आपातकालीन चिकित्सा सेवाएँ

आयुष्मान आरोग्य मंदिर में एनएचएम के तहत व्यापक प्राथमिक स्वास्थ्य सेवाएं प्रदान करने के लिए निम्नलिखित स्वास्थ्य परिचर्या सुधार शामिल हैं:

- **सेवाओं की विस्तारित श्रृंखला** - उन्नत और सुदृढ़ आयुष्मान आरोग्य मंदिर अब 12 प्रकार की प्राथमिक स्वास्थ्य सेवाएँ प्रदान करने की परिकल्पना कर रहे हैं।
- **सामुदायिक स्वास्थ्य अधिकारी का अतिरिक्त संवर्ग** - नए शुरू किए गए मध्य-स्तरीय स्वास्थ्य प्रदाता यानी सामुदायिक स्वास्थ्य अधिकारी (सीएचओ), चिकित्सक के साथ-साथ सार्वजनिक स्वास्थ्य प्रबंधक की भूमिका निभाते हैं, जो टीम का नेतृत्व करते हैं।

- **आवश्यक दवाओं और निदान की सुलभता** - आयुष्मान आरोग्य मंदिर में सेवाओं के विस्तारित पैकेज को पूरा करने के लिए, एसएचसी-एएएम और पीएचसी-एएएम में क्रमशः 106 और 172 दवाएँ उपलब्ध कराई गई हैं। इसी तरह, पीएचसी-एएएम और एसएचसी-एएएम में उपलब्ध आवश्यक निदान की संख्या क्रमशः 14 और 63 है।
- बाहरी ब्रांडिंग, प्रक्रिया प्रवाह को पुनर्गठित करने, ओपीडी के लिए स्थान का सीमांकन, दवाएँ वितरित करने, निदान परीक्षण करने आदि के माध्यम से मौजूदा सुविधाओं के **अवसंरचना सुदृढीकरण** और आरोग्य सत्रों के लिए स्थान सुनिश्चित करना।
- **आईटी सेवाएँ, टेली-परामर्श और परिचर्या की निरंतरता** - प्रगति की रिपोर्टिंग और निगरानी के लिए आयुष्मान आरोग्य मंदिर पोर्टल/एप्लिकेशन का उपयोग किया जाता है। ई-संजीवनी के माध्यम से टेली-परामर्श भौतिक सुलभता, अवसर लागत और सेवा प्रदाताओं की कमी की चिंताओं को हल करता है और परिचर्या की निरंतरता को बनाए रखता है।
- **सामुदायिक भागीदारी** - सामुदायिक भागीदारी को मजबूत करने और सामुदायिक स्वामित्व और शासन में सुधार करने के लिए जन आरोग्य समितियाँ (जेएएस), रोगी कल्याण समिति (आरकेएस), ग्राम स्वास्थ्य स्वच्छता और पोषण समिति (वीएचएसएनसी) और महिला आरोग्य समितियाँ (एमएस) जैसी सुविधा और समुदाय में बहु-हितधारक समितियों का गठन।
- **स्वास्थ्य संवर्धन** – रोग के प्रबंधन से परे, संवर्धनात्मक और निवारक स्वास्थ्य व्यापक प्राथमिक स्वास्थ्य परिचर्या का अभिन्न अंग है जिसमें मैराथन, योग, ध्यान आदि जैसी शारीरिक गतिविधियाँ शामिल हैं। इसके अलावा, आयुष्मान आरोग्य मंदिर में प्रतिवर्ष 42 स्वास्थ्य कैलेंडर दिवस और मासिक दस आरोग्य सत्र आयोजित किए जाते हैं, जहाँ समुदाय स्वस्थता सुनिश्चित करने के लिए स्वास्थ्य वार्ता, स्वस्थ आहार और जीवन शैली के लिए परामर्श, मादक द्रव्यों के सेवन पर परामर्श और समाप्ति गतिविधियाँ आदि जैसी विभिन्न गतिविधियाँ की जा रही हैं।
- **आयुष्मान आरोग्य शिविर/स्वास्थ्य मेला** – सितंबर, 2023 से, स्वास्थ्य और परिवार कल्याण

मंत्रालय के आयुष्मान भव अभियान के तहत राज्यों द्वारा आयुष्मान आरोग्य मंदिरों और सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) में साप्ताहिक आयुष्मान मेलों का आयोजन किया गया है, जिसका उद्देश्य प्रमुख स्वास्थ्य सेवाओं की संपूर्ति करना है। इस अभियान को और आगे बढ़ाने के लिए, वित्त वर्ष 2024-25 से, मेलों को मासिक निश्चित दिन आउटरीच सेवाओं, अर्थात् आयुष्मान आरोग्य शिविर के माध्यम से संस्थागत बना दिया गया है। ब्लॉक स्तर तक विशेषज्ञ सेवाओं जैसे कि स्त्री रोग विशेषज्ञ, बाल रोग विशेषज्ञ, सर्जन, एनेस्थेटिस्ट, नेत्र विशेषज्ञ, ईएनटी विशेषज्ञ, त्वचा विशेषज्ञ, मनोचिकित्सक, दंत चिकित्सक आदि की उपलब्धता ने स्वास्थ्य परिचर्या में महत्वपूर्ण रूप से प्रभावी रही है।

पोषण अभियान

5704. श्री दिलीप शङ्कीया:

श्री लुम्बाराम चौधरी:

श्री दिनेशभाई मकवाणा:

श्री जसवंतसिंह सुमनभाई भाभोर :

श्री आलोक शर्मा:

श्री चिन्तामणि महाराज:

डॉ. भोला सिंह:

श्री भोजराज नाग:

श्री पी. सी. मोहन:

डॉ. के. सुधाकर:

श्रीमती हिमाद्री सिंह:

श्री बिद्युत बरन महतो:

श्री प्रवीण पटेल:

सुश्री कंगना रनौत :

श्रीमती महिमा कुमारी मेवाड़ :

श्रीमती शोभनाबेन महेन्द्रसिंह बारैया :

श्री गजेन्द्र सिंह पटेल :

श्री अनुराग शर्मा:

डॉ. हेमंत विष्णु सवरा:

श्रीमती कमलेश जांगड़े:

डॉ. राजेश मिश्रा:

श्रीमती स्मिता उदय वाघ:

श्री धर्मबीर सिंह:

श्री योगेन्द्र चांदोलिया:

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

- (क) पोषण अभियान योजना के अंतर्गत मातृ और शिशु पोषण में सुधार के लिए उठाए गए कदमों का राज्यवार, विशेषकर महाराष्ट्र और छत्तीसगढ़ में ब्यौरा क्या है;
- (ख) क्या उक्त राज्यों सहित देश में इस योजना के कुपोषण दर पर प्रभाव के संबंध में कोई आकलन किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसमें सुधार के संबंध में क्या निष्कर्ष पाए गए हैं;
- (ग) अल्प विकसित क्षेत्रों, विशेषकर उक्त राज्यों में, पोषण अभियान की प्रभावकारिता को बढ़ाने के लिए कौनकौन सी नई रणनीति बनाई गई है-;
- (घ) पोषण अभियान योजना की निरंतरता सुनिश्चित करने के लिए उठाए जा रहे कदमों का ब्यौरा क्या है;
- (ङ) क्या पोषण अभियान योजना के कार्यान्वयन में किन्हीं चुनौतियों का सामना करना पड़ रहा है और यदि हां, तो इस संबंध में उठाए जा रहे उपचारात्मक कदमों का ब्यौरा क्या है; और
- (च) क्या सरकार ने महाराष्ट्र के जनजातीय और ग्रामीण क्षेत्रों में पोषण वितरण तंत्र निगरानी को सुदृढ़ करने के लिए कोई उपाय किए हैं?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

- (क) से (च) : 15वें वित्त आयोग की अवधि के तहत, कुपोषण की चुनौती से निपटने के लिए आंगनवाड़ी सेवाएं, पोषण अभियान और किशोरियों (आकांक्षी जिलों एवं पूर्वोत्तर क्षेत्र में 14-18 वर्ष की) के लिए योजना जैसे विभिन्न घटकों को व्यापक मिशन सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 2.0)

के अंतर्गत शामिल किया गया है। यह एक केंद्र प्रायोजित मिशन है जिसकी विभिन्न गतिविधियों के कार्यान्वयन की जिम्मेदारी राज्यों और संघ राज्यक्षेत्रों की है। यह मिशन एक सार्वभौमिक स्वयं-चयन की सुविधा वाली व्यापक योजना है जिसमें किसी लाभार्थी के लिए पंजीकरण कराने और सेवाएं प्राप्त करने हेतु प्रवेश संबंधी कोई बाधा नहीं है। यह मिशन महाराष्ट्र और छत्तीसगढ़ के अल्पविकसित, जनजातीय तथा ग्रामीण क्षेत्रों सहित पूरे देश में कार्यान्वित किया जा रहा है।

इस मिशन के उद्देश्य इस प्रकार हैं:

- देश में मानव पूंजी के विकास में योगदान देना;
- कुपोषण की चुनौती का समाधान करना;
- स्थायी स्वास्थ्य और तंदुरुस्ती के लिए पोषण जागरूकता तथा भोजन की अच्छी आदतों को बढ़ावा देना

पोषण केवल खाना खाने तक ही सीमित नहीं है; इसके लिए उचित पाचन, अवशोषण और चयापचय आवश्यक होते हैं जो स्वच्छता, शिक्षा और सुरक्षित पेयजल तक पहुंच जैसे कारकों से प्रभावित होते हैं। चूंकि कुपोषण के लिए भोजन, स्वास्थ्य, पानी, स्वच्छता और शिक्षा के आयामों को शामिल करते हुए एक बहु-क्षेत्रीय दृष्टिकोण आवश्यक होता है, इसलिए कुपोषण के मुद्देका प्रभावी ढंग से समाधान करना महत्वपूर्ण है। मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत 18 मंत्रालयों/विभागों के बीच परस्पर (क्रॉस कटिंग) तालमेल की मदद से कुपोषण की चुनौतियों का समाधान किया जा रहा है।

मिशन पोषण 2.0 के तहत सामुदायिक सहभागिता, आउटरीच, व्यवहार परिवर्तन और प्रचार-प्रसार जैसे कार्यकलापों के माध्यम से कुपोषण में कमी लाने तथा बेहतर स्वास्थ्य, तंदुरुस्ती एवं प्रतिरक्षा के लिए एक नई कार्यनीति बनाई गई है। इसमें मातृ पोषण, शिशु और छोटे बच्चों के आहार मानदंडों, आयुष पद्धतियों के माध्यम से गंभीर तीव्र कुपोषण (एसएसएम)/मध्यम तीव्र कुपोषण (एमएसएम) को दूर करने और तंदुरुस्ती पर ध्यान केंद्रित किया जाता है ताकि कुपोषण, ठिगनेपन, एनीमिया और अल्प वजन के प्रसार को कम किया जा सके।

इस मिशन के तहत, बच्चों (6 महीने से 6 वर्ष), गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों को पूरक पोषण दिया जाता है ताकि जीवन चक्र दृष्टिकोण अपनाकर पीढ़ियों से चले आ रहे कुपोषण के चक्र को समाप्त किया जा सके। पूरक पोषण राष्ट्रीय खाद्य सुरक्षा अधिनियम की विवरण-II में निहित पोषण मानदंडों के अनुसार प्रदान किया जाता है। इन मानदंडों को जनवरी, 2023 में संशोधित और उन्नयित किया गया है। पुराने मानदंड काफी हद तक कैलोरी-विशिष्ट थे, तथापि, संशोधित मानदंड आहार विविधता के सिद्धांतों पर आधारित पूरक पोषण की मात्रा और गुणवत्ता दोनों मामलों में अधिक व्यापक और संतुलित हैं। इस मानदंड में गुणवत्तापूर्ण प्रोटीन, स्वास्थ्यकर वसा और सूक्ष्म पोषक तत्वों का प्रावधान किया गया है।

महिलाओं और बच्चों में एनीमिया को नियंत्रित करने और सूक्ष्म पोषक तत्वों की जरूरत की पूर्ति करने के लिए आंगनवाड़ी केंद्रों को फोर्टिफाइड चावल की आपूर्ति की जा रही है। आंगनवाड़ी केंद्रों पर सप्ताह में कम से कम एक बार पका हुआ गर्म भोजन तैयार करने और घर ले जाए जाने वाले राशन (टीएचआर) के लिए मिलेट (श्री अन्न) के उपयोग पर अधिक जोर दिया जा रहा है।

महिला एवं बाल विकास मंत्रालय और स्वास्थ्य एवं परिवार कल्याण मंत्रालय ने बच्चों में गंभीर तीव्र कुपोषण को रोकने और उसे दूर करने तथा इससे जुड़ी रुग्णता एवं मृत्यु दर को कम करने के लिए सामुदायिक कुपोषण प्रबंधन (सीएमएएम) के लिए संयुक्त रूप से प्रोटोकॉल जारी किया है।

इस मिशन के तहत लोगों को पोषण संबंधी पहलुओं के बारे में जानकारी देने के लिए सामुदायिक जुटाव और जागरूकता का प्रचार-प्रसार एक प्रमुख कार्यकलाप है क्योंकि पोषण संबंधी अच्छी आदतें अपनाने के लिए व्यवहार में परिवर्तन लाने हेतु सतत प्रयास करने की आवश्यकता होती है। राज्य और संघ राज्य क्षेत्र क्रमशः सितंबर और मार्च-अप्रैल के महीने में मनाए जाने वाले पोषण माह और पोषण पखवाड़े के दौरान सामुदायिक सहभागिता कार्यक्रमों के तहत नियमित रूप से जागरूकता कार्यकलापों का आयोजन और रिपोर्टिंग कर रहे हैं। समुदाय आधारित कार्यक्रमों (सीबीई) ने पोषण पद्धतियों को बदलने में एक महत्वपूर्ण कार्यनीति का काम किया है और सभी आंगनवाड़ी कार्यकर्त्रियों को प्रत्येक महीने समुदाय आधारित दो कार्यक्रम आयोजित करने होते हैं।

इस कार्यक्रम की प्रभावशीलता को और बढ़ाने के लिए समय-समय पर विभिन्न पहलें की गई हैं। हाल ही में की गई कुछ पहलें इस प्रकार हैं:

- सुपोषित ग्राम पंचायत अभियान: 1000 सुपोषित ग्राम पंचायतों का चयन किया जाएगा और सुपोषित ग्राम पंचायत अभियान के तहत प्रत्येक को 1 लाख रुपये की प्रोत्साहन राशि दी जाएगी ताकि ग्राम पंचायतों और आंगनवाड़ी कार्यकर्त्रियों को प्रोत्साहन की व्यवस्था के माध्यम से पोषण में सुधार लाने के लिए सक्रिय कदम उठाने के लिए प्रेरित किया जा सके।
- परिभाषित संकेतकों पर आंगनवाड़ी केंद्रों (एडब्ल्यूसी) में बुनियादी ढांचे और सेवा प्रदायगी और लाभार्थियों की निगरानी और ट्रेकिंग के लिए पोषण ट्रेकर को कार्यान्वित किया गया है।
- फेस ऑथेंटिकेशन मॉड्यूल: अंतिम लाभार्थी तक सेवा प्रदायगी की ट्रेकिंग के लिए, एमडब्ल्यूसीडी ने घर ले जाने वाले राशन के वितरण के लिए दो-कारक प्रमाणीकरण तंत्र विकसित किया है जिससे यह सुनिश्चित किया जा सके कि पोषण ट्रेकर में पंजीकृत अभीष्ट लाभार्थियों को लाभ मिल रहा है। इसे 100% अपनाने के लिए राज्यों/संघ राज्य क्षेत्रों के साथ नियमित अनुवर्ती कार्रवाई की जा रही है। इस मॉड्यूल के सफल कार्यान्वयन से यह सुनिश्चित होगा कि टीएचआर इच्छित लाभार्थियों तक पहुंचता है जिससे अंततः लाभार्थियों के पोषण संबंधी परिणामों में सुधार होगा।
- जनजातीय कार्य मंत्रालय द्वारा शुरू किए गए पीएम जनमन मिशन का उद्देश्य 18 राज्यों और एक संघ राज्य क्षेत्र में रहने वाले 75 विशेष रूप से कमजोर जनजातीय समूहों (पीवीटीजी) का लक्षित विकास करना है। इस मिशन में महिला और बाल विकास मंत्रालय सहित 9 प्रमुख मंत्रालयों से संबंधित 11 महत्वपूर्ण पहलों पर विशेष ध्यान दिया जाता है। अब तक, देश भर में पीएम जनमन के तहत निर्माण के लिए कुल 2139 आंगनवाड़ी केंद्रों का अनुमोदन किया गया है। अब तक महाराष्ट्र और छत्तीसगढ़ को क्रमशः 17.16 करोड़ और 6.48 करोड़ रुपये जारी किए जा चुके हैं।
- जनजातीय कार्य मंत्रालय ने धरती आबा जनजातीय ग्राम उन्नत अभियान (डीएजेजीयूए) शुरू किया है जिसका उद्देश्य जनजातीय बहुल क्षेत्रों और आकांक्षी ब्लॉक एसटी गांवों में जनजातीय परिवारों

की अधिकतम लाभार्थी कवरेज के माध्यम से जनजातीय समुदायों की सामाजिक-आर्थिक स्थिति में सुधार करना है। महिला एवं बाल विकास मंत्रालय की पहल में वित्तीय वर्ष 2024-25 से वित्तीय वर्ष 2028-29 तक 2000 नए सक्षम आंगनवाड़ी केंद्रों की स्थापना और 6000 मौजूदा आंगनवाड़ी केंद्रों को सक्षम आंगनवाड़ी केंद्रों में उन्नत करना शामिल है।

वर्ष 2021 में, विश्व बैंक ने एनीमिया और ठिगनेपन की उच्च दर वाले 11 अग्रणी राज्यों (आंध्र प्रदेश, बिहार, छत्तीसगढ़, गुजरात, झारखंड, कर्नाटक, मध्य प्रदेश, महाराष्ट्र, राजस्थान, तमिलनाडु और उत्तर प्रदेश) में एक सर्वेक्षण किया। इस सर्वेक्षण का उद्देश्य इस कार्यक्रम के तहत पोषण सेवाएं प्रदान किए जाने का आकलन करना था कि क्या लाभार्थियों की पोषण संबंधी जानकारी में सुधार हुआ है तथा क्या उन्होंने पोषण और भोजन की अधिक उपयुक्त पद्धतियों को अपनाया है।

इस सर्वेक्षण के निष्कर्षों से पता चला कि पोषण अभियान के माध्यम से प्रदान की गई सेवाएं-प्रासंगिक संदेशों की प्राप्ति, आंगनवाड़ी कार्यकर्त्री द्वारा घरों का दौरा करना और समुदाय-आधारित कार्यक्रमों में उपस्थिति - बेहतर पोषण व्यवहार से जुड़ी थीं। इस सर्वेक्षण में यह भी पाया गया कि इस कार्यक्रम के पोषण संदेश 80% से अधिक महिलाओं तक पहुंचे और 81% महिलाओं ने पहले छह महीनों में केवल स्तनपान कराया।

स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा वर्ष 1992-93 से किए गए राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएचएस) के विभिन्न दौर में भी भारत भर में बच्चों में कुपोषण संकेतकों में सुधार दिखाया गया है। एनएफएचएस-1 से एनएफएचएस-5 तक बच्चों के लिए इन संकेतकों का विवरण इस प्रकार है:

एनएफएचएससर्वेक्षण	ठिगनेपन का %	अल्पवजन का %	दुबलेपन का %
एनएफएचएस-1 (1992-93)*	52	53.4	17.5
एनएफएचएस-2 (1998-99)**	45.5	47	15.5
एनएफएचएस-3 (2005-6)***	48.0	42.5	19.8
एनएफएचएस-4 (2015-16)***	38.4	35.8	21.0
एनएफएचएस-5 (2019-21)***	35.5	32.1	19.3

* 4 वर्ष से कम

**** 3 वर्ष से कम**

***** 5 वर्ष से कम**

उपर्युक्त तालिका संगत समय के साथ 0-3 वर्ष, 0-4 वर्ष और 0-5 वर्ष की आयु के सभी बच्चों में कुपोषण संकेतकों की तस्वीर प्रस्तुत करती है।

वर्ष 2021 के लिए भारत में 5 वर्ष तक के सभी बच्चों की अनुमानित जनसंख्या लगभग 13.75 करोड़ है (स्रोत: भारत और राज्यों के लिए जनसंख्या अनुमान 2011-2036, राष्ट्रीय जनसंख्या आयोग, स्वास्थ्य एवंपरिवार कल्याण मंत्रालय)। तथापि, पोषण ट्रैकर के फरवरी 2025 के आंकड़ों के अनुसार, 5 वर्ष तक के केवल 7.49 करोड़ बच्चे ही आंगनवाड़ियों में नामांकित और महिला एवं बाल विकास मंत्रालय के पोषण ट्रैकर पर पंजीकृत थे। इनमें से 7.25 करोड़ बच्चों की लंबाई और वजन में वृद्धि संबंधी मापदंडों पर माप की गई थी। इनमें से 39.09% बच्चे ठिगने, 16.60% बच्चे अल्प वजन के और 5.35% बच्चे दुबले पाए गए।

इसके अलावा, वर्ष 2021 हेतु भारत में 6 वर्ष तक के सभी बच्चों की अनुमानित जनसंख्या लगभग 16.1 करोड़ है। पोषण ट्रैकर के फरवरी 2025 के आंकड़ों के अनुसार, 8.80 करोड़ बच्चे (0-6 वर्ष) आंगनवाड़ियों में नामांकित थे जिनमें से 8.52 करोड़ बच्चों की लंबाई और वजन में वृद्धि संबंधी मापदंडों पर माप की गई थी। इनमें से 37.75% बच्चे (0-6 वर्ष) ठिगने और 17.19% बच्चे (0-6 वर्ष) अल्प वजन के पाए गए।

एनएफएचएस के उपर्युक्त आंकड़ों और पोषण ट्रैकर के आंकड़ों के विश्लेषण से संपूर्ण भारतमें बच्चों में कुपोषण संकेतकों में सुधार दिखाई देता है।

जनजातीय और सुदूर क्षेत्रों में निःशुल्क विधिक सहायता सेवाएं

5705. श्री काली चरण सिंह :

डॉ. मन्ना लाल रावत :

श्री खगेन मुर्मु :

श्रीमती महिमा कुमारी मेवाड़ :

श्री भोजराज नाग :

श्रीमती हिमाद्री सिंह :

श्रीमती शोभनाबेन महेन्द्रसिंह बारैया :

श्री गजेन्द्र सिंह पटेल :

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

- (क) देश भर में विधिक सहायता प्रणाली को सुदृढ़ करने के लिए क्या उपाय किए जा रहे हैं ;
- (ख) क्या सरकार की राजस्थान और देश भर में सुदूर और जनजातीय क्षेत्रों में निःशुल्क विधिक सहायता सेवाओं का विस्तार करने की कोई योजना है, यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं ; और
- (ग) यह सुनिश्चित करने के लिए क्या कदम उठाए गए हैं कि हाशिए पर रहने वाले समुदायों को इन सेवाओं की जानकारी हो और वे इनका लाभ उठा सकें ?

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

(क) : सरकार ने विधिक सेवा प्राधिकरण (एलएसए) अधिनियम, 1987 के अधीन राष्ट्रीय विधिक सेवा प्राधिकरण (नालसा) की स्थापना की है, ताकि अधिनियम की धारा 12 के अधीन आने वाले समाज के कमजोर वर्गों को निःशुल्क और सक्षम विधिक सेवाएं प्रदान की जा सकें। इस प्रयोजन के लिए तालुक न्यायालय स्तर से लेकर उच्चतम न्यायालय तक विधिक सेवा संस्थान स्थापित किए गए हैं। उच्चतम न्यायालय विधिक सेवा समिति (एससीएलएससी) उच्चतम न्यायालय में कार्य करती है, जबकि 38 उच्च न्यायालय विधिक सेवा समितियां (एचसीएलएससी), 37 राज्य विधिक सेवा प्राधिकरण (एसएलएसए), 708 जिला विधिक सेवा प्राधिकरण (डीएलएसए) और 2439 तालुक विधिक सेवा समितियां (टीएलएससी) हैं। सरकार विधिक सेवा प्राधिकरणों/संस्थाओं को मजबूत बनाने के लिए अनुदान सहायता के रूप में सभी प्रकार की सहायता प्रदान करती है। अनुदान सहायता के अधीन सरकार द्वारा वार्षिक आधार पर नालसा को निधि आवंटित और निर्गत की जाती है।

विधिक सेवा प्राधिकरणों के प्रदर्शन की निगरानी करने के लिए, नालसा सभी एसएलएसए से मासिक गतिविधि रिपोर्ट प्राप्त करता है, जिसमें किसी विशेष महीने में की गई सभी गतिविधियों पर प्रकाश

डाला जाता है। इसके पश्चात्, नालसा द्वारा मासिक आधार पर एक अंतिम गतिविधि रिपोर्ट सरकार को भेजी जाती है। मासिक गतिविधि रिपोर्टों के अतिरिक्त, नालसा सभी एसएलएसए से वार्षिक रिपोर्ट भी प्राप्त करता है और अपनी वार्षिक रिपोर्ट तैयार करता है, जिसे संसद के दोनों सदनों के समक्ष रखा जाता है। इसके अतिरिक्त, नालसा द्वारा विधिक सेवा प्राधिकरणों के प्रदर्शन की निगरानी के लिए अखिल भारतीय और क्षेत्रीय बैठकें भी आयोजित की जाती हैं।

भारत सरकार नालसा के माध्यम से एक केंद्रीय क्षेत्र स्कीम, विधिक सहायता बचाव परामर्श प्रणाली (एलएडीसीएस) भी लागू कर रही है। एलएडीसीएस स्कीम के अधीन, एलएसए अधिनियम, 1987 की धारा 12 के अधीन विधिक सहायता के लिए पात्र हिताधिकारियों को ही आपराधिक मामलों के संबंध में विधिक सहायता प्रदान की जाती है। एलएडीसीएस स्कीम का उद्देश्य आपराधिक न्यायालय आधारित विधिक सेवाओं को मजबूत करना और हिताधिकारियों को सभी आपराधिक मामलों में, विचारण और अपील के चरणों में विधिक सेवाएं प्रदान करना है। 31 दिसंबर 2024 तक, देश भर के 654 जिलों में एलएडीसी कार्यालय कार्यरत हैं और इसमें 3448 बचाव काउंसल सहित 5251 कर्मचारी कार्यरत हैं। वर्ष 2024-25 (दिसंबर, 2024 तक) के दौरान, एलएडीसीएस कार्यालयों ने 3.95 लाख से अधिक आपराधिक मामलों का निपटारा किया।

(ख) और (ग) : एलएसए अधिनियम, 1987 की धारा 12 राजस्थान के दूरदराज एवं आदिवासी क्षेत्रों सहित पूरे देश में हकदार व्यक्तियों को निःशुल्क विधिक सेवाएं सुनिश्चित करती है। बच्चों, मजदूरों, आपदा पीड़ितों, अनुसूचित जाति एवं अनुसूचित जनजाति, विकलांगता से पीड़ित व्यक्तियों आदि से संबंधित विभिन्न विधियों और स्कीमों पर विधिक सेवा प्राधिकरणों द्वारा पूरे देश में विधिक जागरूकता कार्यक्रम आयोजित किए जाते हैं। विधिक सेवा प्राधिकरण विभिन्न विधियों पर सरल भाषा में पुस्तिकाएं एवं पैम्फलेट भी तैयार करते हैं तथा लोगों में वितरित किए जाते हैं। वर्ष 2022-23, 2023-24 एवं 2024-25 (दिसंबर 2024 तक) के दौरान विधिक सेवा प्राधिकरणों द्वारा 12,49,496 एवं 1,26,966 विधिक जागरूकता शिविर एवं कार्यक्रम आयोजित किए गए, जिनमें क्रमशः लगभग 13.93 करोड़ एवं 3.06 करोड़ व्यक्तियों ने भाग लिया।

**ANAEMIA CONTROL AMONG ADOLESCENT GIRLS UNDER MISSION
UTKARSH**

5706. SHRIMATI KRITI DEVI DEBBARMAN:

SUSHRI KANGNA RANAUT:

SHRIMATI SHOBHANABEN MAHENDRASINH BARAIYA:

SHRI SHRIRANG APPA CHANDU BARNE:

SHRI RAVINDRA SHUKLA ALIAS RAVI KISHAN:

SHRI TRIVENDRA SINGH RAWAT:

SHRIMATI BHARTI PARDHI:

DR. RAJESH MISHRA:

SHRIMATI ROOPKUMARI CHOUDHARY:

SHRI KHAGEN MURMU:

SHRI MANISH JAISWAL:

SHRI ANIL FIROJIYA:

SHRI CHINTAMANI MAHARAJ:

SHRI DILIP SAIKIA:

SHRI BHOJRAJ NAG:

SHRI P. C. MOHAN:

SHRI CHHATRAPAL SINGH GANGWAR:

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

- (a) the amount of funds allocated, spent by the Government for anaemia control among adolescent girls using Ayurveda interventions under the Mission Utkarsh as on February 2025;
- (b) the details of the districts that are covered under the said initiative in the country, State/UTwise, particularly in Madhya Pradesh, North-Eastern States including Assam and Maharashtra;
- (c) whether the Government has undertaken any awareness campaign to control

anaemia among adolescent girls and if so, the details thereof;

- (d) whether any specific measures/special initiatives have been taken for anaemia control among adolescent girls using Ayurveda interventions under the said Mission in Mahasamund, Dhamtari and Gariaband districts of Chhattisgarh and the tribal majority districts of Gujarat;
- (e) if so, the details thereof; and
- (f) the details of funds allocated and utilised for these districts as on February 2025?

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 Ministry of Ayush (MoA) and Ministry of Women and Child Development (MWCD) signed a Memorandum of Understanding (MoU) on February 26, 2024 with the objectives to provide Ayurveda interventions to improve the health conditions and prevention of anaemia in adolescent girls (14-18 years) in the five identified districts under Mission Utkarsh viz., Assam – Dhubri, Chattisgarh – Bastar, Jharkhand – PaschimiSighbhum, Maharashtra – Gadchiroli and Rajasthan – Dholpur.

As per the MoU, both Ministries are to contribute 50-50% of funding for this project. The total budget sanctioned for this project is Rs. 24,95,88,650(Rupees Twenty-four Crore Ninety-five Lakh Eighty-eight Thousand Six Hundred Fifty only). As of 28th February 2025, the total amount released stands at Rs. 15,47,92,821(Rupees Fifteen Crore Forty-seven Lakh Ninety-two Thousand Eight

Hundred Twenty-one) which includes Rs. 10,30,98,111(Rupees Ten Crore Thirty Lakh Ninety-eight Thousand One Hundred Eleven) from MoA and Rs. 5,16,94,710 (Rupees Five Crore Sixteen Lakh Ninety-four Thousand Seven Hundred Ten) from MWCD.

The Anganwadi workers are sensitized about this project, their role in implementation, and the Ayurveda interventions used in this project. The beneficiaries are also sensitized through Information Education Communication (IEC) material and awareness lectures about different aspects of anaemia. The registered beneficiaries of the MWCDs scheme for adolescent girls in the above five districts are assessed for signs and symptoms of anaemia by the Ayush teams and are provided with Ayurveda interventions for nutritional enhancement and improvement in the condition of anaemia prevailing in these districts.

अंतर्देशीय जलमार्गों का विस्तार

5707. श्री लुम्बाराम चौधरी :

डॉ. भोला सिंह :

श्री योगेन्द्र चांदोलिया :

श्रीमती शोभनाबेन महेन्द्रसिंह बारैया :

डॉ. हेमंत विष्णु सवरा :

श्रीमती कमलेश जांगड़े :

श्री प्रवीण पटेल :

श्री दिलीप शङ्कीया :

श्री आलोक शर्मा :

क्या पत्तन, पोत परिवहन और जलमार्ग मंत्री यह बताने की कृपा करेंगे कि:

(क) फरवरी, 2025 की स्थिति के अनुसार, देश में कितने अंतर्देशीय जलमार्ग नौगमन कर रहे हैं;

- (ख) फरवरी, 2025 की स्थिति के अनुसार, देश में अंतर्देशीय नौगमन जलमार्गों की कुल लम्बाई कितनी है;
- (ग) क्या सरकार ने उत्तर-पूर्वी राज्यों सहित देश में अन्तर्देशीय जलमार्गों के विस्तार हेतु कदम उठाए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) अन्तर्देशीय जलमार्गों की निरंतरता सुनिश्चित करने के लिए क्या कदम उठाए जा रहे हैं; और
- (ङ) अन्तर्देशीय जलमार्गों के विस्तार में किन-किन चुनौतियों का सामना करना पड़ रहा है और उनके समाधान के लिए क्या कदम उठाए जा रहे हैं?

पत्तन, पोत परिवहन और जलमार्ग मंत्री (श्री सर्बानंद सोनोवाल):

- (क) : फरवरी, 2025 की स्थिति के अनुसार देश में 29 राष्ट्रीय जलमार्ग चालू हैं।
- (ख) : फरवरी, 2025 की स्थिति के अनुसार देश में चालू राष्ट्रीय जलमार्गों (रा.ज.) की कुल लंबाई 5131 किमी है।
- (ग) : पूर्वोत्तर राज्यों सहित देश में अंतर्देशीय जलमार्गों के विस्तार के लिए, राष्ट्रीय जलमार्ग अधिनियम, 2016 के तहत 111 राष्ट्रीय जलमार्ग (रा.ज.) घोषित किए गए हैं, जिनमें पूर्वोत्तर क्षेत्र (एनईआर) के 20 राष्ट्रीय जलमार्ग शामिल हैं।
- (घ) : सरकार द्वारा अवसंरचना और नीतिगत उपायों के माध्यम से राष्ट्रीय जलमार्गों के सतत चालू रहने को बढ़ावा देने और सुनिश्चित करने के लिए उठाए गए कदमों में शामिल हैं (क) अवसंरचना संबंधी उपाय अर्थात् फेयरवे रखरखाव कार्य (नदी प्रशिक्षण, रखरखाव ड्रेजिंग, चैनल मार्किंग और नियमित हाइड्रोग्राफिक सर्वेक्षण), सामुदायिक जेटी, फ्लोटिंग टर्मिनलों, मल्टी-मॉडल टर्मिनलों (एमएमटी), इंटर-मॉडल टर्मिनलों (आईएमटी) और नौचालन लॉक आदि का निर्माण। (ख) नीतिगत उपाय अर्थात् जलवाहक योजना का शुभारंभ, राष्ट्रीय जलमार्ग (जेटी/टर्मिनल का निर्माण) विनियम, 2015 की अधिसूचना, पत्तनों के साथ एकीकरण, डिजिटलीकरण, कार्गो एक्त्रीकरण, सार्वजनिक क्षेत्र के उपक्रमों (पीएसयू) द्वारा कार्गो को शिफ्ट किया जाना और नदी क्रूज पर्यटन को बढ़ावा देना।

(ड) : नदी में गाद जमना एक बड़ी समस्या है। इसके अलावा, बाढ़ के मौसम में नदी का प्रवाह वेग अधिक होने और कम पानी के बहाव के समय कम प्रवाह के साथ-साथ जल स्तर में बहुत अधिक उतार-चढ़ाव के कारण जलमार्ग का विकास और रखरखाव मुश्किल हो जाता है। इन कठिनाइयों का सामना करने के लिए, जलमार्ग के विकास और रखरखाव के लिए अतिरिक्त ड्रेजर तैनात किए जाते हैं, साथ ही नदी की सफाई व्यवस्था के उपाय किए जाते हैं जैसे कि बैंडलिंग, बॉटम पैनलिंग और जलयानों के सुरक्षित नौकायन के लिए नौचालन सहायता प्रदान की जाती है।

SCHEME FOR SETTING UP OF PLASTIC PARKS

5708. SHRI G. LAXMINARAYANA:

DR. BYREDDY SHABARI:

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

- (a) Then number of Plastic Parks approved and operational under the Scheme for Setting up of Plastic Parks, along with their locations;
- (b) the total quantum of funds allocated and utilized for the scheme in the last five years;
- (c) whether the Government has plans to establish new Plastic Parks in States with significant plastic manufacturing potential, including Andhra Pradesh;
- (d) the steps taken by the Government to promote private sector participation in these Plastic Parks; and
- (e) whether any measures are being implemented to ensure environmentally sustainable plastic manufacturing and waste management in these parks, 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) : 10 Plastic Parks have been approved so far in different States. Details of Funds released to these Plastic Parks during the last five years are given in the enclosed **Statement**.

(c) : Currently, there is no proposal to establish any new Plastic Parks.

(d) : The Government provides grants-in-aid for the establishment of the Plastic Parks. The implementation of these projects as well as the process of getting them populated by industrial units is largely in the hands of the Special Purpose Vehicles set up by the State Government or their agencies. The respective States have taken several steps to promote private sector participation in these Plastic Parks, including conducting awareness and 794 sensitization programmes for the industry, providing plots at competitive rates, giving tax incentives etc.

(e) : The Scheme for Setting up of Plastic Parks promotes setting up of need-based Plastic Parks with requisite infrastructure and enabling common facilities. The objective is to consolidate and synergize the capacities of downstream plastic processing industry to help increase investment, production and export in the sector as well as generate employment. Under the Scheme, common infrastructure for the industrial units is provided including effluent treatment plant, solid/ hazardous waste management, facilities for plastic recycling, incinerator etc. Some of the Plastic Parks have also established in-house recycling sheds for recycling of plastic waste.

STATEMENT

No.	PlasticPark	Approval Year	TotalProjectCost (Rs. crore)	Approved Grant-in-aid (Rs. crore)	Amount released (Rs. crore)	Amount releasedsince 2019-20 (Rs. crore)
1.	Tamot, Madhya Pradesh	2013	108.00	40.00	36.00	3.10
2.	Jagatsinghpur, Odisha	2013	106.78	40.00	36.00	6.12
3.	Tinsukia, Assam	2014	93.65	40.00	35.73	13.73
4.	Bilaua, Madhya Pradesh	2018	68.72	34.36	30.92	28.92
5.	Deoghar, Jharkhand	2018	67.33	33.67	30.30	28.30
6.	Tiruvallur, TamilNadu	2019	216.92	40.00	22.00	14.00
7.	Sitarganj, Uttarakhand	2020	67.73	33.93	30.51	30.51
8.	Raipur, Chhattisgarh	2021	42.09	21.04	11.57	11.57
9.	Ganjimutt, Karnataka	2022	62.77	31.38	6.28	6.28
10.	Gorakhpur, UttarPradesh	2022	69.58	34.79	19.13	19.13

STATUS OF PSKS AND POPSKS**5709. SHRI APPALANAIDU KALISSETTI:****SHRI TEJASVI SURYA:**Will the Minister of **EXTERNAL AFFAIRS** be pleased to state :-

- (a) the total number of Passport Seva Kendras (PSKs) and Post Office Passport Seva Kendras (POPSKs) in the country, State-wise;
- (b) whether it is true that the Government plans to increase the number of

Passport Seva Kendras in the country to 600 by 2028-29, if so, the details thereof along with the list of proposed new Passport Seva Kendras in the country, State-wise;

- (c) whether the Government is on track to meet the said deadline, if so, the details thereof;
- (d) whether the Government has received any requests to establish additional PSKs in Andhra Pradesh, particularly in north coastal and Rayalaseema regions, if so, the details thereof;
- (e) the average time taken to issue passports during the last five years, State-wise; and
- (f) whether the Government plans to expand online passport services to ease the process and reduce travel for applicants, 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): The lists of total number of Passport Seva Kendras (PSKs) and Post Office Passport Seva Kendras (POPSKs) in the country, State-wise are given in the enclosed **Statement-I** and **II** respectively.

(b) to (d): Ministry of External Affairs (MEA) in association with Department of Posts (DoP) had decided in January 2017 to open Passport Seva Kendras at the Head Post Offices (HPO)/ Post Offices (PO) in the country called Post Office Passport Seva Kendra (POPSK) in each Lok Sabha Constituency (LSC) in India, including in Andhra Pradesh, where there is no PSK or a POPSK. As on date, 446 POPSKs are functional in the country. There are 37 LSCs where a PSK or a POPSK is yet

to be opened. Opening of a PSK/POPSK is an on-going activity and depends upon various factors including distance from an existing PSK / POPSK and the volume of passport applications from a particular region.

Currently, there is no request received to establish additional PSKs in Andhra Pradesh, particularly in north coastal and Rayalaseema regions. However, it may be noted that a PSK or a POPSK is operational in each of the LSC in Andhra Pradesh to cater to the needs of Passport seekers.

(e): The details of average time taken to issue passports, during the last five years, RPO-wise/State-wise are given in the enclosed **Statement-III**.

(f): The Ministry has eased the passport issuing process and has made it an online procedure including getting appointments for submission of documents for passports. Effective technical infrastructure is in place to ensure that the Passport Seva system is available for access at all times from any location. The Passport Portal (www.passportindia.gov.in) is accessible to anyone, anywhere and anytime. Citizens can also apply, pay and schedule appointments for passport services on 'mPassportSeva' mobile app, and do not require access of computer and printer to apply for passport services.

POPSKs are established in remote locations and small towns in the LSCs away from the State capitals, thereby bringing passports services closer to the citizens and making it easier for citizens to obtain Passports. Moreover, in June 2018, MEA had launched the 'Apply anywhere in India' scheme, under which a passport can be applied at any PSK/POPSK in India. In addition, Mobile Vans are

also being deployed in Regional Passport Offices to provide the doorstep services to the Passport seekers at remote areas.

STATEMENT-I

List of Passport Seva Kendras (PSKs)			
S. No	RPO Name	State Name	PSK
1	RPO Ahmedabad	Gujarat	PSK Mithakali
2			PSK Rajkot
3			PSK Vadodara
4			PSK Vijay Cross Road
5	RPO Amritsar	Punjab	PSK Amritsar
6	RPO Bareilly	Uttar Pradesh	PSK Bareilly
7	RPO Bengaluru	Karnataka	PSK Bengaluru, Lalbagh
8			PSK Bengaluru, Sai Arcade
9			PSK Mangaluru
10			PSK Hubli-Dharwad
11			PSK Kalaburagi
12	RPO Bhopal	Madhya Pradesh	PSK Bhopal
13			PSK Indore
14	RPO Bhubaneswar	Odisha	PSK Bhubaneswar
15	RPO Chandigarh	Punjab / Chandigarh (UT)*	PSK Ambala
16			PSK Chandigarh
17			PSK Ludhiana
18	RPO Chennai	Tamil Nadu	PSK Aminjikarai
19			PSK Saligramam
20			PSK Tambaram
21			PSK Puducherry
22	RPO Cochin	Kerala	PSK Alappuzha
23			PSK Kottayam
24			PSK Thrissur
25			PSK Tripunithura
26			PSK Aluva
27	RPO Coimbatore	Tamil Nadu	PSK Coimbatore
28	RPO Dehradun	Uttarakhand	PSK Dehradun
29	RPO Delhi	Delhi	PSK Gurgaon
30			PSK Jhandewalan

31			PSK Defence Colony
32			PSK Shalimar Place
33	RPO Ghaziabad	Uttar Pradesh	PSK Ghaziabad
34	RPO Goa	Goa	PSK Panaji
35	RPO Guwahati	Assam	PSK Guwahati
36			PSK Aizawl
37			PSK Dimapur
38			PSK Imphal
39			PSK Itanagar
40			PSK Shillong
41	RPO Hyderabad	Telangana	PSK Ameerpet
42			PSK Begumpet
43			PSK Nizamabad
44			PSK Toli Chowki
45			PSK Karimnagar
46	RPO Jaipur	Rajasthan	PSK Jaipur
47			PSK Jodhpur
48			PSK Sikar
49	RPO Kota		PSK Udaipur
50	RPO Jalandhar	Punjab	PSK Hoshiarpur
51			PSK Jalandhar -1
52			PSK Jalandhar -2
53	RPO Jammu	Jammu and Kashmir	PSK Jammu
54	RPO Kolkata	West Bengal	PSK Berhampore
55			PSK Kolkata
56			PSK Agartala
57			PSK Gangtok
58			PSK Siliguri
59	RPO Kozhikode	Kerala	PSK Kannur
60			PSK Kozhikode
61			PSK Malappuram
62			PSK Payyanur
63			PSK Vada-kara
64	RPO Lucknow	Uttar Pradesh	PSK Gorakhpur
65			PSK Kanpur
66			PSK Lucknow
67			PSK Varanasi

68	RPO Madurai	Tamil Nadu	PSK Madurai
69			PSK Tirunelveli City
70	RPO Mumbai	Maharashtra	PSK Andheri
71			PSK Lower Parel
72			PSK Malad
73			PSK Nashik
74			PSK Thane
75			RPO Nagpur
76	RPO Patna	Bihar	PSK Patna
77			Darbhanga
78	RPO Pune	Maharashtra	PSK Pune
79			PSK Solapur
80	RPO Raipur	Chhattisgarh	PSK Raipur
81	RPO Ranchi	Jharkhand	PSK Ranchi
82	RPO Shimla	Himachal Pradesh	PSK Shimla
83	RPO Srinagar	Jammu and Kashmir	PSK Srinagar
84	RPO Surat	Gujarat	PSK Surat
85	RPO Tiruchirappalli	Tamil Nadu	PSK Thanjavur
86			PSK Tiruchirappalli
87	RPO Trivandrum	Kerala	PSK Kollam
88			PSK Neyyattinkara
89			PSK Vazhuthacaud
90	RPO Vijayawada	Andhra Pradesh	PSK Tirupathi
91			PSK Vijaywada
92	RPO Visakhapatnam		PSK Visakhapatnam
93			PSK Bhimavaram

* RPO Chandigarh takes care of Union Territory of Chandigarh.

STATEMENT-II

List of Post Office Passport Seva Kendras (POPSKs)			
S.No	State/UT	Passport Office	Locations of POPSK
1	A & N Island	Kolkata	Port Blair
2	Andhra Pradesh	Vijayawada	Anantapur
3	Andhra Pradesh	Vijayawada	Bapatla
4	Andhra Pradesh	Vijayawada	Chittoor
5	Andhra Pradesh	Vijayawada	Gudivada

6	Andhra Pradesh	Vijayawada	Guntur
7	Andhra Pradesh	Vijayawada	Hindupur
8	Andhra Pradesh	Vijayawada	Kadapa
9	Andhra Pradesh	Vijayawada	Kodur
10	Andhra Pradesh	Vijayawada	Kurnool
11	Andhra Pradesh	Vijayawada	Nandyal
12	Andhra Pradesh	Vijayawada	Narasaraopet
13	Andhra Pradesh	Vijayawada	Nellore
14	Andhra Pradesh	Vijayawada	Ongole
15	Andhra Pradesh	Visakhapatnam	Amalapuram
16	Andhra Pradesh	Visakhapatnam	Eluru
17	Andhra Pradesh	Visakhapatnam	Kakinada
18	Andhra Pradesh	Visakhapatnam	Rajamundry
19	Andhra Pradesh	Visakhapatnam	Srikakulam
20	Andhra Pradesh	Visakhapatnam	Vizianagaram
21	Andhra Pradesh	Visakhapatnam	Yelamanchili
22	Andhra Pradesh	Visakhapatnam	Araku
23	Arunachal Pradesh	Guwahati	Changlang
24	Arunachal Pradesh	Guwahati	Khonsa
25	Assam	Guwahati	Barpeta
26	Assam	Guwahati	Dhubri
27	Assam	Guwahati	Dibrugarh
28	Assam	Guwahati	Goalpara
29	Assam	Guwahati	Golaghat
30	Assam	Guwahati	Jorhat
31	Assam	Guwahati	Karbi Anglong
32	Assam	Guwahati	Karimganj
33	Assam	Guwahati	Kokrajhar
34	Assam	Guwahati	Mangaldoi
35	Assam	Guwahati	Nagaon
36	Assam	Guwahati	North Lakhimpur
37	Assam	Guwahati	Silchar
38	Assam	Guwahati	Tezpur
39	Assam	Guwahati	Tinsukia
40	Bihar	Patna	Arrah
41	Bihar	Patna	Aurangabad
42	Bihar	Patna	Banka

43	Bihar	Patna	Begusarai
44	Bihar	Patna	Bettiah
45	Bihar	Patna	Bhagalpur
46	Bihar	Patna	Buxar
47	Bihar	Patna	Chapra
48	Bihar	Patna	Dalmianagar
49	Bihar	Patna	Ekma
50	Bihar	Patna	Dalsinghsarai
51	Bihar	Patna	Forbesganj
52	Bihar	Patna	Gaya
53	Bihar	Patna	Gopalganj
54	Bihar	Patna	Hajipur
55	Bihar	Patna	Jahanabad
56	Bihar	Patna	Jamui
57	Bihar	Patna	Katihar
58	Bihar	Patna	Khagaria
59	Bihar	Patna	Kishanganj
60	Bihar	Patna	Madhubani
61	Bihar	Patna	Maner
62	Bihar	Patna	Motihari
63	Bihar	Patna	Munger
64	Bihar	Patna	Muzaffarpur
65	Bihar	Patna	Nalanda
66	Bihar	Patna	Nawada
67	Bihar	Patna	Purnia
68	Bihar	Patna	Saharsa
69	Bihar	Patna	Samastipur
70	Bihar	Patna	Sasaram
71	Bihar	Patna	Sheohar
72	Bihar	Patna	Sitamarhi
73	Bihar	Patna	Siwan
74	Bihar	Patna	Rajnagar
75	Bihar	Patna	Bakhera
76	Bihar	Patna	Supaul
77	Chhattisgarh	Raipur	Bastar
78	Chhattisgarh	Raipur	Bilaspur
79	Chhattisgarh	Raipur	Durg

80	Chhattisgarh	Raipur	Janjgir-Champa
81	Chhattisgarh	Raipur	Kanker
82	Chhattisgarh	Raipur	Korba
83	Chhattisgarh	Raipur	Raigarh
84	Chhattisgarh	Raipur	Rajnandgaon
85	Chhattisgarh	Raipur	Surguja
86	D & N Haveli and Daman & Diu	Mumbai	Daman
87	D & N Haveli and Daman & Diu	Mumbai	Silvasa
88	Delhi	Delhi	Janak Puri
89	Delhi	Delhi	Mehrauli
90	Delhi	Delhi	Nehru Place
91	Delhi	Delhi	Patparganj
92	Delhi	Delhi	Yamuna Vihar
93	Goa	Panaji	Margao
94	Gujarat	Ahmedabad	Amreli
95	Gujarat	Ahmedabad	Anand
96	Gujarat	Ahmedabad	Bharuch
97	Gujarat	Ahmedabad	Bhavnagar
98	Gujarat	Ahmedabad	Bhuj
99	Gujarat	Ahmedabad	Chhota Udaipur
100	Gujarat	Ahmedabad	Dahod
101	Gujarat	Ahmedabad	Gandhinagar
102	Gujarat	Ahmedabad	Godhra
103	Gujarat	Ahmedabad	Himmatnagar
104	Gujarat	Ahmedabad	Jamnagar
105	Gujarat	Ahmedabad	Junagadh
106	Gujarat	Ahmedabad	Mehsana
107	Gujarat	Ahmedabad	Nadiad
108	Gujarat	Ahmedabad	Palanpur
109	Gujarat	Ahmedabad	Patan
110	Gujarat	Ahmedabad	Porbandar
111	Gujarat	Ahmedabad	Surendranagar
112	Gujarat	Ahmedabad	Veraval
113	Gujarat	Surat	Bardoli
114	Gujarat	Surat	Navsari

115	Gujarat	Surat	Rajpipla
116	Gujarat	Surat	Valsad
117	Haryana	Chandigarh	Bhiwani
118	Haryana	Chandigarh	Hisar
119	Haryana	Chandigarh	Kaithal
120	Haryana	Chandigarh	Karnal
121	Haryana	Chandigarh	Sirsa
122	Haryana	Chandigarh	Yamunanagar
123	Haryana	Delhi	Faridabad
124	Haryana	Delhi	Narnaul
125	Haryana	Delhi	Panipat
126	Haryana	Delhi	Rohtak
127	Haryana	Delhi	Sonipat
128	Himachal Pradesh	Shimla	Hamirpur
129	Himachal Pradesh	Shimla	Kangra
130	Himachal Pradesh	Shimla	Kullu
131	Himachal Pradesh	Shimla	Mandi
132	Himachal Pradesh	Shimla	Palampur
133	Himachal Pradesh	Shimla	Una
134	Jammu & Kashmir	Jammu	Kathua
135	Jammu & Kashmir	Jammu	Rajouri
136	Jammu & Kashmir	Jammu	Udhampur
137	Jammu & Kashmir	Srinagar	Anantnag
138	Jammu & Kashmir	Srinagar	Baramulla
139	Jharkhand	Ranchi	Bokaro
140	Jharkhand	Ranchi	Chaibasa
141	Jharkhand	Ranchi	Deoghar
142	Jharkhand	Ranchi	Dhanbad
143	Jharkhand	Ranchi	Dumka
144	Jharkhand	Ranchi	Giridih
145	Jharkhand	Ranchi	Godda
146	Jharkhand	Ranchi	Gumla
147	Jharkhand	Ranchi	Hazaribagh
148	Jharkhand	Ranchi	Jamshedpur
149	Jharkhand	Ranchi	Jhumri Tilaiya
150	Jharkhand	Ranchi	Khunti
151	Jharkhand	Ranchi	Medininagar

152	Jharkhand	Ranchi	Sahibganj
153	Jharkhand	Ranchi	Simaria
154	Karnataka	Bengaluru	Ankola
155	Karnataka	Bengaluru	Bagalkot
156	Karnataka	Bengaluru	Belagavi
157	Karnataka	Bengaluru	Ballari
158	Karnataka	Bengaluru	Bidar
159	Karnataka	Bengaluru	Chamarajanagar
160	Karnataka	Bengaluru	Channapatna
161	Karnataka	Bengaluru	Chikkaballapur
162	Karnataka	Bengaluru	Chikkodi
163	Karnataka	Bengaluru	Chitradurga
164	Karnataka	Bengaluru	Davangere
165	Karnataka	Bengaluru	Gadag
166	Karnataka	Bengaluru	Hassan
167	Karnataka	Bengaluru	Jalahalli
168	Karnataka	Bengaluru	Koppal
169	Karnataka	Bengaluru	Maddur
170	Karnataka	Bengaluru	Mysuru
171	Karnataka	Bengaluru	Raichur
172	Karnataka	Bengaluru	Robertsonpet
173	Karnataka	Bengaluru	Shivamogga
174	Karnataka	Bengaluru	Tumakuru
175	Karnataka	Bengaluru	Udupi
176	Karnataka	Bengaluru	Vijayapura
177	Kerala	Cochin	Chengannur
178	Kerala	Cochin	Kattappana
179	Kerala	Cochin	Nenmara
180	Kerala	Cochin	Palakkad
181	Kerala	Kozhikode	Kasargod
182	Kerala	Thiruvananthapuram	Attingal
183	Kerala	Thiruvananthapuram	Pathanamthitta
184	Ladakh	Srinagar	Leh
185	Lakshadweep	Cochin	Kavaratti
186	Madhya Pradesh	Bhopal	Balaghat
187	Madhya Pradesh	Bhopal	Betul
188	Madhya Pradesh	Bhopal	Chhatarpur

189	Madhya Pradesh	Bhopal	Chhindwara
190	Madhya Pradesh	Bhopal	Damoh
191	Madhya Pradesh	Bhopal	Dewas
192	Madhya Pradesh	Bhopal	Dhar
193	Madhya Pradesh	Bhopal	Guna
194	Madhya Pradesh	Bhopal	Gwalior
195	Madhya Pradesh	Bhopal	Hoshangabad
196	Madhya Pradesh	Bhopal	Jabalpur
197	Madhya Pradesh	Bhopal	Ratlam
198	Madhya Pradesh	Bhopal	Rewa
199	Madhya Pradesh	Bhopal	Sagar
200	Madhya Pradesh	Bhopal	Satna
201	Madhya Pradesh	Bhopal	Seoni
202	Madhya Pradesh	Bhopal	Tikamgarh
203	Madhya Pradesh	Bhopal	Ujjain
204	Madhya Pradesh	Bhopal	Vidisha
205	Madhya Pradesh	Bhopal	Mandsaur
206	Madhya Pradesh	Bhopal	Shahdol
207	Madhya Pradesh	Bhopal	Khandwa
208	Maharashtra	Mumbai	Aurangabad
209	Maharashtra	Mumbai	Bhiwandi
210	Maharashtra	Mumbai	Bhusawal
211	Maharashtra	Mumbai	Dhule
212	Maharashtra	Mumbai	Dombivli
213	Maharashtra	Mumbai	Jalgaon
214	Maharashtra	Mumbai	Rajapur
215	Maharashtra	Mumbai	Santacruz
216	Maharashtra	Mumbai	Sion
217	Maharashtra	Mumbai	Vashi
218	Maharashtra	Mumbai	Vasai
219	Maharashtra	Mumbai	Vikroli
220	Maharashtra	Mumbai	Alibaug
221	Maharashtra	Nagpur	Akola
222	Maharashtra	Nagpur	Amravati
223	Maharashtra	Nagpur	Bhandara
224	Maharashtra	Nagpur	Buldhana
225	Maharashtra	Nagpur	Chandrapur

226	Maharashtra	Nagpur	Gadchiroli
227	Maharashtra	Nagpur	Hingoli
228	Maharashtra	Nagpur	Katoal
229	Maharashtra	Nagpur	Wardha
230	Maharashtra	Nagpur	Yavatmal
231	Maharashtra	Pune	Ahmednagar
232	Maharashtra	Pune	Baramati
233	Maharashtra	Pune	Beed
234	Maharashtra	Pune	Ichalkaranji
235	Maharashtra	Pune	Jalna
236	Maharashtra	Pune	Kolhapur
237	Maharashtra	Pune	Latur
238	Maharashtra	Pune	Madha
239	Maharashtra	Pune	Nanded
240	Maharashtra	Pune	Osmanabad
241	Maharashtra	Pune	Pandharpur
242	Maharashtra	Pune	Parbhani
243	Maharashtra	Pune	Pimpri Chinchwad
244	Maharashtra	Pune	Sangli
245	Maharashtra	Pune	Satara
246	Maharashtra	Pune	Shirur
247	Maharashtra	Pune	Srirampur
248	Maharashtra	Mumbai	Nandurbar
249	Manipur	Guwahati	Kakching
250	Meghalaya	Guwahati	Tura
251	Odisha	Bhubaneswar	Aska
252	Odisha	Bhubaneswar	Balasore
253	Odisha	Bhubaneswar	Bargarh
254	Odisha	Bhubaneswar	Baripada
255	Odisha	Bhubaneswar	Berhampur
256	Odisha	Bhubaneswar	Bhadrak
257	Odisha	Bhubaneswar	Bhawanipatna
258	Odisha	Bhubaneswar	Bolangir
259	Odisha	Bhubaneswar	Cuttack
260	Odisha	Bhubaneswar	Dhenkanal
261	Odisha	Bhubaneswar	Jagatsinghpur
262	Odisha	Bhubaneswar	Jajpur

263	Odisha	Bhubaneswar	Kendrapara
264	Odisha	Bhubaneswar	Keonjhar
265	Odisha	Bhubaneswar	Koraput
266	Odisha	Bhubaneswar	Nabarangpur
267	Odisha	Bhubaneswar	Phulbani
268	Odisha	Bhubaneswar	Puri
269	Odisha	Bhubaneswar	Rourkela
270	Odisha	Bhubaneswar	Sambalpur
271	Puducherry	Tiruchirapalli	Karaikal
272	Punjab	Amritsar	Ferozapur
273	Punjab	Chandigarh	Bassi Pathanan
274	Punjab	Chandigarh	Bathinda
275	Punjab	Chandigarh	Malerkotla
276	Punjab	Chandigarh	Patiala
277	Punjab	Chandigarh	Ropar
278	Punjab	Jalandhar	Moga
279	Punjab	Jalandhar	Pathankot
280	Punjab	Jalandhar	Phagwara
281	Rajasthan	Jaipur	Ajmer
282	Rajasthan	Jaipur	Alwar
283	Rajasthan	Jaipur	Barmer
284	Rajasthan	Jaipur	Bharatpur
285	Rajasthan	Jaipur	Bikaner
286	Rajasthan	Jaipur	Churu
287	Rajasthan	Jaipur	Dausa
288	Rajasthan	Jaipur	Hanumangarh
289	Rajasthan	Jaipur	Jaisalmer
290	Rajasthan	Jaipur	Jhunjhunu
291	Rajasthan	Jaipur	Dholpur
292	Rajasthan	Jaipur	Kotputli
293	Rajasthan	Jaipur	Nagaur
294	Rajasthan	Jaipur	Pali
295	Rajasthan	Kota	Banswara
296	Rajasthan	Kota	Bhilwara
297	Rajasthan	Kota	Chittorgarh
298	Rajasthan	Kota	Jhalawar
299	Rajasthan	Kota	Kankroli

300	Rajasthan	Kota	Kota
301	Rajasthan	Kota	Pratapgarh
302	Rajasthan	Kota	Sawai Madhopur
303	Rajasthan	Jaipur	Sirohi
304	Rajasthan	Jaipur	Sriganganagar
305	Tamil Nadu	Chennai	Arani
306	Tamil Nadu	Chennai	Chennai GPO
307	Tamil Nadu	Chennai	Chidambaram
308	Tamil Nadu	Chennai	Cuddalore
309	Tamil Nadu	Chennai	Dharmapuri
310	Tamil Nadu	Chennai	Kallakurichi
311	Tamil Nadu	Chennai	Kancheepuram
312	Tamil Nadu	Chennai	Krishnagiri
313	Tamil Nadu	Chennai	Ranipet
314	Tamil Nadu	Chennai	Tiruvallur
315	Tamil Nadu	Chennai	Tiruvannamalai
316	Tamil Nadu	Chennai	Vellore
317	Tamil Nadu	Chennai	Villupuram
318	Tamil Nadu	Coimbatore	Coonoor
319	Tamil Nadu	Coimbatore	Erode
320	Tamil Nadu	Coimbatore	Rasipuram
321	Tamil Nadu	Coimbatore	Salem
322	Tamil Nadu	Coimbatore	Tirupur
323	Tamil Nadu	Madurai	Bodineyaknur
324	Tamil Nadu	Madurai	Devakottai
325	Tamil Nadu	Madurai	Kodai Road
326	Tamil Nadu	Madurai	Nagercoil
327	Tamil Nadu	Madurai	Rajapalayam
328	Tamil Nadu	Madurai	Ramanathapuram
329	Tamil Nadu	Madurai	Thoothukkudi
330	Tamil Nadu	Madurai	Virudhunagar
331	Tamil Nadu	Tiruchirappalli	Karur
332	Tamil Nadu	Tiruchirappalli	Perambalur
333	Tamil Nadu	Tiruchirappalli	Sirkali
334	Tamil Nadu	Tiruchirappalli	Thiruthuraiipoondi
335	Telangana	Hyderabad	Adilabad
336	Telangana	Hyderabad	Bhongir

337	Telangana	Hyderabad	Kamareddy
338	Telangana	Hyderabad	Khammam
339	Telangana	Hyderabad	Mahabubabad
340	Telangana	Hyderabad	Mancherial
341	Telangana	Hyderabad	Medak
342	Telangana	Hyderabad	Medchal
343	Telangana	Hyderabad	Mahaboobnagar
344	Telangana	Hyderabad	Nalgonda
345	Telangana	Hyderabad	Siddipet
346	Telangana	Hyderabad	Vikarabad
347	Telangana	Hyderabad	Wanaparthy
348	Telangana	Hyderabad	Warangal
349	Tripura	Kolkata	Dhramanagar
350	Uttar Pradesh	Bareilly	Amroha
351	Uttar Pradesh	Bareilly	Badaun
352	Uttar Pradesh	Bareilly	Bijnaur
353	Uttar Pradesh	Bareilly	Moradabad
354	Uttar Pradesh	Bareilly	Pilibhit
355	Uttar Pradesh	Bareilly	Rampur
356	Uttar Pradesh	Bareilly	Nagina
357	Uttar Pradesh	Bareilly	Shahjahanpur
358	Uttar Pradesh	Ghaziabad	Achnera
359	Uttar Pradesh	Ghaziabad	Agra
360	Uttar Pradesh	Ghaziabad	Aligarh
361	Uttar Pradesh	Ghaziabad	Baghpat
362	Uttar Pradesh	Ghaziabad	Bulandshahr
363	Uttar Pradesh	Ghaziabad	Hathras
364	Uttar Pradesh	Ghaziabad	Meerut
365	Uttar Pradesh	Ghaziabad	Muzaffarnagar
366	Uttar Pradesh	Ghaziabad	Noida
367	Uttar Pradesh	Ghaziabad	Saharanpur
368	Uttar Pradesh	Ghaziabad	Vrindavan
369	Uttar Pradesh	Lucknow	Allahabad
370	Uttar Pradesh	Lucknow	Ambedkar Nagar
371	Uttar Pradesh	Lucknow	Amethi
372	Uttar Pradesh	Lucknow	Ayodhya
373	Uttar Pradesh	Lucknow	Azamgarh

374	Uttar Pradesh	Lucknow	Bahraich
375	Uttar Pradesh	Lucknow	Ballia
376	Uttar Pradesh	Lucknow	Balrampur
377	Uttar Pradesh	Lucknow	Banda
378	Uttar Pradesh	Lucknow	Bhadohi
379	Uttar Pradesh	Lucknow	Chunar
380	Uttar Pradesh	Lucknow	Deoria
381	Uttar Pradesh	Lucknow	Farrukhabad
382	Uttar Pradesh	Lucknow	Fatehpur
383	Uttar Pradesh	Lucknow	Ghazipur
384	Uttar Pradesh	Lucknow	Gonda
385	Uttar Pradesh	Lucknow	Mau
386	Uttar Pradesh	Lucknow	Hamirpur
387	Uttar Pradesh	Lucknow	Hardoi
388	Uttar Pradesh	Lucknow	Jaunpur
389	Uttar Pradesh	Lucknow	Jhansi
390	Uttar Pradesh	Lucknow	Lakhimpur Kheri
391	Uttar Pradesh	Lucknow	Maharajganj
392	Uttar Pradesh	Lucknow	Misrikh
393	Uttar Pradesh	Lucknow	Pratapgarh
394	Uttar Pradesh	Lucknow	Raebareli
395	Uttar Pradesh	Lucknow	Siddharth Nagar
396	Uttar Pradesh	Lucknow	Sitapur
397	Uttar Pradesh	Lucknow	Sultanpur
398	Uttar Pradesh	Lucknow	Unnao
399	Uttar Pradesh	Lucknow	Etawah
400	Uttar Pradesh	Lucknow	Jalaun
401	Uttarakhand	Dehradun	Almora
402	Uttarakhand	Dehradun	Kathgodam
403	Uttarakhand	Dehradun	Nainital
404	Uttarakhand	Dehradun	Roorkee
405	Uttarakhand	Dehradun	Rudrapur
406	Uttarakhand	Dehradun	Srinagar
407	West Bengal	Kolkata	Alipurduar
408	West Bengal	Kolkata	Amta
409	West Bengal	Kolkata	Arambagh
410	West Bengal	Kolkata	Asansol

411	West Bengal	Kolkata	Ashoknagar
412	West Bengal	Kolkata	Balurghat
413	West Bengal	Kolkata	Bangaon
414	West Bengal	Kolkata	Bankura
415	West Bengal	Kolkata	Bardhaman
416	West Bengal	Kolkata	Barrackpore
417	West Bengal	Kolkata	Basirhat
418	West Bengal	Kolkata	Beadon Street
419	West Bengal	Kolkata	Bishnupur
420	West Bengal	Kolkata	Bolpur
421	West Bengal	Kolkata	Canning Town Ferry Ghat
422	West Bengal	Kolkata	Chinsurah
423	West Bengal	Kolkata	Coochbehar
424	West Bengal	Kolkata	Darjeeling
425	West Bengal	Kolkata	Diamond Harbour
426	West Bengal	Kolkata	Dum Dum
427	West Bengal	Kolkata	Ghatal
428	West Bengal	Kolkata	Howrah
429	West Bengal	Kolkata	Jadavpur
430	West Bengal	Kolkata	Jalpaiguri
431	West Bengal	Kolkata	Jhargram
432	West Bengal	Kolkata	Jiyaganj
433	West Bengal	Kolkata	Kakdweep
434	West Bengal	Kolkata	Contai
435	West Bengal	Kolkata	Katwa
436	West Bengal	Kolkata	Kharagpur
437	West Bengal	Kolkata	Krishnanagar
438	West Bengal	Kolkata	Makdumpur
439	West Bengal	Kolkata	Purulia
440	West Bengal	Kolkata	Raghunathganj
441	West Bengal	Kolkata	Raiganj
442	West Bengal	Kolkata	Rampurhat
443	West Bengal	Kolkata	Ranaghat
444	West Bengal	Kolkata	Samsi
445	West Bengal	Kolkata	Serampore
446	West Bengal	Kolkata	Tamluk

(As on 28.03.2025)

STATEMENT-III

**Average Passport Issuance Time* (excluding Police Verification time)
during last 5 years 2020 -2024:**

RPOs	STATES / UTs	2020		2021		2022		2023		2024
		Nor mal	Tatk aal	Nor mal	Tatk aal	Nor mal	Tatka al	Nor mal	Tatka al	Normal + Tatkaal (Avera ge)
Ahmedaba d	Gujarat	9	1	11	0	10	1	20	2	14
Amritsar	Punjab	5	3	17	2	12	2	11	2	13
Bareilly	Uttar Pradesh	53	4	25	4	28	2	19	3	22
Bengaluru	Karnatak a	7	1	8	0	5	1	7	1	15
Bhopal	Madhya Pradesh	10	1	17	1	6	2	8	1	8
Bhubanes war	Odisha	22	1	14	1	11	1	15	2	46
Chandigar h	Chandig arh	8	1	17	1	9	2	14	1	16
Chennai	Tamil Nadu	6	2	6	0	4	1	4	1	7
Cochin	Kerala	3	0	4	0	4	1	4	1	3
Coimbor e	Tamil Nadu	4	0	7	0	3	1	6	2	22
Dehradun	Uttarakh and	26	2	18	1	10	1	21	3	23
Delhi	Delhi	35	3	22	2	16	2	10	2	10
Ghaziabad	Uttar Pradesh	18	3	34	2	20	1	30	4	26
Goa (Panaji)	Goa	5	2	10	1	2	2	2	1	2
Guwahati	Assam	10	7	79	3	9	5	9	4	11

Hyderabad	Telangana	6	0	6	1	10	2	13	2	12
Jaipur	Rajasthan	11	1	18	0	8	2	9	1	16
Jalandhar	Punjab	2	0	16	1	5	2	5	1	6
Jammu	Jammu & Kashmir	4	-	62	0	6	-	11	-	11
Kolkata	West Bengal	6	2	24	1	5	1	6	1	18
Kota	Rajasthan	-	-	-	-	-	-	5	0	13
Kozhikode	Kerala	3	0	5	0	3	1	4	0	4
Lucknow	Uttar Pradesh	16	5	22	5	10	2	7	2	11
Madurai	Tamil Nadu	7	1	10	0	5	2	6	3	7
Mumbai	Maharashtra	7	1	21	1	7	1	6	1	9
Nagpur	Maharashtra	9	1	19	1	12	1	7	1	22
Patna	Bihar	11	1	20	0	5	2	5	1	9
Pune	Maharashtra	8	1	19	1	8	1	10	2	9
Raipur	Chhattisgarh	22	1	34	1	14	2	18	1	25
Ranchi	Jharkhand	20	1	23	2	6	2	15	3	10
Shimla	Himachal Pradesh	3	1	3	0	3	1	6	0	6
Srinagar	Jammu & Kashmir	3	-	89	-	9	-	9	-	10
Surat	Gujarat	7	0	9	0	9	1	19	1	20

Tiruchirappalli	Tamil Nadu	6	1	12	0	3	1	5	1	5
Trivandrum	Kerala	3	0	6	0	5	1	9	1	7
Vijayawada	Andhra Pradesh	12	2	11	2	13	2	11	3	11
Visakhapatnam	Andhra Pradesh	8	2	16	3	14	2	11	3	14

* excludes escalated, adverse, stop cases.

BASIC FACILITIES AT ANGANWADI CENTRES

5710. SHRI RAHUL GANDHI:

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

the current progress rate of implementation of SakshamAnganwadi Centres across the country;

- (a) the details of basic infrastructure including drinking water, sanitation facilities, electricity and other essential amenities in Anganwadi Centres, State-wise; and
- (b) the status of implementation of Supreme Court's decision regarding gratuity to Anganwadi Workers?

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

(a) : During the 15th Finance Commission cycle, 2 lakh Government owned Anganwadi Centres (AWCs) @ 40,000 AWCs per year are strengthened and upgraded as SakshamAnganwadis for improved nutrition delivery and for early childhood care and development under Mission SakshamAnganwadi and Poshan

2.0. SakshamAnganwadis are equipped with infrastructure better than the conventional Anganwadi Centres by providing LED screens, water purifier/installation of RO Machine, PoshanVatika, ECCE and BALA Paintings.

As on date, a total of 2 Lakh AWCs have been approved for upgradation as Saksham AWCs out of which 19,004 AWCs are upgraded as SakshamAnganwadi Centres.

(b) : The State/UT wise details of drinking water, sanitation facilities, electricity and other essential amenities in Anganwadi Centres are given in the enclosed **Statement**.

(c) : Mission Saksham Anganwadi and Poshan 2.0 is a centrally sponsored scheme and is implemented by the States/UTs. The Central Government is responsible for policy and planning and the State Governments are responsible for day-to-day program implementation and all operational aspects of the scheme. The Government of India releases funds in the prescribed cost-sharing ratio to the States/UTs for implementation of the Scheme.

Since the implementation of the Scheme is done by the State Government/UT Administration therefore, no specific guidelines have been laid by the Government of India with respect to recruitment, retirement benefits, and payment of Gratuity for Anganwadi Workers and Anganwadi Helpers. Gratuity is a benefit only paid by the employer as per the provisions of the Payment of Gratuity Act, 1972. The States/UTs are the competent authority to pay the appropriate benefits to the AWWs/AWHs.

States and UTs are the primary authorities to decide the service conditions of Anganwadi Workers and Anganwadi Helpers. Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs), being honorary workers, are paid a monthly honorarium as decided by the Government from time to time. The Central Government only gives a part of the Honorarium. The rest of the honorarium is paid by State Governments and UTs administration. In addition to the honorarium paid by the Government of India, most of the States/UTs are also giving different additional monetary incentives/top-ups to these workers from their own resources.

STATEMENT

State/UT	No of Anganwadi Centre	pipewater_connection_in_awareness	drinking_water_connection	functional_toilet	functional_kitchen	permanent_electricity_connection	solar_powered_electronic_connection
Andaman & Nicobar Islands	720	695	720	715	716	679	10
Andhra Pradesh	55708	42406	54779	47627	47527	51918	66
Arunachal Pradesh	5835	2651	4196	1576	2291	661	173
Assam	61891	21952	51546	16136	23096	32204	1477
Bihar	114451	60824	102518	91076	87902	56122	4684
Chhattisgarh	52262	19428	42504	32889	41164	23064	1366
Dadra & Nagar Haveli - Daman & Diu	405	402	405	405	403	405	17
Delhi	10898	10795	10887	10892	69	10883	15
Goa	1261	1196	1261	1259	1248	1259	18
Gujarat	53050	48166	52231	51339	49029	52612	2254
Haryana	25962	19128	23207	20885	16183	11254	5254
Himachal Pradesh	18929	18367	18711	18640	15571	16074	457

J&K	28061	27753	27844	27892	27644	27236	2024
Jharkhand	38516	9310	29450	21219	29354	16812	1418
Karnataka	69900	55455	63041	64908	64624	63836	4320
Kerala	33120	29171	32069	32979	32870	32903	1271
Ladakh	1172	920	1142	1136	1090	461	10
Lakshadweep	59	59	59	59	59	59	0
Madhya Pradesh	97285	48725	95165	75693	12420	59527	3058
Maharashtra	110571	76233	98922	84351	59620	43697	26840
Manipur	11523	3675	10297	8864	7688	6893	401
Meghalaya	6095	2086	4043	3401	3065	376	135
Mizoram	2242	2003	2225	2148	2198	1310	8
Nagaland	3797	2159	3532	2303	3742	403	1
Odisha	74185	23351	74163	38539	58320	41346	3577
Puducherry	855	826	837	826	836	841	122
Punjab	27314	23825	27059	23933	10143	20652	585
Rajasthan	61922	26534	51475	33682	33928	39161	2316
Sikkim	1308	1192	1296	1302	1241	438	25
Tamil Nadu	54449	49202	54447	50355	54358	53406	128
Telangana	35687	26582	28941	19027	28475	19717	1026
Tripura	10197	6542	9057	6942	7529	574	310
UT-Chandigarh	450	450	450	450	203	450	0
Uttar Pradesh	188883	110547	165554	142964	79743	115667	8695
Uttarakhand	20039	15500	18578	17637	12987	11440	553
West Bengal	119444	31550	85670	62569	86692	20660	1174

ग्रामीण महिलाओं के लिए योजनाएं

5711. श्री सतपाल ब्रह्मचारी:

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

(क) क्या सरकार ने विगत तीन वर्षों के दौरान ग्रामीण महिलाओं के समग्र विकास पर विशेष ध्यान

केन्द्रित करते हुए हरियाणा में कोई नई योजना आरंभ की है;

(ख) यदि हां, तो तत्संबंधी जिलावार ब्यौरा क्या है-;

- (ग) उक्त योजनाओं के अंतर्गत सोनीपत संसदीय निर्वाचन क्षेत्र के लिए किए गए बजटीय आवंटन का जिलावार ब्यौरा क्या है; और
- (घ) क्या सरकार का उक्त संसदीय निर्वाचन क्षेत्र में कार्यरत गैर सरकारी संगठनों (एनजीओ) को-प्रोत्साहित करने और सहायता देने का विचार है और यदि नहीं, तो इसके क्या कारण हैं?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) से (घ): सरकार ग्रामीण महिलाओं सहित देश में महिलाओं की सुरक्षा, संरक्षा और सशक्तीकरण को सर्वोच्च प्राथमिकता देती है। इस संबंध में सरकार ने महिलाओं के शैक्षिक, सामाजिक, आर्थिक और राजनीतिक सशक्तीकरण के लिए जीवन-चक्र निरंतरता के आधार पर उनकी जरूरतों को पूरा करने के लिए बहुआयामी दृष्टिकोण अपनाया है ताकि वे तीव्र और सतत राष्ट्रीय विकास में समान भागीदार बन सकें। यह 'वीमेन लेड डेवलपमेंट' 2047 तक 'विकसित भारत' के लक्ष्य को साकार करने के लिए आवश्यक है।

पिछले कुछ वर्षों में हरियाणा सहित देश में महिलाओं के समग्र विकास और सशक्तीकरण के लिए कई पहलें की गई हैं।

दीनदयाल अंत्योदय योजना-राष्ट्रीय ग्रामीण आजीविका मिशन (डीएवाई-एनआरएलएम) के तहत लगभग 10.29 करोड़ महिलाएं 91.75 लाख स्वयं सहायता समूहों से जुड़ी हुई हैं, जो देश में ग्रामीण सामाजिक-आर्थिक परिदृश्य में बदलाव ला रहे हैं।

महात्मा गांधी राष्ट्रीय ग्रामीण रोजगार गारंटी अधिनियम, 2005 (मनरेगा) के तहत यह अधिदेश दिया गया है कि इस योजना (मनरेगा) के तहत सृजित रोजगार में से कम से कम एक तिहाई महिलाओं को दिए जाने चाहिए।

प्रधानमंत्री आवास योजना-ग्रामीण (पीएमएवाई-जी) योजना में मकानों का स्वामित्व महिला को देने पर विशेष जोर दिया जाता है और यह निर्णय लिया गया है कि मकान का आवंटन, कुछ अपवादों के साथ, महिला के नाम पर या पति और पत्नी के संयुक्त नाम पर किया जाएगा।

‘स्वच्छ भारत मिशन’ के अंतर्गत 12.47 करोड़ से अधिक शौचालयों के निर्माण, गरीबी रेखा से नीचे रहने वाली 10.33 करोड़ महिलाओं को ‘उज्ज्वला योजना’ के अंतर्गत स्वच्छ रसोई गैस का कनेक्शन देने तथा ‘जल जीवन मिशन’ के अंतर्गत 15.51 करोड़ से अधिक ग्रामीण परिवारों को पेयजल कनेक्शन उपलब्ध कराने से ग्रामीण क्षेत्रों की महिलाओं सहित सभी के जीवन में बदलाव आया है।

कौशल विकास और व्यावसायिक प्रशिक्षण के माध्यम से महिलाओं की आर्थिक स्वतंत्रता सुनिश्चित करने के लिए सरकार ने कौशल भारत मिशन भी शुरू किया है। सरकार ने प्रधानमंत्री कौशल विकास योजना के तहत देश भर में प्रधानमंत्री कौशल केंद्र भी स्थापित किए हैं। महिलाओं के प्रशिक्षण और प्रशिक्षुता दोनों के लिए अतिरिक्त बुनियादी ढांचा बनाने पर जोर दिया गया है।

प्रधानमंत्री मुद्रा योजना और स्टैंड-अप इंडिया, प्रधानमंत्री रोजगार सृजन कार्यक्रम (पीएमईजीपी) जैसी योजनाएं महिलाओं को अपना उद्यम स्थापित करने में मदद करने के लिए शुरू की गई हैं। महिलाओं को आर्थिक रूप से सशक्त बनाने के लिए सरकार द्वारा ‘स्टैंड-अप इंडिया’ के तहत दस लाख रुपये से एक करोड़ रुपये तक के 84% ऋण महिलाओं को उपलब्ध कराए गए हैं।

राष्ट्रीय कृषि बाजार या ई-एनएएम, कृषि वस्तुओं के लिए एक ऑनलाइन ट्रेडिंग प्लेटफॉर्म है जो महिलाओं को बाजारों तक पहुंचने में आने वाली बाधाओं को दूर करने या उनकी भरपाई करने में मदद कर रहा है। राष्ट्रीय सहकारी विकास निगम (एनसीडीसी) महिला सहकारी समितियों के उत्थान में महत्वपूर्ण भूमिका निभा रहा है क्योंकि बड़ी संख्या में महिलाएं खाद्यान्न प्रसंस्करण, बागान फसलों, तिलहन प्रसंस्करण, मत्स्य पालन, डेयरी और पशुधन, कताई मिलों, हथकरघा और पावरलूम बुनाई, एकीकृत सहकारी विकास परियोजनाओं आदि से संबंधित गतिविधियां चलाने वाली सहकारी समितियों में लगी हुई हैं।

महिला कामगारों के लिए अनुकूल कार्य वातावरण बनाने के लिए श्रम संहिताओं में मजदूरी संहिता, 2019, औद्योगिक संबंध संहिता, 2020, व्यावसायिक सुरक्षा, स्वास्थ्य और कार्य स्थिति संहिता, 2020 और सामाजिक सुरक्षा संहिता, 2020 जैसे कई सहायक प्रावधान शामिल किए गए हैं।

2017 में मातृत्व लाभ अधिनियम में संशोधन करके पहले दो बच्चों के लिए मातृत्व अवकाश को 12 सप्ताह से बढ़ाकर 26 सप्ताह कर दिया गया। इस अधिनियम में महिला श्रमिकों को मातृत्व अवकाश देने और पचास या इससे अधिक कर्मचारियों वाले सभी प्रतिष्ठानों में निर्धारित दूरी के भीतर क्रेच सुविधा का प्रावधान भी है।

महिला एवं बाल विकास मंत्रालय (एमडब्ल्यूसीडी) वित्तीय वर्ष 2022-23 से 15वें वित्त आयोग की अवधि के दौरान महिलाओं और बच्चों के कल्याण के लिए देश में केंद्र प्रायोजित योजनाएं लागू कर रहा है, जिन्हें तीन उप-योजनाओं अर्थात् (1) महिलाओं की सुरक्षा, संरक्षा 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 में बांटा गया है। इन योजनाओं का विवरण इस प्रकार है:

(i) मिशन शक्ति: 'मिशन शक्ति' का उद्देश्य महिला सुरक्षा, संरक्षा और सशक्तीकरण संबंधी कार्यकलापों को मजबूत करना है। इसका उद्देश्य मंत्रालयों/विभागों और शासन के विभिन्न स्तरों पर तालमेल में सुधार के लिए कार्यनीतियां प्रस्तावित करने पर विशेष ध्यान देना है। मिशन शक्ति में महिलाओं की सुरक्षा और संरक्षा तथा महिला सशक्तीकरण के लिए दो घटक 'संबल' और 'सामर्थ्य' शामिल हैं।

“संबल” घटक महिलाओं की सुरक्षा और संरक्षा के लिए है। इसमें वन स्टॉप सेंटर (ओएससी), महिला हेल्पलाइन (डब्ल्यूएचएल), बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) और नारी अदालत घटक शामिल हैं।

क. **वन स्टॉप सेंटर (ओएससी)-** जिला स्तर पर स्थित एक संस्था जो संकटग्रस्त महिलाओं को एक ही स्थान पर अस्थायी आश्रय, चिकित्सा एवं पुलिस सहायता, परामर्श और कानूनी सहायता जैसी तत्काल सहायता प्रदान करती है।

ख. **महिला हेल्पलाइन (डब्ल्यूएचएल) -** महिला हेल्पलाइन 181 सहायता और जानकारी चाहने वाली महिलाओं को 24 घंटे टोल-फ्री दूरसंचार सेवा प्रदान करती है। इसे सभी आपातकालीन सेवाओं के लिए आपातकालीन प्रतिक्रिया सहायता प्रणाली (ईआरएसएस) 112 के साथ भी एकीकृत किया गया है और सभी वन स्टॉप सेंटरों के साथ एकीकरण का काम प्रगति पर है।

ग. **बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी)** - बीबीबीपी मानसिकता में बदलाव लाने वाला एक कार्यक्रम है जो बहु-क्षेत्रीय पहलों के माध्यम से बालिकाओं के महत्व के प्रति जागरूकता पैदा करने में मदद करता है।

घ. **नारी अदालत-** एक ऐसा प्रयोगात्मक मंच है जो महिलाओं को ग्राम पंचायत स्तर पर बातचीत, मध्यस्थता और आपसी सहमति से समाधान के माध्यम से त्वरित, सुलभ और किफायती न्याय के लिए वैकल्पिक शिकायत निवारण तंत्र प्रदान करता है। इसे असम तथा जम्मू और कश्मीर संघ राज्य क्षेत्र की 50-50 ग्राम पंचायतों में प्रायोगिक आधार पर शुरू किया गया है।

"सामर्थ्य" घटक महिलाओं के सशक्तीकरण के लिए है। इसमें प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई), शक्ति सदन, सखी निवास, पालना तथा संकल्प: महिला सशक्तिकरण केंद्र (एचईडब्ल्यू) घटक शामिल हैं।

क. **प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई)-** पीएमएमवीवाई एक केंद्र प्रायोजित मातृत्व लाभ योजना है जिसके तहत पहले बच्चे के लिए प्रत्यक्ष लाभ अंतरण (डीबीटी) मोड में लाभार्थी के बैंक/डाकघर खाते में सीधे 5,000 रुपये की नकद प्रोत्साहन राशि प्रदान की जाती है। पीएमएमवीवाई के तहत पात्र लाभार्थियों को दूसरा बच्चा बालिका होने पर 6,000 रुपये की नकद प्रोत्साहन राशि भी प्रदान की जाती है।

ख. **शक्ति सदन-** शक्ति सदन संकटग्रस्त एवं कठिन परिस्थितियों में रहने वाली महिलाओं के लिए एक एकीकृत राहत एवं पुनर्वास गृह है।

ग. **सखी निवास-** सखी निवास योजना (कामकाजी महिला छात्रावास) एक मांग आधारित केंद्र प्रायोजित योजना है जिसके तहत सीधे राज्यों/संघ राज्य क्षेत्रों को निधि जारी की जाती है और इसका उद्देश्य शहरी, अर्ध-शहरी और ग्रामीण क्षेत्रों, जहां महिलाओं के लिए रोजगार के अवसर मौजूद हैं, वहां कामकाजी महिलाओं के लिए सुरक्षित और सुविधाजनक स्थान पर आवास की उपलब्धता को बढ़ावा देना है।

घ. **पालना-** पालना योजना डे-केयर क्रेच सुविधाओं के माध्यम से बच्चों के लिए सुरक्षित और संरक्षित स्थान प्रदान करती है। क्रेच सेवाएं अब तक घरेलू काम का हिस्सा मानी जाने वाली बाल देखभाल सुविधाओं को औपचारिक बनाती हैं और अंतिम लाभार्थी तक देखभाल सुविधाओं की प्रदायगी सुनिश्चित करने के लिए आंगनवाड़ी अवसंरचना का प्रयोग करती हैं।

ड. **संकल्प: महिला सशक्तिकरण केंद्र (एचईडब्ल्यू)** - संकल्प: 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। यह मिशन शक्ति के तहत सभी घटकों के लिए एक परियोजना निगरानी इकाई (पीएमयू) का भी कार्य करता है।

(ii) सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 2.0): इस कार्यक्रम के तहत, आंगनवाड़ी सेवा योजना, पोषण अभियान और किशोरियों के लिए योजना को 3 प्राथमिक घटकों: (i) 6 वर्ष से कम आयु के बच्चों, गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों (14-18 वर्ष) के लिए पोषण सहायता; (ii) प्रारंभिक बाल्यावस्था देखभाल और शिक्षा [3-6 वर्ष] और (iii) आधुनिक, उन्नत सक्षम आंगनवाड़ी सहित आंगनवाड़ी अवसंरचना में पुनर्गठित किया गया है।

(iii) मिशन वात्सल्य: मिशन वात्सल्य (पूर्ववर्ती बाल संरक्षण सेवा योजना (आईसीपीएस)) एक केंद्र प्रायोजित योजना (सीएसएस) है, जिसे राज्यों/संघ राज्य क्षेत्रों के माध्यम से कार्यान्वित किया जाता है ताकि देखभाल और संरक्षण की आवश्यकता वाले बच्चों (सीएनसीपी) और विधि का उल्लंघन करने वाले बच्चों (सीसीएल) के लिए बेहतर पहुंच और सुरक्षा हेतु सेवाएं प्रदान की जा सकें जिसमें मिशन मोड में संस्थागत देखभाल और गैर-संस्थागत देखभाल शामिल है, जिसका उद्देश्य: (i) कठिन परिस्थितियों में बच्चों को सहायता और सहारा देना (ii) विभिन्न पृष्ठभूमियों के बच्चों के समग्र विकास के लिए संदर्भ-आधारित समाधान तैयार करना (iii) अभिनव समाधानों को प्रोत्साहित करने के लिए ग्रीन फील्ड परियोजनाओं के लिए गुंजाइश प्रदान करना (iv) आवश्यक होने पर गैप फंडिंग द्वारा तालमेल की कार्रवाई को मजबूत करना है। यह योजना कठिन परिस्थितियों में बच्चों के लिए चाइल्ड हेल्पलाइन (1098) के माध्यम से आपातकालीन आउटरीच सेवाएं (24x7) भी प्रदान करती है।

महिला एवं बाल विकास मंत्रालय द्वारा क्रियान्वित की जा रही योजनाओं के अंतर्गत, राज्य/संघ राज्य क्षेत्र-वार निधियों का आवंटन पहले से निर्धारित नहीं किया जाता है, क्योंकि ये योजनाएं मांग आधारित होती हैं और जब भी एसएनए मानदंडों का अनुपालन किया जाता है, तो निधियों को सीधे राज्यों और संघ राज्य क्षेत्रों को जारी कर दिया जाता है।

ये पहलें महिलाओं और बच्चों से संबंधित महत्वपूर्ण सामाजिक मुद्दों का समाधान करने और देश में स्थायी सामाजिक बदलाव लाने के लिए बनाई गई परिवर्तनकारी योजनाएं हैं इनमें अधिक समावेशी, समतामूलक, न्यायसंगत और सहायक समाज बनाने के उद्देश्य से महिलाओं और बच्चों के कल्याण के प्रमुख क्षेत्रों को लक्षित किया जाता है।

DEVELOPMENT OF STRATEGIC MEGA PORTS

5712. SHRI NARESH GANPAT MHASKE:

SHRI RAJESH VERMA:

SHRIMATI SHAMBHAVI:

DR. SHRIKANT EKNATH SHINDE:

SHRI RAVINDRA DATTARAM WAIKAR:

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

- (a) the manner in which the Government's initiative to expand India's port capacity to 10,000 million tonnes per annum by 2047 is likely to contribute to the country's economic resurgence;
- (b) the specific measures being implemented to ensure that the development of strategic mega ports like Vadhavan and Galathea Bay enhances India's position as a global shipping hub;

- (c) whether the reduction in container dwell time and vessel turnaround time reflects the successes of Government policies in improving port efficiency, if so, the details thereof including plans for further improvement of the same;
- (d) the manner in which the focus on green hydrogen production at major ports is expected to drive investment and job creation in the maritime sector; and
- (e) the steps taken/proposed to be taken to address challenges in skilled labour availability and sustainable fuel adoption in shipbuilding and the manner in which these efforts align with India's ambition to become a leading global player?

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

(a) : The government's initiative to expand port capacity to 10,000 million tonnes by 2047 seeks to enhance trade efficiency by reducing logistics costs and minimizing ship turnaround times. This expansion will strengthen India's global exports by enabling faster, more cost-effective cargo handling and promote national economic growth through a more robust trade infrastructure.

(b) : Government is developing mega ports such as Vadhavan, with a focus on strengthening infrastructure to accommodate larger vessels. Additionally, Galathea Bay is set to become a strategic port, enhancing connectivity between India and Southeast Asia. These initiatives are enhanced India's position in a global shipping hub.

(c) : Decrease of container vessel turnaround time from 42 hours in FY13-14 to 30 hours in FY 23-24 at Indian ports highlights the success of government policies in

improving port efficiency. In the future, automation, port expansion, and the integration of Artificial Intelligence and Internet of Things (AI and IoT) will be key to sustaining these gains and strengthening India's global trade position.

(d) : To support the National Hydrogen Mission, three major ports in India have been designated as Green Hydrogen Hubs. These initiatives will lead to significant investments in electrolyzers, renewable energy systems, and storage facilities. As a result, they will create direct employment opportunities for skilled workers and generate indirect jobs in equipment manufacturing and logistics.

(e) : To address skilled labour challenges, Government launched initiatives like the B.Tech. program in Naval Architecture & Shipbuilding at the Indian Maritime University and established the Centre of Excellence in Maritime & Shipbuilding. Additionally, this Ministry supports R&D in alternative fuels, while Cochin Shipyard leads in green shipbuilding, promoting eco-friendly vessels.

NURSING COLLEGES IN TELANGANA

5713. DR. KADIYAM KAVYA:

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

- (a) the total number of the Government/Private Nursing colleges in the country at present, State/UT-wise, district-wise including Warangal Parliamentary Constituency of Telangana;
- (b) the strength of paramedical staff in the country, State/UT-wise, district-wise including Warangal Parliamentary Constituency of Telangana;
- (c) whether the Government has set any standards of training for the paramedical

staff and if so, the details thereof along with strength of adequately trained paramedical staff, State/UT-wise, district-wise including Warangal Parliamentary Constituency of Telangana; and

- (d) whether the Government has a target ratio of patient to paramedical staff to be achieved in the next five years and if so, the details thereof and the steps taken by the Government 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) : As per the Indian Nursing Council (INC) records, the total number of the Government/Private nursing colleges in the country at present, state-wise, district-wise in Telangana and in Warangal Parliamentary constituency are given in the enclosed **Statement-I. and II** respectively.

(b) to (d) : The National Commission for Allied and Healthcare Profession has been constituted vide notification dated 11.03.2024 under the National Commission for Allied and Healthcare Professions (NCAHP) Act, 2021 to regulate the education and services of the 57 allied and healthcare professionals; assessment and rating of all allied and healthcare institutions to ensure uniform standards and quality assurance; maintenance of live National and State Registers for registration of all allied and healthcare professionals. The commission has launched a portal on 29.10.2024 for enrollment of the existing professionals/institutions imparting services/education related to the 57 professions listed in the Schedule of the Act.

STATEMENT-I**State-wise distribution of Nursing Colleges as on 31st, December, 2024**

	GNM			B.Sc(N)		
	Institution		Total	Institution		Total
States	Govt.	Pvt.	Instt.	Govt.	Pvt.	Instt.
Andaman & Nicobar	1	0	1	0	0	0
Andhra Pradesh	9	139	148	12	132	144
Arunachal Pradesh	0	5	5	2	3	5
Assam	22	49	71	4	19	23
Bihar	8	20	28	5	13	18
Chandigarh	0	0	0	2	0	2
Chattisgarh	10	38	48	8	114	122
Dadra & Nagar Haveli	0	0	0	1	0	1
Daman & Diu	0	0	0	1	0	1
Delhi	2	19	21	12	4	16
Goa	1	3	4	1	5	6
Gujarat	23	135	158	9	103	112
Haryana	6	70	76	4	37	41
Himachal Pradesh	7	36	43	2	40	42
Jammu & Kashmir	0	17	17	8	16	24
Jharkhand	4	57	61	2	40	42
Karnataka	17	474	491	13	378	391
Kerala	20	140	160	29	132	161
Lakshadweep	0	0	0	1	0	1
Madhya Pradesh	11	260	271	16	151	167
Maharashtra	38	217	255	9	100	109
Manipur	2	15	17	2	13	15
Meghalaya	2	6	8	1	3	4
Mizoram	4	4	8	2	2	4
Nagaland	2	4	6	1	2	3
Odisha	2	67	69	12	42	54
Pondicherry	2	6	8	4	13	17
Punjab	10	213	223	8	115	123
Rajasthan	14	149	163	32	148	180
Sikkim	1	2	3	1	3	4
Tamilnadu	25	169	194	5	216	221
Telangana	6	74	80	14	89	103

Tripura	2	8	10	1	5	6
Uttar Pradesh	6	291	297	18	176	194
Uttarakhand	4	24	28	8	35	43
West Bengal	45	158	203	26	95	121

STATEMENT -II

Districts-wise distribution of Nursing Colleges as on 31st, December, 2024 in the State of Telangana

Name of Districts	GNM			B.Sc(N)		
	Institution		Total	Institution		Total
	Govt.	Pvt.	Instt.	Govt.	Pvt.	Instt.
Adilabad	0	0	0	1	0	1
Bhadradi	0	2	2	0	2	2
Hyderabad	3	20	23	3	26	29
Jagtial	0	0	0	1	0	1
Jogulamba	0	0	0	1	0	1
Kamareddy	0	0	0	1	0	1
Karimnagar	1	3	4	0	4	4
Khammam	0	2	2	0	6	6
Mahabubnagar	0	2	2	1	2	3
Mancherial	0	1	1	1	1	2
Medak	0	1	1	0	0	0
Medchal	0	13	13	0	15	15
Nalgonda	0	5	5	0	2	2
Nizamabad	1	3	4	0	3	3
Rajanna	0	0	0	1	0	1
Ranga Reddy	0	13	13	0	11	11
Sangareddy	0	1	1	0	1	1
Siddipet	0	1	1	1	2	3
Suryapet	0	2	2	1	4	5
Wanaparthi	0	0	0	1	0	1
Warangal Urban	1	5	6	1	10	11

PATROLLING ARRANGEMENT ALONG LAC

5714. SHRI YUSUF PATHAN:

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

- (a) whether the Government has data of the recent agreement with China regarding patrolling arrangements along the Line of Actual Control;
- (b) if so, the details thereof; and
- (c) the details of the measures being taken to ensure effective disengagement and prevent future conflicts?

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) : India and China reached agreement on patrolling arrangements along the Line of Actual Control in India-China border areas in Depsang and Demchok on 21 October 2024, leading to disengagement from all the points of friction from April/May of 2020. It has been agreed that patrolling activities and, wherever applicable, grazing will resume as per longstanding practice before friction started in these two areas. The agreement has since been effected and implemented as per modalities and timelines agreed.

Measures to advance effective border management and maintenance of peace and tranquility have been discussed in several meetings since the October 2024 disengagement, including the 23rd meeting of Special Representatives in December 2024 and the 33rd meeting of the Working Mechanism for Consultation and Coordination on India-China Border Affairs (WMCC) in March 2025.

MICROSCOPY DIAGNOSIS OF TUBERCULOSIS

5715. SHRI PRABHAKAR REDDY VEMIREDDY:

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

- (a) whether it is true that microscopy diagnosis of TB could pick up only about 150 TB cases out of 1 lakh people so tested as per National TB Prevalence Survey and if so, the details thereof;
- (b) whether it is also true that molecular diagnosis or tests like Cartridge Based Nucleic Acid Amplification Test (CBNAAT) pick up nearly 300 TB cases out of 1 lakh people so tested and if so, the details thereof;
- (c) the efforts being made by the Government to conduct molecular diagnosis in all districts of the country; and
- (d) whether any separate budget has been provided for molecular diagnosis for TB 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) to (d) : The National TB Prevalence Survey (NaTBPS) in India was conducted from 2019 to 2021 by Indian Council of Medical Research (ICMR). The survey found that smear microscopy could detect 160 TB cases per lakh population while NAAT could detect 301 TB cases per lakh population.

The number of NAAT laboratories have been scaled up from 121 in 2015 to 8,540 in 2025, to strengthen the molecular diagnostic capacity across all districts of the country under National TB Elimination Programme (NTEP).

The budget allocated under National Health Mission (NHM) for NTEP in all States/UTs includes the budget for strengthening molecular laboratories. The details of allocated budget in last three year, to carryout NTEP activities, are as under:

Financial allocation under NTEP	
Financial Year	Allocation (Rs. in crores)
2022-23	1666.33*
2023-24	1888.82*
2024-25	2090.53*
* The allocation and expenditure exclude cash grants to States/UTs, which are being released by NHM directly to States/ UTs concerned as a common pool i.e. RCH Flexible Pool which includes NTEP.	

SUPPORT TO INDIAN POPULATION FACING LEGAL CHALLENGES ABROAD

5716. SHRIMATI RACHNA BANERJEE:

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

- (a) the specific measures the Government is likely to implement to support its expatriate population facing legal challenges abroad particularly in the United States (US); and
- (b) the manner in which the Government plans to engage with the new U.S. immigration policy in the long term particularly in terms of enhancing legal migration routes and minimizing the risks posed to Indian citizens residing illegally in the U.S.?

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) : The Government of India, through its diplomatic Missions/Posts abroad, provide support and assistance to the Indian population facing legal challenges abroad by offering necessary consular services and legal aid. Indian Embassies and Consulates seek consular access to detained or arrested Indian nationals in order to provide necessary assistance. The Indian Community Welfare Fund (ICWF) has been set up in Indian Missions/ Posts abroad for assisting overseas Indian nationals in distress and facing legal challenges, on a means tested basis in deserving cases. Indian Missions and Posts abroad, through their empanelled lawyers, offer legal advice and guidance as required. Any unfortunate incident or legal challenges faced by members of the Indian diaspora community are immediately taken up by Missions/Posts abroad with the concerned authorities of the host country to ensure their safety and fair treatment. Such issues, when it occurs, are also raised during meetings with Government officials of the concerned countries, including at the highest levels, as appropriate.

The concerns of the Indian diaspora members are responded to almost on a real time basis through telephone calls, walk-ins, emails, social media, 24x7 emergency helplines, Open Houses and the MADAD Portal.

(b) : With regard to illegal migration, it is the policy of the Government of India to negotiate mutually advantageous and secure mobility frameworks with other countries that allows for streamlining avenues for legal mobility of students and professionals, and facilitating short-term tourist and business travel, while also

addressing illegal immigration and human trafficking by taking strong action against the bad actors, criminal facilitators, and illegal immigration networks. In such cases, all necessary assistance to Indian nationals is being provided by the Government as per extant rules.

During the recent visit of Prime Minister Shri Narendra Modi to the United States of America, the two sides underlined the evolution of the world into a global workplace and called for facilitating secure and mutually beneficial mobility frameworks between the two countries while cracking down on illegal immigration networks.

TREATMENT IN CGHS PANEL HOSPITALS

5717. SHRI Y. S. AVINASH REDDY:

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

- (a) whether it is a fact that some hospitals/CGHS dispensaries, empanelled hospitals are not giving proper treatment and OPD staff/doctors are also showing utter negligence, insulting and avoiding the CGHS beneficiaries especially pensioners and their family members, if so, the details thereof and the reasons therefor.
- (b) whether the Government refunds the one-time payment/adjust the payment paid for pensioner CGHS card after surrendering the pensioner card and taking the serving CGHS cards by the spouse on getting employment, if so, details thereof, and
- (c) the number of such cases noticed/registered in each office/CGHS along with the action taken thereon?

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) : Some complaints have been received against private empaneled hospitals regarding denial of credit/services and overcharge amount. The details such complaint along with action taken are given in the enclosed **Statement**.

Instruction for refund of subscription, after deducting an amount for the period for which CGHS card was utilized as family pensioner, are in place. vide Office Memorandum No. S.11012/1/2016-CGHS(P) dated 19.09.2016. Two cases through physical letter were received in Nagpur city, for refund of one-time payment/adjust the payment paid for pensioner CGHS card after surrendering the pensioner card and taking the serving CGHS cards by the spouse on getting employment.

STATEMENT

List of complaints along with action taken

S. No.	Name of Hospital	Action Taken
1.	Paras HMRI Hospital, Patna	Complaint letter received in physical form regarding negligence. CGHS empanelment of hospital suspended for 6 months.
2.	Kailash Hospital & Heart Institute, Noida	Complaint letter received in physical form regarding non-compliance of CGHS guidelines. Hospital penalized by liquidating Rs. 1.5 Lacs from Performance Bank Guarantee and overcharged amount refunded to beneficiary.
3.	Jaypee Hospital, Noida	A complaint was received through e-mail regarding overcharging. Show Cause Notice issued. Hospital refunded the overcharged amount to beneficiary.
4.	Max Super Specialty Hospital, Saket	Complaint letter received in physical form regarding overcharging. Show Cause Notice issued Hospital refunded the overcharged amount to beneficiary.
5.	Fortis Escorts Hospital, Faridabad	Complaint letter received in physical form regarding non-compliance of CGHS guidelines. A warning letter issued to the hospital.

IDENTIFICATION AND MANAGEMENT OF MALNUTRITION

5718. PROF. SOUGATA RAY:

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

- (a) whether the Government has any Protocol for Identification and Management of Malnutrition in children of the country;
- (b) if so, the details thereof?
- (c) whether over 32% of the children below aged five years in the country are underweight;
- (d) if so, the details thereof, State wise; and
- (e) the details of the steps being taken to ensure the minimum weight and other parameters of children?

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. It is a Centrally Sponsored mission, where the responsibility for implementation of various activities lies with the States and UTs. This mission is a universal self-selecting umbrella scheme where there are no entry barriers for any beneficiary to register and receive services. This mission is being implemented across the country.

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.

Ministries of Women & Child Development and Health & 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. The community-based approach involves timely detection and screening of children with severe acute malnutrition in the community, management for those without medical complications with wholesome, local nutritious foods at home and supportive medical care. The CMAM protocol includes an appetite test and screening process for children aged 6 months to 6 years who are severely acute malnourished (SAM) or severely underweight (SUW). Post-screening, such children are referred to Nutrition Rehabilitation Centers (NRC) or hospital facilities for further care. The steps involved under CMAM protocol are as follows:

Step-1: Growth monitoring of children

Step-2: Appetite Test for SAM Children

Step-3: Medical Assessment of SAM children

Step-4: Decide level of care of malnourished children

Step-5: Nutritional Management

Step-6: Medical Management

Step-7: Nutrition, Health Education and counseling including WASH practices

Step-8: Visit by Anganwadi worker and referral

Step-9: Duration of Monitoring

Step-10: Follow-up Care

Mission Poshan 2.0 empowers the frontline functionaries by providing them with smartphones. IT systems have been leveraged to strengthen and bring about transparency in nutrition delivery support systems at the Anganwadi centres. The 'Poshan Tracker' application was rolled out on 1st March 2021 as an important governance tool. The Poshan Tracker facilitates monitoring and tracking of all Anganwadi centers, Anganwadi workers and beneficiaries on defined indicators. Anganwadi workers are mandated to measure height and weight of all children (0-6 years) once a month. On the basis of height and weight data entered by Anganwadi workers, the Poshan Tracker is being leveraged for regular identification of stunting, wasting, under-weight prevalence among children as per WHO standards.

Various rounds of the National Family Health Survey (NFHS) conducted by Ministry of Health & 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 & Family Welfare). However, only 7.49 crores children up to 5 years were enrolled in Anganwadis and registered on Poshan Tracker of the Ministry of Women & Child Development as per the February 2025 Poshan Tracker data. 7.25 crores of these children were measured on growth parameters of height and weight. 39.09% of them have been found to be stunted, 16.60% have been found to be underweight and 5.35% 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 February 2025 data of Poshan Tracker, 8.80 crores children (0-6 years) were enrolled in Anganwadis out of whom 8.52 crores were measured on growth parameters of height and weight. 37.75% of these children (0-6 years) have been found to be stunted and 17.19% 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.

VANDALIZATION OF HINDU TEMPLES IN USA

5719. SHRI BALASHOWRY VALLABHANENI:

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

- (a) whether it is true that a Hindu Temple was vandalized in California's Sacramento by miscreants;
- (b) if so, the details thereof;
- (c) whether it is also true that another desecration of a Hindu temple in New York was also reported ten days earlier;
- (d) if so, the details thereof;
- (e) the details of the reasons and the people behind these incidents; and
- (f) the steps taken by the Government to protect Hindu temples in the US in particular and in other countries in general?

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 (f) : Yes. In recent months, there has been a rise in the number of instances of Hindu temples being defaced with anti-India graffiti in the United States of America.

The Government of India accords highest priority to the welfare, safety and security of Indian citizens and the Indian community abroad. All incidents of attack and vandalization of temples and places of worship are immediately taken up with the host Government through diplomatic channels.

The respective temple management authorities and community associations have also registered complaints with the local law enforcement authorities and

have called for proper investigations, and stringent action against those responsible for these acts, and for providing the places of worship with adequate safety and security arrangements.

The U.S. law enforcement authorities have conveyed that all such cases of vandalization of temples / places of worship are being investigated as hate crimes. Members of the U.S. Congress have also urged the concerned security agencies to come up with a broader strategy to counter hate crimes targeting Hindus in the United States.

PRICE REGULATION OF COMBINATION DRUGS

5720. DR. AMOL RAMSING KOLHE:

SHRI NILESH DNYANDEV LANKE:

PROF. VARSHA EKNATH GAIKWAD:

SHRI BHASKAR MURLIDHAR BHAGARE:

SHRIMATI SUPRIYASULE:

SHRI DHAIRYASHEEL RAJSINH MOHITE-PATIL:

SHRI SANJAY DINA PATIL:

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

- (a) whether the Government pharmaceutical companies use combination drugs as a strategy to control pricing and extend patents, if so, the details of such cases identified during the last five years;
- (b) whether use of combination drugs by pharmaceutical companies limits competition in the market, if so, the measures taken by the Government to prevent anti-competitive practices in the pharmaceutical industry;
- (c) the role of the Government and regulatory bodies in ensuring that combination

drugs remain affordable for consumers;

- (d) whether there are specific price control measures applied to combination drugs under the National Pharmaceutical Pricing Authority (NPPA), if so, the number of combination drugs that have been approved and price-capped under NPPA regulations in the last five years; and
- (e) whether the Government faces regulatory challenges in monitoring and approving combination drugs, if so, the steps being taken to strengthen regulatory oversight to prevent the misuse of combination drugs?

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 information received from the Ministry of Health and Family Welfare (MoHFW), the manufacture, sale and distribution of drugs in the country are regulated under the provisions of the Drugs and Cosmetics Act, 1940 and the rules made thereunder, through a system of licensing and inspection. Licenses for manufacture, sale and distribution of drugs are granted by State Licensing Authorities (SLAs) appointed by the State Governments concerned. As per rule 2(w)(iii) of the *New Drugs and Clinical Trials* Rules, 2019, fixed dose combinations (FDCs) of two or more drugs, approved separately for certain claims and proposed to be combined for the first time in a fixed ratio, or where the ratio of ingredients in an approved combination is proposed to be changed with certain claims including indication, route of administration, dosage and dosage form, come under the definition of “new drug”. For the manufacture of any FDC falling under the definition of new drug, permission is required from the Central Drugs Standard Control

Organisation (CDSCO) before obtaining manufacturing licence for the new drug from the SLA concerned. On receipt of application for approval of such a new drug, the same is examined for safety and efficacy, in consultation with the Subject Expert Committee concerned, and decisions are taken based on the recommendations of the committee and fulfilment of requirements under the rules.

MoHFW notifies the National List of Essential Medicines (NLEM), which is incorporated as the Schedule-I to the Drugs (Prices Control) Order, 2013 (DPCO, 2013). The National Pharmaceutical Pricing Authority (NPPA) under the Department of Pharmaceuticals fixes the ceiling prices of these scheduled medicines, including combination drugs listed therein, in accordance with the provisions of DPCO, 2013. All manufactures and marketers of scheduled medicines are required to sell their products within the ceiling price (plus applicable Goods and Service Tax) fixed by NPPA.

NPPA also fixes retail prices of new drugs, as defined in DPCO, 2013, which refers to a formulation launched by an existing manufacturer of a drug of specified dosages and strengths as listed in NLEM by combining the drug with another drug either listed or not listed in NLEM or a formulation launched by changing the strength or dosages or both of the same drug of specified dosages and strengths as listed in NLEM. The retail price of a new drug is applicable to the applicant manufacturer and marketer, who are required to sell their products within the price notified by NPPA.

For non-scheduled formulations, including formulations of combination drugs, manufacturers may not increase the maximum retail price by more than 10% per annum.

As on 1.4.2024, ceiling prices of 928 formulations were in effect and retail prices of over 3,200 new drugs, including combination drugs, stood fixed by NPPA, including over 2,000 retail prices fixed in the last five years. Details of prices fixed by NPPA are available on its website (www.nppaindia.nic.in).

EARLY SCREENING OF BREAST CANCER

5721. SHRI S. JAGATHRATCHAKAN:

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

- (a) the details of breast cancer screening conducted in the country particularly in rural and urban areas during the last five years considering the varying prevalence rates (5 per 100,000 in rural and 30 per 100,000 in urban areas);
- (b) the specific steps taken/proposed to be taken by the Government to promote early screening among younger women in light of the increasing incidence of breast cancer with age;
- (c) whether the Government has collaborated with any research institutions/international organizations to develop/support new technologies for early breast cancer detection and diagnosis, if so, the details thereof and if not, the reasons therefor; and
- (d) whether there are any Government-led awareness campaigns/community

outreach programmes specifically focused on educating women about breast cancer symptoms, risk factors and self-examination practices in rural and underserved areas 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) : In order to prevent and control major Non Communicable Diseases (NCDs), viz, Hypertension, Diabetes, oral cancer, breast cancer and cervical cancer, the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) was launched by the Department of Health and Family Welfare, Government of India in 2010 with focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management and referral to an appropriate level of healthcare facilities. Under the programme, 770 District NCD Clinics, 372 District Day Care Centres and 6410 NCD clinics at Community Health Centre have been set up across the country.

A population-based initiative for screening, management and prevention of Non Communicable Diseases, including breast cancer has been rolled out in the country under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) as part of National Health Mission (NHM). Prevention and screening services are delivered through public health facilities in rural & urban Areas. The details of women screened for breast cancer and put on treatment during the last five years are as under:-

Financial Year	Breast Cancer	
	Screened	On Treatment
2020-2021	4,514,426	966
2021-2022	11,027,987	1,525
2022-2023	36,109,083	3,174
2023-2024	27,181,874	5,368
2024-2025	36,005,194	7,629

(c) : Ministry of Health & Family Welfare provides financial and technical support to the States and Union Territories under NP-NCD to supplement their efforts. Further, Ministry of Health and Family Welfare has designated AIIMS Delhi, PGIMER Chandigarh and AIIMS Rishikesh as centres of excellence for artificial intelligence. These centres are engaged in research and development of AI based solutions in health care sector which includes those on Cancer.

(d) : Under NP-NCD financial support of ₹3 -5 lakhs is provided at District level and ₹50-70 lakhs at State level under NHM for awareness generation activities for NCDs to be undertaken by the States and Union Territories as per their Programme Implementation Plans (PIPs), including rural & underserved areas.

The Ministry of Health & Family Welfare under the NP-NCD launched Non-Communicable Diseases screening drive to screen all individuals aged 30 years and above for NCDs including breast cancer at all Ayushman Arogya Mandirs and other health facilities from 20th February 2025 to 31st March 2025 in order to enhance awareness and community outreach, mobilizing ASHA workers and health volunteers.

VISIT OF PM OF NEW ZEALAND**5722. SHRI SUDHEER GUPTA:****SHRI RAVINDRA VASANTRAO CHAVAN:****SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:**

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

- (a) whether Prime Minister of New Zealand visited India recently;
- (b) if so, the details thereof along with the issues discussed during the visit;
- (c) the details of bilateral trade agreements/deals signed between the two nations during the said visit;
- (d) whether the Government is considering to restart the negotiations for a bilateral Free Trade Agreement (FTA), which is on halt since 2015 and if so, the details thereof; and
- (e) whether the two nations have also signed any agreement for bolstering security cooperation in the Indo-Pacific considering China's growing military inroads in the region and 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) : Yes.

(b) : At the invitation of Prime Minister Shri Narendra Modi, Prime Minister of New Zealand, The Right Honourable Christopher Luxon, paid an Official Visit to India on 16-20 March 2025. He was accompanied by a high-level delegation, including Ministers, senior officials, businesses, media and members of the Indian diaspora community in New Zealand.

Discussions were held between the Prime Ministers of India and New Zealand covering the entire gamut of bilateral relations including defence and security, trade and investment, education and sports, tourism and people-to-people ties. The two Prime Ministers also exchanged views on global and regional issues, including on multilateral cooperation. Prime Minister Luxon called on Hon'ble Rashtrapatiji. Several dignitaries called on Prime Minister Luxon, including External Affairs Minister Dr. S Jaishankar and Minister of Health and Family Welfare and Minister of Chemicals and Fertilizers Shri J. P. Nadda. Prime Minister Luxon joined the inaugural session of the 10th Raisina Dialogue 2025 on 17 March 2025 in New Delhi as the Chief Guest and delivered the Keynote Address. In Mumbai, discussions were held by Prime Minister Luxon on areas of cooperation between India, especially the State of Maharashtra, and New Zealand with Governor of Maharashtra Shri C. P. Radhakrishnan and Chief Minister Shri Devendra Fadnavis.

(c) : The details of announcements made and bilateral agreements signed between the two countries during the visit are:

Announcements -

- i. Launch of negotiations between India and New Zealand on a Free Trade Agreement (FTA);
- ii. Launch of negotiations between India and New Zealand on an arrangement facilitating the mobility of professionals and skilled workers;
- iii. New Zealand joins the Indo-Pacific Oceans' Initiative (IPOI);
- iv. New Zealand becomes member of the Coalition for Disaster Resilient Infrastructure (CDRI)

Bilateral agreements signed -

- i. Memorandum of Understanding on Defence Cooperation between the Ministry of Defence of India and the New Zealand Ministry of Defence;
 - ii. Authorized Economic Operator - Mutual Recognition Agreement (AEO-MRA) between the Central Board of Indirect Taxes and Customs of India (CBIC) and the New Zealand Customs Service;
 - iii. Memorandum of Cooperation on Horticulture between the Ministry of Agriculture and Farmers' Welfare of India and the Ministry for Primary Industries of New Zealand;
 - iv. Letter of Intent on Forestry between the Ministry of Environment, Forest, and Climate Change of India and the Ministry for Primary Industries of New Zealand;
 - v. Education Cooperation Agreement between the Ministry of Education of the Republic of India and the Ministry of Education of New Zealand;
 - vi. Memorandum of Cooperation in Sports between the Ministry of Youth Affairs & Sports of the Government of India and the Sport New Zealand of the Government of New Zealand.
- (d) : India and New Zealand announced the launch of negotiations for a comprehensive and mutually beneficial India-New Zealand Free Trade Agreement (FTA). The India-New Zealand FTA negotiations aim to achieve balanced outcomes that enhance supply chain integration and improve market access.
- (e) : Bilateral documents signed and announcements made during the visit are mentioned in part (c). India's relations with New Zealand stand firm on their own footing and are independent of actions of any third country.

INITIATIVES TO INCREASE FEMALE ENROLMENT IN LEGAL EDUCATION**5723. SHRI RAJMOHAN UNNITHAN:**

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

- (a) the steps taken by the Government to ensure higher enrolment of women in legal courses as there is a decline in enrolment of females in LL.B. courses;
- (b) whether the Government intends to formulate any special scholarships/schemes on par with STEM courses for women to pursue legal education; and
- (c) 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) : The Bar Council of India, established under the Advocates Act, 1961, is a statutory body entrusted with the responsibility of regulating legal education and the legal profession in India. As per data provided by the Bar Council of India, a total of 2,36,403 candidates registered for the All India Bar Examination-XIX (AIBE-XIX) held in the month of December, 2024 out of which 82,402 were female candidates, constituting 34.85% of total examinees. This reflects a steady participation of women in the post-qualification examination process and indicates a sustained interest in Law as a career.

While there is no statutory reservation under the Advocates Act, 1961, several Central and State Universities, as well as National Law Universities (NLUs), have taken independent initiatives to promote legal education among women.

These include merit cum means scholarships for female candidates, fee concessions, hostel subsidies, and the development of gender inclusive campuses. In some public universities, a limited number of seats are reserved for women under institutional quotas, facilitated by the enabling power of Article 15(3) of the Indian Constitution. Additionally, women focused legal awareness programmes are being conducted in rural and semi urban regions to improve access and motivation for legal education.

(b) and (c) : With regard to the formulation of special or targeted scholarship schemes specifically for women pursuing legal education, on par with those introduced in the field of Science, Technology, Engineering, and Mathematics (STEM), University Grant Commission (UGC) is implementing the scheme of “Development of Women’s Studies in Indian Universities and Colleges”. This scheme provides funds for setting up Women Studies Centers (WSCs) in universities and colleges, focusing on teaching, research, curriculum development, training and outreach activities. Currently, while various scholarships for higher education are provided through the University Grants Commission (UGC), Ministry of Education, and other State departments, there is no centrally administered scheme exclusively focused on promoting women's enrolment in law courses.

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME

5724. SHRI GURJEET SINGH AUJLA:

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

- (a) the details of fund spent by the Government under Ex-servicemen Contributory Health Scheme during the last ten years, State-wise;

- (b) the detailed breakdown for each empanelled hospital specifying funds allocated, diseases treated and number of patients benefited;
- (c) the number of hospitals found guilty of misusing the said scheme along with the specifications taken by the Government against these hospitals;
- (d) the number of hospitals de-empanelled or had their ECHS approval cancelled due to this misuse; and
- (e) the number of hospitals which have been re-empanelled along with the criteria to grant them permission to operate under ECHS again despite their past misuse?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH):

(a) : Details of funds spent by the Government under Ex-Servicemen Contributory Health Scheme (ECHS) are not maintained State-wise. However, the expenditure made by the ECHS Regional Centres covering various States during the last ten years are given in the enclosed **Statement-I**.

(b) : There are a total of 2697 Healthcare Organisations (Hospitals, Eye Care Centres, Dental Clinics, Laboratories etc.) which are empanelled under ECHS. Health Care Organizations are empanelled to treat various types of diseases. This information is in the public domain and can be accessed from the website www.echs.gov.in The hospitals are not allocated funds under the ECHS. Payments are made to the hospitals through the Regional Centres against the claims raised

by them. The details of claims raised and the amount disbursed during the last 4 years are given in the enclosed **Statement-II**.

(c) : The details of hospitals found guilty of misusing the ECHS and the actions taken by the Government against the hospitals during the last two years (2023 and 2024) are given in the enclosed **Statement-III**.

(d) : Five hospitals have been dis-empanelled or had their ECHS approval cancelled due to this misuse during the last two years (2023 and 2024).

(e) : One hospital has been re-empanelled under ECHS again despite its past misuse due to the criteria of change of ownership during the last two years (2023 and 2024).

STATEMENT-I**Details of the expenditure made by the ECHS Regional Centres under Medical Treatment Related Expenditure (MTRE) covering various States during the last ten years**

(Amt in Crore)

Sl.No.	Regional Centre ECHS	States Covered	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
1.	Visakhapatnam	Andhra Pradesh	3.8	8.7	13.4	13.5	26.3	17.6	19.1	33.5	41.4	44.1
2.	Guwahati	North Eastern States	2.4	6.2	10.4	7.5	11.8	9.5	10.2	15	20	30.8
3.	Patna	Bihar	5.4	12.5	18.9	18.9	35.1	30.1	33.6	59.3	99.6	114.8
4.	Chandimandir	Chandigarh	205.1	276.7	384.8	244.4	489.6	393.2	396.5	586.5	823.8	955.9
5.	Delhi	Delhi NCR	215.3	289.9	332.9	246.1	434.6	600.2	560.8	842.7	1198.8	1159.1
6.	Delhi 2	Delhi NCR	164.4	199.6	238.9	159	258.3	244.2	216.7	462.4	597.4	840.9
7.	Ahmedabad	Gujarat ; Rajasthan	7.3	20.8	35.5	28	59.8	47.2	60.6	71.2	110.9	119
8.	Ambala	Haryana	35.9	50.6	126.2	86.2	195.9	236	249.3	295.4	448.5	533.3
9.	Hisar	Haryana ; Rajasthan	25.9	34.9	82.9	97.7	123.3	166.9	311.4	347.5	614.3	644.2
10.	Yol	Himachal Pradesh	0	0	0	0	0	0	4.9	47.4	81.8	95.5
11.	Jammu	Jammu & Kashmir ; Ladakh	20.9	43.5	107.4	83.9	121.1	94.5	100.1	112.4	170.4	151
12.	Ranchi	Jharkhand	4.9	8.3	21.3	13.3	39.4	30.2	17.8	19.8	27.9	30.2
13.	Bangalore	Karnataka	19.7	46.7	58.4	35.9	103.8	87.1	116.5	154.5	180.1	163.1
14.	Kochi	Kerala	81	93.1	106.4	103.8	168.9	210.2	178.4	149.7	314.9	300.8
15.	Trivandrum	Kerala	81.7	91.1	102.4	66.9	152.1	105.5	139.7	187	278.1	296.7
16.	Jabalpur	Madhya Pradesh	4.9	9.7	24.5	20.1	50.4	29.6	45.9	53.2	90.8	75.6
17.	Mumbai	Maharashtra	1.4	5.1	7.9	8.4	27.3	20.7	23.4	32.4	60.1	70.4

18.	Nagpur	Maharashtra	2.9	5.7	6.4	4	10.8	10.1	15.7	19.9	31.4	46.4
19.	Pune	Maharashtra	29.2	39.4	71.6	40.5	101.7	85.7	126.3	135.7	198.6	256.4
20.	Bhubaneswar	Odisha	0	0	0	0	0	0	15.7	25.1	41.8	38.2
21.	Jalandhar	Punjab	266.9	328.8	442.8	304.4	621.6	541.8	307.5	720.1	966.3	1053.8
22.	Jaipur	Rajasthan	77.9	60.4	148.1	117.8	218.4	182.2	216	324.9	621.9	864.7
23.	Secunderabad	Telangana	55.9	66.9	74.4	45.8	105.2	72	67.5	86	173	159.6
24.	Coimbatore	Tamilnadu	7.9	22.3	26.9	19.9	48.8	36.8	49.9	53.9	74.6	79.7
25.	Chennai	Tamilnadu	18.4	32.1	53.4	51.2	60.9	24.6	33.7	63.9	66.3	88.2
26.	Allahabad	Uttar Pradesh	5.4	23.4	31.5	22.2	52.4	33.4	42.1	78.9	141.5	155
27.	Bareilly	Uttar Pradesh	20	43	91.9	177.5	198.8	149.7	143.3	202.2	286.9	332
28.	Lucknow	Uttar Pradesh	22.4	30.4	42.9	36.6	34.4	89.8	60.8	82.1	162.8	172.9
29.	Dehradun	Uttarakhand	29.4	40.4	60.9	58.2	70.7	52.1	62.5	94.9	152.4	175.1
30.	Kolkata	West Bengal	27.9	28.7	51.9	41.1	94	35	34.5	67.8	139	152.8
		Total	1444.2	1918.9	2774.9	2152.8	3915.4	3635.9	3660.4	5425.3	8215.3	9200.2

STATEMENT -II

The details of claims raised and the amount disbursed during the last 4 years

	Indoor Patients (IP)			Outdoor Patients (OPD)		
Financial Year	Total number of Indoor Patients (IP) Claims settled in a FY	Indoor Patients (IP) Hospital claim amount (Rs. Crore)	Approved amount (Rs. Crore)	Total number of Outdoor Patients (OP) Claims settled in FY	Outdoor Patients (OP) Hospital claim amount (Rs. Crore)	Approved amount (Rs. Crore)
2021-2022	5,74,770	3663.73	3208.86	18,53,229	500.07	480.86
2022-2023	7,79,310	5369.76	4842.08	27,23,115	669.44	639.79
2023-2024	10,70,102	8037.68	7303.43	42,60,600	1052.89	999.37
2024-2025	9,95,808	9289.31	8302.37	42,73,954	1058.05	1002.83

STATEMENT -III

Details of hospitals found guilty of misusing the ECHS and the actions taken by the Government against the hospitals during last two years (2023 & 2024).

Sl. No.	Details	No of Cases
1.	Number of Hospitals found guilty	33
2.	Stop Referral invoked	29
3.	Recoveries	10
4.	Partial/Complete Forfeiture of Performance Bank Guarantee (PBG)	18

GENDER DISPARITY IN THE JUDICIARY**5725. SUSHRI S. JOTHIMANI:**

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

- (a) whether the Government has any proposal to introduce reservation or special incentives for the inclusion of more women in the judiciary, particularly at higher levels, if so, the details thereof;
- (b) the details of any programme or initiatives undertaken to encourage more women to pursue careers in the judiciary and legal profession;
- (c) whether the Government has conducted any studies or held consultations regarding gender disparity in judicial appointments and if so, the findings thereof; and
- (d) the measures being taken to ensure gender sensitivity in judicial training, legal education and court proceedings?

**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) : Appointment of Judges to 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.

As per the Memorandum of Procedure (MoP), the responsibility for initiation of proposals for appointment of Judges in the Supreme Court vests with the Chief Justice of India, while the responsibility for initiation of proposals for appointment of Judges in the High Courts vests with the Chief Justice of the concerned High Court.

However, the Government is committed to enhancing social diversity in judiciary and 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. Only those persons who are recommended by the Supreme Court Collegium, are appointed as Judges of the Supreme Court and High Courts.

The National Judicial Academy (NJA) regularly conducts various programmes to inculcate gender sensitivity in legal training, judicial sensitization and court hearings.

STATE HUB FOR EMPOWERMENT OF WOMEN

5726. SHRI LAVU SRIKRISHNA DEVARAYALU:

SHRI KESINENI SIVANATH:

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

- (a) the number of State Hub for Empowerment of Women (SHEW) established/ functioning till date, State-wise;
- (b) the number of District Hub for Empowerment of Women (DHEW) established/ functioning, State-wise and district-wise in Andhra Pradesh;
- (c) whether the existing SHEW/DHEW have at least one gender specialist;
- (d) if so, the details thereof and if not, the reasons therefor; and
- (e) the details of the funds allocated/released by the Government to SHEW/DHEW under Mission Shakti, year-wise, State-wise and district-wise in

Andhra Pradesh?

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

(a) : As on date, total number of 35 State Hub for Empowerment of Women (SHEW) are functional, except in the State of West Bengal.

(b) : As on date, a total of 742 District Hub for Empowerment of Women (DHEW) are functional across 35 States and UTs. In the State of Andhra Pradesh, 26 DHEWs are functional (one DHEW per district). The State/UT-wise number of functional DHEWs are given in the enclosed **Statement-I**.

(c) and (d) : Yes. As per the guidelines of Mission Shakti, there is a provision of two Gender Specialists each in SHEW and DHEW.

(e) : Under the Scheme, funds are released to the States/ UTs with the prescribed funding pattern for a Centrally Sponsored Scheme as per schematic norms. Year-wise and State/UT-wise release of funds under the scheme are given in the enclosed **Statement-II**.

STATEMENT-I

State/UT-wise number of functional DHEWs

Sl. No.	States/ UTs	No. of functional DHEW
1	Andaman & Nicobar 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 & 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

STATEMENT-II

Year-wise and State/UT-wise release of funds under the scheme

Sl. No.	States/ UTs	Amount released (In Rs.)		
		2022-23	2023-24	2024-25
1	Andaman & N Islands	58,60,000	58,60,000	0
2	Andhra Pradesh	2,12,49,000	0	0
3	Arunachal Pradesh	3,07,17,000	0	0

4	Assam	4,22,82,000	10,71,63,000	1,21,39,859
5	Bihar	3,05,01,000	0	3,12,54,317
6	Chandigarh	32,90,000	73,57,378	0
7	Chhattisgarh	2,66,46,000	0	35,92,344
8	Dadra Nagar Haveli and Daman & Diu	58,60,000	0	74,70,000
9	Delhi	96,84,000	0	1,98,28,870
10	Goa	0	30,37,500	0
11	Gujarat	2,66,46,000	3,52,62,000	95,36,103
12	Haryana	1,81,65,000	0	24,522
13	Himachal Pradesh	1,56,82,500	2,00,47,500	1,18,62,664
14	Jammu and Kashmir	0	7,25,01,750	3,17,11,500
15	Jharkhand	12,03,000	1,85,04,400	1,38,203
16	Karnataka	0	2,51,04,000	3,81,83,803
17	Kerala	1,19,97,000	1,53,09,000	0
18	Ladakh	45,75,000	45,75,000	59,25,000
19	Lakshadweep	32,90,000	0	0
20	Madhya Pradesh	0	4,95,52,500	0
21	Maharashtra	0	9,21,66,000	0
22	Manipur	2,03,08,500	0	0
23	Meghalaya	1,56,82,500	2,88,56,250	67,86,929
24	Mizoram	1,45,26,000	1,39,32,000	3,17,79,000
25	Nagaland	0	4,51,08,000	4,32,92,322
26	Odisha			0
27	Puducherry	12,03,000	30,84,000	54,09,000
28	Punjab	1,89,36,000	0	9,450
29	Rajasthan	2,66,46,000	3,42,52,000	0
30	Sikkim	0	87,43,500	1,06,18,033
31	Tamil Nadu	3,05,01,000	7,46,80,035	11,27,292
32	Telangana	2,66,46,000	3,37,77,000	54,37,145
33	Tripura	1,10,56,500	0	1,36,83,717
34	UP	5,90,28,000	0	7,79,76,000
35	Uttarakhand	1,68,39,000	2,15,05,500	58,08,180
Total		49,90,20,000	72,03,78,313	37,35,94,253

CENTRALLY SPONSORED SCHEMES

5727. THIRU DAYANIDHI MARAN:

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

- (a) whether the Union Government delaying the release of funds for Centrally Sponsored Schemes (CSS) like Mission Saksham Anganwadi & Poshan 2.0, Mission Shakti and Mission Vatsalya, despite Tamil Nadu releasing its State share on time, if so, the details thereof;
- (b) whether the Union Government is considering to restructure the disbursement schedule to prevent States from carrying forward unspent funds due to last-minute releases, if so, the details thereof;
- (c) the details of the steps Ministry has taken/proposes to take to ensure that the share of Union Government is released at the beginning of each quarter rather than at the end to prevent financial year-end lapses; and
- (d) whether the Ministry has set up a mechanism to ensure timely fund transfers for all States, including Tamil Nadu, if so, the details thereof?

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

(a) to (d) : The Union Government is not delaying the release of funds for Centrally Sponsored Schemes like Mission Saksham Anganwadi & Poshan 2.0, Mission Shakti and Mission Vatsalya. Under the schemes of the Ministry, funds are allocated to States and UTs based on the schematic norms and Annual Programme Implementation Plan (APIP)/ Programme Approval Board (PAB) proposals received from the respective State and UT. However, the actual funds are released

in a financial year after adjusting the unspent balance available with the State/excess expenditure incurred by the State. Further, fund release is processed only after the State Government has complied with Single Nodal Agency (SNA) norms as prescribed by the Department of Expenditure, Ministry of Finance, viz. (i) the State should make an expenditure more than 75% of the previous funds released; (ii) Unutilized balance in SNA account of the State should be less than half of the grant for one quarter, (iii) the State should deposit the interest earned against the central share released, and (iv) there should be no deficit in transfer of funds from State Treasury to SNA.

The SNA reports from Public Finance Management System (PFMS) are also referred/ examined and unspent balance of previous year is also adjusted before releasing grant to States/UTs.

TRANSPARENCY IN POLITICAL FUNDING

5728. SHRIMATI ROOPKUMARI CHOUDHARY:

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

- (a) the details of the alternative mechanism that is being considered after the Supreme Court's verdict on Electoral Bonds;
- (b) whether the Government mandate full disclosure of political donations, including donor identities and amounts, if so, the details thereof;
- (c) whether the Government has any plan to establish an independent regulatory authority for political funding oversight, if so, the details thereof;
- (d) whether the Ministry has consulted stakeholders on new political funding reforms, if so, the details of the recommendations thereof;

- (e) the manner in which the Government proposes to prevent foreign influence in political donations and the timeline expected for implementing a new transparent political funding system; and
- (f) whether new reforms ensure a level playing field for all political parties, 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) to (f) : The Department of Economic Affairs has informed that there is no such proposal under consideration.

PRADHAN MANTRI SWASTHYA SURAKSHA YOJANA IN TAMIL NADU

5729. SHRI MALAIYARASAN D. :

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

- (a) the status of the implementation of the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) including the number of institutions established and the facilities provided in the State;
- (b) the funds allocated and spent under PMSSY for the establishment and upgradation of healthcare infrastructure in the State;
- (c) the number of medical colleges, hospitals and super speciality centres constructed or upgraded under PMSSY in Tamil Nadu;
- (d) the impact of PMSSY in improving healthcare services particularly in rural and underserved areas of Kallakurichi district of Tamil Nadu;

- (e) the steps taken to ensure access to quality healthcare services to the economically weaker sections of society under PMSSY in Kallakurichi district of Tamil Nadu; and
- (f) whether there are any plans for further expansion of PMSSY in the State 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) : Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), establishment of All India Institute of Medical Sciences (AIIMS) at Madurai in Tamil Nadu has been approved at a project cost of Rs.2021.51 crore. As on date, Rs. 250.88 crore has been released for construction of AIIMS Madurai.

Further, for expansion and strengthening of tertiary healthcare facilities in the State of Tamil Nadu under PMSSY, approval has been accorded for upgradation of four Government Medical Colleges (GMCs) on Centre-State sharing basis by way of construction of superspeciality Blocks, which have been completed. These include (i) GMC, Salem (ii) GMC, Madurai, (iii) TMC, Thanjavur and (iv) TMC, Tirunelveli. The total approved outlay of upgradation of 4 GMCs is Rs. 589 crore. Government of India had released Rs.432 crore out of its total share of Rs. 465 crore.

The above healthcare infrastructure has been set up with the objective of providing affordable, accessible and state of the art tertiary care facilities to the people. In the current phase of PMSSY scheme, there is no proposal for implementation of any new project in the State of Tamil Nadu.

AYUSH WELLNESS CENTRE AND HOSPITAL**5730. DR. ANGOMCHA BIMOL AKOIJAM:****SHRI MANOJ TIWARI:**

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

- (a) whether the Government has any proposal/plans to establish an AYUSH Wellness Centres and Hospital in North East Delhi and North Eastern States;
- (b) if so, the details thereof, State/UT-wise including the location, capacity, budget allocation and expected timeline for the implementation of the said proposal;
- (c) whether the Government has conducted any assessment of the demand and need for AYUSH services in the North East Delhi region and if so, the details thereof; and
- (d) the steps being taken by the Government to promote AYUSH systems of medicine among the economically weaker sections in urban areas like North East Delhi?

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) : Public Health being a State subject, establishment of Ayush Wellness Centres and Hospital in the country including North East Delhi and North Eastern States comes under the purview of respective State Governments. However, under Centrally Sponsored Scheme of National Ayush Mission (NAM), there is a provision of financial assistance to States/UTs for upgradation of existing Ayush

Dispensaries/Sub health centres into Ayush Health & Wellness Centres now known as Ayushman Arogya Mandir-Ayush [AAM (Ayush)] and for setting up of 50/30/10 bedded integrated Ayush hospitals. Accordingly, as per the proposals received from States/UTs through State Annual Action Plans (SAAPs), 808 units of Ayushman Arogya Mandir-Ayush have been approved in the North Eastern States. However, no such proposal was received from the UT Government of Delhi through SAAPs. The State-wise status of approved AAM (Ayush) in the North-Eastern States is given in the enclosed **Statement-I**.

Further, as per the proposals received from States/UTs through SAAPs, 40 units of Integrated Ayush Hospitals have been supported in the North Eastern States. However, no such proposal was received from the UT Government of Delhi through SAAPs. The State/UT-wise status of approved Integrated Ayush Hospitals (IAHs) along with location and budget allocation in the North-Eastern States is given in the enclosed **Statement-II**. Since, the implementation of Scheme comes under the purview of respective State/UT Governments, expected timeline for the implementation of the proposals lies with the State/UT Governments.

(c) : Public health being a State subject, assessment of the demand and need for Ayush services in the North East Delhi comes under the purview of UT Government of Delhi.

(d) : Public Health being a State subject, the primary responsibility to promote AYUSH systems of medicine across the country, including economically weaker sections in urban areas of North East Delhi comes under the purview of respective State/UT Governments. However, under NAM, Ministry of Ayush is supporting the

efforts of State/ UT Governments for overall development & promotion of Ayush systems in the country by providing financial assistance to them under different activities as per the proposals received in their SAAPs with in the existing provisions of NAM guideline. NAM inter-alia has provisions for the following major activities:

- (i) Operationalization of Ayush Health & Wellness Centres by upgrading existing Ayush dispensaries and sub health centres, 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 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.

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

STATEMENT -I

The State-wise status of approved Ayushman Arogya Mandir-Ayush in the North-Eastern States

S. No.	State/UT	Status of Approved units of Ayushman Arogya Mandir (AAM)(Ayush)		Amount Released (Rs. In lakhs)
		No. of Units Approved	No. of Units Functional	
1	Arunachal Pradesh	89	89	919.884
2	Assam	500	500	2908.68
3	Manipur	15	15	209.164
4	Meghalaya	24	24	697.238
5	Mizoram	41	41	863.11
6	Nagaland	49	49	1069.161
7	Sikkim	18	18	253.431
8	Tripura	72	72	464.193
TOTAL		808	808	7384.861

STATEMENT -II

The State/UT-wise status of approved Integrated Ayush Hospitals (IAHs) along with location and budget allocation in the North-Eastern States

(Rs. In lakhs)

S. No.	State/UT	Location (District)	No. of beds	Funds Sanctioned/ allocated (Rs. In Lakhs)	Status

1	Arunachal Pradesh	Yingkiong	10	80.00	Under construction
		Seppa	10	80.00	Construction not started
		Ziro	10	80.00	Construction not started
		Bhalukpong	50	275.00	Under construction
		Likabali	50	175.00	Under construction
2	Assam	Goalpara	50	959.89	Functional
		Majuli	50	1179.72	Functional
		Kokrajhar	50	1.00	Construction not started
		Baksa	50	1.00	Construction not started
		Morigaon	50	1.00	Construction not started
		Kaliabor	50	1.00	Construction not started
		Diphu	30	1.00	Construction not started
		Bajali	10	1.00	Construction not started
3	Manipur	Moreh (Tengnoupal)	50	654.50	Functional
		Churachandpur	50	650.00	Construction Completed
		Kwakeithel Konjeng Leikai	50	393.59	Functional
		Keirao AC (Imphal East)	50	667.30	Functional
		Chandel	10	187.50	Under construction
		Jiribam	10	187.50	Under construction
		Kangpokpi	10	187.50	Under construction

		Bishnupur	10	187.50	Under construction
		Noney	10	187.50	Under construction
		Thoubal	10	187.50	Under construction
		Senapati	10	187.50	Under construction
4	Meghalaya	Sohra (Cherapunje) (East Khasi Hills)	50	1011.04	Construction Completed
		Umtrew (Ri Bhoi)	50	733.91	Functional
		Jowai (West Jaintia Hills)	30	150.00	Under construction
5	Mizoram	Aizwal	50	80.72	Under construction
		Saitual	10	150.00	Under construction
6	Nagaland	Noklak Tuensang	30	896.04	Functional
		Razha, Chedema	50	900.00	Functional
		Sapangya (Chungtia)	50	276.68	Under construction
		Yachem, (Longleng)	30	175.00	Under construction
		Kiphire	30	37.50	Construction not started
		Tizit	30	15.00	Construction not started
		Akuhaito, (Zunheboto)	30	15.00	Construction not started
7	Sikkim	Kyongsa, West Sikkim	50	959.46	Functional
		NIT, Deorali	30	260.49	Under construction
8	Tripura	Paradise Chowmuhan, Agartala	50	819.33	Functional
		South Sabroom	50	622.26	Construction Completed

अंतर्देशीय जलमार्गों में कार्गो परिवहन

5731. श्री दामोदर अग्रवाल :

श्री त्रिवेन्द्र सिंह रावत :

श्री कोटा श्रीनिवास पूजारी :

श्री पी. पी. चौधरी :

क्या पत्तन, पोत परिवहन और जलमार्ग मंत्री यह बताने की कृपा करेंगे कि:

- (क) वित्त वर्ष 2024-25 सहित विगत तीन वर्षों के दौरान फरवरी, 2025 तक अंतर्देशीय जलमार्गों के माध्यम से कुल कितना कार्गो परिवहन किया गया है;
- (ख) वित्त वर्ष 2014-15 से फरवरी, 2015 तक अंतर्देशीय जलमार्गों के माध्यम से कुल कितना कार्गो परिवहन किया गया है;
- (ग) फरवरी, 2025 तक 'कार्गो प्रोत्साहन योजना' के लिए कुल कितनी निधि आवंटित और व्यय की गई है;
- (घ) सरकार द्वारा उक्त अवधि के दौरान 'कार्गो प्रोत्साहन योजना' के लिए प्रदान किए गए प्रोत्साहनों का ब्यौरा क्या है; और
- (ङ) भारतीय अंतर्देशीय जलमार्ग प्राधिकरण (आईडब्ल्यूएआई) का अधिदेश और आईडब्ल्यूएआई द्वारा परिवहन के लिए विकसित अवसंरचना का ब्यौरा क्या है और वर्ष 2014-15, 2019-20 और 2023-24 में राज्यवार/संघ राज्यक्षेत्रवार प्रचालनशील अंतर्देशीय जलमार्गों की कुल लंबाई कितनी है?

पत्तन, पोत परिवहन और जलमार्ग मंत्री (श्री सर्बानंद सोनोवाल):

(क) : विगत तीन वर्षों के दौरान राष्ट्रीय जलमार्गों के माध्यम से परिवहन किया गया कुल कार्गो निम्नानुसार है:-

वर्ष	2022-23	2023-24	2024-25 (फरवरी, 2025 तक)
परिवहन किया गया कार्गो मिलियन टन में	126.15	133.03	133.12

(ख) : वित्त वर्ष 2014-15 में, राष्ट्रीय जलमार्गों (रा.ज.) के माध्यम से कुल 29.16 मिलियन टन कार्गो परिवहन किया गया।

(ग) और (घ) : सरकार द्वारा दिनांक 15.12.2024 को शुरू की गई कार्गो प्रोत्साहन योजना (जलवाहक योजना) में निम्नलिखित दो घटक हैं:-

घटक 1: कार्गो के रेल/ सड़क से अंतर्देशीय जल परिवहन तक पर्याप्त मॉडल शिफ्ट हेतु 35% तक वित्तीय प्रोत्साहन सीधे कार्गो स्वामियों को प्रदान करना।

घटक 2: अंतर्देशीय एवं तटीय पोत परिवहन लिमिटेड (आईसीएसएल) द्वारा भारत बांग्लादेश प्रोटोकॉल (आईबीपी) मार्ग से होते हुए रा.ज.-1, रा.ज.-2 पर अंतर्देशीय जल परिवहन को बढ़ावा देने हेतु निर्धारित सेवाएं शुरू करना।

कार्गो प्रोत्साहन योजना ने तीन वर्षों (वित्त वर्ष 2024- 2025 से वित्त वर्ष 2026-27) की अवधि के लिए 95.42 करोड़ रु. का प्रावधान अनुमोदित किया है। इस योजना के अंतर्गत फरवरी, 2025 तक 1.16 करोड़ रु. का व्यय हुआ है।

(ङ) : भारतीय अंतर्देशीय जलमार्ग प्राधिकरण (आईडब्ल्यूआई) का अधिदेश, राष्ट्रीय जलमार्गों को पोत परिवहन और नौचालन के प्रयोजनों हेतु विनियमित एवं विकसित करना है। आईडब्ल्यूआई द्वारा राष्ट्रीय जलमार्गों पर अवसंरचना विकास के भाग के रूप में, फेयरवे रख-रखाव कार्य (नदी प्रशिक्षण, रख-रखाव ड्रेजिंग, चैनल मार्किंग एवं नियमित हाइड्रोग्राफिक सर्वेक्षण), सामुदायिक जेट्टियों, फ्लोटिंग टर्मिनलों, मल्टी मॉडल टर्मिनलों (एमएमटी), इंटर मॉडल टर्मिनलों (आईएमटी) तथा नेविगेशनल लॉक का निर्माण आदि किया गया है। वर्ष 2014-15, 2019-20 तथा 2023-24 में प्रचालनशील राष्ट्रीय जलमार्गों की लंबाई क्रमशः 2716 कि.मी., 4203 कि.मी. और 4894 कि.मी. है। राज्य-वार/ संघ राज्य क्षेत्र वार ब्यौरा संलग्न **विवरण** में दिया गया है।

विवरण

वर्ष 2014-15, 2019-20 तथा 2023-24 में राज्य-वार प्रचालनशील राष्ट्रीय जलमार्गों की लंबाई (कि.मी. में)					
क्रम सं.	राष्ट्रीय जलमार्ग	राज्य/ संघ राज्य क्षेत्र	2014-15	2019-20	2023-24
1	रा.ज.- 1 (गंगा –भागीरथी -हुगली नदी प्रणाली (हल्दिया – इलाहाबाद))	उत्तर प्रदेश, बिहार, झारखंड, पश्चिम बंगाल	1,620	1,620	1,620
2	रा.ज.- 2 (ब्रह्मपुत्र नदी (धुबरी-सादिया))	असम	891	891	891
3	रा.ज.- 3 (वेस्ट कोस्ट नहर)	केरल	205	205	205
4	रा.ज.- 4 (कृष्णा गोदावरी नदी प्रणाली)	आंध्र प्रदेश	-	82	82
5	रा.ज.- 5 (ईस्ट कोस्ट नहर तथा मताई नदी / ब्राह्मणी – खार्सुआ – धामरा नदियां/ महानदी डेल्टा नदियां)	ओडिशा	-	-	233
6	रा.ज.- 8 (अलाप्पुझा -चंगनसरी नहर)	केरल	-	-	29
7	रा.ज.- 9 (अलाप्पुझा -कोट्टायम - अथिरमपुजा नहर)	केरल	-	-	40
8	रा.ज.- 14 (बैतरणी नदी)	ओडिशा	-	-	48
9	रा.ज.- 16 (बराक नदी)	असम	-	121	121
10	रा.ज.- 23 (बुध बलंगा)	ओडिशा	-	-	56
11	रा.ज.- 31(धनसीरी /चात्हे)	असम	-	-	114
12	रा.ज.- 44 (इच्छामती नदी)	पश्चिम बंगाल	-	63	63
13	रा.ज.- 64 (महानदी नदी)	ओडिशा	-	-	98
14	रा.ज.- 86 (रूपनारायण नदी)	पश्चिम बंगाल	-	-	72

15	रा.ज.- 94 (सोन नदी)	बिहार	-	141	141
16	रा.ज.- 97 (सुंदरबन जलमार्ग)	पश्चिम बंगाल	-	172	172
17	रा.ज.- 10 (अंबा नदी)	महाराष्ट्र	-	45	45
18	रा.ज.- 83 (राजपुरी क्रीक)	महाराष्ट्र	-	31	31
19	रा.ज.- 85 (रेवडांडा क्रीक -कुंडलिका नदी प्रणाली)	महाराष्ट्र	-	31	31
20	रा.ज.- 91 (शास्त्री नदी -जयगढ़ क्रीक प्रणाली)	महाराष्ट्र	-	48	48
21	रा.ज.- 68 (माण्डोवी नदी)	गोवा	-	41	41
22	रा.ज.- 111(जुआरी नदी)	गोवा	-	50	50
23	रा.ज.- 73 (नर्मदा नदी)	गुजरात	-	226	226
24	रा.ज.- 100 (तापी नदी)	गुजरात	-	436	436
	कुल लंबाई, कि.मी. में		2,716	4,203	4,894

EXEMPTION OF BCD ON SHIPBUILDING MATERIALS

5732. SHRIMATI D. K. ARUNA:

SHRI CHAMALA KIRAN KUMAR REDDY:

SHRI SURESH KUMAR SHETKAR:

SHRI EATALA RAJENDER:

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

- (a) whether the Government proposes to continue the exemption of Basic Customs Duty (BCD) on raw materials, components, consumables or parts for the manufacture of ships for another ten years and also propose the same

dispensation for ship breaking to make it more competitive considering the fact that shipbuilding has a long gestation period; and

(b) if so, the details and the present status thereof?

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

(a) and (b) : Government of India, in the Budget speech, 2025 has announced that considering that shipbuilding has a long gestation period, the exemption of BCD on raw materials, components, consumables or parts for the manufacture of ships to be continued for another ten years. The same dispensation is extended for ship breaking to make it more competitive.

अंतर्राष्ट्रीय योग दिवस

5733. श्री बाल्या मामा सुरेश गोपीनाथ म्हात्रे:

श्री बलवंत बसवंत वानखडे:

क्या **आयुष** मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार योग को वैश्विक स्वास्थ्य प्रणाली का हिस्सा बनाया जाना सुनिश्चित करेगी और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) अंतर्राष्ट्रीय योग दिवस के प्रचार-प्रसार हेतु अब तक कितनी धनराशि व्यय की गई है तथा इससे क्या लाभ प्राप्त हुए हैं;
- (ग) क्या सरकार का विद्यालयों और महाविद्यालयों में योग को अनिवार्य विषय के रूप में शामिल करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या सरकार का भारतीय योग शिक्षकों को अंतर्राष्ट्रीय प्रमाणन प्रदान करने का विचार है; और
- (ङ) 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) : आयुष मंत्रालय आयुष में अंतर्राष्ट्रीय सहयोग को बढ़ावा देने के लिए केंद्रीय क्षेत्रीय योजना का कार्यान्वयन कर रहा है। इस योजना के तहत 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 पद्धतियों के अंतर्राष्ट्रीय संवर्धन, विकास और मान्यता को सुगम बनाता है; हितधारकों के बीच आपसी संवाद को बढ़ावा देता है तथा अंतर्राष्ट्रीय स्तर पर आयुष बाजार का संवर्धन करता है; विदेशों में आयुष अकादमिक पीठों की स्थापना के माध्यम से शिक्षाविदों और अनुसंधान को बढ़ावा देता है और अंतर्राष्ट्रीय स्तर पर योग सहित आयुष चिकित्सा पद्धतियों के संबंध में जागरूकता तथा रुचि संवर्धन और सुदृढ़ीकरण हेतु प्रशिक्षण कार्यशाला/संगोष्ठियों का आयोजन करता है। आयुष मंत्रालय ने पारंपरिक भारतीय चिकित्सा पद्धतियों का वैश्विक स्तर पर संवर्धन करने और इसके सुदृढ़ीकरण के लिए 24 देश-दर-देश स्तर के समझौता ज्ञापनों (एमओयू) और 51 संस्थान-दर-संस्थान स्तर के समझौता ज्ञापनों पर हस्ताक्षर किए हैं।

(ख) : माननीय प्रधानमंत्री जी की पहल पर संयुक्त राष्ट्र महासभा ने वर्ष 2014 में, 21 जून को अंतर्राष्ट्रीय योग दिवस के रूप में घोषित करने का ऐतिहासिक निर्णय लिया। अंतर्राष्ट्रीय योग दिवस के प्रचार-प्रसार के लिए अब तक लगभग 161 करोड़ रुपये खर्च किए जा चुके हैं। योग का संदेश संपूर्ण विश्व में प्रसारित करते हुए, अंतर्राष्ट्रीय योग दिवस प्रति वर्ष सफलतापूर्वक मनाया जाता है। यह भी देखा गया है कि प्रति वर्ष विविध पृष्ठभूमियों से अधिक से अधिक लोग अंतर्राष्ट्रीय योग दिवस समारोह में शामिल हो रहे हैं।

(ग) : राष्ट्रीय पाठ्यचर्या की रूपरेखा (एनसीएफ) ने योग को स्वास्थ्य और शारीरिक शिक्षा के अभिन्न अंग के रूप में स्वीकारा है। स्वास्थ्य और शारीरिक शिक्षा कक्षा 1 से कक्षा 10 तक अनिवार्य विषय है और कक्षा 11 से 12 तक वैकल्पिक विषय है। राष्ट्रीय शैक्षिक अनुसंधान और प्रशिक्षण परिषद (एनसीईआरटी) ने पहले से ही कक्षा 1 से कक्षा 10 तक स्वास्थ्य और शारीरिक शिक्षा पर एकीकृत पाठ्यक्रम विकसित कर लिया है। यह पाठ्यक्रम एनसीईआरटी की वेबसाइट **www.ncert.nic.in** पर

उपलब्ध है। इसके अलावा, एनसीईआरटी ने 8-18 वर्ष की आयु वर्ग के लिए स्कूलों में योग की शुरुआत के लिए दो मॉड्यूल तैयार किए हैं और पुस्तकें प्रकाशित की।

(घ) और (ङ) : आयुष मंत्रालय के अंतर्गत योग प्रमाणन बोर्ड (वाईसीबी), योग पेशेवरों को प्रमाणन और संस्थानों को मान्यता प्रदान करता है, योग प्रशिक्षकों के विभिन्न स्तरों के लिए पाठ्यक्रम और ऐसी कोई भी गतिविधि निर्धारित करता है जिसे योग के प्रचार के लिए आवश्यक माना जा सकता है। वाईसीबी का उद्देश्य योग के अभ्यास में गुणवत्ता लाना तथा मानक तैयार करना और प्राचीन योग को आजीविका कौशल के रूप में बढ़ावा देना है।

ANGANWADI CENTRES IN ASSAM

5734. SHRI PRADYUT BORDOLOI:

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

- (a) the details of Anganwadi Centres (AWCs) that have been upgraded to Saksham Anganwadis in Assam, district-wise along with the targets set for the same;
- (b) whether the AWCs have been temporarily or permanently closed in Assam in the last five years, if so, the details thereof and if not, the reasons therefor;
- (c) the number of AWCs in Assam operating in temporary or semi-pucca structures in Assam, district-wise and if so, the details thereof; and
- (d) the number of AWCs in Assam without toilet facilities and whether the Government has provided mobile toilets to the same, 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 (d) : As per the the 15th Finance Commission cycle, 2 lakh Anganwadi Centres (AWCs) located in Government buildings @ 40,000 AWCs per year are strengthened and upgraded as SakshamAnganwadis for improved nutrition delivery and for Early Childhood Care and Education under Mission Saksham Anganwadi and Poshan 2.0. SakshamAnganwadis are provided with better infrastructure than the conventional Anganwadi Centres including LED screens, water purifier/installation of RO Machine, PoshanVatika, ECCE related books and learning material etc. As on date, 2 Lakh Anganwadi Centres have been sanctioned for upgradation to Saksham Anganwadi Centres. In the State of Assam, 3884 AWCs have been upgraded to Saksham Anganwadi Centres. District wise details of AWCs upgraded in Assam are given in the enclosed **Statement-I**.

Under Mission Saksham Anganwadi and Poshan 2.0, there is a provision of construction of 50000 AWCs 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 MWCD per AWC to be shared between Centre and States/UTs in the prescribed cost sharing ratio. Further, States/UTs have also been advised to continue to tap funds for construction of AWC buildings from various 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. In the State of Assam, a total of 16,331 AWCs are operating in semi-pucca structures. District wise details are given in the enclosed **Statement-II**.

Directions 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.

In order to improve the infrastructure facility of Anganwadi Centres (AWCs) various steps have been undertaken by the Ministry that, inter alia, include increasing the funding for drinking water facilities and toilets at Anganwadi Centres from Rs.10,000/- to Rs.17,000/- and Rs.12,000/- to Rs.36,000/- respectively. As reported by State Government of Assam, a total of 5,627 AWCs are without toilet facility and there is no provision for mobile toilet.

STATEMENT -I

District wise, number of AWCs upgraded into Saksham AWCs

S No.	Name of District	No. of AWCs upgraded till date
1.	Baksa	545
2.	Barpeta	470
3.	Biswanath	100
4.	Bongaigaon	25
5.	Cachar	66
6.	Darrang	151
7.	Dhubri	191

8.	Dibrugarh	149
9.	Goalpara	508
10.	Golaghat	50
11.	Hailakandi	79
12.	HOJAI	75
13.	Jorhat	167
14.	Kamrup M	153
15.	KarbiAnglong	50
16.	Lakhimpur	125
17.	Majuli	25
18.	MORIGAON	50
19.	Nagaon	125
20.	SIVASAGAR	23
21.	South Salmara	138
22.	Tinsukia	258
23.	Udalguri	361
	Total	3884

STATEMENT -II

District wise, number of AWCs operating in Semi Pucca building

Sl. No	District	No. of AWCs operating in Semi pucca
1	Bajali	89
2	Baksa	854
3	Barpeta	429
4	Biswanath	216
5	Bongaigaon	115
6	Cachar	1543
7	Charaideo	22
8	Chirang	319

9	Darrang	480
10	Dhemaji	478
11	Dhubri	592
12	Dibrugarh	319
13	Dima Hasao	326
14	Goalpara	494
15	Golaghat	697
16	Hailakandi	431
17	Hojai	586
18	Jorhat	138
19	Kamrup	534
20	Kamrup Metro	155
21	KarbiAnglong	1194
22	Karimganj	351
23	Kokrajhar	519
24	Lakhimpur	1029
25	Majuli	102
26	Morigaon	259
27	Nagaon	537
28	Nalbari	643
29	Sivasagar	73
30	Sonitpur	601
31	South SalmaraMankachar	286
32	Tamulpur	634
33	Tinsukia	304
34	Udalguri	575
35	West Karbi-Anglong	407
	Total	16331

INDIA AS TOP MARITIME NATION

5735. SHRI ARUN BHARTI:

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

- (a) the specific initiatives the Government has outlined in the Maritime Vision 2047 to achieve the goal of becoming one of the top five maritime nations by 2047;
- (b) the manner in which the Government plans to enhance port handling capacity from 1,600 million metric tonnes to 10,000 million metric tonnes by 2047 along with the details of investments being allocated for this purpose;
- (c) whether the Ministry has the data of legislative reforms, aimed at boosting India's maritime capabilities, if so, the details thereof;
- (d) the measures being implemented to promote sustainable practices within the maritime sector, including the development of green ports and clean-fuel shipbuilding; and
- (e) the manner in which the Government ensure that stakeholder consultations are effectively conducted to align national maritime policies with international best practices?

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

- (a) and (b): The government's strategic initiatives seek to position the nation as a leading maritime power by expanding port capacity from about 2,600 million tonnes per annum (MTPA) to nearly 10,000 MTPA by 2047. Key to this strategy is developing new ports with deeper drafts, increasing draft of the existing ports, establishing port clusters and transshipment hubs, developing automated ports, increasing private sector involvement, and enhancing policy support.
- (c) : Central Government has introduced several legislative reforms to enhance India's maritime capabilities, including the Major Port Authorities Act, 2021, Marine

Aids to Navigation Act, 2021, Inland Vessels Act, 2021, Relaxation of Cabotage Rules, 2018, Recycling of Ships Act, 2019, National Waterways Act, 2016, the Policy for the Award of Waterfront and Associated Land to Port-Dependent Industries (Captive Policy), 2016, and Guidelines for Dealing with Stressed Public-Private Partnership (PPP) Projects at Major Ports.

(d) : Ministry of Ports, Shipping & Waterways (MoPSW) 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. Additionally, Government has launched HaritSagar Guideline for Major Ports and HaritNauka guidelines for inland vessels which aim to promote the adoption of greener technologies.

(e) : MoPSW aligns maritime policies with international best practices through high-level events like the Global Maritime India Summit, Sagarmathan, ChintanShivir, Post-Budget Industry Meets, and stakeholder consultations, fostering dialogue among policymakers, industry, and grassroots communities. Regular engagements with global maritime leaders and participation in international forums ensure that India's policies meet global standards, positioning the country as a key player in the maritime sector.

आयुष अवसंरचना में सुधार

5736. श्रीमती मंजू शर्मा:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार ने आयुष सेवाओं से संबंधित अवसंरचना में सुधार करने और उक्त सेवाओं तक आसान पहुंच को सुविधाजनक बनाने के लिए उपाय किए हैं अथवा करने का विचार है;

- (ख) यदि हां, तो राजस्थान, हरियाणा, उत्तर प्रदेश और मध्य प्रदेश सहित तत्संबंधी राज्यवार संघ/राज्यक्षेत्रवार ब्यौरा क्या है;
- (ग) यदि नहीं, तो इसके क्या कारण हैं;
- (घ) सरकार द्वारा विगत तीन वर्षों के दौरान राष्ट्रीय आयुष मिशन (एनएएम) के अंतर्गत आयुष चिकित्सा पद्धति को विकसित करने के लिए क्या कदम उठाए गए हैं; और
- (ङ) विगत तीन वर्षों के दौरान उक्त मिशन के अंतर्गत संस्वीकृत, आवंटित और उपयोग की गई धनराशि का राज्यवारसंघ राज्य/ क्षेत्रवार ब्यौरा क्या है?

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

(क) से (ग) : जन स्वास्थ्य राज्य का विषय होने के कारण, राजस्थान, हरियाणा, उत्तर प्रदेश और मध्य प्रदेश सहित राज्यों/संघ राज्य क्षेत्रों में आयुष सेवाओं की अवसंरचना में सुधार और पहुंच बढ़ाने तथा उक्त सेवाओं तक आसान पहुंच की सुविधा प्रदान करने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र की सरकारों की है। हालांकि, केंद्रीय प्रायोजित योजना राष्ट्रीय आयुष मिशन (एनएएम) के तहत, मंत्रालय 50/30/10 बिस्तरों वाले एकीकृत आयुष अस्पताल की स्थापना और मौजूदा आयुष अस्पतालों और औषधालयों के उन्नयन जैसी विभिन्न गतिविधियों के तहत, वित्तीय सहायता प्रदान करके समुदाय को बेहतर पहुंच प्रदान करने के लिए आयुष सेवाओं की अवसंरचना के लिए राज्यों/संघ राज्य क्षेत्रों के प्रयासों का समर्थन कर रहा है। स्थापना के लिए अनुमोदित एकीकृत आयुष अस्पतालों और उन्नयन के लिए समर्थित आयुष अस्पतालों तथा औषधालयों की राजस्थान, हरियाणा, उत्तर प्रदेश और मध्य प्रदेश सहित राज्य/संघ राज्य क्षेत्र-वार स्थिति क्रमशः संलग्न **विवरण-I और II** में दी गई है।

(घ) और (ङ) : राष्ट्रीय आयुष मिशन, अन्य बातों के साथ-साथ, देश में आयुष पद्धति के विकास और संवर्धन के लिए राज्यों/संघ राज्य क्षेत्रों की सरकारों के माध्यम से निम्नलिखित प्रमुख गतिविधियों के लिए प्रावधान करता है:-

- (i) आयुष स्वास्थ्य एवं कल्याण केंद्र (एएचडब्ल्यूसी), जिनका नाम अब आयुष्मान आरोग्य मंदिर (आयुष) रखा गया है।
- (ii) प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (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) 50/30/10 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना।
- (vi) सरकारी आयुष अस्पतालों, सरकारी औषधालयों और सरकारी/सरकारी सहायता प्राप्त शिक्षण संस्थागत आयुष अस्पतालों को आवश्यक औषधियों की आपूर्ति।
- (vii) आयुष जन स्वास्थ्य कार्यक्रम।
- (viii) आयुष स्नातक संस्थानों और आयुष स्नातकोत्तर संस्थानों का अवसंरचनात्मक विकास।
- (ix) उन राज्यों में नए आयुष महाविद्यालयों की स्थापना, जहां सरकारी क्षेत्र में आयुष शिक्षण संस्थानों की उपलब्धता अपर्याप्त है।

एनएएम के अंतर्गत, राज्य/संघ राज्य क्षेत्र सरकारों से राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के अनुसार, आयुष मंत्रालय ने विगत तीन वर्षों के दौरान, विभिन्न अनुमोदित गतिविधियों के कार्यान्वयन के लिए राज्यों/संघ राज्य क्षेत्रों को 1873.20 करोड़ रुपये की धनराशि जारी की है। विगत तीन वर्षों के दौरान, आवंटित/जारी और उपयोग की गई निधियों की राज्य/संघ राज्य क्षेत्र-वार स्थिति संलग्न **विवरण-III** में दी गई है।

विवरण-I

देश भर के राज्यों/संघ राज्य क्षेत्रों में स्वीकृत नए एकीकृत आयुष अस्पतालों की सूची

क्र.सं.	राज्य/संघ राज्य क्षेत्र	आईएच की संख्या
1.	अंदमान एवं निकोबार द्वीप	1
2.	आंध्र प्रदेश	2
3.	अरुणाचल प्रदेश	5
4.	असम	8
5.	बिहार	1
6.	चंडीगढ़	1
7.	छत्तीसगढ़	9
8.	दादरा नागर हवेली तथा दमण और दीव	1
9.	गोवा	2
10.	गुजरात	1
11.	हरियाणा	1
12.	हिमाचल प्रदेश	2
13.	जम्मू-कश्मीर	7
14.	झारखंड	7
15.	कर्नाटक	3
16.	केरल	10
17.	लक्षद्वीप	1
18.	मध्य प्रदेश	11
19.	महाराष्ट्र	9
20.	मणिपुर	11
21.	मेघालय	3
22.	मिजोरम	2
23.	नागालैंड	7
24.	ओडिशा	3
25.	पुडुचेरी	2
26.	पंजाब	2
27.	राजस्थान	8
28.	सिक्किम	2
29.	तमिलनाडु	5
30.	तेलंगाना	3
31.	त्रिपुरा	2
32.	उत्तर प्रदेश	26
33.	उत्तराखंड	7

34.	पश्चिमी बंगाल	2
	कुल योग	167

विवरण-II

देश भर में उन्नयन हेतु समर्थित अनुमोदित आयुष अस्पतालों और औषधालयों की राज्य/संघ राज्य क्षेत्र-वार सूची

क्र. सं.	राज्यों/संघ राज्य क्षेत्रों का नाम	आयुष अस्पतालों की इकाइयाँ	आयुष औषधालयों की इकाइयाँ
1	अंदमान एवं निकोबार द्वीप	1	0
2	आंध्र प्रदेश	10	23
3	अरुणाचल प्रदेश	1	0
4	असम	2	0
5	बिहार	0	10
6	चंडीगढ़	0	45
7	छत्तीसगढ़	17	367
8	दादरा और नागर हवेली तथा दमण और दीव	3	1
9	लद्दाख	0	0
10	दिल्ली	4	0
11	गोवा	0	0
12	गुजरात	10	142
13	हरियाणा	2	191
14	हिमाचल प्रदेश	110	1340
15	जम्मू-कश्मीर	4	55
16	झारखंड	0	0
17	कर्नाटक	17	14
18	केरल	122	100
19	लक्षद्वीप	1	4
20	मध्य प्रदेश	32	178
21	महाराष्ट्र	0	0
22	मणिपुर	2	52
23	मिजोरम	0	0
24	मेघालय	0	3
25	नागालैंड	0	5
26	ओडिशा	2	56
27	पुडुचेरी	0	7

28	पंजाब	0	10
29	राजस्थान	11	868
30	सिक्किम	0	0
31	तमिलनाडु	9	0
32	तेलंगाना	4	57
33	त्रिपुरा	6	8
34	उत्तर प्रदेश	46	1011
35	उत्तराखंड	0	161
36	पश्चिमी बंगाल	0	328
	कुल	416	5036

विवरण-III

विगत तीन वर्षों के दौरान, राष्ट्रीय आयुष मिशन (एनएएम) के अंतर्गत जारी निधियों एवं राज्य/संघ राज्य क्षेत्र की सरकारों द्वारा सूचित किए गए व्यय की स्थिति

(लाख रुपए में)

क्र. सं.	राज्यों/संघ राज्य क्षेत्रों का नाम	2021-22		2022-23		2023-24	
		स्वीकृत/ आबंटित	उपयोग किया गया	स्वीकृत/ आबंटित	उपयोग किया गया	स्वीकृत/ आबंटित	उपयोग किया गया
1	अंदमान एवं निकोबार द्वीप	296.06	295.94	142.39	142.39	407.29	372.85
2	आंध्र प्रदेश	0.00	0.00	0.00	0.00	0.00	0.00
3	अरुणाचल प्रदेश	180.85	180.85	402.04	402.04	1186.04	1016.60
4	असम	639.52	507.91	1011.77	908.67	3471.45	2883.72
5	बिहार	1686.08	1686.08	0.00	0.00	1161.06	380.04
6	चंडीगढ़	94.86	94.41	189.73	156.74	226.32	199.74
7	छत्तीसगढ़	841.31	741.43	0.00	0.00	2151.43	1524.79
8	दादरा और नागर हवेली तथा दमण और दीव	0.00	0.00	0.00	0.00	408.45	366.88
9	दिल्ली	0.00	0.00	0.00	0.00	0.00	0.00
10	गोवा	218.99	218.99	142.29	105.37	628.30	596.39
11	गुजरात	466.93	450.54	1908.62	811.83	2961.42	1442.99
12	हरियाणा	647.70	624.34	1219.91	1219.91	3026.59	2712.05
13	हिमाचल प्रदेश	1261.80	1261.80	3873.58	3865.19	3659.22	3062.52
14	जम्मू-कश्मीर	1313.11	1245.61	4895.09	4699.57	7510.36	7269.62
15	झारखंड	1309.77	1309.77	7752.57	7752.57	2390.42	2203.29
16	कर्नाटक	1821.46	1777.80	1714.09	1546.45	5031.54	4605.48

17	केरल	1153.39	1153.39	4399.83	4122.00	7989.40	7381.76
18	लद्दाख	187.45	185.95	72.27	72.27	47.32	41.77
19	लक्षद्वीप	64.26	64.26	116.32	116.32	332.01	332.01
20	मध्य प्रदेश	3123.20	3123.20	1716.00	1653.21	6120.00	5173.05
21	महाराष्ट्र	0.00	0.00	0.00	0.00	2235.54	1495.17
22	मणिपुर	170.04	129.75	1723.00	1623.95	0.00	0.00
23	मिजोरम	259.08	259.08	117.27	117.27	1057.86	1039.52
24	मेघालय	609.78	609.78	796.84	796.84	1722.60	1482.39
25	नागालैंड	232.27	232.27	495.78	495.78	1016.97	1016.97
26	ओडिशा	1075.38	1069.56	0.00	0.00	0.00	0.00
27	पुडुचेरी	200.27	200.19	623.95	620.94	197.08	164.43
28	पंजाब	527.28	527.28	0.00	0.00	109.85	61.46
29	राजस्थान	3189.00	2945.96	0.00	0.00	3731.51	1814.68
30	सिक्किम	99.30	99.30	626.06	626.06	492.37	492.37
31	तमिलनाडु	2348.27	2348.27	2428.69	1879.99	6635.76	6428.71
32	तेलंगाना	3132.25	3044.95	0.00	0.00	1225.17	852.40
33	त्रिपुरा	138.71	127.32	1030.90	1008.40	566.99	470.85
34	उत्तर प्रदेश	13809.7 2	13601.3 7	14437.6 0	13903.5 1	12418.6 0	11455.7 6
35	उत्तराखंड	2622.50	2622.50	1855.80	1855.80	3234.38	2666.70
36	पश्चिमी बंगाल	2118.05	2118.05	1056.58	1045.38	3379.39	2943.63
	कुल	45838.6 3	44857.8 7	54748.9 4	51548.4 3	86732.6 7	73950.5 8

MBBS AND POST GRADUATE DOCTORS

5737. DR. M. K. VISHNU PRASAD:

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

- the total number of MBBS doctors passing out of Post graduation every year in the country, State/UT-wise including Tamil Nadu;
- whether any steps have been taken by the Government to increase the number of seats in various medical institutes/colleges across the country during the last two years and the current year; and

(c) if so, the details thereof, State/UT-wise and year-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) : As of now, there are a total number of 74,306 Postgraduate seats in the country including Tamil Nadu. The measures/steps taken by the Government to increase the number of medical seats in the country include:-

- Centrally Sponsored Scheme for establishment of new medical college by upgrading district/ referral hospital under which 131 new medical colleges are already functional out of 157 approved medical colleges.
- 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, of which 71 projects are complete.
- Under the Central Sector Scheme for setting up of new AIIMS, 22 AIIMS have been approved. Undergraduate courses have been started in 19 of these.

NURSING EDUCATION INFRASTRUCTURE IN TAMIL NADU**5738. SHRI G. SELVAM:****SHRI C. N. ANNADURAI:**

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

- (a) the current status of nursing education infrastructure including the number of nursing colleges, their distribution across districts and the intake capacity of students in Tamil Nadu;
- (b) the major challenges faced in expanding nursing education infrastructure in the State particularly in rural and underserved areas;
- (c) the initiatives taken by the Government to address these challenges including financial assistance, policy reforms and measures to improve the quality of nursing education in the State;
- (d) the details of any new nursing colleges or training institutions approved or established in Tamil Nadu during the last three years and the current year, year-wise;
- (e) the impact of these initiatives on addressing the shortage of nursing professionals in healthcare sector in the State; and
- (f) whether the Government has any other future plans to strengthen nursing education and workforce development in Tamil Nadu 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) to (f) : As per the Indian Nursing Council (INC) records, there are 194 institutions running GNM program and 221 Colleges of Nursing with B.Sc.(N) program in Tamil Nadu. The district-wise number of Government/ private nursing colleges and the intake capacity of students in Tamil Nadu are given in the enclosed **Statement-I**. Details of new nursing colleges or training institutions approved or established in Tamil Nadu are given in the enclosed **Statement-II**. The Government has taken the following initiatives to improve the quality of nursing education in the State;

- (i) Under the Centrally Sponsored Scheme (CSS) for “Augmenting Nursing Education- Establishment of new College of Nursing (CoN) in co-location with Medical College” 157 nursing colleges have been sanctioned in the country including eleven (11) in Tamil Nadu.
- (ii) Under the Central Sector Scheme ‘Development of Nursing Services’ financial assistance is provided to States/UTs to upgrade Schools of Nursing into Colleges of Nursing.
- (iii) Distance between nursing educational institutions has been reduced from 10 km to 5 km in Hilly areas.
- (iv) Maximum distance between hospital and institution can be 50 km in Hilly areas as against 30 km in plain areas.
- (v) For Nursing Educational Programmes, student patient ratio has been relaxed from 1:5 to 1:3.
- (vi) The land requirement for Nursing Educational Institutes from 3 acres has been relaxed to constructed building of 54,000 sq. ft. for School/College of Nursing including Hostel.
- (vii) To open GNM and B.Sc. (Nursing) programme, 100 bedded parent hospital is essential since 2013-2014. However, this is relaxed for hilly and tribal areas.

(viii) Norms for teaching faculty to start B.Sc. (N) Programme has been relaxed as under:

13.At least 2 M.Sc. (N) faculty to be available

14.Qualification and Experience of the Nursing Teachers has been relaxed.

(ix) Super speciality Hospital can start M.Sc. (N) without having under graduate programme. Further, student teacher ratio for M.Sc.(N) programme has been relaxed from 1:5 to 1:10

(x) Age of superannuation for faculty in Nursing has been increased to 70 years.

(xi) INC has increased the maximum number of sanctioned seats for Nursing programs to 300.

STATEMENT-I

District-wise number of Govt./Pvt. Nursing Institutions and the Admission Capacity as on 31st, December, 2024 in the State of Tamil Nadu									
S. No.	Tamil Nadu State	GNM				B.Sc(N)			
		Institution		Seats		Institution		Seats	
		Govt.	Pvt.	Govt.	Pvt.	Govt.	Pvt.	Govt.	Pvt.
1	Ariyalur	0	1	0	20	0	0	0	0
2	Chengalpattu	1	3	20	60	0	4	0	290
3	Chennai	4	8	350	220	1	10	50	520
4	Coimbatore	1	16	100	555	0	27	0	1870
5	Cuddalore	1	6	50	140	0	2	0	160
6	Dharmapuri	0	6	0	210	0	6	0	350
7	Dindigul	1	6	50	220	0	10	0	570
8	Erode	1	5	60	100	0	4	0	260
9	Kancheepuram	2	8	150	250	1	15	50	1230
10	Kanyakumari	1	16	100	405	0	20	0	1250
11	Karur	0	2	0	40	0	2	0	110
12	Krishnagiri	0	3	0	80	0	4	0	320
13	Madurai	1	8	100	295	1	7	50	470
14	Nagapattinam	1	4	100	130	0	1	0	40
15	Namakkal	0	5	0	190	0	9	0	670
16	Nilgiris	1	1	50	20	0	0	0	0
17	Perambalur	0	3	0	70	0	4	0	350

18	Pudukkottai	0	5	0	140	0	5	0	250
19	Ramanathapuram	1	1	100	40	0	0	0	0
20	Ranipet	0	1	0	40	0	1	0	50
21	Salem	1	8	100	200	1	14	50	900
22	Sivaganga	0	1	0	20	0	3	0	160
23	Tenkasi	0	1	0	35	0	1	0	40
24	Thanjavur	1	9	100	200	0	4	0	300
25	Theni	1	1	100	20	1	2	50	160
26	Thiruvallur	0	4	0	180	0	10	0	740
27	Thoothukudi	1	4	100	100	0	4	0	210
28	Tiruchirappalli	1	9	100	200	0	13	0	770
29	Tirunelveli	1	2	100	70	0	9	0	470
30	Tiruppur	1	0	100	0	0	2	0	150
31	Tirupur	0	1	0	20	0	3	0	150
32	Tiruvannamalai	0	5	0	170	0	4	0	260
33	Vellore	1	14	100	475	0	6	0	390
34	Villuppuram	0	2	0	100	0	5	0	360
35	Virudhunagar	1	0	100	0	0	5	0	310

STATEMENT - II

Nursing Colleges established during the last 3 years [B.Sc.(N)]					
State	2022	2023	2024	Total*	Number of colleges sanctioned in 2023-24**
Andaman & Nicobar	0	0	0	0	1
Andhra Pradesh	2	0	0	144	3
Arunachal Pradesh	1	0	2	5	1
Assam	0	2	1	23	5
Bihar	2	0	4	18	8
Chandigarh	0	0	0	2	--
Chhattisgarh	0	10	5	122	5
Dadra & Nagar Haveli	0	0	0	1	--
Daman & Diu	0	0	0	1	--
Delhi	0	1	1	16	--
Goa	0	0	3	6	--
Gujarat	0	0	6	112	5
Haryana	0	0	1	41	1

Himachal Pradesh	0	0	5	42	3
Jammu & Kashmir	0	0	3	24	7
Jharkhand	5	3	14	42	5
Karnataka	24	7	0	391	4
Kerala	1	5	18	161	-
Ladakh	0	0	0	0	1
Lakshadweep	0	0	1	1	--
Madhya Pradesh	21	0	0	167	14
Maharashtra	0	0	0	109	2
Manipur	2	1	2	15	1
Meghalaya	0	2	0	4	1
Mizoram	0	1	0	4	1
Nagaland	0	0	1	3	2
Odisha	1	5	5	54	7
Pondicherry	0	0	2	17	-
Punjab	4	1	3	123	3
Rajasthan	1	0	22	180	23
Sikkim	0	1	0	4	1
Tamilnadu	4	0	6	221	11
Telangana	0	0	13	103	--
Tripura	0	0	2	6	--
Uttar Pradesh	14	9	21	194	27
Uttarakhand	2	2	2	43	4
West Bengal	36	5	31	121	11

*Total number of B.Sc. nursing colleges functional in India as on 31st December, 2024.

**Colleges sanctioned under Centrally Sponsored Scheme “Augmenting Nursing Education- Establishment new nursing colleges” in co-location with medical colleges.

NATIONAL HEALTH MISSION IN GUJARAT

5739. SHRI RAJESHBHAI NARANBHAI CHUDASAMA:

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

- (a) whether a nation-wide programme is being implemented to achieve universal access to equitable, affordable and quality healthcare services for all citizens in the country, if so, the details thereof;
- (b) the details of the steps/measures taken under the National Health Mission during the last five years in Gujarat, year-wise; and
- (c) the details of the funds released and spent under the National Health Mission during the last five years in Gujarat, year-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) and (b) : The National Health Mission (NHM) envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. NHM encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The main programmatic components include Health System Strengthening in rural and urban areas, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases. Key components of the Mission are as under:

- **Reproductive, Maternal, Newborn, Child and Adolescent Health Services (RMNCH + A)** including Janani Suraksha Yojana, Janani Shishu Suraksha Karyakram (JSSK), Rashtriya Bal Swasthya Karyakram (RBSK), Rashtriya Kishore Swasthya Karyakram (RKSK), Facility Based Newborn care including Special Newborn Care Units (SNCUs) and Newborn Care Stabilisation Units

(NBSUs), Maternal & Child health wings, Routine Immunisation and Pulse Polio Immunisation etc.

- **Health Systems Strengthening** including augmentation of infrastructure, human resources and programme management, patient transport services (including Dial 108 for critical care and Dial 102 for predominantly transporting pregnant women and sick infants), Mobile Medical Units, community participation including engagement of ASHAs, involvement of Rogi Kalyan Samitis, mainstreaming of AYUSH and provision of drugs, equipment, diagnostics etc.
- **Communicable Disease Control Programmes** - includes national programmes namely Revised National Tuberculosis Control Programme, National Vector Borne Disease Control Programme to control malaria, dengue, filariasis, kala-azar, National Leprosy Eradication Programme, and Integrated Disease Surveillance Project.
- **Non- Communicable Diseases Control Programme-** interventions upto District Hospital level - including National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), National Programme for Control of Blindness (NPCB), National Mental Health Programme (NMHP), National Programme for Health Care of the Elderly (NPHCE), National Tobacco Control Programme (NTCP) and National Oral Health Programme (NOHP)

- **Infrastructure Maintenance**- to support salary of ANMs and LHVs etc. - Support under this component is provided to states to meet salary requirement of Schemes viz. Direction & Administration (Family Welfare Bureaus at state & district level), Sub-Centres, Urban Family Welfare Centres, Urban Revamping Scheme (Health Posts), ANM/LHV Training Schools, Health & Family Welfare Training Centres, and Training of Multi-Purpose Workers (Male). The National Health Mission (NHM) aims for attainment of universal access to equitable, affordable and quality health care services, accountable and responsive to people's needs, with effective intersectoral convergent action to address the wider social determinants of health. It is implemented in all the States/UTs in the country.

The Ministry of Health and Family Welfare provides technical and financial support to all States/UTs including Gujarat to strengthen the public healthcare system 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 & available resources. The details for the last five years are available in public domain at:

<https://nhm.gov.in/index4.php?lang=1&level=0&linkid=56&lid=69>

(c) : The year-wise details of Central Release and Expenditure under National Health Mission (NHM) for the state of Gujarat from FY 2019-20 to FY 2023-24 is as under:

(Rs. In crores)

Sl. No.	Financial Year	Central Release	Expenditure
1.	2019-20	1110.80	1864.73
2.	2020-21	1005.66	1894.46
3.	2021-22	1094.48	1835.81
4.	2022-23	1120.06	2292.35
5.	2023-24	1506.96	3672.25

मिशन वात्सल्य

5740. श्री इमरान मसूद:

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

- (क) मिशन वात्सल्य योजना के उद्देश्य क्या हैं और उक्त योजना के अंतर्गत राज्यवार, विशेषकर उत्तर प्रदेश केसहारनपुर जिले में जारी की गई निधि का ब्यौरा क्या है;
- (ख) मिशन वात्सल्य की निगरानी पद्धति का ब्यौरा क्या है;
- (ग) उक्त संसदीय निर्वाचन क्षेत्र में बाल कल्याण एवं संरक्षण समिति (सीडब्ल्यू एंड पीसी) द्वारा कितने बच्चों की पहचान की गई है और उक्त योजना के अंतर्गत कितने बच्चों को प्रायोजन सुविधा प्रदान की गई है; और
- (घ) वित्तीय सहायता प्राप्त कर रहे बच्चों की संख्या कितनी है और 18 वर्ष की आयु प्राप्त करने के बाद दी जा रही वित्तीय सहायता का ब्यौरा क्या है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) और (ख) : महिला एवं बाल विकास मंत्रालय कठिन परिस्थितियों में बच्चों के लिए विभिन्न सेवाएं, जिसमें संस्थागत और गैर-संस्थागत दोनों प्रकार की देखभाल सेवाएं शामिल हैं, प्रदान करने हेतु केंद्र और राज्य सरकारों के बीच पूर्व-निर्धारित लागत साझाकरण के आधार पर राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से 'मिशन वात्सल्य' नामक केंद्र प्रायोजित योजना को कार्यान्वित कर रहा है। मिशन वात्सल्य

योजना के अंतर्गत स्थापित बाल देखभाल संस्थान (सीसीआई) अन्य बातों के साथ-साथ आयु-उपयुक्त शिक्षा, व्यावसायिक प्रशिक्षण तक पहुंच, मनोरंजन, स्वास्थ्य देखभाल, परामर्श आदि में सहायता प्रदान करते हैं।

मिशन वात्सल्य का उद्देश्य यह सुनिश्चित करना है कि परियोजनाओं/कार्यक्रमों को डिजाइन करते समय बच्चों के सर्वोत्तम हितों का हमेशा ध्यान रखा जाए। इसमें बच्चों के लिए आवश्यक सेवाएं, आपातकालीन आउटरीच सेवाएं स्थापित करना तथा संस्थागत और गैर-संस्थागत देखभाल सेवाओं को सुदृढ़ करना शामिल है।

जेजे अधिनियम, 2015 की धारा 106 में कहा गया है कि जेजे अधिनियम, 2015 के कार्यान्वयन की प्राथमिक जिम्मेदारी राज्य/संघ राज्य क्षेत्रों की है। जेजे अधिनियम, 2015 की धारा 54 में राज्य सरकारों द्वारा निरीक्षण समितियों की नियुक्ति का प्रावधान है तथा अधिनियम की धारा 53 में संस्थान की बुनियादी सुविधाओं और अवसंरचना का मूल्यांकन कर उनके निर्धारित मानकों को बनाए रखने का प्रावधान है। जेजे अधिनियम, 2015 (2021 में यथा संशोधित) के अनुसार, देखभाल और संरक्षण की आवश्यकता वाले बच्चों के कल्याण के लिए जिला मजिस्ट्रेटों को जिले में नोडल प्राधिकारी के रूप में समर्थ बनाया गया है।

जेजे अधिनियम, 2015 (धारा 109) में अधिनियम के कार्यान्वयन की निगरानी के लिए राष्ट्रीय स्तर पर राष्ट्रीय बाल अधिकार संरक्षण आयोग (एनसीपीसीआर) और राज्य स्तर पर राज्य बाल अधिकार संरक्षण आयोग (एससीपीसीआर) की स्थापना का प्रावधान है।

मंत्रालय नियमित रूप से राज्यों/संघ राज्यक्षेत्रों के साथ संपर्क बनाए रखता है ताकि किशोर न्याय (बच्चों की देखभाल एवं संरक्षण) अधिनियम, 2015 के प्रावधानों के अनुसार सेवाओं की प्रदायगी सुनिश्चित की जा सके।

मिशन वात्सल्य योजना के कार्यान्वयन के लिए राज्य सरकारों/संघ राज्य क्षेत्र प्रशासनों को निधि जारी की जाती है। वित्तीय वर्ष 2023-24 के दौरान मिशन वात्सल्य योजना के अंतर्गत उत्तर प्रदेश राज्य सहित जारी निधि का राज्य और संघ राज्य क्षेत्र-वार ब्यौरा संलग्न **विवरण** में दिया गया है।

(ग) और (घ) : मिशन वात्सल्य योजना के दिशा-निर्देशों में प्रत्येक जिले में जिला मजिस्ट्रेट की अध्यक्षता में जिला बाल कल्याण एवं संरक्षण समिति का प्रावधान है, जो जिला स्तर पर मिशन वात्सल्य योजना की गतिविधियों के साथ-साथ समग्र कार्यान्वयन की निगरानी और पर्यवेक्षण करेगी।

मिशन वात्सल्य योजना के अंतर्गत निम्नलिखित तरीके उपलब्ध हैं जिनके अंतर्गत बच्चों को गैर-संस्थागत देखभाल के लिए वित्तीय सहायता प्रदान की जाती है:

- i. **प्रायोजन:** विस्तारित परिवारों/जैविक रिश्तेदारों के साथ रहने वाले कमजोर बच्चों को उनकी शिक्षा, पोषण और स्वास्थ्य आवश्यकताओं के लिए सहायता प्रदान करना।
- ii. **पालन-पोषण देखभाल:** बच्चे की देखभाल, सुरक्षा और पुनर्वास की जिम्मेदारी एक असंबंधित परिवार द्वारा ली जाती है।
- iii. **दत्तक-ग्रहण:** दत्तक-ग्रहण के लिए कानूनी रूप से स्वतंत्र घोषित बच्चों हेतु परिवार ढूँढना। केंद्रीय दत्तक-ग्रहण संसाधन प्राधिकरण (कारा) दत्तक-ग्रहण के कार्यक्रम को सुगम बनाता है।
- iv. **पश्चात देखभाल:** 18 वर्ष की आयु पूरी होने पर बाल देखभाल संस्थान छोड़ने वाले बच्चों के लिए है ताकि बच्चे को समाज की मुख्यधारा में पुनः शामिल किया जा सके। ऐसी सहायता 18 वर्ष की आयु से 21 वर्ष की आयु तक दी जाती है, जिसे 23 वर्ष की आयु तक बढ़ाया जा सकता है।

वित्तीय वर्ष 2023-24 के दौरान, मिशन वात्सल्य योजना के तहत गैर-संस्थागत देखभाल के विभिन्न तरीकों जैसे प्रायोजन, पालन-पोषण देखभाल और पश्चात देखभाल के तहत कुल 1,21,861 बच्चों को सहायता प्रदान की गई है। प्रायोजन का निर्वाचन क्षेत्रवार डेटा केन्द्रीय रूप से नहीं रखा जाता है।

विवरण

वित्तीय वर्ष 2023-24 के दौरान मिशन वात्सल्य योजना के अंतर्गत जारी निधि का राज्य/संघ राज्य क्षेत्र-वार विवरण

(करोड़ रुपये में)

क्र. सं.	राज्य/संघ राज्य क्षेत्र का नाम	जारी की गई राशि
1	आंध्र प्रदेश	25.01
2	अरुणाचल प्रदेश	24.35

3	असम	59.66
4	बिहार	65.18
5	छत्तीसगढ़	44.66
6	गोवा	0.00
7	गुजरात	47.10
8	हरियाणा	16.17
9	हिमाचल प्रदेश	21.15
10	जम्मू और कश्मीर	43.64
11	झारखंड	37.66
12	कर्नाटक	90.94
13	केरल	22.27
14	मध्य प्रदेश	60.85
15	महाराष्ट्र	95.38
16	मणिपुर	29.24
17	मेघालय	31.28
18	मिजोरम	53.09
19	नागालैंड	29.28
20	उड़ीसा	60.28
21	पंजाब	15.44
22	राजस्थान	42.84
23	सिक्किम	5.80
24	तमिलनाडु	128.70
25	तेलंगाना	39.98
26	त्रिपुरा	32.09
27	उत्तर प्रदेश	103.57
28	उत्तराखंड	32.63
29	पश्चिम बंगाल	57.42
30	अंडमान एवं निकोबार द्वीप समूह	2.68
31	चंडीगढ़	5.83
32	दादरा और नगर हवेली एवं दमन और दीव	3.19
33	दिल्ली	3.89
34	लक्षद्वीप	0.36
35	लद्दाख	4.39
36	पुदुचेरी	5.67
कुल		1341.68

CHILD ADOPTION LAW

5741. SHRI ANIL YESHWANT DESAI:

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

- (a) whether Indian adoption laws provide adequate care for safe future/atmosphere of the child;
- (b) the details of the special provisions made if the adoption request is by a foreign couple;
- (c) whether the Government is monitoring/preventing adoption by the people not authorized under the law and if so, the details thereof; and
- (d) the number of people arrested during the last five years for illegal adoptions?

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

(a) : The Ministry of Women and Child Development is the nodal Ministry for Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015) which is the primary legislation for ensuring safety, security, dignity and wellbeing of children in need of care and protection and those in conflict with law by catering to their basic needs through care, protection, development, treatment, rehabilitation and social re-integration.

Under the JJ Act, 2015, the Juvenile Justice (Care and Protection of Children) Model Rules, 2016 (as amended in 2022) and the Adoption Regulations, 2022, thereunder, a uniform legal framework for adoption is available across the country. Overall, this comprehensive framework ensures that every child in need

of care and protection can find a safe, permanent, and loving family through a transparent and legally sound adoption process.

(b) : Section 59 of the JJ Act, 2015 provides procedures for Inter-country adoptions of an orphan, an abandoned and a surrendered child. Further, regulations 15 to 23 of the Adoption Regulations, 2022 provide adoption procedures for NRI, OCI and Foreign Prospective Adoptive Parents.

(c) : Adoption process is completely online and transparent through the designated CARINGS portal. There is no scope to register illegal adoptions through CARINGS portal.

(d) : No such information is maintained centrally.

राष्ट्रीय आयुष मिशन के अंतर्गत राज्य वार्षिक कार्य योजना

5742. श्री संजय हरिभाऊ जाधव:

श्री अरविंद गणपत सावंत:

श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकर:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार ने वर्ष 2024-25 और 2025-26 के लिए राष्ट्रीय आयुष मिशन (एनएएम) के अंतर्गत महाराष्ट्र और अन्य राज्यों हेतु राज्य वार्षिक कार्य योजना (एसएएपी) तैयार की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा देश में आयुष मिशन के अंतर्गत कार्य का राज्य संघ/राज्यक्षेत्रवार ब्यौरा क्या है;

(ख) विगत पांच वर्षों के दौरान उक्त मिशन की विभिन्न योजनाओं कार्यक्रमों के अंतर्गत महाराष्ट्र को/आवंटित निधि और आयुष अस्पतालों/स्वास्थ्य और कल्याण केन्द्रों की स्थापना हेतु निधि तथा विभिन्न शीर्षों के अंतर्गत आवर्ती व्यय का ब्यौरा क्या है;

- (ग) विगत पांच वर्षों और चालू वर्ष के दौरान महाराष्ट्र सहित देश में आयुष पद्धति और अवसंरचना के विकास के लिए सरकार द्वारा क्या प्रभावी कदम उठाए गए हैं और इस संबंध में कितनी निधि आवंटित की गई है;
- (घ) क्या उक्त आयुष चिकित्सा पद्धति और अवसंरचना का विकास करते समय आकांक्षी जिलों को ध्यान में रखा गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ङ) आकांक्षी जिलों को किस प्रकार ध्यान में रखा गया है; और
- (च) 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) : भारत सरकार देश में आयुष पद्धतियों के समग्र विकास और संवर्धन के लिए राज्यों/संघ राज्य क्षेत्रों के माध्यम से एनएएम दिशा-निर्देशों के मौजूदा प्रावधानों के अंतर्गत एसएएपी के माध्यम से प्राप्त प्रस्तावों के अनुसार विभिन्न गतिविधियों के तहत वित्तीय सहायता प्रदानकरके राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना को कार्यान्वित कर रही है। एनएएम अन्य बातों के साथ-साथ राज्य/संघ राज्य क्षेत्र की सरकारों के माध्यम से देश में निम्नलिखित प्रमुख गतिविधियों के लिए प्रावधान करता है:-

- i. मौजूदा आयुष औषधालयों और उप स्वास्थ्य केंद्रों को उन्नत करके आयुष स्वास्थ्य एवं कल्याण केंद्रों का संचालन।
- ii. पीएचसी, सीएचसी और डीएच में आयुष सुविधाओं की सहस्थापना।-
- iii. मौजूदा एकल सरकारी आयुष अस्पतालों का उन्नयन।
- iv. मौजूदा सरकारी पंचायत/सरकारी सहायता प्राप्त आयुष औषधालयों का उन्नयन/मौजूदा/ आयुष औषधालय (किराएपर जीर्ण-शीर्ण आवास पर) के लिए भवन का निर्माण/नए आयुष/ औषधालय की स्थापना के लिए भवन का निर्माण।
- v. 10/30/50 बिस्तरों तक के एकीकृत आयुष अस्पतालों की स्थापना।

- vi. राजकीय आयुष अस्पतालों, राजकीय औषधालयों और सरकारी सरकारी सहायता प्राप्त/ शिक्षण संस्थागत आयुष अस्पतालों को जरूरी 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 स्नातकपूर्व संस्थानों और आयुष स्नातकोत्तर संस्थानों का अवसंरचनात्मक विकासपीजी/फार्मसी/पैरामेडिकल पाठ्यक्रमों को शा/मिल करना।

एनएएम के तहत, महाराष्ट्र सहित राज्य/संघ राज्य क्षेत्र की सरकारों के लिए राज्य वार्षिक कार्य योजना (एसएएपी) संबंधित राज्य/संघ राज्य क्षेत्र की सरकारों द्वारा तैयार की जाती है। वर्ष 2024-2025 के लिए राज्य/संघ राज्य क्षेत्र की सरकारों द्वारा प्रस्तुत एसएएपी की स्थिति और महाराष्ट्र सहित आयुष मंत्रालय द्वारा स्वीकृत धनराशि संलग्न **विवरण-I** में दी गई है। इसके अलावा, एसएएपी प्रस्तुत करने के लिए राज्य/संघ राज्य क्षेत्र की सरकारों को वर्ष 2025-26 के लिए संसाधन पूल के बारे में सूचित किया गया था। हालाँकि, वर्ष 2025-2026 के लिए महाराष्ट्र सहित राज्यों/संघ राज्य क्षेत्र से अभी तक एसएएपी प्राप्त नहीं हुई है।

(ख) : एनएएम के अंतर्गत, विगत पांच वर्षों के दौरान, आयुष अस्पतालों/स्वास्थ्य एवं कल्याण केन्द्रों की स्थापना सहित एसएएपी की विभिन्न अनुमोदित गतिविधियों/कार्यक्रमों के कार्यान्वयन के लिए गैर-आवर्ती और आवर्ती निधियों का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

(ग) : एनएएम के तहत, आयुष मंत्रालय महाराष्ट्र सहित देश में आयुष पद्धति और अवसंरचना को विकसित करने के लिए एनएएम दिशानिर्देशों के प्रावधानों के अनुसार, संबंधित राज्य/संघ राज्य क्षेत्र की सरकारों द्वारा प्रस्तुत एसएएपी के अनुसार, उनके प्रयासों का समर्थन कर रहा है। विगत 5 वर्षों और चालू वर्ष के दौरान, महाराष्ट्र सहित एसएएपी के माध्यम से प्राप्त प्रस्तावों के अनुसार राज्यों/संघ राज्य क्षेत्रों को समर्थित प्रमुख पहल/गतिविधियाँ और एनएएम के तहत, आवंटित/जारी की गई निधि क्रमशः संलग्न **विवरण-III** और **IV** में दी गई हैं।

(घ : से (च) (मंत्रालय राज्यसंघ राज्य/ क्षेत्र की सरकारों के माध्यम से एनएएम योजना को कार्यान्वित कर रहा है और जन स्वास्थ्य राज्य का विषय होने के कारण, आयुष चिकित्सा पद्धतियों और अवसंरचना के विकास के लिए आकांक्षी जिलों सहित जिलों का चयन संबंधित राज्यों संघ राज्य क्षेत्रों/ के कार्यक्षेत्र में आता है।

विवरण-I

वर्ष 2024-2025 के लिए महाराष्ट्र सहित आयुष मंत्रालय द्वारा राज्य/संघ राज्य क्षेत्र की सरकारों द्वारा प्रस्तुत एसएएपी की स्थिति और स्वीकृत धनराशि

(लाख रुपये में)

क्र.सं.	राज्य/संघ राज्य क्षेत्र	प्रस्तुत एसएएपी	स्वीकृत एसएएपी
1	अंदमान और निकोबार द्वीप	1591.61	542.75
2	आंध्र प्रदेश	11790.87	2497.19
3	अरुणाचल प्रदेश	7728.92	1498.84
4	असम	10894.14	6511.87
5	बिहार	15598.04	10132.35
6	चंडीगढ़	1007.34	447.58
7	छत्तीसगढ़	13151.95	3194.06
8	दादरा और नागर हवेली तथा दमण और दीव	1381.46	690.73
9	दिल्ली	0.00	0.00
10	गोवा	3650.61	610.67
11	गुजरात	13754.81	2623.10
12	हरियाणा	5042.5	1371.90
13	हिमाचल प्रदेश	11346.9	2899.08
14	जम्मू-कश्मीर	10101.44	4361.60
15	झारखंड	13140.35	3217.05
16	कर्नाटक	12682.51	6067.28
17	केरल	25000.00	11037.96
18	लक्षद्वीप	467.42	220.47
19	मध्य प्रदेश	15754.36	8169.59
20	महाराष्ट्र	9994.182	2681.15
21	मणिपुर	4546.74	1276.67

22	मेघालय	8623.34	1101.480
23	मिजोरम	1235.40	1520.480
24	नागालैंड	3089.97	1342.11
25	ओडिशा	8946.77	2369.21
26	पुडुचेरी	2578.0	683.40
27	पंजाब	7036.199	1701.10
28	राजस्थान	58144.11	15051.79
29	सिक्किम	700.49	434.78
30	तमिलनाडु	21214.57	3690.16
31	तेलंगाना	9956.92	6181.54
32	त्रिपुरा	16773.49	815.77
33	उत्तर प्रदेश	107167.99	13903.18
34	उत्तराखंड	5547.40	2441.12
35	पश्चिमी बंगाल	7984.12	2308.43
36	लद्दाख	308.09	190.28
कुल		447933.011	447933.011

विवरण-II

विगत पांच वर्षों के दौरान, एनएएम के अंतर्गत, महाराष्ट्र राज्य को आवंटित गैर-आवर्ती और आवर्ती निधियों का ब्यौरा

(लाख रुपये में)			
वर्ष	आवर्ती	गैर आवर्ती	कुल
2019-20	1652.682	2655.961	4308.643
2020-21	0.00	0.00	0
2021-22	0.00	0.00	0
2022-23	0.00	0.00	0
2023-24	832.906	1402.63	2235.536
2024-25	1232.377	1448.78	2681.157
कुल	3717.965	5507.371	9225.336

विवरण-III

चालू वर्ष सहित विगत पांच वर्षों के दौरान, एसएएपी के माध्यम से महाराष्ट्र सहित राज्यों/संघ राज्य क्षेत्रों से प्राप्त प्रस्तावों के अनुसार समर्थित प्रमुख पहल/गतिविधियाँ:-

- (i) एकीकृत आयुष अस्पतालों की स्थापना के लिए 150 इकाइयों को समर्थन दिया गया, जिनमें जालना, ठाणे, नागपुर, उस्मानाबाद, गोंदिया, छत्रपति संभाजी नगर और बुलढाणा में 50 बिस्तरों वाले एकीकृत आयुष अस्पतालों (आईएच) की 04 इकाइयां और महाराष्ट्र के जलगांव, गढ़चिरौली और वर्धा में 30 बिस्तरों वाले आईएच की 03 इकाइयां शामिल हैं।
- (ii) महाराष्ट्र में 14 आयुष औषधालयों सहित अवसंरचना और अन्य सुविधाओं के उन्नयन के लिए 138 आयुष अस्पतालों और 1265 आयुष औषधालयों को समर्थन दिया गया है।
- (iii) महाराष्ट्र में 261 सह-स्थापित आयुष सुविधाओं सहित प्रत्येक वर्ष औसतन 1199 पीएचसी, 465 सीएचसी और 209 डीएच को दवाओं और आकस्मिक सहायता के लिए सहस्थापन के तहत आवर्ती समर्थन दिया गया है।
- (iv) प्रत्येक वर्ष औसतन 1033 आयुष अस्पतालों और 10608 आयुष औषधालयों को आवश्यक आयुष दवाओं की आपूर्ति के लिए सहायता प्रदान की गई है, जिसमें महाराष्ट्र में 385 आयुष्मान आरोग्य मंदिर और 261 सहस्थापित आयुष सुविधाएं शामिल हैं।
- (v) नए आयुष शैक्षणिक संस्थानों की स्थापना के लिए 08 इकाइयों को समर्थन दिया गया।
- (vi) महाराष्ट्र में 53 स्नातक और 33 स्नातकोत्तर आयुष शैक्षणिक संस्थानों को अवसंरचना, पुस्तकालय और अन्य चीजों के उन्नयन के लिए समर्थन दिया गया है, जिनमें 5 स्नातक और 03 स्नातकोत्तर संस्थान शामिल हैं।
- (vii) महाराष्ट्र में 24 आयुष ग्रामों सहित 699 आयुष ग्रामों को समर्थन दिया गया है।
- (viii) महाराष्ट्र में 385 एएएम (आयुष) सहित 12500 आयुष्मान आरोग्य मंदिर (आयुष) को मंजूरी दी गई है।

विवरण-IV

पिछले पांच वर्षों और चालू वर्ष के दौरान, महाराष्ट्र सहित राज्य/संघ राज्य क्षेत्र सरकारों को आवंटित धनराशि का विवरण:

(लाख रुपये में)

क्र.सं.	राज्यों/संघ राज्य क्षेत्रों का नाम	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
1	अंदमान और निकोबार द्वीप	365.41	251.80	296.06	142.38	407.28	542.75
2	आंध्र प्रदेश	1900.59	385.40	0.00	0.00	0.00	2497.19
3	अरुणाचल प्रदेश	383.33	678.09	180.85	402.04	1186.04	1498.84
4	असम	1601.32	347.15	639.52	1011.77	3471.45	6511.87
5	बिहार	2661.29	516.53	1686.07	0.00	1161.06	0.00
6	चंडीगढ़	0.00	195.80	94.86	189.73	226.31	447.58
7	छत्तीसगढ़	0.00	2691.06	841.30	0.00	2151.42	3194.06
8	दादरा और नागर हवेली तथा दमण और दीव	63.85	0.00	0.00	0.00	408.45	690.73
9	दिल्ली	0.00	0.00	0.00	0.00	0.00	0.00
10	गोवा	118.65	65.98	218.98	142.28	628.30	610.67
11	गुजरात	2229.69	244.01	466.92	1908.62	2961.42	2623.10
12	हरियाणा	2299.47	3034.42	647.70	1219.90	3026.58	1371.9
13	हिमाचल प्रदेश	2045.89	494.94	1261.80	3873.57	3659.22	2899.08
14	जम्मू-कश्मीर	1848.53	2285.75	1313.10	4895.08	7510.36	4361.6
15	झारखंड	1522.31	0.00	1309.76	7752.57	2390.42	3217.05
16	कर्नाटक	1791.70	2184.37	1821.46	1714.08	5031.54	6067.28
17	केरल	1540.53	2337.58	1153.38	4399.82	7989.40	11037.96
18	लक्षद्वीप	426.87	19.60	64.25	116.32	332.01	220.47
19	मध्य प्रदेश	4012.34	5608.63	3123.19	1716.00	6120.00	8169.59
20	महाराष्ट्र	4308.64	0.00	0.00	0.00	2235.53	2681.15
21	मणिपुर	907.07	571.72	170.04	1723.00	0.00	1276.67
22	मिजोरम	199.51	657.73	259.08	117.27	1057.85	1101.48
23	मेघालय	348.21	247.97	609.78	796.84	1722.60	1520.48
24	नागालैंड	950.58	1254.89	232.27	495.78	1016.97	1342.11
25	ओडिशा	726.09	716.64	1075.38	0.00	0.00	2369.21
26	पुडुचेरी	238.41	47.66	200.27	623.95	197.08	683.4
27	पंजाब	1155.49	89.77	527.28	0.00	109.85	1701.1
28	राजस्थान	1987.59	2276.40	3189.00	0.00	3731.51	15051.79

29	सिक्किम	330.59	350.44	99.30	626.06	492.37	434.78
30	तमिलनाडु	1993.91	616.58	2348.26	2428.68	6635.76	3690.16
31	तेलंगाना	934.17	0.00	3132.25	0.00	1225.16	6181.54
32	त्रिपुरा	0.00	270.08	138.71	1030.90	566.99	815.77
33	उत्तर प्रदेश	7923.69	10373.85	13809.72	14437.59	12418.59	13903.18
34	उत्तराखंड	825.34	656.46	2622.50	1855.79	3234.37	2441.12
35	पश्चिमी बंगाल	1849.74	247.34	2118.04	1056.58	3379.38	2308.43
36	लद्दाख	0.00	0.00	187.45	72.26	47.32	190.28
कुल		49490.8	39718.64	45838.53	54748.86	86732.59	113654.37

PENDENCY OF SC/ST CASES IN ODISHA'S DISTRICT AND HIGH COURTS

5743. SHRI SAPTAGIRI SANKAR ULAKA:

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

- (a) the total number of cases registered under the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Act, 1989, pending in the Odisha High Court till date;
- (b) the total number of such cases pending in Odisha, district-wise;
- (c) the average duration for which these cases have been pending in both the High Court and district courts;
- (d) the number of exclusive special courts established in Odisha for the trial of offences under the said Act and their respective locations; and
- (e) the conviction and acquittal rates in cases tried under the said Act, in Odisha during the past five years?

**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): As per the information provided by the High Court of Orissa, under the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Act, 1989 (hereinafter referred as the 'Act'), as on 26.03.2025, 2735 cases have been registered and 290 cases are pending in the High Court. Further, as on 28.02.2025, 18562 cases are pending in the District Courts. The details showing District-wise pendency is at **Statement**. The average duration of 18,562 cases pending in the District Courts of the State as on 28.02.2025 is 4.42 years. Further, 3 (three) exclusive Special Courts have been established at Balangir, Balasore and Cuttack in Odisha for the trial of offences under the Act. The details regarding conviction / acquittal rates in cases tried under the Act in Odisha during the last five years are as under:

Year	Conviction rate (%)	Acquittal rate (%)
2020	4.94	85.77
2021	5.20	85.82
2022	9.27	89.24
2023	4.43	90.83
2024	2.21	88.76
2025 (as on 28.02.2025)	6.27	78.42

STATEMENT**Districtwise pendency of cases registered under the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Act, 1989, in Odisha High Court**

Sl. No.	Name of the Judgeship	Pendency as on 28.02.2025	Average duration of cases pending as on 28.02.2025 (in Years)
1	Angul	727	4.46
2	Balangir	148	3.91
3	Balarore	987	5.87
4	Bargarh	715	4.30
5	Bhadrak	1201	3.44
6	Boudh	213	3.97
7	Cuttak	1637	4.02
8	Deogarh	196	6.80
9	Dhenkanal	844	4.91
10	Gajapati	70	2.23
11	Ganjam	1018	3.21
12	jagatsinghpur	673	3.39
13	jajpur	1596	3.56
14	Jharsuguda	344	4.63
15	Kalahandi	498	4.26
16	Kandhamal	207	3.66
17	Kendrapara	1225	4.00
18	Keonjhar	525	4.22
19	Khurda	1493	6.70
20	Koraput	185	5.80
21	Malkangiri	65	3.20
22	Mayurbhanj	515	4.04
23	Nabarangpur	202	9.15
24	Nayagarh	257	3.58
25	Nuapada	268	5.21
26	Puri	1425	4.30

27	Rayagada	91	2.66
28	Sambalpur	420	4.21
29	Sonepur	342	5.16
30	Sundargarh	475	3.88
Total		18562	4.42

ESTABLISHMENT OF AYUSH ACADEMIC CHAIRS IN FOREIGN UNIVERSITIES

5744. SHRI NAVEEN JINDAL:

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

- (a) whether the Government has established AYUSH academic chairs in Bangladesh, Australia, Mauritius, Latvia and Malaysia and if so, the details to these initiatives;
- (b) whether these chairs are part of a broader strategy to promote AYUSH systems of medicine internationally and if so, the specific objectives being pursued through this initiative;
- (c) whether the government has signed any Memorandum of Understanding (MoUs) with foreign institutions to facilitate research and academic exchange in AYUSH and if so, the number and details of such agreements;
- (d) whether financial support is being provided to these foreign institutions hosting AYUSH chairs and if so, the total amount allocated for this purpose; and
- (e) whether these initiatives are being expected to enhance global recognition and acceptance of AYUSH systems of medicine and if so, the details thereof along with the measures being taken to assess their impact?

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 Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy (AYUSH) Chair Programme is an initiative by the Ministry of Ayush, Government of India, to promote and strengthen traditional Indian medicine systems (AYUSH) globally. Under this program, AYUSH Chairs are established in foreign universities and institutions to facilitate academic collaboration, research, and awareness about AYUSH systems. The Ministry of Ayush, has established AYUSH academic chairs in Bangladesh, Australia, Mauritius, Latvia and Malaysia.

These chairs are part of a broader strategy to promote AYUSH systems of medicine internationally. The specific objectives being pursued through this initiative are as under:

- (i) Undertake academic and research activities related to AYUSH Systems of Medicine.
- (ii) Design and finalize the curriculum for the short term/ medium term courses as per need of the University and AYUSH education guidelines in India.
- (iii) Take tutorials/ lectures / practical sessions as per the curricular requirements of the University and will take part in the activities such as departmental seminars, conferences, faculty meetings, etc. as mutually agreed between University and the Chair.
- (iv) Explore feasibility of undertaking collaborative research.
- (v) Act as credible source of information related to AYUSH systems of medicine for the host country and other neighboring countries.

- (vi) Liaise with Indian Embassy/ High Commission of India, host University and Ministry of AYUSH.
- (vii) Conduct workshops/ seminars on AYUSH Systems in cooperation with the host organization.
- (viii) Identify existing academic/ research programmes on AYUSH systems, their strength & gaps and provide inputs to the Ministry of Ayush and concerned institute in India.
- (ix) Carry on other incidental responsibilities as may be determined by the host University such as providing clinical services for practical demonstration / clinical trainings at the attached Hospital/ Clinic.
- (x) Undertake any other activity as assigned by the Ministry of Ayush from time to time.
- (xi) Deliver at least 2 public lectures in a year to be arranged by the University, which would be termed as AYUSH Lectures.

(c) : The Ministry of Ayush, Government of India has signed 50 Institute-to-Institute Memorandum of Understanding (MoU) with foreign institutions to facilitate research and academic exchange in AYUSH. The details of the Institutes with whom the Ministry of Ayush has signed the MoUs are given in the enclosed **Statement**.

(d) : Ministry of Ayush does not provide any financial support to foreign institutions for hosting Chairs. Ministry bears the costs relating to salary, airfare and appropriate allowances of AYUSH Chair which is being issued to concerned Indian Mission. The Host University provides the following:

- (i) Health Insurance to the candidate, his /her spouse and minor Child/ Children (limited to two);
 - (ii) Rent free furnished family accommodation, with all basic facilities/utility charges;
 - (iii) Furnished office on campus and secretarial assistance for efficient functioning of the Chair.
 - (iv) Transportation or compensation for the transport during official assignments to the Chair/ Visiting faculty.
- (e): These initiatives help to enhance global propagation, recognition, and acceptance of AYUSH systems of medicines. For assessing the impact of AYUSH Chair, a monthly report on activities undertaken is obtained from the chair. The evaluation of the chair's impact is being conducted based on the report.

STATEMENT

Details of Institute-to-Institute level MoUs

Sl. No.	Details of MoU	Country
1.	MoU between Central Council for Research in Ayurvedic Sciences (CCRAS), Ministry of AYUSH (on behalf of all the research councils- CCRAS, CCRUM, CCRS, CCRH, CCRYN) and the University of Mississippi, USA, on behalf of National Centre for Natural Products Research (NCNPR) for cooperation in the field of traditional medicine	USA
2.	MoU between CCRH and Royal London Hospital for Integrated Medicine, UK	United Kingdom
3.	MoU between Central Council for Research in Homoeopathy (CCRH) and College of Homeopaths of Ontario (CHO), Canada	Canada
4.	United States Pharmacopoeia Convention and Pharmacopoeia Commission of Indian Medicine	USA

5.	MoU on cooperation in the field of Research and Education in Homeopathy Medicine was signed between CCRH and Universidad Maimonides, Buenos Aires, Argentina	Argentina
6.	MoU on Cooperation in Research and Development in the field of Ayurvedic Science was signed between Central Council for Research in Ayurvedic Sciences (CCRAS) and the Medical Research Infrastructure and Health Services fund of the Tel Aviv Sourasky medical Institute (TASMC), Israel	Israel
7.	MoU between Central Council for Research in Ayurvedic Science, on Behalf of All Research Councils, Ministry of AYUSH(Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy), Government of India located in New Delhi, ("CCRAS") and The Governors of the University of Alberta as Represented by the Integrative Health Institute Located in Edmonton, ALBERTA, Canada	Canada
8.	MoU between National Institute of Ayurveda and UniversitiTunku Abdul Rahman, Kaula Lumpur, Malaysia in the field of Education, Training, Research, Publication and Popularization of Ayurveda in Malaysia	Malaysia
9.	MoU between Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H) and Central Council for Research in Homoeopathy (CCRH) with Homoeopathic Pharmacopoeia Convention of the United States (HPCUS)	USA
10.	MoU between Scientific Society for Homoeopathy (WissHom), Germany and Central Council for Research in Homoeopathy (CCRH)	Germany
11.	Agreement on cooperation in the field of Research and Education in Homoeopathy between Central Council for Research in Homoeopathy (CCRH) and Federal University of Rio De Janerio (FURJ), Brazil	Brazil
12.	MoU on cooperation and collaboration in the field of Ayurveda between the All India Institute of Ayurveda, (AIIA), Ministry of AYUSH and European Academy of Ayurveda (Birstein), (REAA) Germany	Germany
13.	MoU on Cooperation in the field of Research in Homeopathic Medicine was signed between Central Council for Research in Homoeopathy (CCRH) and Centre for Integrative	Israel

	Complementary Medicine, ShaareZedek Medical Center, Jerusalem, Israel	
14.	MoU on cooperation in the field of Research in Homeopathy was signed between Central Council for Research in Homoeopathy (CCRH) and National Institute of Integrative Medicine (NIIM), Australia	Australia
15.	MoU on Establishment of an Academic Collaboration in Ayurveda between All India Institute of Ayurveda (AIIA) and College of Medicine (UK) was signed during the visit of Hon'ble PM of India to UK	United Kingdom
16.	MoU on collaboration in the field of Ayurveda was signed between All India Institute of Ayurveda (AIIA) and the Medical University of Graz, Graz Austria	Austria
17.	MoU on cooperation in the field of Unani medicine was signed between Central Council for Research in Unani Medicine (CCRUM) and State Educational Establishment“ Tajik State Medical University named Abualilbn Sino”	Tajikistan
18.	MoU on the establishment of an academic collaboration in Ayurveda has been signed between All India Institute of Ayurveda (AIIA), Ministry of AYUSH and Spaulding Rehabilitation Hospital, USA	USA
19.	MoU CCRAS, Ministry of AYUSH and Department of Neurology and Complementary Medicine, Lutheran, Hospital Hattingen, Germany for Cooperation in the field of Research and Education in Ayurveda	Germany
20.	MoU between All India Institute of Ayurveda (AIIA) and Wester Sydney University (WSU), Australia	Australia
21.	MoU between MORARJI DESAI NATIONAL INSTITUTE OF YOGA (MDNIY) MINISTRY OF AYUSH, GOVT OF INDIA NEW DELHI and DIVINE VALUES SCHOOL, ECUADOR (DVSE)	Ecuador

22.	MoU between Central Council for Research in Ayurvedic Sciences, (CCRAS) Ministry of AYUSH Government of the Republic of India and University of Debrecen, Hungary (UD) on the Intention of Establishment of European Institute of Ayurvedic Sciences (EIAS), Hungary	Hungary
23.	MoU between NIA & the University of West Indies for Collaboration in the field of Education, Training, Research, Treatment, Publication etc	West Indies
24.	An Agreement signed between All India Institute of Ayurveda (AIIA), Ministry of Ayush and London School of Hygiene & Tropical Medicine (LSHTM), UK for undertaking research on Ashwagandha for promoting recovery from Covid-19 in the UK.	United Kingdom
25.	MoU between Shimane University, Japan and All India Institute of Ayurveda	Japan
26.	MoU between Fizz, Frankfurt, Germany and All India Institute of Ayurveda	Germany
27.	MoC with Japan	Japan
28.	MoU between CCRUM and Hamdard University Bangladesh	Bangladesh
29.	MoU between CCRAS, Ministry of AYUSH and OCCAM, National Cancer Institute National Institutes of Health Department of Health and Human Services, Government of the United States of America	USA
30.	Memorandum of Understanding between Central Council for Research in Ayurvedic Sciences (CCRAS), Ministry of AYUSH, and The Institute for Social medicine, Epidemiology and the Health Economics, Charite University Medical Centre, Berlin Germany	Germany

31.	Institute for the History of Medicine, Robert Bosch Foundation, Stuttgart, Germany on Cooperation in the Field of Development of Museum on AYUSH System and Archives on Homoeopathy	Germany
32.	MoU between MORARJI DESAI NATIONAL INSTITUTE OF YOGA (MDNIY) MINISTRY OF AYUSH, GOVT OF INDIA NEW DELHI and Leaders Development Institute (LDI), Ministry of Sports Saudi Arabia	Saudi Arabia
33.	MoU between Rashtriya Ayurved Vidyapeeth (RAV) and Fundacion De Salud Ayurveda Prema, Argentina	Argentina
34.	MoU between AIIA and Future Vision Institute, Brazil and University of Sao Paulo Brazil	Brazil
35.	MoU between AIIA and The University General Hospital in La Reunion - CHU de La Reunion in the field of Ayurveda	Chu de La Reunion
36.	MoU between AIIA, The Fedral University of Rio De Jenerio (UFRJ) and The Brazilian Academic Consortium for Integrative Health (CABSIN), Brazil	Brazil
37.	MoU between National Institute of Ayurveda Jaipur and Philippines institute of traditional and Alternative Healthcare, (PITHAC)Philippines	Philippines
38.	MoU between All India Institute of Ayurveda (AIIA) and University Health Netwrok (UHN), Canada	Canada
39.	Agreement on Co-operation in collaborative research in the field of Ayurveda and Siddha between CCRAS, Romanian Society of Medicine and Suraj Ayurveda Clinic and Research Centre Pune.	Romania
40.	MoU between CCRAS and PHFI for Ayush- WHO-PHFI collaborative project entitled Assessment of integration of	WHO

	AYUSH System into the public health system for combating COVID-19.	
41.	India Yoga Center (IYC), Korea	Korea
42.	MoU between AIIA and UCMH, Havana Cuba The Establishment of an Academic Collaboration In Ayurveda	Cuba
43.	MoU between AIIA and National Institute of Advanced Industrial Science and Technology (AIST)	Japan
44.	MoU Between MDNIY and Sarv Yoga International Italy	Italy
45.	MoU Between ITRA and National Institute of Health, Republic of Peru	Peru
46.	MoU between AIIA and Kvarner Health Tourism Cluster, Croatia	Croatia
47.	MoU between NIA and Department of Thai Traditional and Alternative Medicine	Thailand
48.	MoU between All India Institute of Ayurveda and Sri Vajera Foundation and Associated Institutions	Brazil
49.	MoU Between CCRUM and Allied Health professions Council of South Africa (AHPCSA)	South Africa
50.	A Tripartite MoU between Charles University Czech Republic with NIA, Jaipur and MDNIY New Delhi was signed on 17.07.2024 on the Establishment of Academic Collaboration in Ayurveda and Yoga	Czech Republic

DEMAND FOR UREA

5745: SHRI V. K. SREEKANDAN:

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

- (a) whether it is a fact that the country needs 350 lakh tonnes of Urea annually and out of which 40 lakh tonnes are imported;

- (b) if so, whether it is true that in many parts of the country farmers have been facing acute shortage of urea during their farming activities;
- (c) whether it is also true that the Government is considering to restart some of the closed fertilizer units in the country to reduce the demand and supply gap; 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) : The requirement of Urea and imports done against them during FY 2022-23, 2023-24 and 2024-25 is as under:

Requirement and Imports of Urea during 2022-23 to 2024-25		
(Fig. in LMT)		
Year	Requirement	Imports
2022-23	359.19	75.80
2023-24	356.08	70.42
2024-25	364.01	51.69*
* Imports figure for 2024-25 are till Feb.-2025.		

(b) : The availability of Urea has remained adequate across the States during FY 2022-23, 2023-24 and 2024-25.

(c) and (d) : In order to increase indigenous Urea production in the country Government mandated revival of Ramagundam (Telangana), Gorakhpur (Uttar Pradesh), Sindri (Jharkhand) and Talcher (Odisha) units of Fertilizer Corporation of India Ltd (FCIL) and Barauni (Bihar) unit of Hindustan Fertilizer Corporation Ltd (HFCL) through Joint Venture Company (JVC) of nominated PSUs for setting up new Ammonia-Urea plants of 12.7 LMT/PA capacity each. The Ramagundam and

Gorakhpur units have been commissioned on 22.03.2021 and 07.12.2021 respectively. Also, Barauni and Sindri units have started urea production on 18.10.2022 and 05.11.2022 respectively. These four plants have added 50.8 LMT of domestic production capacity in the country”.

MEDICAL COLLEGE IN DELHI

5746. SHRI MANOJ TIWARI:

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

- (a) whether the Government proposes to establish a Medical College and a 500-bed Hospital in the North East Delhi Parliamentary constituency;
- (b) if so, the details thereof including proposed location, budget allocation and timeline for implementation;
- (c) whether land has been identified or allocated for this purpose in Karawal Nagar near the Police Academy or in Burari; and
- (d) the steps being taken by the Government to strengthen healthcare infrastructure in densely populated urban areas like North East Delhi?

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 Ministry of Health & 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 aspirational districts, where there is no existing Government or private medical

college. The fund sharing mechanism between the Centre and State Governments is in the ratio of 90:10 for North Eastern and Special Category States, and 60:40 for others. Under the Scheme, all the envisaged 157 Government medical colleges have already been approved.

The measures/steps taken by the Government to augment the medical education facilities and to improve the medical standards in the country include: -

- i. Centrally Sponsored Scheme (CSS) for establishment of new medical colleges by upgrading district/ referral hospital under which 157 new medical colleges have been approved, out of which 131 are already functional.
- ii. CSS for strengthening/ upgradation of existing State Government/ Central Government medical colleges to increase the number of MBBS (UG) and PG seats, under which support has been provided for increase of 4977 MBBS seats in 83 colleges with an approved cost of Rs. 5972.20 Cr. , 4058 PG seats in phase-I in 72 colleges with an approved cost of Rs. 1498.43 Cr. and 4000 PG seats in phase-II in 65 colleges with an approved cost of Rs. 4478.25 Cr.
- iii. Under “Upgradation of Government medical colleges by construction of Super Specialty Blocks” component of Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), a total of 75 projects have been approved, of which 71 projects are complete.
- iv. Under the Central Sector Scheme for setting up of new AIIMS, 22 AIIMS have been approved. Undergraduate courses have started in 19 of these.
- v. DNB qualification has been recognized for appointment as teaching faculty to take care of shortage of faculty.

- vi. Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/dean/principal/ director in medical colleges upto 70 years.

गंभीर बीमारियों का निःशुल्क इलाज

5747. श्री मुरारी लाल मीना:

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

- (क) देश, विशेषकर राजस्थान के दौसा जिले में गंभीर रोगों की रोकथाम और नियंत्रण के लिए केन्द्र सरकार और राज्यसरकारों द्वारा क्या उपाय किए गए हैं/किए जाने का विचार है;
- (ख) सरकार द्वारा राजस्थान के विभिन्न जिलों में कैंसर सहित गंभीर बीमारियों के लिए अस्पतालों के निर्माण हेतु क्याकदम उठाए गए हैं/उठाए जाने का विचार है;
- (ग) क्या सरकारी अस्पतालों में इलाज का खर्च लाखों में है जिसके कारण आर्थिक रूप से कमजोर वर्ग और मध्यम वर्गसमय पर उपचार नहीं करा पाता है और यदि हां, तो तत्संबंधी राज्यवार ब्यौरा क्या है;
- (घ) क्या देश में उपचार की लागत की तुलना में वित्तीय सहायता बहुत कम है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ) क्या सरकार का देश में गंभीर बीमारी का निःशुल्क इलाज प्रदान करने का विचार है, यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा 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) : स्वास्थ्य राज्य का विषय है। तथापि, 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 राज्यों और संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। एनपी-एनसीडी के अंतर्गत राजस्थान सहित देश में 770 जिला एनसीडी

क्लीनिक, 372 जिला डे-केयर सेंटर और 6410 सामुदायिक स्वास्थ्य केन्द्र एनसीडी क्लीनिक स्थापित किए गए हैं।

आयुष्मान आरोग्य मंदिरों के माध्यम से राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत देश में व्यापक प्राथमिक स्वास्थ्य परिचर्या के एक भाग के रूप में कैंसर सहित सामान्य एनसीडी की स्क्रीनिंग, प्रबंधन और रोकथाम के लिए जनसंख्या आधारित पहल शुरू की गई है। मुख, स्तन और गर्भाशय ग्रीवा के कैंसर सहित इन सामान्य गैर-संचारी रोगों की जांच सेवा प्रदायगी के पैकेज का अभिन्न अंग है।

केन्द्र सरकार ने विशिष्ट स्तर पर कैंसर परिचर्या के सुविधा केंद्रों में वृद्धि करने के लिए विशिष्ट कैंसर परिचर्या केन्द्र सुविधाओं का सुदृढीकरण नामक योजना कार्यान्वित की है। इस योजना के तहत राज्य कैंसर संस्थानों (एससीआई) के लिए 120 करोड़ रुपये तक और विशिष्ट कैंसर परिचर्या केंद्रों (टीसीसीसी) के लिए राज्य के हिस्से सहित 45 करोड़ रुपये तक का एकमुश्त अनुदान प्रदान करने का प्रावधान है। केन्द्र और राज्य के बीच निधियों की हिस्सेदारी का अनुपात 60:40 है जबकि पूर्वोत्तर और पहाड़ी राज्यों के लिए यह अनुपात 90:10 है। इस योजना के तहत, एसएमएस मेडिकल कॉलेज जयपुर (एससीआई), एसपी मेडिकल कॉलेज, बीकानेर (टीसीसीसी) और झालावाड़ मेडिकल कॉलेज एंड हॉस्पिटल, झालावाड़ (टीसीसीसी) सहित 19 एससीआई और 20 टीसीसीसी को मंजूरी दी गई है। इसके अतिरिक्त, सभी 22 नए एम्स में कैंसर उपचार सुविधाएं अनुमोदित की गई हैं। राजस्थान में एम्स जोधपुर में कैंसर सहित गंभीर बीमारियों का इलाज किया जा रहा है।

केंद्रीय वित्त मंत्री ने अपने बजट भाषण में अगले 3 वर्षों में सभी जिला अस्पतालों में डे केयर कैंसर केंद्रों की स्थापना की सुविधा प्रदान करने की घोषणा की। 2025-26 में 200 केंद्र स्थापित किए जाएंगे। यह पहल मौजूदा प्रयासों पर आधारित है, जिसमें जिला अस्पतालों में पहले से ही 372 डे केयर परिचर्या केंद्र स्थापित किए गए हैं।

(ग) से (ड) : सरकारी अस्पतालों में गरीबों और जरूरतमंदों के लिए उपचार या तो निःशुल्क है अथवा अत्यधिक रियायती दर पर है। किफायती और वहनीय उपचार के लिए भारत सरकार द्वारा की गई पहलों का ब्यौरा निम्नवत है:

- प्रधानमंत्री जन आरोग्य योजना (पीएमजेएवाई) के तहत, 55 करोड़ से अधिक लाभार्थियों को मध्यम या विशिष्ट परिचर्या हेतु अस्पताल-भर्ती के लिए प्रति परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य आश्वासन/बीमा कवर प्रदान किया जाता है। हाल ही में, एबी पीएम-जेएवाई में 70 वर्ष से अधिक आयु के सभी वरिष्ठ नागरिकों को, उनकी आय को ध्यान में रखे बिना, स्वास्थ्य कवरेज प्रदान किया गया है। एबी-पीएमजेएवाई के तहत उपचार पैकेज दवाओं और नैदानिक सेवाओं जैसे विभिन्न उपचार संबंधी पहलुओं को कवर करते हुए बहुत व्यापक हैं।
- अनिवार्य औषधियों और नैदानिक सुविधा केंद्रों की उपलब्धता सुनिश्चित करने और रोगियों की जेब से होने वाले खर्च को कम करने के लिए राष्ट्रीय निःशुल्क औषधि सेवा पहल और निःशुल्क नैदानिक सेवा पहल शुरू की गई है।
- प्रधानमंत्री भारतीय जन-औषधि परियोजना (पीएमबीजेपी) के तहत जन औषधि केंद्र (जेएके) कैंसर रोधी दवाओं सहित किफायती जेनेरिक दवाएं उपलब्ध कराते हैं। पीएमबीजेपी योजना के तहत, 2,047 दवाएं और 300 सर्जिकल उपकरण, चिकित्सा उपभोग्य वस्तुएं और उपकरण उपलब्ध हैं।
- उपचार के लिए किफायती दवाएं और विश्वसनीय प्रत्यारोपण (अमृत), पहल में कैंसर सहित किफायती दवाएं प्रदान की जाती हैं। दिनांक 28.02.2025 तक, 29 राज्यों/संघ राज्य क्षेत्रों में 222 अमृत फार्मेशियां हैं, जो कैंसर सहित 6500 से अधिक दवाओं को अत्यधिक छूट पर बेच रही हैं।
- फार्मास्युटिकल्स विभाग (डीओपी) के तहत राष्ट्रीय फार्मास्युटिकल प्राइसिंग अथॉरिटी (एनपीपीए) ने 131 कैंसर-रोधी अनुसूचित फॉर्मूलेशन के अधिकतम मूल्य निर्धारित किए हैं। एनपीपीए ने 28 कैंसर रोधी दवाओं का खुदरा मूल्य भी तय किया है।
- वित्त मंत्रालय के राजस्व विभाग ने वित्तीय वर्ष 2024-25 में तीन कैंसर-रोधी दवाओं के लिए सीमा-शुल्क को शून्य और जीएसटी दरों को 12% से घटाकर 5% कर दिया है।

DRUG PRICE HIKES

5748. SHRI K. C. VENUGOPAL:

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

- (a) whether the Government has taken note of the National Pharmaceutical Pricing Authority's (NPPA's) decision to permit drug price hikes;
- (b) if so, the justification provided by the NPPA for these price increases and the manner in which it reconciles with the Government's commitment to ensuring affordable access to essential medicines for all citizens;
- (c) whether adequate consultations were held with relevant stakeholders, prior to approving the price hikes; and
- (d) the remedial measures the Government is planning to implement to address the concerns raised by Parliamentarians to prevent similar issues 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 (d) : Ensuring the availability of required essential medicines is one of the objective of the National Pharmaceutical Pricing Policy, 2012. Accordingly, the National Pharmaceutical Pricing Authority (NPPA), while regulating prices of essential medicines under the Drugs (Prices Control) Order, 2013 ["DPCO, 2013"] issued pursuant to the said policy, has to also keep in view the objectives of availability of essential medicines in the market.

NPPA, from time to time, receives requests from manufacturers for allowing discontinuation of some formulations of essential medicines as well as requests from various pharmaceutical manufacturing/marketing companies and industry

associations for upward revision of prices on the grounds that ensuring continued availability of formulations at existing prices is unviable due to reasons such as increases in the costs of production and active pharmaceutical ingredients (APIs), changes in exchange rate, etc. To deliberate on such representations, a consultative mechanism in the form of an Inter-Ministerial Committee (IMC) of representatives from the Director General of Health Services, Central Drugs Standard Control Organisation and NPPA exists in NPPA. IMC examines such requests keeping in view parameters like essentiality of medicines, period since when they have been under price control, trend of API prices in recent years, any concerns regarding possible shortages and receipt of requests for discontinuing manufacturing. Based on detailed deliberations and the recommendations of IMC in respect of requests for increase of prices for 77 formulations on grounds as aforesaid, NPPA has allowed increase in ceiling prices of 11 formulations of 8 drugs to ensure their continued availability so that the public is not forced to switch to expensive alternatives due to non-availability of these drugs in the market.

ADOPTION OF “FOCUS ON INDIA” DOCUMENT BY GERMAN CABINET

5749. DR. C. M. RAMESH:

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

- (a) whether ‘Focus on India’ document was adopted by the German Cabinet, if so, the details thereof;
- (b) the extent to which the above document would help India;
- (c) whether Inter-Governmental Consultations between two countries were held in October last year; and

(d) if so, the details and the outcome 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) : Yes. German Cabinet adopted 'Focus on India' document on 16 October 2024.

The document outlines a comprehensive strategy for deepening Germany's strategic partnership with India, emphasizing India's role as a democratic partner for stability and security in a shifting global landscape. It also highlights intensifying security cooperation, Green and Sustainable Development Partnership, economic, trade and agricultural cooperation, science and technology and academic linkages, multilateral cooperation, intensifying exchange across society as a whole including parliamentary contacts, skilled immigration, and overall relations of India with the EU.

(b) : The document highlights the intention of the Government of the Federal Republic of Germany to focus on its relationship with India, identifying India as the partner of choice for Germany. Both sides are celebrating the 25th year of Strategic Partnership in 2025 and have intensified cooperation across various sectors ranging from trade and investments, defence and security, science and technology, education and mobility, culture and people-to-people ties. During the year 2023-24, Indo-German trade recorded highest ever figures with 33.5 billion USD. Around 50 thousand Indian students studying in Germany, a number which has doubled in the last 5 years, are now the largest cohort of foreign students in Germany.

(c) and (d) : Yes. The 7th Inter-Governmental Consultations (IGC) was held on 25 October 2024 in New Delhi, during the visit of Chancellor Olaf Scholz of Germany. The IGC plenary chaired by PM and Chancellor Olaf Scholz was preceded by focused Ministerial tracks on Foreign Policy & Security; Economy and Commerce; Green and Sustainable Development Partnership, Critical and Emerging Technologies and Innovation; Mobility and People-to-People ties; and Science and Technology. IGC Plenary and Ministerial meetings took stock of various aspects of our Strategic Partnership and discussed way forward in further deepening and diversifying the same. There were substantive outcomes in the areas of new and emerging technologies, defence & security, economy and trade, clean and green energy, health, triangular development cooperation, skilling, education and research, urban mobility, startups, environment among others. The complete list of outcomes of the 7th IGC is given in the enclosed **Statement**.

STATEMENT

List of Outcomes of the 7th India – Germany Inter-Governmental Consultations

[25 October 2024, New Delhi]

I. DOCUMENTS CONCLUDED

S.No.	Documents	Areas
1.	Roadmap on Innovation and Technology	New and Emerging Technologies
2.	Launch of Green Hydrogen Roadmap document	Green Energy
3.	Mutual Legal Assistance Treaty (MLAT) in Criminal Matters	Security
4.	Agreement on the Exchange and Mutual Protection of Classified Information (Initial)	Security
5.	JDI on Green Urban Mobility Partnership-II	Urban Mobility

6.	JDI on 2+2 Calls for Advanced Materials under IGSTC	Science & Technology
7.	MoU between Max-Planck-Gesellschaft e.V. (MPG) and International Centre for Theoretical Sciences (ICTS), Tata Institute of Fundamental Research (TIFR)	Science & Technology
8.	MoU between Max-Planck-Gesellschaft e.V. (MPG) and 12 ptNational Centre for Biological Sciences (NCBS), Tata Institute of Fundamental Research (TIFR)	Science & Technology
9.	JDI on Innovation and Incubation Exchange Programme between DST and German Academic Exchange Service (DAAD)	Start-ups
10.	MoU between Indian National Centre for Ocean Information Services (INCOIS) and German Research Centre for Geosciences (GFZ) on Disaster Mitigation	Environment & Science
11.	MoU on Polar and Ocean Research between National Centre for Polar and Ocean Research (NCPOR) and Alfred-Wegener Institute Helmholtz Zentrum fuer Polar and Meeresforschung (AWI)	Environment & Science
12.	JDI for Collaborative Research and Development in Infectious Disease Genomics between Council of Scientific and Industrial Research – Institute of Genomics and Integrative Biology (CSIR – IGIB) and Leipzig University	Health
13.	JDI for the partnership on Mobile Suitcase Lab for Diagnostic purposes between Council of Scientific and Industrial Research – Institute of Genomics and Integrative Biology (CSIR – IGIB), All India Institute of Medical Sciences (AIIMS), Leipzig University and Industry partners in India	Health
14.	JDI on India-Germany Managerial Training Program (IGMTP)	Economy & Commerce
15.	MoU on Cooperation in the Field of Skill Development and Vocational Education and Training	Skill Development
16.	Joint Declaration of Intent of Labour and Employment	Labour & Employment
17.	JDI between IIT Kharagpur and German Academic Exchange Service (DAAD) to implement co-funded Joint	Education & Research

	Research Programme 'German India Academic Network for Tomorrow (GIANT)'	
18.	Memorandum of Agreement between IIT Madras and TU Dresden to establish an intensified partnership known as 'TransCampus'	Education & Research

II. KEY ANNOUNCEMENTS

19.	Placing a German Liaison Officer in the IFC-IOR
20.	German support for India's Observer status in the Eurodrone programme
21.	German projects and funding commitment of 20 Mn Euros under Indo-Pacific Oceans Initiative (IPOI)
22.	Establishing Regional Consultations between the Foreign offices of India and Germany (Africa, West Asia and North Africa)
23.	Millet related Pilot projects in Madagascar and Ethiopia and full scale projects in Cameroon, Ghana and Malawi under Triangular Development Cooperation (TDC) framework
24.	Launch of GSDP Dashboard
25.	Establishment of first International Research Training Group between India and Germany

III. Events

26.	Holding of the 18th Asia-Pacific Conference of German Business (APK 2024)
27.	Holding of a Defence Round Table on the sidelines of the APK 2024
28.	Indo Pacific Deployment of German Naval ships: Joint exercises between Indian and German Navies and Port calls of German ships in Goa

CHILDREN IN CONFLICT WITH LAW

5750. DR. SHASHI THAROOR:

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

- (a) the details of the steps being taken by the State Government/Central Government to address the issue of recidivism in Children in Conflict with Law (CCL);
- (b) the number of CCL who have been provided aftercare services and facilities in accordance with the guidelines of Mission Vatsalya, State-wise;
- (c) whether the Central Government has a dedicated scheme/policy/programme to provide non-institutional support to CCL;
- (d) if so, the details of the beneficiaries during the last five years, year-wise; and
- (e) if not, the reasons therefor?

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

(a) to (e) : The Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015) is the primary legislation for ensuring the safety, security, dignity and well-being of children in any vulnerable or difficult situation. As per Section 2 (13) of the JJ Act 2015, “child in conflict with law” means a person who is alleged or found to have committed an offence and who has not completed eighteen years of age on the date of commission of such offence”. The Juvenile Justice Boards are empowered to take decisions for the welfare of children in conflict with law (Sections 04-09). Section 53 of the JJ Act prescribes various rehabilitation and reintegration services to be provided in institutions established for children. Under section 8(j) of the Act, the Juvenile Justice Board is required to conduct at least one inspection visit every month of the residential facilities for children in conflict

with law and recommend action for improvement in quality of services to the District Child Protection Unit and the State Government.

Section 8 of the JJ Act, 2015 provides powers, functions and responsibilities of the Juvenile Justice Board. Further, section 8(3)(g) of the JJ Act, 2015 provides that a child in conflict with law can also be considered at any stage a child in need of care and protection and there is a need for the Child Welfare Committee (CWC) and the Juvenile Justice Board (JJB) to be both involved for such children.

Ministry of Women and Child Development is implementing Centrally Sponsored Scheme namely 'Mission Vatsalya' through the State/ UT Governments on pre-defined cost sharing basis between the Centre and the State Governments to deliver various services for the Children in Need of Care and Protection (CNCP) and Children in Conflict with Law (CCL), which include both institutional and non-institutional care services. 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 State sponsorship, foster care, adoption and after care to children in need of care and protection.

The scheme also provides for emergency outreach services (24x7x365) for children in difficult circumstances through Child Helpline (1098) which is integrated with Emergency Response Support System-112 (ERSS-112) Helpline of the Ministry of Home Affairs.

The State/UT-wise details of children supported under Mission Vatsalya Scheme for non-institutional care including children in Conflict with Law for the last five years (from 2019-20 to 2023-24) are given in the enclosed **Statement**.

STATEMENT

STATE/UT-WISE DETAILS OF CHILDREN SUPPORTED UNDER MISSION VATSALYA SCHEME FOR NON-INSTITUTIONAL CARE INCLUDING CHILDREN IN CONFLICT WITH LAW FOR THE LAST FIVE YEARS (FROM 2019-20 TO 2023-24)

Sl. No.	States/UTs	2019-20	2020-21	2021-22	2022-23	2023-24
1	Andhra Pradesh	604	144	144	9150	10000
2	Arunachal Pradesh	903	318	318	840	1719
3	Assam	368	434	434	858	1919
4	Bihar	854	1646	1646	504	4001
5	Chhattisgarh	1250	1250	1250	288	1137
6	Goa	0	13	13	27	62
7	Gujarat	1088	1438	1438	506	450
8	Haryana	1042	1042	1042	5155	643
9	Himachal Pradesh	563	563	563	1347	1352
10	Jammu & Kashmir	521	979	979	1398	4024
11	Jharkhand	1125	1125	1125	3086	4629
12	Karnataka	1357	1375	1375	3875	12449
13	Kerala	323	323	323	1133	1455
14	Madhya Pradesh	1125	2188	2188	2377	13715
15	Maharashtra	1688	1688	1688	9844	21680
16	Manipur	396	729	729	1120	1288
17	Meghalaya	260	490	490	1028	1083
18	Mizoram	396	396	396	591	1516
19	Nagaland	521	521	521	752	779
20	Odisha	1375	1375	1375	1772	3697
21	Punjab	1042	263	263	612	4150
22	Rajasthan	750	1438	1438	239	933
23	Sikkim	188	188	188	323	460
24	Tamil Nadu	1521	1521	1521	2975	5411
25	Tripura	198	365	365	305	1373

26	Uttar Pradesh	3313	3313	3313	1766	10000
27	Uttarakhand	302	573	573	847	1817
28	West Bengal	1021	1083	1083	1670	2750
29	Telangana	1479	1563	1563	6454	4858
30	Andaman & Nicobar Islands	42	52	52	0	1
31	Chandigarh	64	67	67	199	309
32	Dadra & Nagar Haveli and Daman & Diu	94	156	156	519	984
33	Ladakh	0	0	0	29	411
34	Lakshadweep	0	0	0	0	0
35	Delhi	200	521	521	980	635
36	Puducherry	115	198	198	106	171
Total		26084	29331	29331	62675	121861

... (व्यवधान)

माननीय अध्यक्ष: सदन की कार्यवाही बारह बजे के लिए स्थगित की जाती है।

11.04 hrs

The Lok Sabha then adjourned till Twelve of the Clock.

12.00 hrs

The Lok Sabha re-assembled at Twelve of the Clock.

(Hon. Speaker in the Chair)

MESSAGES FROM RAJYA SABHA

SECRETARY GENERAL: Sir, I have to report the following messages received from the Secretary General of Rajya Sabha:-

- (i) “In accordance with the provisions of rule 127 of the Rules of Procedure and Conduct of Business in the Rajya Sabha, I am directed to inform the Lok Sabha that the Rajya Sabha at its sitting held on the 3rd April, 2025 and continued on the 4th April, 2025 agreed without any amendment to the Waqf (Amendment) Bill, 2025 which was passed by the Lok Sabha at its sitting held on the 2nd April, 2025 and continued on the 3rd April, 2025.”
 - (ii) “In accordance with the provisions of rule 127 of the Rules of Procedure and Conduct of Business in the Rajya Sabha, I am directed to inform the Lok Sabha that the Rajya Sabha at its sitting held on the 3rd April, 2025 and continued on the 4th April, 2025 agreed without any amendment to the Mussalman Waqf (Repeal) Bill, 2025 which was passed by the Lok Sabha at its sitting held on the 2nd April, 2025 and continued on the 3rd April, 2025.”
-

माननीय अध्यक्ष : किरन रिजिजू जी, क्या आप कुछ बोलना चाहते हैं?

संसदीय कार्य मंत्री; तथा अल्पसंख्यक कार्य मंत्री (श्री किरन रिजिजू) : सर, मैं इस सदन में आपके ध्यान में यह लाना चाहता हूँ कि सबसे पहले वक्फ अमेंडमेंट बिल में डिस्कशन का जो पुराना रिकॉर्ड था, जब एस्मा एक्ट पर वर्ष 1981 में चर्चा हुई थी तो उसमें 16 घंटे 51 मिनट तक डिस्कशन हुआ था। उसका रिकॉर्ड तोड़कर कल राज्य सभा में 17 घंटे 2 मिनट तक, आज तक की हिस्टोरिक सबसे लंबी चर्चा करके, किसी बिल को पारित किया गया।

मैं लोक सभा के भी पूरे मेम्बर्स को धन्यवाद देता हूँ और अभिनंदन करता हूँ कि उन्होंने देर रात तक बैठकर कामकाज किया। ... (व्यवधान) मेरे पास एक ही मुद्दा है। कई सांसद मेरे पास आए थे और उन्होंने आकर मुझसे कहा कि इतनी मेहनत करने के बावजूद भी दूसरे सदन के एक सदस्य ने यह एलिगेशन लगाया कि बिना चर्चा के, बुलडोज करके बिल पास किया गया है। ... (व्यवधान) इतनी मेहनत करके और इतनी देर तक चर्चा करके, नियम और प्रॉसेस को फॉलो करते हुए काम करने के बाद तारीफ करने की जगह यह कहा गया कि बुलडोज करके बिल पास किया गया।

12.03 hrs

At this stage, Shri B. Manickam Tagore and some other hon. Members came and stood on the floor near the Table.

अध्यक्ष महोदय, इसके लिए मैं आपसे अनुरोध करता हूँ कि आप इस संबंध में एक एप्रोप्रिएट रूलिंग या ऑर्डर दें।... (व्यवधान)

12.03½ hrs

OBSERVATION BY THE SPEAKER

Certain remarks made by a Member of other House in the premises of Parliament

माननीय अध्यक्ष : माननीय सदस्यगण, माननीय संसदीय कार्य मंत्री जी ने बताया कि कांग्रेस के एक वरिष्ठ सदस्य, जो इस सदन की सदस्य रह चुकी हैं, वर्तमान में दूसरे सदन की सदस्य हैं, बाहर सदन

के परिसर में उनके द्वारा वक्तव्य दिया गया कि सदन द्वारा वक्फ संशोधन विधेयक जबर्दस्ती पारित किया गया। वक्फ संशोधन विधेयक पर सदन द्वारा 13 घंटे 53 मिनट तक चर्चा की गई, जिसमें सभी दलों के 61 सदस्यों ने अपने विचार रखे। इस विधेयक पर तीन बार मत विभाजन हुआ।

यह विधेयक सदन के नियमों के अनुसार पारित किया गया। इसलिए, यह अत्यंत दुर्भाग्यपूर्ण है कि सदन द्वारा देर रात तक बैठकर इतनी लंबी चर्चा के बाद भी नियमानुसार पारित किए गए एक विधेयक के माध्यम से सदन की कार्यवाही पर एक वरिष्ठ सदस्य द्वारा प्रश्न उठाना उचित नहीं है और यह संसदीय लोकतंत्र की मर्यादा के अनुरूप भी नहीं है।

... (व्यवधान)

12.04 hrs

VALEDICTORY REFERENCE

माननीय अध्यक्ष : माननीय सदस्यगण, अब हम 18वीं लोक सभा के चौथे सत्र की समाप्ति की ओर बढ़ रहे हैं। यह सत्र 31 जनवरी, 2025 को प्रारंभ हुआ था। इस सत्र में हमने 26 बैठकें की तथा कुल उत्पादकता लगभग 118 प्रतिशत से अधिक रही।

माननीय राष्ट्रपति जी के अभिभाषण पर धन्यवाद प्रस्ताव की चर्चा पर 173 माननीय सदस्यों ने भागीदारी की। इसी प्रकार केन्द्रीय बजट पर चर्चा में 169 सदस्यों ने भाग लिया।

सत्र के दौरान 10 सरकारी विधेयक पुरःस्थापित किए गए तथा वक्फ संशोधन विधेयक सहित कुल 16 विधेयक पारित किए गए।

दिनांक 3 अप्रैल 2025 को शून्य काल में 202 सदस्यों ने लोक महत्व के विषय सदन में उठाए, जो अभी तक किसी भी लोक सभा के लिए एक दिन में अवलिम्ब लोक महत्व के दौरान उठाए गए विषयों का रेकॉर्ड है।

माननीय सदस्यगण, मैं सभा की कार्यवाही को पूरा करने में सभापति तालिका में शामिल अपने माननीय साथियों, माननीय प्रधानमंत्री, संसदीय कार्य मंत्रियों, नेता प्रतिपक्ष, विभिन्न दलों के नेताओं

और माननीय सदस्यों, लोक सभा सचिवालय के महासचिव और सचिवालय के अधिकारियों तथा कर्मचारियों एवं सम्बद्ध एजेंसियों को भी उनके द्वारा प्रदान की गई सहायता के लिए धन्यवाद देता हूँ।

... (व्यवधान)

माननीय अध्यक्ष : माननीय सदस्यगण, कृपया अब आप अपने स्थान पर खड़े हो जाएं क्योंकि अब "वन्दे मातरम्" की धुन बजाई जाएगी।

12.05 hrs

NATIONAL SONG

The National Song was played.

12.06 hrs

The Lok Sabha then adjourned sine die.

ANNEXURE-I**(i) Member-wise Index to Starred Questions**

SI No.	Member's Name	Question Number
1	Dr. D Ravi Kumar	484
2	Dr. M K Vishnu Prasad	488
3	Dr. Thirumaavalavan Tholkappiyan	484
4	Ms Kangna Ranaut	483
5	Ms Sayani Ghosh	481
6	Shri Ajay Bhatt	486
7	Shri Amra Ram	489
8	Shri Anil Firojiya	490
9	Shri Appalanaidu Kaliseti	482
10	Shri Arun Bharti	491
11	Shri Balabhadra Majhi	495
12	Shri Bharatsinhji Shankarji Dabhi	493
13	Shri Biplab Kumar Deb	495
14	Shri Brijendra Singh Ola	498
15	Shri C N Annadurai	487
16	Shri Daggumalla Prasada Rao	500
17	Shri Gurjeet Singh Aujla	494
18	Shri Kesineni Sivanath	500
19	Shri Kodikunnil Suresh	497
20	Shri Malaiyarasan D	485
21	Shri Manoj Tiwari	492
22	Shri Mukesh Rajput	492
23	Shri Satpal Brahamchari	496
24	Shri Selvam G	487
25	Shri Sudama Prasad	483
26	Shri Tharaniventhan M S	499
27	Thiru Thanga Tamilselvan	488

(ii) Member-wise Index to Unstarred Questions

Sl No.	Member's Name	Question Number
1	Adv Dean Kuriakose	5572
2	Adv Gowaal Kagada Padavi	5681
3	Adv. Adoor Prakash	5581
4	Adv. Chandra Shekhar	5534
5	Com. Selvaraj V	5611, 5549, 5525
6	Dr. Alok Kumar Suman	5621
7	Dr. Amol Ramsing Kolhe	5720, 5555, 5546
8	Dr. Angomcha Bimol Akoijam	5730, 5567
9	Dr. Bachhav Shobha Dinesh	5656
10	Dr. Bhola Singh	5707, 5704, 5566
11	Dr. Byreddy Shabari	5634, 5708
12	Dr. C M Ramesh	5749, 5588
13	Dr. D. Purandeswari	5528
14	Dr. Ganapathy Rajkumar P	5531
15	Dr. Hemant Vishnu Savara	5535, 5707, 5704
16	Dr. K Sudhakar	5704, 5535
17	Dr. Kadiyam Kavya	5713, 5540
18	Dr. Kalanidhi Veeraswamy	5651
19	Dr. Kirsan Namdeo	5554
20	Dr. M K Vishnu Prasad	5737
21	Dr. M P Abdussamad Samadani	5530
22	Dr. Mallu Ravi	5694
23	Dr. Manna Lal Rawat	5556, 5647, 5705
24	Dr. Prabha Mallikarjun	5642, 5583
25	Dr. Rajeev Bharadwaj	5632
26	Dr. Rajesh Mishra	5706, 5704
27	Dr. Rajkumar Sangwan	5627
28	Dr. Shashi Tharoor	5750, 5522
29	Dr. Shivaji Bandappa Kalge	5542, 5668
30	Dr. Shrikant Eknath Shinde	5666, 5539, 5712

31	Dr. T Sumathy Alias Thamizhachi Thangapandian	5643
32	Dr. Vinod Kumar Bind	5552
33	Km. Sudha R	5661
34	Kumari Selja	5541
35	Md. Rakibul Hussain	5687, 5655
36	Mr Pathan Yusuf	5714, 5543
37	Mrs Ruchi Vira	5608
38	Ms Iqra Choudhary	5629
39	Ms Kangna Ranaut	5706, 5704
40	Ms. Bansuri Swaraj	5552
41	Ms. Praniti Sushilkumar Shinde	5600
42	Ms. S Jothimani	5562, 5725
43	Prof. Sougata Ray	5551, 5718
44	Prof. Varsha Eknath Gaikwad	5555, 5720, 5546
45	Shri Selvaganapathi T.M.	5619
46	Shri Aashtikar Patil Nagesh Bapurao	5670
47	Shri Aditya Yadav	5644
48	Shri Aga Syed Ruhullah Mehdi	5657
49	Shri Alok Sharma	5566, 5704, 5707
50	Shri Amrinder Singh Raja Warring	5585
51	Shri Anand Bhadauria	5674
52	Shri Anil Firojiya	5706
53	Shri Anil Yeshwant Desai	5741, 5579
54	Shri Anto Antony	5624
55	Shri Anup Sanjay Dhotre	5633
56	Shri Anurag Sharma	5704
57	Shri Anurag Singh Thakur	5552
58	Shri Appalanaidu Kalisetti	5709, 5634
59	Shri Arun Bharti	5735
60	Shri Arun Kumar Sagar	5654
61	Shri Arvind Dharmapuri	5533
62	Shri Arvind Ganpat Sawant	5595, 5742, 5531
63	Shri Asaduddin Owaisi	5622

64	Shri Ashok Kumar Rawat	5682
65	Shri Azad Kirti Jha	5593
66	Shri Babu Singh Kushwaha	5672
67	Shri Baijayant Panda	5646
68	Shri Bajrang Manohar Sonwane	5546
69	Shri Balabhadra Majhi	5615
70	Shri Balashowry Vallabhaneni	5719, 5553
71	Shri Balwant Baswant Wankhade	5678, 5733, 5573
72	Shri Balya Mama Suresh Gopinath Mhatre	5573, 5733, 5678
73	Shri Bhajan Lal Jatav	5696
74	Shri Bharatsinhji Shankarji Dabhi	5610
75	Shri Bhartruhari Mahtab	5589
76	Shri Bhaskar Murlidhar Bhagare	5720, 5555, 5546
77	Shri Bhausahab Rajaram Wakchaure	5680
78	Shri Bhojraj Nag	5705, 5704, 5706
79	Shri Bhumare Sandipanrao Asaram	5542, 5668
80	Shri Bibhu Prasad Tarai	5552
81	Shri Bidyut Baran Mahato	5655, 5704
82	Shri Brijmohan Agrawal	5615
83	Shri C N Annadurai	5738
84	Shri Captain Viriato Fernandes	5689
85	Shri Chamala Kiran Kumar Reddy	5732, 5571
86	Shri Charanjit Singh Channi	5620
87	Shri Chavan Ravindra Vasantrao	5597, 5722, 5558
88	Shri Chhatrapal Singh Gangwar	5692, 5566, 5706
89	Shri Chintamani Maharaj	5589, 5704, 5706
90	Shri Damodar Agrawal	5568, 5731, 5556
91	Shri Daroga Prasad Saroj	5662
92	Shri Darshan Singh Choudhary	5695
93	Shri Devesh Shakya	5526
94	Shri Dhairyasheel Sambhajirao Mane	5597, 5558, 5722
95	Shri Dharambir Singh	5631, 5566, 5535, 5704
96	Shri Dharmendra Yadav	5575, 5577
97	Shri Dhaval Laxmanbhai Patel	5638

98	Shri Dilip Saikia	5704, 5707, 5706
99	Shri Dinesh Chandra Yadav	5664, 5663, 5609
100	Shri Dineshbhai Makwana	5704
101	Shri Dulu Mahato	5636
102	Shri Durai Vaiko	5648
103	Shri Dushyant Singh	5610
104	Shri Eatala Rajender	5732, 5571
105	Shri Eswarasamy K	5616
106	Shri G Kumar Naik	5659
107	Shri G Lakshminarayana	5536, 5708
108	Shri G M Harish Balayogi	5603
109	Shri Gajendra Singh Patel	5566, 5705, 5704
110	Shri Gurjeet Singh Aujla	5724
111	Shri Gyaneshwar Patil	5668, 5542
112	Shri Hanuman Beniwal	5527
113	Shri Harendra Singh Malik	5537
114	Shri Haribhai Patel	5623
115	Shri Harish Chandra Meena	5669, 5568
116	Shri Hasmukhbhai Somabhai Patel	5528
117	Shri Hibi Eden	5612
118	Shri Imran Masood	5740, 5578, 5574
119	Shri Jagannath Sarkar	5613
120	Shri Jagdambika Pal	5631, 5552
121	Shri Janardan Singh Sigrwal	5649
122	Shri Jaswantsinh Sumanbhai Bhabhor	5566, 5704
123	Shri Joyanta Basumatary	5684
124	Shri K C Venugopal	5587, 5748
125	Shri Kali Charan Singh	5705
126	Shri Kartick Chandra Paul	5552
127	Shri Kaushalendra Kumar	5663, 5609
128	Shri Kesineni Sivanath	5726
129	Shri Khagen Murmu	5705, 5535, 5706
130	Shri Kota Srinivasa Poojary	5569, 5731
131	Shri Kripanath Mallah	5614

132	Shri Krishna Prasad Tenneti	5601
133	Shri Kuldeep Indora	5665, 5568
134	Shri Kunduru Raghuveer	5586
135	Shri Lavu Sri Krishna Devarayalu	5726, 5563
136	Shri Lumbaram Choudhary	5707, 5535, 5704
137	Shri Maddila Gurumoorthy	5652
138	Shri Madhavaneni Raghunandan Rao	5566
139	Shri Magunta Sreenivasulu Reddy	5544
140	Shri Malaiyarasan D	5729
141	Shri Malvinder Singh Kang	5635
142	Shri Mani A	5606
143	Shri Manickam Tagore B	5592
144	Shri Manish Jaiswal	5706
145	Shri Manish Tewari	5605
146	Shri Manoj Tiwari	5746, 5730
147	Shri Mansukhbhai Dhanjibhai Vasava	5700
148	Shri Mitesh Patel Bakabhai	5528
149	Shri Mohite Patil Dhairyasheel Rajsinh	5555, 5720, 5546
150	Shri Muhammed Hamdullah Sayeed	5594
151	Shri Mukeshkumar Chandrakaant Dalal	5658
152	Shri Murari Lal Meena	5747, 5584
153	Shri N K Premachandran	5691
154	Shri Narayan Tatu Rane	5552
155	Shri Naresh Ganpat Mhaske	5712, 5539, 5666
156	Shri Navaskani K	5639
157	Shri Naveen Jindal	5582, 5744
158	Shri Nilesh Dnyandev Lanke	5555, 5720, 5546
159	Shri Omprakash Bhupalsinh Alias Pavan Rajenimbalkar	5630, 5742, 5531
160	Shri P C Mohan	5631, 5704, 5706
161	Shri P P Chaudhary	5631, 5731, 5535
162	Shri P V Midhun Reddy	5653, 5549
163	Shri Parshottambhai Rupala	5675
164	Shri Patel Umeshbhai Babubhai	5698

165	Shri Prabhakar Reddy Vemireddy	5715, 5545
166	Shri Pradyut Bordoloi	5574, 5734
167	Shri Pratap Chandra Sarangi	5552
168	Shri Praveen Patel	5707, 5704
169	Shri Pushpendra Saroj	5604
170	Shri Putta Mahesh Kumar	5602
171	Shri Rahul Gandhi	5710, 5538
172	Shri Rahul Kaswan	5641
173	Shri Raja A	5598
174	Shri Raja Ram Singh	5650
175	Shri Rajeev Rai	5626
176	Shri Rajesh Naranbhai Chudasama	5577, 5739, 5545
177	Shri Rajesh Ranjan	5697
178	Shri Rajesh Verma	5666, 5712, 5539
179	Shri Rajiv Pratap Rudy	5693
180	Shri Rajkumar Roat	5529
181	Shri Rajmohan Unnithan	5561, 5723
182	Shri Ramprit Mandal	5664, 5663, 5609
183	Shri Ramvir Singh Bidhuri	5703
184	Shri Rao Rajendra Singh	5673
185	Shri Ravindra Dattaram Waikar	5666, 5712, 5539
186	Shri Ravindra Shukla Alias Ravi Kishan	5589, 5706
187	Shri S Jagathratchakan	5721, 5532
188	Shri S Venkatesan	5521
189	Shri Saleng A Sangma	5590
190	Shri Sanatan Pandey	5628
191	Shri Sanjay Dina Patil	5555, 5720
192	Shri Sanjay Haribhau Jadhav	5580, 5742, 5531
193	Shri Sanjay Uttamrao Deshmukh	5676
194	Shri Saptagiri Sankar Ulaka	5743, 5523
195	Shri Satpal Brahamchari	5711
196	Shri Saumitra Khan	5625
197	Shri Selvam G	5738
198	Shri Shafi Parambil	5565

199	Shri Shashank Mani	5560
200	Shri Sher Singh Ghubaya	5701
201	Shri Shrirang Appa Chandu Barne	5706, 5535
202	Shri Sribharat Mathukumilli	5686
203	Shri Subbarayan K	5549, 5525, 5611
204	Shri Sudhakar Singh	5671
205	Shri Sudheer Gupta	5722, 5558
206	Shri Sukanta Kumar Panigrahi	5688
207	Shri Suresh Kumar Shetkar	5732, 5571
208	Shri Tangella Uday Srinivas	5640
209	Shri Tanuj Punia	5702, 5574
210	Shri Tejasvi Surya	5607, 5709, 5631
211	Shri Trivendra Singh Rawat	5731, 5631, 5706
212	Shri Ummeda Ram Beniwal	5637
213	Shri V K Sreekandan	5745, 5583
214	Shri Vamsi Krishna Gaddam	5685
215	Shri Vijay Baghel	5591, 5552
216	Shri Vijayakumar Alias Vijay Vasanth	5524, 5592
217	Shri Virendra Singh	5667
218	Shri Vishaldada Prakashbapu Patil	5570, 5660
219	Shri Vishnu Datt Sharma	5599
220	Shri Y S Avinash Reddy	5550, 5717
221	Shri Yogender Chandolia	5707, 5704
222	Shri Zia Ur Rehman	5596
223	Shrimati Aparajita Sarangi	5615
224	Shrimati Bharti Pardhi	5535, 5706
225	Shrimati Bijuli Kalita Medhi	5645, 5610
226	Shrimati D K Aruna	5732, 5571
227	Shrimati Delkar Kalaben Mohanbhai	5542
228	Shrimati Geniben Nagaji Thakor	5683
229	Shrimati Harsimrat Kaur Badal	5617
230	Shrimati Himadri Singh	5705, 5704
231	Shrimati Kamlesh Jangde	5707, 5704
232	Shrimati Kanimozhi Karunanidhi	5677

233	Shrimati Kriti Devi Debbarman	5706
234	Shrimati Lovely Anand	5609, 5664, 5663
235	Shrimati Mahima Kumari Mewar	5705, 5566, 5704
236	Shrimati Mala Roy	5547
237	Shrimati Malvika Devi	5690
238	Shrimati Manju Sharma	5576, 5736
239	Shrimati Poonamben Hematbhai Maadam	5618
240	Shrimati Pratima Mondal	5699
241	Shrimati Rachna Banerjee	5548, 5716
242	Shrimati Roopkumari Choudhary	5566, 5728, 5706
243	Shrimati Sangeeta Kumari Singh Deo	5679
244	Shrimati Sanjna Jatav	5557
245	Shrimati Shambhavi	5539, 5712, 5666
246	Shrimati Shobhanaben Mahendrasinh Baraiya	5706, 5707, 5705, 5535, 5704
247	Shrimati Smita Uday Wagh	5535, 5704
248	Shrimati Supriya Sule	5555, 5720, 5546
249	Thiru D M Kathir Anand	5559
250	Thiru Dayanidhi Maran	5564, 5727

ANNEXURE-II**(i) Ministry-wise Index to Starred Questions**

Ayush	: 490, 496
Chemicals and Fertilizers	: 485, 491, 493, 497, 498, 500
Defence	:
External Affairs	: 489
Health and Family Welfare	: 486, 492, 494, 499
Law and Justice	: 487, 488, 495
Ports, Shipping and Waterways	: 482
Women and Child Development	: 481, 483, 484

(ii) Ministry-wise Index to Unstarred Questions

Ayush	: 5521, 5528, 5546, 5566, 5569, 5580, 5591, 5593, 5618, 5627, 5629, 5630, 5645, 5666, 5679, 5682, 5706, 5730, 5733, 5736, 5742, 5744
Chemicals and Fertilizers	: 5533, 5552, 5564, 5589, 5597, 5603, 5610, 5635, 5638, 5662, 5675, 5708, 5720, 5745, 5748
Defence	: 5529, 5601, 5612, 5636, 5651, 5653, 5724
External Affairs	: 5525, 5535, 5541, 5543, 5548, 5553, 5554, 5559, 5563, 5592, 5596, 5604, 5605, 5614, 5615, 5626, 5631, 5641, 5643, 5697, 5698, 5699, 5702, 5709, 5714, 5716, 5719, 5722, 5749
Health and Family Welfare	: 5522, 5523, 5524, 5527, 5531, 5532, 5537, 5538, 5539, 5542, 5547, 5551, 5555, 5556, 5557, 5558, 5561, 5565, 5567, 5571, 5572, 5574, 5577, 5579, 5583, 5584, 5586, 5588, 5590, 5595, 5602, 5606, 5608, 5611, 5617, 5619, 5622, 5623, 5624, 5628, 5632, 5637, 5640, 5642, 5646, 5647, 5650, 5652, 5656, 5657, 5658, 5659, 5660, 5664, 5673, 5674, 5678, 5680, 5681, 5683, 5684, 5688, 5692, 5694, 5695, 5696, 5700, 5701, 5703, 5713, 5715, 5717, 5721, 5729, 5737, 5738, 5739, 5746, 5747
Law and Justice	: 5526, 5530, 5534, 5536, 5560, 5581, 5598, 5599, 5607, 5633, 5634, 5644, 5649, 5661, 5677, 5690, 5691, 5705, 5723, 5725, 5728, 5743
Ports, Shipping and Waterways	: 5544, 5545, 5573, 5576, 5594, 5613, 5621,

5686, 5689, 5693, 5707, 5712, 5731, 5732, 5735

Women and Child
Development

: 5540, 5549, 5550, 5562, 5568, 5570, 5575,
5578, 5582, 5585, 5587, 5600, 5609, 5616, 5620,
5625, 5639, 5648, 5654, 5655, 5663, 5665, 5667,
5668, 5669, 5670, 5671, 5672, 5676, 5685, 5687,
5704, 5710, 5711, 5718, 5726, 5727, 5734, 5740,
5741, 5750

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