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Friday, July 25, 2025
Sravana 3, 1947 (Saka)

LOK SABHA DEBATES

(Original Version)

Fifth Session
(Eighteenth Lok Sabha)



(Vol. IX contains Nos.1 to 10)

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NEW DELHI

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No. 5, Friday, July 25, 2025/ Sravana 3, 1947 (Saka)**

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LOK SABHA DEBATES

LOK SABHA

Friday, July 25, 2025/ Sravana 3, 1947 (Saka)

The Lok Sabha met at Eleven of the Clock.

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

REFERENCE BY THE SPEAKER
26th Anniversary of Kargil Vijay Diwas

माननीय अध्यक्ष : माननीय सदस्यगण, कल दिनांक 26 जुलाई को सम्पूर्ण राष्ट्र भारतीय सेना के अदम्य साहस, वीरता और पराक्रम के अमर प्रतीक कारगिल विजय दिवस की 26वीं वर्षगांठ मना रहा है।

कारगिल युद्ध में हमारी सेना ने कठिन भौगोलिक बाधाओं, प्रतिकूल मौसम का सामना करते हुए राष्ट्रीय संप्रभुता और अखंडता की रक्षा में अपनी असाधारण वीरता, अदम्य साहस, शौर्य और संकल्प का परिचय दिया तथा अंततः विजय श्री प्राप्त की।

आज हम इस अवसर पर अपने वीर सैनिकों को नमन करते हैं तथा उन शहीदों को श्रद्धांजलि देते हैं, जिन्होंने अपने राष्ट्र की सुरक्षा में अपना सर्वोच्च बलिदान दिया। आज के दिन हम उन शहीदों के परिवारों के प्रति भी कृतज्ञता व्यक्त करते हैं।

अब यह सभा कारगिल के शहीदों के सम्मान में मौन रहेगी।

11.01 hrs

The Members then stood in silence for a short while.

—
... (व्यवधान)

माननीय अध्यक्ष : माननीय सदस्यगण, मैंने हमेशा सदन में यह प्रयास किया है कि सदन चले और विशेष रूप से प्रश्न काल के समय मेरा हमेशा प्रयास रहता है कि प्रश्न काल माननीय सदस्यों का समय होता है। उसमें व्यापक चर्चा होनी चाहिए और चर्चा में सरकार की जवाबदेही भी तय होती है। लेकिन मैं पिछले कुछ दिनों से देख रहा हूँ कि सदन में नियोजित तरीके से बाधा की जाती है और तख्तियां लेकर नारेबाजी की जा रही है।

... (व्यवधान)

माननीय अध्यक्ष : माननीय सदस्यगण, अगर आपको किसी मुद्दे पर चर्चा करनी है, किसी विषय पर

चर्चा करनी है, तो आप मेरे पास आएं। हर विषय पर, हर मुद्दे पर सरकार से बात करके चर्चा का रास्ता निकाला जा सकता है। लेकिन हम आते ही सदन के अंदर या सदन के बाहर केवल तख्तिरियां लेकर नारेबाजी करें, यह उचित नहीं है।

... (व्यवधान)

माननीय अध्यक्ष : आपको लगता है तो आप मेरे पास आइए। मैं सरकार के प्रतिनिधियों को बुलाता हूं और मैं आपको बुलाता हूं। आप मुद्दों पर चर्चा करें, विषयों पर चर्चा करें, लेकिन यह तरीका ठीक नहीं है।

... (व्यवधान)

माननीय अध्यक्ष : हम दुनिया का सबसे बड़ा लोकतंत्र हैं। हमारे पीछे 20-20 लाख लोग बड़ी अपेक्षाओं से सदन को देखते हैं। लोग देखते हैं कि हमारे मुद्दों पर, हमारे विषयों पर, हमारी आकांक्षाओं पर, हमारी चिंताओं पर सदन में चर्चा होगी। आप तख्तिरियां लेकर नारेबाजी करते हैं। यह उचित नहीं है।

... (व्यवधान)

माननीय अध्यक्ष : क्या आप सदन नहीं चलाना चाहते हैं, सदन में चर्चा नहीं करना चाहते हैं? नियोजित गतिरोध लोकतंत्र के लिए उचित नहीं है।

... (व्यवधान)

माननीय अध्यक्ष : आप आकर मुझसे मिलें। मैं हर विषय पर चर्चा के लिए आपसी सहमति बनाऊंगा, लेकिन प्रश्न काल के अंदर, किसी विषय के अंदर जिन माननीय सदस्यों का प्रश्न है, केवल उनको ही बोलने का अवसर दिया जाता है। यह अच्छी परंपरा और परिपाटी रही है।

... (व्यवधान)

माननीय अध्यक्ष : हमें प्रयास करना चाहिए कि किसी विषय पर गतिरोध हो, तो आप बात करें। यह अच्छी परंपरा और परिपाटी रही है।

... (व्यवधान)

माननीय अध्यक्ष : सदन में सरकार और प्रतिपक्ष बैठ कर चर्चा करती है। मैं आपसे फिर कह रहा हूं, आप चर्चा के लिए आइए, हम हर गतिरोध को समाप्त करेंगे, सरकार के प्रतिनिधि भी होंगे, आपके भी प्रतिनिधि भी होंगे। अगर कुछ मुद्दों का समाधान निकलता है तो उचित है नहीं तो आपको अपनी असहमति दर्ज कराने का लोकतंत्र में अधिकार है।

... (व्यवधान)

माननीय अध्यक्ष : लेकिन असहमति किस तरह से दर्ज होनी चाहिए, असहमति किस तरह से होनी चाहिए, संसदीय लोकतंत्र की परिपाटी और परंपरा के अनुसार होनी चाहिए।

... (व्यवधान)

माननीय अध्यक्ष : आप सदन नहीं चलाना चाहते हैं। सदन में चर्चा नहीं करना चाहते हैं।

... (व्यवधान)

माननीय अध्यक्ष : प्रश्न संख्या 81.

... (व्यवधान)

माननीय अध्यक्ष : श्री कीर्ति वर्धन जी आप कुछ बोलना चाहते हैं?

... (व्यवधान)

11.05 hrs

ORAL ANSWER TO QUESTION

@Starred Question No. 81

माननीय अध्यक्ष: प्रश्न संख्या 81, श्री सुब्बारायण जी।

... (व्यवधान)

माननीय अध्यक्ष: श्री सेल्वाराज जी।

... (व्यवधान)

@ The sign + marked above the name of a Member indicates that the Question was actually asked on the floor of the House by that Member.

STAND ON PALESTINE ISSUE

***81. †SHRI SELVARAJ V.:**

SHRI SUBBARAYAN K.:

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

- (a) whether it is a fact that India abstained on the UN General Assembly resolution seeking immediate and lasting ceasefire in Gaza;
- (b) if so, the details thereof; and
- (c) the stand of the Government on the Palestine issue?

माननीय अध्यक्ष: माननीय मंत्री कीर्ति वर्धन जी ।

... (व्यवधान)

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): Sir, a statement is laid on the Table of the House. ... (*Interruptions*)

STATEMENT

(a) to (c): India's policy towards Palestine has been long standing. India has always supported a negotiated two State solution, towards establishment of a sovereign, independent and viable State of Palestine within secure and recognized borders, living side by side in peace with Israel.

India has strongly condemned the terror attacks on Israel on 7 October 2023 and the loss of civilian lives in the ongoing Israel- Hamas conflict. India remains concerned at the security situation and has called for a ceasefire,

release of all hostages and peaceful resolution of the conflict through dialogue and diplomacy. India has emphasized the need for safe, timely and sustained delivery of humanitarian assistance to the people of Palestine. India has also reiterated that bringing Israel and Palestine closer contributes to creating conditions for early resumption of direct peace negotiations.

In line with the above stated policy and position, India abstained in the vote on the recent resolution in the UNGA Emergency Special Session on 12 June, 2025.

WRITTEN ANSWERS TO QUESTIONS

(i) Starred Question Nos. 82 to 100

हृदयाघात के मामलों में वृद्धि

***82. श्री अरविंद गणपत सावंत:**

श्री संजय उत्तमराव देशमुख:

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

- (क) क्या सरकार को इस बात की जानकारी है कि विगत पांच वर्षों के दौरान देश में हृदयाघात के मामलों में तीव्र वृद्धि हुई है और यदि हां, तो विशेषकर महाराष्ट्र सहित तत्संबंधी वर्ष-वार, राज्य/संघ राज्यक्षेत्र-वार और जिला-वार ब्यौरा क्या है और इसके क्या कारण हैं;
- (ख) क्या सरकार ने उक्त कारणों का पता लगाने के लिए कोई अध्ययन/अनुसंधान कराया है और यदि हां, तो देश में हृदय रोगों से संबंधित अनुसंधान की वर्तमान स्थिति और ब्यौरा क्या है;

- (ग) क्या सरकार ने देश में हृदयाघात के मामलों की रोकथाम के लिए जन जागरूकता, नियमित जांच और उपचार के लिए कोई योजना शुरू की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) विशेषकर महाराष्ट्र सहित देश में हृदय रोगों के संबंध में अनुसंधान में लगे प्रमुख संस्थानों का ब्यौरा और उनकी उपलब्धियां क्या हैं;
- (ङ) क्या सरकार ने देश के ग्रामीण, सीमांत और कमजोर वर्गों को हृदयाघात के उपचार हेतु विशेष सुविधाएं प्रदान करने के लिए कोई उपाय किए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (च) क्या सरकार ने इस संबंध में मृत्यु दर को कम करने के लिए कोई समयबद्ध लक्ष्य निर्धारित किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (च): हृदयाघात से संबंधित मामलों के आंकड़ों का अनुरक्षण केंद्रीय स्तर पर नहीं किया जाता है। हृदयाघात के मामले अधिसूचित नहीं किए जाते हैं और उक्त के लिए कोई केंद्रीय रजिस्ट्री भी नहीं है।

भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) ने सूचित किया है कि हृदयघात के कारणों को समझने के लिए, आईसीएमआर-राष्ट्रीय महामारी विज्ञान संस्थान (आईसीएमआर-एनआईई) ने भारत भर के 25 अस्पतालों में बहु-केंद्रित समेल मामला-नियंत्रण अध्ययन किया। इन मामलों में अक्टूबर, 2021 और जनवरी, 2023 के बीच एएमआई के नए पहचाने गए मामलों के लिए अध्ययन अस्पतालों में भर्ती 18-45 वर्ष के मरीज थे। नियंत्रण के मामले में 18-45 वर्ष की आयु के वे रोगी शामिल थे, जो अन्य कारणों से उसी समय उस अस्पताल में भर्ती हुए थे। विभिन्न जोखिम कारकों के संबंध में सूचना एकत्र की गई थी। अध्ययन के प्रमुख निष्कर्ष (अभी तक अप्रकाशित) निम्नानुसार हैं:

- i. एएमआई से ग्रसित रोगी का अस्पताल में भर्ती होना किसी ज्ञात सह-रुग्णता के होने, थ्रोम्बोटिक मामले के पारिवारिक इतिहास वाले और धूम्रपान करने की लत से जुड़ा था।

- ii. कोविड-19 के विरुद्ध टीका लगवाए जाने से एएमआई के जोखिम पर कोई प्रभाव नहीं पड़ा।
- iii. यहां तक कि बिना किसी सह-रुग्णता वाले लोगों में भी, थ्रोम्बोटिक मामलों का पारिवारिक इतिहास और धूम्रपान एएमआई के बढ़ते जोखिम से संबंधित था।

आईसीएमआर ने पिछले दो वर्षों में हृदय संबंधी विकारों पर अनुसंधान हेतु दो उच्च श्रेणी अनुसंधान केंद्रों (सीएआर) को वित्त पोषित किया है। वे हैं:

i. हृदपात चरण II में उच्च श्रेणी अनुसंधान एवं उत्कृष्टता केंद्र, श्रीचित्रा तिरुनल आयुर्विज्ञान एवं प्रौद्योगिकी संस्थान, केरल

ii. भारत भर में विविध आबादी के बीच हृदय वाहिका रोग (सीवीडी) के भार को कम करने हेतु सहक्रियात्मक, बहुआयामी, अनुकूलित, कम लागत वाले कार्यकलाप पैकेज (आईपी) का प्रभाव, लागत-प्रभावशीलता और स्थिरता, सेंट जॉन्स मेडिकल कॉलेज अस्पताल, बेंगलुरु।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) राष्ट्रीय गैर-संचारी रोगों की रोकथाम और नियंत्रण कार्यक्रम (एनपी-एनसीडी) के अंतर्गत राज्यों और संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। हृदयवाहिका रोग एनपी-एनसीडी का एक अभिन्न अंग है। इस कार्यक्रम के अंतर्गत, 770 जिला एनसीडी क्लीनिक, 6410 सामुदायिक स्वास्थ्य केंद्र एनसीडी क्लीनिक और 233 कार्डिक केयर यूनिट को स्थापित किया गया है। इसके अतिरिक्त, व्यापक प्राथमिक स्वास्थ्य परिचर्या के एक भाग के रूप में, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत देश में मधुमेह और उच्च रक्तचाप सहित सामान्य एनसीडी की रोकथाम, नियंत्रण और जाँच हेतु जनसंख्या-आधारित पहल शुरू की गई है। इस पहल के अंतर्गत, 30 वर्ष से अधिक आयु के व्यक्तियों की जाँच की जाती है।

गंभीर हृदयाघात संबंधी मामलों के प्रबंधन के लिए हब-एंड-स्पोक मॉडल लागू किया गया है। जिला अस्पताल और सामुदायिक स्वास्थ्य केंद्र (स्पोक) प्रारंभिक थ्रोम्बोलिसिस और स्थिरीकरण प्रदान करने के लिए सुसज्जित हैं, जबकि विशिष्ट अस्पताल और मेडिकल कॉलेज (हब) विकसित कार्यकलाप प्रदान करते हैं। एम्बुलेंस सेवाएँ, टेलीमेडिसिन प्लेटफॉर्म और सुव्यवस्थित रेफरल पाथवे, विशेष रूप से ग्रामीण क्षेत्रों में, पहुँच को और बेहतर बनाते हैं।

भारत सरकार, राज्यों और संघ राज्य क्षेत्रों द्वारा हृदय संबंधी रोगों सहित गैर-संचारी रोगों (एनसीडी) के संबंध में जागरूकता सृजन के लिए एनएचएम के अंतर्गत वित्तीय सहायता प्रदान करती है। आयुष्मान आरोग्य मंदिर के माध्यम से व्यापक प्राथमिक स्वास्थ्य परिचर्या के अंतर्गत, सामुदायिक स्तर पर स्वास्थ्य संबंधी कार्यकलापों और लक्षित संचार को बढ़ावा देकर, निवारक पहलू को सुदृढ़ किया जाता है। इसके अतिरिक्त, भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण के माध्यम से स्वस्थ आहार को भी बढ़ावा दिया जाता है। युवा कार्यक्रम एवं खेल मंत्रालय द्वारा फिट इंडिया अभियान का क्रियान्वयन किया जाता है, और आयुष मंत्रालय द्वारा योग संबंधी विभिन्न क्रियाकलाप संचालित किए जाते हैं।

प्रधानमंत्री जन आरोग्य योजना (पीएम-जेएवाई) में 50 करोड़ से ज्यादा व्यक्तियों को स्वास्थ्य बीमा कवरेज प्रदान किया जाता है, जिसमें एंजियोप्लास्टी और बाईपास सर्जरी सहित मध्यम और विशिष्ट हृदय संबंधी परिचर्या शामिल है। प्रधानमंत्री भारतीय जन औषधि परियोजना (पीएमबीजेपी) और किफायती दवाएं एवं विश्वसनीय प्रत्यारोपण उपचार (अमृत) फार्मसीज़, किफायती हृदयवाहिका संबंधी दवाओं, स्टेंट और प्रत्यारोपण तक पहुँच में सुधार करती हैं, जिससे जेबी खर्च में कमी आती है और दीर्घकालिक उपचार के अनुपालन में सहायता मिलती है।

एनपी-एनसीडी कार्यक्रम सतत विकास लक्ष्य 3.4 के अनुरूप है, जिसका उद्देश्य रोकथाम, उपचार और मानसिक स्वास्थ्य एवं कल्याण को बढ़ावा देकर वर्ष 2030 तक हृदयवाहिका संबंधी रोग सहित गैर-संचारी रोगों से होने वाली असामयिक मृत्यु दर को एक-तिहाई तक कम करना है।

RISE IN SUDDEN CARDIAC DEATHS DUE TO COVID-19

***83. DR. NAMDEO KIRSAN:**

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

(a) whether the Government has conducted any study to ascertain the reasons behind the unusual increase in the rate of Sudden Cardiac Death (SCD)

amongst apparently healthy individuals with a history of COVID-19 illness in the country;

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

(c) the number of people in the country who have died due to cardiac arrest with history of COVID-19 disease, State/UT-wise?

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

(a) to (c): Indian Council of Medical Research (ICMR) has informed that ICMR and National Centre for Disease Control (NCDC) explored two approaches to investigate the causes of sudden death. The first approach was a retrospective case-control study to determine the risk factors associated with sudden death and the second approach of the study was to prospectively investigate sudden deaths in young adults using a virtual autopsy approach. The details of both these studies are as follows:

Study 1: 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 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.

Study 2: The second study, titled “Establishing the cause in sudden unexplained deaths in young” conducted by the All India Institute of Medical Sciences (AIIMS), New Delhi with funding and in collaboration with ICMR, is a prospective study aimed at determining the common causes of sudden deaths in young adults. Early analysis of data from the study indicates that heart attacks, or myocardial infarction (MI), continue to be the leading cause of sudden death in this age group. Importantly, no major changes in the pattern of causes have

been observed when compared with previous years before the Covid-19 pandemic.

Together, these two studies offer a more comprehensive understanding of sudden unexplained deaths in young adults in India. It has also been revealed that COVID-19 vaccination does not appear to increase the risk, whereas, the role of underlying health issues, genetic predisposition and risky lifestyle choices does play a role in unexplained sudden deaths.

NUTRIENT-BASED SUBSIDY SCHEME FOR FERTILIZERS

***84. SHRI LUMBARAM CHOUDHARY:**

SHRI BIDYUT BARAN MAHATO:

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

- (a) the total subsidy provided under the Nutrient-Based Subsidy (NBS) Scheme for fertilizers during the last three financial years;
- (b) the steps taken to ensure the availability and affordability of fertilizers to farmers across different regions including Jalore and Sirohi districts in Rajasthan; and
- (c) whether there have been any irregularities in fertilizer distribution or subsidy claims and if so, the details thereof along with the action taken thereon?

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

(a): The details of total subsidy provided under the Nutrient-Based Subsidy (NBS) Scheme for fertilizers during the last three financial year (from 2022-23 to 2024-25) are as follows:

(Amount in Crores)

Financial Year	Subsidy Schemes		Grand Total
	Imported P&K	Indigenous P&K	
2022-23	36032.56	50089.67	86122.23
2023-24	28929.57	36270.00	65199.57
2024-25	18800.00	34010.00	52810.00
Grand Total			204131.80

(b): To ensure the timely availability and affordability of fertilizers to farmers across various regions of the country, including Rajasthan, the Government has put in place a structured and closely monitored system. Before the commencement of each cropping season, the Department of Agriculture and Farmers Welfare (DA&FW), in consultation with State Governments, undertakes an assessment of fertilizer requirements on a state-wise and month-wise basis. Based on this, the Department of Fertilizers (DoF) allocates adequate quantities of fertilizers through a monthly supply plan and continuously monitors the availability. 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), and regular weekly video conferences are held jointly by DA&FW and Department of Fertilizers with State

Agriculture Officials to ensure efficient coordination and to address any emerging supply-related issues. While the Department of Fertilizers oversees the availability and movement of fertilizers up to the State level, the distribution within the State, including in districts like Jalore and Sirohi, is managed by the respective State Government.

Details for Fertilizer Availability in Rajasthan State for Kharif-2025 (from 01.04.2025 to 22.07.2025): -

The availability of Urea, DAP, and NPKS in the state of Rajasthan has been adequate during the ongoing Kharif 2025 season (till 22.07.2025). As on 22.07.2025, 8.75 LMTs of Urea, has been made available in the state of Rajasthan against the pro-rata requirement of 5.52 LMTs. However, the sale of Urea in the said period has been only 6.39 LMTs and state is having a closing stock of 2.36 LMTs of Urea. Further, as on 22.07.2025, 2.27 LMTs of DAP, has been made available in the state of Rajasthan against the pro-rata requirement of 2.99 LMTs. However, the sale of DAP in the said period has been only 1.66 LMTs and state is having a closing stock of 0.61 LMTs. Moreover, as on 22.07.2025, 1.59 LMTs of NPKS, has been made available in the state of Rajasthan against the pro-rata requirement of 0.68 LMTs. However, the sale of NPKS in the said period has been only 0.85 LMTs and state is having a closing stock of 0.74 LMTs of NPKS.

As per the information provided by Rajasthan State Government, details of Fertilizer Availability (in Jalore and Sirohi) for Kharif-2025 (from 01.04.2025 to 20.07.2025): -

State	District	Urea		DAP		NPK	
		Quantity Supplied (in MTs)	Quantity Available (in MTs)	Quantity Supplied (in MTs)	Quantity Available (in MTs)	Quantity Supplied (in MTs)	Quantity Available (in MTs)
Rajasthan	Jalore	9710	5710	3837	1198	4753	3320
Rajasthan	Sirohi	7058	5710	381	90	2140	1808

These figures reflect the continuous efforts undertaken by both the Centre and State to ensure adequate and equitable distribution of fertilizers to farmers across regions, including remote districts.

(c): No irregularities in fertilizer distribution or subsidy claims have been reported.

CAPACITY BUILDING IN ANGANWADI CENTRES

***85. SHRI NABA CHARAN MAJHI:**

SHRI BHARATSINHJI SHANKARJI DABHI:

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

- (a) the key steps taken by the Government to promote quality standards, health awareness, and nutritional outcomes among women and children through Anganwadi Centres (AWCs) and Self-Help Groups, State-wise;
- (b) the extent of implementation of such initiatives, along with measurable indicators of community impact and outreach, State-wise;
- (c) whether any training/skilling/capacity-building programmes have been conducted for Anganwadi workers and frontline staff under the schemes of Government, if so, the number of officials and field workers trained or upskilled during the last three years, district and State-wise;

- (d) whether the Government has assessed the outcomes or effectiveness of such programmes in improving service delivery, nutrition and early childhood care, particularly in aspirational districts or semi-urban regions like Jalgaon, if so, the details thereof; and
- (e) the number of AWCs across the country and budget allocated to each centre, district and State-wise?

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

(a) to (d): Poshan Abhiyaan was launched in March 2018 to effectively address the issue of malnutrition in a convergent and holistic manner. 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. This mission is a universal self-selecting umbrella scheme that is being implemented across all the States and UTs including in the State of Rajasthan.

Nutrition goes beyond mere eating of food; it requires proper digestion, absorption, and metabolism which are influenced by factors like sanitation, education and access to safe drinking water. As malnutrition requires a multi-sectoral approach involving dimensions of food, health, water, sanitation and education, it is crucial to effectively address the issue of malnutrition. 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, behavioural change, and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight.

Under this 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.

M/o Women & Child Development and M/o 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 Andolan during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

So far, 4.17 crore CBEs have been conducted in Mission Poshan 2.0 from April 2022 to June 2025. State-wise details of these CBEs as per June 2025 data of poshan tracker is given in the enclosed **Statement-I**.

So far 14 Jan Andolans have been conducted since 2018 (7 each of Poshan Maah and Poshan Pakhwada), and 140 crore outreach activities were reported by States/ UTs (state-wise details of Jan Andolans since 2018 are given in the enclosed **Statement-II**).

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 7.36 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 June, 2025 data. 7 crores of these children were measured on growth parameters of height and weight. 37.07% of them have been found to be stunted, 15.93% have been found to be underweight and 5.46% 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 June, 2025 data of

Poshan Tracker, 8.61 crores children (0-6 years) were enrolled in Anganwadis out of whom 8.19 crores were measured on growth parameters of height and weight. 35.91% of these children (0-6 years) have been found to be stunted and 16.50% 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.

Government has launched Poshan Bhi Padhai Bhi (PBPB) initiative on 10th May, 2023 for upskilling of all anganwadi workers to build their capacity to provide early childhood care and education (ECCE) and nutrition service to children below six years of age.

Under PBPB, Anganwadi Workers are undergoing specialized training through the Savitribai Phule National Institute of Women and Child Development (SPNIWCD). This training is aligned with Navchetana – the National Framework for Early Childhood Stimulation for children from birth to three years – and Aadharshila – the National Curriculum for ECCE for children aged three to six years, launched by the Ministry in 2024. Special emphasis is placed on supporting children with disabilities (Divyang children), ensuring inclusive learning practices. The training follows a Two-Tier Model wherein State-Level Master Trainers (SLMTs) undergo a two-day intensive training (Tier 1), who in turn train Anganwadi Workers through a three-day, interactive, hands-on module (Tier 2).

As on 22nd July 2025, a total of 41,360 State Level Master Trainers (CDPOs, Supervisors and Additional Resource Persons) and 5,62,222

Anganwadi Workers (AWWs) have been trained under the Poshan Bhi Padhai Bhi (PBPB) initiative.

The State/UT and district-wise details of SLMTs and AWWs trained are given in the enclosed **Statement-III**.

Regular field level trainings/workshops are conducted directly for Anganwadi Workers regarding use of the Poshan Tracker Application. Poshan Tracker also features self-learning videos for AWWs, enabling continuous capacity building and on-the-job learning through digital modules. State and Block Coordinators provide on-ground handholding support to AWWs for effective usage and implementation of the Poshan Tracker.

(e): The number of AWCs sanctioned across the country is placed at **Statement-IV** and State/UT wise fund details under Mission Poshan 2.0 for FY 2024-25 is given in the enclosed **Statement-V**.

STATEMENT-I

State-wise Community Based Events (CBE) reported under Mission Poshan 2.0 through Poshan Tracker from April 2022 to June 2025

S.N.	State	State-wise CBEs as reported under Mission Poshan 2.0 (from April 2022 to June 2025)
1	Andhra Pradesh	2,099,133
2	Arunachal Pradesh	22,220
3	Assam	961,334
4	Bihar	4,462,915
5	Chhattisgarh	1,397,309
6	Goa	45,846
7	Gujarat	2,630,855

8	Haryana	818,889
9	Himachal Pradesh	781,634
10	Jharkhand	989,899
11	Karnataka	1,231,089
12	Kerala	1,192,478
13	Madhya Pradesh	2,957,971
14	Maharashtra	3,627,741
15	Manipur	258,501
16	Meghalaya	133,498
17	Mizoram	62,886
18	Nagaland	30,440
19	Odisha	2,579,991
20	Punjab	687,571
21	Rajasthan	1,733,603
22	Sikkim	58,681
23	Tamil Nadu	2,435,041
24	Telangana	1,356,874
25	Tripura	17,173
26	Uttar Pradesh	4,204,883
27	Uttarakhand	454,874
28	West Bengal	2,917,514
29	A&N Islands	25,661
30	DNH&DD	12,448
31	Delhi	462,110
32	J&K	1,033,704
33	Ladakh	15,117
34	Lakshadweep	444
35	Puducherry	26,408
36	UT-Chandigarh	22,465
	TOTAL	41,749,200

STATEMENT-II

Jan Andolans reported State-wise since 2018 through Jan Andolan Dashboard

SL	State/UT	Total
1	Andaman & Nicobar Islands	8,934
2	Andhra Pradesh	38,188,331
3	Arunachal Pradesh	82,435
4	Assam	3,048,848
5	Bihar	221,029,182
6	Chandigarh	781,335
7	Chhattisgarh	31,076,412
8	Dnh & Dd	20,227
9	Delhi	767,697
10	Goa	101,521
11	Gujarat	226,976,320
12	Haryana	10,868,384
13	Himachal Pradesh	2,453,542
14	Jammu & Kashmir	6,392,049
15	Jharkhand	15,857,036
16	Karnataka	7,159,121
17	Kerala	6,791,792
18	Ladakh	1,761
19	Lakshadweep	833
20	Madhya Pradesh	130,692,848
21	Maharashtra	383,785,295
22	Manipur	1,398,405
23	Meghalaya	140,654
24	Mizoram	61,995

25	Nagaland	319,721
26	Odisha	22,006,531
27	Puducherry	52,927
28	Punjab	24,624,993
29	Rajasthan	28,422,472
30	Sikkim	113,199
31	Tamil Nadu	159,676,713
32	Telangana	17,585,002
33	Tripura	60,215
34	Uttar Pradesh	109,068,759
35	Uttarakhand	1,324,701
36	West Bengal	1,882,201
		1,452,822,391

STATEMENT-III

State-wise details of Poshan Bhi Padhai Bhi (PBPB) trainings

	SLMTs		AWWs	
	Target	Completed	Target	Completed
India	43,488	41,360	13,15,162	5,62,222
Andaman and Nicobar Islands	45	49	720	732
Andhra Pradesh	2059	2050	54,908	53321
Arunachal Pradesh	465	648	6225	1375
Assam	2353	2794	60,964	22238
Bihar	3366	2178	1,12,094	90263
Chandigarh	24	33	434	548
Chhattisgarh	2126	2009	51,245	11072

Dadra and Nagar Haveli and Daman and Diu	24	50	405	240
Delhi	434	581	10498	10412
Goa	65	64	1224	1148
Gujarat	2044	2127	49,884	4122
Haryana	804	808	23,902	8044
Himachal Pradesh	746	744	18,663	0
Jammu and Kashmir	1265	1244	27,543	24932
Jharkhand	862	980	37,944	11760
Karnataka	2247	2149	64,118	426
Kerala	1348	1656	33,115	15198
Ladakh	46	73	1143	1153
Lakshadweep	4	8	59	0
Madhya Pradesh	3567	2996	95,953	91458
Maharashtra	2892	2475	1,05,023	36120
Manipur	489	636	11,466	4576
Meghalaya	306	288	5896	1958
Mizoram	161	202	2244	2357
Nagaland	293	398	3980	3727
Odisha	3266	2742	73,314	8722
Puducherry	19	47	595	616
Punjab	847	1184	27,075	7922
Rajasthan	1622	1644	60,874	57948
Sikkim	95	81	1308	387

Tamil Nadu	2062	1828	43,602	300
Telangana	1540	1531	33,789	0
Tripura	308	282	10,131	3192
Uttar Pradesh	3585	2132	1,59,938	46430
Uttarakhand	652	634	19,311	4882
West Bengal	1457	2015	1,05,575	34643
Total	43,488	41,360	13,15,162	5,62,222

STATEMENT-IV

State/UT wise number of Sanctioned AWCs

S. No	State/UTs	Total AWCs sanctioned as per MWCD*
1	Andhra Pradesh	55969
2	Arunachal Pradesh	6225
3	Assam	62142
4	Bihar	115097
5	Chhattisgarh	52642
6	Goa	1262
7	Gujarat	53065
8	Haryana	25962
9	Himachal Pradesh	18925
10	Jharkhand	38957
11	Karnataka	66098
12	Kerala	33120
13	Madhya Pradesh	97882
14	Maharashtra	110664
15	Manipur	11585
16	Meghalaya	6188
17	Mizoram	2285

18	Nagaland	3980
19	Odisha	74223
20	Punjab	27314
21	Rajasthan	62196
22	Sikkim	1308
23	Tamil Nadu	54481
24	Telangana	35781
25	Tripura	10474
26	Uttar Pradesh	190146
27	Uttarakhand	20070
28	West Bengal	119481
29	A & N Islands	720
30	Chandigarh	450
31	Dadra & N Haveli and Daman & Diu	405
32	Delhi	10897
33	Jammu & Kashmir	28426
34	Ladakh	1173
35	Lakshadweep	59
36	Puducherry	855
Total		1400507

STATEMENT-V

State/UT-wise fund details of Mission Poshan 2.0

(Rupees in crores)												
S. No.	Name of the State/UT	Mission Poshan 2.0										
		2019-20		2020-21		2021-22		2022-23		2023-24		2024-25
		Funds released	Funds Utilized	Funds released	Fund utilized	Funds released	Fund utilized	Funds released	Fund utilized	Funds released	Fund utilized	Funds released
1	Andaman and Nicobar Islands	14.98	13.34	16.37	6.37	19.71	13.36	3.85	5.17	12.15	11.06	9.63
2	Andhra Pradesh	825.24	686.20	701.82	763.99	744.60	749.91	827.79	721.45	705.68	734.52	645.73

3	Arunachal Pradesh	134.71	134.79	82.92	65.01	170.83	230.77	137.78	145.74	162.06	139.34	102.61
4	Assam	1365.53	1241.33	1109.75	1255.72	1319.90	1432.19	1651.63	1717.00	2233.31	2804.16	2482.34
5	Bihar	1539.37	1253.87	1288.98	1444.36	1574.43	1608.02	1740.09	1586.61	1859.29	1703.55	2262.92
6	Chandigarh	17.03	13.30	13.35	16.08	15.32	23.09	33.10	33.10	19.79	19.26	14.56
7	Chhattisgarh	483.88	548.81	513.95	542.07	606.73	522.72	668.96	571.80	579.46	664.31	733.3
8	Dadra & Nagar Haveli and Daman & Diu	17.20	8.24	9.02	9.02	9.33	9.56	5.80	5.80	11.97	11.57	9.13
9	Delhi	133.06	140.49	102.70	139.84	133.11	125.52	182.77	142.84	161.81	135.31	160.41
10	Goa	16.02	17.02	20.44	17.46	10.84	12.92	14.71	16.83	13.95	12.22	13.44
11	Gujarat	854.00	725.25	633.13	873.79	839.86	757.92	912.64	552.30	1126.80	658.81	601.32
12	Haryana	181.00	149.87	185.29	232.54	173.03	146.99	195.25	150.24	225.78	183.94	232.69
13	Himachal Pradesh	251.82	295.25	258.55	295.89	247.99	386.68	270.24	247.76	301.09	146.69	313.07
14	Jammu & Kashmir	332.85	328.31	294.17	450.82	405.74	704.57	479.01	416.23	530.88	595.21	662.79
15	Jharkhand	436.10	455.87	464.33	348.68	352.98	183.30	430.91	596.03	664.30	560.25	496.95
16	Karnataka	861.87	916.51	697.17	1012.84	1003.70	984.62	765.87	885.65	912.96	729.26	886.85
17	Kerala	321.42	331.23	352.03	384.79	388.23	397.98	444.98	325.43	306.64	359.22	435.74
18	Ladakh	0.00	0.00	24.18	24.69	14.70	14.67	18.79	18.79	19.62	18.06	18.89
19	Lakshadweep	2.59	1.27	3.06	2.06	2.11	2.73	0.44	0.44	2.88	2.73	1.35
20	Madhya Pradesh	1225.60	1276.10	1238.06	1125.20	1085.47	1055.83	1011.57	1038.67	1123.11	1048.42	1144.54
21	Maharashtra	1669.40	1416.45	1205.99	1517.51	1713.39	1609.02	1646.17	1589.97	1699.52	1219.66	1368.84
22	Manipur	162.54	142.27	175.77	148.45	228.92	177.28	135.95	167.74	201.28	224.68	342.87
23	Meghalaya	225.66	181.19	177.92	185.25	173.33	177.86	192.39	200.24	269.69	193.3	137.93
24	Mizoram	63.26	56.45	74.60	64.67	59.32	61.57	42.81	46.65	100.27	72.19	55.29
25	Nagaland	178.92	169.55	167.23	169.19	159.80	160.21	199.30	190.47	262.91	209.24	147.01
26	Odisha	860.66	892.46	858.68	896.85	1065.98	871.20	923.92	884.92	968.80	891.06	948.16
27	Puducherry	9.86	8.45	4.38	3.50	2.78	6.13	0.12	6.68	4.48	8.35	3.68
28	Punjab	201.44	175.11	174.71	207.82	383.52	177.94	75.31	247.25	307.87	220.55	265.48
29	Rajasthan	673.95	665.42	641.77	702.90	682.65	771.64	974.02	936.17	1091.96	880.87	741.85
30	Sikkim	29.47	33.70	24.50	26.06	25.73	24.59	20.33	24.09	33.49	23.77	18.07
31	TamilNadu	764.73	652.94	619.43	695.85	655.38	681.28	766.81	741.30	880.79	662.4	638.47
32	Telangana	529.96	420.08	405.32	564.04	482.33	479.30	550.69	503.33	507.87	522.99	430.76
33	Tripura	166.47	164.05	154.16	177.85	186.72	171.66	150.52	186.55	244.22	211.2	153.41
34	Uttar Pradesh	2544.00	2480.79	2017.49	1925.75	2407.55	2341.91	2721.87	2622.64	2668.69	2510.27	2694.62
35	Uttarakhand	373.96	378.21	327.92	350.07	353.65	336.03	425.84	364.77	288.24	426.34	216.33
36	West Bengal	1165.26	1321.90	1066.64	897.89	668.35	1378.31	1227.59	1455.89	1237.56	1522.4	1513.8
Total		18633.81	17696.07	16105.78	17544.87	18368.01	18789.28	19849.82	19346.54	21741.17	20337.16	20904.83

MONITORING OF INFECTIOUS DISEASES

***86. SHRI CHANDRA PRAKASH CHOUDHARY:**

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

- (a) the name of districts with the highest number of cases of tuberculosis and malaria along with the steps taken/proposed to be taken by the Government to control these diseases from spreading in Jharkhand;
- (b) whether the Government has taken any initiatives to prevent lifestyle diseases such as diabetes, hypertension and obesity amongst the youth in the country and if so, the details thereof;
- (c) whether there are any mechanisms in place to monitor outbreak of infectious diseases like dengue, swine flu or Nipah virus in the country and if so, the details thereof;
- (d) the details of the funds allocated and utilised under the Ayushman Bharat Yojana during the last three years, State/UT-wise especially in Jharkhand; and
- (e) the steps taken/proposed to be taken by the Government to digitise patient health records under the Ayushman Bharat Digital Mission?

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

- (a) to (e): Government of India has implemented National TB Elimination Programme (NTEP) and National Malaria Elimination Programme (NMEP) under the aegis of the National Health Mission (NHM) across the country, including the State of Jharkhand.

The district wise reported cases of TB and Malaria in Jharkhand is given in the enclosed **Statement-I and II** respectively.

The steps taken by the Government in all State/UTs & in Jharkhand, to accelerate and sustain the decline in TB cases are as under:

- Targeted interventions in high TB burden areas through State and District Specific Strategic plans.
- Provision of free drugs and diagnostics to TB patients.
- Intensified TB case-finding among vulnerable populations through Ayushman Arogya Mandir.
- Private sector engagement.
- Scaling up molecular diagnostic laboratories to sub-district levels.
- Ni-kshay Poshan Yojana of Rs 1,000 per month per patient as nutritional support for the entire duration of treatment.
- Intensified Information, Education & Communication (IEC) interventions to reduce stigma, enhance community awareness and improve health seeking behaviour.
- Provision of TB Preventive Treatment to contacts of TB patients and vulnerable population.
- Tracking of notified TB cases through Ni-kshay portal.
- Provision of additional nutritional, diagnostic and vocational support to TB patients and household contacts under Ni-kshay Mitra initiative.

Measures taken by Govt. of India to control Malaria are as under:

- Integrated Vector Management including Indoor Residual Spraying (IRS) in selected high risk areas, Long Lasting Insecticidal Nets (LLINs) in high malaria endemic areas, use of larvivorous fish, anti-larval measures in urban areas.
- Disease Management involving early case detection with active, passive and sentinel surveillance followed by complete and effective treatment, strengthening of referral services, epidemic preparedness and rapid response.
- Supportive Interventions including Behavior Change Communication (BCC), Inter- Sectoral Convergence and Human Resource Development through capacity building.

Through the Integrated Disease Surveillance Programme (IDSP) and National Center for Vector Borne Diseases Control (NCVBDC), the Government regularly monitors the disease situation & outbreaks for diseases like Dengue, Swine Flu, Nipah, etc through the reports submitted by the States/UTs. Every State has designated laboratories like District Public Health Laboratories (DPHLs), State Referral Laboratories (SRLs) under IDSP for investigation and surveillance of these diseases. Regular reviews are conducted and Rapid Response Teams (RRTs) are deployed, in cases of outbreaks.

The Government provides technical and financial support to the States/UTs under the National Programme for Prevention and Control of Non-

Communicable Diseases (NP-NCD). The programme focuses on strengthening infrastructure, human resource development, early diagnosis, referral for treatment and management and health promotion including life style diseases.

Under NP-NCD, 770 District NCD Clinics, 372 District Day Care Centres and 6410 Community Health Centre NCD Clinics has been set up.

A population-based initiative for prevention, control and screening for common NCDs including lifestyle diseases has been rolled out in the country under National Health Mission (NHM) as a part of Comprehensive Primary Health Care.

The States and UTs have been instructed to take proactive steps to:

- a) Ensure that two dedicated days per week are earmarked for NCD screening activities at Ayushman Arogya Mandirs (AAMs).
- b) All individuals flagged as overweight or obese should be clearly identified for follow-up, provided counselling on lifestyle modification, healthy diets, physical activity and yoga.
- c) Ensure prominent display of “Oil and Sugar Boards” (static/ digital) in health facilities such as Ayushman Arogya Mandirs, PHCs, CHCs, DHs, Sub-divisional and district offices and medical colleges.
- d) Leverage ongoing IEC/BCC campaigns and outreach under NP-NCD to promote awareness around healthy dietary practices.
- e) Sensitize school teachers and children on healthy diet and reduced sugar/oil intake during health screening and counselling activities by RBSK team.

f) Leverage Community Engagement Platforms under NHM such as Mahila Arogya Samitis (MAS), Jan Arogya Samitis (JAS) and Village Health Sanitation & Nutrition Days to amplify the message at the community level through meetings, health promotion events, and home visits.

The details of funds released under the Ayushman Bharat Yojana during the last three years, State/UT-wise including Jharkhand is given in the enclosed **Statement-III.**

The Ayushman Bharat Digital Mission (ABDM) was launched by the Government of India in September 2021 to support the development of an integrated, citizen-centric national digital health ecosystem. As on 21st July 2025, a total of 79.55 crore Ayushman Bharat Health Account (ABHA) have been created, 4.15 lakh health facilities registered on Health Facility Registry (HFR), 6.72 lakh healthcare professionals have registered on Healthcare Professional Registry (HPR) and 64.28 crore health records have been linked with ABHA.

STATEMENT-I

District-wise number of TB cases notified in Jharkhand

Name of District	Number of TB cases notified (2024- Jan to Dec)
Ranchi	7694
Purbi Singhbhum	6360
Pashchimi Singhbhum	5156
Palamu	4316
Bokaro	3982
Dhanbad	3810
Dumka	3431

Giridih	3243
Deoghar	3159
Sahibganj	2677
Godda	2388
Hazaribagh	2239
Saraikela-Kharsawan	1995
Garhwa	1960
Pakur	1940
Ramgarh	1422
Chatra	1349
Jamtara	1323
Gumla	1060
Latehar	1048
Kodarma	985
Simdega	921
Khunti	634
Lohardaga	578

Data Source: Ni-kshay

STATEMENT-II

District wise number of Malaria cases notified in Jharkhand

Name of District	Malaria Cases in 2024
Bokaro	108
Chatra	108
Deoghar	13
Dhanbad	35
Dumka	91
East Singhbhum	5338
Garhwa	109
Giridih	204
Godda	10288
Gumla	171

Hazaribagh	208
Jamtara	11
Khunti	1388
Koderma	69
Latehar	277
Lohardaga	247
Pakur	1514
Palamu	81
Ramgarh	63
Ranchi	254
Sahebganj	978
Saraikela Kharsawan	1254
Simdega	344
West Singhbhum	19199

Source – Programme data from National Vector Borne Disease Control Programme

STATEMENT-III

Central Share released to States/UTs in the last 3 Financial Years under Pradhan Mantri Jan Arogya Yojana

(Rs in crores)

States/UTs	FY 2022-23	FY 2023-24	FY 2024-25
Andaman And Nicobar Islands	0.71	0.34	1.00
Andhra Pradesh	456.28	430.96	313.74
Arunachal Pradesh	3.71	2.61	7.40
Assam	208.35	284.67	290.93
Bihar	121.82	172.5	600.00
Chandigarh	6.06	8.56	8.44
Chhattisgarh	347.96	189.26	336.13
Dadra & Nagar Haveli and Daman & Diu	2.93	7.68	5.43
Goa	0.32	0.73	0.00

Gujarat	647.01	267.48	240.58
Haryana	138.65	89.68	118.69
Himachal Pradesh	64.32	45.67	49.71
Jammu and Kashmir	78.44	34.89	46.14
Jharkhand	0	83.55	340.84
Karnataka	620.17	302.39	486.19
Kerala	151.34	151.34	151.34
Ladakh	1.25	1.50	1.28
Lakshadweep	0.15	0.07	0.00
Madhya Pradesh	665.73	783.28	657.76
Maharashtra	373.47	548.40	379.18
Manipur	38.55	28.43	29.85
Meghalaya	47.31	42.69	36.52
Mizoram	24.14	20.51	20.51
Nagaland	17.67	25.79	24.15
Puducherry	7.93	5.25	9.26
Punjab	111.38	57.96	122.20
Rajasthan	412.09	606.04	418.95
Sikkim	2.23	5.69	4.36
Tamil Nadu	560.84	681.74	440.57
Telangana	165.7	130.52	218.29
Tripura	43.68	46.78	52.12
Uttar Pradesh	490.98	830.76	1026.06
Uttarakhand	58.04	56.69	56.67

AYUSH-BASED MEDICAL TOURISM

***87. SHRI BAIJAYANT PANDA:**

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

- (a) whether the recent agreement with World Health Organisation (WHO) on the International Classification of Health Interventions (ICHI) is likely to aid AYUSH-based medical tourism;
- (b) if so, the details thereof and if not, the reasons therefor;
- (c) whether similar collaborations such as the recent India-Indonesia partnership on quality assurance in traditional medicine are being explored;
- (d) if so, the details thereof; and
- (e) the details of the steps taken by the Government to help States like Odisha leverage this framework including support for AYUSH infrastructure?

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): An agreement was signed between the Ministry of Ayush and the World Health Organization (WHO) on May 24, 2025 towards developing Traditional Medicine intervention categories and index for the International Classification of Health Interventions (ICHI), with a holistic approach and focus on Traditional Medicine systems of Ayurveda, Siddha and Unani. The agreement marks the beginning of work on a dedicated Traditional Medicine module under the International Classification of Health Interventions (ICHI). This development aligns with India's vision of bringing its rich heritage of traditional wisdom into the global healthcare mainstream, backed by scientific classification and international standards.

This development of Traditional Medicine intervention categories and index for the International Classification of Health Interventions (ICHI) ensures global standardization and recognition of Ayush treatments. A new integration of Ayush (AY) Visa for foreign national is also in place. Together these initiatives enhance credibility, accessibility, and integration of Ayush systems into global healthcare and give a boost to the Ayush based medical tourism.

(c) and (d): A Memorandum of Understanding (MoU) between Indonesian Food and Drug Authority of the Republic of Indonesia and Pharmacopoeia Commission for Indian Medicine & Homoeopathy, Ministry of Ayush of the Republic of India on cooperation in the field of traditional medicine quality assurance was signed and exchanged on 25th January 2025. As on date, no other collaboration on Traditional Medicine Quality Assurance is under consideration with any country.

(e): Ministry of Ayush is implementing Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments for overall development, promotion and quality assurance of Ayush system including traditional medicines across the country which also includes States like Odisha. Under NAM, Ministry supports the efforts of State/UT Governments by providing financial assistance to them under different activities as per the provision of NAM guidelines against their submitted State Annual Action Plans (SAAPs). The Mission inter-alia makes provision for the following activities: -

- (i) Operationalization of Ayush Health and Wellness Centres now renamed as Ayushman Arogya Mandir (Ayush) by upgrading existing Ayush dispensaries and Sub health Centres.
- (ii) Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs).
- (iii) Upgradation of existing standalone Government Ayush Hospitals.
- (iv) Upgradation of existing Government/Panchayat/Government aided Ayush Dispensaries/ Construction of building for existing Ayush Dispensary (Rented/ dilapidated accommodation)/ Construction of building to establish new Ayush Dispensary in the area where there are no Ayush facilities available.
- (v) Setting up of 10/30/50 bedded Integrated Ayush Hospitals.
- (vi) Supply of essential drugs to Government Ayush Hospitals, Government Dispensaries and Government/Government aided Teaching Institutional Ayush Hospitals.
- (vii) Ayush Public Health Programmes.
- (viii) Establishment of new Ayush colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector.
- (ix) Infrastructural development of Ayush Under-Graduate Institutions and Ayush Post-Graduate Institutions/ add on PG/ Pharmacy /Para-Medical Courses.

Status of assistance provided to State of Odisha through National Ayush Mission (NAM) is given in the enclosed **Statement**.

STATEMENT

Status of assistance provided to State of Odisha through National Ayush Mission (NAM)

1. GIA released and expenditure reported for the years 2014-15 to 2024-25.

(Rs. in lakhs)

Sl. No.	Amount Approved / Sanctioned /Allocated	Central Share released	Matching State Share released	Expenditure reported by the States/UTs Government		
				Central Share	State share	Total Expenditure
1.	18024.79	11079.39	6945.40	9035.69	5605.55	14641.24

2. GIA sanctioned for supply of essential medicines to Hospitals & Dispensaries under NAM from 2014-15 to 2024-25

(Rs. in lakhs)

Sl. No.	Hospitals		Dispensaries	
	No. of Units (cumulative)	Amount sanctioned	No. of Units (cumulative)	Amount sanctioned
1.	9	11.25	2302	1073.49

3. Co-location of Ayush facilities at Primary Health Centres (PHCs) from 2014-15 to 2024-25

(Rs. in lakhs)

Sl. No.	No. of recurring Units (cumulative)	Amount sanctioned	No. of Non-Recurring Units	Amount sanctioned
1.	4500	2206.66	0	0.00

4. Co-location of Ayush facilities at Community Health Centres (CHCs) from 2014-15 to 2024-25

(Rs. in lakhs)

S. No.	No. of recurring Units (cumulative)	Amount sanctioned	No. of Non-Recurring Units	Amount sanctioned
1.	1226	651.63	0	0.00

5. Co-location of AYUSH facilities at District Hospitals (DHs) from 2014-15 to 2024-25

(Rs. in lakhs)

Sl. No.	No. of recurring Units (cumulative)	Amount sanctioned	No. of Non-Recurring Units	Amount sanctioned
1.	14	51.00	2	80.00

6. Upgradation of AYUSH Hospitals & Dispensaries from 2014-15 to 2024-25

(Rs. in lakhs)

Sl. No.	Upgradation of AYUSH Hospitals				Upgradation of AYUSH Dispensaries			
	No. of Recurring Units (Hospitals)	Amt. sanctioned	No. of Non-Recurring Units (Hospitals)	Amt. sanctioned	No. of Recurring Units (Dispensaries)	Amt. sanctioned	No. of Non-Recurring Units (Dispensaries)	Amt. sanctioned
1.	38	190.51	2	85.00	2369	236.90	56	1120.00

7. Grants approved for setting up of integrated Ayush Hospital from 2014-15 to 2024-25

Sl. No.	State/UT	Location (District)	System of medicine	No. of Beds	Funds Sanctioned Allocated (Rs. In Lakhs)	Status
1	Odisha	Dhenkanal	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	800.00	Construction Completed
		Behrampur	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	800.00	Under Construction
		Balasore	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	400.00	Under Construction

8. Ayushman Arogya Mandir (Ayush) approved and No. of AAM (Ayush) functional

Sl. No.	Approved AAM (Ayush)	Functional AAM (Ayush)
1	422	422

E-COURTS MISSION MODE PROJECT PHASE III

*88. SHRI ARUN BHARTI:

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

- whether the Government has approved the e-Courts Mission Mode Project Phase III to enhance the Indian judiciary's efficiency and accessibility, if so, the funds allocated for this phase;
- whether the project aims to digitise court records and establish paperless courts, if so, the specific measures being implemented to achieve this goal;
- whether there has been an expansion of video conferencing facilities in courts and jails under this initiative, if so, the total number of such facilities

established in the country, State/UT-wise;

- (d) whether e-Sewa Kendras have been set up across court complexes to assist citizens with e-Courts services, if so, the number of such centres operational, State/UT-wise; and
- (e) whether emerging technologies like Artificial Intelligence (AI) is part of this project and if so, the manner in which it is expected to improve case management and decision-making processes within the judiciary?

**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): Yes. The Union Cabinet has approved eCourts Phase III (2023-2027) on 13.09.2023, with an outlay of ₹7,210 crore, for improved Information & Communication Technology infrastructure in the courts to enhance judicial productivity.

(b): One of the components of eCourts Project Phase III is the scanning, digitization and digital preservation of case records, for which an amount of Rs. 2038.40 crore has been earmarked. As per information provided by the eCommittee, Supreme Court of India, 213.29 crore pages in the High Courts and 307.89 crore pages in the District Courts have been digitized till 30.06.2025, as per the details given in the enclosed **Statement-I**. A software platform has been developed for long term preservation of judicial records of High Courts and District Courts. Further, Digital Courts 2.1 software platform has been developed for aiding courts to function in paperless mode.

(c): A sum of Rs. 228.48 crore has been earmarked for enhancing and upgrading the available infrastructure of Video Conferencing in various establishments, including jails, courts and district hospitals. As per information provided by the eCommittee, Supreme Court of India, the details of VC facilities provided to courts and jails are given in the enclosed **Statement-II**.

(d): A sum of Rs.394.48 crore has been earmarked for setting up of eSewa Kendras across court complexes, under the eCourts Project Phase III. As per information provided by the eCommittee, Supreme Court of India, 1814 eSewa Kendras are operational in 24 High Courts and the District Courts under their jurisdiction, as per the details given in the enclosed **Statement-III**. Additionally, there are 5 functional eSewa Kendras in the Supreme Court.

(e) : Yes. A sum of Rs. 53.57 crore has been earmarked for the implementation of future technological advancements such as Artificial Intelligence, Blockchain, etc. As per the information provided by the Supreme Court of India, Artificial Intelligence (AI) and Machine Learning (ML) based tools are being used in case management and transcription of oral arguments in Constitutional Bench matters. AI/ML based tools are used by Supreme Court of India in coordination with National Informatics Centre (NIC) to translate English judgments into 18 Indian languages. Prototypes of AI and ML tools are being tested by the Supreme Court of India in collaboration with IIT Madras for curing defects, data, meta data extraction and the same is envisaged to be integrated with the electronic filing module and the Integrated Case Management & Information System (ICMIS).

STATEMENT-I**Details of digitization are as under:**

#	Name of High Court	Number of pages digitized in the High Court in the current month	Total No. of pages digitized in High Court up to current month	District Courts (including Taluka Courts) under the concerned High Court	
				Number of pages digitized in District Courts in the current month	Total No. of pages digitized in District Courts up to current month
1	Allahabad	29,57,532	55,00,37,986	6,99,98,747	1,26,30,50,913
2	Andhra Pradesh	17,50,450	2,02,81,917	30,62,018	6,45,96,742
3	Bombay	48,08,004	5,84,86,329	58,758	18,14,777
4	Calcutta	10,41,766	5,27,75,761	-	-
5	Chhattisgarh	2,70,681	13,49,920	6,94,957	24,04,904
6	Delhi	5,82,532	23,15,93,708	4,02,446	9,11,13,986
7	Gauhati	94,917	3,12,51,154	1,23,696	15,74,91,856
8	Gujarat	91,675	7,43,051	1,21,440	6,02,173
9	Himachal Pradesh	-	71,42,331	-	-
10	Jammu & Kashmir	1,10,278	3,98,69,492	21,46,472	1,24,96,788
11	Jharkhand	17,43,187	1,95,65,535	1,95,655	86,08,416
12	Karnataka	33,08,850	3,63,81,003	7,01,094	3,87,17,734
13	Kerala	19,29,589	6,69,47,293	6,98,440	1,08,70,987
14	Madhya Pradesh	16,49,364	23,12,22,106	1,30,00,000	58,76,95,995
15	Madras	74,39,073	16,67,83,534	53,27,906	10,39,82,590
16	Manipur	51,577	55,93,992	78,527	52,94,272
17	Meghalaya	18,844	9,98,123	9,221	35,63,523

18	Orissa	6,46,588	4,77,94,951	58,36,296	13,75,57,843
19	Patna	1,13,025	2,31,83,083	9,62,483	95,41,218
20	Punjab & Haryana	12,25,655	28,18,05,829	29,36,852	51,27,43,212
21	Rajasthan	31,66,277	11,67,82,238	21,27,017	1,01,79,759
22	Sikkim	2,264	11,67,321	80,785	46,59,148
23	Telangana	12,68,241	11,41,58,358	41,43,556	4,70,29,641
24	Tripura	92,538	73,84,185	-	6,19,005
25	Uttarakhand	7,29,338	1,96,26,919	15,58,660	42,82,851
	Total	3,50,92,245	2,13,29,26,119	11,42,65,026	3,07,89,18,333

STATEMENT-II

The details of VC facilities provided to courts and jails are as under:

Video Conferencing Facility provided under eCourts Project			
S. No.	High Courts	Number of courts (including High Court)	Number of jails
1	Allahabad	District Court: 2532 court rooms and 147 court complexes High Court: 2 PTZ Camera have been provided	70
2	Andhra Pradesh	District Court: 652 courtrooms High Court: Four (4) Benches	13
3	Bombay	District Court: 372 court complexes and 964 courts have been provided with complete hybrid video conferencing system. (Phase I and Phase II) Under Phase - III of the eCourts Project, additional court complexes have been provided with 102 video conferencing system.	96

Video Conferencing Facility provided under eCourts Project			
S. No.	High Courts	Number of courts (including High Court)	Number of jails
		Apart from this, 381 court rooms which were not covered under Phase II, including 129 district judges court establishment at the district and taluka level have been provided with video conferencing system. High Court: 60 Courtrooms	
4	Chhattisgarh	532	33
5	Calcutta	884	61 Correctional Homes
6	Delhi	District Court: 07 video conferencing However, as on date, video conferencing is functional in all the courts of Delhi from the funds provided by the State Government.	35 VC units have been provided to the District Jails in Delhi under Phase-II of the eCourts Project.
7 (a)	Gauhati (Arunachal Pradesh)	District Court: 31 courts High Court: 2 courtrooms	8 Nos. of Jails/ Sub Jails (02 District Jails and 06 Sub Jails)

Video Conferencing Facility provided under eCourts Project			
S. No.	High Courts	Number of courts (including High Court)	Number of jails
7 (b)	Gauhati (Assam)	417	31
7 (c)	Gauhati (Mizoram)	39 courts (including High Court)	10
7 (d)	Gauhati (Nagaland)	29	12
8	Gujarat	District Court: 1076 courts High Court: 39 Courts (partially from State Government funds and eCommittee Funds)	27
9	Himachal Pradesh	District Court: 63 VC equipment's provided to district judiciary under Phase-III. In addition, 22 All-in-One (AIO) VC equipment's provided to State hospitals.	Nil
10	Jammu & Kashmir and Ladakh	District Court: Out of 246 courts across the UT of J&K and Ladakh, 80 courts have VC facility. Under Phase III, VC hardware has been provided to 153 courts. High Court: Equipped with VC facilities.	14
11	Jharkhand	278	28
12	Karnataka	349	4

Video Conferencing Facility provided under eCourts Project			
S. No.	High Courts	Number of courts (including High Court)	Number of jails
13	Kerala	District Courts: The Prisons Department, Govt of Kerala, has provided dedicated VC units in Courts and Jails under the scheme 'VC between Courts and Jails', for remand extension in 370 Courts in the District Judiciary, utilising their own fund as well as fund allotted under eCourts Project Phase II. In addition, 27 District Courts have been provided with VC facilities under Phase II. Further, 106 courts and 94 Court Complexes in the District Judiciary have been provided with dedicated VC units under Phase III.	NIL
14	Madras	1297	119
15	Orissa	803 Courts	53
16	Patna	1293 (District Courts of Bihar)	59
17	Punjab & Haryana	618	44
18	Rajasthan	District Courts: 1376 Courts High Court: 46 Court Rooms In addition, VC Facility is being provided for 45 newly created courts under Phase III.	105
19	Telangana	537	37

Video Conferencing Facility provided under eCourts Project			
S. No.	High Courts	Number of courts (including High Court)	Number of jails
20	Madhya Pradesh	1858	405
21	Manipur	45 Courts (including 4 in the HC)	2
22	Meghalaya	Court complexes-19 Court rooms -78	
23	Sikkim	35	
24	Tripura	91	13
25	Uttarakhand	241	11

STATEMENT-III

Details are as under:

Status of implementation of e-Sewa Kendras as on 30.06.2025						
Sr. No.	High Court	Whether the e-Sewa Kendra is implemented in High Court	Functioning e-Sewa Kendras in High Courts (A)	Whether the e-Sewa Kendra is implemented in District Courts	Functioning e-Sewa Kendras in District Courts (B)	Total (A+B)
1	Allahabad	Yes	2	Yes	74	76
2	Andhra Pradesh	No	0	No	0	0
3	Bombay	Yes	3	Yes	40	43
4	Calcutta	Yes	1	Yes	14	15
5	Chhattisgarh	Yes	1	Yes	23	24
6	Delhi	Yes	1	Yes	13	14
7	Gauhati	Yes	5	Yes	126	131
8	Gujarat	Yes	1	Yes	192	193

Status of implementation of e-Sewa Kendras as on 30.06.2025						
Sr. No.	High Court	Whether the e-Sewa Kendra is implemented in High Court	Functioning e-Sewa Kendras in High Courts (A)	Whether the e-Sewa Kendra is implemented in District Courts	Functioning e-Sewa Kendras in District Courts (B)	Total (A+B)
9	Himachal Pradesh	Yes	1	Yes	22	23
10	Jammu and Kashmir	Yes	1	Yes	26	27
11	Jharkhand	Yes	2	Yes	62	64
12	Karnataka	Yes	3	Yes	25	28
13	Kerala	Yes	1	Yes	161	162
14	Madhya Pradesh	Yes	1	Yes	185	186
15	Madras	Yes	7	Yes	310	317
16	Manipur	Yes	1	Yes	20	21
17	Meghalaya	Yes	1	Yes	16	17
18	Orissa	Yes	1	Yes	160	161
19	Patna	Yes	1	Yes	37	38
20	Punjab and Haryana	Yes	1	Yes	113	114
21	Rajasthan	Yes	2	Yes	1	3
22	Sikkim	Yes	1	Yes	10	11
23	Telangana	Yes	1	Yes	98	99
24	Tripura	Yes	1	Yes	15	16
25	Uttarakhand	Yes	1	Yes	30	31
	Implemented	24	41	24	1773	1814
	Not Implemented	1		1		

RESTRICTION ON IMPORT OF SPECIALITY FERTILIZES

***89. SHRI SASIKANTH SENTHIL:**

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

(a) whether the Government is aware of recent restrictions or suspension of speciality fertilizer exports from China to India, if so, the nature and timeline of these restrictions;

(b) whether India relies significantly on China for the import of such fertilizers, including water soluble and micronutrient based products and if so, the estimated percentage of share of these imports;

(c) whether the ban on exports of speciality fertilizers from China has had any impact on fertilizer availability, pricing, or agricultural productivity in the country, if so, the details thereof; and

(d) whether the Government has undertaken measures to ensure uninterrupted supply of speciality fertilizers and if so, the details thereof along with the steps taken by the Government in this regard?

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

(a) to (d): Specialty Fertilizers are not subsidized fertilizers within the ambit of Nutrient Based Subsidy (NBS) Scheme administered by Department of Fertilizers. Fertilizer companies are free to import these fertilizers as per their business dynamics. Over the past 2–3 months, China has reportedly withheld export of specialty fertilizers to India. Thirteen companies in India have capacity to produce 1.24 LMT of Water Soluble Fertilizers and as annual consumption of

Water Soluble Fertilizers was around 3.35 LMT (2023-24), a significant quantity of approximately 1.6 LMT was imported from China during 2024-25. Indian companies are actively sourcing Water Soluble Fertilizers from alternative suppliers in Belgium, Egypt, Germany, Morocco & USA to offset the shortfall caused by reduced imports from China. In the case of micronutrients, India imports major quantity of various micronutrients from Greece, Turkey, USA, Spain, Singapore and Netherlands, while a little quantity of zinc sulphate monohydrate from China. Therefore, there will be not much impact on the availability of micronutrients.

SAGARMALA PROJECTS IN MAHARASHTRA

***90. SHRI SUNIL DATTATREY TATKARE:**

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

- (a) the number of projects sanctioned under Sagarmala in Maharashtra and their current implementation status;
- (b) the budget allocated, released and utilized in the State under this initiative;
- (c) whether any inland waterway or port modernization project includes tribal hinterland connectivity and if so, the details thereof;
- (d) the employment generated through Sagarmala projects in Maharashtra; and
- (e) whether there are any proposals to improve coastal logistics or port-led industrialization in southern Maharashtra and if so, the details thereof?

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

(a) and (b): The details of projects sanctioned, funds allocated/released and along with the status in respect of projects funded under Sagarmala Scheme in the State of Maharashtra is given in the enclosed **Statement-I**.

(c): There are 18 Ro-Ro projects in the State of Maharashtra partially funded through Sagarmala Scheme. These Ro-Ro (Roll-on/Roll-off) ferry projects in Maharashtra are significantly enhancing connectivity to tribal and remote hinterland areas.

(d): The projects funded under Sagarmala Scheme majorly executed by Mumbai Port Authority and Maharashtra Maritime Board have generated more than 2600 direct and indirect employment.

(e): Government of Maharashtra has constituted State Maritime and Waterways Transport Committee (SMWTC) to foster collaboration between state and central agencies to ensure the comprehensive development of maritime and waterways transport in the state including southern Maharashtra.

STATEMENT-I

Details of projects sanctioned, funds allocated/released and along with the status in respect of projects funded under Sagarmala Scheme in the State of Maharashtra

S. No	Status	No. of Projects	Project Cost (Rs. Cr)	MoPSW Share (Rs. Cr)	Fund Released (Rs. Cr)
1.	Completed	20	982.42	395.85	395.19
2.	Under Implementation	11	931.70	405.76	333.03

कामकाजी महिलाओं के लिए छात्रावास

***91 श्री हरीश चंद्र मीना:**

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

- (क) क्या सरकार ने राजस्थान के प्रत्येक जिले में कामकाजी महिलाओं के लिए छात्रावासों की स्थापना करने हेतु कोई पहल की है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या उक्त योजना के प्रथम चरण में टोंक और सवाई माधोपुर जिलों को शामिल किया गया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या उक्त जिलों में उक्त छात्रावासों के लिए भूमि अधिग्रहण और निर्माण योजनाओं को अंतिम रूप दे दिया गया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) क्या उक्त जिलों में छात्रावासों का निर्माण पूरा करने/उनका संचालन करने के लिए कोई समय-सीमा निर्धारित की गई है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) से (घ): 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 महिलाओं के लिए छात्रावास, श्रम बल में महिलाओं की भागीदारी बढ़ाने के लिए महत्वपूर्ण घटक हैं और 'वीमेन-लेड डिवेलपमेंट' के विचार को साकार करने की दिशा में एक बड़ा कदम है।

वित्त मंत्रालय, व्यय विभाग ने अगस्त, 2024 में कामकाजी महिला छात्रावास के निर्माण के लिए पूंजी निवेश हेतु राज्यों को विशेष सहायता (एसएससीआई) योजना के भाग (एक्स) (कामकाजी महिला छात्रावासों का निर्माण) के तहत 28 राज्यों को 5,000 करोड़ रुपये आवंटित किए हैं। इस योजना के अंतर्गत, राजस्थान राज्य को 202.00 करोड़ रुपये आवंटित किए गए हैं। राजस्थान सरकार ने कुल 165.32 करोड़ रुपये की लागत से सभी 41 जिलों में छात्रावासों के निर्माण के लिए प्रस्ताव प्रस्तुत किए हैं, जिनमें टोंक (सोनवा, टोंक में 3.59 करोड़ रुपये की लागत से 50 बिस्तरों वाला छात्रावास) और सवाई माधोपुर (आलनपुर, सवाई माधोपुर में 3.59 करोड़ रुपये की लागत से

50 बिस्तरों वाला छात्रावास) शामिल हैं। इन प्रस्तावों को व्यय विभाग द्वारा अनुमोदित कर दिया गया है और 2024-25 के दौरान राजस्थान सरकार को 109.11 करोड़ रुपये की पहली किस्त जारी कर दी गई है। राजस्थान राज्य में निर्माण के लिए एसएससीआई योजना के अंतर्गत स्वीकृत छात्रावासों का ब्यौरा संलग्न **विवरण** में दिया गया है।

राजस्थान सरकार ने सूचित किया है कि टोंक और सवाई माधोपुर जिलों में प्रत्येक में लगभग 1500 वर्ग मीटर भूमि आवंटित की जा चुकी है। राज्य सरकार द्वारा प्रत्येक जिले के लिए दिनांक 13.05.2025 को 358.80 लाख रुपये की प्रशासनिक एवं वित्तीय स्वीकृति जारी कर दी गई है और दिनांक 16-06-2025 को निविदा आमंत्रण सूचना (एन.आई.टी.) जारी कर दी गई है। राज्य सरकार द्वारा इन दोनों जिलों के लिए 358.80 लाख रुपये की प्रशासनिक और वित्तीय स्वीकृति तथा निविदा आमंत्रण सूचना क्रमशः 13.05.2025 और 16.06.2025 को जारी कर दी गई है।

विवरण

राजस्थान में निर्माण हेतु एसएससीआई योजना के अंतर्गत अनुमोदित छात्रावासों का ब्यौरा

क्र.सं.	जिले का नाम	छात्रावास की संख्या	बिस्तरों की संख्या	स्वीकृत राशि (करोड़ रुपये में)
1	जयपुर	1	100	6.18
2	कोटा	1	100	6.18
3	जोधपुर	1	100	6.18
4	उदयपुर	1	100	6.18
5	बीकानेर	1	100	6.18
6	अजमेर	1	100	6.18
7	भरतपुर	1	100	6.18
8	सीकर	1	100	3.59
9	पाली	1	100	3.59
10	बांसवाड़ा	1	100	3.59
11	चुरू	1	50	3.59
12	बूंदी	1	50	3.59
13	झालावाड़	1	50	3.59
14	चित्तौड़गढ़	1	50	3.59

15	बारां	1	50	3.59
16	करौली	1	50	3.59
17	श्री गंगानगर	1	50	3.59
18	सवाई माधोपुर	1	50	3.59
19	अलवर	1	50	3.59
20	भीलवाड़ा	1	50	3.59
21	जालौर	1	50	3.59
22	झुंजरपुर	1	50	3.59
23	नागौर	1	50	3.59
24	जैसलमेर	1	50	3.59
25	झुंझुनू	1	50	3.59
26	बाड़मेर	1	50	3.59
27	हनुमानगढ़	1	50	3.59
28	टोंक	1	50	3.59
29	राजसमंद	1	50	3.59
30	प्रतापगढ़	1	50	3.59
31	धौलपुर	1	50	3.59
32	दौसा	1	50	3.59
33	सिरोही	1	50	3.59
34	बालोतरा	1	50	3.59
35	ब्यावर	1	50	3.59
36	डीग	1	50	3.59
37	डीडवाना	1	50	3.59
38	खैरथल तिजारा	1	50	3.59
39	कोटपूतली बहरोड़	1	50	3.59
40	फलौदी	1	50	3.59
41	सलुम्बर	1	50	3.59
	कुल	41	2550	165.32

PRADHAN MANTRI MATRU VANDANA YOJANA

***92. SHRI ANURAG SHARMA:**

SHRI KANWAR SINGH TANWAR:

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

- (a) the number of beneficiaries registered under the Pradhan Mantri Matru Vandana Yojana (PMMVY) in Jhansi and Amroha districts of Uttar Pradesh since its inception;
- (b) the quantum of financial assistance disbursed to these beneficiaries in the said districts;
- (c) the details of the steps taken by the Government to enhance awareness, accessibility, and outreach of the PMMVY in rural and urban areas of the said districts indicating the manner in which the services of Anganwadi Centres, ASHA workers and digital platforms are being utilised for the purpose;
- (d) the number of applications received/approved under the scheme in said districts during the last three years, along with the percentage of rejections, if any, and the reasons for such rejections;
- (e) whether the Government proposes to introduce any reforms to ensure smoother delivery and greater coverage of the said scheme in aspirational districts like Jhansi and Amroha; and
- (f) if so, the details thereof?

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

(a) to (f): The number of beneficiaries enrolled and amount disbursed to the beneficiaries in Jhansi and Amroha districts of Uttar Pradesh under the Pradhan Mantri Matru Vandana Yojana (PMMVY), since its inception are as under:

District	Beneficiaries enrolled	Amount Disbursed
Amroha	61,724	₹ 26,13,63,000
Jhansi	67,964	₹ 27,41,24,000

(Data since inception of PMMVY till 20.07.2025)

Under PMMVY, maternity benefit of ₹5,000 is provided directly to the bank/ post office account of the beneficiary (in two instalments) in DBT mode for the first child. Similarly, Maternity benefit of ₹6,000 (in one instalment) is also provided to eligible beneficiaries for the second child, provided the second child is a girl child. Each instalment is treated as a separate application and processed for payment individually. Accordingly, the number of applications received under the scheme are higher than the number of beneficiaries enrolled.

From 01.04.2023, implementation of PMMVY was shifted from the old software (PMMVY-CAS) to the new system (PMMVYSoft). Details of the number of applications received, approved and rejected during the last two financial years (01.04.2023 to 31.03.2025) are as under:

	Applications received	Applications Approved	Applications Rejected
All India	1,54,55,533	1,23,89,097	10,71,912
Amroha	9,309	6,648	720
Jhansi	9,004	3,489	2,161

Applications under PMMVY may be rejected for any of the following reasons:

- Not eligible for availing benefits under the scheme guidelines

- Uploaded Documents (MCH/ RCH Card or Eligibility Document) are not correct
- Already availed full benefit under PMMVY

The Ministry of Women & Child Development 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 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.

The implementation of the Scheme is done by officials of States and UTs through their field functionaries using the new Portal {Pradhan Mantri Matru Vandana Yojana Software (PMMVYSoft)} which has been developed and launched in March, 2023. Under PMMVYSoft, Aadhaar authentication through UIDAI is done digitally and National Payment Corporations of India (NPCI) verification is ensured so that funds are directly transferred to their DBT-enabled Aadhaar-seeded bank or post office accounts. A number of reforms have been introduced in the PMMVY portal, to ensure smoother delivery and greater coverage of the scheme. Some of these are:

- All processes on the PMMVY portal are completely Paperless.
- Mobile-App based right from Anganwadi worker level and provides the Services at the beneficiaries' door step.
- Payments are through Aadhaar Bridge Payment System [ABPS].
- PMMVY portal is enabled for Aadhaar-based biometric verification (by means of facial recognition) to confirm identity details of the applicants.
- All the mandatory provisions like Aadhaar verification, DBT enablement of bank account etc. are checked at the time of registration itself for faster processing.
- Search and Track Status for all enrolled beneficiaries/applicants to check the approval and payment status of their applications.
- Grievance Lodging and status module for all citizens to lodge any PMMVY related grievance. The Module directly sends the grievance to the implementing authorities thus saving time and leads to swifter resolution.
- PMMVY toll-free and multi lingual helpline (14408) is available for PMMVY related enquiries and grievances
- For transparency purposes, the Applicants/ beneficiaries receive SMS in one of the 12 languages at different stages such as registration of application, rejection of registration, payment etc.

आयुष सुरक्षा पोर्टल

***93. डॉ. लता वानखेड़े:**

श्री सतीश कुमार गौतम:

- (क) सरकार द्वारा आयुष सुरक्षा पोर्टल के माध्यम से विनियामक पारदर्शिता बढ़ाने के लिए क्या पहल की गई है/कार्यान्वित की गई है;
- (ख) क्या हाल ही में ऐसी किन्हीं सफलताओं का पता चला है जिनसे भ्रामक विज्ञापनों की पहचान करने और उनके विरुद्ध कार्रवाई करने में उक्त पोर्टल की प्रभावशीलता का पता चलता है;
- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) देश में विशेषकर छत्तीसगढ़ में नागरिकों और पेशेवरों में आयुष सुरक्षा पोर्टल की पहुंच का विस्तार करने की क्या योजनाएं हैं?

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

(क): आयुष मंत्रालय ने आयुष क्षेत्र में नियामक पारदर्शिता बढ़ाने के लिए एक आईटी-सक्षम ऑनलाइन पोर्टल "आयुष सुरक्षा" विकसित किया है और दिनांक 30 मई 2025 को इसका शुभारंभ किया है। इस पोर्टल में संदिग्ध प्रतिकूल औषधि प्रतिक्रियाओं की रियल-टाइम ट्रैकिंग करने और भ्रामक/आपत्तिजनक विज्ञापनों को पकड़ने के लिए एक केंद्रीकृत डैशबोर्ड तैयार किया गया है, जिससे त्वरित नियामक कार्रवाई और गहन डेटा विश्लेषण संभव है।

यह पोर्टल उपभोक्ताओं, आयुष स्वास्थ्य पेशेवरों को रिपोर्ट करने और नियामक प्राधिकारियों को भ्रामक विज्ञापनों, प्रतिकूल दवा प्रतिक्रियाओं की निगरानी करने की सुविधा प्रदान करता है। पोर्टल की सभी शिकायतों की समीक्षा राष्ट्रीय भेषजसतर्कता केंद्र (एनपीवीसीसी) एवं आयुष मंत्रालय द्वारा की जा सकती है, इस प्रकार नियामक ढांचे में पारदर्शिता और जवाबदेही को बढ़ावा मिलता है।

(ख) और (ग): चूंकि यह पोर्टल हाल ही में शुरू किया गया है, इसलिए अब तक इस पर कुछ ही शिकायतें प्राप्त हुई हैं। यह पोर्टल दर्ज मामलों की स्थिति की सार्वजनिक जानकारी प्रदान करता है और नियामक प्रक्रियाओं में विश्वास को बढ़ावा देता है।

(घ): पोर्टल के प्रभावी उपयोग को बढ़ावा देने के लिए, छत्तीसगढ़ सहित देश भर के भेषजसतर्कता केंद्रों द्वारा स्वास्थ्य कर्मियों और नागरिकों के लिए नियमित रूप से संरचित प्रशिक्षण और जागरूकता कार्यक्रम आयोजित किए जा रहे हैं। ये पहल पोर्टल की विशेषताओं की समझ बढ़ाने और आयुष स्वास्थ्य पेशेवरों तथा आम जनता के बीच इसके व्यापक उपयोग को प्रोत्साहित करने के लिए डिज़ाइन की गई हैं।

आयुर्वेद, सिद्ध, यूनानी और होम्योपैथी (एएसयूएंडएच) औषधियों के लिए भेषजसतर्कता कार्यक्रम के तहत, छत्तीसगढ़ में तीन कार्यात्मक परिधीय भेषजसतर्कता केंद्र (पीपीवीसी) हैं, जिनका विवरण नीचे दिया गया है:

1. शासकीय आयुर्वेद महाविद्यालय, रायपुर (आयुर्वेद)
2. शासकीय आयुर्वेद महाविद्यालय, बिलासपुर (आयुर्वेद)
3. होम्योपैथी विभाग, एम्स, रायपुर (होम्योपैथी)

POSHAN Abhiyaan

***94. SHRIMATI PRATIMA MONDAL:**

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

- (a) the comprehensive update on the implementation status of the Poshan Abhiyaan, along with the progress in achieving target for reducing stunting, wasting and anemia among children and women;

- (b) the details of the initiatives undertaken to ensure the effective implementation of the juvenile justice (Care and Protection of Children) Act, 2015, especially regarding the functioning of Child Welfare Committees and Juvenile Justice Boards; and
- (c) the manner in which Ministry leveraging technology through platforms such as POSHAN Tracker and eSakhi to strengthen program for delivery and beneficiary tracking?

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

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

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

As on date, 2 lakh Anganwadi Centres have been approved to be upgraded as Saksham Anganwadis for improved nutrition delivery and for imparting early childhood care and education. Saksham Anganwadis are provided with better infrastructure than the conventional Anganwadi Centres which includes internet/Wi-Fi connectivity, LED screens, water purifier/installation of RO Machine and smart learning equipments. The Government has also taken a policy decision to upgrade all Mini AWCs to a full-fledged Anganwadi Centres with one worker and one helper each to help in carrying out various responsibilities under Mission Saksham Anganwadi and Poshan 2.0 including responsibilities related to Early Childhood Care & Education. Sanction for upgradation of 88,716 Mini-AWCs has been issued till date.

The nutritional norms have been revised and upgraded 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 quality protein, healthy fats and micronutrients.

Fortified rice is being supplied to AWCs to meet the requirement of micronutrients 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.

Community Mobilization and Awareness Advocacy is undertaken 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.

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 7.36 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 June, 2025 data. 7 crores of these children were measured on growth parameters of height and weight. 37.07% of them have been found to be stunted, 15.93% have been found to be underweight and 5.46% wasted.

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 is implementing 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 address malnutrition and anemia across all States/UTs in the country. One of the interventions is Anemia Mukht Bharat.

Anemia Mukht Bharat (AMB) a flagship programme of Government of India under Ministry of Health & Family Welfare (MoH&FW), launched in 2018, aims to reduce the prevalence of anemia through 6X6X6 strategy implemented among the six target beneficiaries-children 6-59 months, children 5-9 years, adolescents 10-19 years, women of reproductive age group, pregnant women and lactating mothers; through six interventions implemented via six institutional mechanisms for all stakeholders. The six interventions for AMB strategy include:

1. Prophylactic Iron and Folic Acid (IFA) supplementation to all six beneficiaries
2. Deworming
3. Intensified Behaviour Change Communication Campaign focusing on four key behaviours- improving compliance to IFA supplementation and deworming, appropriate infant and young child feeding practices, increase in intake of iron-rich food through diet diversity/quantity/frequency and/or fortified foods and ensuring delayed cord clamping in health facilities
4. Testing and treatment of anemia, using digital methods and point of care treatment,

5. Mandatory provision of Iron and Folic Acid fortified foods in government funded public health programmes.
6. Intensifying awareness, screening, and treatment of non-nutritional causes of anemia

(b): The Ministry of Women and Child Development is administering the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015) which is the primary legislation for ensuring safety, security, dignity and well-being of children. The Act provides for protection of children in need of care and protection and those in conflict with law by catering to their basic needs through care, protection, development, treatment and social re-integration. It defines standards of care and protection to secure the best interest of child.

Under the JJ Act, 2015 (Sections 27-30), 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 Child Care Institutions (CCIs). Similarly, the Juvenile Justice Boards are empowered to take decisions regarding the welfare of children in conflict with law (Sections 04-09). At the national and state level, the JJ Act, 2015 provides the National/State Commissions for Protection of Child Rights to monitor the implementation of the Act (Section 109). The National Commission for Protection of Child Rights (NCPCR) was constituted in 2007 to ensure protection of rights of all children.

Under section 54 of the Juvenile Justice (Care and Protection of Children) Act, 2015, the State Governments have to appoint Inspection Committees and

under section 53, to assess the basic facilities and infrastructure of the Institution for maintaining their standards. Also, section 32 to 34 of JJ Act, 2015 mentions the procedure for mandatory reporting including offence for non-reporting and penalty. Amendments in JJ Act in 2021 have made District Magistrate as the nodal authority in district for childcare and protection. He also has powers of inspection of CCIs.

Further, the Ministry regularly follows up with the State/ UT Governments so as to ensure that Child Care Institutions (CCIs) adhere to standards of care as per the JJ Act, 2015 provisions. Various advisories have been sent to all State/UTs regarding mandatory inspection of all CCIs.

The Ministry of Women and Child Development is implementing a Centrally Sponsored Scheme namely, 'Mission Vatsalya' in all States and UTs to deliver various services for children in difficult circumstances on a pre-defined cost sharing basis. The scheme includes both institutional care and non-institutional care services. The Child Care Institutions (CCIs) established under the scheme support, inter-alia, age-appropriate education, access to vocational training, recreation, health care, counselling etc. and covers both rural and urban children. Support under non-institutional care is provided by way of sponsorship, foster care and after care to children in need of care and protection.

(c): The Poshan Tracker facilitates monitoring and tracking of all AWCs, AWWs and beneficiaries on defined indicators. Technology under Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, under-weight prevalence among children. It has facilitated near real time data collection for

Anganwadi Services such as daily attendance, ECCE, Provision of Hot Cooked Meal (HCM)/Take Home Ration (THR-not raw ration), Growth Measurement etc. The data entered by Anganwadi Workers in the Poshan Tracker is reflected at dashboard at all administrative levels, for better monitoring and increased effectiveness of the program. It is available in 24 languages.

SMS is being sent to beneficiaries upon registration and on delivery of THR for increased transparency. For last mile tracking of Service Delivery, MWCD has developed Facial Recognition System (FRS) for the distribution of Take-Home Ration to ensure that benefit is given to the intended beneficiary registered in Poshan Tracker.

Further, Beneficiary module has been introduced in the Poshan Tracker which has a feature for self-registration by the beneficiary by selecting nearest Anganwadi centre. The facility to do own FRS is also available in this module. Further, existing beneficiaries can also view the facilities availed by them. The App also offers counselling videos on key behaviour and services which help disseminate messages on birth preparedness, delivery, post-natal care, breastfeeding, and complementary feeding.

The Home Visit Module of the Poshan Tracker application manages and tracks home visits conducted by Anganwadi Workers (AWW) for Pregnant Women, lactating Mothers and 0 to 3 years children. Migration facility is available in Poshan Tracker Application. By using the feature, migrant workers or their children can now access Anganwadi services wherever they live. A beneficiary, enrolled at any Anganwadi, is able to avail same services and get the hot cooked

meals and rations at a centre in another district of the same state or in a different state by citing the Aadhaar-enabled registration details available on the Poshan platform.

Ministry of Women and Child Development is not implementing e-Sakhi scheme.

उर्वरकों की कमी

***95. डॉ. शिवाजी बंडाप्पा कालगे:**

श्रीमती कलाबेन मोहनभाई देलकर:

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

- (क) देश में उर्वरकों के उत्पादन और उनकी खपत का ब्यौरा क्या है;
- (ख) विगत पांच वर्षों के दौरान महाराष्ट्र, मध्य प्रदेश तथा दादरा और नगर हवेली सहित देश में किसानों को वर्षवार, किस्मवार और राज्य/संघ राज्यक्षेत्रवार कितनी-कितनी मात्रा में उर्वरक उपलब्ध कराए गए हैं;
- (ग) क्या देश के विभिन्न राज्यों विशेषकर उक्त राज्यों/संघ राज्यक्षेत्रों में उर्वरकों की कमी के संबंध में किसानों से कोई शिकायतें प्राप्त हुई हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है और ऐसी शिकायतों और उर्वरकों की अनुपलब्धता/कमी के क्या कारण हैं;
- (घ) उक्त राज्यों सहित देश में उर्वरकों की कालाबाजारी को रोकने के लिए क्या कदम उठाए जा रहे हैं; और
- (ड.) सरकार की उर्वरकों की बढ़ती मांग को देखते हुए इनकी पर्याप्त आपूर्ति किस प्रकार सुनिश्चित करने की योजना है?

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

(क): वित्त वर्ष 2024-25 के दौरान देश में उर्वरकों के उत्पादन और खपत का विवरण निम्नानुसार है:

वित्त वर्ष 2024-25 के दौरान उर्वरकों का उत्पादन और खपत (आंकड़े एलएमटी में)		
उत्पाद	उत्पादन	खपत
यूरिया	306.67	387.92
डीएपी	37.69	96.29
एनपीकेएस	121.05	149.72
एसएसपी	52.44	49.28
एमओपी	-	22.02
कुल उर्वरक	517.85	705.23

(ख) और (ग): विगत पाँच वर्षों के दौरान देश में किसानों को उपलब्ध कराए गए उर्वरकों की वर्ष-वार, किस्म-वार और महाराष्ट्र, मध्य प्रदेश तथा दादरा एवं नगर हवेली सहित राज्य/संघ राज्य क्षेत्र-वार, मात्रा संलग्न **विवरण** में दी गई है। वर्ष 2025 के चल रहे खरीफ मौसम के दौरान सभी राज्यों में उर्वरकों (यूरिया, डीएपी, एमओपी और एनपीके) की उपलब्धता पर्याप्त रही है।

(घ): आवश्यक वस्तु अधिनियम, 1955 के तहत उर्वरकों को आवश्यक वस्तु के रूप में घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 के तहत अधिसूचित किया गया है। आवश्यक वस्तु अधिनियम के प्रावधानों के अनुसार, राज्य सरकारों को कालाबाजारी में शामिल व्यक्तियों के विरुद्ध कार्रवाई करने का अधिकार है। उर्वरकों की कालाबाजारी के संबंध में उर्वरक विभाग के स्तर पर प्राप्त कोई भी शिकायत आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 के तहत उचित कार्रवाई के लिए संबंधित राज्य सरकार को भेजी जाती है। दिनांक 01.04.2025 से दिनांक 11.07.2025 तक उर्वरकों की कालाबाजारी रोकने के लिए, राज्य सरकारों ने वर्ष 2025 के चल रहे खरीफ मौसम (दिनांक 11.07.2025 तक) के दौरान

1214 कारण बताओ नोटिस जारी किए हैं, 1431 लाइसेंस रद्द किए हैं और 43 एफआईआर दर्ज की हैं।

(ड.): देश में उर्वरकों की समय पर और पर्याप्त आपूर्ति सुनिश्चित करने हेतु सरकार द्वारा प्रत्येक मौसम में निम्नलिखित उपाय किए जाते हैं:

- i. प्रत्येक फसल मौसम के प्रारंभ होने से पूर्व कृषि एवं किसान कल्याण विभाग सभी राज्य सरकारों के परामर्श से उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है।
- ii. अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करते हुए राज्यों को यथेष्ट/पर्याप्त मात्रा में उर्वरकों का आवंटन करता है और उपलब्धता की लगातार निगरानी करता है। तथापि, राज्यों के भीतर उर्वरकों का आवंटन/वितरण संबंधित राज्य सरकारों द्वारा सुनिश्चित किया जाता है।
- iii. देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक निगरानी प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब आधारित निगरानी प्रणाली द्वारा की जाती है।
- iv. कृषि और किसान कल्याण विभाग और उर्वरक विभाग द्वारा संयुक्त रूप से राज्य कृषि पदाधिकारियों के साथ नियमित साप्ताहिक वीडियो कान्फ्रेंस की जाती हैं और राज्य सरकारों द्वारा दी गई सूचना के अनुसार उर्वरक भेजने हेतु सुधारात्मक कार्रवाई की जाती है।
- v. कोयला गैसीकरण पद्धति पर आधारित 12.7 एलएमटीपीए क्षमता का नया ग्रीनफील्ड यूरिया संयंत्र स्थापित करके तालचेर फर्टिलाइजर्स लिमिटेड (टीएफएल) नामक नामित सार्वजनिक क्षेत्र के उपक्रमों के संयुक्त उद्यम के माध्यम से एफसीआईएल की तालचेर इकाई को पुनर्जीवित करने के लिए एक विशेष नीति को भी मंजूरी दी गई है।
- vi. केंद्रीय मंत्रिमंडल ने दिनांक 19.03.2025 को आयोजित अपनी बैठक में 7 अक्टूबर, 2014 संशोधनों के साथ पठित, नई निवेश नीति, 2012 के तहत एक संयुक्त उद्यम (जेवी) के माध्यम से ब्रह्मपुत्र वैली फर्टिलाइजर कारपोरेशन लिमिटेड (बीवीएफसीएल), नामरूप असम के मौजूदा

परिसर के भीतर 12.7 लाख मीट्रिक टन (एलएमटी) वार्षिक यूरिया उत्पादन क्षमता के एक नए ब्राउनफील्ड अमोनिया-यूरिया कॉम्प्लेक्स की स्थापना के प्रस्ताव को मंजूरी दी।

- vii. सरकार ने फॉस्फेटयुक्त और पोटेशियुक्त (पीएंडके) उर्वरकों के लिए दिनांक 01.04.2010 से पोषक तत्व आधारित सब्सिडी नीति लागू की है। इस नीति के तहत, अधिसूचित पीएंडके उर्वरकों पर उनकी पोषकता के आधार पर वार्षिक/अर्धवार्षिक आधार पर एक निश्चित राशि की सब्सिडी प्रदान की जाती है। एनबीएस नीति के तहत, पीएंडके उर्वरक ओपन जनरल लाइसेंस (ओजीएल) के तहत शामिल किए जाते हैं और कंपनियां अपने व्यावसायिक उतार-चढ़ाव के अनुसार इन उर्वरकों का आयात करने के लिए स्वतंत्र हैं।
- viii. उर्वरकों की मांग (आवश्यकता) और उत्पादन के बीच के अंतर को आयात के माध्यम से पूरा किया जाता है। इसके अलावा, भू-राजनीतिक कारकों के कारण आपूर्ति श्रृंखला में आने वाले व्यवधानों के प्रभाव को कम करने के लिए, उर्वरक कंपनियों ने निरंतर आपूर्ति सुनिश्चित करने हेतु डीएपी उत्पादक देशों के साथ दीर्घकालिक समझौते किए हैं।

[illegible]

20	मध्य प्रदेश	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	महाराष्ट्र	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	मणिपुर	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	मेघालय	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	मिजोरम	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	नागालैंड	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	ओडिशा	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	पुदुचेरी	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	पंजाब	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	राजस्थान	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	सिक्किम	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	तमिलनाडु	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	तेलंगाना	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	त्रिपुरा	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	उत्तराखण्ड	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	उत्तर प्रदेश	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	पश्चिम बंगाल	13.80	19.05	15.77	3.55	3.62	3.12	2.50	3.41	2.57	11.00	15.25	12.24
	अखिल भारत	364.01	443.83	387.92	111.92	105.14	96.29	22.21	30.85	22.02	151.29	183.98	149.72
1 सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता>आवश्यकता													
2. सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता>बिक्री													

वित्त वर्ष 2023-24 के दौरान उर्वरकों की आवश्यकता, उपलब्धता और खपत													
[आंकड़े एलएमटी में]													
क्र.सं.	राज्य	यूरिया			डीएपी			एमओपी			एनपीकेएस		
		आवश्यकता	उपलब्धता	खपत	आवश्यकता	उपलब्धता	खपत	आवश्यकता	उपलब्धता	खपत	आवश्यकता	उपलब्धता	खपत
1	अंडमान और निकोबार द्वीप समूह	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00
2	आंध्र प्रदेश	15.73	17.89	14.99	4.13	4.86	4.20	1.84	1.81	1.31	13.28	17.87	14.02
3	अरुणाचल प्रदेश	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	असम	3.46	4.56	3.73	0.75	0.87	0.72	0.66	0.69	0.44	0.30	0.39	0.23
5	बिहार	22.63	27.46	23.24	6.82	7.78	6.51	2.28	1.75	1.39	4.50	6.09	4.39
6	चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	छत्तीसगढ़	8.40	11.37	8.99	3.10	5.28	4.34	0.66	0.97	0.60	1.07	1.90	1.30
8	दादरा और नगर हवेली	0.01	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	दमन और दीव	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	दिल्ली	0.00	0.37	0.32	0.00	0.05	0.04	0.00	0.00	0.00	0.00	0.00	0.00
11	गोवा	0.03	0.02	0.02	0.01	0.01	0.01	0.01	0.00	0.00	0.04	0.03	0.02
12	गुजरात	24.71	26.78	24.30	5.86	6.71	6.29	1.30	1.00	0.80	6.00	8.93	6.97
13	हरियाणा	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	हिमाचल प्रदेश	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	जम्मू और कश्मीर	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	झारखंड	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	कर्नाटक	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	केरल	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	लक्षद्वीप	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	मध्य प्रदेश	33.46	41.73	34.37	14.22	17.81	15.50	0.87	1.05	0.67	5.40	6.99	5.41
21	महाराष्ट्र	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	मणिपुर	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	मेघालय	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	मिजोरम	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	नागालैंड	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	ओडिशा	5.46	7.70	5.84	2.33	3.12	2.74	1.03	0.93	0.66	2.80	3.16	2.42
27	पुदुचेरी	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	पंजाब	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	राजस्थान	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	सिक्किम	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	तमिलनाडु	10.23	11.86	10.11	2.95	3.22	2.71	2.45	2.05	1.63	7.30	10.19	7.94
32	तेलंगाना	18.94	23.77	19.03	3.80	4.34	3.68	2.00	1.18	0.92	15.99	17.09	13.62
33	त्रिपुरा	0.24	0.26	0.14	0.05	0.04	0.03	0.07	0.06	0.02	0.02	0.03	0.02
34	उत्तराखण्ड	1.84	2.67	2.31	0.35	0.49	0.38	0.08	0.08	0.04	0.35	0.24	0.20
35	उत्तर प्रदेश	76.15	91.83	74.53	24.50	25.76	21.61	2.35	1.62	1.21	9.50	10.13	7.93
36	पश्चिम बंगाल	14.32	17.34	12.20	4.02	3.83	3.20	3.35	2.85	1.83	10.65	12.74	9.20
	अखिल भारत	356.08	437.47	357.81	110.18	127.42	109.73	27.62	22.74	16.45	126.31	156.51	116.80

वित्त वर्ष 2022-23 के दौरान उर्वरकों की आवश्यकता, उपलब्धता और खपत													
[आंकड़े एलएमटी में]													
		यूरिया			डीएपी			एमओपी			एनपीकेएस		
क्र.सं.	राज्य	आवश्यकता	उपलब्धता	खपत	आवश्यकता	उपलब्धता	खपत	आवश्यकता	उपलब्धता	खपत	आवश्यकता	उपलब्धता	खपत
1	अंडमान और निकोबार द्वीप समूह	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.01	0.00	0.00
2	आंध्र प्रदेश	16.65	18.39	15.87	4.20	5.43	4.64	3.09	1.42	1.18	15.97	16.27	13.73
3	अरुणाचल प्रदेश	0.01	0.01	0.01	0.01	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00
4	असम	3.85	4.07	3.56	0.85	0.83	0.63	0.75	0.58	0.47	0.26	0.22	0.19
5	बिहार	22.80	24.68	21.96	6.82	7.15	5.66	2.16	1.55	1.26	3.72	5.35	4.25
6	चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	छत्तीसगढ़	8.74	10.57	8.38	3.70	4.68	3.14	1.01	0.77	0.56	1.45	1.63	1.06
8	दादरा और नगर हवेली	0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	दमन और दीव	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	दिल्ली	0.20	0.32	0.28	0.04	0.06	0.05	0.01	0.00	0.00	0.01	0.00	0.00
11	गोवा	0.03	0.02	0.02	0.01	0.00	0.00	0.01	0.00	0.00	0.04	0.03	0.03
12	गुजरात	24.00	27.30	24.73	5.50	7.48	6.10	1.15	0.91	0.81	5.85	7.08	5.23
13	हरियाणा	21.50	23.68	20.46	5.70	6.48	5.59	0.60	0.43	0.35	0.70	0.30	0.26
14	हिमाचल प्रदेश	0.76	0.85	0.74	0.02	0.02	0.02	0.07	0.07	0.04	0.39	0.41	0.35
15	जम्मू और कश्मीर	1.68	1.93	1.60	0.59	0.60	0.48	0.40	0.23	0.17	0.04	0.00	0.00
16	झारखंड	2.60	3.04	2.56	1.00	0.89	0.77	0.20	0.05	0.04	0.46	0.52	0.45
17	कर्नाटक	17.20	22.22	18.21	5.90	8.44	6.21	3.00	1.68	1.41	17.16	21.53	16.67

18	केरल	1.23	1.32	1.12	0.20	0.22	0.19	1.07	0.86	0.78	1.42	1.32	1.02
19	लक्षद्वीप	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	मध्य प्रदेश	33.00	36.94	32.39	18.50	17.61	13.85	1.57	0.76	0.62	4.85	6.25	4.79
21	महाराष्ट्र	25.29	30.39	24.66	8.20	9.34	7.18	4.30	1.68	1.38	23.50	28.89	20.46
22	मणिपुर	0.22	0.35	0.31	0.12	0.04	0.04	0.12	0.05	0.04	0.00	0.03	0.03
23	मेघालय	0.02	0.01	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
24	मिजोरम	0.09	0.11	0.10	0.06	0.01	0.01	0.04	0.00	0.00	0.00	0.00	0.00
25	नागालैंड	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	ओडिशा	5.84	7.08	5.60	2.69	2.55	1.94	1.35	0.84	0.61	3.05	3.26	2.63
27	पुदुचेरी	0.15	0.18	0.17	0.01	0.02	0.02	0.02	0.01	0.01	0.07	0.09	0.06
28	पंजाब	29.25	34.90	29.45	7.25	8.46	7.17	0.90	0.49	0.41	1.70	0.71	0.58
29	राजस्थान	21.50	27.91	25.17	7.40	9.70	8.47	0.30	0.18	0.14	0.95	0.85	0.72
30	सिक्किम	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	तमिलनाडु	9.96	11.38	10.05	2.73	3.49	2.76	2.53	1.85	1.65	6.45	9.19	7.38
32	तेलंगाना	18.39	21.63	18.83	3.55	4.70	3.71	2.27	0.86	0.74	15.16	16.24	12.90
33	त्रिपुरा	0.27	0.28	0.19	0.05	0.02	0.02	0.09	0.06	0.02	0.02	0.03	0.02
34	उत्तराखंड	2.20	2.38	2.05	0.35	0.64	0.52	0.09	0.07	0.03	0.35	0.15	0.11
35	उत्तर प्रदेश	77.50	87.39	74.72	24.70	27.69	22.38	3.36	1.42	1.22	7.00	6.64	4.79
36	पश्चिम बंगाल	14.25	16.49	14.05	4.05	4.36	3.77	3.70	2.70	2.36	10.12	11.16	9.61
	अखिल भारत	359.19	415.82	357.26	114.20	130.93	105.31	34.17	19.55	16.32	120.69	138.15	107.31

वित्त वर्ष 2021-22 के दौरान उर्वरकों की आवश्यकता, उपलब्धता और खपत													
[आंकड़े एलएमटी में]													
		यूरिया			डीएपी			एमओपी			एनपीकेएस		
क्र.सं.	राज्य	आवश्यकता	उपलब्धता	खपत	आवश्यकता	उपलब्धता	खपत	आवश्यकता	उपलब्धता	खपत	आवश्यकता	उपलब्धता	खपत
1	अंडमान और निकोबार द्वीप समूह	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	आंध्र प्रदेश	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	अरुणाचल प्रदेश	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	असम	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	बिहार	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	चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	छत्तीसगढ़	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	दादरा और नगर हवेली	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	दमन और दीव	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	दिल्ली	0.20	0.30	0.26	0.04	0.05	0.03	0.01	0.00	0.00	0.02	0.00	0.00
11	गोवा	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	गुजरात	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	हरियाणा	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	हिमाचल प्रदेश	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	जम्मू और कश्मीर	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	झारखंड	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	कर्नाटक	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	केरल	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	लक्षद्वीप	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	मध्य प्रदेश	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	महाराष्ट्र	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	मणिपुर	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	मेघालय	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	मिजोरम	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	नागालैंड	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	ओडिशा	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	पुदुचेरी	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	पंजाब	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	राजस्थान	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	सिक्किम	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	तमिलनाडु	10.10	10.85	10.40	2.90	2.56	2.39	3.00	2.80	2.53	6.92	9.25	8.17
32	तेलंगाना	19.00	19.19	17.12	4.20	3.14	2.98	3.10	1.50	1.39	18.60	15.07	13.24
33	त्रिपुरा	0.27	0.32	0.18	0.05	0.04	0.01	0.09	0.05	0.01	0.02	0.03	0.01
34	उत्तराखंड	2.16	2.30	2.09	0.32	0.43	0.31	0.09	0.09	0.04	0.30	0.24	0.22
35	उत्तर प्रदेश	78.00	82.30	71.12	29.50	23.75	21.20	3.80	2.12	1.91	8.00	6.78	6.36
36	पश्चिम बंगाल	14.23	15.84	13.30	4.05	3.03	2.70	3.70	2.09	1.89	10.12	11.30	10.34
	अखिल भारत	356.53	389.68	341.73	123.90	100.49	92.64	37.10	27.06	23.93	122.74	135.74	121.37

वित्त वर्ष 2020-21 के दौरान उर्वरकों की आवश्यकता, उपलब्धता और खपत													
[आंकड़े एलएमटी में]													
क्र.सं.	राज्य	यूरिया			डीएपी			एमओपी			एनपीकेएस		
		आवश्यकता	उपलब्धता	खपत	आवश्यकता	उपलब्धता	खपत	आवश्यकता	उपलब्धता	खपत	आवश्यकता	उपलब्धता	खपत
1	अंडमान और निकोबार द्वीप समूह	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	आंध्र प्रदेश	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	अरुणाचल प्रदेश	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	असम	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	बिहार	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	चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	छत्तीसगढ़	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	दादरा और नगर हवेली	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	दमन और दीव	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	दिल्ली	0.23	0.24	0.22	0.05	0.04	0.04	0.02	0.01	0.00	0.02	0.00	0.00
11	गोवा	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	गुजरात	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	हरियाणा	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	हिमाचल प्रदेश	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	जम्मू और कश्मीर	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	झारखंड	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	कर्नाटक	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	केरल	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	लक्षद्वीप	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	मध्य प्रदेश	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	महाराष्ट्र	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	मणिपुर	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	मेघालय	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	मिजोरम	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	नागालैंड	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	ओडिशा	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	पुदुचेरी	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	पंजाब	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	राजस्थान	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	सिक्किम	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	तमिलनाडु	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	तेलंगाना	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	त्रिपुरा	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	उत्तराखण्ड	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	उत्तर प्रदेश	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	पश्चिम बंगाल	14.43	16.08	12.78	4.05	4.48	3.94	3.20	3.89	3.06	10.12	13.16	11.39
	अखिल भारत	350.64	406.49	350.51	107.76	133.98	119.18	35.51	44.56	34.32	108.00	156.55	125.82

STRENGTHENING HEALTHCARE ACCESS AND INFRASTRUCTURE***96. SHRI RAJMOHAN UNNITHAN:**

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

- (a) whether any specific measures are being implemented by the Government to strengthen the infrastructure and services of rural health centres in the country;
- (b) if so, the details thereof;
- (c) whether new wellness centres are being planned as part of the Ayushman Bharat initiative to enhance healthcare access for communities across the country;
- (d) if so, the details thereof; and
- (e) the manner in which the Ministry actively addresses the ongoing shortage of medical staff in remote and underserved areas to ensure that residents receive adequate healthcare services in the country?

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

(a) to (d): The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission (NHM). Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources.

As per established norms, in rural areas, an Ayushman Arogya Mandir - Sub Health Centre (SHC-AAM) for a population of 5,000 (in plains) and 3000 (in hilly and tribal areas), an Ayushman Arogya Mandir -Primary Health Centre (AAM- PHCs) for a population of 30,000 (in plains) and 20,000 (in hilly and tribal areas) and Community Health Centre (CHC) for a population of 1,20,000 (in plains) and 80,000 (in hilly and tribal areas) are suggested. Further, District Hospital (DH), Sub- District Hospital (SDH) and First Referral Unit provide secondary care services for rural & urban areas.

In February 2018, the Government of India announced establishment of 1,50,000 Ayushman Arogya Mandirs (AAMs) erstwhile Ayushman Bharat Health and Wellness Centres (AB-HWCs), across the country by December 2022. As updated by the States/UTs in AAM portal, a total of 1,77,906 Ayushman Arogya Mandirs have been established and operationalized as on 30.06.2025, by transforming existing Sub-Health Centres (SHC) and Primary Health Centres (PHC) in rural and urban areas to deliver the expanded range of comprehensive primary healthcare services with complete 12 package of services that includes preventive, promotive, curative, palliative and rehabilitative services which are universal, free, and closer to the community.

In addition to the National Health Mission (NHM), Government of India has allocated the following funds for developing public healthcare infrastructure and services:

- **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). The measures under the PM-ABHIM focus on developing capacities of health systems and institutions across the continuum of care at all levels, primary, secondary and tertiary, to prepare health systems in responding effectively to the current and future pandemics /disasters.

Administrative approvals have been accorded to States/UTs for FY 2021-26 for an amount of Rs 33081.82 Crore for construction/strengthening of 10609 Building less-AAMs, 5456 Urban-AAMs, 2151 Block Public Health Units (BPHUs), 744 Integrated Public Health Labs (IPHLs) at District level and 621 Critical Care Blocks (CCBs).

- 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 for an amount of Rs. 70,000 crores. These grants are for strengthening primary care through specified components such as Building-less Sub-Health Centres (SHCs), Primary Health Centres (PHCs), Community Health Centres (CHCs), Conversion of rural PHCs and Sub-Centres to Ayushman Arogya Mandir (AAM), Support for diagnostic infrastructure to the primary healthcare facilities, Block Level Public Health Units and Urban - AAMs. A total number of 30,025 Building-less SHC-AAMs have been approved under FC-XV health sector Grants.

- Under Centrally Sponsored Scheme (CSS), **'Establishment of new medical colleges attached with existing district/referral hospitals'**, 157 new

medical colleges have been approved with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college.

(e): Under NHM, following types of incentives and honorarium are provided for encouraging doctors to practice in remote and underserved areas to ensure that residents receive adequate healthcare services in the country:

- Hard area allowance to specialist doctors to serve in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
- Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural & remote area.
- States are also allowed to offer negotiable salary to attract specialists including flexibility in strategies such as “You Quote We Pay”.
- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing Human Resource (HR) is another major strategy under NHM for improvement in health outcomes.

For fulfilling objective of providing exposure of District Health System to the Post Graduate (PG) students and to involve them in health care services at the District Hospital, the District Residency Programme (DRP) was mandated, under which, there is provision for compulsory three months posting cum training of PG medical students at District Hospitals as a part of the course curriculum.

As informed by National Medical Commission (NMC), the Government has increased number of medical colleges and subsequently increased MBBS seats. There is an increase of medical colleges from 387 in 2014 to 780 as of now. Further, there is an increase of 61,552 MBBS seats from 54,348 in 2014 to 1,15,900 as of now.

चिकित्सा महाविद्यालयों/संस्थानों में भर्ती

***97. श्री धर्मेन्द्र यादव:**

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

(क) वर्ष 2014 के बाद से खोले गए सरकारी चिकित्सा महाविद्यालयों/संस्थानों और नए एम्स में सहायक प्राध्यापक, एसोसिएट प्रोफेसर और प्राध्यापक के पद पर विभिन्न श्रेणियों नामतः अनारक्षित/सामाजिक एवं आर्थिक रूप से पिछड़े वर्ग/अनुसूचित जाति/अनुसूचित जनजाति के लिए सृजित नियमित पदों और की गई उनकी भर्तियों की कुल संख्या संस्थान-वार और श्रेणी-वार कितनी है;

(ख) उक्त अवधि के दौरान उक्त संस्थानों में संविदा आधार पर कार्यरत संकाय/शिक्षकों और कर्मचारियों की संस्थान और श्रेणी-वार कुल संख्या कितनी-कितनी है;

(ग) उक्त संविदा शिक्षण संकाय/परामर्शदाताओं/कर्मचारियों के लिए निर्धारित सेवा में व्यवधान सहित/रहित कार्यकाल का संस्थान-वार ब्यौरा क्या है;

(घ) उक्त संस्थानों में सृजित कुल पदों की तुलना में संविदा पर कार्यरत उक्त कर्मचारियों का प्रतिशत संस्थान/विषय-वार और श्रेणी-वार कितना-कितना है;

(ङ) उक्त संस्थानों में नियमित और संविदा आधार पर नियोजित और कार्यरत आरक्षित श्रेणी की तुलना में सामान्य श्रेणी के संकाय/कर्मचारियों की संस्थान-वार और श्रेणी-वार कुल संख्या कितनी है; और

(च) सेवानिवृत्ति के बाद इन पदों पर परामर्शदाता/शिक्षण संकाय/कर्मचारी के रूप में कार्यरत कर्मियों की कुल संख्या श्रेणी-वार और संस्थान-वार कितनी है?

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

(क): मंत्रालय के अधीन किसी चिकित्सा संस्थान में पदों के सृजन के बाद केंद्र सरकार के निर्देशों के अनुसार आरक्षण रोस्टर बनाए जाते हैं और तदनुसार भर्ती की जाती है। मंत्रालय के अधीन 2014 के बाद से खोले गए सरकारी चिकित्सा महाविद्यालयों/संस्थानों में सृजित और भरे गए संकाय पदों की कुल संख्या संलग्न **विवरण-I** में दी गई है।

(ख) से (घ): संविदा नियुक्ति की अवधि संस्थान की विशिष्ट आवश्यकताओं के आधार पर छह महीने से दो वर्ष तक, या पदों के नियमित आधार पर भरे जाने तक, जो भी पहले हो, भिन्न-भिन्न होती है। मंत्रालय के अधीन वर्ष 2014 के बाद से खोले गए सरकारी मेडिकल कॉलेजों/संस्थानों में स्वीकृत नियमित पदों की तुलना में संस्थानवार संविदा शिक्षकों और अन्य संविदा कर्मचारियों की संख्या तथा प्रतिशत संलग्न **विवरण-II** में दिया गया है।

(ङ): मंत्रालय के अधीन वर्ष 2014 के बाद से खोले गए सरकारी मेडिकल कॉलेजों/संस्थानों में नियमित और संविदा आधार पर कार्यरत सामान्य वर्ग की तुलना में आरक्षित वर्ग के शिक्षकों/कर्मचारियों की कुल संख्या, संस्थानवार और श्रेणीवार संलग्न **विवरण-III** में दी गई है।

(च): मंत्रालय के अधीन वर्ष 2014 के बाद से खोले गए सरकारी मेडिकल कॉलेजों/संस्थानों में परामर्शदाता/शिक्षण संकाय/कर्मचारी के रूप में कार्यरत सेवानिवृत्त अधिकारियों की संख्या संलग्न विवरण-IV में दी गई है।

विवरण-I

स्वास्थ्य और परिवार कल्याण मंत्रालय के अंतर्गत 2014 के बाद से स्थापित सरकारी मेडिकल कॉलेजों/संस्थानों में सृजित और भरे गए प्रोफेसर /एसोसिएट प्रोफेसर/असिस्टेंट प्रोफेसर पदों की संख्या

क्र.सं.	संस्थान	अनारक्षित		अन्य पिछड़ा वर्ग		अनुसूचित जाति		आर्थिक रूप से कमजोर वर्ग		अनुसूचित जनजाति		कुल	
		एस	एफ	एस	एफ	एस	एफ	एस	एफ	एस	एफ	एस	एफ
1.	एम्स, बीबीनगर	69	74	39	21	25	12	14	01	10	04	157	112
2.	एम्स, भटिंडा	83	57	51	22	28	13	18	17	13	9	193	118
3.	एम्स, बिलासपुर	84	66	49	20	22	12	23	10	13	06	191	114
4.	एम्स, देवघर	82	67	46	25	25	14	17	00	12	04	182	110
5.	एम्स, गोरखपुर	80	55	47	22	29	15	18	07	13	04	187	103
6.	एम्स, गुवाहाटी	72	62	40	18	21	11	14	00	10	10	157	101
7.	एम्स, कल्याणी	131	86	64	31	25	08	25	21	14	02	259	148
8.	एम्स, मदुरै	67	25	41	18	24	07	14	00	11	00	157	50
9.	एम्स, मंगलागिरी	99	83	58	25	37	15	23	06	16	06	233	135
10.	एम्स, नागपुर	142	117	89	49	57	28	34	16	25	09	347	219
11.	एम्स, रायबरेली	75	63	44	20	28	12	16	04	12	05	175	104
12.	एम्स, राजकोट	85	54	43	17	24	03	16	00	11	02	179	76
13.	एम्स, विजयपुर	69	50	39	18	25	06	14	07	10	05	157	86

एस- स्वीकृत, एफ- नियुक्त

*एम्स, (दरभंगा) एम्स, (अवंतीपुरा) और एम्स, (रेवारी) स्थापना के प्रारंभिक चरण में हैं और इन तीनों संस्थानों में अभी तक संकाय की कोई भर्ती नहीं की गई है।

विवरण-II

संविदा आधार पर कार्यरत कुल संकायों और कर्मचारियों की संख्या

क्र.सं.	संस्थान	कुल स्वीकृत पद	संविदा आधार पर संकाय की संख्या	संकाय के अलावा संविदा कर्मियों की संख्या	संकाय सहित कुल संविदा कर्मियों की संख्या	कुल स्वीकृत पदों की तुलना में संविदा कर्मियों का प्रतिशत
(ए)	(बी)	(सी)	(डी)	(ई)	(एफ)	(जी)= एफ/सी x100
1.	एम्स, बीबीनगर	1557	01	04	05	0.32%
2.	एम्स, भटिंडा	2309	01	38	39	1.69%
3.	एम्स, बिलासपुर	1728	08	145	153	8.85%
4.	एम्स, देवघर	1920	10	10	20	1.04%
5.	एम्स, गोरखपुर	1705	04	134	138	8.09%
6.	एम्स, गुवाहाटी	1813	01	01	02	0.11%
7.	एम्स, कल्याणी	2530	00	00	00	00%
8.	एम्स, मदुरै	1094	08	00	08	0.73%
9.	एम्स, मंगलागिरी	2262	13	00	13	0.57%
10.	एम्स, रायबरेली	1626	04	31	35	2.15%
11।	एम्स, नागपुर	2478	01	08	09	0.36%
12.	एम्स, राजकोट	1430	02	03	05	0.35%
13.	एम्स, विजयपुर	1494	19	94	113	7.56%

विवरण-III

2014 के बाद से स्थापित केंद्रीय संस्थान में नियमित और संविदा के आधार पर नियुक्त और कार्यरत संस्थानवार और श्रेणी वार सामान्य वर्ग की तुलना में आरक्षित वर्ग संकाय/कर्मचारियों की कुल संख्या

क्र. सं.	संस्थान		अनारक्षित	अनुसूचित जाति	अनुसूचित जनजाति	अन्य पिछड़ा वर्ग	आर्थिक रूप से कमजोर वर्ग
1.	एम्स, बीबीनगर	संकाय	90	14	04	23	01
2.	एम्स, भटिंडा	संकाय	66	17	11	29	17
3.	एम्स, बिलासपुर	संकाय	75	12	07	20	12
4.	एम्स, देवघर	संकाय	80	17	04	29	00
5.	एम्स, गोरखपुर	संकाय	61	16	05	22	10
6.	एम्स, गुवाहाटी	संकाय	72	12	12	19	00
7.	एम्स, कल्याणी	संकाय	122	10	03	35	00
8.	एम्स, मदुरै	संकाय	28	10	0	20	00
9.	एम्स, मंगलागिरी	संकाय	95	17	06	27	06
10.	एम्स, रायबरेली	संकाय	72	12	05	20	04
11।	एम्स, नागपुर	संकाय	130	28	09	51	16
12.	एम्स, राजकोट	संकाय	54	03	02	17	00
13.	एम्स, विजयपुर	संकाय	68	17	04	17	09

विवरण-IV

2014 के बाद से स्थापित केंद्रीय संस्थानों में परामर्शदाता/शिक्षण संकाय/कर्मचारी के पदों पर कार्यरत सेवानिवृत्त अधिकारियों की कुल संख्या

क्र. सं.	संस्थान	संविदा कर्मी के रूप में कार्यरत सेवानिवृत्त अधिकारियों की संख्या
1.	एम्स, बीबीनगर	00
2.	एम्स, भटिंडा	00
3.	एम्स, बिलासपुर	00
4.	एम्स, देवघर	00
5.	एम्स, गोरखपुर	00
6.	एम्स, गुवाहाटी	01 (अनारक्षित)
7.	एम्स, कल्याणी	00
8.	एम्स, मदुरै	00
9.	एम्स, मंगलागिरी	00
10.	एम्स, रायबरेली	00
11।	एम्स, नागपुर	01 (अनारक्षित)
12.	एम्स, राजकोट	00
13.	एम्स, विजयपुर	06 (अनारक्षित)

योग अवसंरचना को सुदृढ़ करना

*98. श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकर:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) महाराष्ट्र के विशेषकर धाराशिव लोक सभा निर्वाचन क्षेत्र और मुंबई सहित देश में स्थापित किए गए नए योग प्रशिक्षण केंद्रों का राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है तथा विगत पाँच वर्षों के दौरान इस संबंध में कितनी धनराशि आबंटित और उपयोग की गई है;

(ख) क्या सरकार का देशभर में और अधिक नए योग केंद्र स्थापित करने का विचार है और यदि हां, तो तत्संबंधी राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है;

(ग) क्या सरकार का योग को बढ़ावा देने के लिए योग केंद्रों की अवसंरचना को सुदृढ़ करने, योग प्रशिक्षकों की संख्या में वृद्धि करने और उन्हें योग प्रशिक्षण केंद्रों में नियुक्त करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या सरकार का ग्रामीण क्षेत्रों में योग प्रशिक्षकों/फिटनेस कोच की व्यवस्था करने का विचार 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): चूंकि जन-स्वास्थ्य राज्य का विषय है, इसलिए योग केन्द्रों की स्थापना करना और योग प्रशिक्षकों की नियुक्ति करना संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के क्षेत्राधिकार में आता है। आयुष मंत्रालय योग केन्द्रों के कामकाज से संबंधित विशिष्ट आंकड़े नहीं रखता है।

हालांकि, मंत्रालय योग सहित देश में विभिन्न आयुष पद्धतियों के विकास और संवर्धन के लिए राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना को कार्यान्वित कर रहा है और उनकी राज्य वार्षिक कार्य योजनाओं (एसएएपी) में प्राप्त प्रस्तावों के अनुसार उन्हें वित्तीय सहायता प्रदान कर रहा है। राज्य/संघ राज्य क्षेत्र सरकारें

एनएएम दिशानिर्देशों के अनुसार राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्रस्ताव भेजकर वित्तीय सहायता प्राप्त कर सकती हैं। राष्ट्रीय आयुष मिशन (एनएएम) के तहत, आयुष मंत्रालय राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से 12,500 आयुष्मान आरोग्य मंदिरों (एएएम) के संचालन का क्रियान्वयन कर रहा है। इन सभी आयुष एएएम में, योग्यता-प्राप्त योग प्रशिक्षकों द्वारा लोगों को सामान्य स्वास्थ्य संवर्धन के लिए समुदाय-आधारित उपचार के रूप में योग सिखाया जा रहा है।

राष्ट्रीय जलमार्ग संख्या 37 की स्थिति

*99. श्री सुनील कुमार:

क्या पत्तन, पोत परिवहन और जलमार्ग मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार ने बिहार में गंडक नदी पर सारण से चम्पारण होते हुए नेपाल सीमा तक राष्ट्रीय जलमार्ग संख्या 37 को अंतर्राष्ट्रीय जलमार्ग के रूप में विकसित करने के लिए इसकी पहचान की थी, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या उक्त जलमार्ग के सर्वेक्षण कार्य हेतु 150 करोड़ रुपए की राशि संस्वीकृत की गई थी और सर्वेक्षण कार्य का कुछ भाग पूरा भी कर लिया गया था, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या उक्त जलमार्ग को संचालित करने के लिए गंडक नदी के साथ-साथ छह टर्मिनल स्थापित करने का भी प्रस्ताव था, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) क्या सरकार का नए जलमार्गों की खोज करके भारत और नेपाल के बीच व्यापार संबंधों को सुदृढ़ करने के लिए उक्त जलमार्ग को स्वीकृति प्रदान करने और इसे प्रचालनात्मक बनाने का विचार है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

पत्तन, पोत परिवहन और जलमार्ग मंत्री (श्री सर्बानंद सोनोवाल):

- (क): राष्ट्रीय जलमार्ग अधिनियम, 2016 के अंतर्गत गंडक नदी को त्रिवेणी के निकट वाल्मीकि नगर से हाजीपुर में गंगा नदी संगम तक (295.7 किमी की लंबाई) राष्ट्रीय जलमार्ग (रा.ज.) संख्या 37

घोषित किया गया है। यह राष्ट्रीय जलमार्ग वाल्मीकि नगर पुल को भैसालोटन बैराज पर जोड़ता है और नेपाल के साथ संपर्कता प्रदान करता है।

(ख) और (ग): वर्ष 2017-18 के दौरान रा.ज.-37 के लिए 12.91 करोड़ रुपए की राशि अनुमोदित की गई, जिसमें निम्नलिखित कार्य शामिल थे:

1. हाइड्रोग्राफिक सर्वेक्षण (थलवेग सर्वेक्षण और शोआल का विस्तृत हाइड्रोग्राफिक सर्वेक्षण)
2. चैनल मार्किंग
3. बैंडलिंग
4. फ्लोटिंग टर्मिनल
5. क्रॉस संरचनाओं की पहचान
6. हितधारक कार्यशालाएं
7. ट्रायल मूवमेंट आयोजित करना

इसके अतिरिक्त, वाल्मीकि नगर बैराज (त्रिवेणी) से गंगा संगम (हाजीपुर) तक हाइड्रोग्राफिक सर्वेक्षण भी किया गया है। इसके अलावा, स्थानीय समुदाय द्वारा उपयोग के लिए बेतिया में दो स्टील फ्लोटिंग पोंटून/जेट्टी की व्यवस्था की गई है।

(घ): आर्थिक और सामाजिक व्यवहार्यता के आधार पर अंतर्देशीय जल परिवहन (आईडब्ल्यूटी) के विकास की संभावनाओं का पता लगाने के लिए मैसर्स रेल इंडिया तकनीकी और आर्थिक सेवा (राइट्स) लिमिटेड के माध्यम से विस्तृत परियोजना रिपोर्ट (डीपीआर) का अद्यतनीकरण शुरू किया गया है।

उत्तर प्रदेश में प्रधानमंत्री जन औषधि केन्द्र

* 100. श्री देवेश शाक्य:

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

- (क) उत्तर प्रदेश के एटा, कासगंज, इटावा, औरैया और कन्नौज जिलों में वर्तमान में कितने प्रधानमंत्री भारतीय जन औषधि केन्द्र (पीएमबीजेके) कार्य कर रहे हैं;

- (ख) वित्तीय वर्ष 2024-25 के दौरान उक्त जिलों में स्वीकृत और आरम्भ किए गए नए जन औषधि केन्द्रों की संख्या कितनी है;
- (ग) क्या सरकार की जिला-वार ऐसे केन्द्रों की संख्या और दवाओं की उपलब्धता में वृद्धि करने की योजना है; और
- (घ) यदि हां, तो इसकी प्रमुख विशेषताएं क्या हैं और इस संबंध में क्या समय-सीमा निर्धारित की गई है?

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

(क) से (घ) प्रधानमंत्री भारतीय जन औषधि परियोजना के अंतर्गत, दिनांक 30.6.2025 तक देश भर में कुल 16,912 जन औषधि केंद्र (जेएके) खोले जा चुके हैं, जिनमें से 3,550 केन्द्र उत्तर प्रदेश राज्य में खोले गए हैं। वित्तीय वर्ष 2024-25 के दौरान खोले गए जेएके का विवरण और उत्तर प्रदेश के एटा, कासगंज, इटावा, औरैया और कन्नौज जिलों में दिनांक 30.6.2025 तक खोले गए जेएके की कुल संख्या निम्नानुसार है:

क्र.सं.	जिला	वित्त वर्ष 2024-25 के दौरान खोले गए जेएके की संख्या	दिनांक 30.06.2025 तक खोले गए जेएके की संख्या
1.	एटा	1	24
2.	कासगंज	5	13
3.	इटावा	5	25
4.	औरैया	0	13
5.	कन्नौज	3	27
कुल		14	102

सरकार ने दिनांक 31.3.2027 तक खोले जाने वाले जेएके की कुल संख्या को बढ़ाकर 25,000 करने का निर्णय लिया है। नए जेएके खोलने के लिए राज्य और केंद्र शासित प्रदेश-वार कोई लक्ष्य निर्धारित नहीं है।

(ii) Unstarred Question Nos. 921 to 1150

IMPORT OF SPECIALITY FERTILIZERS FROM CHINA

921. SHRI PRABHAKAR REDDY VEMIREDDY:

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

- (a) the details of speciality fertilizers that India imports from China to increase yields of fruits, vegetables and other remunerative crops during the last ten years, year-wise and fertilizer variety-wise;
- (b) whether China, without imposing a formal ban, is effectively blocking the export of speciality fertilizers to India by halting inspection of shipments and other coercive measures; and
- (c) if so, the remedial measures taken/proposed to be 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): In Fertilizer Control Order, 1985 there is no fertilizer classified as specialty fertilizer. However, there is category of fertilizer namely 100 % water soluble complex fertilizer, 100 % water soluble mixture of fertilizer. The fertilizer inspector of Government of India draws the samples of imported fertilizer at various ports. The Central Fertilizer Quality Control & Training Institute (CFQC&TI) have provided the data on the inspection made by the institute during

the last five years specifically of the water soluble fertilizer imported from China which is given in the enclosed **Statement**.

(b) and (c): Specialty Fertilizers are not covered under ambit of Nutrient Based Subsidy (NBS) Scheme administered by Department of Fertilizers and therefore, Specialty Fertilizers are not subsidized. Fertilizer companies are free to import these fertilizers as per their business dynamics. Over the past 2–3 months, China has reportedly withheld export of specialty fertilizers to India. Indian companies are actively sourcing Water Soluble Fertilizers from alternative suppliers in Belgium, Egypt, Germany, Morocco and USA to offset the shortfall caused by reduced imports from China. In the case of micronutrients, India imports major quantity of various micronutrients from Greece, Turkey, USA, Spain, Singapore and Netherlands, while a little quantity of zinc sulphate monohydrate from China. Therefore, there will be not much impact on the availability of micronutrients.

Further, Indian research institutions including Indian Council of Agricultural Research (ICAR) and State Agricultural Universities are advancing indigenous solutions such as zinc EDTA, boron blends, nano-fertilizers, and biofertilizers enriched with micronutrients, including zinc-solubilizing bacteria. These research-based innovations are helping India move towards self-reliance in nutrient management, reduce import dependency, and ensure sustainable agricultural productivity.

In this regard, ICAR through institutes like IISS-Bhopal, IARI-Delhi, and IIHR-Bengaluru, has developed and validated technologies such as nano

fertilizers, biofertilizers, and customized nutrient blends. These efforts are supported by initiatives like Soil Test-Based Fertilizer Recommendations and Site-Specific Nutrient Management (SSNM) which supports a holistic Integrated Nutrient Management Strategy.

STATEMENT

Data on the inspection made by the Central Fertilizer Quality Control & Training Institute (CFQC&TI) during the last five years specifically of the water soluble fertilizer imported from China:

Sl. No.	Name of Fertilizer	2020-21 Quantity (MT)	2021-22 Quantity (MT)	2022-23 Quantity (MT)	2023-24 Quantity (MT)	2024-25 Quantity (MT)
1.	Calcium Nitrate	37828.625	49025.07	46770.324	47882.93	60202.352
2.	Potassium Nitrate	18074.31	12846	11976.946	23886.94	18251.2
3.	Mono Potassium Phosphate	9084.106	18014.208	17008.31	17190.386	20940.362
4.	Mono Ammonium Phosphate	27141.068	27039.08	55027	56268.291	51523.54
5.	NPK water soluble	4796.314	4898.418	7936	7032.65	6472.01
6.	Sulphate of Potash	1762.807	1890.906	1970.312	2012.648	3242.05
7.	Mixture of Micronutrient Fertilizers	161.480	180.14	260.008	263.34	205
	Total	98848.71	113893.822	140948.9	154537.185	160836.514

ROLE OF U.S. IN INDO-PAK CEASEFIRE**922. DR. MOHAMMAD JAWED:****SHRI DEEPAK ADHIKARI (DEV):****SHRIMATI MALA ROY:****SHRI S VENKATESAN:****SHRI T.M. SELVAGANAPATHI:**

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

(a) whether it is a fact that the ceasefire between India and Pakistan arrived at the behest of U.S. interference just after three days of operations against Pakistan when the Indian Armed Forces had the upper hand in the conflict, if so, the details thereof;

(b) whether any communication/high level meeting was held with the USA prior to the announcement of the ceasefire between Indian and Pakistan, if so the details of key points of meeting;

(c) whether any role was played by the Government/President of USA in Indo-Pak ceasefire on May 2025, if so, the details thereof; and if not, the steps taken by the Government to check/allay such false rumours;

(d) whether it is a fact that the United States linked trade tariff concessions as leverage to secure India's agreement to the ceasefire with Pakistan, if so, the details thereof; and

(e) whether it was conveyed to USA that India is not for third party mediations on Kashmir issue, if so, the details thereof?

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

(a) to (e): India and Pakistan agreed on 10 May for a cessation of firing and military activity as a result of direct contact between the DGMOs of both nations. This contact was initiated by the Pakistani side. India had already achieved on 08 May the main objectives that it had set forth in terms of destroying designated terrorism infrastructure in Pakistan and Pakistan-Occupied Jammu and Kashmir. Between 22 April when the Pahalgam terrorist attack happened and 10 May, there were a number of diplomatic conversations with various countries at different levels, including with the United States. All our interlocutors were given a common message that India's approach was focused, measured and non-escalatory.

With specific regard to the United States, it was conveyed to Vice President J.D. Vance on 09 May that India would appropriately respond if Pakistan launched a major attack. The issue of our trade discussions did not come up in the context of conversations pertaining to the conflict.

As regards any proposal for third party mediation, our long standing position remains that any outstanding issue with Pakistan will be discussed only bilaterally. This has been made clear to all nations, including by the Prime Minister to the US President.

PARTICIPATION OF PM IN G-7

923. SHRI KODIKUNNIL SURESH

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

(a) whether the Prime Minister of India participated in the 51st G7 Summit held in Kananaskis, Canada, in June 2025, if so, the capacity in which he participated in the said Summit;

(b) the details of major issues raised by the Prime Minister, especially concerning the Global South, digital public infrastructure, sustainable development, and counter-terrorism during the Summit;

(c) whether India's positions on equitable technology access, climate financing and global security received support from G7 member countries, if so, the details thereof;

(d) the specific outcomes or agreements from the Summit that directly benefit India; and

(e) the follow-up actions planned by the Government to leverage these outcomes for national interest and diplomatic engagement?

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

(a) to (e): Yes, Hon'ble Prime Minister Shri Narendra Modi participated in the G7 Summit from 16-17th June 2025 in Kananaskis, Alberta, Canada, at the invitation of Prime Minister Mark Carney in the official capacity of Outreach Partner.

During the G7 Summit, the Hon'ble Prime Minister spoke on major issues including inclusive and sustainable development, clean energy transition and the role of Digital Public Infrastructure in empowering citizens. He highlighted India's global initiatives such as the International Solar Alliance, Mission LiFE, Coalition for Disaster Resilient Infrastructure, Global Biofuels Alliance, One Sun One World One Grid. Hon'ble PM called for global unity against terrorism. He also reiterated India's commitment to amplifying the voice of the Global South.

Two outcome documents were adopted (i) 'The Kananaskis Wildfire Charter' and (ii) 'The G7 Critical Minerals Action Plan'.

सीतापुर में एम्स की स्थापना

924. श्री राकेश राठौर:

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

- (क) क्या सरकार को इस बात की जानकारी है कि उत्तर प्रदेश का सीतापुर जिला स्वास्थ्य सेवाओं की दृष्टि से अत्यंत पिछड़ा हुआ है और गंभीर बीमारियों के इलाज हेतु मरीजों को लखनऊ या दिल्ली जाना पड़ता है;
- (ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार सीतापुर में अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) की स्थापना पर विचार कर रही है, जहाँ पर्याप्त भूमि भी उपलब्ध है;
- (घ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;
- (ङ) क्या सरकार का भविष्य में सीतापुर तथा आसपास के जिलों की स्वास्थ्य आवश्यकताओं को ध्यान में रखते हुए वहाँ एम्स की स्थापना के लिए कोई कार्ययोजना बनाने का प्रस्ताव है; और

(च) यदि हाँ, 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 (च): प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के अंतर्गत आदिनांक देश के विभिन्न राज्यों/संघ राज्य क्षेत्रों में 22 अखिल भारतीय आयुर्विज्ञान संस्थानों (एम्स) जिनमें उत्तर प्रदेश में 2 एम्स, एक रायबरेली में और दूसरा गोरखपुर में शामिल है, की स्थापना को मंजूरी दी गई है, दोनों संस्थान संचालनरत हैं।

पीएमएसएसवाई योजना के एक अन्य घटक के अंतर्गत, उत्तर प्रदेश राज्य में सुपर-स्पेशियलिटी सुविधा केंद्रों की स्थापना हेतु केंद्र-राज्य लागत साझाकरण के आधार पर 11 सरकारी मेडिकल कॉलेजों (जीएमसी) का उन्नयन किया गया है। इनमें (1) एसजीपीजीआईएमएस, लखनऊ (2) आईएमएस, बीएचयू, वाराणसी में ट्रॉमा सेंटर (3) जवाहरलाल नेहरू मेडिकल कॉलेज, अलीगढ़ मुस्लिम विश्वविद्यालय, अलीगढ़ (4) राजकीय मेडिकल कॉलेज, झांसी (5) बीआरडी मेडिकल कॉलेज, गोरखपुर (6) एमएलएन मेडिकल कॉलेज, इलाहाबाद (7) एलएलआरएम मेडिकल कॉलेज, मेरठ (8) राजकीय मेडिकल कॉलेज, आगरा (9) राजकीय मेडिकल कॉलेज, कानपुर (10) सुपर स्पेशियलिटी ब्लॉक, चिकित्सा विज्ञान संस्थान (आईएमएस), बीएचयू, वाराणसी (11) क्षेत्रीय नेत्र विज्ञान संस्थान, आईएमएस, बीएचयू, वाराणसी शामिल हैं। पीएमएसएसवाई के वर्तमान चरण में, सीतापुर में एक नए एम्स की स्थापना का कोई प्रस्ताव नहीं है।

पालना योजना

925. श्री चिन्तामणि महाराज :

डॉ. भोला सिंह :

श्री अरुण गोविल :

श्रीमती कमलेश जांगड़े :

श्री दिलीप शङ्कीया :

डॉ. हेमंत विष्णु सवरा :

श्रीमती संध्या राय :

डॉ. राजेश मिश्रा :

श्री जसवंतसिंह सुमनभाई भाभोर :

कैप्टन बृजेश चौटा :

श्री बिद्युत बरन महतो :

श्री दिनेशभाई मकवाणा :

श्री लुम्बाराम चौधरी :

श्रीमती माला राज्यलक्ष्मी शाह :

श्रीमती कमलजीत सहरावत :

श्री जनार्दन मिश्रा :

श्री जुगल किशोर :

श्री सुरेश कुमार कश्यप :

श्री राजकुमार चाहर :

डॉ. संजय जायसवाल :

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

- (क) पालना योजना बाल कल्याण, प्रारंभिक बचपन विकास तथा कार्यरत माताओं को सहायता प्रदान करने में किस प्रकार योगदान देती है;
- (ख) उपरोक्त योजना का दो के अर्ध-शहरी, ग्रामीण क्षेत्रों तथा जनजातीय क्षेत्रों में, विशेषकर महिलाओं की कार्यबल में भागीदारी में सुधार पर क्या प्रभाव पड़ा है;
- (ग) क्या सरकार का अगले वित्तीय वर्ष में उक्त योजना के अंतर्गत नए आंगनवाड़ी-सह-शिशु देखभाल केंद्र स्थापित करने का प्रस्ताव है;

(घ) यदि हां, तो राज्यवार एवं जिलावार तत्संबंधी ब्यौरा क्या है; और

(ड.) देश में इस योजना के कार्यान्वयन की राज्यवार एवं जिलावार वर्तमान स्थिति क्या है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) से (ड): महिला एवं बाल विकास मंत्रालय ने बच्चों को डे-केयर सुविधाएँ और सुरक्षा प्रदान करने के लिए 1 अप्रैल 2022 से सभी राज्यों और संघ राज्य क्षेत्र के लिए व्यापक मिशन शक्ति के सामर्थ्य उप-योजना के अंतर्गत पालना योजना शुरू की है।

महिलाओं हेतु शिक्षा, कौशल विकास और रोज़गार पर सरकार की निरंतर पहलों के परिणामस्वरूप उनके रोज़गार के अवसर बढ़े हैं और अब ज़्यादा से ज़्यादा महिलाएँ घर के अंदर या बाहर काम करके लाभदायक रोज़गार प्राप्त कर रही हैं। उचित डे-केयर सेवाओं का अभाव अक्सर महिलाओं को बाहर जाकर काम करने से रोकता है। इसलिए, संगठित और असंगठित दोनों क्षेत्रों में सभी सामाजिक-आर्थिक समूहों की कामकाजी महिलाओं के लिए डे-केयर सेवाओं/क्रेच की गुणवत्ता और पहुँच में सुधार की तत्काल आवश्यकता है।

कामकाजी माताओं को अपने बच्चों की उचित देखभाल और सुरक्षा प्रदान करने में आने वाली इन कठिनाइयों को दूर करने के लिए पालना योजना के माध्यम से डे-केयर क्रेच सुविधाएँ प्रदान की जा रही हैं। अब तक घरेलू काम का हिस्सा माने जाने वाले बच्चों की देखभाल संबंधी ज़िम्मेदारियों को क्रेच सेवाएँ औपचारिक रूप देती हैं। देखभाल कार्य को औपचारिक रूप देने से सतत विकास लक्ष्य 8 - सभ्य कार्य और आर्थिक विकास - को प्राप्त करने के लिए "सभ्य कार्य अभियान" को बल मिलेगा। इससे अधिक माताएँ अवैतनिक बाल देखभाल की ज़िम्मेदारियों से मुक्त होकर लाभकारी रोज़गार अपना सकेंगी।

आंगनवाड़ी केंद्र विश्व के सबसे बड़े बाल देखभाल संस्थान हैं जो बच्चों को आवश्यक देखभाल और सहायता प्रदान करने के लिए समर्पित हैं और पंक्ति में अंतिम बच्चे तक देखभाल सुविधाएँ प्रदान करना सुनिश्चित करते हैं। अपनी तरह के प्रथम प्रयास में मंत्रालय ने आंगनवाड़ी सह क्रेच (एडब्ल्यूसीसी) के माध्यम से बाल देखभाल सेवाओं का विस्तार किया है। इससे पूरे दिन बाल

देखभाल सहायता सुनिश्चित होगी और सुरक्षित वातावरण में उनका कल्याण सुनिश्चित होगा। आंगनवाड़ी सह क्रेच पहल का उद्देश्य अर्थव्यवस्था में 'महिला कार्यबल की भागीदारी' को बढ़ाना है। पालना योजना का उद्देश्य बच्चों (6 माह से 6 वर्ष की आयु तक) के लिए सुरक्षित वातावरण में गुणवत्तापूर्ण क्रेच सुविधा, पोषण सहायता, बच्चों के स्वास्थ्य और संज्ञानात्मक विकास, विकास निगरानी और टीकाकरण प्रदान करना है। पालना के तहत क्रेच सुविधाएं सभी माताओं को प्रदान की जाती हैं, चाहे उनकी रोजगार स्थिति कुछ भी हो।

कार्यक्रम अनुमोदन बोर्ड (पीएबी) की बैठकें राज्य सरकारों और संघ राज्य क्षेत्रों के प्रशासनों के साथ प्रतिवर्ष आयोजित की जाती हैं, जहां इस बात पर जोर दिया जाता है कि वे अधिक आंगनवाड़ी-सह-क्रेच खोलने और उन्हें कार्यशील करने के लिए प्रस्ताव भेजें।

15वें वित्त आयोग के दौरान यानी वित्तीय वर्ष 2025-26 तक पालना योजना के तहत कुल 17,000 आंगनवाड़ी-सह-क्रेच (एडब्ल्यूसीसी) की स्थापना की परिकल्पना की गई है। एडब्ल्यूसीसी की स्थापना के प्रस्ताव संबंधित राज्य सरकारों/संघ राज्य क्षेत्र प्रशासनों से प्राप्त होते हैं, जो इस योजना के कार्यान्वयन के लिए अपना योगदान भी देते हैं। अब तक, विभिन्न राज्यों/संघ राज्य क्षेत्रों से प्राप्त प्रस्तावों के अनुसार मंत्रालय द्वारा कुल 14,599 आंगनवाड़ी केंद्रों को स्वीकृति दी जा चुकी है। राज्य/संघ राज्य क्षेत्र-वार स्वीकृत आंगनवाड़ी-सह-क्रेच की जानकारी संलग्न विवरण में दी गई है।

विवरण

स्वीकृत आंगनवाड़ी-सह-क्रेच (एडब्ल्यूसीसी) का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा:

क्र.सं.	राज्य/संघ राज्य क्षेत्र	अनुमोदित आंगनवाड़ी-सह-क्रेच केंद्र
1	अंडमान व निकोबार द्वीप समूह	8
2	आंध्र प्रदेश	108
3	अरुणाचल प्रदेश	86
4	असम	500
5	बिहार	504
6	चंडीगढ़	210

7	छत्तीसगढ़	1500
8	दिल्ली	502
9	गोवा	11
10	गुजरात	25
11	हरियाणा	628
12	हिमाचल प्रदेश	152
13	जम्मू और कश्मीर	317
14	झारखंड	1024
15	केरल	504
16	लद्दाख	7
17	लक्षद्वीप	8
18	मध्य प्रदेश	448
19	मणिपुर	702
20	मेघालय	1238
21	मिजोरम	200
22	नागालैंड	500
23	ओडिशा	1000
24	पुद्दुचेरी	86
25	पंजाब	148
26	सिक्किम	25
27	तमिलनाडु	600
28	तेलंगाना	1033
29	दादरा और नगर हवेली एवं दमन और दीव	190
30	त्रिपुरा	114
31	उत्तराखंड	202
32	कर्नाटक	1664
33	महाराष्ट्र	345
34	पश्चिम बंगाल	10
	कुल	14599

MALNUTRITION IN TRIBAL CHILDREN

926. SHRI SAPTAGIRI SANKAR ULAKA:

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

- (a) the total number and percentage of tribal children under five years who are stunted, wasted and underweight in the country, State/UT-wise;
- (b) the number and percentage of tribal women (ages 15–49) who are underweight or anaemic in the country, State/UT-wise;
- (c) whether the Government has identified any States or districts where malnutrition levels among tribal populations exceed the national average and if so, the details of targeted programmes being implemented; and
- (d) the current Status of POSHAN Abhiyaan, Integrated Child Development Services (ICDSs) in these areas 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) and (b): As per National Family Health Survey 5 (2019-21), the prevalence of malnutrition in children under 5 years and prevalence of anaemia and thinness in women age 15-49 years among scheduled tribe across the country and State/UT wise is given in the enclosed **Statement-I**.

(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 address malnutrition and anaemia in women and children across the country, including Scheduled Tribes (STs) as placed below:

- **Nutrition Rehabilitation Centers (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years suffering from Severe Acute Malnourishment (SAM) with medical complications with special focus on improving the skills of mothers and caregivers on timely, adequate and appropriate feeding for children.
- **Mothers' Absolute Affection (MAA) Programme** is implemented to improve breastfeeding coverage which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by counselling on age-appropriate complementary feeding practices.
- **Anemia Mukd Bharat (AMB)** strategy is implemented to reduce anemia among six beneficiaries age group - children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant and lactating women and in women of reproductive age group (15-49 years) in life cycle approach through implementation of six interventions via robust institutional mechanism.
- 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).

- **Lactation Management Centres:** are established to provide lactation support to mothers and to facilitate expression of mother's own milk and ensure availability of 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.
- **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.

(d): As shared by Ministry of Women and Child Development, status of Poshan Abhiyan with number of tribal children under 5 years who are Stunted, Wasted and Underweight as per Poshan tracker data for June-2025 month are placed at **Statement-II**.

STATEMENT-I

State/UT-wise prevalence of malnutrition in children under age 5 years and thinness and anaemia in women age 15-49 years among scheduled tribe (Source: NFHS-5, 2019-21)

S No.	State/UT	Children under 5 years who are stunted	Children under 5 years who are wasted	Children under 5 years who are underweight	Women age 15-49 years who are anaemic	Women age 15-49 years with BMI below normal
	INDIA	40.9	23.2	39.5	64.6	25.5
1	Andaman and Nicobar	21.9	15.8	18.1	30.5	6.4
2	Andhra Pradesh	44.5	20	45.2	62.6	21

3	Arunachal Pradesh	27.9	13.2	13.7	36.3	4.2
4	Assam	31	19.1	26.4	69.2	11.8
5	Bihar	46.9	23.8	45.9	64.7	29.7
6	Chandigarh	61.9	61.9	61.9	0	0
7	Chhattisgarh	38.6	21	36	70.9	29.3
8	DNH&DD	50.5	23.9	51.4	70.9	31.2
9	Delhi	36.2	9.9	31.7	51.5	6.4
10	Goa	27.1	21.2	14.7	42.5	17.1
11	Gujarat	46.1	30.3	49.1	78.3	35.1
12	Haryana	22.2	12.7	20.6	64.2	20.4
13	Himachal Pradesh	31.3	15	20.3	53.8	13.7
14	Jammu and Kashmir	28.3	19.3	24.7	68.6	6.5
15	Jharkhand	45.1	25.7	47.4	72	28
16	Karnataka	41.2	22.2	36.7	46.2	21.5
17	Kerala	32.4	14.8	21.8	52.9	18.9
18	Ladakh	34.8	17.4	22.6	92.4	4.7
19	Lakshadweep	36.1	16.6	23.7	24.2	8.4
20	Madhya Pradesh	40.4	21.2	39.5	64.2	27.5
21	Maharashtra	43.1	33.9	46.3	59.7	30.2
22	Manipur	27.1	10.2	12.7	26.8	6.2
23	Meghalaya	46.4	11.9	25.9	53.3	11
24	Mizoram	28.7	9.5	12.6	34.3	5.4
25	Nagaland	32.7	17.9	26.2	27.7	10.9
26	Odisha	42.9	22.7	42.1	71.7	30.7
27	Puducherry	0	0	0	67.3	14.6

28	Punjab	27.7	0	16.9	54.4	15.8
29	Rajasthan	35.4	18.7	31.9	61.6	24.8
30	Sikkim	23	10.4	16	42.6	4.2
31	Tamil Nadu	28.4	20.3	30.7	59	19.6
32	Telangana	34.3	23.5	33.5	64	21.5
33	Tripura	34.4	20.4	30.7	66.8	12.4
34	Uttar Pradesh	47.1	23.4	47.3	51.1	22.3
35	Uttarakhand	25.3	10.5	16.8	56	15.1
36	West Bengal	37.7	25.6	43.3	82.4	22.7

STATEMENT-II

State/UT wise status of Poshan Abhiyan: Number of tribal children under 5 years who are malnourished (Source: Poshan Tracker data-June 2025)

State/UT	Stunted Children	Wasted Children	Underweight Children
Andaman and Nicobar	42	4	10
Andhra Pradesh	33143	10039	18620
Arunachal Pradesh	14835	2060	4531
Assam	69136	6503	22781
Bihar	13608	3018	7622
Chhattisgarh	216955	64645	121690
Dadra and Nagar Haveli - Daman and Diu	9591	820	4350
Delhi	0	0	0
Goa	0	0	0
Gujarat	171570	37695	111862
Haryana	0	0	0
Himachal Pradesh	1852	238	645

J&K	5044	480	1456
Jharkhand	212663	31577	105485
Karnataka	381	32	171
Kerala	1832	304	981
Ladakh	1551	31	250
Lakshadweep	1474	382	741
Madhya Pradesh	469828	106108	322504
Maharashtra	357472	34893	191637
Manipur	9923	904	3292
Meghalaya	52451	2600	13109
Mizoram	17258	1864	3993
Nagaland	12697	2797	3152
Odisha	116077	17505	60776
Puducherry	0	0	0
Punjab	0	0	0
Rajasthan	164870	36129	101803
Sikkim	227	36	44
Tamil Nadu	8072	1894	3855
Telangana	38946	7766	20690
Tripura	23978	4945	10649
UT-Chandigarh	0	0	0
Uttar Pradesh	129	5	64
Uttarakhand	2595	204	774
West Bengal	130525	27609	48945

VISIT BY FOREIGN DIGNITARIES

927. SHRI BASAVARAJ BOMMAI:

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

- (a) the details of visits by foreign dignitaries to India during the last four months till date;

- (b) the issues on which deliberations were held with them;
- (c) whether any bilateral agreements were signed with them, if so, the details thereof;
- (d) the details of visits undertaken by the Prime Minister as well as External Affairs Minister during the said period;
- (e) the details of discussions held and the outcome thereof; and
- (f) the steps taken/proposed to be taken by the Government to further improve the relations with these countries?

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

(a): The details of visits by foreign dignitaries to India during the last four months till date are given in the enclosed **Statement-I**.

(b), (c), (e) and (f): High level visits are established means to foster closer relations with foreign countries and promote India's engagements at bilateral, regional and global level. Through such visits India serves its national interest and implements foreign policy objectives. These visits have enhanced understanding of India's perspectives on regional and global issues among foreign partners at the highest level. Understandings reached during these visits have enabled India to strengthen relations with partner countries and put forward India's viewpoint and shape the agenda on global issues such as reformed multilateralism, peace and security, climate change, transnational crime, terrorism, cyber-security, resilient supply chain, energy and food security, etc.

while also offering the world India's own unique solutions to partners for addressing global issues. These visits and the understandings/agreements reached therein enable India to strengthen relations with partner countries across a wide range of 2 sectors including science and technology, trade & investment and defence collaboration. Such outcomes also contribute to India's national development agenda to promote economic growth and well being of our people and put forward the interests of developing countries.

(d): The details of visits undertaken by the Prime Minister as well as External Affairs Minister during the said period are given in the enclosed **Statement-II** and **Statement-III**.

STATEMENT-I

Visits by foreign dignitaries India during the last four months

Sl.No.	Country	Period of Visit
1	H.E. Brigadier (ret's) Mark Philips, Prime Minister of Cooperative Republic of Guyana	04th to 07th March 2025
2	H.E Christopher Luxon Prime Minister of New Zealand	16th to 20th March 2025
3	H.E. Xavier Bettel, Deputy Prime Minister, Minister for Foreign Affairs and Foreign Trade of Luxembourg	17th to 19th March 2025
4	H.E. Mihai Popsoi, Deputy Prime Minister & Minister of Foreign Affairs of the Republic of Moldova	17th to 19th March 2025
5	H.E. Dr. Eduardo Martinez Diaz, Deputy Prime Minister of Cuba	17th to 19th March 2025
6	H.E Gabriel Boric Font President of the Republic of Chile	01st to 05th April 2025

7	H.E Sheikh Hamdan bin Mohammed bin Rashid Al Maktoum, Crown Prince of Dubai, Deputy Prime Minister and Minister of Defence, UAE	08th to 09th April 2025
8	H.E. Antonio Tajani, Deputy Prime Minister & Minister of Foreign Affairs and International Cooperation of Italy	11th to 12th April 2025
9	H.E. James David Vance Vice President of the United States of America	21st to 24th April 2025
10	H.E. Joao Manuel Goncalves Lourenco President of the Republic of Angola	02nd to 04th May 2025
11	H.E. Winston Peters, Deputy Prime Minister & Minister of Foreign Affairs of New Zealand	29th to 30th May 2025
12	H.E. Santiago Peña President of the Republic of Paraguay	02nd to 04th June 2025
13	H.E. Murat Nurtleu, Deputy Prime Minister & Minister of Foreign Affairs of Kazakhstan	05th to 06th June 2025

STATEMENT-II

Details of visits undertaken by the Prime Minister during the last 4 Months

Sl. No.	Country	Period of Visit
1	Mauritius	11th to 12th March 2025
2	Thailand and Sri Lanka	03rd to 06th April 2025
3	Saudi Arabia	22nd April 2025
4	Cyprus, Canada and Croatia	15th to 18th June 2025
5	Ghana, Trinidad & Tobago, Argentina, Brazil and Namibia	02nd to 09th July 2025

STATEMENT-III

Details of visits undertaken by the External Affairs Minister during the last 4 Months

Sl. No.	Country	Period of Visit
1	United Kingdom and Ireland	04th to 09th March 2025
2	Netherlands, Denmark, Germany	19th to 24th May 2025

3	France, European Union and Belgium	08th to 14th June 2025
4	USA	30th June to 02nd July 2025
5	Singapore and China	13th to 15th July 2025

Note: This is in addition to accompanying PM on his visits

NEW VARIANTS OF CORONA VIRUS

928. SHRI A. RAJA:

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

- (a) whether World Health Organisation (WHO) issued warning during the summer of 2025, that there was sudden increase in corona cases in several countries including India;
- (b) if so, the details thereof;
- (c) whether special variants such as Nimbus and XFG are mainly responsible for the spread of new wave of corona and if so, the details thereof; and
- (d) the action plan proposed by the Government in this regard including issuing advisories to the State Governments?

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 World Health Organization (WHO) on 28 May 2025, issued a Disease Outbreak News (DON) wherein it highlighted that since mid-February 2025, global SARS-CoV-2 activity had increased, particularly from countries in the Eastern Mediterranean, South-East Asia, and Western Pacific regions, including India. The said report also pointed out that, since early 2025, global SARS-CoV-2 variant trends slightly shifted and reporting of NB.1.8.1 variant

(Nimbus) had increased. However, overall increase in COVID-19 was broadly consistent with levels observed during the same period in the previous year.

As per WHO risk assessment, the available evidence on NB.1.8.1 and XFG does not suggest additional public health risks relative to the other currently circulating Omicron descendent lineages. Since mid of June, 2025 the trajectory of COVID-19 cases in the country has declined significantly. As reported by States/UTs, most of the cases were mild in nature and resolved on their own.

(d): Ministry of Health and Family Welfare on 29 May 2025 issued an advisory to all States/UTs to undertake review of hospital preparedness with special focus on the availability of diagnostics, essential drugs, PPEs, isolation beds, medical oxygen, ICU and ventilator supported beds.

All States/UTs were also requested to closely follow the trend of Influenza Like Illness/ Severe Acute Respiratory Illness while undertaking testing for COVID-19 as per this Ministry's 'Operational Guidelines for Revised Surveillance Strategy in context of COVID-19'. State/UTs were also advised to refer adequate number of samples for whole genomic sequencing.

The Ministry also urged all States/UTs to undertake mock drills to assess preparedness and operational readiness of all health facilities in the country including requisite infrastructure, logistics (including drugs and equipment) as well as healthcare workforce in the country.

With the long-term goal to better prepare our country against public health emergencies, Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) has been launched with the intent to enhance the capacity of

primary, secondary and tertiary health care facilities/systems and institutes for identifying and managing any new and emerging diseases.

ROLE OF INDIA IN UN PEACEKEEPING MISSION

929. DR. BHOLA SINGH:

SHRI PRAVEEN PATEL:

SHRIMATI HIMADRI SINGH:

SHRI P. P. CHAUDHARY:

SHRI SHANKAR LALWANI:

SHRI JUGAL KISHORE:

DR. HEMANG JOSHI:

SHRI ANURAG SINGH THAKUR:

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

- (a) the role and contributions of the India for United Nations Peacekeeping in training peacekeepers;
- (b) the measures being taken to meet the UN's Gender Parity Strategy targets by 2028;
- (c) the steps being taken to promote the participation of Indian women in UN Peacekeeping missions; and
- (d) the objectives and outcomes of the Conference on Women Peacekeepers from the Global South held in February 2025?

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): India's Center for UN Peacekeeping (CUNPK) is a UN-certified training institute established in 2000 in New Delhi. It provides integrated training to military contingents, military observers, and staff officers nominated for being deployed to UN peacekeeping missions from India and from friendly foreign countries.

Since its establishment, CUNPK has imparted training and capacity building to nearly 10000 Indian peacekeepers and 2000 foreign peacekeepers from 96 countries. It regularly conducts pre-deployment training courses, peacekeeping contingent commander courses, military observers courses etc. CUNPK is also a repository of India's extensive experience in peacekeeping.

(b) and (c): The UN Gender Parity Strategy stipulates the following that by 2028, 15% of military personnel in troop contingents and 25% of staff officers/observers need to be women. Currently, India has achieved 22% in the deployment of staff officers/observers.

India is a pioneer in deploying women peacekeepers to UN Missions. In the 1960s, women peacekeepers belonging to the Armed Forces Medical Services were deployed in the peace operations in Congo. In 2007, India became the first UN Member State to deploy an all-women Formed Police Unit (FPU) to Liberia. The FPU was deployed from 2007 – 2016. Their

professionalism and conduct was commended by the host government and community.

Currently, 154 Indian women peacekeepers are deployed in 6 UN Peacekeeping Missions.

CUNPK regularly conducts tailor-made courses and capsules for women peacekeepers to encourage greater participation of women in peacekeeping operations.

(d): India organized the Conference for Women Peacekeepers from the Global South, bringing together women peacekeepers from 35 countries of the Global South on 24 – 25 February 2025 in New Delhi.

The aim of the Conference was to enhance the role of women in UN peacekeeping by fostering dialogue, sharing experiences and improving collaboration among the countries from the Global South. The Conference broached upon issues of contemporary relevance to peacekeeping and the various challenges being faced by peacekeeping missions. Some of the themes discussed during the conference were on enhancing the role of women in peacekeeping, training and capacity building for peacekeepers, addressing sexual exploitation and abuse, regional cooperation in peacekeeping and how to enhance the use of technology in peacekeeping. The Conference reinforced India as a leading stakeholder in UN peacekeeping. It reaffirmed India's role in promoting inclusive and effective peacekeeping operations, underscoring our commitment to gender equality and the vital role women play in global security and peace efforts. It further

underscored India's commitment to work closely in UN peacekeeping with the Global South.

वन स्टॉप सेंटर

930. श्री बाल्या मामा सुरेश गोपीनाथ म्हात्रे :

श्रीमती पूनमबेन माडम :

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

- (क) देश में अब तक कितने वन स्टॉप सेंटर (ओएससी) स्थापित/संचालित किए गए हैं और गुजरात सहित तत्संबंधी राज्यवार ब्यौरा क्या है;
- (ख) क्या सरकार प्रत्येक जिले में ओएससी स्थापित करने की दिशा में कार्य कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) इन केंद्रों से अब तक कितनी संकटग्रस्त महिलाओं को लाभ प्राप्त हुआ है और वहां उपलब्ध कराई जाने वाली सेवाओं का ब्यौरा क्या है;
- (घ) क्या सरकार ने इन केंद्रों की कार्यप्रणाली की समीक्षा की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ड.) क्या सरकार का भविष्य में ग्रामीण और जनजातीय क्षेत्रों तक ओएससी की पहुंच सुनिश्चित करने का प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (च) क्या सरकार ने हिंसा से प्रभावित महिलाओं को एक ही छत के नीचे सहायता/समर्थन प्रदान करने के उद्देश्य से ओएससी कार्यान्वित किए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

- (क) से (च): वन स्टॉप सेंटर (ओएससी) मिशन शक्ति के तहत संबल वर्टिकल का एक घटक है। यह निजी और सार्वजनिक दोनों स्थानों पर हिंसा से प्रभावित और संकटग्रस्त महिलाओं को एक ही स्थान पर एकीकृत समर्थन और सहायता प्रदान करता है। यह ग्रामीण एवं जनजातीय क्षेत्रों सहित जरूरतमंद महिलाओं को चिकित्सा सहायता, कानूनी सहायता और सलाह, अस्थायी आश्रय, पुलिस

सहायता और मनो-सामाजिक परामर्श जैसी सेवाएं प्रदान करता है। गुजरात सहित देश भर के प्रत्येक ज़िले में अबतक 975 अनुमोदित वन स्टॉप सेंटर (ओएससी) में से 843 ओएससी कार्यशील हैं और उन्होंने शुरुआत से, अर्थात् 1 अप्रैल, 2015 से 30 जून, 2025 तक 11.94 लाख से अधिक महिलाओं को सहायता प्रदान की गई है। गुजरात सहित देश भर में अनुमोदित, कार्यशील ओएससी और सहायता प्राप्त महिलाओं की राज्य-वार संख्या संलग्न **विवरण** में दी गई है।

योजना का कार्यान्वयन राज्य सरकारों/संघ राज्य क्षेत्रों के प्रशासनों के अधीन है। इसके अतिरिक्त, कार्यक्रम अनुमोदन बोर्ड वर्ष में एक बार राज्यों/संघ राज्य क्षेत्रों के साथ मिलकर योजना के अंतर्गत गतिविधियों की प्रगति की निगरानी करता है और उद्देश्यों की प्राप्ति की स्थिति की समीक्षा करता है। इसके अलावा, मंत्रालय के अधिकारी बैठकों, वीडियो कॉन्फ्रेंसिंग और समय-समय पर राज्यों/संघ राज्य क्षेत्रों के क्षेत्रीय दौरों के माध्यम से योजना की निरंतर समीक्षा करते हैं।

विवरण

30.06.2025 तक गुजरात सहित देश में राज्य/संघ राज्य क्षेत्र-वार अनुमोदित, कार्यशील ओएससी और सहायता प्राप्त महिलाओं का ब्यौरा

क्र. सं.	राज्य/संघ राज्य क्षेत्र	अनुमोदित ओएससी	कार्यशील ओएससी	शुरुआत से (अर्थात् 1 अप्रैल, 2015 से 30 जून, 2025 तक) सहायता प्राप्त महिलाओं की संख्या
1	अंडमान व नीकोबार द्वीप समूह	3	3	2124
2	आंध्र प्रदेश	26	26	44727
3	अरुणाचल प्रदेश	27	25	2601
4	असम	36	36	29270
5	बिहार	65	39	45766
6	चंडीगढ़	1	1	2013
7	छत्तीसगढ़	42	29	50122
8	दादरा और नगर हवेली तथा दमन और दीव	3	3	1394

9	दिल्ली	22	11	34119
10	गोवा	2	2	7134
11	गुजरात	36	35	43475
12	हरियाणा	22	22	50692
13	हिमाचल प्रदेश	13	13	4515
14	जम्मू और कश्मीर	23	20	16174
15	झारखंड	35	24	6255
16	कर्नाटक	40	40	34469
17	केरल	16	14	23456
18	लद्दाख	2	2	136
19	लक्षद्वीप	1	1	0
20	मध्य प्रदेश	65	57	124684
21	महाराष्ट्र	55	55	38734
22	मणिपुर	16	16	2059
23	मेघालय	13	12	4638
24	मिजोरम	13	13	2880
25	नागालैंड	17	11	1583
26	ओडिशा	32	30	38606
27	पुद्दुचेरी	4	4	563
28	पंजाब	23	23	23494
29	राजस्थान	52	43	53191
30	सिक्किम	6	6	2031
31	तमिलनाडु	59	49	123215
32	तेलंगाना	36	36	76779
33	त्रिपुरा	10	8	1490
34	उत्तर प्रदेश	121	96	285010
35	उत्तराखंड	14	14	9923
36	पश्चिम बंगाल	24	24	7504
	कुल	975	843	1194826

CGHS WELLNESS CENTRES IN KARNATAKA**931. SHRI KOTA SRINIVASA POOJARY:**

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

- (a) the details of criteria fixed for selection of cities under CGHS Wellness Centres;
- (b) the total number of CGHS Wellness Centres located in the State of Karnataka;
- (c) the total number of sanctioned posts of doctors and paramedical staff in these CGHS Wellness Centres of Karnataka along with number of vacant posts, CGHS Wellness Centre-wise;
- (d) whether any action has been taken for filling up these vacant posts of doctors and paramedical staffs and if so, the details thereof; and
- (e) whether the Government proposes to establish Wellness Centres in other cities of Karnataka, namely Mangalore, Hubli and Gulbarga 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): 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 opening of these Wellness Centres is under the ambit of Department of Expenditure, Ministry of Finance.

At present there are 15 CGHS Wellness Centres including 4 AYUSH Centers functioning in Karnataka. In addition, 01 CGHS Polyclinic is also functioning in Bengaluru, Karnataka. A proposal for setting up 22 new CGHS Wellness Centres including three in the State of Karnataka (Mangaluru, Shivamogga and Udupi) have been recently approved.

The details regarding total number of sanctioned posts of doctors and paramedical staff in these CGHS Wellness Centres of Karnataka along with number of vacant posts, CGHS Wellness Centre-wise, are given in the enclosed **Statement**.

Filling up posts of Doctors and Paramedical staff is a continuous process. To fill up these vacant posts of Doctors and Paramedical Staff, the requisitions are sent to UPSC and SSC respectively. Based on the recommendation from UPSC and SSC, they are posted against vacant posts. Some retired Government specialists doctors are appointed on contractual basis to bridge the shortfall of Specialists.

STATEMENT

Details of CGHS Staff posted in Wellness Centre-wise (Allopathic), including Polyclinic under Addl. Director office, Bengaluru, Karnataka

S. No.	District	WC Name	Name of Post	Filled	Vacant
1.	BANGALORE	WC No.01 Shivajinagar	GDMO	5	-
			Ayush Doctors	3	-

			Ayush Pharmacists	3	-
			Nursing Officer	1	-
			Pharmacist	3	-
			MTS/MA/LMA	3	1
2.		WC No.02 Sheshadripuram	GDMO	4	-
			Nursing Officer	1	-
			Pharmacist	2	1
			MTS/MA/LMA	3	1
3.		WC No.03 Banashankari	GDMO	3	-
			Ayush Doctors	2	-
			Ayush Pharmacists	1	1
			Nursing Officer	1	-
			Pharmacist	3	-
			MTS/MA/LMA	4	1
4.		WC No.04 HBR Layout	GDMO	3	-
			Nursing Officer	1	-
			Pharmacist	3	-
			MTS/MA/LMA	3	1
5.		WC No.05 Vijaynagar	GDMO	4	-
			Nursing Officer	1	-
			Pharmacist	3	-
			MTS/MA/LMA	3	1
			MLT	1	-
6.		WC No.06 Jayanagar	GDMO	4	-
			Nursing Officer	1	-
			Pharmacist	3	-
			MTS/MA/LMA	3	1

7.		WC No.07 Koramangala	GDMO	4	-
			Nursing Officer	1	-
			Pharmacist	3	-
			MTS/MA/LMA	3	1
8.		WC No.08 Domlur	GDMO	3	-
			Ayush Doctors	2	-
			Ayush Pharmacists	1	1
			Nursing Officer	1	-
			Pharmacist	3	-
			MTS/MA/LMA	4	2
			MLT	2	-
9.		WC No.09 Ganganagar	GDMO	4	-
			Nursing Officer	1	-
			Pharmacist	3	-
			MTS/MA/LMA	3	1
10.		WC No.10 CV Ramannagar	GDMO	6	-
			Nursing Officer	0	1
			Pharmacist	3	1
			MTS/MA/LMA	3	1
11.		Polyclinic Shivajinagar	Specialists	3	5 GDMOs adjusted in Specialist vacancy
			Nursing Officer	1	-
			Dental Surgeon	1	-
			Dental Technician	1	-
			MLT/Technician	2	2
			MTS/MA/LMA	3	1

12.		Office Koramangala	GDMO	4	-
			Pharmacists	3	-
			AO/Accountant	0	2
			Hindi Translator	1	-
			Office Supdt	1	1
			SHAA/JHAA/Steno	17	12
			MTS/MA/LMA	7	7
13.	MYSORE	CGHS WC Mysuru	GDMO	1	-
			Nursing Officer	1	-
			Pharmacist	1	-
			JHAA	1	-
			MTS/MA/LMA	0	-

SHORTAGE OF AYUSH DOCTORS

932. SHRI THARANIVENTHAN M. S.:

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

- (a) whether there is shortage of AYUSH doctors in the country and if so, the details thereof along with the current estimated shortfall in the number of doctors;
- (b) the steps taken/proposed to be taken by the Government to address this shortage and increase the number of AYUSH practitioners in the country;
- (c) the number of AYUSH doctors currently practicing in rural and underserved areas including Arani Lok Sabha Constituency in Tamil Nadu;
- (d) whether the Government plans to introduce any measures to improve training, recruitment, and retention of AYUSH doctors in the future; 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 primary responsibility to increase the number of Ayush doctors in the country comes under the purview of respective State/UT Governments as Public Health is a State subject. However, the total number of Ayush Registered Practitioners (Doctors) in the country, State/UT-wise as on 01.01.2023, as reported by State/UT Boards/Councils is given in the enclosed **Statement**.

(d) and (e): As Public Health is a state subject, the primary responsibility to introduce measures to improve training, recruitment, and retention of Ayush doctors comes under the purview of respective State/UT Governments. Ministry of Ayush supports the objective of upgrading professional competence through a Central Sector Scheme namely Ayurgyan wherein funds are provided for capacity building and Continuing Medical Education (CME) in Ayush.

STATEMENT

State/ UT-wise total number of Ayush Registered Practitioners (Doctors) as on 01.01.2023

S.No.	States/UTs	Total
(1)	(2)	(3)
1	Andhra Pradesh	6173
2	Arunachal Pradesh	551
3	Assam	3377
4	Bihar	74223
5	Chhattisgarh	7496
6	Delhi	11863

7	Goa	1634
8	Gujarat	60998
9	Haryana	12595
10	Himachal Pradesh	7676
11	Jammu and Kashmir	5447
12	Jharkhand	1180
13	Karnataka	33374
14	Kerala	49014
15	Madhya Pradesh	45481
16	Maharashtra	178162
17	Manipur	0
18	Meghalaya	552
19	Mizoram	273
20	Nagaland	183
21	Odisha	15577
22	Punjab	16835
23	Rajasthan	22723
24	Sikkim	0
25	Tamil Nadu	19332
26	Telangana	23863
27	Tripura	796
28	Uttar Pradesh	96619
29	Uttarakhand	4526
30	West Bengal	51048
31	A&N Islands	0
32	Chandigarh	197
33	D&N Haveli and Daman and Diu	0
34	Ladakh	0
35	Lakshadweep	0
36	Puducherry	0
	TOTAL	751768

Source: State/UT- Boards/Councils

AYUSH NIVESH SAARTHI PORTAL**933. SHRI ADITYA YADAV:**

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

- (a) whether recently launched AYUSH Nivesh Saarthi portal aims to boost traditional wellness systems as a strong economic sector of the country;
- (b) if so, the details thereof; and
- (c) the steps taken/proposed to be taken by the Government to achieve this goal?

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

(a) and (b): Yes, the Ministry of Ayush has launched Ayush Nivesh Saarthi portal on 29th May 2025 which aims to boost traditional wellness systems as a strong economic sector of the country. The portal acts as a comprehensive investment facilitation platform, promoting opportunities in Ayush sector. It serves as a global hub for information related to trade in medicinal plants, derivatives and extracts and supports the growing export market for Ayush products encouraging research and development as well as collaborations between industry and academia. By streamlining the investor on-boarding process and offering detailed insights into export mechanisms and incentive schemes, it fosters strategic industry partnerships across sectors.

(c): Through Ayush Nivesh Saarthi Portal, Ministry of Ayush has consolidated existing policy frameworks and incentive structures, showcased investment

ready projects and facilitated real time investor engagement under one unified interface.

RISING CASES OF VECTOR BORNE DISEASES

934: SUSHRI S. JOTHIMANI:

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

1. whether there has been a rise in dengue, chikungunya and other vector-borne diseases across various States during the current monsoon season and if so, the details thereof, States/UT-wise;
 2. the number of dengue cases and related deaths reported during the last three months, month-wise, States/UTs-wise;
 3. the preventive and containment measures being implemented by the Government to address the surge in cases, especially in high-incidence urban areas;
 4. whether the Government is collaborating with State health departments and urban local bodies to improve sanitation, mosquito control and awareness in the country and if so, the details thereof; and
- (e) whether there are any emergency funds/resources allocated to tackle the outbreak and prevent further spread in the country 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): Although across the country, the total number of cases of Dengue and Chikungunya has decreased in 2025 (till June) as compared to corresponding period in 2024 but cases marginally increased in some of the States/UTs.

Cases of other vector-borne diseases like Malaria (till May) and Kala-Azar (till June) marginally increased in some of the States/UTs due to enhanced surveillance and paperless reporting on Integrated Health Information Platform (IHIP) in 2025 as compared to corresponding period in 2024. Notably, there is no increase in number of Japanese Encephalitis cases in 2025 (till June) as compared to corresponding period in 2024.

State/UT wise details of number of Vector Borne disease cases is given in the enclosed **Statement-I**.

(b): State-wise details of number of dengue cases and related deaths reported during the last three months (April-June, 2025) are given in the enclosed **Statement-II**.

(c) and (d): The National Center for Vector Borne Diseases Control (NCVBDC) under the Ministry of Health and Family Welfare administers an umbrella programme, namely, National Vector Borne Diseases Control Programme (NVBDPC) for prevention and control of vector borne diseases namely Malaria, Japanese Encephalitis, Dengue, Chikungunya, Kala-azar and Lymphatic Filariasis.

The Ministry of Health and Family Welfare, Directorate General of Health Services and National Center for Vector Borne Diseases Control (NCVBDC) are

regularly monitoring the surge of Vector Borne Diseases in the country through regular reviews and reports submitted by the States/UTs and through field visits. As the risk of Vector Borne Diseases increases during monsoon and post monsoon period, Government of India (GoI) starts preparatory activities well before the monsoon season and following preventive and containment measures are being undertaken to prevent and control the surge in cases of Vector Borne Diseases in the Country, especially in high-incidence urban areas:

- Disease Management involving early case detection with active, passive and sentinel surveillance followed by complete and effective treatment, strengthening of referral services, epidemic preparedness and rapid response.
- Integrated Vector Management including Indoor Residual Spray in selected high-risk areas, Long Lasting Insecticidal Nets in high malaria endemic areas, use of larvivorous fish, anti-larval measures in urban areas including bio-larvicides and minor environmental engineering and source reduction for prevention of breeding.
- Regular Monitoring & Supervision, Supportive Interventions aiming at Behaviour Change Communication, Inter-Sectoral Convergence including high-level advocacy with allied ministries, Human Resource Development through capacity building and policy development.
- For real time monitoring, States/UTs have been trained to enter the data on Integrated Health Information Portal – Vector Borne Diseases (IHIP-VBD) portal.

- For early diagnosis and complete treatment of VBDs, drugs and diagnostics are supplied to the States/UTs.
- Annual Mass Drug Administration in mission mode for Lymphatic Filariasis and Morbidity Management and Disability Prevention kit distribution for rehabilitative and self-care services for the lymphedema cases.
- Indigenous Japanese Encephalitis vaccines have been introduced for routine immunization in endemic areas.
- Secretary, Ministry of Health and Family Welfare and Secretary, Ministry of Housing and Urban Affairs, jointly reviewed Dengue situation and preparedness in major municipal corporations from nine States in Inter-ministerial meeting held on 2nd July, 2025.

(e): In order to tackle any outbreaks and to prevent further spread, the Government ensures adequate stocks of diagnostic kits and drugs across the country. Further, Under National Health Mission, adequate budgetary support is being provided to all States/UTs under the annual Program Implementation Plan to tackle the outbreak and prevent further spread.

STATEMENT-I

State/UT wise details of increase in number of Vector Borne disease cases in 2025 (till June) as compared to the corresponding period of 2024 (till June)

S. N o.	State	Malaria*		Kala-azar		Dengue		Chikungunya		Japanese Encephalitis	
		2024	2025	2024	2025	2024	2025	2024	2025	2024	2025
1	Andhra Pradesh	1463	3231	Non endemic		No increase		1437	2244	No increase	

2	Arunachal Pradesh	No increase				No increase		No increase	
3	Assam	214	1242			No increase		No increase	
4	Bihar	185	261			No increase		4	153
5	Chhattisgarh	10116	10339	Non endemic		No increase		12	43
6	Goa	44	67			No increase		No increase	
7	Gujarat	No increase				No increase		No increase	
8	Haryana	No increase				69	73	189	319
9	Himachal Pradesh	1	4			12	23	35	45
10	Jharkhand	9933	11271	78	121	76	112	1609	1631
11	Karnataka	141	148	Non endemic		No increase		No increase	
12	Kerala	234	349			No increase		No increase	
13	Madhya Pradesh	No increase				No increase		No increase	
14	Meghalaya	No increase				No increase		No increase	
15	Maharashtra	No increase				No increase		14495	17283
16	Manipur	No increase				64	70	No increase	
17	Mizoram	No increase				228	239	No increase	
18	Nagaland	1	9			4	7	No increase	
19	Odisha	12363	24472			No increase		0	29
20	Punjab	15	33			No increase		396	1824
21	Rajasthan	No increase				No increase		89	173
22	Sikkim	2	3			59	81	No increase	
23	Tamil Nadu	70	77			4778	8558	1310	1612
24	Tripura	No increase				No increase		No increase	
25	Telangana	70	74			No increase		170	1588
26	Uttar Pradesh	774	983	No increase		315	594	112	119
27	Uttarakhand	30	45	Non endemic		0	146	123	208
28	West Bengal	No increase		14	15	441	NR	762	NR
29	Andaman & Nicobar Islands	No increase		Non endemic		24	204	0	8
30	Chandigarh	No increase				No increase		No increase	
31	Delhi	54	57			No increase		No increase	
32	Dadra & Nagar Haveli	31	34			No increase		No increase	
33	Daman & Diu					16	26	No increase	
34	Jammu & Kashmir	17	21			No increase		No increase	
34	Ladakh	2	3			Non endemic		No increase	
35	Lakshadweep	No increase				No increase		70	223
36	Puducherry	No increase				No increase		No increase	

* Till May

NR= Not reported

STATEMENT-II

State-wise details of Dengue cases and deaths reported from April to June during 2025 (Provisional)

Sl. No.	Name of the State	Cases	Deaths
1	Andhra Pradesh	376	1
2	Arunachal Pradesh	1	0
3	Assam	94	0
4	Bihar	85	0
5	Chhattisgarh	87	0
6	Goa	20	0
7	Gujarat	305	0
8	Haryana	60	0
9	Himachal Pradesh	17	0
10	Jharkhand	53	0
11	Karnataka	1480	0
12	Kerala	3871	16
13	Madhya Pradesh	111	0
14	Meghalaya	11	0
15	Maharashtra	1345	0
16	Manipur	20	0
17	Mizoram	141	0
18	Nagaland	7	0
19	Odisha	158	0
20	Punjab	101	0
21	Rajasthan	293	0
22	Sikkim	42	0
23	Tamil Nadu	3023	2
24	Tripura	83	0
25	Telangana	433	0
26	Uttar Pradesh	289	0
27	Uttarakhand	146	0

28	West Bengal	NR	NR
29	A&N Island	111	0
30	Chandigarh	0	0
31	Delhi	175	0
32	Dadra & Nagar Haveli	0	0
	Daman & Diu	14	0
33	Jammu & Kashmir	9	0
34	Ladakh	Non endemic	
35	Lakshadweep	17	0
36	Puducherry	74	0
Total		13052	19

NR=Not reported

DELAY IN DISTRIBUTION OF MEDICINES IN CGHS WELLNESS CENTRES

935. SHRI JAI PARKASH:

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

(a) whether the Government has received any representations from the CGHS beneficiaries with regard to inordinate delay by the CGHS wellness centres in procuring medicines causing problems to the CGHS beneficiaries especially senior citizens;

(b) if so, the details of the steps being taken by the Government to mitigate their problems;

(c) whether the Government has prescribed any time-limit for procurement of medicines for distribution through CGHS wellness Centres to the patients; 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) to (d): The Government had received representations from CGHS beneficiaries regarding inordinate delays in the procurement and supply of medicines by CGHS Wellness Centers, which has caused problems to the CGHS beneficiaries. To mitigate these problems, the Government has taken various steps which includes introduction of new application developed by C-DAC, that comprises functionalities to monitor and analyse the demand trends, procurement, and supply of medicines at CGHS Wellness Centres. This digital system is expected to enhance the timely and accurate availability and distribution of medicines, thereby improving service delivery to the beneficiaries. The Government has prescribed time-bound procedures for the procurement and distribution of medicines through CGHS Wellness Centres. The details are as follows:

- (i) Routine Medicines: CGHS Wellness Centres procure routines medicines from Medical Store Organisations (MSO)/Government Medical Store Depots (GMSD), which are supplied through CGHS Medical Store Depots (MSDs). Additionally, Jan Aushadhi Medicines are procured separately under the Pradhan Mantri Jan Aushadhi Yojana Kendra (PMJAYK). The demand for Jan Aushadhi medicines is compiled on a monthly basis at the Wellness Centre level and forwarded to the

respective Additional Director (AD) zone for procurement through PMJAYK.

- (ii) Delhi-NCR Schedule: For the Delhi-NCR region, the schedule of supplies of MSO drugs from the MSD to the Wellness Centres is shared with all Additional Director (AD) zones and respective centres. Each CGHS Wellness Centre receives a supply of medicines once every 35 days as per this schedule.
- (iii) Restricted Medicines: These are procured on a case-to-case basis upon the prescription of the treating specialist. For beneficiaries in Delhi, such medicines are supplied directly from MSD Delhi. For NCR beneficiaries, they are supplied through designated nodal Wellness Centres.
- (iv) These restricted medicines are procured directly from the manufacturer and are typically supplied on the next working day from MSD for Delhi-based beneficiaries, and within 3 to 4 working days for NCR residents via the nodal Wellness Centres. Occasionally, delays in the supply of restricted medicines may occur due to supply chain or logistical issues, as they are procured directly from manufacturers on a case-to-case basis.

Further, available medicines at Wellness Centre are distributed to beneficiaries on the same day and in case, a medicine prescribed by a specialist is not available in Wellness Center, the same is ordered through Authorized Local Chemists who supplies the medicines within 48 hours, failing which penalty

is imposed, in terms of Memorandum of Agreement signed with Local Chemist.

RASHTRIYA KARMAYOGI JAN SEVA PROGRAMME

936. SHRI YOGENDER CHANDOLIA:

SHRI CHHATRAPAL SINGH GANGWAR:

SHRI DARSHAN SINGH CHOUDHARY:

SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:

SHRI RAVINDRA VASANTRAO CHAVAN:

SHRI MANISH JAISWAL:

SHRI RADHESHYAM RATHIYA:

SHRI BHOJRAJ NAG:

SHRI JASWANTSINH SUMANBHAI BHABHOR:

SHRI JASHUBHAI BHILUBHAI RATHVA:

SHRI SUDHEER GUPTA:

SHRI SATISH KUMAR GAUTAM:

DR. PRASHANT YADAORAO PADOLE:

SHRI JUGAL KISHORE:

SHRI PRAVEEN PATEL:

SHRI RAVINDRA SHUKLA ALIAS RAVI KISHAN:

SHRI BIBHU PRASAD TARAI:

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

- (a) the schemes/plans proposed to institutionalise excellence in service through the Rashtriya Karmayogi Jan Seva Programme;
- (b) the schemes/plans proposed to expand the scope of Mission Karmayogi in the AYUSH sector;
- (c) the steps taken by the Government to strengthen the capacity and accountability of the workforce in traditional medicine sector; and
- (d) whether fund/budget and resources allocated for the said Mission are being utilised in the proper manner 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): As far as Ministry of Ayush is concerned, no such proposal is formulated in the Ministry of Ayush to institutionalize the service excellence in the Ayush sector through the Rashtriya Karmayogi Jan Seva Programme. However, the Ministry of Ayush implements the Rashtriya Karmayogi Jan Seva Programme as per the instructions issued by the Capacity Building Commission (CBC), Department of Personnel and Training (DoPT) from time to time. Furthermore, as per CBC's instructions, the Ministry of Ayush organized Four short training sessions to train officials of the Ministry. These sessions focused on fostering Seva Bhav and accountability. The program encouraged reflective discussions, team work and collaborating problem solving. Participants shared insight on the benefits of Karmayogi approach and developing an attitude of service with accountability and responsiveness.

(c): The steps taken to strengthen the capacity and accountability of the workforce of the traditional medicine sector by Ministry of Ayush are as under:

- The National Commission for Indian System of Medicine (NCISM), National Commission for Homoeopathy (NCH) and Research Councils/ National Institutes under the Ministry of Ayush took various measures to improve the quality of education and training in Ayurveda, Siddha, Unani, Sowa Rigpa & Homoeopathy Medical Colleges and institutions in the country.
- NCISM has entered into a Memorandum of Understanding (MoU) with National Institute of Educational Planning and Administration (NIEPA) to provide capacity development through a need-based training program for the principals of Ayurveda, Siddha, Unani and Sowa Rigpa Colleges working under the administrative control of NCISM and to improve the strengthening support and co-ordination of the principals.
- NCH has envisioned raising competencies and skills of teaching faculties in alignment with modern understanding with a regular update vis-à-vis technological advancement.
- The Ministry of Ayush is implementing a Central Sector Scheme namely Ayurgyan Scheme since 2021-22 having a component of 'Capacity Building & Continuing Medical Education in Ayush' to support the eligible organizations across the country for training & capacity building program in the field of Ayush with the aim to encourage Ayush

personnel to undergo need-based professional training and bridge the knowledge gaps.

- Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H) is imparting Capacity Building training to the Ayurveda, Siddha, Unani and Homoeopathy Drug Regulatory Authorities, State Licensing Authorities, Drug Testing Laboratories (Drug Analysts), and other stakeholders on laboratory techniques and methods used to ascertain/analyse the quality of Ayurveda, Siddha, Unani and Homoeopathic drugs.
- Ministry of Ayush has implemented a Central Sector Scheme Ayush Oushadhi Gunavatta Evam Utpadan Samvardhan Yojana (AOGUSY) with financial outlay of Rs. 122.00 crores for five years. The Scheme has a component of “Operational Guidelines Strengthening Of Central And State Ayush Drug Regulatory Frameworks Including Technical Human Resource & Capacity Building Programs For Ayush Drugs”.

(d): No fund/budget allocated for the said Mission from the Ministry of Ayush.

MISSION VATSALYA SCHEME

937. SHRI G. SELVAM:

SHRI C. N. ANNADURAI:

SHRI NAVASKANI K.:

SHRI HARIBHAI PATEL:

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

- (a) whether the Government is implementing the Mission Vatsalya Scheme for the welfare and rehabilitation of children in difficult circumstances across the country including Tamil Nadu;
- (b) if so, the objectives/key components of the Mission Vatsalya Scheme indicating the manner in which it aligns with the vision of ensuring child protection, care and development;
- (c) whether any strategy/ roadmap has been formulated to give priority to child protection under Mission Vatsalya, if so, the details thereof;
- (d) the details of the financial assistance allocated/released to the said State under the said scheme during the last three years and the current year;
- (e) the number of children benefited under the scheme in the said State, district-wise, during the said period; and
- (f) the number and types of Child Care Institutions and Specialized Adoption Agencies supported under Mission Vatsalya in the said State?

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

(a) to (c): Ministry of Women and Child Development is implementing a Centrally Sponsored Scheme namely 'Mission Vatsalya' in all States/ UTs including Tamil Nadu on predefined cost sharing basis between the Central and the State Governments to deliver various services for children in difficult circumstances which include institutional care and non-institutional care services.

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, namely State Child Protection Society (SCPS) and State Adoption Resource Agency (SARA) are set up in every States/ UTs and Child Welfare Committee, Juvenile Justice Board and District Child Protection Unit in the districts.

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.

Mission Vatsalya Scheme is a roadmap to achieve priorities of child development and child protection aligned with the Sustainable Development Goals. It lays emphasis on child rights, advocacy and awareness along with strengthening of the juvenile justice care and protection system.

(d): The details of funds released under Mission Vatsalya Scheme during the last three years and current year to the State of Tamil Nadu are as follows :

(Rs. in Crore)

2022-23	2023-24	2024-25	2025-26 (As on 17.07.2025)
51.03	128.70	122.82	0

(e): Number of children supported under Mission Vatsalya scheme for the State of Tamil Nadu under Institutional and Non-Institutional Care services during last three years is as follows:

Children supported under Institutional Care			Children supported under Non-Institutional Care (Sponsorship/Foster Care/ After Care)		
2022-23	2023-24	2024-25	2022-23	2023-24	2024-25
7785	10118	12438	2975	5411	8116

(As on 31.03.2025)

District-wise number of children is not maintained centrally.

(f): Number and types of Child Care Institutions (CCIs) and Specialized Adoption Agencies (SAAs) in State of Tamil Nadu supported under Mission Vatsalya are as follows:

Children Home	Open Shelter	Specialised Adoption Agency	Observation Home	Special Home	Observation Home-cum-Special Home	Place of Safety
266	11	19	11	4	0	2

(As on 31.03.2025)

PROMOTION OF GENERIC MEDICINES

938. SHRI MALAIYARASAN D.:

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

(a) the total number and details of generic medicines available under the Jan Aushadhi Kendra scheme;

(b) the efforts being made by the Government to increase awareness about the benefits of generic medicines among the public, especially in rural and remote areas;

(c) whether the Government has faced any challenges in promoting the use of generic medicines and if so, the steps being taken to overcome them;

(d) the total number of Jan Aushadhi Kendras that have been opened in Tamil Nadu along with the number of centres targeted to be established by the end of the current financial year;

(e) whether the Government plans to include more life-saving or expensive drugs under the generic medicines initiative and if so, the details of such proposals; and

(f) the steps being taken to ensure the quality and safety of generic medicines sold through Government channels like Jan Aushadhi Kendras?

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

(a) to (c): The Government launched the Pradhan Mantri Bhartiya Janaushadhi Pariyojana scheme to make quality generic medicines available at affordable prices to all. Under the scheme, dedicated outlets known as Jan Aushadhi Kendras are opened across the country to provide medicines at rates that are about 50% to 80% cheaper than those of branded medicines, resulting in savings of about ₹38,000 crore to citizens in comparison to the prices of branded medicines. 2,110 medicines and 315 surgicals, medical consumables and

devices are available under the scheme product basket, 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 and the benefits of generic medicines, and to address implementation challenges that may arise due to lack of awareness, the Pharmaceuticals and Medical Devices Bureau of India, the scheme implementing agency, regularly undertakes several activities including the following measures:

- (i) Issuance of advertisements in various modes, such as the print media, radio, TV, mobile application, cinema, hoardings, branding of bus queue shelters and buses, auto wrapping and TV 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.

In addition, as per information obtained from the Department of Health and Family Welfare, the Directorate General of Health Services has directed all Central Government hospitals to prescribe generic medicines only, and similar instructions have also been issued to prescribe drugs with generic name to all Central Government Health Scheme (CGHS) doctors and wellness centres. Further, paragraph 1.5 of the Code of Medical Ethics in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 stipulates that every physician should prescribe drugs with generic names legibly

and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drugs, and the Medical Council of India has issued circulars dated 22.11.2012, 18.1.2013 and 21.4.2017 directing all registered medical practitioners to comply with the same. States have also been advised to ensure prescription of generic drugs in public health facilities.

(d): Under the scheme, a total of 16,912 Jan Aushadhi Kendras (JAKs) have been opened till 30.6.2025, out of which 1,432 Kendras have been opened in the State of Tamil Nadu. Government has decided to increase the number of JAKs opened to 20,000 by 31.3.2026. There is no State- and Union-territory-wise target for opening of new JAKs.

(e) and (f): It has been decided to expand the product basket under the scheme to 2,200 medicines and 320 surgicals, medical consumables and devices by 31.3.2026. Stringent measures as specified below are in place to ensure that the medicines supplied through Jan Aushadhi Kendras meet standards:

- (i) Medicines are procured only from suppliers certified for World Health Organization – Good Manufacturing Practices (WHO-GMP).
- (ii) Each batch of drugs supplied under the scheme is tested at laboratories accredited by the National Accreditation Board for Testing and Calibration Laboratories (NABL) and only after passing quality tests, medicines are dispatched to Jan Aushadhi Kendras.
- (iii) Quality audit of the facilities of vendors is routinely done by the Pharmaceuticals and Medical Devices Bureau of India.

सक्रिय दवा घटक

939. श्री अरुण गोविल:

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

- (क) क्या भारत को किफायती दवाइयों के बड़े पैमाने पर निर्माण और 'दुनिया की फार्मसी' के रूप में जाना जाता है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार ने विशेषकर एपीआई निर्यातकों द्वारा दबाव की रणनीति को देखते हुए दवाइयों के निर्माण में प्रयुक्त कच्चे माल के रूप में प्रचलित सक्रिय दवा घटक (एपीआई) या बल्क ड्रग्स के घरेलू उत्पादन के लिए प्रयास किए हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) देश में एपीआई निर्माण की वर्तमान स्थिति क्या है और पिछले तीन वर्षों के दौरान चीन से विशेषकर एपीआई निर्यातकों द्वारा दबाव की रणनीति को देखते हुए आयात में कितनी कमी आई है; और
- (घ) भारत के द्वारा एपीआई निर्माण में कब तक आत्मनिर्भर बनने की सम्भावना है?

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

(क): जी, हाँ। भारत वहनीय दवाओं के बड़े स्तर पर विनिर्माण के लिए जाना जाता है और इसे विश्व की फार्मसी कहा जाता है। भारत का औषध उद्योग मात्रा के अनुसार औषध निर्यात के मामले में विश्व का तीसरा सबसे बड़ा और मूल्य के अनुसार 11वां सबसे बड़ा उद्योग है, जिसका वित्तीय वर्ष 2024-25 में कुल वार्षिक कारोबार ₹4,71,898 करोड़ है। भारत ने वित्तीय वर्ष 2024-25 में ₹2,45,962 करोड़ मूल्य के औषध का निर्यात किया।

(ख) से (घ): जी, हाँ। सरकार के आत्मनिर्भर भारत के दृष्टिकोण के अनुरूप, एपीआई के घरेलू विनिर्माण के संवर्धन हेतु व्यापक प्रयास किए हैं, जिन्हें आमतौर पर बल्क औषधि के रूप में जाना जाता है और जो दवाइयों के विनिर्माण के लिए इनपुट का कार्य करते हैं, ताकि औषध उद्योग की

आवश्यकताओं को घरेलू स्तर पर पूरा किया जा सके। इस उद्देश्य से, निम्नलिखित योजनाएँ शुरू की गई हैं:

- (i) भारत में महत्वपूर्ण प्रमुख प्रारंभिक सामग्री (केएसएम) / औषधि मध्यवर्ती (डीआई) / सक्रिय औषधीय सामग्री (एपीआई) के घरेलू विनिर्माण के संवर्धन हेतु उत्पादन लिंकड प्रोत्साहन (पीएलआई) योजना (जिसे बल्क औषधि हेतु पीएलआई योजना के रूप में भी जाना जाता है): इस योजना, जिसका कुल बजटीय परिव्यय ₹6,940 करोड़ है, का उद्देश्य महत्वपूर्ण औषधियों, जिनका कोई विकल्प नहीं है, को बनाने के लिए उपयोग किए जाने वाले महत्वपूर्ण सक्रिय औषधीय सामग्री (एपीआई) की आपूर्ति में व्यवधान से बचना है, ताकि एकल स्रोत पर अत्यधिक निर्भरता के कारण आपूर्ति व्यवधान जोखिम को कम किया जा सके। मार्च 2025 तक, इस योजना के अंतर्गत छह वर्ष की उत्पादन अवधि में निवेश के लिए अनुमोदित परियोजनाओं के अंतर्गत ₹3,938.5 करोड़ का प्रतिबद्ध निवेश योजना के तीसरे वर्ष तक किए गए ₹4,570 करोड़ के संचयी निवेश से काफी अधिक है। इसके अतिरिक्त, 25 एपीआई/केएसएम/डीआई के लिए उत्पाद क्षमता का विनिर्माण किया गया है। इस योजना के अंतर्गत, वित्त वर्ष 2022-23 से वित्त वर्ष 2024-25 तक की अवधि में 1,817 करोड़ रुपये की संचयी बिक्री दर्ज की गई है, जिसमें 455 करोड़ रुपये का निर्यात शामिल है, जिससे 1,362 करोड़ रुपये के आयात की बचत की गई है।
- (ii) औषध हेतु पीएलआई योजना: यह पीएलआई योजना, जिसकी उत्पादन-लिंकड प्रोत्साहन अवधि वित्त वर्ष 2022-23 में शुरू हुई और जिसका कुल बजटीय परिव्यय ₹15,000 करोड़ है, का उद्देश्य इस क्षेत्र में निवेश और उत्पादन बढ़ाकर और औषधीय क्षेत्र में अधिक मूल्य वाली वस्तुओं के लिए उत्पाद विविधीकरण में योगदान देकर भारत की विनिर्माण क्षमताओं का संवर्धन करना है और बल्क औषधियों हेतु पीएलआई योजना के अंतर्गत अधिसूचित एपीआई/डीआई/केएसएम के अतिरिक्त अन्य के उत्पादन को प्रोत्साहित करना है। इसने योग्य उत्पादों में निवेश और उत्पादन में वृद्धि की है। मार्च 2025 तक, इस योजना के अंतर्गत एपीआई और डीआई की ₹22,658 करोड़ रुपये की कुल घरेलू बिक्री की गई है। इसमें 1582 करोड़ रुपए

मूल्य के 190 एपीआई और डीआई उत्पादों की बिक्री शामिल है जिनका पहली बार घरेलू स्तर पर विनिर्माण किया गया था जिससे उक्त मूल्य के आयात से बचा जा सका।

(iii) *बल्क औषधि पार्क संवर्धन योजना*: इस योजना के अंतर्गत, जिसका कुल बजटीय परिव्यय ₹3,000 करोड़ है, तीन बल्क औषधि पार्क स्वीकृत किए गए हैं और आंध्र प्रदेश, गुजरात और हिमाचल प्रदेश राज्यों में उनकी संबंधित राज्य कार्यान्वयन एजेंसियों के माध्यम से विकास के विभिन्न चरणों में हैं। इनकी कुल परियोजना लागत ₹6,300 करोड़ से अधिक है, जिसमें साझा बुनियादी ढाँचा सुविधाओं के विनिर्माण के लिए प्रत्येक को ₹1,000 करोड़ की केंद्रीय सहायता शामिल है। यह पार्क रियायती दरों पर भूमि और बिजली, पानी, अपशिष्ट उपचार संयंत्र, भाप, ठोस अपशिष्ट प्रबंधन, माल-गोदाम जैसी सुविधाएँ प्रदान करेंगे। तीनों राज्यों की राज्य कार्यान्वयन एजेंसियाँ निश्चित पूंजी निवेश पर पूंजीगत सब्सिडी, ब्याज सब्सिडी, राज्य माल और सेवा कर प्रतिपूर्ति, स्टॉप शुल्क और पंजीकरण शुल्क में छूट आदि के रूप में राजकोषीय प्रोत्साहन भी दे रही हैं। इसके अतिरिक्त, इस योजना में यह प्रावधान है कि बल्क औषधियों के लिए पीएलआई योजना में प्राथमिकता वाले उत्पादों के विनिर्माण के लिए इकाइयाँ स्थापित करने हेतु पार्कों में भूमि आबंटन के लिए आवेदकों को प्राथमिकता दी जाएगी।

इंडिया ब्रांड इक्विटी फाउंडेशन की अप्रैल 2025 की रिपोर्ट के अनुसार, भारत वैश्विक स्तर पर एपीआई का तीसरा सबसे बड़ा उत्पादक है।

जैसा कि ऊपर उल्लिखित है, पीएलआई योजनाओं के अंतर्गत, घरेलू उत्पादन ने एपीआई के आयात का स्थान लेना शुरू कर दिया है। इसके अतिरिक्त, देश में बल्क औषधि के विनिर्माण के संवर्धन हेतु बड़े स्तर पर बुनियादी ढाँचे की स्थापना हेतु बल्क औषधि पार्क विकसित किए जा रहे हैं। जैसे-जैसे इस योजना का विस्तार होगा, परियोजनाएँ परिपक्व होंगी और आगामी पार्कों में बल्क औषधि इकाइयाँ विनिर्माण शुरू करेंगी तो इससे आशा है कि देश में बल्क औषधियों की आपूर्ति में आत्मनिर्भरता और लचीलापन में वृद्धि होगी।

कूज भारत मिशन

940. श्री आलोक शर्मा:

श्रीमती शोभनाबेन महेन्द्रसिंह बारैया:

श्री मनोज तिवारी:

श्रीमती पूनमबेन माडम:

श्रीमती कमलजीत सहरावत :

श्री प्रभुभाई नागरभाई वसावा :

श्री जशुभाई भिलुभाई राठवा :

श्री शशांक मणि:

श्री नव चरण माझी :

श्री शंकर लालवानी :

श्री दिलीप शङ्कीया :

क्या पत्तन, पोत परिवहन और जलमार्ग मंत्री यह बताने की कृपा करेंगे कि :

- (क) 'कूज भारत मिशन' के अंतर्गत कूज द्वारा यात्री यातायात को बढ़ावा देने की प्रभावशीलता को प्रदर्शित करने वाली हाल की उपलब्धियाँ क्या हैं;
- (ख) एकीकृत राष्ट्रीय योजना के अंतर्गत समुद्री नदी और द्वीपीय कूज मार्गों को एकीकृत करने के लिए कौन-कौन सी रणनीतियाँ अपनाई जा रही हैं;
- (ग) इस मिशन से लाभान्वित राज्यों का ब्यौरा क्या है;
- (घ) तटीय क्षेत्रों के आर्थिक विकास और रोजगार सृजन के संदर्भ में इस मिशन के दीर्घकालिक प्रभावों का आकलन करने के लिए सरकार द्वारा अपनाई जाने वाली रूपरेखा क्या है; और
- (ङ) क्या उत्तर-पूर्वी राज्यों सहित असम के लिए नगरीय जल परिवहन प्रणाली के संबंध में कोई विशेष रूपरेखा तैयार की जा रही है और यदि हां तो तत्संबंधी ब्यौरा क्या है?

पत्तन, पोत परिवहन और जलमार्ग मंत्री (श्री सर्बानंद सोनोवाल):

(क) और (ख): वित्त वर्ष 2024-25 में क्रूज कॉल और यात्रियों की संख्या बढ़कर क्रमशः 272 और 4.92 हो गई जबकि वित्त वर्ष 2023-24 में यह संख्या 253 क्रूज कॉल और 4.7 लाख यात्री थी। कई नियामक सुधार शुरू किए गए हैं; जैसे कि अप्रवासन द्वारा यात्रियों के लिए क्रूज क्यूआर कोड निकासी प्रणाली की शुरुआत, सीमा शुल्क द्वारा पोतों के लिए डिजिटलीकृत सीमा-शुल्क प्रक्रियाएं (दिनांक 08.11.2024 की सीबीआईसी एडवाइजरी 26/2024) और आरबीआई द्वारा पोतों के लिए पट्टा भुगतान हेतु अग्रिम धन विप्रेषण में परिवर्तन {आरबीआई परिपत्र संख्या आरबीआई/2025- 26/55 ए.पी. (डीआईआर सीरीज) दिनांक 13 जून 2025 का परिपत्र संख्या 07}। पुदुचेरी पत्तन को एम्प्रेस ऑफ कॉर्डेलिया क्रूज के साथ हाल ही में क्रूज सेवाओं के लिए चालू किया गया जिसका 04 जुलाई 2025 को उद्घाटन किया गया।

(ग): क्रूज पत्तन मुंबई (महाराष्ट्र), मुरगावं (गोवा), कोच्चि (केरल), चेन्नै (तमिलनाडु), नव मंगलूर (कर्नाटक) और विशाखापट्टणम (आंध्र प्रदेश) में स्थित हैं और साथ ही पुदुचेरी (केंद्र शासित प्रदेश), लक्षद्वीप (केंद्र शासित प्रदेश) और श्री विजयपुरम (अंडमान और निकोबार द्वीपसमूह) में क्रूज काल भी हैं। इसके अलावा, वित्त वर्ष 2024-25 तक, 11 राज्यों में 29 राष्ट्रीय जलमार्ग (रा.ज.) चालू हैं, जिनमें 3 रा.ज. विशेष रूप से क्रूज आवागमन के लिए समर्पित हैं।

(घ): क्रूज भारत मिशन के प्रमुख निष्पादन संकेतकों के अनुसार, इस पहल का लक्ष्य लगभग 0.4 मिलियन रोजगार सृजित करना है।

(ङ): शहरी जल परिवहन प्रणाली के लिए कोई विशेष रूपरेखा तैयार नहीं की जा रही है। तथापि, भारतीय अंतर्देशीय जलमार्ग प्राधिकरण (आईडब्ल्यूआई) द्वारा पूर्वोत्तर क्षेत्र (एनईआर) में रा.ज.-2 पर जलयानों के सुचारु आवागमन के लिए फेयरवे, नौचालन सहायता, जलयानों की बर्थिंग के लिए टर्मिनल, पायलट सहायता प्रदान करता है।

TECHNOLOGY DEVELOPMENT FUND SCHEME

941. SHRI NAVEEN JINDAL:

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

- (a) whether the Government has approved the new Deep Tech and Cutting-Edge policies under the Technology Development Fund (TDF) Scheme, if so, the details thereof along with their key features/objectives;
- (b) the number of private sector entities including startups and MSMEs received funds through these policies during the last two years along with the nature of technologies supported;
- (c) the details of projects undertaken through the 15 DRDO Industry Academia Centres of Excellence (DIA-CoEs), State-wise and institution-wise and the specific futuristic research areas being covered;
- (d) the details of mechanisms to monitor the progress and outcomes of projects supported under DIA-CoEs and TDF; and
- (e) whether the Government has any future plans to expand the network of DIA-CoEs to introduce additional support measures for faster indigenisation of critical defence technologies and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH):

- (a) : Yes, Sir. An additional grant or Corpus of Rs 500 Cr has been approved by Hon'ble Raksha Mantri to cater for Deep-tech and cutting edge projects as separate verticals under TDF.
- (b) : The process of the selection and identification of Deep Tech projects has been initiated. Currently, 09 projects are launched under this initiative by TDF

and 09 industries are engaged in 04 projects sanctioned through DIA-CoEs under the Grants in Aid Scheme of DRDO.

(c) : Projects are covering the research areas like Powder Metallurgy, High Power Microwave Sources & Devices , Advanced Ballistics, Smart and Intelligent Textile Technology, Photonic Technologies, Aerospace Systems and Materials, Micro and Nano Systems Science & Technology, Artificial Intelligence and Robotics, Quantum Technology, Naval Systems and Naval Technologies, High Power CW Laser Source, Additive Manufacturing, Advanced Materials & Processing, Aero Engine, Desert Warfare Technologies, AI for Information and War-gaming Technologies, Advanced Nano Materials, Sensors based on Semiconductors etc. List of Institute involved is given in the enclosed **Statement**.

(d) : DRDO has Long Term Directed Research Policy (LTDRP) for engaging academia. Projects are monitored at three stages in regular intervals throughout the year. Technical evaluation committee (TEC) evaluates the new project proposals and does regular technical progress monitoring. Research Advisory Board (RAB) reviews the new projects recommended by TEC and also monitors sanctioned projects for their progress and addresses the techno managerial issues of Centre of Excellence (CoE) and the projects. Governing Council approves the projects, oversees the overall functioning of the Centre and projects sanctioned through the Centre.

The awarded projects under TDF scheme to various industries are guided & monitored regularly by Project Monitoring and Mentoring Group (PMMG) as

per milestones till the completion of the projects. A Technical Committee (TC) Meeting chaired by Director General (Technology Management) (DGTM) held every month and Empowered Committee (EC) meeting chaired by Secretary DDR&D and Chairman DRDO held once in four months to monitor the progress of the awarded projects. Trials and Certification are conducted to monitor the outcome of the projects. DRDO regularly interacts with Services & DPSUs for informing them about all new Deep tech projects and their progress so that they can be utilised.

- (e) : The existing centres are in the process of getting stabilized and matured for the outcome driven research projects. Considerable efforts are being put by to bring the existing centres into the fold of industry and academic collaborative research. The new centres commissioned in 2022 are still streamlining the research for defence oriented practical outcomes. In view of this, there are no immediate plans to establish new DIA-CoEs, but in order to expand the collaborative research, projects can be explored through any of the established DIA-CoEs. Faculty from any of the academic institutes can send the concept notes or research proposal on the common R&D interest areas of DRDO to the any of the existing DIA-CoEs.

STATEMENT

List of Institutes and number of projects sanctioned

Sl. No.	State	Institute of PI	Institute of Co-PI	No of Projects Sanctioned
1		IIT Tirupati		1

	Andhra Pradesh	GITAM University		1
		College of Engineering Andhra University Vishakhapatnam		1
2	Arunachal Pradesh	Central Agricultural University, Pasighat, Arunachal Pradesh	Pacchunga University College, Aizawl (01)	1
3	Assam	IIT Guwahati	Assam University, State Public Health Lab, Assam Mizoram University	2
		CSIR-NEIST, Jorhat	IIT Jammu(01)	4
4	Delhi	IIT Delhi	AIIMS (01), IIIT Delhi (01)	56
5	Gujarat	Gujarat University		2
		SVNIT, Surat	C K Pithawala , Surat(01)	1
6	Jammu and Kashmir	IIT Jammu		2
		Central University, Jammu(CUJ)		7
7	Jharkhand	IIM Ranchi		1
8	Karnataka	IISc Bengaluru	CoEP Pune(01), IIT Madras (01), NAL Bengaluru (01)	36
		National Institute of Advanced Studies (NIAS), Bengaluru		2
		NIT Surthakal	ARCI Hyderabad(01), CGC RI Kolkata(01)	1
		IIT Dharwad		1
9	Madhya Pradesh	Atal Bihari Vajpayee Indian Institute of Information Technology and Management (ABV-IIITM) Gwalior		1
10	Maharashtra	IIT Bombay		16
		DIAT Pune		2
11	Meghalaya	NIT Meghalaya	NIT Manipur	1
12	Mizoram	Mizoram University	NIT, Nagaland (01)	10
		NIT Mizoram		1

13	Orissa	IIT Bhubaneswar		1
14	Rajasthan	IIT Jodhpur	IEST Shibpur(01), IIT Kanpur (01)	6
15	Tamil Naidu	IIT Madras	IIT Jodhpur(01)	45
		IITDM, Tamil Naidu		1
		National Institute of Technology (NIT), Tiruchirappalli		2
		Sri Sivasubramaiya Nadar college of Engineering, Chennai		1
16	Telangana	IIT Hyderabad	IIT Madras (01)	30
		University of Hyderabad		2
		CSIR-Indian Institute of Chemical Technology, Hyderabad		2
		IIIT Hyderabad		1
		IDRBT, Hyderabad		1
17	Tripura	NIT, Agartala	Mizoram University(01)	1

18	Uttar Pradesh	IIT BHU	University of Hyderabad (01)	13
		IIT Kanpur		16
19	Uttarakhand	IIT Roorkee		9
20	West Bengal	CSIR-CGCRI Kolkata		4
		Jadavpur University		5
		CSIR-CMERI Durgapur	NIT Durgapur (01)	6
		NIT Durgapur		2
		ISI, Kolkata		1
		IIT Kharagpur		3
Total		55 Unique Institutes		302

महिला सशक्तीकरण एवं बाल विकास

942. श्री गणेश सिंह :

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

- (क) 2014 से अब तक, महिला सशक्तीकरण, बाल अधिकारों के संरक्षण, पोषण और किशोरियों के विकास के क्षेत्र में सरकार की प्रमुख उपलब्धियों का राज्य-वार, विशेषकर मध्य प्रदेश के सतना जिले के संबंध में ब्यौरा क्या है;
- (ख) क्या सरकार ने ऐसे जनजातीय और सामाजिक रूप से विविधतापूर्ण राज्य में महिला सुरक्षा, किशोरियों की शिक्षा, पोषण और सशक्तीकरण के संबंध में कोई स्थानीय कार्यनीति अपनाई है;

- (ग) यदि हां, तो उक्त जिले में कार्यान्वित की जा रही ऐसी योजनाओं का ब्यौरा क्या है और उनसे प्रत्यक्ष रूप से कौन सी श्रेणियां लाभान्वित हुई हैं;
- (घ) क्या सरकार राज्यों के आकांक्षी जिलों और जनजातीय बहुल क्षेत्रों (जैसे बुंदेलखंड, विंध्य क्षेत्र) में भी सर्वोत्तम प्रणालियों को अपनाने पर विचार कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ड.) क्या इस उद्देश्य के लिए राज्यों के साथ कोई समझौता ज्ञापन या परिणाम-आधारित साझेदारी शुरू की गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) से (ड): सरकार मध्य प्रदेश के सतना जिले और आदिवासी बहुल क्षेत्रों 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 राष्ट्रीय विकास की प्रक्रिया में समान भागीदार बन सकें। यह 'महिला प्रेरित विकास' 2047 तक 'विकसित भारत' के लक्ष्य को साकार करने के लिए आवश्यक है।

बेहतर कार्यान्वयन और कुशल निगरानी के उद्देश्य से मंत्रालय द्वारा कार्यान्वित सभी योजनाओं के, जिनमें महिलाओं और बच्चों के आर्थिक सशक्तीकरण और कल्याण से संबंधित योजनाएं भी शामिल हैं, को तीन प्रमुख मिशनों में शामिल किया गया है 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/बालिकाओं की सुरक्षा और कल्याण के लिए मिशन वात्सल्य। इन योजनाओं का ब्यौरा इस प्रकार है:

(ii). 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 क्रमशः 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 है 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।

"सामर्थ्य" घटक महिलाओं के सशक्तीकरण के लिए है। इसमें प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई), शक्ति सदन, सखी निवास, पालना तथा संकल्प: महिला सशक्तीकरण 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 सशक्तीकरण 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 ताकि अंतिम लाभार्थियों तक बेहतर पोषण पहुँचाया जा सके।

राज्यों/संघ राज्य क्षेत्रों को निर्देश दिए गए हैं कि वे उन आंगनवाड़ी केंद्रों को, जो पर्याप्त अवसंरचना के बिना किराए पर चल रहे हैं, निकटवर्ती प्राथमिक विद्यालयों में, जहाँ स्थान उपलब्ध हो, एक साथ स्थापित करें।

कुपोषित बच्चों की पहचान करने और समय पर समाधान करने के लिए शारीरिक विकास मापदंडों की नियमित निगरानी आवश्यक है। इसलिए, आंगनवाड़ी केंद्रों को इन्फैंटोमीटर, स्टेडियोमीटर, शिशु का वजन मापने वाला यंत्र, माता और बच्चे का वजन मापने वाला यंत्र जैसे शारीरिक विकास निगरानी उपकरणों से सुसज्जित 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, इसका 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।

मंत्रालय द्वारा महिला सशक्तीकरण, बाल अधिकारों के संरक्षण, पोषण और किशोरियों के संबंध में की गई पहलें निम्नानुसार हैं:

I. मिशन शक्ति

- **महिला हेल्पलाइन- “एक राष्ट्र एक हेल्पलाइन”:** महिला हेल्पलाइन 35 राज्यों/संघ राज्य क्षेत्रों (पश्चिम बंगाल को छोड़कर) में कार्यशील हो गई है और सभी 35 राज्यों/ संघ राज्य क्षेत्रों में आपातकालीन प्रतिक्रिया सहायता प्रणाली (112) के साथ एकीकृत हो गई है। अप्रैल, 2015 में इसकी शुरुआत के बाद से, 31 मई, 2025 तक 88.24 लाख महिलाओं को सहायता प्रदान की गई है। इसके अलावा, महिलाओं और बच्चों को निर्बाध हेल्पलाइन सेवाएं प्रदान करने के लिए अब तक 574 वन स्टॉप सेंटरों को डब्ल्यूएचएल के साथ एकीकृत किया जा चुका है।
- **प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई):** आधार-आधारित बायोमेट्रिक प्रमाणीकरण (एफआरएस का उपयोग करके) शुरू किया गया है और 21 मई, 2025 से पीएमएमवीवाई के तहत सभी नए नामांकनों के लिए अनिवार्य कर दिया गया है। इसे पोषण ट्रैकर पर उपलब्ध फेस रिकग्निशन सिस्टम (एफआरएस) मॉड्यूल का लाभ उठाकर लागू किया जा रहा है। इसके अतिरिक्त, पीएमएमवीवाई एप्लिकेशन में अब यूआईडीएआई आधारित फेशियल ऑथेंटिकेशन (फेसऑथ) सुविधा भी शामिल है जो यूआईडीएआई सर्वर के माध्यम से सीधे आधार-आधारित बायोमेट्रिक प्रमाणीकरण को सक्षम बनाती है। किसी भी लाभार्थी का प्रमाणीकरण दो तरीकों अर्थात् एफआरएस या फेसऑथमें से किसी एक का उपयोग करके किया जा सकता है।
- **संकल्प: एचईडब्ल्यू के लिए एक डैशबोर्ड लॉन्च** किया गया ताकि योजना के कार्यान्वयन की वास्तविक समय ट्रैकिंग को रिकॉर्ड किया जा सके और सहायता प्राप्त महिलाओं की संख्या, लाभार्थी फीडबैक और प्रभाव मूल्यांकन सहित योजना के विभिन्न मापदंडों की निगरानी की जा सके।

- **शक्ति सदन** घटक विशेष रूप से निराश्रित महिलाओं और कठिन परिस्थितियों में रहने वाली महिलाओं की सेवा के लिए बनाया गया है। शक्ति सदन घटक के तहत, प्रदान की जाने वाली सेवाओं में से एक ऐसे घरों के निवासियों को व्यावसायिक प्रशिक्षण देना है। इसके अलावा, महिला हेल्पलाइन (181) सार्वजनिक और निजी दोनों जगहों पर हिंसा से प्रभावित महिलाओं के लिए 24 घंटे की आपातकालीन और गैर-आपातकालीन प्रतिक्रिया प्रणाली है जो उन्हें उचित अधिकारियों से जोड़ती है। यह देश भर में महिलाओं के कल्याण की योजनाओं और कार्यक्रमों के बारे में जानकारी भी प्रदान करती है।

II. मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0

- **सामुदायिक स्तर पर कुपोषण के प्रबंधन के लिए आंगनवाड़ी प्रोटोकॉल (सीएमएम प्रोटोकॉल):** पहली बार, एमडब्ल्यूसीडी द्वारा एमओएचएफडब्ल्यू के इनपुट के साथ मानकीकृत राष्ट्रीय 'कुपोषित बच्चों के प्रबंधन के लिए प्रोटोकॉल' (सीएमएम प्रोटोकॉल) का मसौदा तैयार किया गया है, जिसमें आंगनवाड़ी स्तर पर कुपोषित बच्चों की पहचान और प्रबंधन के लिए विस्तृत उपाय दिए गए हैं, जिसमें रेफरल, पोषण प्रबंधन और अनुवर्ती देखभाल के लिए निर्णय लेना शामिल है। यह प्रोटोकॉल 10 अक्टूबर, 2023 को जारी किया गया था।
- **मिलेट्स (श्रीअन्न) को पूरक पोषण कार्यक्रम में शामिल किया गया है।** पोषण पखवाड़ा 2023 में स्वास्थ्य के लिए मिलेट्स(श्रीअन्न) के बारे में जागरूकता और प्रचार-प्रसार के लिए एक करोड़ गतिविधियां आयोजित की गईं। पोषण 2.0 योजना के दिशानिर्देशों के अनुसार, सप्ताह में एक बार पूरक पोषण के तहत मिलेट्स अनिवार्य रूप से दिया जाना है। गर्भवती महिलाओं के लिए छह अर्थात् उत्तर, उत्तर-पूर्व, पश्चिम, दक्षिण, पूर्व और मध्य क्षेत्र-वार आहार चार्ट तैयार किए गए हैं।

- **लाभार्थियों के लिए एक आंगनवाड़ी केंद्र से दूसरे आंगनवाड़ी केंद्र में स्थानांतरण की सुविधा:** यदि लाभार्थी किसी अन्य आंगनवाड़ी केंद्र में पंजीकृत है, तो उसे पोषण ट्रैकर में प्रवास सुविधा के माध्यम से रहने की अवधि के दौरान नए आंगनवाड़ी केंद्र में स्थानांतरित किया जाएगा। पोषण ट्रैकर के तहत लाभार्थियों के लिए एक राज्य के भीतर और बाहर एक आंगनवाड़ी केंद्र से दूसरे आंगनवाड़ी केंद्र में स्थानांतरण की सुविधा प्रदान की गई है। लाभार्थी के एक श्रेणी से दूसरी श्रेणी में जाने की सुविधा भी उपलब्ध है।
- 10 मई, 2023 को शुरू किया गया **पोषण भी पढ़ाई भी (पीबीपीबी)** एक अग्रणी ईसीसीई कार्यक्रम है, जो नई राष्ट्रीय शिक्षा नीति (एनईपी) 2020 के अनुरूप आंगनवाड़ी केंद्रों पर दुनिया का सबसे बड़ा, सार्वभौमिक, उच्च गुणवत्ता वाला प्री-स्कूल नेटवर्क विकसित करने में भारत की मदद करेगा।
- **आयुष मंत्रालय के साथ समझौता ज्ञापन:** मंत्रालय ने आयुर्वेद पहलों के माध्यम से किशोरियों में पोषण सुधार के लिए फरवरी 2024 में आयुष मंत्रालय के साथ एक समझौता ज्ञापन पर हस्ताक्षर किए। दोनों मंत्रालयों ने एनीमिया से ग्रस्त जिलों (जहां एनीमिया का औसत प्रसार लगभग 69.5% है) में लगभग 77,225 किशोरियों के पोषण में सुधार के उद्देश्य से इस समझौता ज्ञापन पर हस्ताक्षर किए हैं। यह परियोजना पांच जिलों के लगभग 10,000 आंगनवाड़ी केंद्रों को कवर करेगी।
- **पीएम जनमन:** पीएम-जनमन के तहत कुल 2500 आंगनवाड़ी केंद्र (एडब्ल्यूसी) स्वीकृत किए गए हैं और जिनमें से देश भर में अब तक 2055 एडब्ल्यूसी शुरू हो चुके हैं।

III. मिशन वात्सल्य

- लैंगिक अपराधों से बच्चों का संरक्षण (पॉक्सो) अधिनियम, 2012 बच्चों को लैंगिक शोषण और लैंगिक उत्पीड़न से बचाने के लिए बनाया गया था। इसमें 2019 में संशोधन किया गया ताकि बच्चों के साथ लैंगिक अपराध करने वालों को रोकने और बच्चों के खिलाफ ऐसे

अपराधों पर रोक लगाने के उद्देश्य से मृत्युदंड सहित और भी कठोर दंड का प्रावधान किया जा सके।

- बच्चों को शोषण/हिंसा और लैंगिक शोषण से बचाने के लिए मंत्रालय द्वारा पॉक्सो नियम, 2020 अधिसूचित किए गए थे। इसके नियम-3 के तहत यह प्रावधान है कि ऐसी कोई भी संस्था जिसमें बच्चे रहते हैं या जो बच्चों के नियमित संपर्क में आती हैं जिनमें स्कूल, क्रेच, खेल अकादमी या बालकों के लिए कोई अन्य सुविधा शामिल है, प्रत्येक कर्मचारी, चाहे वह शिक्षण या गैर-शिक्षण का हो, चाहे वह नियमित या संविदा पर हो या ऐसी संस्था का कोई अन्य व्यक्ति जो उसका कर्मचारी होने के नाते बच्चे के संपर्क में आता है, उसका समय-समय पर पुलिस सत्यापन तथा उसकी पृष्ठभूमि की जांच अनिवार्य रूप से करायेगी। ऐसी संस्था यह भी सुनिश्चित करेगी कि बाल सुरक्षा और संरक्षण के प्रति उन्हें संवेदनशील बनाने के लिए आवधिक प्रशिक्षण आयोजित किया जाता है।
- 2023-2024 में मंत्रालय ने नाबालिग गर्भवती बालिकाओं के सामने आने वाली चुनौतियों का समाधान करने के लिए निर्भया कोष के अंतर्गत **"पॉक्सो अधिनियम, 2012 की धारा 4 और 6 के अंतर्गत पीड़ितों की देखभाल और सहायता हेतु योजना"** नामक केंद्र द्वारा वित्त पोषित एक योजना शुरू की है, जिसका कार्यान्वयन राज्य/संघ राज्य क्षेत्र की सरकारों द्वारा किया जाएगा।
- 26.4.2024 को **मॉडल पालक देखभाल दिशानिर्देश 2024** जारी किए गए और राज्यों/संघ राज्य क्षेत्रों के साथ साझा किए गए। किशोर न्याय (बालकों की देखरेख और संरक्षण) अधिनियम 2015 और किशोर न्याय (बालकों की देखरेख और संरक्षण) मॉडल संशोधन नियम, 2022 में संशोधन के आलोक में दिशानिर्देशों को संशोधित किया गया है।
- संशोधित दिशानिर्देश पालक देखभाल के बारे में हितधारकों के बीच स्पष्टता, दक्षता और अनुपालन सुनिश्चित करने के लिए तैयार किए गए हैं जिसका उद्देश्य बच्चों को लंबे समय तक

बाल देखभाल संस्थानों में रहने के बजाय परिवार जैसी व्यवस्था में रहने की सुविधा प्रदान करना है। इस दिशा-निर्देश में प्रक्रियागत स्पष्टता, पात्रता की शर्तें और पालक देखभाल के विस्तृत चरण का उल्लेख हैं और ऐसी पालक देखभाल के परिणामस्वरूप अंततः उसी पालक परिवार द्वारा बच्चे को गोद ले लिया है जिसने बच्चे को दो साल की अवधि के लिए अपनी देखभाल में रखा है।

इसके अलावा, देश में महिलाओं और बालिकाओं की सुरक्षा और संरक्षा बढ़ाने के उद्देश्य से सरकार द्वारा 'निर्भया कोष' के तहत कई योजनाएं/परियोजनाएं कार्यान्वित की गई हैं/की जा रही हैं:

- मानव दुर्व्यापार की रोकथाम और पीड़ितों की सहायता के लिए 827 मानव तस्करी विरोधी इकाइयाँ स्थापित की गई हैं।
- यह सुनिश्चित करने के लिए कि पुलिस स्टेशन महिलाओं के लिए अधिक अनुकूल और सुलभ हों, क्योंकि पुलिस स्टेशन आने वाली किसी भी महिला के लिए ये पहला और एकमात्र संपर्क बिंदु होंगे, 14,658 महिला सहायता डेस्क (डब्ल्यूएचडी) स्थापित किए गए हैं, जिनमें से 13,743 का नेतृत्व महिलाएँ कर रही हैं।
- 33 राज्यों/संघ राज्य क्षेत्रों में साइबर फोरेंसिक सह प्रशिक्षण प्रयोगशालाएं भी स्थापित की गई हैं जहाँ 24,264 व्यक्तियों को साइबर संबंधी मामलों के निपटान का प्रशिक्षण दिया गया है।
- जघन्य लैंगिक अपराधों की शिकार दुर्भाग्यशाली महिलाओं और युवतियों को न्याय दिलाने के उद्देश्य से सरकार राज्यों/संघ राज्य क्षेत्रों को फास्ट ट्रैक विशेष न्यायालय (एफटीएससी) स्थापित करने के लिए 2019 से वित्तीय सहायता प्रदान कर रही है। 30.04.2025 तक, 790 फास्ट ट्रैक विशेष न्यायालय (एफटीएससी) स्वीकृत किए गए हैं, जिनमें से 405 विशिष्ट पॉक्सो (ई-पॉक्सो) न्यायालयों सहित 746 न्यायालय 30 राज्यों/संघ राज्य क्षेत्रों में कार्यरत

हैं तथा देश भर में बलात्कार और पॉक्सो अधिनियम के तहत अपराधों के कुल 3.25 लाख मामलों का निपटारा किया है।

- महिलाओं के कार्यस्थल और निवास वाले सार्वजनिक स्थानों की सुरक्षा सुनिश्चित करने के उद्देश्य से सुरक्षित शहर परियोजनाओं के अंतर्गत 8 शहरों (अहमदाबाद, बेंगलुरु, चेन्नई, दिल्ली, हैदराबाद, कोलकाता, लखनऊ और मुंबई) में उप-परियोजनाएँ कार्यान्वित की गई हैं।
- महिलाओं के लिए सुरक्षित परिवहन सुनिश्चित करने के उद्देश्य से, रेल और सड़क परिवहन परियोजनाएं जैसे एकीकृत आपातकालीन प्रतिक्रिया प्रबंधन प्रणाली (आईईआरएमएस), कोंकण रेलवे में वीडियो निगरानी प्रणाली, कृत्रिम बुद्धिमत्ता (एआई) आधारित चेहरे की पहचान प्रणाली (एफआरएस) को वीडियो निगरानी प्रणालियों के साथ एकीकृत किया गया है, जिसमें रेल मंत्रालय द्वारा 7 प्रमुख रेलवे स्टेशनों पर कमांड और कंट्रोल सेंटर और ट्रेन में अकेली महिला यात्री की सुरक्षा के लिए टैब, और राज्यों/संघ राज्य क्षेत्रों में कमांड और नियंत्रण केंद्र के साथ वाहन ट्रैकिंग प्लेटफॉर्म जैसी परियोजनाएं तथा सड़क परिवहन और राजमार्ग मंत्रालय द्वारा उत्तर प्रदेश सड़क परिवहन निगम (यूपीएसआरटीसी), बेंगलुरु मेट्रोपॉलिटन ट्रांसपोर्ट कॉरपोरेशन (बीएमटीसी), तेलंगाना राज्य सड़क परिवहन निगम (टीएसआरटीसी) आदि जैसी कुछ राज्य विशिष्ट परियोजनाएं क्रियान्वित की गई हैं।

SPREAD OF MALARIA IN BODOLAND TERRITORIAL REGION

943: SHRI JOYANTA BASUMATARY:

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

- whether it is a fact that during the year 2024 a large number of people in Bodoland Territorial Region (BTR) had lost their life due to Malaria outbreak and if so, the details thereof;

- (b) the action taken/proposed to be taken by the Government to control the spread of Malaria in the said region; and
- (c) the details of funds sanctioned and released for the said region during the last financial year to improve the health services and control the said epidemic?

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 report submitted by the States/ UTs to the National Center for Vector Borne Diseases Control (NCVBDC) of the Ministry of Health and Family Welfare, the numbers of deaths due to Malaria outbreak during the year 2024 in Bodoland Territorial Region (BTR) are as follows:

Sl. No.	District	Death (2024)
1	Kokrajhar	4
2	Baksa	0
3	Chirang	0
4	Udalgiri	0

(b) : The Central Government Health Officials from National Center for Vector Borne Diseases (NCVBDC) and Regional office of Health & Family Welfare (RoH&FW), Shillong visited Kokrajhar in December 2024, helped Government of Assam to provide targeted malaria control measures. These measures include enhanced surveillance and complete treatment, activation of Rapid Response

Teams, and vector control. Vector control efforts involve distribution of LLINs, larvicidal spraying, use of larvivorous fish, fogging, and Indoor Residual Spray (IRS).

(c) : National Center for Vector Borne Diseases (NCVBDC) under the overarching umbrella of National Health Mission (NHM) administers the National Vector Borne Disease Control Programme (NVBDCP) for prevention and control of vector borne diseases including Malaria. Funds are allocated to the programme activities under NHM on the basis of State/UT specific Programme Implementation Plans(PIP) and States/UTs are required to utilize funds as per their need, priority and on the basis of their absorption capacity. Programme funds are allocated on lump sum basis under the flexible pool of NHM to offer flexibility to the States/UTs. States/UTs are allowed to ensure adequate resources to various components including improvement of health services and control and elimination of malaria. The SPIP approval towards malaria for the State of Assam under NVBDCP under NHM for the Financial Year 2024-25 is Rs. 21.01 Crores

LEGAL AWARENESS CAMPS

944. SHRI ANURAG SINGH THAKUR:

SHRI BHOJRAJ NAG:

SHRI P. P. CHAUDHARY:

SHRI PARBHUBHAI NAGARBHAI VASAVA:

SHRI RAMESH AWASTHI:

SHRIMATI SMITA UDAY WAGH:

SHRI JANARDAN MISHRA:

SHRI SURESH KUMAR KASHYAP:

SUSHRI KANGNA RANAUT:

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

- (a) the key achievements of the Government in strengthening access to justice through Legal Services Authorities during the last three years district and State-wise;
- (b) the number of legal awareness camps conducted across the country during the last three years, particularly in the State of Rajasthan;
- (c) the impact and outreach of legal awareness camps and programmes conducted across the country;
- (d) the scope, implementation status and outcome of the Legal Aid Defense Counsel System (LADCS) in providing free criminal defence to eligible beneficiaries;
- (e) whether any performance evaluation or monitoring mechanisms have been put in place to assess the efficiency of legal aid delivery under LADCS and related schemes; and
- (f) whether there are any special initiatives to expand legal aid infrastructure, awareness, or training in underserved regions, especially in semi-urban and rural areas?

**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 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 the beneficiaries covered under Section 12 of the LSA Act, 1987, which aims to ensure that the opportunities for securing justice are not denied to any citizen by reason of economic or other disabilities. In addition, NALSA has also formulated various schemes for the implementation of preventive and strategic legal service programmes, which are implemented by the Legal Services Authorities at various levels i.e. State, District and Taluka level. The State/UT-wise details of beneficiaries under various activities/programmes undertaken by Legal Services Authorities during the last three years are given in the enclosed **Statement**. However, the district-wise information is not maintained by NALSA.

(b) and (c): The legal awareness programmes are held across the country by Legal Service Authorities in regard to various laws and schemes relating to children, labourers, victims of disaster, SC and ST, persons suffering from disability, etc. The Legal Services Authorities also prepare booklets and pamphlets in simple language on various laws, for distribution amongst the people. The details of legal awareness camps/programs organized by Legal Service Authorities across the country (including Rajasthan) during the last three years are as under:

Year	Legal Awareness programs organised in Rajasthan	No. of Persons attended	Legal Awareness programs organised across the country	No. of Persons attended
2022-23	1,42,253	65,28,772	4,90,055	6,75,17,665
2023-24	72,331	56,40,045	4,30,306	4,49,22,092
2024-25	62,011	33,62,084	4,62,988	3,72,32,850
Total	2,76,595	1,55,30,901	13,83,349	14,96,72,607

(d): The Government of India is also implementing a Central Sector Scheme namely; Legal Aid Defense Counsel System (LADCS) Scheme through NALSA since 2023-24, which (2) aims to provide legal aid with regard to criminal cases to the beneficiaries eligible for legal aid under Section 12 of the LSA Act, 1987. As on 30th June 2025, LADC offices are functional in 662 districts across the country. Since inception, Legal Aid Defence Counsels (LADCs) have been assigned with 8,69,243 criminal cases, of which 5,85,255 cases were disposed of.

(e): The National Legal Services Authority (Free and Competent Legal Services) Regulations, 2010 provide for a robust framework for monitoring and evaluating legal aid services through the Monitoring and Mentoring Committee (MMC) at all tiers i.e. Supreme Court of India, High Courts, State Legal Services Authorities (SLSAs)/District Legal Services Authorities (DLSAs) and Taluka Legal Services Committees (TLSCs). These committees are responsible for overseeing court-based legal aid delivery, monitoring the

progress of assigned cases, and guiding panel lawyers and Legal Aid Defense Counsels (LADCs) in providing quality legal services.

MMCs maintain registers to track the day-to-day progress and final outcomes of legal aid cases. They obtain periodic reports from legal aid lawyers, assess their performance, and advise concerned authorities to take corrective steps when progress is unsatisfactory. This continuous follow-up mechanism ensures accountability, transparency, and quality control in legal services. MMCs also evaluate lawyer performance to identify underperformance or misconduct. Moreover, performance of each human resource engaged under LADCS is evaluated every six months by the SLSA under the guidance of the Hon'ble Executive Chairman of the SLSA. Additionally, monthly reporting of casework by the LADCs is done by the SLSAs to NALSA, ensuring real-time oversight and data-driven evaluation at the national level.

(f) : Several steps have been taken to strengthen legal aid infrastructure, enhance legal awareness, and promote training specifically in underserved regions, with a focused thrust on semi-urban and rural areas, including the following:

- (i) NALSA (SAMVAD - Strengthening Access to Justice for Marginalized, Vulnerable Adivasis and Denotified/Nomadic Tribes) Scheme, 2025 which focuses specifically on marginalized tribal and nomadic communities by adopting a community-driven approach rooted in awareness and assistance.

- (ii) NALSA JAGRITI – (Justice Awareness for Grassroots Information and Transparency Initiative) Scheme, 2025 which aims to institutionalize legal awareness across rural India.

STATEMENT

The details of persons benefited through Legal aid and advice under various activities/programmes undertaken by Legal Services Authorities during the last three years

S.No.	Name of the State/UT Authority	2022-23	2023-24	2024-25
1	Andaman and Nicobar Islands	134	220	341
2	Andhra Pradesh	9,473	8,265	11,266
3	Arunachal Pradesh	5,559	5,696	9,236
4	Assam	38,335	63,749	82,694
5	Bihar	2,09,809	1,51,413	84,505
6	Chandigarh	2,653	2,822	2,951
7	Chhattisgarh	44,106	62,164	80,874
8	Dadra and Nagar Haveli	28	55	45
	Daman and Diu	24	34	119
9	Delhi	96,433	1,21,882	76,526
10	Goa	2,041	1,558	1,889
11	Gujarat	32,422	40,569	50,467
12	Haryana	43,098	76,863	82,194
13	Himachal Pradesh	5,998	7,346	6,222
14	Jammu and Kashmir	7,992	11,396	18,602
15	Jharkhand	1,45,217	2,69,303	3,28,365
16	Karnataka	45,663	53,406	51,245
17	Kerala	23,418	36,498	26,571
18	Ladakh	711	505	324
19	Lakshadweep	0	0	1
20	Madhya Pradesh	1,91,921	2,25,510	2,33,009

21	Maharashtra	36,663	53,756	59,454
22	Manipur	26,929	62,635	99,062
23	Meghalaya	2,769	2,371	2,754
24	Mizoram	5,038	4,801	3,713
25	Nagaland	7,390	4,603	5,012
26	Odisha	11,880	19,289	22,134
27	Puducherry	788	621	616
28	Punjab	56,448	60,361	65,513
29	Rajasthan	13,472	20,290	22,216
30	Sikkim	1,127	1,074	901
31	Tamil Nadu	49,570	45,180	52,528
32	Telangana	12,615	13,193	16,021
33	Tripura	5,055	9,964	10,303
34	Uttar Pradesh	24,890	29,079	22,732
35	Uttarakhand	5,386	21,339	34,208
36	West Bengal	49,714	62,354	92,914
Total		12,14,769	15,50,164	16,57,527

USE OF DEFENCE LAND FOR GOLF COURSE

945. SHRI MATHESWARAN V. S.:

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

- (a) whether golf courses do not fall under the scales authorised by the Government for the recreation of defence personnel, if so, the details thereof;
- (b) whether Air Force uses A1 land and assets thereon for six golf courses, if so, the details thereof along with the action taken against the concerned official for using the same;

- (c) whether it is a fact that revenues of the golf courses were deposited into non public funds although defence land and buildings were used for the golf courses and if so, the details thereof along with the details of Defence land being used by various defence forces for Golf Course;
- (d) whether the Government has any proposal to revoke the conversion of defence land into Golf Course, if so, the details thereof and if not, the reasons therefor; and
- (e) whether US Club, Mumbai uses 53 acre of Defence land for golf and if so, the details thereof along with the action taken by the Government against the officials for authorizing such use?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH):

(a) and (b): Yes Sir. The Golf courses do not fall under the scales authorised by the Government for construction on defence land including A1 defence land. Air Force Stations including Training Institutes have Sports Complexes and physical development areas to impart training and conduct sports activities for personnel.

(c): Training funds are utilised for maintenance of Army Environment Park cum Training Area. Sustenance of sports complexes is met through subscription/ membership fees which are deposited in non-public funds to ensure administrative management of these facilities.

(d): No Sir.

(e): The land is utilised as an Army Navy Environmental Park and Training Area (ANEPTA) jointly managed by Indian Army and Indian Navy. It

encompasses two firing ranges and an obstacle course which is utilised by the Garrison units for Small Arms Firing, Weapon Training, Field Craft, Obstacle Training and other sports and physical development exercises.

BILATERAL MEETINGS TO STRENGTHEN COOPERATION IN HEALTH SECTOR

946. SHRI SHYAMKUMAR DAULAT BARVE:

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

- (a) whether India has held any bilateral meetings with Italy, Cuba and some other countries to strengthen cooperation in health sector during the last ten years;
- (b) if so, the details thereof along with the issues discussed during the said meetings with each of these countries during the last ten years; and
- (c) the number of countries with which India has signed the Memorandum of Understanding/cooperation agreements to encourage joint health initiatives in capacity building, training, exchange of information and technical support in establishing laboratories?

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 undertakes bilateral interactions with foreign countries including Italy and Cuba to enhance the cooperation between the countries in health sector.

Ministry of Health and Family Welfare has signed Memorandum of Understandings (MoU) with 59 countries including Italy and Cuba in health sector.

As per MoU with these countries a Joint Working Group (JWG) of experts is formed which deliberates towards strengthening cooperation between the countries in identified areas such as human resources skilling and exchange, cooperation in pharmaceutical sector including regulatory practices, collaborative research and development, health programs such as maternal health, child health, communicable diseases, health emergencies, non-communicable diseases, digital health technologies and traditional medicine.

उत्तर प्रदेश में जन औषधि केंद्रों को खोलने में विलंब

947. डॉ. आनन्द कुमार गोंडः

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

- (क) क्या सरकार को ज्ञात है कि उत्तर प्रदेश के बहराइच जिले के लिए दस प्रधानमंत्री जन औषधि केंद्र स्वीकृत किए गए थे, परंतु संबंधित एजेंसियों, जिन्हें ये केंद्र आवंटित किए गए थे, द्वारा केवल तीन जन औषधि केंद्र ही आरंभ किए गए हैं;
- (ख) यदि हाँ, तो शेष सात जन औषधि केंद्रों के खुलने में देरी के क्या कारण हैं और शेष केंद्रों के कब तक कार्यशील होने की संभावना है; और
- (ग) क्या सरकार ने इस संबंध में निगरानी और उत्तरदायित्व तय करने के लिए कोई ठोस कार्रवाई की है और यदि हाँ, 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): प्रधानमंत्री भारतीय जन औषधि परियोजना की कार्यान्वयन एजेंसी अर्थात् भारतीय औषध एवं चिकित्सा उपकरण ब्यूरो ने सूचित किया है कि अभी तक उसने बहराइच जिले में कुल 27 जन औषधि केंद्रों को मंजूरी प्रदान की है और सभी केंद्रों में परिचालन हो गया है।

(ख) और (ग): प्रश्न नहीं उठता।

ANGANWADI CENTRES

948. SHRI RAMASAHAYAM RAGHURAM REDDY:

ADV. ADOOR PRAKASH:

ADV. DEAN KURIAKOSE:

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

- (a) the number of Anganwadi Centres (AWCs) that functioned for at least 80% of working days, State and year-wise;
- (b) the number of AWCs that functioned for less than 20% of working days in the same period, State-wise;
- (c) the number of completed and functional AWCs out of the 2 lakh AWCs sanctioned for upgradation to Saksham Anganwadis, State-wise;
- (d) the amount of funds allocated and released for upgradation to Saksham Anganwadis, State-wise; and
- (e) the number of AWCs that currently have access to piped drinking water, gender segregated functioning toilets, functional kitchen sheds and electricity connections?

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

(a) and (b): State/UT-wise numbers of Anganwadi Centres (AWCs) that functioned for at least 80% of working days and for less than 20% of working days as on June, 2024 and June, 2025 as per Poshan Tracker data are given in the enclosed **Statement-I**.

(c) and (d): Number of AWCs approved for upgradation into Saksham AWCs and number of AWCs upgraded along with allocation and release for the same are given in the enclosed **Statement-II**.

(e): As per Poshan tracker report for the Month of June, 2025, 12,71,520 AWCs have Drinking Water facility, 8,39,856 AWCs have piped water connection, 10,60,429 AWCs have functional toilet, 9,32,777 AWCs have functional kitchen and 8,98,626 AWCs have permanent electricity connection.

STATEMENT-I

State/UT-wise numbers of Anganwadi Centres (AWCs) that functioned for at least 80% of working days and for less than 20% of working days as on June, 2024 and June, 2025 as per Poshan Tracker data:-

(As on June, 2025)

State/UT	Number of AWC open for less than 20% of working days	Number of AWC open for at least 80% of working days
Andaman & Nicobar Islands	7	684
Andhra Pradesh	140	55157
Arunachal Pradesh	1454	2781
Assam	167	59772
Bihar	1295	104758
Chhattisgarh	97	52046

Dadra & Nagar Haveli - Daman & Diu	0	400
Delhi	2	10870
Goa	1	1239
Gujarat	46	52473
Haryana	296	22399
Himachal Pradesh	80	18096
J&K	268	26707
Jharkhand	315	35899
Karnataka	1	69910
Kerala	66	30471
Ladakh	2	1127
Lakshadweep	0	57
Madhya Pradesh	115	96685
Maharashtra	32	109836
Manipur	554	7357
Meghalaya	113	4591
Mizoram	41	1732
Nagaland	450	2000
Odisha	7	73526
Puducherry	3	852
Punjab	17	27283
Rajasthan	346	58386
Sikkim	1	1266
Tamil Nadu	307	54017
Telangana	137	35051
Tripura	171	9085

UT-Chandigarh	0	450
Uttar Pradesh	3803	117788
Uttarakhand	422	14532
West Bengal	112	118680
Total	10868	1277963

(As on June, 2024)

State/UT	Number of AWC open for less than 20% of working days	Number of AWC open for at least 80% of working days
Andaman & Nicobar Islands	14	658
Andhra Pradesh	574	46347
Arunachal Pradesh	1669	2805
Assam	1028	54024
Bihar	5560	79351
Chhattisgarh	24	52116
Dadra & Nagar Haveli - Daman & Diu	0	402
Delhi	2	10867
Goa	1	1244
Gujarat	28	52885
Haryana	113	24601
Himachal Pradesh	59	17669
J&K	179	27056
Jharkhand	394	34013
Karnataka	1948	59827

Kerala	78	31610
Ladakh	30	903
Lakshadweep	0	59
Madhya Pradesh	117	96533
Maharashtra	507	107718
Manipur	242	8818
Meghalaya	621	3582
Mizoram	65	1684
Nagaland	472	2196
Odisha	31	70982
Puducherry	2	849
Punjab	980	18346
Rajasthan	403	58844
Sikkim	1	1264
Tamil Nadu	315	54074
Telangana	386	32551
Tripura	181	9253
UT-Chandigarh	0	450
Uttar Pradesh	9482	98617
Uttarakhand	212	14571
West Bengal	4112	111448
Total	29830	1188217

STATEMENT-II

Details of number of AWCs approved for upgradation into Saksham AWCs and number of AWCs upgraded till 21.07.2025 along with allocation and release for the same:

S.NO	States	Total No. of AWCs approved for upgradation	Total Fund allocated for upgradation (Rs. in Lakh)	Total Fund released as on date (Rs. In Lakhs)	AWCs upgraded into Saksham AWCs
1	Andaman & Nicobar	140	140	140	86
2	Andhra Pradesh	9958	5974.8	5974.8	3865
3	Arunachal Pradesh	152	136.8	136.8	152
4	Assam	5407	4866.3	4866.3	4778
5	Bihar	11529	6917.4	6917.4	3414
6	Chandigarh	69	69	69	69
7	Chhattisgarh	11490	6894	1957.92	4750
8	Goa	24	14.4	0	0
9	Gujarat	13147	7888.2	750	1072
10	Haryana	2804	1682.4	3.56	24
11	Himachal Pradesh	1030	927	72.86	35
12	J&K	338	304.2	304.2	136
13	Jharkhand	16775	10065	3028.88	371
14	Karnataka	17732	10639.2	10639.2	10479
15	Kerala	4152	2491	1142	1815
16	Ladakh	14	14	14	14

17	Lakshadweep	18	18	0	0
18	Madhya Pradesh	24662	14797	1306	0
19	Maharashtra	14745	8847	8847	13046
20	Manipur	30	27	20.25	30
21	Meghalaya	121	108.9	108.9	43
22	Mizoram	1600	1440	1440	1088
23	Nagaland	149	134.1	134.1	149
24	Odisha	12140	7284	2920.92	2277
25	Puducherry	135	81	39	0
26	Punjab	353	211.8	56.88	0
27	Rajasthan	3514	2108.4	102.93	187
28	Sikkim	435	391.5	391.5	435
29	Tamil Nadu	11972	7183.2	7183.2	6345
30	Telangana	5008	3004.8	278.16	374
31	Tripura	474	426.6	366.75	221
32	Uttar Pradesh	23697	14218.2	11722.8	170
33	Uttarakhand	827	744.3	306.04	350
34	West Bengal	5359	3215.4	2308.19	2122
	Total	200000	123265.3	73549.51	57897

उज्जैन में एम्स की स्थापना

949. श्री अनिल फिरोजिया:

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

- (क) क्या सरकार का मध्य प्रदेश के उज्जैन जिले में अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) या केंद्र द्वारा वित्तपोषित मेडिकल कॉलेज स्थापित करने का विचार है;

- (ख) यदि नहीं, तो क्या सरकार का भविष्य में ऐसा कोई संस्थान स्थापित करने का कोई प्रस्ताव है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) उज्जैन जिले में अब तक कितने प्रधानमंत्री जन औषधि केंद्र खोले गए हैं;
- (घ) क्या उक्त केंद्रों में सभी आवश्यक औषधियाँ नियमित रूप से उपलब्ध हैं;
- (ङ) क्या उज्जैन जिले के प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) और सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) में पर्याप्त डॉक्टर, नर्सिंग स्टाफ और अत्याधुनिक चिकित्सा उपकरण उपलब्ध हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (च) आयुष्मान भारत योजना के अंतर्गत उज्जैन जिले में अब तक कितने व्यक्तियों को स्वास्थ्य बीमा का लाभ प्राप्त हुआ है और इस योजना के अंतर्गत कितने अस्पताल सूचीबद्ध किए गए हैं?

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

(क) और (ख): प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के अंतर्गत, अब तक देश के विभिन्न राज्यों/संघ राज्य क्षेत्रों में 22 अखिल भारतीय आयुर्विज्ञान संस्थानों (एम्स) की स्थापना का अनुमोदन प्रदान किया गया है, जिनमें मध्य प्रदेश के भोपाल में एक एम्स भी शामिल है, जो कार्यशील है। पीएमएसएसवाई के वर्तमान चरण में, उज्जैन में किसी नए एम्स की स्थापना का कोई प्रस्ताव नहीं है।

(ग) और (घ): प्रधानमंत्री भारतीय जन औषधि परियोजना (पीएमबीजेपी) के अंतर्गत, आज तक की स्थिति के अनुसार मध्य प्रदेश के उज्जैन जिले में 26 जन औषधि केंद्र खोले जा चुके हैं। प्रयोगशाला अभिकर्मकों और टीकों को छोड़कर, राष्ट्रीय आवश्यक औषधि सूची (एनएलईएम) में शामिल लगभग सभी जेनेरिक दवाएं पीएमबीजेपी दवाओं की श्रेणी में शामिल हैं।

(ङ): जन स्वास्थ्य एवं अस्पताल राज्य का विषय है और स्वास्थ्य परिचर्या पेशेवरों की व्यवस्था की जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की है। हालाँकि, स्वास्थ्य एवं परिवार कल्याण

मंत्रालय, भारत सरकार राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर जन स्वास्थ्य सेवा प्रणाली को सुदृढ़ करने के लिए राज्य/संघ राज्य क्षेत्रों को उनके सम्पूर्ण संसाधनों के दायरे में तकनीकी और वित्तीय सहायता प्रदान करता है।

(च): दिनांक 30.06.2025 तक की स्थिति के अनुसार, मध्य प्रदेश के उज्जैन जिले में 11.54 लाख आयुष्मान कार्ड बनाए गए हैं और 19 अस्पतालों को आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी पीएम-जेएवाई) के अंतर्गत पैनलबद्ध किया गया है।

PM-PRANAM SCHEME

950: SHRI KRIPANATH MALLAH:

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

- (a) whether the PM Programme for Restoration, Awareness Generation, Nourishment and Amelioration of Mother Earth (PM-PRANAM) promotes the sustainable and balanced use of fertilisers by adopting alternate fertilisers and promoting natural and organic farming and if so, the details thereof; and
- (b) whether the use of natural fertilisers helps in boosting crop production without affecting soil quality, 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 Cabinet Committee on Economic Affairs (CCEA), on June 28, 2023, approved the “PM Programme for Restoration, Awareness Generation, Nourishment, and Amelioration of Mother-Earth (PM-PRANAM).” This initiative aims

to support the mass movement initiated by States and Union Territories (UTs) to preserve the health of Mother Earth through the promotion of sustainable and balanced fertilizer use, adoption of alternative fertilizers, promotion of organic farming, and implementation of resource conservation technologies.

All States/UTs are covered under the PM- PRANAM scheme. Under the PM- PRANAM scheme, provisions to provide incentives to States/UTs for reduction of consumption of chemical fertilizers (Urea, DAP, NPK, MOP) in a given financial year, compared to the average consumption over the previous three years, equivalent to 50% of the fertilizer subsidy saved.

(b): Natural fertilizers are organic substances derived from plant, animal, or mineral sources that supply essential nutrients to plants in a natural form. Unlike synthetic fertilizers, they decompose slowly, releasing nutrients gradually while improving soil structure and enhancing microbial activity over time. However, the imbalanced use of

chemical fertilizers, along with the continuous neglect of organic matter application, has led to multi-nutrient deficiencies and a gradual decline in soil health. Studies have shown that such imbalanced fertilizer use results in reduced crop yields and deterioration of soil fertility.

To address this, ICAR has developed improved and efficient strains of biofertilizers tailored to specific crops and soil types. Additionally, it has standardized technologies for preparing various natural fertilizers (organic manures) such as phosphocompost, vermicompost, bio-enriched compost, and municipal solid waste

compost using different types of organic wastes, thereby promoting sustainable soil fertility management.

PROVISION OF FREE LEGAL ADVICE

951. SHRI VISHNU DATT SHARMA:

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

- (a) whether the Government is implementing the Tele-Law Programme to provide free legal advice through Common Service Centres (CSCs), especially in rural and remote areas of Madhya Pradesh;
- (b) if so, whether the districts of Katni, Panna and the town of Khajuraho in the Khajuraho Lok Sabha Constituency have been covered under this scheme;
- (c) if so, the number of beneficiaries, CSCs involved and types of legal issues addressed; and
- (d) if not, the reasons therefor along with the steps being taken to implement Tele-Law services in these areas?

**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): Tele-Law programme is one of programmes under the scheme of “Designing Innovative Solutions for Holistic Access to Justice India (DISHA)” which is being implemented by the Department of Justice. The scheme of DISHA aims to fulfil the Constitutional mandate as enunciated under the Preamble and Articles 39A, 14 and 21 of the Constitution. The DISHA scheme provides easy,

accessible, affordable and citizen- centric legal services to the citizens through Tele-Law and other components. The Tele-Law connects citizens with the lawyers through video conferencing facilities through Common Services Centres (CSCs) in 2.5 lakh Gram Panchayat (GPs) across the country. The services under Tele-Law are also available through Tele-Law Mobile App and through Toll Free Number, 14454. The Tele-Law programme covers all districts of Madhya Pradesh including the districts of Katni, Panna and town of Khajuraho (Chhatarpur district).

(c) and (d): The number of beneficiaries and associated CSCs in the districts of Katni, Panna and town of Khajuraho (Chhatarpur district) is as under:

Name of the District/Town	No. of active CSCs	Beneficiaries (as on 30th June, 2025)
Katni	151	6,518
Panna	218	34,998
Khajuraho (Chhatarpur)	558	1,10,320

Further, the types of pre-litigation advice rendered under Tele-Law program inter-alia, include the issues related to Revenue matters, Property disputes, Accidental Claims, Women and Child safety, Rights of Senior Citizen, Family and Matrimonial disputes.

FREE DISTRIBUTION OF ESSENTIAL MEDICINES**952. SHRI BASTIPATI NAGARAJU:****SHRI B. K. PARTHASARATHI:**

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

- (a) whether the All India Institute of Medical Sciences (AIIMS), Vijayawada provides insulin and other essential medicines free of cost to patients;
- (b) if so, the details thereof, and if not, the reasons therefor;
- (c) whether there are any special provisions in place to ensure free or subsidized access to essential medicines for persons belonging to Below Poverty Line (BPL) families and if so, the details thereof;
- (d) whether the Government has made any provisions for the distribution of free essential medicines through collaborations with private or public Agencies; and
- (e) if so, the details of such collaborations, including the names of the agencies involved and the scope of their contribution?

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 Surakhsha Yojana (PMSSY), All India Institute of Medical Science (AIIMS) has been established at Mangalagiri in Guntur District in the State of Andhra Pradesh. Presently, 553 essential medicines including insulin and 354 surgical consumables are being provided free of cost to all the inpatients admitted at AIIMS Mangalagiri.

All the BPL patients are provided cashless in-patient services at AIIMS Mangalagiri under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), of Govt. of India. In AIIMS Mangalagiri, AMRIT Pharmacy has been set up to provide medicine, implants and surgical consumables at affordable rates to the patients. In addition, JAN-AUSHADHI Kendra has also been set up to provide generic medicines at affordable rates.

महिलाओं के विरुद्ध हिंसा

953. श्री दिलेश्वर कामैत :

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

- (क) क्या विगत पांच वर्षों के दौरान देश में महिलाओं के विरुद्ध हिंसा को कम करने के लिए कोई विशेष हस्तक्षेप किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) देश में ग्रामीण आबादी के बीच महिला अधिकारों के बारे में जागरूकता किस प्रकार बढ़ाई जा रही है;
- (ग) उक्त प्रयोजन हेतु आवंटित निधि का ब्यौरा क्या है और इस संबंध में कौन-कौन सी योजनाएं कार्यान्वित हुई हैं;
- (घ) क्या विगत पांच वर्षों के दौरान देश में महिलाओं के विरुद्ध हिंसा में वृद्धि हुई है; और
- (ड.) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसके क्या कारण हैं तथा इस संबंध में सरकार द्वारा क्या सुधारात्मक कदम उठाए गए हैं/उठाए जाने हैं; और
- (च) सरकार द्वारा देश में महिलाओं के लिए सुरक्षित वातावरण सुनिश्चित करने हेतु बनाई जा रही योजनाओं का ब्यौरा क्या है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) से (च) : "पुलिस" और "लोक व्यवस्था" भारत के संविधान की सातवीं अनुसूची के तहत राज्य के विषय हैं। कानून और व्यवस्था को बनाए रखने तथा सभी अपराधों जिनमें महिलाओं के खिलाफ अपराध भी शामिल हैं, की जांच एवं अभियोजन, नागरिकों के जीवन और संपत्ति की सुरक्षा की जिम्मेदारी प्राथमिक रूप से संबंधित राज्य सरकारों की है; वे इस तरह के अपराधों से निपटने में कानूनी रूप से सक्षम हैं।

राष्ट्रीय अपराध रिकॉर्ड ब्यूरो (एनसीआरबी) अपने प्रकाशन "भारत में अपराध" में अपराधों पर सांख्यिकीय आँकड़े संकलित और प्रकाशित करता है। नवीनतम प्रकाशित रिपोर्ट वर्ष 2022 से संबंधित है और इसकी वेबसाइट <https://ncrb.gov.in/en/crime-india> पर उपलब्ध है। एनसीआरबी की रिपोर्ट के अनुसार, वर्ष 2018, 2019, 2020, 2021 और 2022 में महिलाओं के विरुद्ध अपराधों की संख्या क्रमशः 378236, 405326, 371503, 428278 और 445256 थी। अन्य कारणों के अलावा, अपराध की बढ़ती रिपोर्टिंग का कारण पिछले कुछ वर्षों में सरकार द्वारा उठाए गए विभिन्न उपायों के कारण नागरिकों में जागरूकता का स्तर बढ़ना है, जिसमें महिला हेल्पलाइन -181, बाल हेल्पलाइन -1098 और आपातकालीन प्रतिक्रिया सहायता प्रणाली (ईआरएसएस-112) जैसी हेल्पलाइनों का संचालन, जीरो एफआईआर और ई-एफआईआर की अवधारणा और पीड़ितों को संस्थागत सहायता का प्रावधान शामिल है। महिलाओं और बालिकाओं की सुरक्षा और संरक्षण के लिए सरकार ने कई कदम उठाए हैं। हाल के कुछ कानून एवं नीतियां जो प्रत्यक्ष और अप्रत्यक्ष रूप से महिलाओं की सुरक्षा को सुनिश्चित करती हैं, इस प्रकार हैं:

- i. भारत सरकार ने आपराधिक न्याय प्रणाली को आधुनिक बनाने एवं सुधार करने के उद्देश्य से भारतीय न्याय संहिता (बीएनएस), भारतीय नागरिक सुरक्षा संहिता (बीएनएसस) और भारतीय सुरक्षा अधिनियम (बीएसए) को अधिनियमित किया है जो 1 जुलाई, 2024 से लागू हुआ। बीएनएस 2023 में, महिलाओं और बच्चों के विरुद्ध अपराधों जो पहले भारतीय दंड संहिता, 1860 में अलग-अलग दर्शित थे, को अब बीएनएसके अध्याय-V के तहत एक साथ लाया

गया और समेकित किया गया है। बीएनएस में महिलाओं और बच्चों से संबंधित कानूनों को मजबूत करने के लिए नए प्रावधान किए गए हैं, विशेष रूप से, "संगठित अपराध" से संबंधित धारा 111, विवाह, रोजगार, पदोन्नति का झूठा वादा या पहचान को दबाकर यौन संभोग से संबंधित धारा 69, अपराध करने के लिए बच्चे को भाड़े पर लेने, काम पर रखने या उससे अपराध कराने से संबंधित धारा 95। वेश्यावृत्ति के प्रयोजनों के लिए बच्चे को खरीदने (धारा 99), सामूहिक बलात्कार (धारा 70) और मानव दुर्व्यापार के शिकार व्यक्ति के शोषण (धारा 144) से संबंधित अपराधों के संबंध में सजा बढ़ा दी गई है। इसके अतिरिक्त, महिलाओं के प्रति कतिपय गंभीर अपराधों जैसे वेश्यावृत्ति के प्रयोजनार्थ बच्चा खरीदना (बीएनएस की धारा 99), संगठित अपराध (धारा 111), भीख मांगने के उद्देश्य से बच्चे का अपहरण अथवा अपंग करना (धारा 139) के संबंध में न्यूनतम दण्ड अनिवार्य रूप से निर्धारित किए गए हैं। इसके अलावा, बीएनएस 2023 की धारा 75 और 79 उत्पीड़न के विरुद्ध अतिरिक्त कानूनी सुरक्षा प्रदान करती है, जिसमें अशोभनीय यौन संकेत, यौन संबंध के लिए अनुरोध, यौन से संबंधित टिप्पणियां और एक महिला की शालीनता का अपमान करने के इरादे से शब्द, इशारा या कृत्य जैसे कार्य शामिल हैं। कार्यस्थल पर यौन उत्पीड़न का सामना करने वाली महिला के पास इन प्रावधानों के तहत शिकायत दर्ज करने का विकल्प है।

- ii. इसके अतिरिक्त, धारा 398 बीएनएसएस के प्रावधानों में गवाहों को खतरों और धमकी से बचाने की महत्वपूर्ण आवश्यकता को स्वीकार करते हुए गवाह संरक्षण योजनाएं शुरू की गई हैं एवं बीएसए की धारा 2(1)(घ) में अब ईमेल पर उपलब्ध इलेक्ट्रॉनिक या डिजिटल रिकॉर्ड, कंप्यूटर, लैपटॉप या स्मार्टफोन पर उपलब्ध दस्तावेजों, और डिजिटल उपकरणों में संदेशों तथा संग्रहित वॉयस मेल संदेशों को दस्तावेजों की परिभाषा के तहत कार्यस्थल पर उत्पीड़न से महिलाओं की सुरक्षा के लिए प्रस्तुत करने की व्यवस्था की गई है।
- iii. इसके अतिरिक्त, श्रम संहिताओं में कार्यबल में महिलाओं की भागीदारी को सम्मानजनक तरीके से बढ़ावा देने एवं नियोक्ताओं द्वारा पर्याप्त सुरक्षा उपाय किए जाने के प्रावधान सामूहिक रूप से

शामिल हैं। व्यावसायिक सुरक्षा, स्वास्थ्य और कार्य स्थिति संहिता, 2020 कार्यस्थल पर महिलाओं की सुरक्षा सुनिश्चित करने के विशिष्ट प्रावधानों के साथ श्रमिकों की सुरक्षा, स्वास्थ्य तथा काम करने की स्थिति को विनियमित करने वाले कानूनों को समेकित एवं संशोधित किया गया है।

- iv. महिला एवं बाल विकास मंत्रालय ने हाल में 'कार्यस्थल पर महिलाओं के यौन उत्पीड़न (निवारण, प्रतिषेध और प्रतितोष) अधिनियम, 2013' (एसएचअधिनियम) के विभिन्न प्रावधानों को शामिल करते हुए शी –बॉक्स पोर्टल शुरू किया है। यह पोर्टल देश भर में गठित आंतरिक समितियों (आईसी) और स्थानीय समितियों (एलसी) से संबंधित सूचनाएं सार्वजनिक रूप से उपलब्ध कराने वाला केंद्रीकृत भंडार है, चाहे वह सरकारी हो या निजी क्षेत्र। यह शिकायतें दर्ज करने एवं इन शिकायतों की स्थिति को ट्रैक करने का एक साझा मंच भी प्रदान करता है। इस पोर्टल में एक ऐसी सुविधा है जिसमें इस पर पंजीकृत शिकायतों को केंद्रीय मंत्रालयों/विभागों, राज्यों/संघ राज्य क्षेत्रों एवं निजी क्षेत्र के भीतर संबंधित कार्यस्थलों के आईसी/एलसी को स्वचालित रूप से अग्रेषित कर दी जाएगी। इस पोर्टल में प्रत्येक कार्यस्थल के लिए एक नोडल अधिकारी नामित करने का प्रावधान है, जिसे शिकायतों की तात्कालिक निगरानी के लिए नियमित आधार पर आंकड़ों/सूचनाओं को अद्यतन करना सुनिश्चित करना होता है।
- v. निर्भया कोष के अंतर्गत, वित्त वर्ष 2024-25 तक, अधिकार प्राप्त समिति (ईसी) द्वारा 11,325.64 करोड़ रुपये की परियोजनाओं का मूल्यांकन किया जा चुका है। सक्षम वित्तीय प्राधिकरण (सीएफए) ने अब तक उपरोक्त मूल्यांकित परियोजनाओं के लिए 9058.68 करोड़ रुपये की राशि स्वीकृत की है। वित्त वर्ष 2024-25 तक निर्भया कोष के अंतर्गत सरकार द्वारा उपलब्ध कराई गई कुल निधि 7712.85 करोड़ रुपये है और कार्यान्वयन एजेंसियों द्वारा दी गई जानकारी के अनुसार, निर्भया कोष से जारी और उपयोग की गई कुल निधि 6232.83 करोड़ रुपये है। इस कोष के अंतर्गत, सरकार ने महिलाओं की सुरक्षा में सुधार के लिए कई उपाय किए हैं, जिनमें से कुछ का विवरण नीचे दिया गया है:

क. मिशन शक्ति व्यापक योजना का वन स्टॉप सेंटर (ओएससी) घटक, जो पूरी तरह से केंद्र सरकार द्वारा वित्त पोषित है, दिनांक 1 अप्रैल, 2015 से पूरे देश में कार्यान्वित किया गया है। यह हिंसा से प्रभावित महिलाओं और निजी एवं सार्वजनिक दोनों जगहों पर 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, मनोवैज्ञानिक-सामाजिक परामर्श सहित सेवाओं की एक एकीकृत श्रृंखला भी प्रदान करता है। देश भर में 843 ओएससी कार्यरत हैं और 31 मार्च, 2025 तक 11.19 लाख से अधिक महिलाओं को सहायता प्रदान की गई है।

ख. यह सुनिश्चित करने के लिए कि पुलिस स्टेशन महिलाओं के लिए अधिक अनुकूल और सुलभ हों, क्योंकि वे पुलिस स्टेशन में आने वाली किसी भी महिला के लिए संपर्क का पहला और एकमात्र बिंदु होते हैं, इसको ध्यान में रखते हुए 14,658 महिला सहायता डेस्क (डब्ल्यूएचडी) स्थापित किए गए हैं, जिनमें से 13,743 का नेतृत्व महिला पुलिस अधिकारी कर रही हैं।

ग. जरूरतमंद महिलाओं तथा संकटग्रस्त महिलाओं को सहायता एवं सहयोग प्रदान करने के लिए सभी 36 राज्यों और संघ राज्य क्षेत्रों में आपातकालीन प्रतिक्रिया सहायता प्रणाली (ईआरएसएस-112) स्थापित की गई है जिसमें विभिन्न आपात स्थितियों के लिए क्षेत्र/पुलिस संसाधनों के कंप्यूटर की सहायता प्राप्त प्रेषण है। इसके शुरुआत होने के बाद से अब तक 43 करोड़ से ज्यादा कॉल का निपटान किया जा चुका है। ईआरएसएस के अलावा, पश्चिम बंगाल को छोड़कर 35 राज्यों/ संघ राज्य क्षेत्रों में पूरी तरह से काम करने वाली विशिष्ट महिला हेल्पलाइन (डब्ल्यूएचएल -181) कार्यशील है। डब्ल्यूएचएल को भी ईआरएसएस के साथ एकीकृत किया गया है। अब तक, महिला हेल्पलाइन ने 2.30 करोड़ से ज्यादा कॉल हैंडल की हैं और 88.24 लाख से ज्यादा महिलाओं की मदद की है।

घ. जहां महिलाएं कार्य करती हैं एवं रहती हैं उन सार्वजनिक स्थानों की सुरक्षा सुनिश्चित करने के लिए विभिन्न घटकों के तहत सुरक्षित शहर परियोजनाओं को 8 शहरों (अर्थात अहमदाबाद,

बंगलुरु, चेन्नई, दिल्ली, हैदराबाद, कोलकाता, लखनऊ और मुंबई) में कार्यान्वित किए गए हैं। महिलाओं के लिए सुरक्षित परिवहन सुनिश्चित करने के लिए, रेल और सड़क परिवहन परियोजनाएं जैसे रेल मंत्रालय द्वारा एकीकृत आपातकालीन प्रतिक्रिया प्रबंधन प्रणाली (आईईआरएमएस), कोंकण रेलवे में वीडियो निगरानी प्रणाली, 7 प्रमुख रेलवे स्टेशनों पर वीडियो निगरानी प्रणाली के साथ एकीकृत कमांड-एंड-कंट्रोल सेंटर सहित आर्टिफिशियल इंटेलिजेंस (एआई) आधारित चेहरे की पहचान प्रणाली (एफआरएस), और ट्रेन में महिला यात्रियों की सुरक्षा के लिए टैब और सड़क परिवहन एवं राजमार्ग मंत्रालय द्वारा राज्यों/संघ राज्य क्षेत्रों में कमांड और नियंत्रण केंद्र के साथ वाहन ट्रैकिंग प्लेटफॉर्म जैसी परियोजनाएं तथा उत्तर प्रदेश सड़क परिवहन निगम (यूपीएसआरटीसी), बंगलुरु मेट्रोपॉलिटन ट्रांसपोर्ट कॉर्पोरेशन (बीएमटीसी), तेलंगाना राज्य सड़क परिवहन निगम (टीएसआरटीसी), इत्यादि जैसी कुछ राज्य विशिष्ट परियोजनाएं लागू की गई हैं।

- vi. पुलिस अनुसंधान एवं विकास ब्यूरो (बीपीआर एंड डी) ने भी कई पहलें की हैं, जिनमें अन्य बातों के साथ-साथ जांच अधिकारियों, अभियोजन अधिकारियों एवं चिकित्सा अधिकारियों के लिए प्रशिक्षण तथा कौशल विकास कार्यक्रम शामिल हैं। बीपीआर एंड डी ने 'पुलिस स्टेशनों में स्थापित महिला सहायता डेस्क को सुचारु कार्यान्वयन सुनिश्चित करने के लिए मानक प्रचालन प्रक्रियाएं (एसओपी) भी तैयार की हैं। महिलाओं और बच्चों के प्रति अपराध की रोकथाम तथा पता लगाने एवं अपराध पीड़ितों के साथ बातचीत के दौरान पुलिस के उपयुक्त व्यवहार और अभिवृत्ति संबंधी कौशलों पर बल दिया गया है। बीपीआर एंड डी द्वारा संवेदनशीलता, पुलिस कर्मियों की लैंगिक संवेदनशीलता इत्यादि पर वेबिनार भी आयोजित किए गए हैं।

- vii. इसके अलावा, महिला एवं बाल विकास मंत्रालय मिशन शक्ति के तहत योजना "सामर्थ्य" भी संचालित करता है, जिसमें शक्ति सदन घटक कठिन परिस्थितियों में महिलाओं की राहत और पुनर्वास के लिए है।

- viii. सरकार, राष्ट्रीय महिला आयोग (एनसीडब्ल्यू) जैसी संस्थाओं एवं राज्यों में उनके जैसी संस्थानों के द्वारा महिलाओं की सुरक्षा और संरक्षा के बारे में लोगों को संवेदनशील बनाने के लिए सेमिनारों, कार्यशालाओं, दृश्य-श्रव्य, प्रिंट तथा इलेक्ट्रॉनिक मीडिया इत्यादि के माध्यम से जागरूकता फैला रही है ताकि लोगों को महिलाओं की सुरक्षा एवं कानून के विभिन्न प्रावधानों तथा नीतियों इत्यादि के बारे में भी संवेदनशील बनाया जा सके। इसके अतिरिक्त, महिला एवं बाल विकास मंत्रालय और गृह मंत्रालय ने महिलाओं की सुरक्षा एवं संरक्षा से संबंधित विभिन्न मुद्दों पर राज्यों/संघ राज्य क्षेत्रों को समय-समय पर एडवाइजरी जारी की हैं। पंजीकृत शिकायतों के संबंध में, राष्ट्रीय महिला आयोग यह सुनिश्चित करने के लिए की शिकायतों का निवारण किया जाये और उन्हें तर्कसंगत निष्कर्ष तक पहुंचाया जाये, मामले को स्टेकहोल्डरों, विशेष रूप से पुलिस प्राधिकारियों के साथ उठाता है।
- ix. मंत्रालय ने दिनांक 22 जनवरी, 2025 को सभी कार्यात्मक सुविधाओं के साथ 'मिशन शक्ति पोर्टल' शुरू किया है। इस पोर्टल का उद्देश्य महिलाओं के लिए विभिन्न सरकारी सेवाओं में पहुंच बढ़ाना, बचाव, सुरक्षा और पुनर्वास के लिए गुणवत्ता तंत्र स्थापित करना एवं विभिन्न योजनाओं और कानूनों के तहत पदाधिकारियों और कर्तव्य धारकों की क्षमता का निर्माण करना है।

SELF-SUFFICIENCY IN UREA

954: SHRI SURESH KUMAR SHETKAR:

SHRI B. MANICKAM TAGORE:

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

- (a) whether the target to achieve self-sufficiency in urea by the financial year 2025–26 is on track, given that urea imports were still 70.42 lakh tonnes

in 2023–24 despite increased domestic production, if so, the details thereof;

- (b) the measures being taken to reduce reliance on phosphatic and potassic fertilizers, with over 106 lakh tonnes imported last year and no domestic MOP production;
- (c) whether import dependence persist despite a 15.5% rise in overall fertilizer output over the last two years, if so, the details thereof;
- (d) the current status of fertiliser units revival projects across the country including Talcher, Gorakhpur, Barauni, Sindri and Ramagundam;
- (e) the quantum of import substitution each project is estimated to contribute upon full commissioning; and
- (f) whether in view of the heavy import of raw materials like rock phosphate and potash, the Government has adopted any long term strategies to ensure input security, without which fertilizer self-sufficiency remains unachievable 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): 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 capacity of 76.2 LMTPA, thereby total indigenous urea production capacity (Reassessed Capacity, RAC) has increased from 207.54 LMTPA during 2014-15 to 283.74 LMTPA during 2023-24. Further, an exclusive policy for the revival of Talcher unit of FCIL through JVC of nominated PSUs namely Talcher Fertilizers Limited (TFL) by setting up a new Greenfield urea plant of 12.7 LMTPA at coal gasification route has also been approved. Recently, the Union Cabinet has approved the proposal for setting up of a new Brownfield Ammonia-Urea Complex of 12.7 Lakh Metric Tonnes (LMT) annual capacity of Urea production within the existing premises of Brahmaputra Valley Fertilizer Corporation Limited (BVFCL), Namrup, Assam on 19.03.2025. On completion of the project, the production of Urea in the country will increase by 25.4 LMTPA and this will assist in maximizing the indigenous production of Urea. 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 beyond RAC. The NUP-2015 has led to additional production of urea by 20-25 LMT as compared to the production during 2014-15 annually.

Above 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. During 2024-25, 306.67 LMT of Urea was produced in the country.

(b) and (c): The Government has implemented on Nutrient Based Subsidy Policy 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. Under NBS policy, P&K fertilizers are covered under Open General License (OGL) and companies are free to import these fertilizers as per their business dynamics.

Further, there are no known sources of Potash in the country and India is 100% dependent on import for its potash requirement. Hence, Government has notified Potash derived from Molasses (PDM) - which is 100% indigenously manufactured fertilizer, under Nutrient based subsidy (NBS) regime w.e.f 13.10.2021. Further, to reduce reliance on imported phosphatic and potassic fertilizers, following measures have been taken by the Government:

(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 from 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.

(d) and (e): In order to promote indigenous production of Urea in the country, Government of India mandated revival of Ramagundam (Telangana), Gorakhpur (Uttar Pradesh), Sindri (Jharkhand) and Talcher (Odisha) units of Fertilizer Corporation of India (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 LMTPA capacity each. The Ramagundam and Gorakhpur units have been commissioned on 22.03.2021 and 07.12.2021 respectively. Also, Barauni and Sindri units started Urea production on 18.10.2022 and 05.11.2022 respectively. These plants have added 50.8 LMT per annum of indigenous Urea production in the country. Currently, Talcher unit is under execution phase. Recently, the Union Cabinet has approved the proposal for setting up of a new Brownfield Ammonia-Urea Complex of 12.7 Lakh Metric Tonnes (LMT) annual capacity of Urea production within the existing premises of Brahmaputra Valley Fertilizer Corporation Limited (BVFCL), Namrup, Assam on

19.03.3025. On completion of the project, the production of Urea in the country will increase by 25.4 LMTPA and this will assist in maximizing the indigenous production of Urea.

(f): The Government consistently engages in discussion with resource rich countries for enchancing the import of raw materials like rock phosphate and potash in the country. The Government also facilitates signing of Long-Term Agreements (LTAs/Memoranda of Understanding (MOUs) between Indian companies and overseas suppliers to ensure a steady and reliable supply of raw materials in the country. In the case of Rock Phosphate, Indian companies currently have agreements/MoUs for an annual supply ranging from 16,00,000 to 18,00,000 Metric Tonnes (MT) from Morocco, 5,00,000 MT from Jordan, 2,40,000 MT from Togo and 1,50,000 MT from Mauritania. For Potash, Indian companies have secured annual supply agreements/MoUs for 6, 50,000 MT from Russia, 6, 00,000 MT from Belarus and 1, 25,000 MT from Jordan.

POSTPARTUM DEPRESSION AMONG WOMEN

955. SHRI SHAFI PARAMBIL:

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

- (a) whether the Government is aware of the high prevalence of Postpartum Depression among mothers in the country and if so, the details thereof, State/UTs-wise;
- (b) the details of data on the prevalence of Postpartum Depression among mothers in the country;

- (c) whether the Government has any plan to address the said serious issue which often leads to suicide of mothers and killing of their children in the country; 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) to (d): The data of the prevalence of Postpartum Depression among mothers in the country is not maintained centrally. However, as per National Mental Health Survey (NMHS) conducted in 2016 by the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore in 12 States of the country, the prevalence of depressive disorders in females over the age of 18 years is about 5.72%.

Under National Health Mission, Auxiliary Nurses and Midwifery (ANM) and Accredited Social Health Activist (ASHA) routinely assess the health issues of postpartum mothers including mental health during home visits.

Following a mother's discharge from a healthcare facility, ANM and ASHA conduct six postnatal home visits to ensure comprehensive postnatal care, which includes screening for postpartum depression. This evaluation involves identifying symptoms and referring the mother to an appropriate healthcare facility under the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) and or the Extended-PMSMA. Under the Optimization of Postnatal care scheme, ASHA is provided incentive for timely management.

To strengthen mental health services, the Government of India implements National Mental Health Programme (NMHP), which includes postpartum mothers. The District Mental Health Programme (DMHP) component of the NMHP has been sanctioned for implementation in 767 districts for which support is provided to States/UTs through the National Health Mission. Facilities made available under DMHP at the Community Health Centre(CHC) and Primary Health Centre(PHC) levels, inter- alia, include outpatient services, assessment, counselling/ psycho-social interventions, continuing care and support to persons with severe mental disorders, drugs, outreach services, ambulance services etc. In addition to above services there is a provision of 10 bedded in-patient facility at the District level.

The Government is also taking steps to strengthen mental healthcare services at primary healthcare level. The Government has upgraded more than 1.77 lakh Sub Health Centres (SHCs) and Primary Health Centres (PHCs) to Ayushman Arogya Mandirs. Mental health services have been added in the packages of services under Comprehensive Primary Health Care provided at these Ayushman Arogya Mandirs. Operational guidelines and training manuals for various cadres on Mental, Neurological, and Substance Use Disorders (MNS) at Ayushman Arogya Mandirs have been released under the ambit of Ayushman Bharat.

Under the tertiary care component of NMHP, 25 Centres of Excellence have been sanctioned to increase the intake of students in PG departments in mental health specialities as well as to provide tertiary level treatment facilities.

Further, the Government has also supported 19 Government medical colleges/institutions to strengthen 47 PG Departments in mental health specialties.

There are 47 Government run mental hospitals in the country, including 3 Central Mental Health Institutions, viz. National Institute of Mental Health and Neuro Sciences, Bengaluru, Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam and Central Institute of Psychiatry, Ranchi. Mental Health Services are also provisioned in all AIIMS.

Besides the above, the Government has launched a “National Tele Mental Health Programme” on 10th October, 2022, to further improve access to quality mental health counselling and care services in the country. As on 17.07.2025, 36 States/UTs have set up 53 Tele MANAS Cells and have started tele mental health services. More than 23,82,000 calls have been handled on the helpline number.

The Government has also launched Tele MANAS Mobile Application on the occasion of World Mental Health Day - October 10, 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 also launched the video consultation facility under Tele-MANAS, as another upgrade to the already existing audio calling facility.

KIDNEY TRANSPLANT

956. SHRI ANIL YESHWANT DESAI:

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

(a) the details of the data on kidney patients and kidney transplant in the country, State/UTwise;

(b) whether the Government has issued any guidelines/rules regarding organ transplant in the country and if so, the details thereof;

(c) whether there are any reservations about durability and safety of kidney transplant out of family with regard and if so, the details thereof; and

(d) whether there are any reports about malpractices adopted by kidney racketeers active in connivance with some doctors and hospitals and if so, the details thereof?

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

(a): The exact number of patients who are suffering from end stage renal disease requiring kidney transplant is not reported. However, the number of patients registered in the National Organ and Tissue Transplant Registry (NOTTR) maintained by National Organ and Tissue Transplant Organization (NOTTO), as recipient to receive kidney from deceased donor is 71748 as on 21.07.2025. The details of the kidney transplant performed in the country, State/UT- wise for the year 2024 is given in the enclosed **Statement**.

(b): The Government of India has enacted The Transplantation of Human Organs and Tissues Act, 1994 (amended in 2011) and notified the Transplantation of Human Organs and Tissues Rules, 2014, for regulation of removal, storage and transplantation of human organs and tissues for therapeutic purposes and for prevention of commercial dealing in human organs and tissues. The aforesaid Act and Rules define the procedures with regard to organ retrieval and transplantation. Further, Standard Operating Procedures (SOPs) available at (<https://notto.mohfw.gov.in/sop.htm>) and following guidelines (<https://notto.mohfw.gov.in/guidelines.htm>) have been issued with an aim for uniform implementation of the programme:

- i. NOTP operational guidelines
- ii. Updated NOTP operational guidelines
- iii. Updated allocation criteria for kidney
- iv. Updated allocation criteria for liver
- v. Allocation criteria for heart, lung and heart-lung
- vi. Allocation criteria for cornea
- vii. NOTTO transplant manual
- viii. National course curriculum for transplant coordinators

(c) and (d): Health and law & order are State subjects. It is primarily the responsibility of the respective States/UTs to take action for prevention and control of illegal organ trading/commercial dealings in organs and monitor the same. Transplantation of Human Organs and Tissues Act (THOTA) 1994 provides for Appropriate Authority (ies), for the purposes of this Act, to be

appointed by respective State Government. The State Appropriate Authority is empowered under the Act to investigate any complaint of breach of any of the provisions of this Act or any of the rules made thereunder and take appropriate action.

Regarding durability and safety of kidney transplant ,outcome of a transplant depends on many factors like age, sex, Body Mass Index, blood group matching, HLA matching, severity of the disease, comorbidities etc.

States are encouraged to take proactive actions to further strengthen the transplantation programme at State level. States may seek necessary assistance from the Centre through NOTP. Under NOTP, grants are provided to States depending upon the proposals received, for establishing ROTTOS and SOTTOS, augmenting infrastructure in public sector for setting up Organ Transplant/Retrieval Centers and Tissue Banks, hiring of Transplant Coordinators by Government Medical Colleges and Trauma Centers, maintenance of deceased donors, organ transport, post- transplant immune-suppressant medicines, carrying out awareness, training and capacity building activities etc.

STATEMENT

Number of kidney transplants performed in the country, State/UT- wise for the year 2024 (as reported by the States/UT)

S. No.	State/UT	Total
1.	Andaman Nicobar Island	0
2.	Andhra Pradesh	410
3.	Arunachal Pradesh	0
4.	Assam	70
5.	Bihar	31
6.	Chandigarh	317
7.	Chhattisgarh	76
8.	DHN&DD	0
9.	Delhi	2490
10.	Goa	10
11.	Gujarat	1018
12.	Haryana	118
13.	Himachal Pradesh	9
14.	Jammu and Kashmir	48
15.	Jharkhand	9
16.	Karnataka	516
17.	Kerala	1139
18.	Ladakh	0
19.	Lakshadweep	0
20.	Madhya Pradesh	318
21.	Maharashtra	1461
22.	Manipur	40
23.	Meghalaya	0
24.	Mizoram	0

25.	Nagaland	0
26.	Odisha	180
27.	Puducherry	61
28.	Punjab	466
29.	Rajasthan	604
30.	Sikkim	0
31.	Tamil Nadu	1796
32.	Telangana	821
33.	Tripura	2
34.	Uttar Pradesh	447
35.	Uttarakhand	16
36.	West Bengal	1003

INDIAN PHARMA UNITS IN KUWAIT

957. SHRI EATALA RAJENDER:

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

(a) whether a recent study has indicated that reliance on imports in the absence of significant manufacturing footprint coupled with a growing population make Kuwait a promising destination for Indian pharmaceutical firms to export or set up production facilities;

(b) whether low pharma exports from India to Kuwait is a pointer to an untapped potential for lower cost options from India, which is a major generic drugs supplier;

(c) if so, the details thereof indicating the extent of Indian pharma exports to Kuwait along with the steps taken to explore this untapped market;

- (d) the details of strategy worked out to improve the business with Kuwait and other Gulf countries in pharma sector along with the present status thereof; and
- (e) the proactive steps being taken to explore this untapped market?

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): A market study on pharmaceutical sector in Kuwait, commissioned by the Embassy of India and released in March 2025, highlights that Kuwait lacks significant pharmaceutical manufacturing capacity as there is only one local manufacturer in Kuwait. The study states that various advantages exist for Indian pharmaceutical companies to set up drug manufacturing in Kuwait, or to actively undertake exports to the country.

(b) to (e): As per data of the Directorate General of Commercial Intelligence and Statistics, it is seen that in the last four years, pharmaceuticals exports by India to Kuwait have grown rapidly and steadily, becoming more than threefold in a period of just three years, rising from US\$3.82 million in FY2021-22, to US\$ 6.16 million in FY2022-23, to US\$ 8.27 million in FY2023-24 to US\$ 12.17 million in FY 2024-25.

The Pharmaceuticals Export Promotion Council of India (Pharmexcil) under the Department of Commerce has informed that with a view to enhance exports to Kuwait, a virtual conference on the pharmaceutical sector and INDO-GCC Connect, a virtual pharmaceutical business-to-business sales meet were organised to connect Indian pharmaceutical companies with buyers from the Gulf

Cooperation Council countries, including Kuwait. Further, interaction with Kuwaiti conglomerates was held and interactions with major Kuwaiti business groups facilitated jointly by the Indian Embassy in Kuwait and Pharmexcil to explore partnerships with Indian pharmaceutical companies. In addition, on a request from the Ministry of Health, Kuwait, Pharmexcil has provided a list of Indian companies and manufacturers registered with United States Food and Drug Administration and European Medicines Agency.

Other steps taken to tap this market include invitation to key pharmaceutical stakeholders in Kuwait to attend the International Pharmaceutical Exhibition, iPHEX 2025 scheduled in September 2025 in New Delhi, during which buyer-seller meets with, among others, Kuwaiti importers, healthcare groups and regulators are planned.

LANCET STUDY ON ANAEMIA

958. SHRI GAURAV GOGOI:

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

- (a) whether the Government has taken note of the findings of the recent Lancet study highlighting the alarming burden of adolescent health challenges in the country including poor diet quality, anaemia and rising mental health concerns;
- (b) the current national data on prevalence of anaemia, malnutrition and mental health disorders among adolescents (ages 10–19), disaggregated by gender and region;

- (c) the specific programmes or interventions currently in place to address these adolescent health issues, particularly in school and community settings;
- (d) whether the Government is planning to revise or expand existing schemes like the Rashtriya Kishor Swasthya Karyakram (RKSK) to respond to the multi-dimensional health challenges raised by the study and if so, the details thereof; and
- (e) whether any inter-ministerial coordination is being undertaken between the Health, Education and Women & Child Development ministries to ensure a comprehensive adolescent health strategy 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): The National Family Health Survey (NFHS) data for prevalence of Anaemia and Malnutrition in the country provides for data availability for the age group of 15-19 years. State/UT wise data is given in the enclosed **Statement**.

As per the National Mental Health Survey (NMHS) 2015-16, undertaken across 12 States of India, 7.3% of adolescents (aged 13 – 17 years of age) were suffering from mental disorders with a similar distribution between males (7.5%) and females (7.1%).

To ensure the holistic health and development of the adolescent population, Ministry of Health and Family Welfare implements the Rashtriya Kishor Swasthya Karyakram (RKSK) since 2014 within the National Health Mission.

Approvals are given to States/UTs based on the proposals received in their Annual Programme Implementation Plans.

The Rashtriya Kishor Swasthya Karyakram addresses the multi-dimensional health challenges of the adolescents by having interventions across the themes of nutrition, non-communicable illnesses, substance abuse, injuries and violence (including gender-based violence), sexual reproductive health and mental health. The programme is implemented across health facilities with clinic-based services for health promotion and prevention of diseases, and interventions at schools and within communities.

The interventions to address the adolescent health issues within community and in schools are implemented in partnership with the Ministries of Education and Women and Child Development, and are as under:

- i. **Peer Education (PE) Programme** is implemented through selected and trained Peer Educators from schools and community, who form groups of boys and girls and conduct regular participatory sessions on issues of adolescent health.
- ii. **Weekly Iron Folic Acid Supplementation (WIFS) programme** entails provision of a weekly-supervised IFA tablets to in-school boys and girls and out-of-school girls for prevention of iron and folic acid deficiency anaemia. It is implemented across the country in both rural and urban areas, covering government, government aided schools, and Anganwadi Centres.
- iii. **National Deworming Day (NDD)** under which 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).

- iv. **School Health & Wellness Programme** is a joint initiative of Ministry of Health and Family Welfare and Ministry of Education to foster growth, development and educational achievement of school going children by promoting their health and wellbeing. Two teachers from each school trained as 'Health and Wellness Ambassadors" (HWAs) on 11 thematic areas including emotional wellbeing and mental health and nutrition, promotion of healthy lifestyles etc. conduct activity-based classroom sessions regularly.

STATEMENT

State/ UT wise data on Anaemia and Malnutrition (Source : NFHS 5 2019-21)							
Sr. No	States/ UTs	Women aged 15-19 years who are anaemic (%)	Men aged 15-19 years who are anaemic (%)	Women (15-19 yrs)		Men (15-19 yrs)	
				BMI <18.5 (thin) (%)	BMI ≥25.0 (overweight or obese) (%)	BMI <18.5 (thin) (%)	BMI ≥25.0 (overweight or obese) (%)
1	Andaman & Nicobar	44.9	27.1	NA	NA	NA	NA
2	Andhra Pradesh	60.1	18.7	39.6	9.8	40.8	13.2
3	Arunachal Pradesh	48.5	24.9	13.8	5.9	13.6	8
4	Assam	67	39.6	32.6	3.9	28	4.4
5	Bihar	65.7	34.8	43.6	2.6	46.2	2.4
6	Chandigarh	57.7	NA	NA	NA	NA	NA
7	Chhattisgarh	61.4	31.5	40.3	3.5	36.6	4.5
8	Delhi	51.6	18.9	31.6	10.3	31.8	13
9	DNH& DD	63.9	37	NA	NA	NA	NA
10	Goa	44.5	15.8	39.3	13.6	51.5	10.2
11	Gujarat	69	36	52.5	4.9	46.5	8.8
12	Haryana	62.3	29.9	40.8	6.8	38.3	7.6
13	Himachal Pradesh	53.2	22.1	39.7	4.9	33.6	6.4

14	J&K	76.2	53.5	18	6.8	15	10
15	Jharkhand	65.8	39.7	43.1	2.6	41.4	4.3
16	Karnataka	49.4	26.5	42.4	8.3	47.1	9.5
17	Kerala	32.5	27.4	34.8	6.9	36	7.1
18	Ladakh	96.9	93.1	NA	NA	NA	NA
19	Lakshadweep	31.4	NA	NA	NA	NA	NA
20	Madhya Pradesh	58.1	30.5	43.8	2.9	47.3	4.6
21	Maharashtra	57.2	27.9	48.2	7.1	41.3	8.3
22	Manipur	27.9	7.8	20.2	9.6	27.4	7.2
23	Meghalaya	52.5	30.1	19.7	2.4	22.5	2
24	Mizoram	34.9	21.5	11.3	8.5	19.4	6.6
25	Nagaland	33.9	19.6	35.7	2	27.2	0.7
26	Odisha	65.5	30	36	6.4	32.9	8.5
27	Puducherry	58.4	30.7	NA	NA	NA	NA
28	Punjab	60.3	32.7	38.5	8.2	34.2	8.5
29	Rajasthan	59.4	34	40.1	2	34.7	3.7
30	Sikkim	46.7	17.6	13.8	12	32.7	4.2
31	Tamil Nadu	52.9	24.6	34.6	14.2	36.9	11.9
32	Telangana	64.7	25.1	43.4	7.5	49.9	10.4
33	Tripura	67.9	27.2	33.8	8	43	15.7
34	Uttarakhand	40.9	27.6	31.1	6.7	38.6	3.6
35	Uttar Pradesh	52.9	28.2	37.3	3.9	40.2	3.4
36	West Bengal	70.8	38.7	31.7	7.1	36	3.9

आयुष को बढ़ावा देना

959. श्री बलवंत बसवंत वानखडे:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार द्वारा यूनानी चिकित्सा पद्धति सहित आयुष को बढ़ावा देने और लोकप्रिय बनाने के लिए पर्याप्त कदम उठाए गए हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार आयुर्वेद और अन्य आयुष उत्पादों/दवाओं में भारी धातुओं के कथित उपयोग से अवगत है;
- (ग) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और इस पर सरकार की क्या प्रतिक्रिया है;

(घ) वर्तमान में देश में कार्यशील यूनानी अस्पतालों और चिकित्सा केंद्रों का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा क्या है; और

(ङ) क्या सरकार का देश में, विशेषकर दिल्ली में ऐसे और अस्पताल/केंद्र खोलने का विचार है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क): मंत्रालय यूनानी चिकित्सा पद्धति सहित आयुष चिकित्सा पद्धति के बारे में जागरूकता बढ़ाने के लिए आयुष में सूचना, शिक्षा और संचार (आईईसी) संवर्धन हेतु केंद्रीय क्षेत्र योजना (सीएसएस) कार्यान्वित करता है। इसका उद्देश्य देश भर में आबादी के सभी वर्गों तक पहुंचना है। यह योजना राष्ट्रीय/राज्य आरोग्य मेलों, योग फेस्ट/उत्सवों, आयुर्वेद पर्वों आदि के आयोजन के लिए सहायता प्रदान करती है। मंत्रालय आयुष चिकित्सा पद्धति के बारे में जागरूकता बढ़ाने के लिए मल्टीमीडिया, प्रिंट मीडिया अभियान भी चलाता है।

आयुष मंत्रालय ने आयुर्वेद, योग एवं प्राकृतिक चिकित्सा, यूनानी, सिद्ध और होम्योपैथी (आयुष) में अंतर्राष्ट्रीय सहयोग (आईसी योजना) के संवर्धन हेतु केंद्रीय क्षेत्र की योजना (सीएसएस) भी विकसित की है। इस योजना के अंतर्गत, आयुष मंत्रालय भारतीय आयुष औषधि विनिर्माताओं/आयुष सेवा प्रदाताओं को आयुष उत्पादों और सेवाओं के निर्यात को बढ़ावा देने हेतु सहायता प्रदान करता है; आयुष चिकित्सा पद्धतियों के अंतर्राष्ट्रीय प्रचार, विकास और मान्यता को सुगम बनाता है; हितधारकों के बीच परस्पर संवाद को बढ़ावा देता है और अंतर्राष्ट्रीय स्तर पर आयुष क्षेत्र के बाजार में विकास को बढ़ावा देता है; विदेशों में आयुष अकादमिक पीठों की स्थापना के माध्यम से शिक्षा और अनुसंधान को बढ़ावा देता है और अंतर्राष्ट्रीय स्तर पर आयुर्वेद सहित आयुष चिकित्सा पद्धति के बारे में जागरूकता और रुचि को बढ़ावा देने और सुदृढ़ करने के लिए प्रशिक्षण कार्यशाला/संगोष्ठियाँ आयोजित करता है।

सीएसएस आईसी योजना के अंतर्गत 25 देश-दर-देश समझौता ज्ञापन (एमओयू), 15 आयुष पीठ एमओयू और 52 संस्थान-दर-संस्थान समझौता ज्ञापनों पर हस्ताक्षर किए गए हैं।

इसके अतिरिक्त, यूनानी चिकित्सा पद्धति सहित आयुष संवर्धन के लिए, आयुष मंत्रालय ने **विवरण-** I में दिए गए ब्यौरे के अनुसार 05 अनुसंधान परिषदें और 12 राष्ट्रीय संस्थान स्थापित किए हैं। ये संस्थान अपने परिधीय संस्थानों/इकाइयों/केंद्रों के साथ सामान्य बाह्य रोगी विभाग (ओपीडी), प्रजनन एवं बाल स्वास्थ्य (आरसीएच) ओपीडी, वृद्धावस्था ओपीडी, गैर-संचारी रोग (एनसीडी) क्लिनिक आदि के माध्यम से उपचार प्रदान कर रहे हैं और देश के विभिन्न भागों में आरोग्य, स्वास्थ्य मेले, स्वास्थ्य शिविर, प्रदर्शनियों और स्कूल स्वास्थ्य कार्यक्रमों आदि के माध्यम से यूनानी चिकित्सा पद्धति सहित आयुष संवर्धन हेतु जागरूकता गतिविधियों में भी कार्यरत हैं। इसके अलावा, ये आयुष चिकित्सा पद्धति से संबंधित जानकारी जनता के बीच प्रसारित करने के लिए पत्रिकाएँ/बुलेटिन भी प्रकाशित करते हैं, जो इलेक्ट्रॉनिक रूप में सार्वजनिक डोमेन पर उपलब्ध हैं और स्नातक (यूजी), स्नातकोत्तर (पीजी) और पीएचडी स्तर पर आयुष चिकित्सा पद्धति में शिक्षा भी प्रदान कर रहे हैं।

आयुष मंत्रालय देश में यूनानी चिकित्सा पद्धति सहित आयुष के विकास और संवर्धन के लिए राज्यों/संघ राज्य क्षेत्रों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना का भी कार्यान्वयन कर रहा है और राज्य/संघ राज्य क्षेत्रों की सरकारों को राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्रस्तुत प्रस्तावों के अनुसार अनुदान सहायता प्रदान की जाती है।

(ख) और (ग): आयुष मंत्रालय ने अपने अधीनस्थ कार्यालय के रूप में भारतीय चिकित्सा एवं होम्योपैथी भेषजसंहिता आयोग (पीसीआईएम एंड एच) की स्थापना की है। पीसीआईएम एंड एच आयुर्वेद, सिद्ध, यूनानी और होम्योपैथिक (एसयू एंड एच) औषधियों के लिए फार्मूलरी विनिर्देश और भेषज संहिता मानक निर्धारित करता है, जो औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 और उसके अंतर्गत नियम, 1945 के अनुसार, इसमें शामिल एसयू एंड एच औषधियों के गुणवत्ता नियंत्रण

(पहचान, शुद्धता और शक्ति) का पता लगाने के लिए आधिकारिक संग्रह के रूप में कार्य करते हैं। एएसयू और एच औषधियों के गुणवत्ता मानक विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) के दिशानिर्देशों के अनुसार भारी धातुओं की अनुमेय सीमाएँ भी निर्धारित करते हैं। भारत में विनिर्मित, विक्रय की गई और भण्डारित एएसयू और एच औषधियों के उत्पादन के लिए इन गुणवत्ता मानकों का अनुपालन अनिवार्य है। इन भेषज मानकों के कार्यान्वयन से यह सुनिश्चित होता है कि औषधियाँ पहचान, शुद्धता और शक्ति के संदर्भ में इष्टतम गुणवत्ता मानकों के अनुरूप हों।

(घ): देश में 267 यूनानी अस्पताल और 1874 यूनानी औषधालय कार्यशील हैं। ब्यौरा **विवरण-II** पर दिया गया है।

(ङ): जन स्वास्थ्य राज्य का विषय होने के कारण, दिल्ली सहित देश में यूनानी सहित आयुष अस्पतालों और औषधालयों की स्थापना संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के कार्यक्षेत्र में आती है। हालाँकि, राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के अंतर्गत, राज्यों/संघ राज्य क्षेत्रों को उन क्षेत्रों में नए एकीकृत आयुष अस्पतालों और नए आयुष औषधालयों की स्थापना के लिए वित्तीय सहायता का प्रावधान है, जहाँ आयुष सुविधाएँ उपलब्ध नहीं हैं। राज्य/संघ राज्य क्षेत्र की सरकारें एनएएम दिशानिर्देशों के प्रावधानों के अनुसार, राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके पात्र वित्तीय सहायता प्राप्त कर सकती हैं।

विवरण-I

आयुष मंत्रालय के अंतर्गत कार्यरत अनुसंधान परिषदों और राष्ट्रीय संस्थानों का ब्यौरा अनुसंधान परिषदें:

क्र.सं.	अनुसंधान परिषद का नाम
1	केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस)
2	केंद्रीय योग एवं प्राकृतिक चिकित्सा अनुसंधान परिषद (सीसीआरवाईएन)
3	केंद्रीय यूनानी चिकित्सा अनुसंधान परिषद (सीसीआरयूएम)
4	केंद्रीय सिद्ध अनुसंधान परिषद (सीसीआरएस)
5	केंद्रीय होम्योपैथी अनुसंधान परिषद (सीसीआरएच)

राष्ट्रीय संस्थान:

क्र.सं.	संस्थान के नाम
1	राष्ट्रीय आयुर्वेद संस्थान (एनआईए) ● जयपुर ● पंचकुला (अनुषंगी केंद्र)
2	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए) ● नई दिल्ली ● गोवा (अनुषंगी केंद्र)
3	<u>राष्ट्रीय आयुर्वेद विद्यापीठ (आरएवी), दिल्ली</u>
4	<u>आयुर्वेद शिक्षण एवं अनुसंधान संस्थान (आईटीआरए), जामनगर</u>
5	<u>मोरारजी देसाई राष्ट्रीय योग संस्थान (एमडीएनआईवाई), नई दिल्ली</u>
6	<u>राष्ट्रीय प्राकृतिक चिकित्सा संस्थान (एनआईएन), पुणे</u>
7	राष्ट्रीय यूनानी चिकित्सा संस्थान (एनआईयूएम) ● बेंगलुरु ● गाजियाबाद (अनुषंगी केंद्र)
8	<u>राष्ट्रीय सिद्ध संस्थान (एनआईएस), चेन्नई</u>
9	राष्ट्रीय होम्योपैथी संस्थान (एनआईएच) ● कोलकाता ● नरेला (अनुषंगी केंद्र)
10	<u>राष्ट्रीय सोवा रिग्पा संस्थान (एनआईएसआर), लेह</u>

11	पूर्वोत्तर आयुर्वेद एवं होम्योपैथी संस्थान (एनईआईएच), शिलांग
12	पूर्वोत्तर आयुर्वेद एवं लोक चिकित्सा अनुसंधान संस्थान (एनईआईएफएमआर), पासीघाट

विवरण-II

दिनांक 01.04.2023 तक यूनानी अस्पतालों और औषधालयों की राज्य-वार संख्या

क्र.सं.	राज्य/संघ राज्य क्षेत्र	यूनानी	
		अस्पतालों की संख्या	औषधालयों की संख्या
(क) राज्य/संघ राज्य क्षेत्र			
1	आंध्र प्रदेश	2	92
2	अरुणाचल प्रदेश	0	1
3	असम	0	0
4	बिहार	1	333
5	छत्तीसगढ़	1	26
6	दिल्ली	2	25
7	गोवा	0	0
8	गुजरात	0	0
9	हरियाणा	1	23
10	हिमाचल प्रदेश	0	3
11	जम्मू-कश्मीर	6	267
12	झारखंड	0	147
13	कर्नाटक	25	89
14	केरल	0	16
15	मध्य प्रदेश	4	64
16	महाराष्ट्र	7	24
17	मणिपुर	5	0
18	मेघालय	0	0
19	मिजोरम	0	0

20	नागालैंड	0	0
21	ओडिशा	0	9
22	पंजाब	1	34
23	राजस्थान	11	341
24	सिक्किम	0	0
25	तमिलनाडु	1	65
26	त्रिपुरा	0	0
27	उत्तर प्रदेश	183	73
28	उत्तराखंड	3	2
29	पश्चिम बंगाल	1	6
30	अंदमान एवं निकोबार द्वीप	0	0
31	चंडीगढ़	0	2
32	दादरा व नगर हवेली और दमन व दीव	0	0
33	लद्दाख	0	8
34	लक्षद्वीप	0	0
35	पुडुचेरी	0	0
36	तेलंगाना	3	184
कुल (क)		257	1834
(ख) सीजीएचएस और केंद्र सरकार के संगठन		10	40
कुल (क+ख)		267	1874

SPECIAL AYUSH HEALTHCARE INFRASTRUCTURE IN AMRITSAR

960. SHRI GURJEET SINGH AUJLA:

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

(a) whether the Government is aware that Amritsar being a critical border district adjoining the Pakistan zero-line, lacks sufficient AYUSH healthcare infrastructure and Ayurvedic manufacturing units despite growing demand in rural and border areas and if so, the details thereof; and

(b) whether the Government is planning to provide a special development package under the AYUSH mission to expand production units, wellness centres and Ayurvedic industries in and around Amritsar 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): Public health being a State subject, the primary responsibility to ensure sufficient Ayush healthcare infrastructure, wellness Centres & Ayurvedic manufacturing units in the State of Punjab including Amritsar District lies with respective State Government. However, the Ministry of Ayush is implementing the Centrally Sponsored Scheme of the National Ayush Mission (NAM) through State/UT Governments including Punjab for the overall development and promotion of Ayush systems of medicine across the country by providing financial assistance under different activities as per the proposal received through State Annual Action Plans (SAAPs). The National Ayush Mission (NAM), inter alia, makes provision for the following activities:

- i) Operationalization of Ayush Health and Wellness Centres (AHWCs) – now renamed as Ayushman Arogya Mandir (Ayush)

- ii) Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs), and District Hospitals (DHs)
- iii) Upgradation of existing Government Ayush Hospitals
- iv) Construction/Upgradation of Ayush Dispensaries under government or panchayat control
- v) Establishment of new 10/30/50-bedded Integrated Ayush Hospitals
- vi) Supply of essential Ayush medicines to government hospitals and dispensaries
- vii) Ayush Public Health Programmes focusing on community outreach
- viii) Establishment of new Government Ayush Colleges in underserved states
- ix) Infrastructure support to Ayush educational institutions, including UG/PG/add-on/para-medical/pharmacy courses

As per the proposal received through SAAPs, Grant-in-aid of Rs. 6902.92 lakhs has been released from 2014–15 to 2024–25 for the implementation of various approved activities of SAAPs in different districts of Punjab including Amritsar.

AB-PMJAY BENEFICIARIES IN MAHARASHTRA

961. SHRI DHAIRYASHEEL RAJSINH MOHITE PATIL:

SHRI BHASKAR MURLIDHAR BHAGARE:

SHRI NILESH DNYANDEV LANKE:

SHRI SANJAY DINA PATIL:

DR. AMOL RAMSING KOLHE:

SHRIMATI SUPRIYA SULE:

SHRI BAJRANG MANOHAR SONWANE:

PROF. VARSHA EKNATH GAIKWAD:

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

- (a) the total number of Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PM-JAY) beneficiaries in the State of Maharashtra till date;
- (b) whether all eligible households have been issued Ayushman cards and if not, the reasons for the delay and the steps taken to expedite the process;
- (c) whether the Government is aware of any issues in Maharashtra related to denial of treatment, rejection of Ayushman cards by hospitals or delay in claim settlement under PM-JAY;
- (d) if so, the number of such complaints received during the last two years and the action taken thereon;
- (e) the number of private and Government hospitals empanelled under PM-JAY in the said State;
- (f) whether the Government has identified gaps in PM-JAY implementation in rural, tribal and backward districts of Maharashtra;
- (g) if so, the steps taken/proposed to be taken by the Government to improve awareness, infrastructure and availability of empanelled hospitals in such areas;
- (h) whether any hospitals have been blacklisted for non-compliance, fraud or refusal to treat patients under the scheme and if so, the details thereof; and
- (i) whether the Government is planning to strengthen grievance redressal and fraud monitoring mechanisms in the said State under the PM-JAY framework and if so, the status of implementation of such systems?

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 a flagship scheme of the Government of India that provides health coverage of Rs. 5 lakhs per eligible beneficiary family per year for secondary and tertiary care hospitalization to 12 crore families, covering the bottom 40% of India's population.

As on date, more than 3.17 crore Ayushman cards have been generated for beneficiaries in the State of Maharashtra. In this regard, continuous coordination is maintained with State Health Authority (SHA). The most recent beneficiary data received from the Food and Civil Supplies Department, Maharashtra, is shared with NIC Delhi and successfully ingested into the BIS portal on 09.07.2025. Following this update, the beneficiary database is refreshed for further use. e-KYC performance reports of Field Level Workers (FLWs) is shared with District Health Officers and Civil Surgeons on regular basis, to monitor progress and ensure active participation on regular basis.

(c) and (d): As per the terms and conditions of empanelment, hospitals cannot deny treatment to eligible beneficiaries of the scheme. In case of denial of treatment by the empaneled hospital, beneficiaries can lodge grievances. Under AB-PMJAY, a three-tier grievance redressal system at District, State and National level has been created to resolve the issues faced by beneficiaries in

utilizing healthcare services. At each level, there is a dedicated nodal officer and Grievance Redressal Committees to address the grievances.

Beneficiaries can file their grievances using different mediums including web-based portal Centralized Grievance Redressal Management System (CGRMS), Central & State call centers (14555), email, letter to State Health Agencies (SHAs) etc. Based on the nature of grievance, necessary action including providing of support to the beneficiaries in availing treatment under the scheme, is taken.

(e): As on date, a total of 1,698 hospitals have been empanelled under the scheme across the state of Maharashtra, out of which 1,176 are private hospitals.

(f) and (g): AB-PMJAY has a comprehensive media and outreach strategy to spread awareness and empower beneficiaries for their rights and entitlements more prominently in rural and backward areas. This includes advertisement over traditional media platforms including newspapers, community radio, street plays, digital displays, radio campaigns, mass messaging, and telecast of beneficiary testimonials via Doordarshan etc. In addition to this, State Health Agencies have also engaged the wide network of frontline workers i.e., ASHAs, AWWs and VLEs (Village Level Entrepreneurs) who are pivotal in creating mass awareness at the grassroot level.

Further, the government has issued directions to the states to undertake extensive IEC activities to raise the awareness about the scheme. Additionally,

355 talukas in Maharashtra have at least 1 hospital empanelled under the scheme.

(h): Same as (c) and (d) above.

(i): National Health Authority's (NHA) IT platform, includes built-in anti-fraud features. These tools enable real-time monitoring and detection of fraudulent activities, thereby enhancing transparency and accountability. NHA provides all States and Union Territories with access to robust real time dashboard monitoring.

EXCLUSION OF YOGA AND NATUROPATHY FROM NCISM

962. DR. GUMMA THANUJA RANI:

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

- (a) Whether Government is aware of concerns raised regarding the exclusion of Yoga and Naturopathy from the National Commission for Indian System of Medicine (NCISM);
- (b) if so, the details thereof, including the rationale for this exclusion and its impact on professionals in these disciplines;
- (c) whether the Ministry is considering any measures to integrate Yoga and Naturopathy under the NCISM framework to provide regulatory oversight and professional recognition; 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): Yes. Yoga and Naturopathy were not included in the erstwhile Indian Medicine Central Council Act, 1970 and accordingly were also not considered for inclusion in the National Commission for Indian System of Medicine Act, 2020, as unlike other Indian System of Medicines, these are drugless systems. However, Ministry of Ayush has been consistently working towards the promotion and strengthening of Yoga and Naturopathy and has established an apex Central Research Council namely the Central Council for Research in Yoga and Naturopathy (CCRYN) and the teaching institutions such as the National Institute of Naturopathy (NIN) and the Morarji Desai National Institute of Yoga (MDNIY).

(c) and (d): No such measures have been considered yet.

CLINICAL TRIALS OF FAVIPIRAVIR

963. DR. MALLU RAVI:

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

- (a) whether the Government is aware of recent preclinical studies conducted by the National Institute of Virology (NIV), Pune regarding the use of Favipiravir as a treatment for the Chandipura virus (CHPV);
- (b) if so, the outcomes of these studies in terms of viral suppression and survival benefits observed in animal models;

(c) whether the Government proposes to initiate clinical trials of Favipiravir for human use in CHPV-affected regions and if so, the details thereof alongwith the timeline and responsible agencies;

(d) the current protocols for managing CHPV infections in the absence of a specific antiviral treatment; and

(e) the support extended by the Government to fast-track research and drug development for CHPV, especially in light of its high fatality rate among children?

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): Indian Council of Medical Research (ICMR) has informed that ICMR-National Institute of Virology (ICMR-NIV) Pune has conducted a pilot study to assess the antiviral activity of Favipiravir in Vero cells infected with Chandipura virus (CHPV) and demonstrated its antiviral effects. Complete inhibition of CHPV growth was observed at 320µM Favipiravir concentration. In addition, the antiviral effect of Favipiravir in Chandipura infected CD1 mice was also demonstrated as all the mice survived with the treatment of 300mg/kg/day of Favipiravir given orally for 7 days post infection.

(c): ICMR has informed that the clinical trials to prove efficacy are challenging because of sporadic occurrence of Chandipura disease.

(d): AIIMS and ICMR have informed that management primarily involves early detection, supportive clinical care, and symptomatic treatment. Hospitalized patients, especially children, are treated with intravenous fluids, antipyretics,

anticonvulsants, and measures to control cerebral edema, including ICU support when necessary. Laboratory confirmation is done via RTPCR and IgM ELISA. Due to the sporadic nature of outbreaks, surveillance and rapid case reporting are essential and being followed. Preventive measures focus on vector control and promoting personal protection through repellents and insecticide-treated nets.

(e): Indian Council of Medical Research (ICMR) has undertaken a multicentric research initiative involving Indian Council of Agricultural Research (ICAR), National Centre for Disease Control (NCDC), and the Gujarat State Health Department to comprehensively investigate disease pathogenesis, transmission dynamics, and potential insect or animal reservoirs.

SHIPBUILDING FINANCIAL ASSISTANCE POLICY

964. SHRI G. M. HARISH BALAYOGI:

SHRI LAVU SRIKRISHNA DEVARAYALU:

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

(a) whether both public and private shipyards are eligible under the proposed Shipbuilding Financial Assistance Policy (SBFAP) 2.0, if so, the details of types of vessels to be covered under SBFAP 2.0;

(b) the number and type of ships constructed along with the financial assistance received by individual shipyards under the previous policy;

(c) whether shipyards that benefited from the earlier scheme secured any export orders, if so, the details thereof;

(d) whether the Government has assessed the reasons for limited uptake of the earlier scheme, if so, the details thereof;

(e) whether the revised policy includes measures to incentivize technological upgradation, automation and domestic sourcing of materials to enhance the global competitiveness of Indian shipyards and if so, details thereof and if not, the reasons thereof;

(f) the current status of Cabinet approval for SBFAP 2.0 and the expected timeline for its rollout; and

(g) the steps being taken to promote shipbuilding in underserved coastal regions?

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

(a), (e) and (f): The policy is yet to be approved.

(b) to (d) and (g): Ship Building financial assistance of Rs 499.61 crore has been disbursed as financial assistance for 177 vessels. Shipyard wise number of vessels financed under the SBFAP is given below:

Name of the shipyard	Number of ships financed under SBFAP
AH Wadia Boat Builders	1
AC Roy & Company	4
AC Roy Shipbuilders Pvt. Ltd.	23
Atreya Shipyard Private Limited	4
Chowgule & Company Private Limited	14
Cochin Shipyard Limited	22
Dempo Shipbuilding and Engineering Private Limited	1
Garden Reach Shipbuilders and Engineers Limited	1

Goa Shipyard Limited	4
MandoviDrydocks	42
Praka Engineering Shipyard	2
San Marine	1
Sembmarine Kakinada Limited	2
Shoft Shipyard Private Limited	26
Sunrich Ship Management Private Limited	1
Synergy Shipbuilders	3
Titagarh Wagons Limited	2
Udupi Cochin Shipyard Limited	5
Victoria Shipbuilding and Engineering LLP	1
Vijai Marine Services	15
Waterways Shipyard Private Limited	1
Zuari Shipyard Private Limited	2

Vessels like Tugs, General cargo vessel, Bulk carrier, Oil Tanker, crane pontoon, heavy deck cargo vessel, RO-RO pax vessel, crew boat, deck loading craft, coastal research vessel, modular pontoon, passenger catamaran, passenger cum motor cycle ferry, passenger ferry, landing craft, Auto barge self propelled, jack-up barge and self elevating platform have been delivered by Indian shipyards have and subsequently received financial assistance under the SBFAP. All the shipyards are located in coastal regions or in near coastal regions.

142 number of export vessels have been granted in-principle approvals under the SBFAP. Of which, 19 ships have been delivered by the shipyards and have subsequently received financial assistance. These ships have been exported to several European countries, UAE, Guyana, Mauritius and others.

The SBFAP faced the following hurdles in its implementation: -

- Shipbuilding is a long gestation industry and each ship takes time to be constructed.
- COVID pandemic also affected the shipbuilding industry.
- The amount of financial assistance released has increased from Rs 29 Cr in 2018-19 to Rs 90 Cr and Rs 137 Cr in 2023-24 & 2024-25 respectively.

IMPROVEMENT IN PORT INFRASTRUCTURE

965. SHRI RAVINDRA DATTARAM WAIKAR:

SHRI NARESH GANPAT MHASKE:

DR. SHRIKANT EKNATH SHINDE:

SHRI RAJESH VERMA:

SHRIMATI SHAMBHAVI:

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

- (a) the measures implemented by the Government to reduce the average turnaround time of major ports in the country;
- (b) the manner in which the Government plans to enhance operational efficiency at ports to facilitate quicker loading and unloading processes;
- (c) the details of any specific initiatives or investments aimed at improving port infrastructure and technology;
- (d) the role played by stakeholder engagement in identifying bottlenecks and streamlining operations at major ports; and

(e) the manner in which the Government intends to monitor progress in reducing turnaround times and improving overall port performance?

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

(a) and (b) : The Ministry of Ports, Shipping and Waterways has undertaken several initiatives to reduce the average turnaround time and enhance operational efficiency at major ports in the country. These include the construction of new berths, terminals and parking plazas, mechanization and modernization of existing port infrastructure, process re-engineering, digitalization of port processes, and enhancement of hinterland connectivity through improved rail and road networks.

(c): To improve port infrastructure and technology, various projects have been operationalised, focusing on modernization and capacity expansion of berths and terminals such as Vadhvan Port, Tuna Tekra Cargo Terminal etc. Moreover, the Major Port Authorities Act, 2021 has provided greater autonomy to port authorities, market driven tariff mechanism for PPP operators to boost private investment and efficiency.

(d): Stakeholders play a pivotal role in identifying bottlenecks and streamlining operations by providing feedback and comments during policy formulation, project restructuring etc. Moreover, major ports engage in regular interactions with stakeholders.

(e): To monitor the overall port performance including turnaround time, the Sagarmanthan Dashboard has been developed wherein these indicators are

regularly tracked and assessed to evaluate the effectiveness of implemented measures.

SETTLEMENT OF PAYMENT OF PRIVATE HOSPITALS

966. SHRI DEEPAK ADHIKARI (DEV):

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

- (a) the details of the total due amount of Central Government's share under Ayushman Bharat Yojana as on 30.06.2025 to be paid to Private Hospitals; and
- (b) the average time of Settlement of Payment claim of Private Hospitals with regard to the Central Government's share?

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

(a) and (b): Under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), settlement of claims is an ongoing process and claims are settled by respective State Health Agencies (SHA). National Health Authority has laid down guidelines for payment of claim to hospitals within 15 days of claims submission for the intra-state hospitals (hospitals located within State) and within 30 days in case of portability claims (hospitals located outside State).

आयुष्मान भारत-पीएमजेएवाई का प्रभाव

967. श्री ज्ञानेश्वर पाटील:

श्री संदिपनराव आसाराम भुमरे:

श्रीमती कलाबेन मोहनभाई देलकर:

डॉ. शिवाजी बंडाप्पा कालगे:

डॉ. कल्याण वैजीनाथराव काले:

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

(क) क्या आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के प्रभाव का देश भर के ग्रामीण और आदिवासी क्षेत्रों, विशेषकर महाराष्ट्र, मध्य प्रदेश और संघ राज्यक्षेत्र दादरा एवं नगर हवेली में मूल्यांकन किया गया है;

(ख) यदि हाँ, तो महाराष्ट्र, विशेषकर मध्य प्रदेश के छत्रपति संभाजीनगर जिले और दादरा एवं नगर हवेली में उक्त योजना के अंतर्गत लाभार्थियों, सूचीबद्ध अस्पतालों और निपटाए गए दावों की संख्या कितनी है;

(ग) क्या सरकार का विचार महाराष्ट्र और दादरा एवं नगर हवेली में, विशेषकर खराब स्वास्थ्य संकेतकों वाले जिलों में स्वास्थ्यकर्मियों और अवसंरचना की कमी को दूर करने का है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(घ) सरकार द्वारा राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत महाराष्ट्र, मध्य प्रदेश और दादरा एवं नगर हवेली में स्वास्थ्य सेवाओं की गुणवत्ता में सुधार करने के लिए क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है;

(ङ) क्या सरकार का आयुष्मान भारत-पीएमजेएवाई के अंतर्गत महाराष्ट्र की आदिवासी और ग्रामीण महिलाओं को कुछ विशेष सुविधाएँ प्रदान करने का विचार है; और

(च) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

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

(क) और (ख): आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) सरकार की एक प्रमुख योजना है जो भारत की आबादी के आर्थिक रूप से कमजोर निचले स्तर की 40% आबादी

वाले 12 करोड़ परिवारों को मध्यम और विशिष्ट परिचर्या अस्पताल में भर्ती हेतु प्रति परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य कवर प्रदान करती है।

इसके अतिरिक्त, मार्च 2024 में, पात्रता मानदंडों को विस्तारित करके 37 लाख मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ताओं (आशाकर्मी), आंगनवाड़ी कार्यकर्ताओं (एडब्ल्यूडब्ल्यू), आंगनवाड़ी सहायिकाओं (एडब्ल्यूएच) और उनके परिवारों को शामिल किया गया है। हाल ही में, इस योजना का विस्तार करके 70 वर्ष और उससे अधिक आयु के 6 करोड़ वरिष्ठ नागरिकों को, जो 4.5 करोड़ परिवारों का प्रतिनिधित्व करते हैं, वय वंदना कार्ड के माध्यम से, उनकी सामाजिक-आर्थिक स्थिति पर ध्यान दिए बिना, कवर किया गया है।

यह योजना महाराष्ट्र, मध्य प्रदेश और संघ राज्य क्षेत्र दादरा और नगर हवेली तथा दमन और दीव (डीएनएच-डीडी) में लागू की गई है, जिसमें राज्यों/संघ राज्य क्षेत्रों के ग्रामीण क्षेत्र भी शामिल हैं। योजना के अंतर्गत लाभार्थियों की संख्या, पैनलबद्ध अस्पताल, अस्पताल में भर्ती और निपटान किए गए दावों का विवरण निम्नानुसार है:

	महाराष्ट्र	मध्य प्रदेश	दादरा और नगर हवेली-दमन और दीव
बनाए गए आयुष्मान कार्ड	3.17 करोड़	4.35 करोड़	4.45 करोड़
कुल पैनलबद्ध अस्पताल	1,698	1,118	20
अस्पताल में भर्ती हुए रोगियों की संख्या	33.26 लाख	60.27 लाख	1.5 लाख
भुगतान किए गए दावों की राशि (रु. में)	4,215 करोड़	7,656 करोड़	92.69 करोड़

ज़िला	बनाए गए आयुष्मान कार्ड	कुल पैनलबद्ध अस्पताल	अस्पताल में भर्ती हुए रोगियों की संख्या	भुगतान किए गए दावों की राशि (रु. में)
छत्रपति संभाजी नगर	8.87 लाख	88	2.30 लाख	158 करोड़

(ग): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) विशेष रूप से ग्रामीण क्षेत्रों में स्वास्थ्य अवसंरचना में सुधार, स्वास्थ्य सुविधाकेंद्रों में पर्याप्त मानव संसाधनों की उपलब्धता, वंचित और हाशिए पर रहने वाले समूहों के लिए गुणवत्तापूर्ण स्वास्थ्य परिचर्या की उपलब्धता और पहुंच में सुधार के लिए सहायता प्रदान करता है। स्वास्थ्य और परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर जन स्वास्थ्य सेवा प्रणाली को सुदृढ़ करने के लिए राज्य/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 हेतु अनुमोदन प्रदान करती है।

भारत सरकार द्वारा देश भर के ग्रामीण और दूरदराज के क्षेत्रों में बेहतर सेवा प्रदायगी के लिए चिकित्सा पेशेवरों को प्रोत्साहन और मानदेय देने जैसी कई पहल की गई है, जिनमें निम्नलिखित शामिल हैं:

- i. ग्रामीण और दूर-दराज के क्षेत्रों में सेवा करने के लिए विशेषज्ञ डॉक्टरों को दुर्गम क्षेत्र भत्ता।
- ii. राज्यों को विशेषज्ञों को आकर्षित करने के लिए बातचीत कर वेतन की पेशकश करने की भी अनुमति है, जिसमें "यू कोट, वी पे" जैसी कार्यनीतियों वाला लचीलापन भी शामिल है।
- iii. एनएचएम के अंतर्गत गैर-मौद्रिक प्रोत्साहन जैसे कि दुर्गम क्षेत्रों में कार्यरत कर्मचारियों के लिए स्नातकोत्तर पाठ्यक्रमों में अधिमान्य प्रवेश तथा ग्रामीण क्षेत्रों में आवास व्यवस्था में सुधार भी शुरू किया गया है।
- iv. एनएचएम के अंतर्गत विशेषज्ञों की कमी को दूर करने के लिए डॉक्टरों के बहु-कौशल को समर्थन प्रदान किया जाता है।

संघ राज्य क्षेत्र दादरा और नगर हवेली में मानव संसाधन हेतु निम्नलिखित निधियां स्वीकृत की गई हैं:

- (f) राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत, एनएचएम मानव संसाधन के पारिश्रमिक हेतु, वित्त वर्ष 2024-25 के लिए 31.18 करोड़ रुपये और वित्त वर्ष 2025-26 के लिए 32.71 करोड़ रुपये की धनराशि स्वीकृत की गई है। स्वास्थ्य सेवा कर्मचारियों के प्रोत्साहन के लिए भी निधियां अनुमोदित की गई हैं, जो वित्त वर्ष 2024-25 और वित्त वर्ष 2025-26 प्रत्येक के लिए 11.36 लाख रुपये हैं।
- (g) कार्यवाही रिकॉर्ड (आरओपी) 2024-26 के अंतर्गत बुनियादी ढाँचे के लिए, वित्त वर्ष 2024-25 और वित्त वर्ष 2025-26 प्रत्येक के लिए 3.60 लाख रुपये की निधियां अनुमोदित की गई हैं।

(घ): स्वास्थ्य परिचर्या सेवाओं की गुणवत्ता सुनिश्चित करने और उसे बेहतर बनाने के उद्देश्य से, प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) और सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) सहित सभी स्वास्थ्य सुविधा केंद्रों के लिए राष्ट्रीय गुणवत्ता आश्वासन मानक (एनक्यूएस) शुरू किए गए हैं। भारत सरकार द्वारा भारतीय सार्वजनिक स्वास्थ्य मानक (आईपीएस) निर्धारित किए गए हैं, जिनका उद्देश्य सेवाओं के मानक और गुणवत्ता में सुधार लाना और जन स्वास्थ्य सुविधा केंद्रों की कार्यक्षमता का आकलन करने के लिए एक समान मानदंड प्रदान करना है। इन मानकों में सेवाओं, अवसंरचना, मानव संसाधन, निदान, उपकरण, दवाइयाँ आदि के मानदंड शामिल हैं।

(ड) और (च): एबी-पीएमजेवाई 1961 प्रक्रियाओं के अनुरूप 27 विभिन्न चिकित्सा विशेषज्ञताओं में मध्यम और विशिष्ट परिचर्या अस्पताल में भर्ती के लिए प्रति वर्ष प्रत्येक पात्र लाभार्थी परिवार को 5 लाख रुपये तक की निःशुल्क स्वास्थ्य सेवा प्रदान करता है। इसमें महिलाओं से संबंधित कई पैकेज जैसे उच्च जोखिम वाली गर्भावस्था, महिला विशिष्ट कैंसर, आदि शामिल हैं। बीआईएस 2.0 के तहत शुरू की गई प्रमुख विशेषताओं में से एक पहचान का ऑफ़लाइन मोड है, जिसे विशेष रूप से खराब या अस्थिर इंटरनेट कनेक्टिविटी वाले क्षेत्रों की सहायता के लिए तैयार किया गया है।

नामांकन मोबाइल फोन एप्लिकेशन (आयुष्मान ऐप), और वेब पोर्टल (beneficiary.nha.gov.in) या नज़दीकी पैनलबद्ध अस्पताल या कॉमन सर्विस सेंटर के माध्यम से भी किया जा सकता है। उपर्युक्त एप्लिकेशन में स्व-पंजीकरण की सुविधा भी उपलब्ध है। इसके अतिरिक्त, राष्ट्रीय टोल-फ्री हेल्पलाइन (14555) लाभार्थियों को उनके प्रश्नों के लिए सहायता प्रदान करती है।

CGHS RATES REVISION

968. SHRI B.Y. RAGHAVENDRA:

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

- (a) whether there is any proposal to increase the CGHS rates, considering they have remained unchanged for the past five years and if so, the details thereof;
- (b) whether the Government has any plans and timeline for revising the CGHS rates and if so, the details thereof alongwith the time when CGHS rates were last revised;
- (c) the total number of private hospitals and nursing homes with more than 50 beds;
- (d) the number of private hospitals having a bed capacity of over 50 empanelled under the CGHS, ABY, and ESI schemes; and
- (e) the time-frame by which a revision of laboratory charges and rates for common medical procedures like Caesarean section, appendectomy, herniotomy, and craniotomy, which have remained unchanged since 2014 is likely to be done?

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 revision of CGHS package rates is a continuous process. In recent years, CGHS have revised (i) Consultation Fee, ICU Rates and Room rents, (ii) 36 Radiological investigations and other investigations, (iii) 43 Cardiology procedures and Imaging, and (iv) 58 General Surgery, on 12.04.2023, 19.06.2023, 19.12.2023 and 01.02.2024 respectively.

Overhauling the complete list of investigations and procedures, is envisaged, under which the new rates have been approved by the Ministry. A new version of the Bill Clearing Software for CGHS has been taken up by CGHS in coordination with NHA, to simultaneously implement the new rates and empanelment terms and conditions.

A total of 992 private hospitals with more than 50 beds are empanelled under CGHS, 1198 under ESIC, and 2503 under PMJAY/ABY.

AYUSHMAN VAY VANDANA CARDS

969. SHRIMATI BIJULI KALITA MEDHI:

SHRI BUNTY VIVEK SAHU:

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

(a) the details of Ayushman Vay Vandana Card Scheme and the States where it has been implemented;

(b) the measures being put in place to ensure the benefits of Ayushman Vay Vandana Cards reach the most vulnerable section of the population, particularly in rural, backward and underserved areas;

(c) whether there are any plans to expand the scope of the programme to include additional healthcare benefits or services in the country in the future;

(d) if so, the details thereof; and

(e) the details of the progress of this scheme in Madhya Pradesh, district-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): On 29.10.2024, the Government of India expanded Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to provide free treatment benefits of up to ₹5 lakh per year to all senior citizens aged 70 years and above, irrespective of their socio-economic status through Ayushman Vay Vandana cards. The scheme is rolled out in all the AB-PMJAY implementing States/UTs except West Bengal.

(b): AB-PMJAY has a comprehensive media and outreach strategy to spread awareness and empower beneficiaries for their rights and entitlements more prominently in rural and backward areas. This includes advertisement over traditional media platforms including newspapers, community radio, street plays, digital displays, radio campaigns, mass messaging, telecast of beneficiary testimonials via Doordarshan, etc. In addition to this, State Health Agencies have also engaged the wide network of frontline workers i.e., ASHAs, AWWs and

VLEs (Village level Entrepreneurs) who are pivotal in creating mass awareness at the grassroot level. In addition to this, the Ayushman Vay Vandana Card beneficiaries can call to 24x7 call centre (14555) for any assistance/queries.

Further, States also undertake extensive IEC activities to raise the awareness about the expansion of AB-PMJAY for all senior citizens of the age 70 years and above.

(c) and (d): In the latest national master of the Health Benefit Package (HBP) the scheme provides cashless healthcare services related to 1961 procedures across 27 medical specialties including General Medicine, General Surgery, Orthopaedics, Cardiology, Oncology etc. Further, States have been provided flexibility to further customize the Health Benefit Packages to local context. Regular updation such as inclusion of new procedures, empanelment of new hospitals, inclusion of new beneficiaries and other improvements are done in the scheme as per requirements from time to time.

(e): The district-wise details of number of Ayushman Vay Vandana cards created in Madhya Pradesh are given in the enclosed **Statement**.

STATEMENT

District-wise details of Ayushman Vay Vandana cards created in Madhya Pradesh

District	No. of Ayushman Vay Vandana cards created
Agar Malwa	13,261
Alirajpur	5,949
Anuppur	15,468
Ashoknagar	14,980
Balaghat	57,787
Barwani	19,493

Betul	42,263
Bhind	22,080
Bhopal	46,989
Burhanpur	14,842
Chhatarpur	48,979
Chhindwara	44,324
Damoh	24,968
Datia	14,023
Dewas	29,959
Dhar	38,274
Dindori	13,669
Guna	20,765
Gwalior	42,202
Harda	12,612
Indore	74,844
Jabalpur	33,079
Jhabua	14,447
Katni	25,105
Khandwa	24,506
Khargone	34,997
Maihar	14,470
Mandla	20,511
Mandsaur	27,379
Mauganj	7,303
Morena	21,897
Narmadapuram	26,591
Narsinghpur	25,068
Neemuch	15,275
Niwari	10,556
Pandhurna	7,610
Panna	15,876
Raisen	27,821
Rajgarh	45,867
Ratlam	24,977
Rewa	32,994

Sagar	56,444
Satna	27,848
Sehore	28,710
Seoni	28,081
Shahdol	16,421
Shajapur	19,728
Sheopur	8,320
Shivpuri	21,694
Sidhi	21,013
Singrauli	14,001
Tikamgarh	17,588
Ujjain	70,565
Umaria	11,802
Vidisha	28,625

MANPOWER SHORTAGES IN HEALTHCARE INSTITUTIONS

970. SUSHRI PRANITI SUSHILKUMAR SHINDE:

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

(a) whether the Government is aware of the findings of the recent CAG audit regarding significant manpower shortages in healthcare institutions across Maharashtra under the Public Health Department and the Medical Education and Drugs Department;

(b) if so, the details thereof including the percentage shortfall of doctors, nurses, and paramedical staff at primary, secondary, and women's hospitals;

(c) whether specialist doctor shortfall under the Public Health Department has reached as high as 42% and trauma care centres and AYUSH institutions are facing acute staffing deficits and if so, the details thereof;

(d) whether the sanctioned strength of doctors under the Public Health Department is 17% lower than the norms prescribed under the Indian Public Health Standards (IPHS), 2012 and if so, the details thereof; and

(e) the steps taken/proposed to be taken by the Government to address regional disparities, recruit adequate personnel and ensure compliance with IPHS norms to improve public healthcare delivery in Maharashtra?

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

(a) to (e): As informed by the Government of Maharashtra, according to 2024 report of the Comptroller and Auditor General of India, the doctor-population ratio in the state of Maharashtra is 1:732. According to the WHO benchmark, the expected ratio is 1:1000. The doctor-population ratio in the state is 37 percent higher than the WHO norms.

Health Dynamics of India (HDI) (Infrastructure & Human Resources), 2022-23 is an annual publication, based on Health care administrative data reported by States/UTs. Details of shortfall of health manpower in rural & urban areas in the country 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

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

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

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, which include:

- i. 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.
- ii. States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- iii. 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.
- iv. 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).

POOR DIGITAL INFRASTRUCTURE OF JUDICIAL PORTALS**971. SHRIMATI ROOPKUMARI CHOUDHARY:**

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

- (a) whether the Government is aware of the delayed or inconsistent uploading of judgments, orders, cause lists and daily proceedings on websites of various courts and tribunals, if so, the details thereof;
- (b) whether issues such as frequent downtime, outdated user interfaces, non-standardized formats and broken links are affecting public access to judicial information, if so, the details thereof;
- (c) whether any technical audit or performance review of court websites, especially in the lower judiciary and tribunals, has been conducted, if so, the outcome thereof;
- (d) the measures taken or proposed to ensure real-time uploading, standardization of content, and improvement of digital infrastructure under the e-Courts Mission Mode Project; and
- (e) whether a centralized monitoring mechanism or dashboard is being developed to track the performance and accessibility of court websites across the Country?

**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 part of the efforts being made under the e-Courts Mission Mode Project, the e-Committee, Supreme Court of India is sensitive to the need for

timely and consistent uploading of judgments and orders for the benefit of the stakeholders. The Case Information System (CIS) software developed under the e-Courts Project provides facility for publication of judgments, court orders, cause lists and daily proceedings for information of litigants and citizens, who can access these documents through various service delivery channels of the e-Courts project.

Further, the National Judicial Data Grid (NJDG), which was launched under the e-Courts Project, hosts data regarding 25.60 crore court cases and 31.78 crore interim orders and judgments. Various facilities such as SMS alerts, mobile applications and dedicated portals have been created to ensure real-time availability of cause lists and court orders. In addition, the details of court cases, for which next date of hearing has not yet been given, are available on NJDG. Further, the facility for efficient monitoring of the cases has been provided to judges and judicial officers through the JustIs App developed under e-Courts Project.

(b): All e-Courts portals are hosted on cloud facility (Meghraj 2.0) of National Informatics Centre. In order to ensure seamless access to users, these portals are security audited by agency empaneled by Indian Computer Emergency Response Team (CERT-in). Further, the Centre of Excellence of e-Courts Project, National Informatics Centre (NIC), Pune uses an automated monitoring portal for continuous monitoring of the health of network and important applications. In case of any unexpected downtime or outage, the team swiftly

takes remedial measures. However, at occasions, planned downtimes are undertaken for important maintenance related activities.

(c) to (e): As part of Phase-III of e-Courts Project, websites of District Courts have been migrated to S3WAAS (Secure, Scalable and Sugamya Website as a Service) platform. As per S3WAAS protocol, periodic audits of all the websites are carried out in accordance with the guidelines of NIC and CERT-in. Other websites developed under e-Courts project are hosted on National Government Cloud platform. As a result, the websites remain secure and accessible.

Under the e-Courts Mission Mode Project, several measures have been taken to enhance accessibility and reliability of judicial information. The data including order, judgments and cause lists from the Case Information System is replicated on to the National Data Centre in near real-time. A dedicated team at each court complex monitors these activities. In addition, a standardized National Core Case Information System has been deployed across all courts in the country. As regards the digital infrastructure in the Courts, the same is being upgraded in a phased manner as part of the e-Courts Project. At District and High Court levels, dedicated teams are in place to track performance, uptime and data accuracy of the courts. As on date, digital infrastructure has been provided to 18,735 courts, as per details given in the enclosed **Statement**.

STATEMENT

The details of digital infrastructure of Judicial Portals

S. No	High Court	State	Number of Court Complexes	Number of Courts
1	Allahabad	Uttar Pradesh	180	2222
2	Andhra Pradesh	Andhra Pradesh	218	617
3	Bombay	Dadra and Nagar Haveli	1	3
		Daman and Diu	2	2
		Goa	17	39
		Maharashtra	471	2157
4	Calcutta	Andaman & Nicobar Islands	4	14
		West Bengal	89	827
5	Chhattisgarh	Chhattisgarh	93	434
6	Delhi	Delhi	6	681
7	Gauhati	Arunachal Pradesh	14	28
		Assam	74	408
		Mizoram	8	69
		Nagaland	11	37
8	Gujarat	Gujarat	376	1268
9	Himachal Pradesh	Himachal Pradesh	50	162
10	Jammu & Kashmir and Ladakh	Union Territory of Jammu & Kashmir and Ladakh	86	218
11	Jharkhand	Jharkhand	28	447
12	Karnataka	Karnataka	207	1031
13	Kerala	Kerala	158	484
		Lakshadweep	1	3
14	Madhya Pradesh	Madhya Pradesh	213	1363
15	Madras	Puducherry	4	24
		Tamil Nadu	263	1124
16	Manipur	Manipur	17	38
17	Meghalaya	Meghalaya	7	42
18	Orissa	Odisha	185	686

19	Patna	Bihar	84	1142
20	Punjab & Haryana	Chandigarh	1	30
		Haryana	53	500
		Punjab	64	541
21	Rajasthan	Rajasthan	247	1240
22	Sikkim	Sikkim	8	23
23	Telangana	Telangana	129	476
24	Tripura	Tripura	14	84
25	Uttarakhand	Uttarakhand	69	271
Total			3452	18735

**ASSISTANCE UNDER PMSSY AND NHM TO KOTTAYAM
MEDICAL COLLEGE**

972. SHRI K. SUDHAKARAN:

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

(a) the details of Union Government assistance under PMSSY and NHM for infrastructure upgrades at Kottayam Medical College Hospital in the State of Kerala;

(b) whether the Ministry was aware of the dilapidated condition of the collapsed building, reported since 2013, if so, the details thereof;

(c) the steps taken to ensure structural audits of old hospital buildings across Kerala under central schemes;

(d) the measures taken to enhance Centre-State coordination to prevent such incidents; and

(e) the financial aid provided to the family of the deceased and injured in the collapse of the buildings of the said hospital?

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): Government Medical College (GMC) at Kottayam, Kerala is a State funded medical college. The construction & management of the college comes under the purview of the State Government of Kerala. Further, Public Health and Hospitals is a State subject and the responsibility for strengthening of healthcare system lies with respective State/UT Governments. However, Ministry of Health and Family Welfare, Government of India provides financial and technical support to the States/UTs. under National Health Mission (NHM), to strengthen their healthcare systems based on the Programme Implementation Plans (PIPs) submitted by the States/UTs within their overall resource envelope. The Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms and available resources. The details of Infrastructure projects undertaken under NHM in Government Medical College Kottayam is given in the enclosed **Statement**.

STATEMENT

Details of Infrastructure projects under taken by NHM in Government Medical College Kottayam

S. No.	Name of Work	Scheme	Sanctioned year	Amount (in Rs.)	Present Status
1	Setting up of HDU and strengthening of Labour room	NHM	2018-19	3,98,00,000	Work Completed

2	Establishing a full fledged Peadiatric Cardiac surgery programme	NHM	2018-19	93,90,038	Work Completed
3	Setting up of pandemic ICU in Gynae block	NHM	2021-22	50,00,000	Work Completed
4	Setting up of Lactation Management unit	NHM	2023-24	19,20,000	Work nearing completion
5	Setting up of MNCU	NHM	2024-25	1,00,20,000	Work Progressing
6	Construction of Critical Care Block	PM-ABHIM	2022-23	23,75,00,000	Work Progressing
7	Setting up of 10 Bedded Peadiatric ICU in ICH	ECRP -II	2021-22	27,79,000	Work Completed
8	Setting up of 15 Oxygen beds, 4 HDU & 5 ICU Beds in ICH	ECRP -II	2021-22	75,03,000	Work Completed
9	Setting up of 25 ICU Beds	ECRP -II	2021-22	1,62,20,000	Work Completed

PRAVASI BHARATIYA SEVA KENDRAS

973. SHRI ARVIND DHARMAPURI

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

(a) the total number of functional Pravasi Bharatiya Sahayata Kendras (PBSKs) nation-wise;

(b) the amount of fund allocated and utilized to PBSKs, nation-wise alongwith steps taken to sensitise workers on rights and safety before emigration especially to Gulf countries; and

(c) whether the Government maintains a database of the total number of indians stranded abroad and subsequently repatriated, if so, the details thereof along with the reasons of repatriation, State/UT-wise?

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): There are four functional Pravasi Bharatiya Seva Kendras (PBSKs) abroad – Kuala Lumpur (Malaysia), Dubai (UAE), Jeddah and Riyadh (Saudi Arabia). Apart from overseas PBSKs, there is a PBSK in Delhi and six Kshetriya Pravasi Bharatiya Seva Kendras (KPBSKs) in Kochi, Hyderabad, Chennai, Lucknow, Patna and Chandigarh.

Expenditure on services/assistance rendered under PBSKs abroad is incurred from the Indian Community Welfare Fund (ICWF) and are on means-tested basis adhering to the guidelines of utilisation of ICWF. No specific budget or funds are allocated towards PBSKs abroad.

In case of PBSK and KPBSKs in India, the amount of fund allocation and utilization in the last year is given below:

Financial year	Allocated funds (in INR)	Expenditure incurred (in INR)
2024-25	2.19 crores	2.11 crores

Nation-wise details of services provided PBSKs abroad are given below:

Sl. No.	PBSK	Core Services
1.	Kuala Lumpur (Malaysia)	• Resolution of Indian workers' complaints • Consular assistance to Indian detainees • Death compensation • Assistance in medical cases • Assistance to distressed women • Financial assistance • Regularisation of over stayed Indians
2.	Dubai (UAE)	• Support related to verification of job offer letter, employment contract and visa • Sensitization about financial fraud • Grievance redressal mechanism through 24*7 helpline
3.	Jeddah (Saudi Arabia)	• 24*7 help desk services for offering assistance, guidance and counseling • Collecting and processing of all documents with regard to final exit, death cases and compensation cases etc. • It assists Indian workers in filling up different forms and applications
4.	Riyadh (Saudi Arabia)	• 24*7 help desk services for offering assistance, guidance and counseling • Collecting and processing of all documents with regard to final exit, death cases and compensation cases etc. • It assists Indian workers in filling up different forms and applications

The Government of India accords highest priority to the safety, protection and well-being of Indian workers intending to work abroad. The process of their recruitment is conducted through a web-based application i.e. eMigrate 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 the Ministry of External Affairs 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/unregistered recruitment agencies are hosted on the portal.

Further, the Government has taken several initiatives such as Pravasi Bhartiya Bima Yojna (PBBY) and Pre-Departure Orientation & Training (PDOT) in ensuring that Indian migrant workers undertake safe migration, have decent working and living conditions in destination countries, are aware of their rights and have access to various welfare schemes of the Government. PDOT is aimed at enhancing the soft skills of Indian emigrant workers, in terms of culture, language, tradition and local rules and regulations of the destination country.

Further, as additional safeguard for protection and safety of the ECR Category Female workers (including domestic sector workers) who are often in the most vulnerable category, Government has authorized only State run Recruiting Agencies (RAs) to recruit Indian female ECR category workers for overseas

employment in Gulf and other ECR Category Countries through the e-Migrate Portal. Moreover, there is a minimum age criteria of 30 years for female workers holding ECR category passport and traveling overseas for employment purposes, in order to protect them against exploitation.

(c): There are various reasons for repatriation which are attributed to inadequate basic amenities, non-payment of salary, denial of emergency leave by the employer, forceful retention of passports by the employer, long working hours, violation of visa norms etc. Whenever Indian Missions abroad receive information regarding stranded Indian nationals due to various reasons efforts are made to repatriate such individuals to India with coordination of the local authorities. Indian Missions abroad facilitate the return of such Indian nationals by issuing Emergency Certificates (ECs) to them on a *gratis* basis.

Data of evacuated Indian nationals under various Government of India operations in the last five years is given in the enclosed **Statement**.

STATEMENT

Operation-wise details of evacuation of stranded Indian nationals

Year	Country & Name of the Operation	Total number of people evacuated (including foreign nationals)
2021	Afghanistan <i>Operation Devi Shakti</i>	669 (including 15 other foreign nationals and 206 Afghans, which includes members of the Afghan Hindu/Sikh minority)
2022	Ukraine <i>Operation Ganga</i>	18,282
2023	Sudan	4,097

	Operation <i>Kaveri</i>	(including 136 foreign nationals)
2023	Israel Operation <i>Ajay</i>	1,343 (including 14 OCI card holders and 20 foreign nationals)
2024	Haiti Operation <i>Indravati</i>	17
2024	Syria	77
2025	Iran Operation <i>Sindhu</i>	3597
2025	Israel Operation <i>Sindhu</i>	818

State-wise list of Indian citizens evacuated under Operation Ganga

Sl. No.	State / Union Territory	Number
1	Andaman & Nicobar	4
2	Andhra Pradesh	682
3	Arunachal Pradesh	1
4	Assam	53
5	Bihar	1003
6	Chandigarh	52
7	Chhattisgarh	210
8	Dadar & Nagar Haveli	5
9	Daman & Diu	5
10	Delhi	681
11	Goa	18
12	Gujarat	1020
13	Haryana	1436

14	Himachal Pradesh	289
15	Jammu & Kashmir	128
16	Jharkhand	158
17	Karnataka	615
18	Kerala	3343
19	Lakshadweep	4
20	Madhya Pradesh	412
21	Maharashtra	1025
22	Manipur	23
23	Meghalaya	40
24	Mizoram	1
25	Nagaland	4
26	Odisha	397
27	Puducherry	28
28	Punjab	609
29	Rajasthan	934
30	Sikkim	26
31	Tamil Nadu	1479
32	Telangana	667
33	Tripura	32
34	Uttar Pradesh	1917
35	Uttarakhand	257
36	West Bengal	343
37	State Name not available	272
	TOTAL	18282

State-wise list of Indian citizens evacuated under Operation Kaveri

Sl. No.	State / Union Territory	Number
1.	Andhra Pradesh	106
2.	Assam	13
3.	Bihar	370
4.	Chandigarh	1
5.	Chhattisgarh	3
6.	Delhi	27
7.	Gujarat	492
8.	Haryana	39
9.	Himachal Pradesh	25
10.	Jammu and Kashmir	1
11.	Jharkhand	62
12.	Karnataka	418
13.	Kerala	172
14.	Madhya Pradesh	20
15.	Maharashtra	337
16.	Manipur	1
17.	Nagaland	3
18.	Odisha	86
19.	Punjab	62
20.	Puducherry	7
21.	Rajasthan	87
22.	Tamil Nadu	244
23.	Telangana	129
24.	Uttar Pradesh	800
25.	Uttarakhand	24
26.	West Bengal	52
27.	State Name not available	380

28.	Total Indian Citizens	3961
29.	Foreign Nationals (British- 3 + Sudanese-124 + Nepalese – 9)	136
30.	GRAND TOTAL (3961 + 136)	4097

State-wise list of Indian citizens evacuated under Operation Ajay

Sl. No.	State	Number
1.	Andhra Pradesh	45
2.	Assam	20
3.	Bihar	29
4.	Chattisgarh	6
5.	Delhi	36
6.	Goa	3
7.	Gujarat	34
8.	Haryana	28
9.	Himachal Pradesh	18
10.	Jammu & Kashmir	9
11.	Jharkhand	13
12.	Karnataka	39
13.	Kerala	121
14.	Madhya Pradesh	14
15.	Maharashtra	108
16.	Manipur	23
17.	Meghalaya	2
18.	Mizoram	1
19.	Nagaland	2

20.	Odisha	20
21.	Punjab	9
22.	Rajasthan	33
23.	Sikkim	11
24.	Tamil Nadu	131
25.	Telangana	70
26.	Uttar Pradesh	145
27.	Uttarakhand	14
28.	West Bengal	248
29.	States not mentioned	77
	TOTAL INDIAN CITIZENS	1309
	OCI Card holders (14) & Nepalese (20)	34
	GRAND TOTAL (1309 + 34)	1343

State-wise list of Indian citizens evacuated under Operation Indravati

Sl. No.	State	Number
1	Madhya Pradesh	1
2	Gujarat	1
3	Maharashtra	1
4	Karnataka	2
5	Tamil Nadu	3
6	Uttar Pradesh	1
7	Telangana	1
8	New Delhi	1
9	Kerala	1

10	Odisha	1
11	Unregistered	4
	Total	17

State-wise list of Indian citizens evacuated from Syria

SI No.	State/ UT	Number of Evacuees
01	J & K	45
02	Bihar	08
03	Uttar Pradesh	06
04	Andhra Pradesh	05
05	Tamil Nadu	05
06	Odisha	01
07	Rajasthan	01
08	Assam	01
09	Haryana	01
10	Punjab	01
11	West Begal	01
12	Kerala	01
13	Puducherry (UT)	01
TOTAL		77

State-wise list of Indian citizens evacuated from IRAN under Operation Sindhu

State/UT	Number of Citizens
Uttar Pradesh	1198
J&K	1521
Laddakh	223

Karnataka	135
Delhi	114
Maharashtra	89
Tamil Nadu	71
Gujarat	56
Bihar	50
Telangana	31
Kerala	21
Andhra Pradesh	26
Madhya Pradesh	15
West Bengal	13
Haryana	8
Rajasthan	6
Uttrakhand	4
Jharkhand	3
Punjab	10
Chattisgarh	2
Odisha	1
TOTAL	3597

State-wise list of Indian citizens evacuated from ISRAEL under Operation Sindhu

State / UT	No. of Citizens
Andhra Pradesh	50
Arunachal Pradesh	1
Assam	3
Bihar	30
Chandigarh	1

Chhattisgarh	2
Delhi	39
Goa	2
Gujarat	32
Haryana	21
Himachal Pradesh	7
Jammu & Kashmir	6
Jharkhand	7
Karnataka	32
Kerala	62
Madhya Pradesh	4
Maharashtra	93
Manipur	2
Odisha	16
Puducherry	5
Punjab	8
Rajasthan	25
Ranchi	2
Sikkim	2
Tamil Nadu	74
Telangana	37
Uttar Pradesh	92
Uttarakhand	12
West Bengal	151
TOTAL	818

CAPSIZING OF MSC ELSA 3

974. ADV. ADOOR PRAKASH:

SHRI CHARANJIT SINGH CHANNI:

ADV. DEAN KURIAKOSE:

SHRI BENNY BEHANAN:

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

- (a) whether the Government has conducted any inquiry into the systemic lapses revealed by the capsizing of the foreign flagged vessel MSC Elsa 3 near Kochi, if so, the findings thereof;
- (b) whether India lacks tier I and tier III emergency response infrastructure for oil and chemical spills along its coastline, and if so, the reasons therefor;
- (c) whether the Directorate General of Shipping (DGS) has exempted foreign flagged transshipment vessels from coastal trade licensing and age limits under DGS Order 2023, and if so, the details thereof and the rationale behind such exemptions;
- (d) whether minimum emergency preparedness standards including ocean going tugs and containment systems have been mandated for major Indian ports, if so, the details thereof and if not, the reasons therefor; and
- (e) whether the Government plans to accede to the IMO's Bunker Convention, HNS Convention, and Wreck Removal Convention, and if so, the timeline for the same?

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

(a): A statutory Preliminary Inquiry into the incident, under the Merchant Shipping Act, 1958, is presently being undertaken by the Mercantile Marine Department (MMD), Kochi, a field office of the Directorate General of Shipping, Ministry of Ports, Shipping and Waterways to ascertain the causal factors leading to the incident.

(b): The Indian Coast Guard, Ministry of Defence has developed a National Oil Spill Disaster Contingency Plan (NOS-DCP) for responding to oil spill accidents. The tier I response capabilities are aimed at tackling minor spills, for which contingency plans and requisite equipment are maintained by various ports and Oil Handling Agencies in India, which enable them for in-house response to any minor spill. Tier III response capabilities aimed at tackling major oil spills require mobilisation and pooling of resources from various National Oil Handling Agencies, Ports and International Sources.

(c): The Ministry of Ports, Shipping and Waterways has issued General Order no. 1 of 2018 directing that provision of licensing requirement shall not apply for engaging in coasting trade of India by Foreign flag ships engaged, in full or in part, for transportation of EXIM laden containers for transshipment; and Foreign flag ships engaged, in full or in part, for transportation of empty container. Foreign flagged vessels requiring licence under Section 406 and 407 of the MS Act 1958 and already engaged in charter on the day of DGS Order No. 6 of 2023

dated 24.02.2023, are allowed to operate upto 3 years from the date of that order or until charter period, whichever is earlier.

(d): The Ministry of Ports, Shipping and Waterways has positioned two Ocean Going Tugs for Emergency towing in Mumbai and Chennai through the Directorate General of Shipping. These tugs are chartered by Mumbai Port Authority and Chennai Port Authority. Accordingly, the Ministry has made provision for Emergency Towing Vessels (ETVs) on both the east and west coast.

(e): Merchant Shipping Bill, 2024 introduced in Lok Sabha incorporates provisions on International Convention on Civil Liability for Bunker Oil Pollution Damage, 2001 (Bunker Convention) and the Nairobi International Convention on the Removal of Wrecks, 2007.

PM-CARES FOR CHILDREN (VATSALYA) SCHEME

975. SHRI KONDA VISHWESHWAR REDDY:

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

- (a) the details of the funds allocated under the PM-CARES for Children (Vatsalya) Scheme in the country since its inception, State/UT-wise;
- (b) the details of the funds allocated to the State of Telangana under the said scheme;
- (c) the number of beneficiaries identified and supported under the said scheme, State-wise and district-wise, including Telangana;

(d) whether the Government has maintained a publicly accessible database/list of beneficiaries and fund disbursements under the said scheme; and

(e) 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 (e): The Hon'ble Prime Minister announced PM CARES for Children scheme on 29.05.2021 to support children who lost both parents or surviving parent or legal guardian or adoptive parents due to COVID-19 pandemic during 11.03.2020 to 05.05.2023. The objective of the Scheme is to ensure comprehensive care and protection of Children in a sustained manner and enable their well being through health insurance, empower them through education and equip them for self-sufficient existence with financial support till 23 years of age. Benefits under the Scheme have been given to 4543 eligible children.

Under the PM CARES for Children scheme, a pro-rata amount is credited in the post office account of each identified child in such a manner that the corpus for each child becomes Rs.10 lakhs at the time of attaining 18 years of age. Children are entitled to receive monthly stipend between the age of 18 and 23 years, by investing the corpus of Rs.10 lakhs into Monthly Income Scheme of Post Office. They are entitled to receive the amount of Rs.10 lakh on attaining the age of 23 years. In accordance with above, ₹ 358.11 cr has been disbursed to the individual post office account of each beneficiary child till date. Children below the age of 18 years, who are staying with their relatives, receive Rs. 4000/- per

month under the Mission Vatsalya Scheme of this Ministry. The children staying in child care institutions are provided boarding and lodging facilities on govt. cost.

Further, scholarship of Rs.20,000/- are provided to all school going children of class I to XII. Children are also assisted in obtaining education loan for Professional courses / Higher Education in India. All children have been enrolled under Ayushman Bharat Pradhan Mantri - Jan Arogya Yojna (AB PM-JAY) with a health insurance cover of Rs.5 lakh. The coverage of health insurance is provided till they attain the age of 23 years.

The State-wise/District-wise number of beneficiaries including Telangana under PM CARES for Children scheme is at www.pmcaredforchildren.in. The scheme is accessible through the same portal.

RULES GOVERNING FOREIGN LAW FIRMS AND LAWYERS

976. SHRI T.M. SELVAGANAPATHI:

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

- (a) whether it is a fact that the Bar Council of India has come out with a set of rules permitting foreign law firms and lawyers to practice in India;
- (b) if so, the details thereof;
- (c) whether it is also a fact that the entire legal fraternity in India is against allowing foreign law firms or lawyers to practice in India since the year 2000;

(d) whether it is also a fact that the hon'ble Supreme Court way back in March 2018, had ruled that foreign law firms and foreign lawyers could not practice law in the country either on the litigation or non-litigation side; and

(e) whether it is also a fact that Indian lawyers were not allowed to practice in many countries such as the U.K., the U.S., Australia etc. without complying with onerous restrictions such as qualifying tests, proof of experience and work permits?

**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): Yes, the Bar Council of India has framed the "*Rules for Registration and Regulation of Foreign Lawyers and Foreign Law Firms in India, 2022*," which were duly published in the Official Gazette on 10th March 2023. These rules were subsequently amended in May 2025 and re-notified vide Notification No. BCI:D:3335/2025. These Rules do not allow foreign lawyers or law firms to "practice in India" in the general sense. Rather, they strictly regulate and restrict their engagement to non-litigious advisory work concerning foreign law, international law, and international arbitration.

(c): A vast majority of Indian Lawyers and Indian Law Firms have happily accepted and welcomed the Regulations of Bar Council of India permitting foreign lawyers and law firms to practice in limited field and non-litigious matters as Indian Lawyers and Law Firms are also going to be benefitted in getting the same benefit in foreign countries.

(d): The Supreme Court in Bar Council of India Vs. A.K. Balaji & Ors. laid down an authoritative and binding interpretation of "practice of law" which covers both litigious and non-litigious services. It required compliance with the Advocates Act for all such activity. The Rules framed by the Bar Council of India in 2022 and amended in 2025 implements this direction by creating a legally sound and narrowly tailored system for regulating foreign legal advisory services, consistent with the statutory mandate and constitutional principles governing the Indian legal profession.

(e): Yes, Indian advocates are not allowed to practice law in U.K., U.S.A., Australia and other foreign nations except on fulfilling onerous restrictions like qualifying tests, experience, work permit, etc.

महिलाओं में रक्ताल्पता

977. श्री इमरान मसूद:

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

(क) पिछले पाँच वर्षों के दौरान देश में महिलाओं में रक्ताल्पता के मामलों का वर्ष-वार और राज्य-वार ब्यौरा क्या है; और

(ख) सरकार द्वारा देश में महिलाओं में रक्ताल्पता के मामलों को कम करने के लिए राज्य/संघ राज्य क्षेत्र-वार क्या पहल की गई है?

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

(क): राष्ट्रीय स्वास्थ्य परिवार सर्वेक्षण-5 (2019-21) के अनुसार देश की महिलाओं में रक्ताल्पता की व्याप्तता, राज्य/संघ राज्य क्षेत्र-वार संलग्न विवरण में दी गई है।

(ख): भारत सरकार छह कार्यकलापों के कार्यान्वयन के माध्यम से जीवन चक्र दृष्टिकोण में महिलाओं और बच्चों में रक्ताल्पता की व्याप्तता को कम करने के लिए देश भर में, सभी राज्यों/संघ राज्य क्षेत्रों में एनीमिया मुक्त भारत कार्यक्रम लागू करती है-

- प्रोफाइलेक्टिक आयरन और फोलिक एसिड अनुपूरण (गर्भवती महिलाओं और स्तनपान कराने वाली माताओं को 180 दिनों तक प्रतिदिन आईएफए लाल गोलियाँ उपलब्ध करवाई जाती हैं)।
- डीवॉर्मिंग (गर्भावस्था की दूसरी तिमाही में एल्बेंडाजोल गोली)।
- वर्ष भर चलने वाला व्यवहार परिवर्तन संचार अभियान।
- डिजिटल इनवेसिव हीमोग्लोबिनोमीटर और पॉइंट-ऑफ-केयर उपचार का उपयोग करके एनीमिया की जाँच।
- जन स्वास्थ्य कार्यक्रमों में आयरन और फोलिक एसिड युक्त खाद्य पदार्थों का अनिवार्य प्रावधान।
- मलेरिया, हीमोग्लोबिनोपैथी और फ्लोरोसिस पर विशेष ध्यान देते हुए, सुदृढ़ संस्थागत तंत्र के माध्यम से, स्थानिक क्षेत्रों में एनीमिया के गैर-पोषण संबंधी कारणों का समाधान करना।

विवरण

महिलाओं में एनीमिया की राज्य/संघ राज्य क्षेत्रवार व्याप्तता

क्र.सं.	राज्य/संघ राज्य क्षेत्र	सभी महिलाओं में एनीमिया का प्रतिशत (15-49 वर्ष)
1	अंडमान और निकोबार द्वीप समूह	उपलब्ध नहीं
2	आंध्र प्रदेश	53.7
3	अरुणाचल प्रदेश	27.9
4	असम	54.2
5	बिहार	63.1
6	चंडीगढ़	उपलब्ध नहीं
7	छत्तीसगढ़	51.8

क्र.सं.	राज्य/संघ राज्य क्षेत्र	सभी महिलाओं में एनीमिया का प्रतिशत (15-49 वर्ष)
8	दिल्ली	42.2
9	दादरा और नगर हवेली तथा दमन व दीव	60.7
10	गोवा	उपलब्ध नहीं
11	गुजरात	62.6
12	हरियाणा	65.5
13	हिमाचल प्रदेश	42.2
14	जम्मू और कश्मीर	44.1
15	झारखंड	56.8
16	कर्नाटक	45.7
17	केरल	31.4
18	लद्दाख	78.1
19	लक्षद्वीप	उपलब्ध नहीं
20	मध्य प्रदेश	52.9
21	महाराष्ट्र	45.7
22	मणिपुर	32.4
23	मेघालय	45
24	मिजोरम	34
25	नागालैंड	22.2
26	ओडिशा	61.8
27	पुदुचेरी	42.5
28	पंजाब	51.7
29	राजस्थान	46.3
30	सिक्किम	40.7
31	तमिलनाडु	48.3
32	तेलंगाण	उपलब्ध नहीं
33	त्रिपुरा	61.5
34	उत्तराखंड	46.4
35	उत्तर प्रदेश	45.9
36	पश्चिम बंगाल	62.3

बाखासर में कृत्रिम नहर एवं पत्तन परियोजना

978. श्री उम्मेदा राम बेनीवाल:

क्या पत्तन, पोत परिवहन और जलमार्ग मंत्री यह बताने की कृपा करेंगे कि :

- (क) क्या राजस्थान के बाड़मेर जिले के बाखासर क्षेत्र में कृत्रिम नहर के माध्यम से पत्तन विकसित करने की कोई योजना प्रस्तावित है;
- (ख) यदि हां, तो क्या सरकार ने इस परियोजना के संबंध में कोई विस्तृत रिपोर्ट, तकनीकी सर्वेक्षण या गणितीय मॉडल तैयार किया है और यदि हां, तो उसका ब्यौरा क्या है;
- (ग) क्या उक्त रिपोर्ट या अध्ययन अभी भी लंबित है और यदि हाँ, तो इसके क्या कारण हैं;
- (घ) क्या सरकार भविष्य में राजस्थान में विकास के नए द्वार खोलने के उद्देश्य से उक्त परियोजना के कार्यान्वयन को प्राथमिकता देने और शीघ्रता से करने के लिए कोई समयबद्ध योजना बना रही है;
- (ङ) यदि नहीं, तो उक्त परियोजना के अब तक मूर्त रूप न ले पाने के क्या कारण हैं; और
- (च) क्या उक्त परियोजना के कार्यान्वयन में कोई तकनीकी, वित्तीय, पर्यावरणीय या अंतर्राष्ट्रीय बाधाएँ हैं और यदि हां, तो उसका ब्यौरा क्या है?

पत्तन, पोत परिवहन और जलमार्ग मंत्री (श्री सर्बानंद सोनोवाल):

(क) से (च): पत्तन, पोत परिवहन और जलमार्ग मंत्रालय के तहत एक स्वायत्त निकाय, भारतीय अंतर्देशीय जलमार्ग प्राधिकरण (आईडबल्यूएआई) ने राष्ट्रीय जलमार्ग (रा.ज.)- 48 (जवाई- लूनी नदी और रण- ऑफ- कच्छ), जो बाड़मेर जिले से भी होकर गुजरती है, की गणितीय मॉडलिंग करने हेतु राष्ट्रीय पत्तन, जलमार्ग एवं तट प्रौद्योगिकी केंद्र (एनटीसीपीडबल्यूसी), आईआईटी मद्रास की सेवाएं ली हैं। इसके आगे की कार्रवाई गणितीय मॉडलिंग के निष्कर्ष के आधार पर निर्धारित की जाएगी।

REVAMPED RPTUA SCHEME

979. SHRI KRISHNA PRASAD TENNETI:

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

(a) the list of companies that are under consideration and presently benefitting from the Revamped Pharmaceutical Technology Upgradation Assistance (RPTUA) Scheme since its inception across the country, State-wise especially in Andhra Pradesh;

(b) the total amount of funds allocated, released and utilised for the implementation of the RPTUA Scheme since its inception, year-wise, State-wise especially in Andhra Pradesh;

(c) whether the Government has considered focussing on pharmaceutical companies in areas suffering from severe shortage of medicines and pharmaceutical drugs, if so, the details thereof and if not, the reasons therefor; and

(d) whether the Government has launched any programme to raise awareness about the benefits of the RPTUA program for small and medium pharmaceutical companies in the country since its inception, 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) and (b): Under the Revamped Pharmaceutical Technology Upgradation Assistance Scheme (RPTUAS), issued in September 2024, a total amount of ₹ 300.10 crore has been allocated for various pharmaceutical units for the period from the financial year (FY) 2024-25 to FY2025-26. Projects sanctioned so far

involve grant-in-aid to 142 pharmaceutical companies for a total amount of ₹ 135.8 crore, including five units involving grant-in-aid for a total amount of ₹5.96 crore in the State of Andhra Pradesh. Release and utilisation of financial assistance under the scheme is to be done on receipt of certification by the drug regulatory authority concerned regarding compliance with the revised Schedule M to the Drugs Rules, 1945 and the World Health Organization – Good Manufacturing Practices. The approved projects are at various stages of implementation and have not reached the stage of certification as aforesaid and, therefore, funds have so far not been disbursed under the scheme. List of pharmaceutical companies whose projects have been considered and sanctioned under the scheme is given in the enclosed **Statement**.

(c): No, Sir. The Government's policies and schemes seek to strengthen and support the pharmaceuticals industry throughout the country and the industry is capable of supplying medicines manufactured in one part of the country to another part.

(d): The Government, in association with industry associations, has so far organised 13 National Conferences on Enhancing Pharmaceuticals Quality Assurance through Good Manufacturing Practices and Session on RPTUAS and five webinars with pharmaceutical clusters. These conferences were held in Himachal Pradesh (Baddi), Gujarat (Ahmedabad), Bihar (Aurangabad), Telangana (Hyderabad), Andhra Pradesh (Vizag), Maharashtra (Pune), Goa (Panjim), West Bengal (Kolkata), Madhya Pradesh (Indore), Odisha (Bhuvneshwar), Maharashtra (Mumbai), Karnataka (Mysore) and Gujarat

(Vadodara). The webinars with pharmaceutical clusters have been held at Chennai, Bangalore, Hyderabad, Ahmedabad and Vadodara.

STATEMENT

List of pharmaceutical companies whose projects have been considered and sanctioned under RPTUAS

Applicant pharmaceutical company	State / Union territory
Dinakara Life Science Pvt. Ltd.	Andhra Pradesh
Alapati Pharma	Andhra Pradesh
Inchem Laboratories Pvt. Ltd.	Andhra Pradesh
Aparna Pharmaceuticals Pvt. Ltd.	Andhra Pradesh
Alivira Animal Health Ltd.	Andhra Pradesh
Signova Healthcare Pvt. Ltd. Unit-II	Assam
Ornate Labs Pvt. Ltd.	Bihar
Anuja Healthcare Ltd.	Chandigarh
V S International Pvt. Ltd.	Daman
Bdr Lifesciences Pvt. Ltd.	Gujarat
Sangharsh Lifecare Pvt. Ltd.	Gujarat
Denis Chem Lab Ltd	Gujarat
Bakul Pharma Pvt. Ltd.	Gujarat
Navil Laboratories Pvt. Ltd.	Gujarat
Virdev Intermediates Pvt. Ltd.	Gujarat
Altis Finchem Pvt. Ltd.	Gujarat
Kentreck Laboratories Pvt. Ltd.	Gujarat
Neha Life Science Pvt. Ltd.	Gujarat
Vasa Pharmachem Pvt. Ltd.	Gujarat
Arnav Research Laboratories	Gujarat
Nucare Laboratories India	Gujarat
Adrhim Pharmaceuticals LLP	Gujarat
Swati Chemicals	Gujarat
B. Sharda Pharma Pellets Pvt. Ltd.	Gujarat

Exotic Pharma	Gujarat
Padmavati Chemicals Pvt. Ltd.	Gujarat
Shiva Healthcare	Gujarat
Shc Pharmaceuticals	Gujarat
Yash Medicare Pvt. Ltd.	Gujarat
Exemed Pharmaceuticals	Gujarat
Salus Pharmaceuticals	Gujarat
Trio Remedies Pvt. Ltd.	Gujarat
Trio Lifescience Pvt. Ltd.	Gujarat
Pulse Pharma Manu Co	Gujarat
Rajdip Pharmaceuticals	Gujarat
Sanket Healthcare	Gujarat
C P M Enterprise	Gujarat
Maruti Industries	Gujarat
Sahajanand Life Sciences Pvt. Ltd.	Gujarat
Protech Biosystem Pvt. Ltd.	Haryana
Mcneil And Argus Pharmaceuticals Ltd.	Haryana
Ethix Health Care	Himachal Pradesh
Bennet Pharmaceuticals Ltd.	Himachal Pradesh
Maxwell Pharma	Himachal Pradesh
M Sea Pharmaceuticals Pvt. Ltd.	Himachal Pradesh
Park Pharmaceuticals	Himachal Pradesh
Three B Healthcare Ltd.	Himachal Pradesh
Auraya Healthcare Unit-II	Himachal Pradesh
Medoz Pharmaceuticals Pvt. Ltd.	Himachal Pradesh
Unispeed Pharmaceuticals Pvt. Ltd.	Himachal Pradesh
Pharma Force Lab	Himachal Pradesh
Sirmour Remedies Pvt. Ltd.	Himachal Pradesh
Mediforce Healthcare Pvt. Ltd.	Himachal Pradesh
Goish Remedies Ltd.	Himachal Pradesh
Alexi Pharmicia Pvt. Ltd.	Himachal Pradesh
Biodeal Pharmaceuticals Ltd.	Himachal Pradesh
Brit Lifescience	Himachal Pradesh

Higgs Healhtcare	Himachal Pradesh
Unix Biotech	Himachal Pradesh
Varv Biogenesis Pvt. Ltd.	Himachal Pradesh
Next Wave India	Himachal Pradesh
Gnosis Pharmaceuticals Pvt. Ltd.	Himachal Pradesh
Medicef Pharma	Himachal Pradesh
Algen Healthcare Ltd.	Himachal Pradesh
Brd Medilabs	Himachal Pradesh
Nixi Laboratories Pvt. Ltd.	Himachal Pradesh
Legen Healthcare	Himachal Pradesh
Osper Formulation Pvt. Ltd.	Himachal Pradesh
Caspian Pharmaceuticals	Himachal Pradesh
Purobien Lifesciences	Himachal Pradesh
Saphnix Life Sciences	Himachal Pradesh
Dm Pharma Pvt. Ltd.	Himachal Pradesh
Healkraft Pharma (India) Pvt. Ltd.	Himachal Pradesh
Vowcare Products	Jammu and Kashmir
Protech Biopharma Pvt. Ltd.	Jammu and Kashmir
Ce Chem Pharmaceuticals Pvt. Ltd.	Karnataka
Nandu Chemical Industries	Karnataka
Recipharm Pharmservices Pvt. Ltd.	Karnataka
Nandu Chemicals Pvt. Ltd.	Karnataka
Anglo-French Drugs & Industries Ltd.	Karnataka
Kemwell Biopharma Pvt. Ltd.	Karnataka
Chethana Formulations Pvt. Ltd.	Kerala
Megasys Biotek Pvt. Ltd.	Kerala
Labinduss Ltd	Kerala
Zenith Drugs Ltd.	Madhya Pradesh
Schon Pharmaceuticals Ltd.	Madhya Pradesh
Modern Laboratories	Madhya Pradesh
Nandani Medical Laboratories Pvt. Ltd.	Madhya Pradesh
Hind Pharma	Madhya Pradesh
Beryl Drugs Ltd.	Madhya Pradesh

Scitech Specialities Pvt. Ltd.	Maharashtra
Murli Krishna Pharma Pvt. Ltd.	Maharashtra
Aqua Fine Injecta Pvt. Ltd.	Maharashtra
Emil Pharmaceutical Industries Pvt. Ltd	Maharashtra
Srikem Laboratories Pvt. Ltd.	Maharashtra
Sunshine Organics Pvt. Ltd.	Maharashtra
Embio Ltd.	Maharashtra
Aveo Pharmaceuticals Pvt. Ltd.	Maharashtra
Hindustan Antibiotics Ltd.	Maharashtra
Sequent Scientific Ltd.	Maharashtra
Kores (India) Ltd.	Maharashtra
Nitika Pharmaceutical Specialities Pvt. Ltd.	Maharashtra
Avik Pharmaceutical Ltd.	Maharashtra
Great Pacific Export Pvt. Ltd.	Maharashtra
Vav Lipids Pvt. Ltd.	Maharashtra
Anek Prayog Pvt. Ltd.	Maharashtra
Velite Pharmaceuticals	Punjab
Systacare Remedies	Punjab
Saurav Chemicals Ltd.	Punjab
Torque Pharmaceuticals Pvt. Ltd.	Punjab
Lark Laboratories India Ltd	Rajasthan
Saimirra Innopharm Pvt. Ltd.	Tamilnadu
Pharm Products Pvt. Ltd.	Tamilnadu
Medibest Pharma Pvt. Ltd	Tamilnadu
Tychos Therapeutics Pvt. Ltd.	Tamilnadu
Sreepathi Pharmaceuticals Ltd.	Telangana
Dano Vaccines & Biologicals Pvt. Ltd.	Telangana
Magnum Chemi Gran Pvt. Ltd.	Telangana
Sanzyme Pvt. Ltd..	Telangana
Radicon Laboratories Ltd.	Uttar Pradesh
Daffodills Pharmaceuticals Ltd.	Uttar Pradesh
Pro-Pharma Care Pvt	Uttarakhand
Daffohils Laboratories Pvt. Ltd.	Uttarakhand

Sarv Pharmaceuticals	Uttarakhand
Talent Healthcare	Uttarakhand
Prochem Pharmaceuticals Pvt. Ltd.	Uttarakhand
Tosc International Pvt. Ltd.	Uttarakhand
Karnani Pharmaceuticals Pvt. Ltd.	Uttarakhand
Evolet Pharmaceuticals Pvt. Ltd.	Uttarakhand
Rusan Pharma Ltd.	Uttarakhand
Cotec Health Care Pvt. Ltd.	Uttarakhand
Tulbros Formulations	Uttarakhand
Indian Drug Vision	Uttarakhand
Aagya Biotech Pvt. Ltd.	Uttarakhand
Vulcan Laboratories Pvt. Ltd.	West Bengal
Mendine Pharmaceuticals Pvt. Ltd.	West Bengal
Diamond Drugs Pvt. Ltd.	West Bengal
Gena Pharmaceuticals Ltd.	West Bengal
Pharma Impex Laboratories Pvt. Ltd.	West Bengal
Tetradrip Pharma Pvt. Ltd.	West Bengal
M/S Jagannath Chemical and Pharmaceutical Works Pvt. Ltd.	West Bengal
Hygeia Pharmaceuticals Mfg Pvt. Ltd.	West Bengal

INCLUSION OF TIRUCHIRAPPALLI IN PMSSY SCHEME

980. SHRI DURAI VAIKO:

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

- (a) whether the Government is considering to include Tiruchirappalli Medical College and Government Hospital in the State of Tamil Nadu under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) scheme;
- (b) if so, the timeline fixed for their inclusion, along with the steps being taken to upgrade the facilities at these institutions to meet the scheme's criteria; and

(c) if not, the reasons for the delay, and the time-frame by which the residents of Trichy and surrounding areas can expect to avail the benefits of this 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) to (c): Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), in the State of Tamil Nadu, upgradation of following four Government Medical Colleges has been approved by way of construction of Super-Specialty Block/Procurement of Medical Equipment on Centre-State sharing basis (i) Government Mohan Kumara-Mangalam Medical College at Salem; (ii) Government Medical College at Madurai; (iii) Thanjavur Medical College at Thanjavur and (iv) Tirunelveli Medical College at Tirunelveli . In the current phase of PMSSY there is no proposal to upgrade any other Medical College in the state of Tamil Nadu.

राष्ट्रीय आयुष मिशन

981. श्री नारायण तातू राणे:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) विगत पांच वर्षों के दौरान राष्ट्रीय आयुष मिशन (एनएएम) के अंतर्गत, विशेषकर महाराष्ट्र के रत्नागिरी-सिंधुदुर्ग लोक सभा निर्वाचन क्षेत्र के लिए कितनी निधि आवंटित की गई है;
- (ख) इस योजना के अंतर्गत उक्त लोक सभा निर्वाचन क्षेत्र में शुरू किए गए कार्यों का ब्यौरा क्या है;
- (ग) सरकार द्वारा महाराष्ट्र में एनएएम के और अधिक आयुष केंद्र स्थापित करने के लिए क्या

कदम उठाए गए हैं;

- (घ) क्या सरकार का एनएएम के अंतर्गत कार्यरत कर्मचारियों के वेतन में वृद्धि करने का प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ) क्या ईएसआई और पीएफ के अंतर्गत दिए जाने वाले लाभों को एनएएम के अंतर्गत कार्यरत कर्मचारियों के मूल वेतन ढांचे में शामिल किए जाने 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) और (ख): राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, महाराष्ट्र राज्य सरकार से राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के अनुसार, विगत पांच वर्षों के दौरान एसएएपी में अनुमोदित विभिन्न गतिविधियों के कार्यान्वयन के लिए राज्य सरकार को 8194.48 लाख रुपये की निधि जारी की गई है। हालांकि, एनएएम के तहत, निर्वाचन क्षेत्र-वार निधि जारी करने का कोई प्रावधान नहीं है। इसके अलावा, राज्य सरकार द्वारा दी गई जानकारी के अनुसार, विगत पांच वर्षों के दौरान, रत्नागिरी और सिंधुदुर्ग जिलों को विभिन्न गतिविधियों के कार्यान्वयन के लिए क्रमशः 67.48 लाख रुपये और 555.64 लाख रुपये आवंटित किए गए थे। सिंधुदुर्ग जिले में 30 बिस्तरों वाला एक एकीकृत आयुष अस्पताल (आईएच), 04 आयुष्मान आरोग्य मंदिर (आयुष) और 05 आयुष विंग तथा रत्नागिरी जिले में 07 आयुष विंग के लिए सहायता प्रदान की गई है।

(ग): एनएएम के अंतर्गत, 10/30/50 बिस्तरों वाले आईएच की स्थापना के लिए राज्य सरकार को वित्तीय सहायता प्रदान करने का प्रावधान है और तदनुसार, महाराष्ट्र राज्य सरकार, एनएएम के दिशानिर्देशों के प्रावधानों के अनुसार, एसएएपी के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त कर सकती है।

(घ) और (ङ): मंत्रालय, राज्य/संघ राज्य क्षेत्र की सरकारों के माध्यम से एनएएम योजना का क्रियान्वयन कर रहा है और जन स्वास्थ्य राज्य का विषय होने के कारण, जनशक्ति की तैनाती संबंधित राज्यों/संघ राज्य क्षेत्रों के कार्यक्षेत्र में आती है। इसके अतिरिक्त, आयुष मंत्रालय एनएएम के दिशानिर्देशों के प्रावधानों के तहत, एसएएपी के अंतर्गत प्राप्त प्रस्तावों के अनुसार, जनशक्ति की तैनाती सहित विभिन्न गतिविधियों के कार्यान्वयन के लिए वित्तीय सहायता प्रदान कर रहा है।

TERTIARY CARE PROGRAMME

982. DR. BYREDDY SHABARI:

SHRI G. LAKSHMINARAYANA:

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

- (a) the details of funds allocated, released and utilised under the Tertiary Care programme during the last five years, State/UT-wise. component -wise and year-wise
- (b) the details of number and location of healthcare facilities supported or established under each component of the Tertiary Care Programme - Tobacco Control, Drug De-addiction Control, National Mental Health Programme, Trauma Care, Cancer and NCD Control, Elderly Health Care, Blindness Control, and Telemedicine in the country, State/UT-wise particularly in Andhra Pradesh;
- (c) the current operational status of these facilities including the number of facilities that are non-functional, underutilised or delayed -State/UT-wise;

- (d) the details of vacancies in medical, paramedical and technical posts sanctioned under the Programme, State/UT-wise; and
- (e) whether any proposals from State Governments, especially Andhra Pradesh for new facilities, additional funding or expansion under these schemes are pending 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): The details of funds allocated, released and utilized, etc. and the location of health care facilities supported/established under seven schemes of tertiary care programme of Ministry of Health & Family Welfare are given in the enclosed **Statement**. Under Tertiary care Programme, no regular posts of Paramedical and technical posts have been sanctioned. Although some proposals have been received from State Governments for funding under the Tertiary Care programme, no new project is being considered for inclusion in the existing Scheme of this Ministry. This is because the Scheme is approved for continuation upto 31.03.2026 with the mandate to complete already approved projects and no committed liability beyond the financial outlay is being created.

STATEMENT

1. National Programme for Tobacco Control and Drug Addiction Treatment (NPTCDAT)

- (i) The details of funds allocated and utilised under Tobacco Control and Drug De-addiction Program (DDAP)

a) **National Tobacco Control Program****Rs. In Crores**

Year	Funds allocated	Expenditure
2020-21	12.00	7.95
2021-22	13.70	7.53
2022-23	24.00	19.76
2023-24	19.47	9.36
2024-25	11.10	9.96

b) **Drug De-addiction Program****Rs. in Crores**

Financial Year	Funds allocated	Expenditure
2020-21	53.00	48.68
2021-22	54.94	52.34
2022-23	57.69	56.95
2023-24	81.80	80.59
2024-25	78.90	73.52

(ii) Under National Tobacco Control Program, following healthcare facilities have been established:

- **National Tobacco Testing Laboratory**

	State/UT	National Tobacco Testing Laboratory
1	Maharashtra	National Tobacco Testing Laboratory, Central Drugs Testing Laboratory, Directorate General of Health Services, Zonal FDA Bhawan, Bellasis

		Road, GMSD Compound, Mumbai Central, Mumbai - 400008
2	Assam	National Tobacco Testing Laboratory, Regional Drugs Testing Laboratory, Directorate General of Health Services, Six Mile, Guwahati-781022, Assam.
3	Uttar Pradesh	National Tobacco Testing Laboratory, National Institute of Cancer Prevention & Research (NICPR), Plot No. 1-7, Sector-39, Noida-201301, Uttar Pradesh.
4.	Karnataka	National Tobacco Testing Laboratory, NIMHANS, Bengaluru (newly approved)

(b) National Quit Line Centres

	State/UT	National Quit Line Centres
1	Maharashtra	Tata Memorial Centre Sector 22, Dr. E. Borges Road, Parel, Mumbai-400012.
2	Assam	Dr. B. Borooah Cancer Institute, Gopinath Nagar, AK Azad Road, Guwahati-781016.
3	New Delhi	Vallabhbhai Patel Chest Institute, University of Delhi-110007
4	Karnataka	National Tobacco Testing Laboratory, NIMHANS, Bengaluru

(iii) Under the Drugs De-Addiction Programme, treatment for substance use disorders is provided through the following 6 (six) DDAP Centres (both OPD and IPD services) established in Government Hospitals and 25 (twenty-five)

Drug Treatment Clinics (OPD services) located at the district level in different States/UTs of the country:

a) DDAP Centres

	State	Drug De-addiction Treatment Centres
1	Uttar Pradesh	All India Institute of Medical Sciences National Drug Dependence Treatment Centre Sector-19, Cgo Complex, Bsr Road, Kamla Nehru Nagar Ghaziabad, Uttar Pradesh – 201002
2	Karnataka	National Institute of Mental Health and Neuro Sciences Centre for Addiction Medicine Hosur road, Bengaluru - 560029
3	Panjab	Postgraduate Institute of Medical Education and Research Drug De-addiction & Treatment Centre Sector 12, Chandigarh - 160012
4	New Delhi	Dr. Ram Manohar Lohia Hospital CEIMH Department of Psychiatry Gate No 9, Baba Kharak Singh Rd, near Gurudwara Bangla Sahib, Connaught Place, New Delhi, Delhi 110001
5	Jharkhand	Central Institute of Psychiatry DDAP Kanke, Ranchi, Jharkhand- 834006
6	Odisha	All India Institute of Medical Sciences DDAP, Department of Psychiatry AIIMS, Sijua, Patrapada, Bhubaneswar - 751019

(b) Drug Treatment Clinics (DTCs)

S. No.	State	District	City	Name of Health Facility
1	Assam	Dibrugarh	Dibrugarh	Assam Medical College & Hospital
2	New Delhi	South Delhi	New Delhi	Drug Treatment Clinic, Kotla Mubarakpur, NDDTC
3.	Gujarat	Surat	Surat	New Civil Hospital Surat
4.	Haryana	Rohtak	Rohtak	Department of Psychiatry and De-addiction Centre, Post-Graduate Institute of Medical Sciences, Rohtak
5.	Jammu and Kashmir	Srinagar	Rainawari	Institute of Mental Health and Neurosciences (IMHANS), Srinagar
6.	Madhya Pradesh	Indore	Indore	Mental Hospital M.G.M. Medical College, Indore
7.	Maharashtra	Dhule	Dhule	Shri Bhausaheb Hire Government Medical College and Hospital, Dhule
8.	Maharashtra	Mumbai City	Parel	Seth GS Medical College and KEM Hospital
9.	Maharashtra	Mumbai Suburban	Bhardawadi	Drug Treatment Clinic, Municipal Drug De-addiction Centre, Bhardawadi, Andheri West
10.	Maharashtra	Mumbai Suburban	Rajawadi	Drug Treatment Clinic, Rajawadi Hospital, Rajawadi
11.	Maharashtra	Nagpur	Nagpur	Government Medical College and Hospital, Nagpur
12.	Maharashtra	Osmanabad	Osmanabad	Osmanabad District Civil Hospital, Osmanabad
13.	Maharashtra	Mumbai	Mumbai	De-Addiction Centre, Gokuldas Tejpal Hospital, Mumbai
14.	Manipur	Bishnupur	Bishnupur	District Hospital, Bishnupur
15.	Manipur	Churachandpur	Churachandpur	District Hospital Churachandpur
16.	Manipur	Imphal West	Lamphelpat	De-Addiction Centre, RIMS Imphal

17.	Manipur	Thoubal	Thoubal	District Hospital Thoubal
18.	Nagaland	Kohima	Kohima	Naga Hospital Authority, Kohima (NHAK)
19.	Punjab	Bhinda	Bathinda	Civil Hospital Bhatinda
20.	Punjab	Kapurthala	Kapurthala	Civil Hospital Kapurthala
21.	Sikkim	East Sikkim	Singtam	Singtam District Hospital
22.	Tamil Nadu	Chennai	Kilpauk	Institute Of Mental Health, (Madras Medical College), Kilpauk, Chennai
23.	Telangana	Hyderabad	Hyderabad	Institute Of Mental Health, Erragada, Hyderabad
24.	Uttar Pradesh	Agra	Agra	SN Medical College & Hospital, Agra
25.	Uttar Pradesh	Lucknow	Lucknow	Lucknow King George's Medical University, Lucknow

2. National Mental Health Programme (NMHP) :

- The details of funds allocated and released under NMHP during the last five years are as under:

(Rs. in Crores)

Financial Year	Funds allocated	Funds Released
2020-21	22.11	20.43
2021-22	28.00	25.16
2022-23	35.31	34.59
2023-24	34.65	15.14
2024-25	20.00	5.27

- Under the tertiary care component of NMHP, under Manpower Development Scheme-A, 25 Centres of Excellence have been sanctioned

to increase the intake of students in PG departments in mental health specialities as well as to provide tertiary level treatment facilities. Further, the Government has also supported 19 Government medical colleges/institutions to strengthen 47 PG Departments in mental health specialties under Manpower Development Scheme-B. The list of institutes supported under Tertiary Care Programme is available on the ministry' website-

https://mohfw.gov.in/sites/default/files/Institutions%20supported%20under%20NMHP_0.pdf

- The number of Mental Health OPD services including teleconsultations provided by COE's / Dept. of Psychiatry under NMHP in the FY 2024-25 are 25,24,758.
- The number of Centre of Excellence (CoE) and Institutes have started the Post-Graduate courses under Manpower Development Scheme (MDS), is as follows:

Academic sessions started under following PG courses	No. of CoEs (MDS-A)	No. of Institutes (MDS-B)	Total No. of Institutes/Colleges under Scheme
Psychiatry	13	9	22
Clinical Psychology	11	2	13
Psychiatric Social Work	12	1	13
Psychiatric Nursing	10	5	15

3. National Programme for Prevention and Management of Trauma & Burn Injuries (NPPMT&BI)

(i) The details of State/UTs wise funds allocated is placed below:

(Rs. in Crores)

Sl. No.	State	2020-21	2021-22	2022-23	2023-24	2024-25
1	Andhra Pradesh	-	15.14	-	-	-
2	Arunachal Pradesh	-	-	-	-	-
3	Assam	-	-	-	-	4.53
4	A& N Islands	1.00	-	-	-	-
5	Bihar	-	-	-	-	-
6	Chandigarh	-	-	-	-	-
7	Chhattisgarh	-	-	-	-	-
8	Dadar & Nagar Haveli	-	1.21	-	-	-
9	Delhi	-	-	-	-	-
10	Goa	1.8684	-	-	-	-
11	Gujarat	1.37875	3.3281	-	-	-
12	Haryana	-	-	-	-	-
13	Himachal pradesh	0.3488356	2.0399	1.1299	-	-
14	Jammu & Kashmir	-	-	-	-	-
15	Jharkhand	-	-	-	-	-
16	Karnataka	-	-	-	-	0.483
17	Kerala	1.6632	-	-	5.3784	2.376634
18	Ladakh	-	-	-	-	-
19	Lakshadweep	-	-	-	-	-
20	Madhya Pradesh	0.9603	-	10.8777	-	-
21	Maharashtra	-	-	-	-	-
22	Manipur	-	-	-	-	-
23	Meghalaya	-	-	-	1.6938	-
24	Mizoram	-	-	-	-	-

25	Nagaland	-	-	-	-	-
26	Odisha	-	-	-	-	-
27	Puducherry	-	-	-	-	-
28	Punjab	-	3.482	-	-	-
29	Rajasthan	-	-	-	-	-
30	Sikkim	4.8276809	-	-	-	-
31	Tamil Nadu	-	-	-	-	-
32	Telangana	-	-	-	-	-
33	Tripura	-	-	-	-	-
34	Uttar Pradesh	-	-	-	-	-
35	Uttarakhand	-	-	9.2448	-	-
36	West Bengal	7.3368	1.0332	-	-	
	TOTAL	19.3839665	26.2332	21.2524	7.0722	7.389634

(ii) The details of 196 Trauma Care Facilities (TCFs) sanctioned during 11th and 12th Five Year Plans in Government Hospitals/Medical Colleges across the country under NPPMT&BI containing functionality status are as under:

S. No.	Name of State	Name of TCF	Level	FYP	Status
1		Govt. General Hospital & Medical College, Kurnool	II	11th	Functional
2		Community Hospital, Penukonda	III	11th	Non Functional
3		Taluk Hospital, Tekkali	III	11th	Functional
4		District Hospital, Srikakulam	II	11th	Functional
5		King George Hospital/Andhra Medical College, Visakhapatnam	II	11th	Functional
6		Tuni taluk Hospital, east Godavari District	III	11th	Functional

7	Andhra Pradesh	District Hospital , Rajahmundry, East Godavari	II	11th	Functional
8		District Hospital, Eluru, West Godavari	III	11th	Functional
9		Medical College, Guntur	II	11th	Functional
10		District Hospital, Ongole	III	11th	Non Functional
11		Dist Hospital, Nellore	II	11th	Functional
12		Taluk Hos. Nayadupet	III	11th	Functional
13		Dist. Hospital Anantpur	II	11th	Functional
14		General Hospital Kakinada	II	12th	Functional
15	Andaman & Nikobar	Dr. R P Hospital, Mayabunder	III	12th	Non-functional
16	Arunachal Pradesh	General Hospital, Bomdila	III	12th	Functional
17		District Hospital, Roing	III	12th	Functional
18		District Hospital, Tezu	III	12th	Functional
19		District Hospital, Khonsa	III	12th	Functional
20	Assam	Medical College & Hospital, Silchar	II	11th	Functional
21		Civil Hospital, Haflong	III	11th	Functional
22		Civil Hospital, Diphu	III	11th	Functional
23		District Hospital, Nagaon	II	11th	Functional
24		Medical College & Hospital, Guwahati.	II	11th	Functional
25		District hospital, Nalbari	III	11th	Functional
26		Civil Hospital, Bogaigaon	III	11th	Functional
27		Civil Hospital, Kishanjanj	III	11th	Functional
28		District Hospital, Purnia	II	11th	Functional
29		Civil Hospital, Madhepura	III	11th	Functional
30		Darbhanga Medical College Hospital, Dharbhanga	II	11th	Functional

31	Bihar	S.K. Medical College Hospital, Muzaffarpur	II	11th	Functional
32		Civil Hospital, Gopalgang	III	11th	Functional
33		Civil Hospital, Jhanjarpur	III	11th	Functional
34		Sadar Hospital, Sasaram, Rohtas	III	11th	Functional
35		AN Magadh Medical College Hospital, Gaya	II	11th	Functional
36	Chhattisgarh	BR Ambedkar Memorial Hospital, Raipur	II	12th	Non-Functional
37		Chhattisgarh Institute of Medical Sciences, Bilaspur	II	12th	Non-Functional
38		Govt. Komaldeo District Hospital, Kanker	III	12th	Non-Functional
39		District Hospital, Raigarh	III	12th	Non-functional
40		Baliram Kashyap Memorial Medical College, Jagdalpur	II	12th	Non-functional
41		District Hospital, Ambikapur	III	12th	Non-functional
42	Dadar & Nagar Haveli	CHC Khanvel	III	12th	Functional
43	Goa	Govt. Medical College, Goa	I	12th	Functional
44	Gujarat	Civil Hospital, Palanpur	II	11th	Functional
45		Civil Hospital, Radhanpur	III	11th	Functional
46		General Hospital, Morbi	II	11th	Functional
47		Pt. Deen dayal Upadhyaya Hospital, Rajkot	II	11th	Functional
48		CHC, Jetpur	III	11th	Functional
49		General Hospital, Porbandar	II	11th	Functional

50		General Hospital, Valsad	II	11th	Functional
51		Govt. Medical College, Surat	II	11th	Functional
52		District Hospital, Bharuch	III	11th	Functional
53		SSG Hospital & Medical College, Vadodara	II	11th	Functional
54		District Hospital , Himmat Nagar	III	11th	Functional
55		SA Hospital Bhachau, Kutch	III	11th	Functional
56		Guru Govind Singh Hospital Jamnagar	II	12th	Non-Functional
57		Sir Takhtsinh General Hospital & Govt. Medical College, Bhavnagar	II	12th	Functional
58		District Hospital, Veraval	III	12th	Non-Functional
59	Haryana	Dist. Hospital, Ambala	II	11th	Functional
60		District Hospital, Rewari	III	11th	Functional
61		BSS General Hospital, Panipat	III	11th	Functional
62	Himachal Pradesh	District Hospital, Chamba	III	12th	Functional
63		Regional Hospital Hamirpur	III	12th	Functional
64		RP Medical College, Tanda,	II	12th	Functional
65		Zonal Hospital Mandi	III	12th	Functional
66		Regional Hospital Rampur, Shimla	III	12th	Functional
67		IGMC Govt. Hospital, Shimla, Himachal Pradesh	I	12th	functional
68	Jammu and Kashmir	MMAM District Hospital, Anantnag	III	11th	Functional
69		Trauma Hospital, Ramban, Doda	III	11th	Functional

70		Govt. District Hospital, Udhampur	II	11th	Functional
71		District Hospital, Kupwara	III	12th	Non-Functional
72	Jharkhand	Patliputra Medical College, Dhanbad	II	11th	Functional
73		District Hospital Koderma	III	12th	Functional
74		Sadar Hospital Daltanganj	III	12th	Functional
75		District Hospital, Gumla	III	12th	Functional
76	Karnataka	Tumkur District Hospital	III	11th	Functional
77		Taluq Hospital, Sira	III	11th	Functional
78		Civil Hospital, Chitradurga	II	11th	Functional
79		Civil Hospital, Devangiri	III	11th	Functional
80		Karnataka Institute of Medical Science, Hubli, Dharward	II	11th	Functional
81		District Hospital, Haveri	III	11th	Functional
82		District Hospital, Belgaum	III	11th	Functional
83		District Hospital, Chickbalapur	III	11th	Functional
84	Kerala	Govt. Medical College, Alappuzha	II	12th	Non-Functional
85		General Hospital, Ernakulam	III	12th	Non-Functional
86		District Hospital, Kannur	III	12th	Functional
87		District Hospital Palakkad	II	12th	Functional
88		Govt. Medical College Hospital, Kozhikode	I	12th	Functional
89		Government Medical College & Hospital, Thiruvananthapuram	II	12th	Functional
90	Ladakh	S.N.M. Hospital, Leh	III	12th	Functional
91		Civil Hospital, Shivpuri	II	11th	Functional
92		G R Medical College Hospital, Gwalior	II	11th	Functional

93	Madhya Pradesh	DH Narsimhapur	III	11th	Functional
94		DH Sagar	II	11th	Functional
95		DH Seoni	III	11th	Functional
96	Maharashtra	GMCH, Kolhapur	II	11th	Functional
97		District Hospital, Satara	III	11th	Functional
98		BJ Medical College, Pune	II	11th	Functional
99		Municipal Hospital, Vashi	III	11th	Functional
100		Sub District Hospital Dhanu, Thane	III	11th	Functional
101		Sub District Hospital, Hinganghat, Wardha	III	11th	Functional
102	Manipur	Regional Institute of Medical Sciences, Imphal	I	12th	Functional
103		District Hospital, Churachandpur	III	12th	Functional
104		District Hospital Senapati	III	12th	Functional
105		District Hospital Bishunpur	III	12th	Functional
106		Thoubal District Hospital	III	12th	Functional
107		Chandel District Hospital	III	12th	Functional
108	Meghalaya	Civil Hospital, Tura	III	12th	Functional
109		Civil Hospital Nongpoh	III	12th	Non Functional
110		Civil Hospital Shillong	II	12th	Functional
111	Mizoram	Civil Hospital, Aizawl	II	12th	Non Functional
112		District Hospital, Lawngtlai	III	12th	Non Functional
113		District Hospital, Saiha	III	12th	Non Functional
114		District Hospital, Lunglei	III	12th	Functional
115		District Hospital Kolasib	III	12th	Functional
116		District Hospital Champhai	III	12th	Functional

117		District Hospital Serchhip	III	12th	Functional
118	Nagaland	District Hospital, Tuensang	III	12th	Functional
119		District Hospital, Kiphiri	III	12th	Functional
120		District Hospital, Mon	III	12th	Functional
121		Naga Hospital Kohima	II	12th	Non Functional
122		District Hospital, Dimapur	III	12th	Functional
123	Odisha	District Hospital, Balasore	II	11th	Functional
124		District Hospital, Bhadrak	III	11th	Functional
125		SCB Medical College, Cuttack	I	11th	Functional
126		District Hospital, Khurda	III	11th	Functional
127		MKCG Medical College, Behrampur	II	11th	Functional
128		District Hospital, Puri	III	12th	Functional
129	Punjab	Sub-District Hospital, Pathankot	III	11th	Functional
130		District Hospital, Jalandhar	II	11th	Functional
131		District Hospital, Khanna	III	11th	Functional
132		District Hospital Fazailka	III	12th	Functional
133		District Hospital Ferozpur	III	12th	Functional
134	Rajasthan	Government Hospital, Baran	III	11th	Functional
135		New Medical College Hospital, Kota	II	11th	Functional
136		SS Hospital, Chittorgarh	III	11th	Functional
137		RNT Medical College, Udaipur	II	11th	Functional
138		District Hospital, Bhilwara	III	11th	Functional
139		JLN Medical College, Ajmer	II	11th	Functional
140		SMS Medical College, Jaipur	II	11th	Functional
141		Taluk Hospital, Kotputli	III	11th	Functional

142		Govt. Hospital, Sirohi	III	11th	Functional
143		Civil Hospital Dungarpur.	III	11th	Functional
144	Sikkim	District Hospital Namachi	III	12th	Functional
145		District Hospital, Singtam	III	12th	Functional
146		District Hospital, Mangan	III	12th	Functional
147		STNM Hospital Gangtok	II	12th	Functional
148	Tamil Nadu	Kilpauk Medical College, Chennai	II	11th	Functional
149		GMC, Vellore	II	11th	Functional
150		Taluk Hospital, Krishnagiri	III	11th	Functional
151		Govt. District Hqr. Hospital, Karur	III	11th	Functional
152		District Hospital, Dindigul	II	11th	Functional
153		Govt. Rajaji Hospital Medical College, Madurai	II	11th	Functional
154		District Hqr. Hospital, Kovilpatti	III	11th	Functional
155		GMCH, Tirunelveli	II	11th	Functional
156		GMCH, Kanyakumari	II	11th	Functional
157		Govt. District Head Quarters Hospital Kallakurichi	III	12th	Functional
158		Govt. District Head Quarters Hospital Kumbakonam	III.	12th	Functional
159		Chengalpattu Govt. Medical College & Hospital	I	12th	Functional
160		Coimbatore Medical College	II	12th	Functional
161	Telangana	Rajiv Gandhi Inst. Of Medical Sciences, Adilabad	II	11th	Functional
162		Area Hospital, Kamareddy	III	11th	Functional

163		District Hospital, Mehboobnagar	III	11th	Functional
164		Dist. HQ Hospital, Nizamabad	II	11th	Functional
165	Tripura	Dharma Nagar, Sub-Divisional Hospital	III	12th	Non functional
166		Santirbazar PHC, Divisional Hospital	III	12th	Non-Functional
167		District Hospital, Gomati	III	12th	Functional
168		Agartala Govt. Medical College	II	12th	Functional
169		District Hospital, Dhalai	III	12th	Non- functional
170		BRD Medical College, Gorakhpur	II	11th	Functional
171	Uttar Pradesh	District Hospital, Faizabad	III	11th	Functional
172		KGM College, Lucknow	II	11th	Functional
173		LLR Hospital & GSVM College, Kanpur	II	11th	Functional
174		District Hospital, Jaluan, Orai	III	11th	Functional
175		MLB Medical College, Jhansi	II	11th	Functional
176		District Hospital, Basti	III	11th	Functional
177		SN Medical College, Agra	II	11th	Functional
178		Shri BA District Hospital, Etawah	III	11th	Functional
179		District Hospital, Fatehpur	III	11th	Functional
180		MLN Medical College, Allhabad	II	11th	Functional
181		LLRM Medical College, Meerut	II	11th	Functional
182		District Hospital, Lalitpur	II	11th	Functional
183	Uttarakhand	District Hospital, Baurari, New Tehri	III	12th	Functional
184		Government Medical College, Haldwani	II	12th	Functional

185		Combined Hospital Roorkee	III	12th	Non Functional
186		Doon Medical College & Hospital	II	12th	Functional
187	West Bengal	North Bengal Medical College & Hospital, Siliguri	II	11th	Functional
188		Islampur SD Hospital, Uttar Dinajpur	III	11th	Functional
189		Sub Divisional, Asansol	II	11th	Functional
190		Burdwan Medical College & Hospital, Burdwan	II	11th	Functional
191		Sub-District Hospital, Kharagpur	III	11th	Functional
192		District Hospital, Alipurduar	III	12th	Non functional
193		Murshidabad Medical College	II	12th	Non functional
194		Ranaghat Sub Divisional Hospital, Nadia	III	12th	Non functional
195		Diamod Harbour District Hospital	III	12th	Non functional
196		Raiganj District Hospital, Uttar Dinajpur	III	12th	Non functional

(iii) The details of 47 Burn Units sanctioned during 11th and 12th Five Year Plans in Government Hospitals/Medical Colleges across the country under NPPMT&BI containing functionality status are as under:

Details of 47 Burn Units			
S. No.	State	Name of the Medical College	Status
1		Kurnool Medical College	Functional
2		Guntur Medical College	Non - Functional
3		Shri Venkateshwar M.C. Tirupati	Non - Functional

4	Andhra Pradesh	Govt. M.C. Anantpur	Non - Functional
5		ACSR Govt. Medical College, Nellore	Non - Functional
6		King George Hospital & Andhra M.C., Vishakhapatnam	Non - Functional
7	Assam	Assam Medical College & Hospital, Dibrugarh	Non - Functional
8		Silchar Medical College & Hospital	Non - Functional
9	Bihar	Patna Medical College	Functional
10		J.L.N. Medical College & Hospital, Bhagalpur	Non - Functional
11	Chhattisgarh	Chhattisgarh Institute of Medical Sciences, Bilaspur	Non - Functional
12	Gujarat	PDU Medical College, Rajkot	Non - Functional
13	Goa	Goa M.C.	Functional
14	J&K	SMHS Hospital & Medical College, Srinagar	Functional
15	Kerala	Govt. M.C. Kozikode	Functional
16		Govt. M.C. Kottayam	Functional
17		Government Medical College & Hospital, Thiruvananthapuram	Functional
18		Govt. Medical College, Thrissur	Functional
19	Madhya Pradesh	MGM Medical College, Indore	Functional
20		Gandhi Medical College, Bhopal	Functional
21		Shyam Shah M.C., Rewa	Functional
22		Netaji Subhash Chandra Bose M.C., Jabalpur	Non-functional
23		G.R. Medical College, Gwalior	Functional
24	Manipur	Regional Institute of Medical Sciences (RIMS), Imphal	Functional
25	Orissa	S.C.B. Medical College & Hospital, Cuttack	Functional
26	Punjab	Medical College and Hospital, Patiala	Non-functional

27		GGs M.C., Faridkot	Functional
28	Tamil Nadu	Thanjavur Medical College Hospital	Functional
29		KAVP Govt. Medical College & Mahatma Gandhi Memorial Govt. Hospital, Trichirapalli	Functional
30		Government Vellore Medical College Hospital, Vellore	Functional
31		Government Mohan Kumaramangalam Medical College Hospital, Salem	Functional
32		Coimbatore Medical College Hospital, Coimbatore	Functional
33		Madurai Medical College	Functional
34	Uttar Pradesh	GSVM Medical College , Kanpur	Functional
35		K.G. Medical University, Lucknow	Functional
36		B.R.D. Medical College, Gorakhpur	Functional
37		S.N. Medical College, Agra	Functional
38		MLN M.C., Allahabad	Functional
39	Uttarakhand	Govt. Medical College, Haldwani	Functional
40		Medical College Doon Hospital, Dehradun	Functional
41	West Bengal	Burdwan Medical College & Hospital	Non - Functional
42		IPGMER, SSKM Medical College & Hospital, Kolakatta	Functional
43		North Bengal M.C. & Hospital, Darjeeling	Non - Functional
44		Malda Medical College & Hospital	Non - Functional
45		Bankura Sammelani Medical College & Hospital	Non - Functional
46		Murshidabad Medical College & Hospital	Functional
47	Karnataka	Mysore Medical College and Research Institute, Mysore	Functional

4. National Program for Prevention and control of Cancer, Diabetes, CVDs and Stroke (NPCDCS)

(i) Under the Strengthening of Tertiary Cancer Care Centre (TCCCs) facilities Scheme of NPCDCS, financial assistance is provided for setting up of State Cancer Institutes (SCIs) and Tertiary Cancer Care Centres (TCCCs) in different parts of the country. No specific year-wise allocation to States/UTs under the Programme. However, the details of funds allocation and released under the Tertiary Care Programme of NP-NCD during the last five years are provided below:

(Rs. in Crores)

Financial Year	Funds allocated	Funds Released
2020-21	175.00	129.16
2021-22	175.00	136.88
2022-23	175.00	108.99
2023-24	100.03	66.41
2024-25	109.00	66.94

(ii) Under the Scheme, support is provided to States and Union Territories for setting up of State Cancer Institutes (SCIs) and Tertiary Care Cancer Centres (TCCCs) in different parts of the country. Till date 39 institutions (19 SCI and 20 TCCC), including TCCC at Kurnool Medical College, Kurnool, Andhra Pradesh has been approved. Details of location of healthcare facilities supported or established containing their functionality status under the Tertiary Care Programme of NPCDCS (Now NP-NCD) is as below:

S No.	State	Name of the Institute	SCI / TCC C	Services for Cancer Treatment (Available/Not Available)
1	Assam	Guwahati Medical College & Hospital, Guwahati	SCI	Available
2	Andhra Pradesh	Kurnool Medical College, Kurnool	SCI	Available
3	Bihar	Indira Gandhi Institute of Medical Sciences, Patna	SCI	Available
4	Chhattisgarh	Chhattisgarh Institute of Medical Sciences, Bilaspur	SCI	Not Available
5	Delhi	Lok Nayak Hospital	TCC C	Available
6	Goa	Goa Medical College, Panaji	TCC C	Available
7	Gujarat	Gujarat Cancer Research Institute, Ahmedabad	SCI	Available
8	Himachal Pradesh	Indira Gandhi Medical College, Shimla	TCC C	Available
9		Shri Lal Bahadur Shastri Medical College, Mandi	TCC C	Available
10	Haryana	Civil Hospital, Ambala Cantt	TCC C	Available
11	Jammu & Kashmir	Sher-i-Kashmir Institute of Medical Sciences, Srinagar	SCI	Available
12		Government Medical College, Jammu	SCI	Available
13	Jharkhand	Rajendra Institute of Medical Sciences, Ranchi	SCI	Available
14	Karnataka	Kidwai Memorial Institute of Oncology (RCC), Bengaluru	SCI	Available
15		Mandya Institute of Medical Sciences, Mandya	TCC C	Available

16	Kerala	Government Medical College, Kozhikode	TCC C	Available
17		Regional Cancer Centre, Thiruvananthapuram	SCI	Available
18	Mizoram	Civil Hospital, Aizawl	TCC C	Available
19	Maharashtra	Rashtrasant Tukdoji Regional Cancer Hospital & Research Centre, Nagpur	TCC C	Available
20		Government Medical College, Aurangabad	SCI	Available
21		Vivekanand Foundation & Research Centre, Latur	TCC C	Available
22	Madhya Pradesh	Netaji Subhas Chandra Bose Medical College, Jabalpur	SCI	Available
23		G.R. Medical College, Gwalior	TCC C	Available
24	Nagaland	District Hospital, Kohima	TCC C	Available
25	Odisha	Acharya Harihar Regional Cancer Centre, Cuttack	SCI	Available
26	Punjab	Government Medical College, Amritsar	SCI	Available
27		Civil Hospital, Fazilka	TCC C	Available*
28	Rajasthan	S P Medical College, Bikaner	TCC C	Available
29		SMS Medical College, Jaipur	SCI	Not Available
30		Jhalawar Medical College & Hospital, Jhalawar	TCC C	Not Available
31	Tamil Nadu	Cancer Institute (RCC), Adyar, Chennai	SCI	Available
32	Telangana	MNJ Institute of Oncology & RCC, Hyderabad	SCI	Available
33	Tripura	Cancer Hospital (RCC), Agartala	SCI	Available
34	Sikkim	Multispecialty Hospital at Sohygang (Sichey), near Gangtok, Sikkim	TCC C	Available

35	Uttarakhand	Government Medical College, Haldwani	SCI	Available
36	Uttar Pradesh	Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow	TCC C	Available
37	West Bengal	Government Medical College, Burdwan	TCC C	Available
38		Murshidabad Medical College & Hospital, Berhampore, Murshidabad	TCC C	Available
39		Sagore Dutta Memorial Medical College and Hospital, Kolkata	TCC C	Available

(a) Only Chemotherapy services are available.

(5) National Programme for Health Care of Elderly (NPHCE) :

- (i) The details of funds allocated, released and utilised under NPHCE during the last five years are as under:

(Rs. in Crores)

Financial Year	Funds allocated	Fund Utilized
2020-21	15.00	14.35
2021-22	97.12	90.72
2022-23	17.15	4.86
2023-24	45.37	31.28
2024-25	59.23	52.06

- (ii) the following National Centres of Aging (NCAs) have been established under the NPHCE:

Sl. No.	State	Institution	Operational status
1	Delhi	All India Institute of Medical Sciences, New Delhi	Operational

2	Tamil Nadu	Madras Medical College, Chennai	Operational

(iii) the following Regional Geriatric Centres (RGCs) have been established under the NPHCE:

Sl. No.	State	Institution	Operational status
1	Uttar Pradesh	Institute of Medical Sciences, Banaras Hindu University, Varanasi	Operational
2	Jammu & Kashmir	Sher-e Kashmir Institute of Medical Sciences, Srinagar	Operational
3	Kerala	Govt. Medical College, Thiruvananthapuram	Operational
4	Assam	Guwahati Medical College, Guwahati	Operational
5	Rajasthan	SN Medical College, Jodhpur	Operational
6	Himachal Pradesh	Rajendra Prasad Government Medical College Kangra, Tanda	Not Operational
7	Uttar Pradesh	King George's Medical University, Lucknow	Not Operational
8	Jharkhand	Rajendra Institute of Medical Sciences, Ranchi	Operational
9	West Bengal	Kolkata Medical College, Kolkata	Operational
10	Telangana	Nizam's Institute of Medical Sciences, Hyderabad	Operational

11	Karnataka	Bangalore Medical College & Research Institute, Bengaluru	Operational
12	Gujarat	B.J Medical College, Ahmadabad	Operational
13	Maharashtra	Grants Medical College & JJ Hospital, Mumbai	Operational
14	Odisha	S.C.B. Medical College, Cuttack	Not Operational
15	Tripura	Agartala Medical College, Agartala	Operational
16	Madhya Pradesh	Gandhi Medical College, Bhopal	Not Operational
17	Bihar	Patna Medical College, Patna	Not Operational

(6) National Programme for Control of Blindness and Visual Impairment (NPCBVI)

- Under the NPCBVI, the funds are released to the Regional Institutes of Ophthalmology (RIOs) and Medical Colleges. The details of funds allocated, released and utilised under NPCBVI during the last five years are as under:

(Rs. in Crores)

Financial Year	Funds allocated	Funds Released	Fund Utilized
2020-21	20.00	5.00	4.90
2021-22	10.50	8.00	4.80
2022-23	8.00	3.90	3.19
2023-24	3.77	5.00	4.27
2024-25	6.55	6.00	5.59

- the following Regional Institutes of Ophthalmology (RIOs) have been established under the NPCBVI which are operational at present:

Sl. No.	State	Institution	Operational status
1	Delhi	Dr.R.P.Centre, AIIMS, Delhi	Operational
2	Gujarat	RIO, Ahmedabad, Gujarat	Operational
3	Assam	RIO, Guwahati, Assam	Operational
4	Punjab	RIO, Amritsar, Punjab	Operational
5	Kerala	RIO, Thiruvananthapuram, Kerala	Operational
6	Kolkata	RIO, Kolkata, West Bengal	Operational
7	Karnataka	RIO, Bangalore, Karnataka	Operational
8	Jammu & Kashmir	RIO, Srinagar, J& K	Operational
9	Odisha	RIO, Cuttack, Odisha	Operational
10	Bihar	RIO, Patna, Bihar	Operational
11	Tamil Nadu	RIO, Chennai, TN	Operational
12	Uttar Pradesh	RIO, Prayagraj, UP	Operational
13	Madhya Pradesh	RIO, Bhopal, M.P.	Non Operational
14	Chhattisgarh	RIO, Raipur, Chhattisgarh	Operational
15	Rajasthan	RIO, Jaipur, Rajasthan	Operational
16	Jharkhand	RIO, Ranchi, Jharkhand	Operational
17	Haryana	RIO Rohtak, Haryana	Operational
18	Maharashtra	R.IO Mumbai, Maharashtra	Operational
19	Telangana	RIO, Hyderabad Telangana	Operational
20	Uttar Pradesh	RIO BHU, U P	Operational

(7) Programme for Strengthening of e Health and Telemedicine Services (PSETS):-

- (i) The beneficiaries of schemes/programs of e-Health are across the country, however, state-wise details are not applicable as funds are released to the Central Government Institutions/autonomous bodies. The details of funds allocated under PSETS scheme are placed below:-

(Rs. in Crores)

Financial Year	Funds allocated	Fund Utilized
2020-21	45.28	44.71
2021-22	45	37.64
2022-23	41	38.55
2023-24	48	47.89
2024-25	218.03	207.54

- (ii) Under National Medical College Network (NMCN), funds are released to NRC/RRCs for the purpose of carrying out telemedicine and teleconsultation. The details of NMCN are as under:

Sr. No	Name of colleges under NMCN network	Location	TYPE
1	All India Institute of Medical Sciences, New Delhi	New Delhi	National Resource Center (NRC)
2	All India Institute Of Medical Sciences, Rishikesh	Rishikesh	Regional Resource Centers (RRC)

3	Postgraduate Institute of Medical Education and Research, Chandigarh	Chandigarh	Regional Resource Centers (RRC)
4	Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow	Lucknow	Regional Resource Centers (RRC)
5	Seth Gordhandas Sunderdas Medical College and King Edward Memorial (KEM) Hospital, Mumbai	Mumbai	Regional Resource Centers (RRC)
6	North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, Shillong	Shillong	Regional Resource Centers (RRC)
7	Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry	Puducherry	Regional Resource Centers (RRC)
8	Institute of Medical Sciences, Banaras Hindu University	Varanasi	Regional Resource Centers (RRC)
9	Government Medical College, Thiruvananthapuram	Kerala	Regional Resource Centers (RRC)

(iii) Details of health facilities registered and operational on the eSanjeevani platform state/UT wise particularly in Andhra Pradesh are as under :

*Health facilities that have conducted at least one consultation are considered operational.

Sl. No.	State	Operational* Health Facilities	Total Tele Consultations
1	Andaman & Nicobar Islands	63	915
2	Andhra Pradesh	11,758	7,72,51,507
3	Arunachal Pradesh	188	6,430
4	Assam	3,523	27,71,296
5	Bihar	9,249	2,45,25,009
6	Chandigarh	59	1,31,967
7	Chhattisgarh	4,437	37,92,614
8	Delhi	33	74,098
9	Goa	89	3,781
10	Gujarat	9,673	1,26,75,525
11	Haryana	2,041	10,30,861
12	Himachal Pradesh	1,917	9,56,782
13	Jammu & Kashmir	2,184	14,17,912
14	Jharkhand	3,071	30,89,599
15	Karnataka	7,516	2,64,32,398
16	Kerala	6,515	23,49,605
17	Ladakh	195	1,41,524
18	Lakshadweep	9	627
19	Madhya Pradesh	9,816	1,08,69,621
20	Maharashtra	9,725	1,14,15,436
21	Manipur	291	1,05,738
22	Meghalaya	564	2,89,786
23	Mizoram	394	38,989
24	Nagaland	210	12,045
25	Odisha	6,696	40,62,623
26	Puducherry	47	6,126
27	Punjab	1,502	8,36,776

28	Rajasthan	6,045	26,51,660
29	Sikkim	175	49,232
30	Tamil Nadu	7,307	6,79,72,922
31	Telangana	5,870	2,74,74,054
32	The DNH & DD	99	1,39,027
33	Tripura	740	1,64,428
34	Uttar Pradesh	21,893	4,98,45,181
35	Uttarakhand	933	14,37,559
36	West Bengal	10,073	6,15,24,387
	Total	1,44,900	39,55,48,040

CREATION OF NEW BLOCK IN PLACE OF SAARC

983. SHRI BALASHOWRY VALLABHANENI:

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

- (a) the reasons for SAARC Summit not being held since, 2014;
- (b) whether China and Pakistan are planning to create a new block in place of SAARC to advance connectivity, trade and political dialogue, if so, the details thereof;
- (c) whether China-Pakistan-Bangladesh Trilateral meeting at Kunming discussed above issue at length, if so, the details thereof;
- (d) the stand of India on the proposed block; and
- (e) whether any timelines have been fixed to create a new block, 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 efforts to continue the SAARC dialogue, including holding of important meetings are hindered due to Pakistan sponsoring cross border terrorism and blocking trade and transport connectivity efforts in the region. As a result, the 19th SAARC Summit scheduled to be held in Pakistan in November 2016 was postponed. There has been no material change in the situation since then, and hence still no consensus among Member States on the holding of the Summit.

(b) to (e) We have seen reports of the China-Pakistan-Bangladesh Trilateral meeting at Kunming. Following the meeting, the Foreign Affairs Adviser of Bangladesh conveyed, during a media briefing in Dhaka, that the trilateral meeting was not meant to build an alliance targeting any third country. The Government of India maintains a constant watch on all developments having a bearing on India's national interests and takes all necessary measures to safeguard them.

USE OF ARTIFICIAL INTELLIGENCE IN SUPREME COURT

984. SHRIMATI POONAMBEN MAADAM:

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

(a) whether the Supreme Court has begun using Artificial Intelligence (AI) and machine learning tools to assist in case management and decision-making:

- (b) if so, the details thereof;
- (c) the status of deployment of AI-driven tools like SUPACE (Supreme Court Portal for Assistance in Court's Efficiency); and
- (d) the number of operational e-courts in the State of Gujarat, 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) and (b): As per the information provided by the Supreme Court of India, Artificial Intelligence (AI), and Machine Learning (ML) based tools are being deployed in case management. These tools are being used in transcribing oral arguments in Constitutional Bench matters. The AI assisted transcribed arguments can be accessed from the website of the Supreme Court.

The Supreme Court of India is also using AI and ML based tools in close coordination with National Informatics Centre (NIC), in translation of judgments from English language to 18 Indian languages viz., Assamese, Bengali, Garo, Gujarati, Hindi, Kannada, Kashmiri, Khasi, Konkani, Malayali, Marathi, Nepali, Odia, Punjabi, Santali, Tamil, Telugu and Urdu. The judgments can be accessed through the eSCR portal of the Supreme Court of India.

The Supreme Court of India, in close coordination with IIT Madras, has developed and deployed AI and ML based tools integrated with the electronic filing software for identification of defects. Recently, the access of the proto-type has been granted to 200 Advocates-on-Record.

The Supreme Court of India is also testing prototypes of AI and ML tools, for curing defects, data, meta data extraction in collaboration with IIT Madras. This AI and ML based tool will be integrated with the electronic filing module and the case management software, namely Integrated Case Management & Information System (ICMIS).

However, no AI and ML based tools are being used by the Supreme Court of India in decision making process.

(c): The AI based tool, Supreme Court Portal Assistance in Court Efficiency (SUPACE), aimed at developing a module to understand the factual matrix of cases with an intelligent search of the precedents apart from identifying the cases, is in experimental stage of development. SUPACE may be deployed after procurement and deployment of graphic processing unit(s) and other latest technology-based units such as Tensor Processing Unit.

(d): As per information provided by High Court of Gujarat, mandatory e-filing and remote adjudication using video conferencing facilities have been provided for dealing with cases of dishonour of cheques under Negotiable Instruments (N.I.) Act, 1881 being instituted by the Banks and Non-Banking Financial Companies (NBFCs) for jurisdiction of Chief Judicial Magistrate Courts of Ahmadabad City. In addition, Government of Gujarat has extended the jurisdiction of all the Magisterial Courts of the State to try, through Remote Adjudication, all the e-filed cases of Negotiable Instrument Act of the jurisdiction of C. J. M. Courts of Ahmedabad City. Accordingly, the High Court of Gujarat through a notification, nominated 5 Judicial Officers posted in Ahmedabad,

Anand, Narmada and Gir Somnath as Presiding Officers of Statewide Access to Remote Adjudication System (SARAS) N. I. Courts for e-filed cases of Ahmedabad City. The place of work of these Judicial Officers would not change for presiding over these Remote Adjudication Courts.

Further, Virtual Traffic Courts under the aegis of the eCourts Project have been implemented in Gujarat, the details of which are as under:

Sr. No.	District	Nos. of Virtual Traffic Courts
1	Navsari	3
2	Panchmahals	1
3	Bhavnagar	1
4	Dahod	2
5	Porbandar	1
6	Tapi	1
7	Amreli	3
8	Gir Somnath	1
9	Surendranagar	1
10	Banaskantha	2
11	Sabarkantha	1
12	Ahmedabad City	1
13	Ahmedabad Rural	1
14	Junagadh	1
15	Patan	1
TOTAL		21

VATSALYA MISSION PORTAL FOR CHILD PROTECTION**985. SHRI RAJU BISTA:**

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

- (a) Whether the Government has launched the revamped Vatsalya Mission portal for integrating child protection services, if so, the details of objectives and key features of the said portal;
- (b) the manner in which the integration of existing platforms such as Khoya-Paaya, TrackChild, Child Protection Services and CARINGS will enhance the effectiveness of child protection mechanisms across the country;
- (c) whether the portal will include a mechanism to strengthen emergency response services for missing and vulnerable children, if so, the details thereof;
- (d) the details of the steps being taken to ensure effective implementation, coordination, and training of officials using the portal, particularly for handling children with special needs and disabilities; and
- (e) whether the Government is involving NGOs/other stakeholders in the operation and monitoring of the Vatsalya Mission portal, if so, the details thereof?

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 has launched the revamped Mission Vatsalya Portal which is an integrated Digital platform for all the stakeholders related to child protection services.

Mission Vatsalya portal is a technologically upgraded secure portal which provides digital working platform for various stakeholders across different levels at State and district. The earlier Khoya-Paya and TrackChild services have been brought under this unified portal.

The key features of Mission Vatsalya Portal include single digital platform for use by the Stakeholders i.e. State Child Protection Society, State Adoption Resource Agency at State level and District Child Protection Unit, Child Welfare Committee, Juvenile Justice Board, Special Juvenile Police Unit at District level and Child Care Institutions. The portal avoids duplication of work at grassroots level. It also ensures better monitoring through various MIS Dashboards and optimum utilization of resources for planning and implementation.

(c): The emergency response and outreach service under Mission Vatsalya is provided through Toll-free Child Helpline (#1098) which is a 24x7x365 service for children in difficult circumstances. It is integrated with the Emergency Response Support System-112 (ERSS-112) Helpline of the Ministry of Home Affairs and Women Helpline (181). Mission Vatsalya portal contains information on cases reported through Child Helpline.

(d): For effective implementation of the portal, Ministry in collaboration with Savitribai Phule National Institute of Women and Child Development (SPNIWCD) has conducted training of Master trainers for Mission Vatsalya portal for all States/UTs.

(e): Under Mission Vatsalya portal login credentials are provided to all stakeholders including the agencies and NGOs which are related to implementation of Mission Vatsalya scheme in the States/UTs.

CENTRAL AYURVEDA RESEARCH INSTITUTE

986. SHRI JAGANNATH SARKAR:

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

- (a) whether it is a fact that the new building of the Central Ayurveda Research Institute (CARI), Kolkata is under construction since seven-eight years and if so, the details and the reasons for delay thereof;
- (b) the steps being taken by the Government to expedite the construction and ensure timely completion of the project; and
- (c) the likely time by which the building is expected to be inaugurated and made fully operational for public use?

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 building of Central Ayurveda Research Institute (CARI), Kolkata, is under construction since, 2016 and the reasons for delay are as under:

- i. Revision in scope of work
- ii. Statutory payments leading to cost escalations
- iii. Carrying out extra work and supply / fixing of furniture

- (b): This work is being regularly monitored by Director, CARI (Kolkata), DG(CCRAS) as well as by the Ministry, with the result that a physical progress of 96% has been achieved as on 30.06.2025 and the work is progressing at full swing.
- (c): The targeted date of completion of the construction work is 31.08.2025.

STATE ANNUAL ACTION PLAN FOR KARNATAKA UNDER NAM

987. SHRI GOVIND MAKTHAPPA KARJOL:

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

- (a) whether the Government has formulated the State Annual Action Plan (SAAPS) for Karnataka under the National AYUSH Mission (NAM) for the years 2025-26 and if so, the details thereof along with the details of the work undertaken under the NAM in the State, district -wise;
- (b) the details of funds allocated to Karnataka under various schemes along with the funds allocated for setting up of AYUSH hospitals/health and wellness centres and the recurring expenditure under various heads during the last five years;
- (c) the effective steps taken by the Government to develop AYUSH system and infrastructure in Karnataka during the last five years;
- (d) whether the aspirational districts have been kept in mind while developing the said AYUSH medical system and infrastructure; 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): Government of India is implementing Centrally Sponsored Scheme of National Ayush Mission through State/UT Governments for overall development and promotion of Ayush systems in the country. Accordingly, State Annual Action Plans (SAAPs) are being formulated by respective State/UT Governments as per their felt need and priorities for different districts against the communicated Resource pool. As far as State Government of Karnataka is concerned, they have submitted SAAP amounting to Rs. 8156.03 lakhs including State share on dated 18.07.2025 for the year 2025-26 against the communicated resource pool of Rs. 7356.40 lakhs. The component-wise status of communicated resource pool & received SAAP is given in the enclosed **Statement-I**.

(b): Under NAM, the status of allocated/released Non-recurring and recurring funds to the State Government of Karnataka and expenditure reported by them during the last 5 years for implementation of different approved activities/programmes of SAAPs including setting up of Ayush hospitals/operationalization of Ayush Health & Wellness Centres now renamed as Ayushman Arogya Mandir (Ayush) is given in the enclosed **Statement-II**.

(c) to (e): Public Health being a state subject, the responsibility for development of Ayush system and infrastructures in the State of Karnataka including aspirational districts lies with respective State Government. However, under NAM State Government of Karnataka has been supported for development and

promotion of Ayush systems including infrastructure support as per the proposals received through SAAPs. The major initiative/ activities supported to the State Government of Karnataka during the last 5 years is given in the enclosed **Statement-III**.

STATEMENT-I

Activity wise State Annual Action Plan proposed by State of Karnataka & Resource Pool allocated under National Ayush Mission for the year 2025-26

S. No	Components	Allocation of Resource Pool including State Share 2025-26 (Rs. In Lakhs)	Total Funds Proposed under SAAP 2025-26 including ongoing activities. Rs. in lakhs
1	Ayush Services and Ayushman Arogya Mandir (Ayush)	4651.70	5942.11
2	Flexipool	1483.70	2004.90
3	Ayush Educational Institutions	911.90	74.10
4	Admin Cost	309.10	134.92
Total		7356.40	8156.03 (Central share-Rs.4893.62 lakhs State share-Rs.3262.41 lakhs)

STATEMENT-II

The details of funds allocated/GIA released under Recurring& Non-Recurring & Expenditure under NAM in the State of Karnataka during the last five years.

Rs. in Lakh				
Year	Recurring	Non-Recurring	Total	Expenditure reported by State Govt.
2020-21	1678.520	505.851	2184.371	2098.729
2021-22	1530.085	291.375	1821.460	1798.630
2022-23	1155.302	558.784	1714.086	1571.263
2023-24	4270.659	760.881	5031.540	4747.418
2024-25	4937.051	1130.233	6067.284	2978.221
Total	13571.617	3247.124	16818.741	13194.261

STATEMENT-III

Major initiatives/activities supported as per the proposals received through SAAPs from State Government of Karnataka during the last five years

(i) 02 units of 50 bedded Integrated Ayush hospitals at Gadaga and Mangalore & one Unit of 10 bedded IAH at Thirthahalli have been supported.

(ii) 120 Ayush facilities including Ayush hospitals & dispensaries have been supported for Up-gradation of infrastructure and other facilities.

(iii) 645 colocated Ayush facilities including Ayush hospitals & dispensaries & 376 Ayushman Arogya Mandir AAM (Ayush) have been supported for supply of essential Ayush medicines on an average in each year.

- (iv) 02 units supported for establishment of New Ayush Educational Institutions.
- (v) 07 including 02 Under-Graduate and 05 Post-Graduate Ayush Educational Institutes have been supported for Upgradation of infrastructure, Library and other things including Under-Graduate and Post-Graduate in Karnataka.
- (vi) 05 Public Health Programmes & 25 Ayush Gram have been supported during last five in Karnataka.
- (vii) 376 Ayushman Arogya Mandir (Ayush) have been upgraded from existing Ayush Dispensaries and made functional in Karnataka.

PRADHAN MANTRI JAN AAROGYA YOJANA

988. SHRI S. JAGATHRATCHAKAN:

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

- (a) the details of the beneficiaries who are senior citizens aged 70 and above under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in the State of Tamil Nadu;
- (b) the details regarding the coordination of the said scheme with other existing public health insurance schemes, such as the Central Government Health Scheme (CGHS) and Ex-Servicemen Contributory Health Scheme (ECHS) including the details whether the senior citizens is likely to be given the option to transition to AB-PMJAY, if they prefer;
- (c) the details regarding the budget allocation for this expansion; and

- (d) whether any monitoring mechanisms are in place to track the scheme's effectiveness in providing timely care to senior citizens and to evaluate the financial impact of this expanded coverage 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 on 30.06.2025, a total of 17.44 lakh senior citizens aged 70 years and above have enrolled through Ayushman Vay Vandana card in Tamil Nadu under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY).

(b): The expansion of AB-PMJAY has been designed to address potential overlaps with other existing public health insurance schemes. Beneficiaries already covered under any government-funded health insurance scheme, such as CGHS or ECHS, are given a one-time option to either continue with their existing coverage or transition to AB-PMJAY.

As part of the enrollment process for the Ayushman Vay Vandana card in BIS 2.0, beneficiaries are required to make a declaration opting into AB-PMJAY, if they choose to avail benefits under this scheme.

(c): The budget allocated as the Central share for Ayushman Vay Vandana expansion under AB-PMJAY is ₹ 2,165 crore for FY 2024-25 and FY 2025-26. The funding of AB-PMJAY is entirely demand driven. NHA releases funds for scheme implementation to the States/UTs on the basis of the actual demand received from them.

(d): A real-time IT dashboard monitoring mechanism has been put in place to monitor the progress and effectiveness of Vay Vandana scheme. Advanced analytical dashboards are used to track Key Performance Indicators (KPIs), such as card creation, hospitalization authorizations, claim settlement timelines and beneficiary demographics, including senior citizens. All the State Health Agencies are given State specific login IDs to access the dashboard.

महिला सशक्तिकरण योजनाएं

989. श्री बृजेन्द्र सिंह ओला:

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

- (क) राजस्थान में बेटी बचाओ, बेटी पढ़ाओ, आंगनवाड़ी सेवाओं और पोषण अभियान योजना की वर्तमान स्थिति क्या है;
- (ख) विगत पांच वर्षों के दौरान उक्त राज्य में झुन्झुनू लोक सभा निर्वाचन क्षेत्र सहित स्वयं सहायता समूहों और कौशल विकास कार्यक्रमों सहित महिला सशक्तिकरण पहलों के माध्यम से लाभान्वित महिलाओं की जिलावार और वर्षवार संख्या कितनी है;
- (ग) उक्त राज्य में कुपोषित बच्चों की संख्या में कितनी वृद्धि/कमी हुई है और पोषण स्तर में सुधार के लिए क्या कदम उठाए जा रहे हैं;
- (घ) सरकार द्वारा विगत दो वर्षों के दौरान महिला एवं बाल कल्याण से संबंधित योजनाओं के लिए उक्त राज्य को प्रदान की गई वित्तीय सहायता का ब्यौरा क्या है तथा इसके लिए कितनी निधि का उपयोग किया गया है;
- (ड.) क्या सरकार महिला सुरक्षा, हेल्पलाइन सेवाओं और सहायता के लिए डिजिटल प्लेटफार्म बनाने हेतु नई पहल करने पर विचार कर रही है; और
- (च) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क): राजस्थान में बेटी बचाओ, बेटी पढ़ाओ, आंगनवाड़ी सेवाओं और पोषण अभियान योजनाओं की वर्तमान स्थिति इस प्रकार है:

(i) **बेटी बचाओ, बेटी पढ़ाओ (बीबीबीपी):** बेटी बचाओ, बेटी पढ़ाओ (बीबीबीपी) योजना 22 जनवरी 2015 को घटते बाल लिंगानुपात (सीएसआर) को कम करने और बालिकाओं एवं महिलाओं के सशक्तीकरण के मुद्दे पर ध्यान केंद्रित करने के लिए शुरू की गई थी। यह योजना विभिन्न हितधारकों को सूचित, प्रभावित, प्रेरित और सशक्त बनाकर बालिकाओं के प्रति मानसिकता और व्यवहार में बदलाव लाने का प्रयास करती है।

सरकारी एजेंसियों, मीडिया, नागरिक समाज और आम जनता सहित हितधारकों को संगठित करके बीबीबीपी नीतिगत पहल से राष्ट्रीय आंदोलन में परिवर्तित हो गया है। यह आंदोलन न केवल लिंगानुपात और लिंग आधारित भेदभाव से संबंधित तात्कालिक चिंताओं को उजागर करता है, बल्कि बालिकाओं के महत्व को समझने और उनके अधिकारों तथा अवसरों की प्राप्ति सुनिश्चित करने की दिशा में एक सांस्कृतिक बदलाव को भी बढ़ावा देता है। स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचएफडब्ल्यू) की स्वास्थ्य प्रबंधन सूचना प्रणाली (एच एमआईएस) की नवीनतम रिपोर्ट दर्शाता है कि वर्ष 2014-15 से वर्ष **2023-2024 के दौरान राजस्थान राज्य में एसआरबी 929 से बढ़कर 941 हो गया है।** इसके अलावा, माध्यमिक स्तर पर स्कूलों में बालिकाओं का नामांकन वर्ष 2014-15 में **65.35 प्रतिशत से बढ़कर वर्ष 2023-24 में राजस्थान राज्य में 79 प्रतिशत** हो गया है [यूडीआईएसई-डेटा, एमओई के अनुसार]।

(ii) **मिशन सक्षम आंगनवाड़ी और पोषण 2.0:** 15वें वित्त आयोग के तहत, कुपोषण की चुनौती से निपटने के लिए आंगनवाड़ी सेवाओं, पोषण अभियान और किशोरियों (आकांक्षी जिलों और पूर्वोत्तर क्षेत्र में 14-18 वर्ष की आयु) के लिए योजना जैसे विभिन्न घटकों को मिशन सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 2.0) के अंतर्गत शामिल किया गया है।

(ख): पिछले पाँच वर्षों के दौरान झुंझुनू लोकसभा क्षेत्र सहित राजस्थान में महिला सशक्तीकरण पहलों से लाभान्वित महिलाओं की संख्या का वर्ष-वार, ज़िला-वार ब्यौरा संलग्न **विवरण-I** में दिया गया है। शक्ति सदन और सखी निवास योजनाओं के अंतर्गत ज़िला-वार लाभार्थी आँकड़े नहीं रखे जाते हैं।

(ग): राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण-5 (वर्ष 2019-21) और पोषण ट्रैकर (जून 2025 तक) के अनुसार, राजस्थान राज्य में कुपोषण की स्थिति इस प्रकार है-

संकेतक	एनएफएचएस -5 (2019-21)	पोषण ट्रैकर (जून 2025)
ठिगनापन	31.8%	36.0%
दुबलापन	16.8%	6.0%
अल्पवजन	27.6%	17.0%

मिशन पोषण 2.0 के अंतर्गत, सामुदायिक सहभागिता, आउटरीच, व्यवहार परिवर्तन और प्रचार-प्रसार जैसी क्रियाकलापों के माध्यम से कुपोषण में कमी लाने और स्वास्थ्य, तंदुरुस्ती एवं रोग प्रतिरोधक क्षमता में सुधार हेतु एक नई कार्यनीति बनाई गई है। यह कार्यनीति आयुष पद्धतियों के माध्यम से मातृ पोषण, शिशु एवं छोटे बच्चों के आहार मानकों, गंभीर तीव्र कुपोषण (एसएएम)/मध्यम तीव्र कुपोषण (एमएएम) के उपचार और तंदुरुस्ती पर केंद्रित है ताकि कुपोषण, बौनापन, एनीमिया और कम वजन की व्यापकता को कम किया जा सके।

महिला एवं बाल विकास मंत्रालय और स्वास्थ्य एवं परिवार कल्याण मंत्रालय ने संयुक्त रूप से समुदाय के बच्चों में गंभीर कुपोषण की रोकथाम और उपचार तथा इससे जुड़ी रुग्णता और मृत्यु दर को कम करने के लिए सामुदायिक कुपोषण प्रबंधन (सीएमएएम) प्रोटोकॉल जारी किया है। इस समुदाय-आधारित दृष्टिकोण में समुदाय में गंभीर कुपोषण से ग्रस्त बच्चों का समय पर पता लगाना और उनकी जाँच करना, बिना किसी चिकित्सीय जटिलता वाले बच्चों का घर पर ही पौष्टिक, स्थानीय खाद्य पदार्थों के माध्यम से प्रबंधन एवं सहायक चिकित्सा देखभाल शामिल है। सीएमएएम प्रोटोकॉल में 6 महीने से 6 वर्ष तक के उन बच्चों के लिए भूख परीक्षण और स्क्रीनिंग प्रक्रिया शामिल है जो गंभीर

रूप से कुपोषित (एसएएम) या गंभीर रूप से कम वजन (एसयूडब्ल्यू) से ग्रस्त हैं। जाँच के बाद, ऐसे बच्चों को आगे की देखभाल के लिए पोषण पुनर्वास केंद्रों (एनआरसी) या अस्पतालों में भेजा जाता है।

सीएमएएम प्रोटोकॉल के अंतर्गत निम्नलिखित चरण शामिल हैं:

चरण-1: बच्चों की वृद्धि निगरानी

चरण-2: एसएएम बच्चों के लिए भूख परीक्षण

चरण-3: एसएएम बच्चों का चिकित्सा मूल्यांकन

चरण-4: कुपोषित बच्चों की देखभाल के स्तर का निर्धारण

चरण-5: पोषण प्रबंधन

चरण-6: चिकित्सा प्रबंधन

चरण-7: पोषण, स्वास्थ्य शिक्षा और वाश (WASH) प्रथाओं सहित परामर्श

चरण-8: आंगनवाड़ी कार्यकर्त्री का दौरा और रेफरल

चरण-9: निगरानी की अवधि

चरण-10: अनुवर्ती देखभाल

(घ): पिछले दो वर्षों के दौरान महिला एवं बाल कल्याण से संबंधित योजनाओं के अंतर्गत राजस्थान राज्य सरकार को जारी/उपयोग की गई निधि का ब्योरा **विवरण-II** में संलग्न है।

(ड.) और (च): मंत्रालय ने मिशन शक्ति डैशबोर्ड शुरू किया है, जो एक व्यापक वेब-आधारित रिपोर्टिंग प्रणाली है जिसे मिशन शक्ति दिशानिर्देशों के अनुसार तत्समयक निगरानी के लिए तैयार किया गया है। इसका उद्देश्य ओएससी के माध्यम से लाभार्थियों को प्रदान की जाने वाली सेवाओं की निगरानी को सुव्यवस्थित और सुदृढ़ बनाना है। यह वेब-सक्षम निगरानी प्रणाली एक उपयोगकर्ता-अनुकूल पोर्टल है जो डेटा गोपनीयता का उचित ध्यान रखते हुए प्रबंधन सूचना प्रणाली (एमआईएस) प्रदान करता है। यह सेवा प्रदायगी संरचनाओं की स्थापना, ओएससी के स्थान, प्रदान की जा रही सेवाओं, ओएससी

कर्मचारियों और लाभार्थियों के बारे में सटीक जानकारी सहित कार्यक्रमों की निगरानी को सक्षम बनाता है।

सभी राज्यों/संघ राज्य क्षेत्रों में योजना के कार्यान्वयन की निगरानी के लिए महिला हेल्पलाइन हेतु एक राष्ट्रीय डैशबोर्ड शुरू कर दिया गया है। इसके अलावा, कॉल ऑपरेटरों के लिए मार्च, 2024 में व्यापक निर्देशिका, खोज और रिपोर्टिंग विकल्पों जैसी उन्नत सुविधाओं वाला सॉफ्टवेयर 2.0 शुरू किया गया है। इससे कॉल ऑपरेटरों की परिचालन दक्षता में सुधार हुआ है।

एक नया पोर्टल, प्रधानमंत्री मातृ वंदना योजना सॉफ्टवेयर (पीएमएमवीवाई सॉफ्ट), तैयार किया गया है और मार्च, 2023 में शुरू किया जाएगा। पीएमएमवीवाई सॉफ्ट के तहत, यूआईडीएआई के माध्यम से आधार प्रमाणीकरण डिजिटल रूप से किया जाता है और भारतीय राष्ट्रीय भुगतान निगम (एनपीसीआई) द्वारा सत्यापन सुनिश्चित किया जाता है ताकि निधि सीधे उनके डीबीटी-सक्षम आधार-संबद्ध बैंक या डाकघर खातों में अंतरित की जा सके। इस योजना का कार्यान्वयन राज्यों और संघ राज्य क्षेत्रों के अधिकारियों द्वारा अपने क्षेत्रीय पदाधिकारियों के माध्यम से ऊपर उल्लिखित नए सॉफ्टवेयर का उपयोग करके किया जाता है। योजना के सुचारु वितरण और व्यापक कवरेज को सुनिश्चित करने के लिए पीएमएमवीवाई पोर्टल में कई सुधार किए गए हैं। उनमें से कुछ इस प्रकार हैं:

- o पीएमएमवीवाई पोर्टल पूरी तरह से कागज़ रहित है।
- o आंगनवाड़ी कार्यकर्त्री स्तर से ही मोबाइल-ऐप आधारित है और लाभार्थियों के घर तक सेवाएँ प्रदान करता है।
- o भुगतान आधार ब्रिज भुगतान प्रणाली [एबीपीएस] के माध्यम से होते हैं।
- o पीएमएमवीवाई पोर्टल आवेदकों की पहचान की पुष्टि के लिए आधार-आधारित बायोमेट्रिक सत्यापन (चेहरे की पहचान के माध्यम से) के लिए सक्षम है।
- o आधार सत्यापन, बैंक खाते की डीबीटी सक्षमता आदि जैसे सभी अनिवार्य प्रावधानों की जाँच पंजीकरण के समय तेज़ प्रक्रिया के लिए की जाती है।

- o सभी नामांकित लाभार्थियों के लिए उनके आवेदनों की स्वीकृति और भुगतान की स्थिति की जाँच करने हेतु खोज एवं स्थिति ट्रैक करना।
- o सभी नागरिकों के लिए पीएमएमवीवाई से संबंधित कोई भी शिकायत दर्ज करने हेतु शिकायत दर्ज करने और स्थिति मॉड्यूल है। यह मॉड्यूल सीधे कार्यान्वयन अधिकारियों को शिकायत भेजता है जिससे समय की बचत होती है तथा त्वरित समाधान होता है।
- o पीएमएमवीवाई से संबंधित पूछताछ और शिकायतों के लिए पीएमएमवीवाई टोल-फ्री एवं बहुभाषी हेल्पलाइन (14408) उपलब्ध है।
- o पारदर्शिता के उद्देश्य से, आवेदकों/लाभार्थियों को आवेदन के पंजीकरण, पंजीकरण की अस्वीकृति, भुगतान आदि जैसे विभिन्न चरणों पर एसएमएस प्राप्त होते हैं।

विवरण-I

पिछले पाँच वर्षों के दौरान राजस्थान में महिला सशक्तिकरण पहलों से लाभान्वित महिलाओं की संख्या का वर्ष-वार, जिला-वार ब्यौरा

I. प्रधानमंत्री मातृ वंदना योजना

क्र म सं	जिला	2020-21			2021-22			2022-23			2023-24			2024-25		
		नामांकित लाभार्थी	भुगतान किए गए लाभार्थी	भुगतान किए गए राशि	नामांकित लाभार्थी	भुगतान किए गए लाभार्थी	भुगतान किए गए राशि	नामांकित लाभार्थी	भुगतान किए गए लाभार्थी	भुगतान किए गए राशि	नामांकित लाभार्थी	भुगतान किए गए लाभार्थी	भुगतान किए गए राशि	नामांकित लाभार्थी	भुगतान किए गए लाभार्थी	भुगतान किए गए राशि
	कुल	298710	451779	13771480 00	347208	476480	14791770 00	381712	566822	18138540 00	397531	186182	73480200 0	412234	915462	30480170 00
1	अजमेर	10743	15726	48198000	13405	18694	59440000	13769	20910	65225000	14637	9732	36897000	13059	31953	97147000
2	अलवर	14361	21778	65045000	18711	23537	72899000	20808	30140	98303000	14868	5123	19902000	20275	46695	15585400 0
3	बालोतरा	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	बांसवाड़ा	8169	13185	36528000	6004	7896	20137000	11475	14728	41189000	18055	7952	31287000	20899	37281	12715200 0
5	बारां	6898	11208	32399000	7845	11674	34563000	11690	18610	61090000	12021	6905	26399000	10363	24553	80577000
6	बाड़मेर	8537	11237	34968000	11812	13594	44891000	13893	19387	67090000	10539	5095	20673000	11678	28016	89540000
7	ब्यावर	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	भरतपुर	14237	22232	72745000	14286	19258	60879000	14223	21558	68705000	13761	4748	19238000	15598	31378	11554900 0
9	भीलवाड़ा	9725	15093	45580000	13445	17206	53996000	14702	21100	70127000	13554	7190	29560000	13695	28546	99191000

10	बीकानेर	6400	8281	24736000	8792	10500	32921000	11395	15332	48427000	12067	6355	24775000	13248	35295	11177800 0
11	बूंदी	7130	11971	34303000	7427	11096	30529000	7676	12878	36962000	6478	2772	11227000	6748	17486	57405000
12	चित्तौड़गढ़	8474	11748	34354000	7929	12028	35655000	8155	13203	43256000	8430	5315	21329000	10453	23500	74133000
13	चुरू	10157	15254	48735000	10730	15468	49839000	13087	19070	64823000	14447	9862	40979000	13314	33528	10600700 0
14	दौसा	9043	14495	45953000	7940	11097	34537000	10024	14220	48235000	10492	6547	26201000	9338	17809	60854000
15	डीग	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	धौलपुर	7753	11426	36662000	8329	11096	35923000	8207	12403	41259000	9791	5146	20475000	9038	20158	68145000
17	डीडवाना कुचामन	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	झुंझपुर	6989	8853	27811000	9617	12861	40743000	10361	14751	45787000	15292	7265	27679000	14315	26106	87868000
19	गंगानगर	9956	16778	48895000	11690	17897	52137000	10319	18083	52834000	10914	6303	24571000	11358	25641	81417000
20	हनुमानगढ़	8829	14703	44047000	10704	15829	48320000	9920	17229	53185000	12332	8688	34271000	12584	25039	82135000
21	जयपुर	27314	42961	12945200 0	30185	46449	13972000 0	27968	45764	13951000 0	24463	13111	50278000	29811	67287	21570600 0
22	जैसलमेर	525	446	1004000	2354	2789	8820000	2430	2910	8489000	3313	1241	4741000	2833	5826	21096000
23	जालौर	4247	5011	14649000	4692	5807	18618000	6788	8596	27457000	5724	1116	4307000	4648	16591	51632000
24	झालावाड़	7525	12309	35655000	8037	11126	33077000	9741	13854	42280000	11406	6055	23184000	11194	25016	85722000
25	झुंझुनू	10205	15826	50395000	11818	16269	52639000	10691	17823	61006000	12593	7638	32638000	12339	23293	82624000

26	जोधपुर	12159	17032	50517000	19983	25230	79669000	16234	25112	82116000	15425	3368	13338000	18008	36465	12744700 0
27	करौली	7999	11263	35699000	5089	6339	19745000	8551	9765	32601000	8038	3581	14884000	8058	16720	57974000
28	खैरथल- तिजारा	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	कोटा	6213	9924	32421000	7231	10032	33850000	7781	11281	39411000	8795	3394	11619000	8496	14743	51698000
30	कोटपूत ली- बहरोड़	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	नागौर	12354	16617	50801000	16239	20576	66701000	16889	26286	85699000	13227	5991	22788000	18391	38433	12926400 0
32	पाली	7958	12755	37515000	11504	13896	44461000	15227	20001	64092000	12073	3889	15650000	11473	22858	81094000
33	फलौदी	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34	प्रतापगढ़	4791	7813	23255000	4472	6019	17477000	6651	9190	29077000	7813	1164	4526000	9917	25161	81364000
35	राजसमंद	5719	8053	24397000	6642	9547	30779000	6073	8844	27619000	6970	3363	12281000	7662	17673	57548000
36	सलूंबर	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
37	सवाई माधोपुर	5509	8355	26624000	7187	9463	30373000	7995	11179	36151000	10179	4795	19332000	8154	20757	70664000
38	सीकर	13137	21160	65002000	15943	23972	74734000	13969	23578	71625000	15122	7476	30077000	14398	38640	12506300 0
39	सिरोही	3632	4724	15085000	4072	5712	18531000	6300	8483	30496000	5930	3350	13794000	5474	13388	42879000
40	टोंक	8830	14385	40713000	9327	14157	38407000	8941	14682	39968000	9128	3848	14553000	9239	25013	76959000
41	उदयपुर	13192	19177	63005000	13767	19366	64167000	19779	25872	89760000	29654	7804	31349000	26176	54614	19453100 0

II. शक्ति सदन

वित्त वर्ष	2020-21	2021-22	2022-23	2023-24	2024-25
राजस्थान में महिला लाभार्थियों की संख्या	296	386	526	499	637

III. सखी निवास

वित्त वर्ष	2020-21	2021-22	2022-23	2023-24	2024-25
राजस्थान में महिला लाभार्थियों की संख्या	69	53	146	124	275

विवरण-II

पिछले दो वर्षों के दौरान महिला एवं बाल कल्याण से संबंधित योजनाओं के अंतर्गत राजस्थान राज्य सरकार को जारी/उपयोग किए गए अनुदानों का ब्यौरा

(रूपए करोड़ में)

क्रम सं.	मिशन	योजना	वित्त वर्ष 2023-24		वित्त वर्ष 2024-25	
			जारी की गई	उपयोग की गई	जारी की गई	उपयोग की गई
1.	मिशन सक्षम आंगनवाड़ी और पोषण 2.0	आंगनवाड़ी सेवा योजना, पोषण अभियान और किशोरियों के लिए योजना	1091.96	880.87	741.85	वित्तीय वर्ष 2024-25 के लिए उपयोगिता प्रमाणपत्र/व्यय विवरण देय नहीं है।

2.	मिशन वात्सल्य (पूर्ववर्ती एकीकृत बाल संरक्षण योजना)		42.84	46.70	74.98	57.61
3.	मिशन शक्ति – संबल	बेटी बचाओ बेटी पढ़ाओ	6.75	4.59	0.00	3.04
		वन स्टॉप सेंटर	8.84	8.88	7.52	8.54
		महिला हेल्पलाइन	0.76	0.82	0.57	0.003
4.	मिशन शक्ति – सामर्थ्य	प्रधानमंत्री मातृ वंदना योजना	123.23	56.33	98.17	182.88
		शक्ति सदन (पूर्ववर्ती स्वधार गृह और उज्ज्वला)	1.17	0.69	0.10	0.00
		सखी निवास (पूर्ववर्ती कामकाजी महिला छात्रावास)	0.00	0.00	0.00	0.00
		महिला सशक्तीकरण केंद्र	3.43	-	0.00	-

FERTILIZERS SUPPLY TO TAMIL NADU

990: DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN:

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

- the quantity of urea and NPK fertilizers allocated to Tamil Nadu for kharif and rabi crops during the financial year 2024-25;
- whether there was any shortfall compared to State demand;

- (c) whether the Centre has responded to Tamil Nadu's repeated requests for additional subsidy and early dispatch to cyclone-affected districts, if so, the details thereof;
- (d) the current status of price regulation on urea and DAP and the impact of these changes on small holding farmers in Tamil Nadu during the last one year; and
- (e) whether any monitoring mechanisms have been put in place to prevent diversion or black marketing of subsidised fertilizers in the State 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): The availability of Urea and NPKS fertilizers in the State of Tamil Nadu has remained adequate during Kharif 2024 and Rabi 2024-25 seasons. The information regarding demand, availability, sales and closing stocks of Urea and NPKS during the Kharif 2024 and Rabi 2024-25 season in the State of Tamil Nadu is given in the enclosed **Statement**.

(c) and (d): 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. Further, Government has implemented Nutrient Based Subsidy (NBS) 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. Under NBS Scheme, MRP is fixed by fertilizer companies as per market dynamics at reasonable level which is monitored by the Government.

Accordingly, all farmers of the country, including in Tamilnadu, are supplied Urea and DAP at the subsidized rates.

(e): Fertilizer is declared as an essential commodity and is notified under Fertilizer Control Order, 1985 and Fertilizer (Movement Control) Order, 1973. State Governments are adequately empowered under FCO to stop black-marketing and diversion of fertilizers and to take punitive action against any person / Fertilizer company involved in black marketing and diversion of fertilizers by violating the provisions of Essential Commodities Act, 1955 and Fertilizer Control Order 1985 (FCO). Further, State Government of Tamil Nadu has informed that they are regularly monitoring the movement of subsidised fertilizer from manufacturer to whole sales, retailers and finally to farmers. Regular district level squad inspections were conducted against Top 40 urea buyers etc. to curb diversion and black marketing of fertilizers and strict legal action is initiated as per FCO 1985 in case if any violation is found.

STATEMENT

TAMIL NADU					
FERTILIZRS POSITION DURING RABI 2024-25					
FIG. IN LMT					
S. No.	Product	DURING RABI 2024-25			
		REQUIREMENT	AVAILABILITY	SALES	CLOSING STOCK
1	UREA	6.00	8.18	6.49	1.70
2	NPKS	6.00	6.62	4.95	1.70
FERTILIZRS POSITION DURING KHARIF 2024					
FIG. IN LMT					
S. No.	Product	DURING KHARIF 2024			
		REQUIREMENT	AVAILABILITY	SALES	CLOSING STOCK
1	UREA	4.91	6.35	4.43	1.93
2	NPKS	4.54	5.57	3.54	2.03

तम्बाकू का सेवन**991. श्री अरुण कुमार सागर:**

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

- (क) क्या तम्बाकू का सेवन जीवन के लिए हानिकारक है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार देश में तम्बाकू के सेवन पर पूर्ण प्रतिबंध लगाने पर विचार कर रही है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

- (ग) सरकार द्वारा देश में तम्बाकू के उपयोग पर प्रतिबंध लगाने की संभावित तिथि क्या है; और
 (घ) यदि नहीं, तो तम्बाकू पर प्रतिबंध न लगाने के क्या कारण हैं?

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

(क): स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा कराए गए वैश्विक वयस्क तंबाकू सर्वेक्षण-II के अनुसार, तंबाकू सेवन से हृदय संबंधी बीमारियों, कैंसर और क्रॉनिक ऑब्सट्रक्टिव पल्मोनरी डिजीज के कारण समय से पहले मृत्यु होती है।

(ख) से (घ): सिगरेट और अन्य तंबाकू उत्पाद (विज्ञापन निषेध, व्यापार एवं वाणिज्य, उत्पादन, आपूर्ति और वितरण विनियमन) अधिनियम, 2003 के अंतर्गत तंबाकू उत्पादों की बिक्री को विनियमित किया गया है। इस अधिनियम के तहत, अठारह वर्ष से कम आयु के व्यक्तियों को और उनके द्वारा शैक्षणिक संस्थानों के 100 गज के भीतर सिगरेट और अन्य तंबाकू उत्पादों की बिक्री और इन उत्पादों के प्रचार/विज्ञापन पर पूर्ण प्रतिबंध है। इसके अतिरिक्त, भारत सरकार द्वारा इलेक्ट्रॉनिक सिगरेट (उत्पादन, विनिर्माण, आयात, निर्यात, परिवहन, बिक्री, वितरण, भंडारण और विज्ञापन) निषेध अधिनियम, 2019 के तहत हीट-नॉट-बर्न उत्पादों सहित इलेक्ट्रॉनिक सिगरेट पर पूर्ण प्रतिबंध लगाया गया है। सरकार द्वारा खाद्य सुरक्षा एवं मानक अधिनियम, 2006 के विनियम 2.3.4 के अंतर्गत किसी भी खाद्य उत्पाद में तंबाकू या निकोटीन के प्रयोग पर प्रतिबंध लगाया गया है।

दिल्ली में नए अस्पताल का खोला जाना

992. श्री रामवीर सिंह बिधूड़ी:

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

- (क) क्या केंद्र सरकार का दिल्ली में एक नया अस्पताल खोलने का प्रस्ताव है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार ने मौजूदा सरकारी अस्पतालों का विस्तार करने और उनमें बिस्तरों की संख्या बढ़ाने की कोई योजना बनाई है; और

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

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

(क) और (ख): जन स्वास्थ्य और अस्पताल राज्य के विषय हैं। नए अस्पताल खोलने सहित स्वास्थ्य सेवा प्रणाली को सुदृढ़ करने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकार की है।

हालांकि, स्वास्थ्य और परिवार कल्याण मंत्रालय, एक समान, किफायती और गुणवत्तापूर्ण स्वास्थ्य सेवाओं तक सभी की पहुँच सुनिश्चित करने के उद्देश्य से विभिन्न कार्यक्रमों को कार्यान्वित कर रहा है और स्वास्थ्य सेवाओं के बुनियादी ढांचे में सुधार के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान कर रहा है। भारत सरकार, मानदंडों और उपलब्ध संसाधनों के आधार पर, राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर कार्यवाही रिकॉर्ड (आरओपी) के रूप में प्रस्ताव को अनुमोदन प्रदान करती है।

(ग) और (घ): हेल्थ डायनेमिक्स ऑफ इंडिया (अवसंरचना एवं मानव संसाधन) (एचडीआई) रिपोर्ट 2022-23 के अनुसार, दिल्ली में 431 बिस्तरों वाले 10 उप-मंडल अस्पताल (एसडीएच), 9,789 बिस्तरों वाले 40 जिला अस्पताल और 12,060 बिस्तरों वाले 13 मेडिकल कॉलेज हैं।

प्रधानमंत्री-आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) का शुभारंभ 25 अक्टूबर, 2021 को 64,180 करोड़ रुपये के परियोजना के साथ शुरू किया गया था, जिसे 2021-22 से 2025-26 तक पाँच वर्षों में लागू किया जाना है। इसका उद्देश्य शहरी और ग्रामीण दोनों क्षेत्रों में

स्वास्थ्य अवसंरचना, निगरानी और स्वास्थ्य अनुसंधान में अत्यावश्यक कमियों को पूरा करने के लिए जन स्वास्थ्य ढांचे को सुदृढ़ करना है।

स्वास्थ्य और परिवार कल्याण मंत्रालय के अंतर्गत अटल बिहारी वाजपेयी आयुर्विज्ञान एवं प्रौद्योगिकी संस्थान और डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली में वर्तमान में 1532 बिस्तर हैं और 666 बिस्तरों वाला एक सुपर स्पेशियलिटी ब्लॉक (एसएसबी) निर्माणाधीन है।

MISLEADING ADVERTISEMENTS OF AYUSH PRODUCTS

993. SHRI K. C. VENUGOPAL:

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

(a) whether the Government is aware of the various concerns raised due to the directive to State licensing authorities to disregard Rule 170 of the Drugs and Cosmetics Act, which aims to prevent misleading advertisements of AYUSH products and if so, the details thereof.

(b) whether steps taken by the Government to ensure consumer protection and prevent the dissemination of unverified claims by AYUSH product manufacturers and if so, the details thereof; (c) whether there are plans to revise or strengthen guidelines under Rule 170 in response to these concerns; and

(d) if so, the details thereof along with the timeline for implementing such revisions?

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), (c) and (d): Ministry of Ayush vide Gazette notification no.- G.S.R. 360(E) dated 01.07.2024 omitted Rule 170 of the Drugs Rules, 1945 based on recommendations from the Ayurvedic, Siddha, and Unani Drugs Technical Advisory Board (ASUDTAB). Further, Hon'ble Supreme Court of India vide its order dated 27.08.2024 in W.P. (CIVIL) NO.645/2022 has stayed the notification of omission of Rule 170 of the Drugs Rules, 1945 till further orders. The Rule 170 of the Drugs Rules, 1945 is subjudice.

(b): The steps taken by the Government to ensure consumer protection and prevent the dissemination of unverified claims by Ayush product manufacturers are as follows: -

1. The Pharmacovigilance Program for Ayurvedic, Siddha, Unani and Homoeopathy (ASU & H) Drugs has been implemented under Central Sector Scheme Ayush Oushadhi Gunavatta Evam Utpadan Samvardhan Yojana (AOGUSY), which work through a three-tier network of a National Pharmacovigilance Centre (NPvCC), Five Intermediary Pharmacovigilance Centers (IPvCs) and 97 Peripheral Pharmacovigilance Centers (PPvCs) established across the country. These centres are mandated to monitor and report misleading advertisements to the respective State Regulatory Authorities for suitable action against the defaulter. Objectives of this program is to keep vigilance over Ayush drugs and to reduce misleading advertisements to ensure the consumer

protection and prevent the dissemination of unverified claims by Ayush product manufacturers.

2. Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 and Rules thereunder encompass the provisions for prohibition of misleading advertisements and exaggerated claims of drugs and medicinal substances including Ayush medicines, which appear in the print and electronic media and Ministry of Ayush has issued advisories and gives direction to SLAs to enforce and regulate as per the provision of this Act.
3. Ministry of Ayush has issued a public notice on 08.10.2024, informing the general public about the facts regarding 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.
4. The Department of Consumer Affairs (DoCA) maintains the Grievances Against Misleading Advertisements (GAMA) portal, providing a platform to address instances of misleading advertisements. Further, as the regulations and enforcement for TV Channels falls under the mandate of Ministry of Information and Broadcasting (MoIB), therefore references of misleading advertisement getting broadcasted on TV channels are forwarded to MoIB for action.

5. Ministry of Ayush has developed and launched an IT enabled online portal “Ayush Suraksha” for Ayush Health care professionals and general public to track the reported misleading advertisements (MLAs)/Objectionable Advertisements (OAs) and Adverse Drug Reactions (ADRs) on 30th May 2025.

ANGANWADI CENTRE POSHAN ABHIYAN

994. DR. C. M. RAMESH:

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

- (a) whether the Government has identified Anganwadi Centre-Poshan Abhiyan under Dharti Aaba Janajatiya Gram Utkarsh Abhiyan;
- (b) if so, the details thereof and progress of its implementation in Andhra Pradesh, district-wise and year-wise in the last three years; and
- (c) whether there is time and cost overrun of any of the projects under above scheme, if so, the details thereof and tentative date of completion of above programme?

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

- (a) to (c): Dharti Aaba Janajatiya Gram Utkarsh Abhiyan has been approved from F.Y. 2024-25 till F.Y. 2028-29. As on date, this Ministry has sanctioned a total of 875 new Anganwadi Centres (AWCs) for construction under Dharti Aaba Janajatiya Gram Utkarsh Abhiyan (DA JGUA). Out of these, 177 AWCs have

been sanctioned for the State of Andhra Pradesh. District-wise details of AWCs sanctioned for State of Andhra Pradesh are as under:

S No.	Name of the district	No of AWC sanctioned
1	Alluri SIT	121
2	Anakapalli	3
3	Anantapur	1
4	Chittoor	1
5	Eluru	5
6	Kurnool	1
7	Nandyal	2
8	Palnadu	1
9	Parvathipuram	25
10	Prakasam	1
11	Sri Sathya Sai	2
12	Srikakulam	11
13	Vizianagaram	3
	Total	177

INTEGRATED CHILD DEVELOPMENT SCHEME

995. SHRI KHALILUR RAHAMAN:

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

- (a) whether the Government has taken any initiatives to assess/reassess the approaches and strategies employed by the Integrated Child Development Scheme programme to address the nutritional and health outcomes for children aged 0-6 years;
- (b) if so, the details thereof;

- (c) whether the Government has taken any measures to address the infrastructural deficiencies in Anganwadi Centres, such as lack of functional sanitation facilities, access to potable water and pucca buildings and if so, the details thereof; and
- (d) if so, the details thereof alongwith the timeline and allocation of resources to address the same?

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

(a) and (b): During the 15th Finance Commission (FC) period, various components such as nutritional support for children from 6 months to the age of 6 years, pregnant women and lactating mothers and Adolescent Girls; Early Childhood Care and Education of children (3-6 years) and Anganwadi infrastructure including modern, upgraded Saksham Anganwadi have been reorganised under an umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0). The package of following six services is provided under the Mission Poshan 2.0 scheme through a network of Anganwadi centres across the country:

- i. Supplementary Nutrition (SNP),
- ii. Pre-school Non-formal Education,
- iii. Nutrition & Health Education,
- iv. Immunization,
- v. Health Check-up,

vi. Referral Services

Three of the six services, viz., Immunization, Health Check-up and Referral Services are related to health and are provided through National Health Mission (NHM) & Public Health Infrastructure.

Mission Poshan 2.0 seeks to address the challenge of malnutrition through improved nutrition content and delivery. It is a Centrally Sponsored Scheme, where the responsibility of implementation lies with the States/UTs.

Under this Mission, a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, 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 improve infrastructure at the existing AWCs across the country various efforts have been made. In order to rationalise the number of AWCs across the country vis-à-vis the registered beneficiaries, Government of India has, directed States/UTs to co-locate AWCs, which are running on rent without sufficient infrastructure, at nearby Primary Schools, where space is available Further, the Government has decided to upgrade all Mini AWCs with one worker to a full-fledged AWCs with one worker and one helper.

(c) and (d): Under Saksham Anganwadi and Poshan 2.0, for the 15th Finance Commission cycle, two lakh AWCs located in Government buildings @ 40,000

AWCs per year are to be strengthened and upgraded for improved nutrition delivery to beneficiaries and for delivery of Early Childhood Care and Education (ECCE) to stimulate the creative, social, emotional, cognitive and intellectual development of children under 6 years of age. Till date, 2,00,000 AWCs have been sanctioned for upgradation to Saksham Anganwadi.

Under MGNREGS component, beginning from FY 2021-22, 50000 AWCs building are to be constructed over a period of five years @10000 AWCs per year. The cost norms for construction of AWCs in convergence with MGNREGS have been revised to Rs.12 Lakh per AWC wherein Rs.8.00 Lakh would be provided under MGNREGS, Rs.2.00 Lakh under 15th 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. Till date, 40,000 AWCs have been sanctioned for construction under MGNREGS.

Under Mission Saksham Anganwadi and Poshan 2.0, there is a provision of funds for providing drinking water facilities and construction of toilets. In order to improve the infrastructure facility of AWCs, the Ministry has enhanced the cost for providing drinking water facility at Anganwadi Centre to Rs.17,000/- from Rs.10,000/- and for construction of toilet to Rs.36,000/ from Rs.12,000/- under Swachhta Action Plan.

Under Mission Saksham Anganwadi and Poshan 2.0, in convergence with Pradhan Mantri Janjati Adivasi Nyay Maha Abhiyan (PM JANMAN) scheme, construction of 2500 AWCs have been sanctioned.

HANDLING OF IMPORTED CARGO AT MGP

996. CAPTAIN VIRIATO FERNANDES:

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

(a) total quantity of coal and coke handled at Mormugao Port Authority (MPA), Goa, during each of last ten years, along with year-wise and berth-wise breakup of imports;

(b) the names of stevedores involved in handling coal/coke cargo at MPA and infrastructure available at each berth for such operations;

(c) whether MPA has specific guidelines or SOPs in place for safe handling, transportation and storage of coal/coke to prevent pollution or public health hazards, if so, the details thereof;

(d) whether any complaints of dust pollution, environmental degradation, or damage to public health have been received in connection with coal/coke handling at MPA, if so, the action taken in this regard; and

(e) whether the Government proposes to reduce or regulate the import of polluting cargo at environmentally sensitive ports at Mormugao, if so, the details and timeline thereof?

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

(a): The details of coal and coke handled at Mormugao Port Authority (MPA) over the last ten years are given in the enclosed **Statement-I**

(b): The list of stevedoring agents and berth wise infrastructure available for coal/coke operations are given in the enclosed **Statement-II**.

(c): MPA strictly follows the guidelines issued by the Goa State Pollution Control Board (GSPCB) during handling of coal/coke. Additionally, several measures have been undertaken to prevent pollution, the details are at Annexure–III.

(d) and (e): MPA has not received any complaints related to pollution issues. Adequate measures have been implemented to regulate pollution from handling of required quantity of coal.

STATEMENT-I

Details of Berth wise imported quantity of Coal / Coke handled at MPA in last 10 years (FY 2015-16 to 2024-25)

(Qty. in Metric Tonnes)

Position	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Berth No.6	9929 901	1019 5541	9031 408	3506 185	4783 988	4793 949	4936 644	5500 000	5445 789	4381 280
Berth No.7	1835 677	1941 653	1116 629	4248 721	4000 642	3821 899	3977 387	4446 486	4574 205	4629 657
West of Break Water	5425 9	1889 34	2921 67	4496 83	4620 13	0	4283 88	4403 23	3917 71	4450 27
Mooring Dolphins	4291 07	3815 70	4266 75	0	5953 5	9095 5	3346 3	2167 33	2329 54	3049 58
Others (Floating Crane, TV)	0	3637 2	0	0	2599 19	6319 38	0	0	0	0
Total	1224 8944	1274 4070	1086 6879	8204 589	9566 097	9338 741	9375 882	1060 3542	1064 4719	9760 922

STATEMENT-II**List of Stevedores Agents involved in handling Coal/Coke at MPA**

Sr. No.	Name of Stevedores Agent	Sr. No.	Name of Stevedores Agent
1.	Agencia Ultramarine Pvt. Ltd	12.	Merchant Shipping Services Pvt. Ltd.
2.	Vedanta Sesa Goa	13.	Hiralal & Co.
3.	Vedanta Ltd.	14.	Ben Line Agency (I) Pvt. Ltd.
4.	Rodrigues & Associates	15.	Interocean Shipping Pvt. Ltd.
5.	Marcon Shipping	16.	J.M.Baxi & Co.
6.	Seascope Shipping	17.	Atlantic Global Shipping
7.	Wilhelmsen Maritime Services	18.	Seatrans Marine Pvt. Ltd.
8.	Agencia Ultramarine Pvt. Ltd.	19.	Machado & Sons
9.	Rodrigues & Associates	20.	Hiralal & Co.
10.	Vedanta Ltd.	21.	Interocean Shipping Pvt. Ltd.
11.	GAC Shipping	22.	Vedanta Sesa Goa

Details of Berth wise infrastructure available at MPA:

Sr. No.	Infrastructure available at Berth No. 6 & 7
1	Dust entrapment system
2	Grab Ship Unloader (GSU)
3	Stacker-cum Reclaimer (ScR),
4	Closed/Pipe Conveyor
5	In-motion Wagon Loading System
6	Silos
7	Wagon Loader
8	Gantry Cranes

9	1750 TPH Harbour Mobile Crane - 2 nos.
10	5000 TPH Yard Conveyors - 12 Nos.
11	5000/ 2500 TPH Stacker cum Reclaimer - 1 no.
12	4000 TPH In-motion Wagon Loading System - 1 no.

STATEMENT-III

Measures taken by MPA to control pollution arising due to handling of Coal/Coke.

- i. Mechanized closed conveyor system is used for unloading and loading of coal.
- ii. DFDS (Dry fog dust suppression) system has been provided in conveyor at transfer points.
- iii. Rakes are loaded through In-Motion Silo loading system
- iv. Cargo is kept in covered position after stacking, Wind screen of 15 metres height has been provided along the coal stacking yard.
- v. Cargo is stored in enclosed silo from which it is loaded in Wagons through a dedicated DFDS (mist system) at Wagon Loading System.
- vi. Regular cleaning and wetting of ground within the plot to suppress dust pollution.
- vii. Regular sweeping of internal and main road
- viii. Automatic Sprinklers are installed for sprinkling of water on cargo stacks.

- ix. Proper drainage system is provided in all coal storage area so that water drained from sprinkling is collected at a common tank and can be reused after screening through the coal silt.
- x. Fixed type mist canon system are provided to ensure the entrapment of fugitive emission.
- xi. Trucks/ Rakes are covered with tarpaulin during transportation.
- xii. Wheel washing System is provided for vehicles exiting the Port.
- xiii. Roads inside operational area are paved with Cement Concrete.
- xiv. Road Sweeping machines are in use for cleaning of roads.
- xv. Green belt developed along the periphery of coal stock yard and operational areas.
- xvi. Three nos. CAAQMS are installed for monitoring Air Quality and real time data is transmitted to GSPCB & CPCB servers.
- xvii. Enhancement of Green cover by planting trees every year in Operational/Non-Operational areas.

BAN ON SMOKING IN PUBLIC PLACES

997. SHRI E. TUKARAM:

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

- (a) the immediate and long-term health effects of secondhand smoke on vulnerable groups such as children, pregnant women, and non-smokers,

particularly in respect of respiratory illnesses, cancers, and other serious diseases;

- (b) the steps taken/proposed to be taken by the Union Government to enforce the ban on smoking at public places including roads, parks, bus stops and trains etc.;
- (c) the penalties currently imposed by the Government on people smoking in public places;
- (d) whether these have proven effective in curbing the practice in the country;
- (e) the number of deaths/cases reported annually due to secondhand smoke in country; and
- (f) whether the Government has any plan to reduce the said health burden in the country and if so, the details thereof?

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

(a): According to the Report of Tobacco Control in India (2022) issued by Ministry of Health and Family Welfare, exposure to second hand smoke (SHS) increases the risk of respiratory illnesses like asthma, bronchitis, and pneumonia in children, while in pregnant women, it is associated with complications such as low birth weight, stillbirths, and developmental issues in infants. Long-term exposure to SHS is also linked to an elevated risk of lung cancer, heart disease, and stroke among non-smokers.

(b) and (c): Under Section 4 of the Cigarettes and Other Tobacco Products (Prohibition of Advertisement, Regulation of Trade and Commerce, Production, Supply and Distribution) Act (COTPA), 2003, the Government of India has imposed ban on smoking in public places. In case of non-compliance of Section 4, there is a provision of fine up to ₹200 under Section 21 of this Act.

Public Health being a State subject, the primary responsibility for implementation of the provisions of COTPA, 2003 and the Rules made thereunder lies with the respective States/UT Governments. However, this Ministry periodically issues advisories to States/UTs for strict enforcement of this Act. Moreover, a *Guidelines for Law Enforcers* has been issued for effective implementation of tobacco control laws.

(d) to (f): As per the Global Adult Tobacco Survey (GATS), 2016-2017, overall tobacco use was 28.6% which is a 17.3% relative reduction from 34.6% reported in 2009–2010. Further, the Global Burden of Disease (GBD) Study estimated that there were over 1.2 million (12 lakh) deaths due to smoking and second-hand smoke (SHS) in India in 2019.

एम्स के कार्मिकों की संख्या में वृद्धि

998. श्रीमती मंजू शर्मा:

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

(क) जोधपुर एम्स सहित देश में अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) में कार्यरत चिकित्सकों, नर्सों, पराचिकित्सीय कर्मचारियों और अन्य कर्मचारियों की राज्य-वार/संघ राज्यक्षेत्र-वार कुल संख्या कितनी है;

(ख) क्या श्रमबल की कमी के बावजूद एम्स अपनी पूर्ण क्षमता से कार्य कर रहे हैं; और

(ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसके क्या कारण हैं?

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

(क): प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के अंतर्गत एम्स जोधपुर सहित स्थापित विभिन्न नए अखिल भारतीय आयुर्विज्ञान संस्थानों (एम्स), में कार्यरत संकाय और गैर-संकाय (सीनियर रेजिडेंट/जूनियर रेजिडेंट, नर्स, पैरामेडिकल और अन्य कर्मचारी सहित) का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(ख) और (ग): विभिन्न एम्स में पदों का सृजन और संकाय तथा गैर-संकाय के पदों पर भर्ती एक सतत प्रक्रिया है। प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के अंतर्गत स्वीकृत 22 नए एम्स में से 18 संचालनरत हैं और 4 निर्माणाधीन हैं। ब्यौरा संलग्न **विवरण-II** में दिया गया है।

विवरण-I

स्वीकृत संख्या, संकाय, गैर-संकाय (एसआर/जेआर, नर्स, पैरामेडिकल और अन्य स्टाफ सहित) और एम्स में नियुक्त लोगों का ब्यौरा

क्रमांक	एम्स का नाम एवं राज्य	संकाय पद		गैर-संकाय पद	
		स्वीकृत	नियुक्त	स्वीकृत	नियुक्त
1.	भोपाल (मध्य प्रदेश)	305	234	3884	2885
2.	भुवनेश्वर (ओडिशा)	337	234	3963	2975
3.	जोधपुर (राजस्थान)	405	219	4084	3142
4.	रायपुर (छत्तीसगढ़)	305	189	3884	2721
5.	पटना (बिहार)	305	221	3884	2595

6.	ऋषिकेश (उत्तराखंड)	355	208	4095	2938
7.	मंगलागिरी (आंध्र प्रदेश)	309	151	1953	1153
8.	नागपुर (महाराष्ट्र)	373	234	2105	1160
9.	कल्याणी (पश्चिम बंगाल)	309	170	2221	994
10.	गोरखपुर (उत्तर प्रदेश)	213	115	1492	977
11।	बठिंडा (पंजाब)	219	140	2090	1140
12.	बिलासपुर (हिमाचल प्रदेश)	217	126	1511	947
13.	गुवाहाटी (असम)	183	115	1630	744
14.	देवघर (झारखंड)	208	129	1712	879
15.	बीबीनगर (तेलंगाना)	183	133	1374	902
16.	रायबरेली (उत्तर प्रदेश)	201	113	1425	1067
17.	राजकोट (गुजरात)	183	76	1247	535
18.	मदुरै (तमिलनाडु)	183	49	911	43
19.	जम्मू (जम्मू और कश्मीर)	183	115	1311	818
20.	अवंतीपुरा (जम्मू और कश्मीर)	94	-	252	2
21.	रेवाड़ी (हरियाणा)	-	-	7	1
22.	दरभंगा (बिहार)	-	-	7	1

विवरण-II

पीएमएसएसवाई के तहत एम्स का ब्यौरा

क्र. सं.	राज्य/संघ राज्य क्षेत्र	एम्स का स्थान	स्थिति
1	आंध्र प्रदेश	एम्स मंगलागिरी	संचालनरत
2	असम	एम्स गुवाहाटी	संचालनरत
3	बिहार	एम्स दरभंगा	निवेश-पूर्व कार्य प्रगति पर
4		एम्स पटना	संचालनरत
5	छत्तीसगढ़	एम्स रायपुर	संचालनरत
6	गुजरात	एम्स राजकोट	संचालनरत
7	हरियाणा	एम्स माजरा (रेवाड़ी)	निर्माणाधीन
8	हिमाचल प्रदेश	एम्स बिलासपुर	संचालनरत
9	जम्मू और कश्मीर	एम्स विजयपुर, जम्मू	संचालनरत

10		एम्स अवंतीपुरा, कश्मीर	निर्माणाधीन
11	झारखंड	एम्स देवघर	संचालनरत
12	मध्य प्रदेश	एम्स भोपाल	संचालनरत
13	महाराष्ट्र	एम्स नागपुर	संचालनरत
14	ओडिशा	एम्स भुवनेश्वर	संचालनरत
15	पंजाब	एम्स बठिंडा	संचालनरत
16	राजस्थान	एम्स जोधपुर	संचालनरत
17	तमिलनाडु	एम्स मदुरै	निर्माणाधीन
18	तेलंगाना	एम्स बीबीनगर	संचालनरत
19	उत्तर प्रदेश	एम्स रायबरेली	संचालनरत
20		एम्स गोरखपुर	संचालनरत
21	उत्तराखंड	एम्स ऋषिकेश	संचालनरत
22	पश्चिम बंगाल	एम्स, कल्याणी	संचालनरत

USE OF HEALTHCARE FACILITIES IN RURAL AREAS

999. DR. PRABHA MALLIKARJUN:

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

- whether the Government is aware that only 65% of rural households use improved healthcare services despite infrastructure availability, if so, the details thereof;
- whether it is true that uptake is significantly lower among Scheduled Castes, Scheduled Tribes and other marginalised groups due to trust and awareness gaps, if so, the details thereof;

- (c) whether the Government has partnered with CSR-led initiatives like NTPC Foundation, Hyundai's Sparsh Sanjeevani and Vedanta's SEHAT camps to improve inclusive access, if so, the details thereof;
- (d) whether steps are being taken to promote preventive healthcare, menstrual hygiene awareness, and mobile health delivery, especially in underserved regions, if so, the details thereof; and
- (e) the initiatives being undertaken by the Government to ensure locally trusted, equitable, and sustainable community healthcare in line with WHO-UNICEF guideline?

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, the Ministry of Health and Family Welfare provides technical and financial support to the States/UTs 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 financial approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources.

As reported by the States/UTs on the Ayushman Arogya Mandir (AAM) Portal, total 1,77,906 Ayushman Arogya Mandirs (AAM) have been operationalized till 30th June, 2025 with more than 438.54 crore footfall including Schedule castes recorded on these AAMs. As on 30.06.2025, 33.21 crore

hypertension screenings, 31.87 crore diabetes screenings , 29.15 crore oral cancer screenings, 15.10 crore breast cancer screenings, 7.12 crore cervical cancer screenings and 36.64 crore teleconsultations have been conducted.

As on 30th June 2025, the footfall at Ayushman Arogya Mandir (AAM) in notified tribal district is 46.91 crore.

The Statement showing Budget and Expenditure under schemes for Development Action Plan of Scheduled Castes and Scheduled Tribes (DAPSC/DAPST) for FY 2020-21 to 2024-25 in DoHFW are as under:

(Rs. in Crore)

Year	DAPSC allocation	(%) Allocation under DAPSC (Scheme Budget)	DAPST allocation	(%) Allocation under DAPST (Scheme Budget)
2020-21	8300	16.7	4300	8.7
2021-22	8938	16.7	4634	8.7
2022-23	10424	16.6	5401	8.6
2023-24	9324	16.6	4830	8.6
2024-25	9158	16.6	4745	8.6

(c) and (d): The Government of India and the Ministry of Health and Family Welfare (MoHFW) is actively undertaking several initiatives to promote preventive healthcare, menstrual hygiene awareness, and mobile health delivery, particularly in underserved and remote areas, under the broader vision of Universal Health Coverage (UHC):

- AAM centres aim to provide Comprehensive Primary Health Care (CPHC) through 12 expanded packages of services including Reproductive and Child Health (RCH) services as well as health promotion through community outreach and wellness activities including of all Maternal health, Family Planning, Neonatal, Adolescent and Child health program.
- Emphasis is also placed on promoting Yoga and wellness practices through the AAM as part of preventive and promotive healthcare. Activities include daily and weekly Yoga sessions at AAM, celebration of International Day of Yoga with community participation. Involvement of Yoga Instructor in promotion of Yoga in all types of AAM.
- Under the Menstrual Hygiene Scheme (MHS) of MoHFW, menstrual hygiene promotion among adolescent girls (particularly in rural areas) is being implemented. Key features include Distribution of sanitary napkins through ASHAs.
- Under the National Health Mission (NHM), states receive support for deploying Mobile Medical Units (MMUs) especially for populations in remote, hard-to-reach, underserved, and unserved areas to improve access to public healthcare. A total of 1,498 MMUs are supported under NHM to the States.
- Village Health, Sanitation and Nutrition Day (VHSND) platform, functioning monthly at the village level, serves as a key touchpoint for

community health as a Preventive care services

- Additionally, digital platforms such as e-Sanjeevani platform to provide teleconsultation services to strengthen digital healthcare and improve accessibility especially in rural and underserved areas)

(e): The initiatives are undertaken by Ministry of Health and Family Welfare, Government of India reflect a strong policy alignment with WHO recommendations to ensure locally trusted, equitable and sustainable community healthcare under National Health Mission and aligned to the National Health Policy 2017. The Alma-Ata Declaration (1978) established primary health care (PHC), community participation, and appropriate technology as the foundation for equitable health systems—a cornerstone for subsequent WHO guidance on workforce and community-based approaches.

The guidelines, developed in consonance to WHO-UNICEF guidelines, when implemented in locally contextualised manner by the States, is expected to bring forth an equitable and sustainable healthcare for the community.

INDIA'S HEALTHCARE INFRASTRUCTURE

1000. SHRI D. M. KATHIR ANAND:

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

- (a) whether it is true that India's healthcare infrastructure is extremely short of WHO norm of 3.5 beds per 1,000 people and if so, the details thereof;
- (b) the details of the current population - beds ratio in the country, State-wise;

- (c) the steps taken by the Government to comply with WHO norms in Patient-Doctor ratio, Patient-Nurse ratio, Beds - population ratio in both Government and Private hospitals in the country; and
- (d) the steps taken by the Government to increase financial support for all the Central Sector Schemes and Centre State schemes 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): As per Indian Public Health Standards (IPHS 2022) recommend provision of 1 bed per 1000 population. As per IPHS norms, Ayushman Arogya Mandir- Primary Health Centre (AAM-PHC) with 6 indoor/ observation beds is to be established to cover 20,000 to 30,000 population, Community Health Centres (CHCs) with 30 beds to cover population of 80,000-1,20,000, Sub-District Hospitals with 31-100 beds to cover population of 1,00,000 - 5,00,000 and District Hospital with 101-500 beds to cover population upto 30,00,000.

Health Dynamics of India (HDI) 2022-23 (Infrastructure & Human Resources), formerly known as Rural Health Statistics, based on Health care administrative data reported by States/UTs states that there were 8,18,661 beds at PHC, CHC, Sub District Hospital, District Hospital and Medical Colleges in India as on 31.03.2023.

The State/Union Territories (UTs) wise details of beds available is given

in the enclosed **Statement**.

It is primary responsibility of the State/Union Territories (UTs) to make efforts for increasing bed strength in the hospitals under their jurisdiction in accordance with requirement and fund availability. However, the Central Government provides assistance to the State/UT Governments in their efforts to provide better health care facilities to people through various schemes. The details of the schemes are as under:

- **National Health Mission (NHM):** The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources.
- **PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM):** Under the Central Sponsored Scheme (CSS) components of the scheme, support for 100 and 50-bedded Critical Care Hospital Blocks (CCBs) at district hospitals or medical colleges for an amount of Rs.18,799.21 Crore have been accorded to States/UTs for FY 2021-22 to 2025-26 for setting up of 621 CCBs. Under Central Sector component of PM-ABHIM, 150 bedded Critical Care Blocks are envisaged to be established in 12 AIIMS and Institute of National Importance (INIs).

- **India COVID-19 Emergency Response and Health System Preparedness Package II (ECRP-II):** The “India COVID-19 Emergency Response and Health System Preparedness Package”: Phase II for Rs.23,123 Crore. The ECRP-II has the Central Sector (CS) and Centrally Sponsored Schemes (CSS) components. Centrally Sponsored Schemes (CSS) includes central Share as well as State Share. Under the Central Sponsored, components include support to State/UT level through NHM Framework with a State Share as is applicable in NHM. Under ECRP-II, to respond to the bed availability during Covid-19 pandemic, the following sanctions were given to the States/UTs to improve bed availability in Public Sector Hospitals including Medical Colleges. The details are as under:
 - Total 37,834 ICU beds inclusive of 9,873 Pediatric ICU Beds, 7,008 Pediatric High Dependency Unit (HDU) Beds, 20,953 Adult ICU Beds in Medical Colleges, District Hospitals and Sub-Divisional Hospitals.
 - 26 Critical Care Blocks (CCBs) (50 bedded) in Hilly States in the Hilly and North Eastern State/UTs.
- **15th Finance Commission (FC-XV):** The Fifteenth Finance Commission (FC-XV) has recommended grants through local governments for specific components of the health sector to the tune of Rs.70,051 crore. Under FC XV Health Sector Grants, 2673 PHC AAM approved for an amount of Rs 3581.47 Cr for FY 2021-22 to FY 2025-26.

- **The Pradhan Mantri Swasthya Suraksha Yojna (PMSSY):** It aims at correcting regional imbalances in the availability of affordable tertiary healthcare services and to augment facilities for quality medical education in the country. The scheme has two components, namely, (i) Setting up of All India Institute of Medical Sciences (AIIMS); and (ii) Up-gradation of existing Government Medical Colleges/Institutions (GMCIs). So far setting up of 22 New AIIMS and 75 projects of upgradation of GMCIs have been approved under the scheme in various phases.
- Under Centrally Sponsored Scheme for '**Establishment of new Medical Colleges attached with existing district/referral hospitals**', a total of 157 Medical Colleges have been approved in the country.

As of now, there are 13,86,150 registered allopathic doctors. The Ministry of AYUSH has informed that there are 7,51,768 registered practitioners in the AYUSH system of medicine. Assuming that 80% of registered practitioners in both the allopathic and AYUSH systems are available, the doctor-population ratio in the country is estimated to be 1:811.

As informed by Indian Nursing Council (INC), there are 39.40 lakh nursing personnel in the country and assuming 80% active, resulting in a nurse to population ratio of 2.23 nurses per thousand population. There are 5310 Nursing institutions including 806 government institutions producing nearly 3.82 lakh nursing personnel annually, to meet the requirement of nursing personnel in the country.

(d) The three year Budget allocation of funds in Department of Health & Family Welfare is as under:

(Rs. in crores)

Sl. No.	Financial Year	Budget Estimates (BE)
1	2022-2023	83000.00
2	2023-2024	86175.00
3	2024-2025*	87656.90
4	2025-2026	95957.87

* Actuals upto 31.03.2025

The details of Central Release under National Health Mission from FY 2021-22 to FY 2024-25 is as under:

(Rs. in crores)

Sl. No.	Financial Year	Central Release
1	2021-2022	27,447.56
2	2022-2023	31,278.84
3	2023-2024	33,042.62
4	2024-2025	36,529.14

As evident from the aforementioned tables, the budgetary allocation for Ministry of Health and Family Welfare and largest CSS scheme under MoHFW, National Health Mission (NHM) has consistently increased year on year.

This reaffirms the Government's commitment to enhancing financial support, with the aim of improving health outcomes across the country.

STATEMENT

NUMBER OF BEDS AT PHC, CHC, SDH, DH and MEDICAL COLLEGES IN INDIA (Rural + Urban)						
Sl. No.	State/UT	(As on 31st March 2023)				
		PHC	CHC	SUB DISTRICT/ SUB DIVISIONAL HOSPITAL	DISTRICT HOSPITAL	MEDICAL COLLEGE
1	Andhra Pradesh	8712	6400	5400	2600	12583
2	Arunachal Pradesh	397	594	N App	1151	350
3	Assam	3166	6218	844	3677	9343
4	Bihar	5596	8039	2459	4575	7251
5	Chhattisgarh	5015	6726	629	3542	4458
6	Goa	183	210	253	600	1342
7	Gujarat	9422	11167	4492	3257	17899
8	Haryana	2183	3079	1581	3647	3660
9	Himachal Pradesh	1005	969	3665	1924	2632
10	Jharkhand	1229	3647	534	3215	2900
11	Karnataka	15112	6500	14530	6174	13712
12	Kerala	5727	6371	8347	15113	7175
13	Madhya Pradesh	8640	10590	9721	16650	5850
14	Maharashtra	18276	15004	7903	4108	16998
15	Manipur	420	365	10	551	1449
16	Meghalaya	1127	867	40	1960	594
17	Mizoram	655	240	70	903	500
18	Nagaland	706	325	N App	1017	N App
19	Odisha	1501	6290	1946	7288	9291
20	Punjab	1688	3711	2509	3931	3160
21	Rajasthan	13866	23820	2500	9474	17131

22	Sikkim	257	28	N App	400	N App
23	Tamil Nadu	10025	12582	21978	7695	29888
24	Telangana	4662	3320	5400	2270	5960
25	Tripura	918	630	900	1260	727
26	Uttarakhand	2111	1699	2035	1511	1850
27	Uttar Pradesh	13548	26157	N App	22812	14726
28	West Bengal	7640	11205	13110	7599	25086
29	Andaman & Nicobar Islands	230	210	N App	220	700
30	Chandigarh	23	120	100	527	3096
31	Dadra & Nagar Haveli and Daman & Diu	177	132	100	240	589
32	Delhi	12	N App	431	9789	12060
33	Jammu & Kashmir	3955	2769	N App	1862	5420
34	Ladakh	320	190	N App	370	N App
35	Lakshadweep	40	90	70	50	N App
36	Puducherry	185	120	N App	1853	2794
	All India/Total	148729	180384	111557	153815	224176

Note: N App - Not Applicable

एम्स, भोपाल में उपलब्ध उपचार सुविधाएं

1001. श्रीमती संध्या राय:

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

(क) एम्स, भोपाल में उपलब्ध कराई जा रही उपचार सुविधाओं का ब्यौरा क्या है;

(ख) उक्त अस्पताल में किस प्रकार की स्वास्थ्य देखभाल सुविधाएं उपलब्ध कराई जा रही हैं; और

(ग) उक्त संस्थान में कितने मरीजों को सेवाएं/उपचार प्रदान किया जा रहा है?

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

(क) और (ख): प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के अंतर्गत स्थापित अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), भोपाल के द्वारा 25 स्पेशियलिटी और 16 अति-विशिष्ट विभागों के माध्यम से नैदानिक और चिकित्सीय सहित व्यापक स्वास्थ्य सेवा सुविधा भी प्रदान की जाती है। विभागों का ब्यौरा संलग्न **विवरण** में दिया गया है।

(ग): वित्तीय वर्ष 2024-25 के दौरान एम्स, भोपाल ने बाह्य रोगी विभाग (ओपीडी) में 14,80,184 रोगियों और अंतः रोगी विभाग (आईपीडी) में 83,279 रोगियों को स्वास्थ्य सेवाएँ प्रदान कीं।

विवरण

अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), भोपाल के विभागों का ब्यौरा

क्र.सं.	स्पेशियलिटी	क्र.सं.	सुपर-स्पेशलिटी
1	एनेस्थेसियोलॉजी	1	बर्न और प्लास्टिक सर्जरी
2	एनाटॉमी	2	कार्डियोलॉजी
3	बायोकेमिस्ट्री	3	कार्डियोथोरेसिक सर्जरी
4	कम्युनिटी एवं फैमिली मेडिसिन	4	एंडोक्रिनोलॉजी और मेटाबॉलिज्म
5	डेंटिस्ट्री	5	मेडिकल गैस्ट्रोएंटेरोलॉजी
6	डर्मेटोलॉजी, एसटीडी एवं कुछ रोग	6	मेडिकल ऑन्कोलॉजी और हेमेटोलॉजी
7	फॉरेसिक मेडिसिन एवं टॉक्सिकोलॉजी	7	नियोनेटोलॉजी
8	जनरल मेडिसिन	8	नेफ्रोलॉजी
9	जनरल सर्जरी	9	न्यूरोलॉजी
10	माइक्रोबायोलॉजी	10	न्यूरोसर्जरी
11	प्रसूति एवं स्त्री रोग	11	न्यूक्लियर मेडिसिन
12	नेत्र विज्ञान	12	पीडियाट्रिक सर्जरी
13	ऑर्थोपेडिक्स	13	पल्मोनरी मेडिसिन और टीबी
14	ओटोरहिनोलैरिंगोलॉजी (ईएनटी)	14	सर्जिकल गैस्ट्रोएंटेरोलॉजी
15	पीडियाट्रिक्स	15	सर्जिकल ऑन्कोलॉजी
16	पैथोलॉजी एवं लैब मेडिसिन	16	यूरोलॉजी
17	फार्माकोलॉजी		
18	फिजिकल मेडिसिन एवं पुनर्वास		

19	फिजियोलॉजी
20	मनोचिकित्सा
21	रेडियो-निदान
22	रेडियोथेरेपी
23	ट्रांसप्लूजन मेडिसिन एवं ब्लड बैंक
24	ट्रांसलेशनल मेडिसिन
25	ट्रॉमा एवं आपातकालीन विभाग

एबी-पीएमजेएवाई के अंतर्गत स्वास्थ्य कवर में वृद्धि

1002. डॉ. राजकुमार सांगवान:

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

(क) आयुष्मान भारत प्रधान मंत्री जन आरोग्य योजना के अंतर्गत लाभ प्राप्त करने हेतु मानदंड क्या हैं;

(ख) विगत पांच वर्षों के दौरान बागपत लोकसभा निर्वाचन क्षेत्र सहित उत्तर प्रदेश में इस योजना के अंतर्गत लाभार्थियों का लोकसभा निर्वाचन क्षेत्र-वार ब्यौरा क्या है;

(ग) क्या सरकार का विचार इस योजना के अंतर्गत स्वास्थ्य कवर की राशि को बढ़ाने का है; और

(घ) यदि हाँ, तो ऐसा कब तक किए जाने की संभावना है?

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

(क): आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत, लाभार्थी परिवारों के लिए पात्रता मानदंड की पहचान आरंभ में 2011 की सामाजिक-आर्थिक जाति जनगणना (एसईसीसी) से ग्रामीण और शहरी क्षेत्रों में क्रमशः 6 वंचित 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 लाभार्थियों के सत्यापन के लिए वैसे एसईसीसी लाभार्थियों के अन्य डेटाबेस (समान सामाजिक-आर्थिक प्रोफाइल वाले) का उपयोग करने की सुविधा प्रदान की, जिनकी पहचान और सत्यापन नहीं की जा सकी थी। एबी-पीएमजेएवाई को लागू करने वाले कई राज्यों और संघ राज्य क्षेत्रों (यूटी) ने गैर-एसईसीसी डेटा स्रोतों (जिसके अंतर्गत राष्ट्रीय खाद्य सुरक्षा अधिनियम, राज्य विशिष्ट डेटासेट्स भी शामिल हैं) का उपयोग करके योजना के तहत अपनी लागत पर लाभार्थी आधार का और भी विस्तार किया है।

मार्च 2024 में, योजना के तहत पात्रता मानदंड का विस्तार किया गया था जिसमें 37 लाख मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ताओं (आशा), आंगनवाड़ी कार्यकर्ता (एडब्ल्यूडब्ल्यू), आंगनवाड़ी सहायिका (एडब्ल्यूएच) और उनके परिवार शामिल थे। इसके अतिरिक्त, अक्टूबर 2024 में, सरकार ने वय वंदना कार्ड के माध्यम से 4.5 करोड़ परिवारों के 70 वर्ष और उससे अधिक आयु के लगभग 6 करोड़ वरिष्ठ नागरिकों को, चाहे उनकी सामाजिक-आर्थिक स्थिति जो भी हो, वय वंदना कार्ड के माध्यम से 5 लाख रुपये प्रति वर्ष तक का निःशुल्क उपचार का लाभ प्रदान करने के लिये आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) का विस्तार किया।

(ख): योजना में निर्वाचन क्षेत्र-वार आंकड़े शामिल नहीं किए गए हैं, इसके बजाय जिला-वार आंकड़े उपलब्ध हैं। उत्तर प्रदेश में पिछले पांच वर्षों में बने आयुष्मान कार्डों की संख्या का जिला-वार और वर्ष-वार ब्यौरा संलग्न **विवरण** में दिया गया है।

(ग) और (घ): वर्तमान में, आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) 1961 प्रक्रियाओं के अनुरूप, 27 विभिन्न चिकित्सा विशिष्टताओं में माध्यमिक और विशिष्ट परिचर्या हेतु अस्पताल में भर्ती के लिए प्रति वर्ष प्रत्येक पात्र लाभार्थी परिवार को 5 लाख रुपये की निःशुल्क स्वास्थ्य सेवा प्रदान करता है। समय-समय पर नई आवश्यकताओं के अनुसार, योजना में नियमित अद्यतनीकरण, जैसे कि नई प्रक्रियाओं को शामिल करना, नए अस्पतालों को सूचीबद्ध करना, लाभार्थी आधार का विस्तार करना और अन्य सुधार किए जाते हैं।

विवरण

विगत 5 वर्षों में उत्तर प्रदेश में निर्मित आयुष्मान कार्डों का जिला-वार व वर्ष-वार ब्यौरा

जिला	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
आगरा	66,871	46,806	1,00,653	4,97,455	53,984
अलीगढ़	99,006	62,853	1,37,006	5,63,948	36,054
अंबेडकर नगर	45,486	78,035	1,00,306	4,29,252	24,735
अमेठी	64,067	51,137	1,21,699	2,09,462	16,723
अमरोहा	15,212	29,207	63,849	2,77,001	22,083
औरैया	41,847	47,889	63,882	1,34,701	15,012
अयोध्या	50,967	59,281	1,38,396	3,08,889	24,812
आजमगढ़	44,214	79,782	2,29,275	6,52,605	53,942
बागपत	21,880	17,476	34,354	2,14,879	22,208
बहराइच	88,713	1,29,025	1,38,519	4,04,545	31,634
बलिया	70,689	72,612	2,62,697	3,42,267	39,724
बलरामपुर	60,201	40,805	63,421	2,97,360	21,883
बांदा	79,707	16,745	88,169	2,35,184	7,643
बारा बंकी	59,696	66,956	1,52,237	4,10,931	63,392
बरेली	1,06,657	1,09,710	2,53,866	4,12,394	91,202
बस्ती	52,125	57,620	1,26,943	3,95,544	28,870
भदोही	40,817	30,193	60,273	1,66,494	15,830
बिजनौर	47,517	1,21,057	1,87,298	4,22,750	69,108
बदायूँ	73,639	30,342	1,80,608	2,76,995	45,762
बुलंदशहर	74,894	76,207	1,44,164	3,95,888	47,039
चंदौली	69,988	49,840	1,16,748	1,78,582	21,374
चित्रकूट	29,483	14,253	46,746	1,42,950	19,884
देवरिया	43,875	1,13,001	1,94,628	2,17,089	50,233
एटा	32,985	25,472	58,484	2,59,576	20,891
इटावा	43,831	36,518	95,167	1,33,475	22,454
फर्रुखाबाद	74,609	34,295	1,08,462	1,78,883	25,689
फतेहपुर	82,967	50,616	1,00,175	3,03,391	37,767
फिरोजाबाद	38,382	38,425	1,13,043	2,85,272	42,804
गौतमबुद्ध नगर	9,964	9,503	21,557	1,16,917	23,958
गाज़ियाबाद	24,014	31,669	60,295	3,59,627	38,771
गाज़ीपुर	44,797	50,377	1,72,923	3,63,380	52,794
गोंडा	82,573	73,109	64,285	4,10,757	28,064
गोरखपुर	88,502	1,65,737	1,17,295	4,41,685	90,688

हमीरपुर	48,814	26,064	57,914	1,53,796	10,455
हापुर	19,265	16,755	36,017	1,99,246	19,026
हरदोई	87,117	48,388	2,53,231	5,25,139	23,151
हाथरस	38,602	26,524	55,402	1,65,444	14,772
जालौन	29,933	48,748	76,636	1,69,829	21,635
जौनपुर	94,021	91,284	2,26,413	5,45,632	97,157
झांसी	44,598	60,569	1,00,082	1,33,172	31,127
कन्नौज	45,863	20,810	87,054	1,70,204	16,805
कानपुर देहात	74,030	94,883	80,268	1,75,014	17,948
कानपुर नगर	89,212	62,333	1,14,975	3,09,812	92,811
कासगंज	37,494	31,795	27,236	1,71,231	10,018
कौशांबी	48,029	26,326	59,626	2,21,762	19,493
खेरी	1,70,412	46,783	1,84,045	3,85,167	47,911
कुशीनगर	1,12,903	75,013	2,10,371	3,57,538	36,590
ललितपुर	20,486	29,118	40,124	1,08,693	11,618
लखनऊ	71,637	75,730	1,36,561	3,10,483	79,644
महोबा	32,384	10,823	45,660	85,559	11,016
महाराजगंज	44,237	60,866	1,28,225	3,96,581	56,661
मैनपुरी	31,109	70,763	72,478	2,20,936	24,355
मथुरा	35,218	31,573	1,19,307	2,56,133	45,547
मऊ	25,111	66,198	1,98,893	2,40,978	34,153
मेरठ	68,241	44,113	1,20,413	3,84,931	63,373
मिर्जापुर	83,912	43,136	1,66,724	2,33,510	32,299
मुरादाबाद	90,252	71,142	1,66,853	4,66,527	55,952
मुजफ्फरनगर	43,966	47,784	1,04,686	3,34,584	52,019
पीलीभीत	1,06,571	54,923	1,75,926	2,88,035	25,409
प्रतापगढ़	86,763	75,284	1,01,770	5,35,574	30,765
प्रयागराज	71,381	60,184	1,53,962	4,97,547	58,130
राय बरेली	76,247	46,331	1,58,581	3,82,012	58,533
रामपुर	36,699	47,888	78,720	2,79,086	39,050
सहारनपुर	48,668	1,36,455	1,61,090	6,40,488	57,835
संभल	18,643	33,271	72,325	2,77,573	18,755
संत कबीर नगर	25,500	34,627	1,10,929	1,54,196	28,394
शाहजहांपुर	86,357	78,717	1,87,707	2,64,501	62,244
शामली	20,816	32,042	56,362	2,09,571	26,283
श्रावस्ती	31,297	18,380	31,368	1,75,183	4,327
सिद्धार्थनगर	45,225	51,339	53,848	2,56,996	24,699

सीतापुर	1,07,227	1,19,701	1,65,337	6,20,527	34,818
सोनभद्र	23,478	30,969	1,31,601	1,21,755	18,746
सुल्तानपुर	62,418	56,429	1,64,556	2,96,147	26,604
उन्नाव	1,41,912	34,470	1,28,058	4,04,927	28,371
वाराणसी	43,794	78,870	1,85,829	6,00,739	73,735

PASSENGER VESSEL SERVICES FROM BEYPORE TO LAKSHADWEEP

1003. SHRI M. K. RAGHAVAN:

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

(a) whether the Government plans to reintroduce passenger ship services from Beypore to Lakshadweep for boosting economy and tourism in view of the Port Officer's report indicating that the port has sufficient depth for restarting such services; and

(b) if so, the details thereof including reasons for delay in reintroduction of passenger service?

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

(a): The Union Territory of Lakshadweep Administration (UTLA) has informed that since Beypore port is primarily used for cargo operations for the UT of Lakshadweep while passenger operations from the islands is predominantly to Kochi, UTLA, as of now, does not have any plan to operate passenger vessels between the islands and Beypore.

(b): Does not arise in view of answer to (a) above.

ग्रामीण क्षेत्रों में चिकित्सा सेवाएँ

1004. श्री संजय हरिभाऊ जाधव:

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

- (क) क्या देश के ग्रामीण क्षेत्रों के कई प्राथमिक स्वास्थ्य केन्द्रों (पीएचसी) और उप-केन्द्रों में आवश्यक उपकरण, रक्त की उपलब्धता, नवजात शिशु देखभाल और 24 घंटे एम्बुलेंस जैसी बुनियादी सुविधाएं उपलब्ध नहीं हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार ने उक्त मुद्दों पर संज्ञान लिया है, यदि हां, तो इस संबंध में सरकार द्वारा की गई तत्काल कार्रवाई का ब्यौरा क्या है;
- (ग) क्या सरकार ने इस तथ्य का संज्ञान लिया है कि कई ग्रामीण क्षेत्रों में प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) और उप-केंद्रों पर प्रसव के लिए आवश्यक बुनियादी सुविधाओं की कमी के कारण गर्भवती महिलाओं को सुरक्षित प्रसव के लिए 100 किलोमीटर या उससे अधिक की दूरी तय करनी पड़ती है;
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा जमीनी स्तर पर स्थिति सुधारने के लिए क्या कदम उठाए गए हैं; और
- (ङ) देश भर में उक्त सुविधाओं की अनुपलब्धता का सामना कर रहे ग्रामीण क्षेत्रों का राज्य-वार ब्यौरा क्या है?

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

- (क) से (ङ): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत स्वास्थ्य अवसंरचना में सुधार, स्वास्थ्य सुविधाकेन्द्रों में पर्याप्त मानव संसाधनों की उपलब्धता, शहरी, ग्रामीण और आदिवासी/पहाड़ी क्षेत्रों में विशेष रूप से गरीब और दुर्बल वर्गों के लिए गुणवत्तापूर्ण स्वास्थ्य परिचर्या की उपलब्धता, वहनीयता और पहुँच में सुधार के लिए सहायता प्रदान की जाती है। स्वास्थ्य और परिवार कल्याण

मंत्रालय, एनएचएम के तहत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर जन स्वास्थ्य सेवा प्रणाली को सुदृढ़ करने और प्रजनन, मातृ, नवजात, बाल, किशोर स्वास्थ्य और पोषण (आरएमएनसीएच + एन) रणनीति के कार्यान्वयन के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही रिकॉर्ड (आरओपी) के रूप में प्रस्तावों को मंजूरी प्रदान करती है। भारत सरकार ने राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत देश भर के ग्रामीण क्षेत्रों में प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) और उप-केंद्रों (एससी) में गर्भवती महिलाओं के सुरक्षित प्रसव को सुनिश्चित करने के लिए निम्नलिखित कदम उठाए हैं:-

- सहायक नर्स दाइयों (एएनएम), सामुदायिक स्वास्थ्य अधिकारियों (सीएचओ), स्टाफ नर्सों और चिकित्सा अधिकारियों (एमओ) सहित प्रशिक्षित स्वास्थ्य परिचर्या पेशेवरों द्वारा गर्भवती महिलाओं के प्रसव के लिए प्राथमिक स्वास्थ्य केंद्रों और सामुदायिक केंद्रों पर **प्रसव केंद्र** स्थापित किए गए।
- संस्थागत प्रसव को बढ़ावा देने और स्वास्थ्य सुविधाकेंद्रों तक पहुँच में सुधार के लिए दूर-दराज और आदिवासी क्षेत्रों में **प्रसूति प्रतिका गृह** (बीडब्ल्यूएच) स्थापित किए गए।
- प्राथमिक स्वास्थ्य केंद्रों और सामुदायिक केंद्रों पर गर्भवती महिलाओं के सुरक्षित प्रसव को सुनिश्चित करने के लिए स्वास्थ्य परिचर्या पेशेवरों का क्षमता निर्माण।
 - एएनएम, सीएचओ और स्टाफ नर्सों के लिए **कुशल प्रसव परिचारिका** (एसबीए) प्रशिक्षण
 - एएनएम, सीएचओ, स्टाफ नर्सों और चिकित्सा अधिकारियों के लिए **दक्ष प्रशिक्षण**
 - स्टाफ नर्सों और चिकित्सा अधिकारियों के लिए **दक्षता प्रशिक्षण**
- **जननी शिशु सुरक्षा कार्यक्रम** (जेएसएसके) सार्वजनिक स्वास्थ्य संस्थानों में प्रसव कराने वाली सभी गर्भवती महिलाओं को सिजेरियन सहित निःशुल्क और बिना किसी खर्च के प्रसव

कराने की पात्रता प्रदान करता है। गर्भवती महिलाओं और बीमार शिशुओं के लिए जेएसएसके के अंतर्गत निम्नलिखित सुविधाएँ उपलब्ध हैं:

- निःशुल्क दवाएँ, निदान, रक्त और उपभोग्य वस्तुएँ
- सुविधा केंद्रों में भर्ती के दौरान निःशुल्क आहार (सामान्य प्रसव की स्थिति में 3 दिनों तक और सिजेरियन के मामले में 7 दिनों तक)
- घर से स्वास्थ्य सेवा केंद्रों तक, विभिन्न सुविधाकेंद्रों के बीच और स्वास्थ्य सेवा केंद्रों से घर तक निःशुल्क परिवहन।
- सभी प्रकार के उपयोगकर्ता शुल्क से छूट।

एनएचएम के अंतर्गत राष्ट्रीय एम्बुलेंस सेवा (एनएसएस) वर्ष 2012 में आरंभ की गई थी। दो प्रकार की एम्बुलेंस सेवाएँ 108 (एएलएस/बीएलएस) और 102 शुरू की गई थी। डायल 108 मुख्यतः एक आपातकालीन अनुक्रिया प्रणाली है जिसे मुख्य रूप से गहन परिचर्या वाले रोगियों, आघात, दुर्घटना पीड़ितों आदि की सेवा के लिए डिज़ाइन किया गया है। डायल 102 सेवा में मूलतः सामान्य रोगी परिवहन शामिल है, जिसका उद्देश्य गर्भवती महिलाओं और बच्चों की ज़रूरतों को पूरा करना है, हालाँकि अन्य वर्ग भी इसका लाभ उठाते हैं और वे इससे अपवर्जित भी नहीं हैं। 31.12.2024 को एनएचएम एमआईएस के अनुसार, देश में एनएचएम के अंतर्गत 3173 एएलएस और 15455 बीएलएस उपलब्ध हैं।

भारत सरकार ने जन स्वास्थ्य सुविधाकेन्द्रों में स्वास्थ्य अवसंरचना और सेवाओं में सुधार के लिए भारतीय जन स्वास्थ्य मानक (आईपीएचएस) 2022 अवधारित किए हैं। इन मानकों में सेवाओं, अवसंरचना, मानव संसाधन, निदान, उपकरण, दवाइयों आदि के मानदंड शामिल हैं। आईपीएचएस स्वास्थ्य सेवा सुविधाकेन्द्रों की स्थापना और उन्नयन के लिए जनसंख्या मानदंडों को भी परिभाषित करता है। स्वास्थ्य और परिवार कल्याण मंत्रालय ने आधारभूत आकलन करने, कमियों की पहचान करने और सुधारात्मक उपायों की योजना बनाने एवं उन्हें लागू करने के लिए आईपीएचएस के अंतर्गत

एक ओपन डेटा किट (ओडीके) टूलकिट विकसित किया है। एनएचएम इन कमियों को दूर करने के लिए सहायता प्रदान कर रहा है, जिससे इन सुविधाकेन्द्रों तक पहुँच सुनिश्चित हो और आवश्यक मानकों को पूरा किया जा सके।

उत्तर प्रदेश में ट्रॉमा सेंटर

1005. श्री सनातन पांडेय:

श्री चंदन चौहान:

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

(क) क्या यह सच है कि उत्तर प्रदेश के बलिया और बिजनौर लोकसभा निर्वाचन क्षेत्रों में कोई ट्रॉमा सेंटर नहीं है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार का विचार जिन जिलों में कोई ट्रॉमा सेंटर नहीं है उनकी पहचान कर वहां ट्रॉमा सेंटर स्थापित करने का है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) उत्तर प्रदेश के बलिया और बिजनौर में ट्रॉमा सेंटर कब तक स्थापित किए जाने की संभावना है?

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

(क) से (ग): 11^{वीं} पंचवर्षीय योजना (2007-2012) और 12^{वीं} पंचवर्षीय योजना (2012-2017) के दौरान "राष्ट्रीय ट्रामा और बर्न इंजरी की रोकथाम एवं प्रबंधन कार्यक्रम" (एनपीपीएमटीएंडबीआई) के अंतर्गत, देश भर के सरकारी अस्पतालों/मेडिकल कॉलेजों में कुल 196 ट्रामा परिचर्या सुविधाकेन्द्रों (टीसीएफ) की स्वीकृती दी गई थी। उत्तर प्रदेश में 196 में से 13 टीसीएफ स्वीकृत किए गए हैं :

(1) बीआरडी मेडिकल कॉलेज, गोरखपुर

(2) जिला अस्पताल, फैजाबाद

(3) केजीएम कॉलेज, लखनऊ

- (4) एलएलआर अस्पताल और जीएसवीएम कॉलेज, कानपुर
- (5) जिला अस्पताल, जालुआँ, औराई
- (6) एमएलबी मेडिकल कॉलेज, झांसी
- (7) जिला अस्पताल, बस्ती
- (8) एसएन मेडिकल कॉलेज, आगरा
- (9) श्री बी.ए. जिला चिकित्सालय, इटावा
- (10) जिला अस्पताल, फतेहपुर
- (11) एमएलएन मेडिकल कॉलेज, इलाहाबाद
- (12) एलएलआरएम मेडिकल कॉलेज, मेरठ
- (13) जिला अस्पताल, ललितपुर

12वीं पंचवर्षीय योजना से आगे, इस योजना के तहत नई ट्रामा परिचर्या सुविधाकेंद्रों की पहचान का कोई प्रावधान नहीं है। वित्तीय सहायता, स्वीकृत सुविधाकेंद्रों/इकाइयों की कुल स्वीकृत लागत के तहत केंद्रीय सहायता के शेष भाग के निर्गमन के रूप में होता है।

“AYUSH SAFETY PORTAL”

1006. SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:

SHRI RAVINDRA VASANTRAO CHAVAN:

SHRI MANISH JAISWAL:

SHRI SUDHEER GUPTA:

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

- (a) whether the Government has launched AYUSH safety portal to ensure action against misleading advertisement of ayurvedic medicines and if so, the details thereof;
- (b) whether the Government proposes to connect all the regulatory agencies to this portal to bring reconciliations among different agencies and if so, the details thereof;
- (c) the manner in which the said portal is likely to be beneficial for consumers/common man to save them from misleading advertisement and ensure that right information may reach them;
- (d) whether the Government has taken any initiatives to conduct post-marketing surveillance of AYUSH medicines to track their safety and efficacy and harmonise standards of AYUSH medicines;
- (e) if so, the details thereof and if not, the reasons therefor; and
- (f) the details of companies that have been penalised for fraudulent advertisements of Ayurvedic Medicines?

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) Ministry of Ayush has launched an IT enabled online portal “Ayush Suraksha” to track the reported Misleading Advertisements (MLAs)/Objectionable Advertisements (OAs) and Adverse Drug Reactions (ADRs) on 30th May 2025.

The portal features a centralized dashboard for real-time tracking of suspected ADRs and capturing of MLAs /OAs for prompt regulatory action and in-depth data analysis.

The portal has been aligned with the National Pharmacovigilance Program and integrates data from State/UTs (Ayush) Licensing Authorities, Pharmacovigilance Centers, and Central Government bodies like Ministry of Information and Broadcasting (Mol&B), Central Consumer Protection Authority (CCPA), National Commission for Indian System of Medicine (NCISM), National Commission for Homoeopathy (NCH), Press Council of India (PCI), Food Safety and Standards Authority of India (FSSAI) and Ayush Vertical under Central Drugs Standard Control Organization (CDSCO), which ensures scientific rigor in monitoring safety concerns.

The portal allows consumers, Ayush healthcare professionals to report and regulatory authorities to monitor MLAs /OAs, ADRs. All complaints on the portal can be reviewed by National Pharmacovigilance Centre (NPvCC) and Ministry of Ayush, thus promoting transparency and accountability in the regulatory framework.

(d) and (e): Ministry of Ayush has implemented a Central Sector Scheme- Ayush Oushadhi Gunavatta evam Utpadan Samvardhan Yojana (AOGUSY). One of the components of this scheme is Pharmacovigilance Program for Ayurveda, Siddha, Unani, and Homoeopathy (ASU & H) Drugs including surveillance of misleading advertisements.

The program is working through its three-tier network and vision is to improve patient safety in Indian population by monitoring the ASU & H drugs safety by keeping vigilance over the post-marketing use of ASU&H drugs and reporting culture of suspected ADRs, keeping surveillance of misleading advertisements appearing in print and electronic media, organising awareness events regularly across the country to generate awareness regarding the Ayush therapeutic approaches and educating healthcare professionals about the systematic use of Ayush drugs.

Further, Ministry of Ayush has recently launched an IT enabled online portal- “Ayush Suraksha” to track reported MLAs / OAs and ADRs.

As per Section 22 of the Drugs and Cosmetics Act, 1940, Drug Inspectors are authorized to conduct post-marketing surveillance by collecting product samples from Ayurvedic manufacturing units or retail outlets within their jurisdiction. These samples are then sent to Drug Testing Laboratories under the Drug Control Department for quality analysis and for further necessary action, accordingly.

(f): As per the information received from States/UTs Governments, the details of companies which have been penalised for fraudulent advertisements of Ayurvedic medicines are given in the enclosed **Statement**.

STATEMENT

As per the information received from States/UTs Governments the details of companies, which have been penalised for fraudulent advertisements of Ayurvedic medicines are as follows:

KERALA	
S. No.	Details of companies penalized for fraudulent advertisement in last five years
1.	M/s N P Ayurveda Research Laboratories, Ezhukone, Kollam
2.	M/s N P Ayurveda Research Laboratories, Maranadu. Ezhukone, Kollam
3.	M/s Francis Vaidyans Ayurveda Vaidyasala (p) Ltd. Mala. Thrissur-680734
4.	M/s Marutha Pharma, Kudappanakunnu, Thiruvananthapuram
5.	M/s Shankar pharmacy Manjummel.Ernakulam
6.	M/s Madhava pharmaceutical Laboratories Door No:67/2087 (New) Banerjee Road Ernakulam
7.	M/s francis Vaidyans Ayurveda vaidyasala (p) Ltd Mala, Thrissur-680734
8.	1. M/s Urjah Plus BioSciences Pvt Ltd, Door No. 32/1572/43,Opposite EMC,NH Bypass, Palarivattom, Kochi, Emakulam 2. Sri Sivadas Sekharan, Director of M/s Urjah Plus Bio Sciences Pvt. Ltd, Palarivattom, Kochi, Ernakulam
9.	1. M/s Kunnath Pharmaceuticals, GCDA Complex, Marine Drive, Ernakulam 2. Mr K.C Abraham, Kunnath House. Mudavoor.p.o. Muvattupuzha, Ernakulam
10.	1. M/s Herbocare, Podikulangara. Varode. Kottayi P.O, Palakkad-678572 P.Chandrakala, Palackal House, Mathoor. P.O.Palakkad 2. M/s Manipal Adverising company. Palarivattom. Ernakulam

	3. Seen Asif. Asif Manzil Pachakadavu, Indhira Nagar, Kuttichal, Kattakkada, Thiruvananthapuram
11.	M/s Pandava AyurRemedies, V/121. Annamanada.P.O., Thrissur C.R. Dharmajan, Chillikkattil House, Alathur P.O, Thrissur
12.	1. M/s K-Link Health Care, Palarivattom, Kochi Mr. Payyakkal Devadas, K-Link Health Care India Pvt Ltd., Aminjikarai, Chennai, Tamil Nadu 2. M/s Welex Laboratories Pvt. Ltd, Maharashtra Mr.Roopam Yaswanth Bhatt
13.	M/s Orthocare Products Private Limited, Keezhillam, Emakulam Dr.P.P.Pathrose, Parathuvayalil, Keezhillam, Ernakulam
14.	M/s Krishna Ayurveda Pharmacy, Door No. K.P.9/689-A, Kolachery P.O, Kannur-670601 Sujith. A.V. S/o A Krishnan Vaidyar, Krishna, Karingalkuzhy, Kolachery P.O, Kannur-670601

Gujarat	
S. No.	Details of the Companies that have been Penalised
1.	D Sona Gum Care Powder, Mfg. By: Apricus Lifecare Pvt. Ltd., Narol
2.	Jayshree Paylora Powder And Ointment, Mfg. By: Jayshree Pharmaceuticals, Bapunagar
3.	Shreejee Hari Oil, Mfg. By: Shreejee Remedies, Naroda
4.	Mahabhringaraj Oil, Mfg Firm- Ramkrishna Vidyut Ayurvedic Pharmacy Pune
5.	Hempushpa, Mfg. By: Rajvaidya Sheetal Prasad And Sons, New Delhi
6.	Naturolax-A, Mfg. By: Piramal Pharma Limited
7.	Zalim Lotion, Mfg. By: Oriental Chemical Works, Indore
8.	Udapa-S 10/100 (Dapagliflozin And Sitagliptin Tablets 10mg/100 Mg), Mfg.By: M/S. Exemed Pharmaceuticals, Plot No. 133/1 & 133/2,

	G.I.D.C., Selvas Road, Dist: Valsad-396195 & (Marketed By) M/S. Usv Private Limited, B.S.D. Marg, Govandi, Mumbai-400088
9.	Nicogel Pro, Mfg. By: M/S Lanico Lifescience Pvt. Ltd., Plot No. 203/A. Mahagujarat Ind. Estate, B/H Aia Engineering, Moraiya, Ta. Sananad, Dist. Ahmedabad,
10.	Balaji Aarsh Har Capsule & Cream,Mfg. By: M/S Giniva Pharmaceutical, 5/26, Asha Appartments, Kiran Park, Nava Vadaj.
11.	Amla Hari Tablet, Gesari Pills, Malsuddhivati Tablet, Mfg. By: Harinarayan Pharmacy, Sanand
12.	Shree Shankar Ayurvedic Pharmacy Product, Mfg. By: Shree Shankar Ayurvedic Pharmacy, Sanand
13.	1. Diakyor Capsule 2. Madhusudan Kalp Powder 3. Bio Vasaton 4. Maca- Capsule 5. Gajraj Oil 6. Bea-Diabo Tablet Hc+ Hair Oil, Marketed Firm –Sunshine Healthcare, 407-408, The Paladium Mall, Yogi Chowk, Punagam, Surat
14.	Hc+ Hair Oil, Marketed Firm- Dushyantam Ayurveda Agency, 39, Sunrise Complex, Mota Varachha, Surat Manufactured Firm- Dushyantam Ayurveda, Pvt. Ltd.P-6, Saidham Society, Godadara, Surat
15.	1. Sanjivni Liquid Extract 2. Noni Juise Mfg. By: Nutan Ayurvedic Research Centre, N H 8, Bhumel, Nadiad
16.	Dr. Ortho Oil, Mfg. By: Indo Herbal Products (Unit II) Plot No-29,Sector 1b,lie,Sidcul Ranipur, Haridwar, Uttarakhand-249403 Marketed By- Divisa Herbals Pvt. Ltd. Mouza Rampur Jattan,Nahan Road Kala Amb,Dist-Simour, Himachal Pradesh-173030
17.	B Tex Ointment, Mfg. By: B Tex Ointment Mfg Company, C16,17, Udhog Nagar, Vijalpore, Navsari

18.	Achal Aloevera, Amla, Jamun With Neem Ras, Marketed Firm: M/S. Kaachal Exporters Pvt Ltd. Sirohi, Raj. Mfg Firm: M/S. Radha Pharmacy, Sirohi, Raj.
19.	Jodcare Oil, Mfg. Firm: Dada Organics Ltd. Ta. Kotda Sangani Dist. Rajkot
20.	Go Dhadhar Kit, Mfg. Firm: Narad Aushad Bhandar At.Ta.Jetpur Dist. Rajkot
21.	Derpain Lotion, Mfg. Firm: Meghdar Healthcare At.Chhapara Ta.Lodhika Dist. Rajkot
22.	Va Tel, Mfg. Firm: Domadiya Brothers At. Metod Ta.Lodhika Dist. Rajkot
23.	Ezee Pain Reliever Ointment, Mfg. Firm: Maheta Unani Pharmacy And Co. Pvt. Ltd. At.Metod Ta.Lodhika Dist. Rajkot
24.	Rosaline Liniment, Mfg.Firm: M/S. Bhavasar Chemicals Pvt Ltd, Vyara
25.	Dharasana Malis Tel And Dharasana Lep, Firm Name: Ms Shah Maganlal Chunilal Gandhi
26.	Zandu Pancharishth Diadrishta-21 Syrup, Firm Name: Ms Emami Pvt Ltd Vapi
27.	Enuniq Adivasi Hair Oil 100 ML, Firm Name: Enauniq India Pvt Ltd Surat
28.	Chaitanya Oil 50 ML, Firm Name: Ms Kalpatru Ayurvedic Pharmacy Valsad
29.	Kranti Adivasi Hair Oil 100 ML, Firm Name: Kranti Pharmaceuticals Surat
30.	Kayam Churna, Tablet, Pratikar Kadha, Firm Name: M/S. Sheth Brothers
31.	Touch Up Hair Fall Control Oil, Firm Name: Vasu Healthcare Pvt. Ltd.,
32.	Parth Japani Oil, Mfg Firm : Vaishnav Biotech, Datia- 475661 (M.P.)
33.	1. Ashvashila Capsules 2. Shilajit Capsules Mfg Firm: Patanjali Ayurveda Ltd
34.	Dr Vashishta Ayu Pharmacy Products Advertisement On WhatsApp Firm Name: Dr Vashishta Ayu Pharmacy, Sanand ,Ahmedabad
35.	Bal Arogya Vati, Firm Name: Shree Chandinath Ayurvedic Pharmacy, Dholka

36.	Jil Hair Oil, Firm Name: M/S. Aarogya Jyoti Pharmacy, Plot No.59, Gidc, Vitthal Udhyognagar, Anand
37.	Amarvira Powder Mfg Firm: Amar Ayurveda , Surat
38.	Chuu Balm, Firm Name: M/S. Fredun Pharmaceuticals Limited, Maharashtra
39.	Pailess Capsule, Firm Name: M/S. Satyam Healthcare, Panchmahal
40.	Vicco Turmeric Skin Cream, Firm Name: M/S. Vicco Laboratories, Maharashtra
41.	Glucorid Dia Capsule, Mfg. By: M/S. Astral Biotech. 27, 3rd Floor, J V Industrial, Nr Ramji Industrial Pasodara Patiya, Navagam, Kamrej, Surat, Gujarat 394185
42.	1. Miracaid Pile Bust Capsules 2. Tiruvant Skin Epf Cream, 3. Femican Syrup 4. Envyzyme Syrup 5. Liv Hb Syrup Firm Name: Tiruvant Healthcare, Indrad, Kadi
43.	1. Vogor & Vital Drop 2. Leucoder-X Drop 3. Naricare Tonic (Homeopathic Medicine) Firm Name: Homeotic International, Plot No. 6 Chhatral Industrial Park, Vadaswami, Kalol, Dist. Gandhinagar

ODISHA

S. No.	Details of companies penalized for fraudulent advertisement in last five years
1.	M/s Rana Pharmaceuticals and Research, Cuttack

UTTARAKHAND

S. No.	Details of companies penalized for fraudulent advertisement in last five years
1.	M/s Patanjali Pharmacy

2.	M/s Divya Pharmacy
BIHAR	
S. No.	Details of companies penalized for fraudulent advertisement in last five years
1.	M/S Dhanwantri Pharmaceuticals Serbarkhera, Kashipur-244713 Uttarakhand.
2.	M/S Emami Limited, G.LD.C Plot no 82, Valsad. Vapi Gujarat-396195
3.	M/S Trio Healthcare Pvt. Ltd, Plot No-5. Sardar Patel Ind. Park, Dhamatvan Village Road, Ta- Daskroi, Dist. Ahmedabad-382435 Gujarat, India
4.	M/S Vitalcare Pvt. Ltd. 361-362. G.I.D.C, Por-391243 Dist. Vadodara-382435 Gujarat, India.
5.	M/S HAPDCO Herbals Pvt. Ltd. Dasauli Kursi Road, Lucknow-226026
6.	M/S Aurio Pharma Laboratories Pvt. Ltd. Rabindra Sarani, Nimta Kolkata-700049
7.	M/S Sheth Brothers 30, G.LD.C Vithalwadi, Bhavnagar Gujarat-364001
8.	M/S Agrasen Ayurved Bhawan Pvt. Ltd Karmalichak, P.O- Malsalami, Patna Bihar-800008
9.	M/S Dabur India Limited, Plot No-22. Site iv, Sahibabad-201010, Ghaziabad (UP)
10.	M/S Vyas Pharmaceuticals 98-C, Sector E, Sanwer Road, India-45201

MISCONDUCT OF HEALTH INSURANCE COMPANIES**1007. DR. BACHHAV SHOBHA DINESH:**

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

- (a) whether the Government has taken cognizance of the misconduct of Health Insurance Companies towards medical practitioners to avoid settlement of claims, if so, details thereof;
- (b) whether the Government has instituted an enquiry to review complains of doctors and nurses regarding harassment faced by them from health insurance companies, if so, the details thereof and if not, the reasons therefor;
- (c) whether the Government has formulated any concrete policies to ensure protection of rights of the medical and healthcare workers of the country and if so, the details thereof; and
- (d) whether the Government plans to formulate and enact a comprehensive legislation with regards to regulating the conduct of health insurance companies, towards medical practitioners 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): No such complaints or information regarding misconduct by health insurance companies towards medical practitioners with the intent to avoid settlement of claims have been received by the National Health Authority (NHA).

As per Constitutional provisions, 'Health' and 'Law and Order' are State subjects. It is the primary responsibility of the concerned State/UT to take note of events and eventualities for taking appropriate action to prevent violence against medical professionals. Further, many States have enacted laws to address violence against medical professionals. Most of the State laws cover minor offences and prescribe punishment for them. Major offences / heinous crimes are adequately covered under Bharatiya Nyaya Sanhita (BNS), 2023.

Insurance Regulatory and Development Authority of India (IRDAI) has informed that in terms of Regulation 2(i) of the TPA Regulations 2016, it has mandated that the insurers and TPAs shall enter into "Health Services Agreement" laying down the terms and conditions of services which may be rendered to the policyholders and may be entered into between:

- a Third-Party Administrator (TPA) and an insurer; or
- a Network provider and an insurer; or
- a Network provider, a TPA and the insurer

The Health Services Agreements lay down the scope and obligations of each party to the agreement and the services are rendered as per the agreed clauses. IRDAI has also issued Master Circular on IRDAI (TPA) Regulations 2016. As per the Master Circular, it is specified that the agreements entered into by insurers, TPAs and network providers, shall have Arbitration and Dispute Resolution clause. Therefore, any dispute/violation arising out of the operation of agreed clause is within the realm of the parties to resolve.

As regards to settlement of claims, it is submitted that the IRDAI has revamped health insurance framework and notified IRDAI (Insurance Products) – Regulations, 2024 and issued a Master Circular on Health Insurance Business in order to bring in more transparency and to improve the customer claim settlement experience among others. These steps are expected to result in better-informed policyholders, ensure transparency and efficiency in settlement of claims, reduced grievances, disputes and delays, and a seamless health insurance experience for policyholders.

HEALTH SECTOR PROJECTS IN TAMIL NADU

1008.SHRI C. N. ANNADURAI:

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

- (a) the details of the various health sector projects that have been initiated, approved or are currently under implementation by the Government in Tamil Nadu during the last three years including the objectives, scope and nature of these projects;
- (b) the total estimated expenditure earmarked or allocated for the aforementioned health projects in the said State, along with the projected timeline for the completion of each project, including major milestones;
- (c) whether there has been any delays in the implementation or execution of these health projects in the said State and if so, the specific reasons for such delays

along with the remedial/corrective measures taken by the Government to address these issues and ensure timely progress; and

- (d) the strategic/operational steps taken/proposed to be taken by the Government to ensure the continued and accelerated progress of health projects in the said State?

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

(a): The details of multiple centrally sponsored schemes and activities have been supported in Tamil Nadu, primarily under:

- (i) National Health Mission (NHM)
- (ii) Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)
- (iii) 15th Finance Commission Health Grants

The activities and focus areas of the programmes include:

- (i) Construction/strengthening of Urban Ayushman Arogya Mandirs (AAMs), Integrated Public Health Labs (IPHL), and Critical Care Blocks (CCBs) in government facilities.
- (ii) Implementation of projects such as:
 - (a) Genetic laboratory for rare diseases and newborn screening
 - (b) Prevention of Hepatitis B transmission
 - (c) Early identification/treatment of diabetic foot complications

- (d) HPV DNA detection facilities for cervical cancer screening
 - (e) Efforts to prevent births with Thalassemia or Sickle Cell Anemia
 - (f) Kangaroo Mother Care (KMC) promotion for low birthweight babies
 - (g) Equipment support for facility-based lactation in Child Lactation Management Centres (CLMCs) and Lactation Management Units (LMUs)
- (iii) Procurement of major medical equipment (MRI, CT, X-ray, USG, Echo, dialysis machine, CR unit, mammogram) for use in government health infrastructure.

Further, following key Programme Activities and Achievements have been made in the State of Tamil Nadu:

- (i) Critical Care, Diagnostics, and Infrastructure:
 - 708 Urban-AAMs, 38 IPHLs, and 37 CCBs planned for construction/strengthening during 2021-26 with a total central outlay of ₹1,656.32 crore for Tamil Nadu (administrative approvals accorded)
- (ii) Free Drug & Diagnostic Initiative:
 - Enhanced access to medicines and diagnostics in public facilities with State Essential Medicines List exceeding national recommendations
- (iii) Coverage through Central Schemes:
 - PM-JAY, Pradhan Mantri National Dialysis Program (all 38 districts covered, 1,276 machines, 1,46,363 patients served)

- LaQshya and MusQan quality certifications achieved in multiple facilities

(b): The details of funds released by the Central Government for implementation of various health projects in the State of Tamil Nadu during last three years is given as under : (Rs. in crore)

Financial Year	NHM	PM ABHIM	XV-FC
2023-24	1,996.06	279.36	838.94
2024-25	1,742.67	224.99	870.40
2025-26	316.33	11.44	-

(c) and (d): The Government of India is making concerted efforts to strengthen healthcare facilities across the country, including in the State of Tamil Nadu. The implementation progress and performance of schemes are regularly monitored through regular review meetings, field visits conducted through NHM and through Common Review Mission (CRM). Periodic assessments (e.g., National Family Health Survey, Sample Registration System) are used to gauge health indicators and implementation status.

FUND ALLOCATION FOR FOREIGN AID

1009. SHRI PUTTA MAHESH KUMAR

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

(a) the total amount of funds allocated, released and utilized as foreign aid/loans for other countries during the last five years, country-wise;

(b) the list of projects proposed, under construction and presently functioning in above-specified countries via financial aid/loans by India during the last ten years, country-wise;

(c) the present status of the above projects undertaken and the proposed timeline

for completion for all pending projects started during the last ten years, country-wise; and

(d) whether the Government has undertaken any study/survey of projects that are in sensitive/war-zone regions of above specified countries, 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): Details of India's foreign aid allocations for the last five years, region-wise and year-wise are given in the enclosed **Statement-I**.

(b) and (c): The list of projects, with their present status, funded through financial aid and loans (Lines of Credit / Concessional Financing Scheme) by India during the last ten years are given in the enclosed **Statement-II**, **Statement-III** and **Statement-IV** respectively. Cultural and Heritage Projects funded through aid are given in the enclosed **Statement-V**.

(d): The Ministry of External Affairs remains closely engaged with the countries where projects are undertaken mindful of the political and security situation on the ground. In countries of sensitive/war zone regions where the project-related activities are underway, collaboration with various stakeholders of the local Government is being actively pursued to ensure timely progress.

STATEMENT-I

Details of India's foreign aid allocations for the last five years, region-wise and year-wise

	2020-21		2021-22		2022-23		2023-24		2024-25	
Aid to Countries	Allocated	Total Released	Allocated	Total Released	Allocated	Total Released	Allocated	Total Released	Allocated	Total Released
	1	2	1	2	1	2	1	2	1	2
Nepal	880.00	879.10	550.00	446.42	425.00	434.27	650.00	657.38	700.00	701.62
Bhutan	1650.96	1558.52	1274.64	1646.56	1779.28	1763.10	722.37	720.17	1673.78	1675.43
Myanmar	350.00	347.05	600.00	598.25	500.00	454.62	355.00	352.96	410.00	410.82
Maldives	159.28	160.19	260.00	246.09	400.00	183.16	770.90	832.83	480.00	480.26
African Countries	225.00	226.27	200.00	141.91	160.00	153.31	180.00	184.71	200.00	201.82
Eurasian Countries	45.00	45.42	100.00	83.95	65.00	54.75	28.69	28.75	24.00	24.13
Afghanistan	350.00	348.82	200.00	166.36	350.00	279.37	220.00	207.26	44.00	42.43
Mauritius	650.00	652.07	900.00	839.15	575.00	568.08	345.00	358.87	576.00	580.10
Bangladesh	176.00	177.97	300.00	219.53	170.00	133.88	145.00	152.09	59.55	59.15
Indo-Pacific Co-operation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.45	0.00
Mongolia	0.58	0.48	2.00	0.00	2.50	0.00	4.00	3.45	8.25	8.30
Sri Lanka	75.00	44.80	50.00	48.55	75.00	126.04	100.00	119.37	315.00	317.41
Other Developing Countries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	83.00	77.91
LAC countries	22.00	11.77	55.00	37.69	7.00	2.79	50.00	51.13	90.00	91.60
Seychelles	90.00	90.28	20.00	18.46	6.45	6.05	5.50	6.18	30.00	28.83

Quad Co-operation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.40	0.00
Tech Infrastructure Projects	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.50	2.46

STATEMENT-II

The list of projects proposed, under construction, and presently functioning in in above specified countries via financial aid by India during the last ten years, country wise

S. No.	Country	Name of the Project	Status
1.	Afghanistan	Supply of 75,000 MT Wheat	Completed
2.	Afghanistan	Supply of 1.70 lakh MT of Wheat	Completed
3.	Afghanistan	Special Scholarship Scheme for Afghan Nationals (SSSAN)	Under Implementation
4.	Afghanistan	Afghan Nationals Agricultural Science and Technology University (ANASTU)	Under Implementation
5.	Afghanistan	Afghan Nationals Defence and Security Forces (ANDSF)	Under Implementation
6.	Afghanistan	Supply of 20 Ambulances (15 BLS + 5 ALS)	Under Implementation
7.	Africa	E-VidhyaBharti and eAarogyaBharti (e-VBAB) Network Project	Completed
8.	Bangladesh	Akhaura - Agartala Rail Link Project, Bangladesh	Completed

9.	Bangladesh	Procurement of 109 Basic Life Support Ambulances	Completed
10.	Bangladesh	India Bangladesh Friendship Pipeline	Completed
11.	Bhutan	Punatsangchhu-I HEP	Completed
12.	Bhutan	Punatsangchhu-II HEP	Completed
13.	Bhutan	Mangdechhu HEP	Completed
14.	CARICOM and SICA countries	Supply of SME machinery from India to CARICOM and SICA countries (5 countries in phase I)	Under Implementation
15.	Comoros, Madagascar, Seychelles and Fiji	Setting of Solar Projects	Under Implementation
16.	Comoros	Supply of 6 Ambulances and 6 Transport Pickup vans to Comoros	Under Implementation
17.	Gambia	Supply of 40 kidney dialysis machines to Gambia	Completed
18.	Jamaica, Belize, St. Vincent & Grenadines	Solar Electrification of one Government Building in Caricom Countries	Under Implementation

19.	Jamaica	Supply of Electronic scoring and video board to Sabina Park Cricket Stadium, Kingston, Jamaica	Completed
20.	Myanmar	Establishment of advance centre of Agriculture Research and Education (ACARE) at Nay Pyi Taw	Completed
21.	Myanmar	Construction/ Upgradation of Kalewa- Yargi Road Section of the Trilateral Highway, Myanmar	Under Implementation
22.	Myanmar	Construction of 69 Bridges including approach roads on the Tamu-Kyigone-Kalewa (TKK) Section of Trilateral Highway, Myanmar	Under Implementation
23.	Myanmar	Kaladan Multi Modal Transit Transport Project (KMMTTP) – Waterways Component Myanmar	Completed
24.	Myanmar	Kaladan Multi Model Transit Transport Project (KMMTTP) Road Component	Under Implementation
25.	Myanmar	Upgradation of India Myanmar centre for Enhancement of IT Skills (IMCEITS Phase-V)	Under Implementation

26.	Myanmar	Donation of Books to Nay Pyi Taw State Academy, Yangon, Myanmar.	Completed
27.	Myanmar	Donation of Laboratory Equipment to Nay Pyi Taw State Academy, Yangon, Myanmar.	Under Implementation
28.	Mynamar	Myanmar Institute of Information Technology (MIIT) in Yangon	Completed
29.	Mongolia	India-Mongolia Friendship Secondary School (IMFSS)	Under Implementation
30.	Maldives	Ministry of Defence Building, Maldives	Under Implementation
31.	Maldives	Greater Male Connectivity Project	Under Implementation
32.	Maldives	Development of National College for police and law enforcement (NCPLE)	Completed
33.	Maldives	Construction of Composite Training Centre (CTC) in Maldives	Completed
34.	Mauritius	Construction of 1 Mediclinic and 2 Area Health Centres in Mauritius	Completed
35.	Mauritius	Civil Service College of Mauritius	Completed

36.	Mauritius	Renal Transplant Units in Mauritius	Under Implementation
37.	Mauritius	Supply of 100 Nos. of e-buses	Under Implementation
38.	Mauritius	Supply of anti drug and smuggling unit	Under Implementation
39.	Mauritius	Forensic Science Lab, Mauritius [US\$ 4.7 m Grant +US\$ 12.7 LOC component, Grant will be disbursed after 70% of LOC disbursement]	Under Implementation
40.	Mauritius	Metro Express project: Phase I & II	Completed
41.	Mauritius	Metro Express project: Phase III	Completed
42.	Mauritius	New ENT Hospital	Completed
43.	Mauritius	Social Housing Proejct	Completed
44.	Mauritius	Supreme Court Building Project	Completed
45.	Mauritius	E-tablet Project	Completed
46.	Madagascar	Supply of 9 ton trucks (3 Nos)	Completed
47.	Nepal	Construction of National Police Academy at Panauti	Under Implementation

48.	Nepal	Integrated Check Post (ICP) at Birgunj	Completed
49.	Nepal	Integrated Check Post (ICP) at Bhairahawa	Under Implementation
50.	Nepal	Integrated Check Post (ICP) at Biratanagar	Completed
51.	Nepal	Integrated Check Post (ICP) at Nepalgunj	Completed
52.	Nepal	Integrated Check Post (ICP), Dodhara Chandani	Under Implementation
53.	Nepal	Jayanagar - Bardibas Cross Border Rail Link project, Nepal	Under Implementation
54.	Nepal	Jogbani – Biratnagar Rail Link, Nepal	Under Implementation
55.	Nepal	Nepal Bharat Maitri polytechnic Hetauda	Under Implementation
56.	Nepal	Raxaul-kathamandu Railway line	Under Implementation
57.	Nepal	Supply of 20 Nos e-Buses to Nepal	Under Implementation
58.	Nepal	Supply of 200 kidney dialysis machine and 50 RO Systems	Completed
59.	Palau	Procurement and supply of 12 Nos water tanks to Palau	Completed

60.	Senegal	Upgradation and Modernisation of “Centre D” Entrepreneurship Et. De Development Technique	Completed
61.	Sri Lanka	Indian Housing Project Phase III: Construction of 4,000 houses in plantation areas	Under Implementation
62.	Sri Lanka	Indian Housing Project Phase-IV	Under Implementation
63.	Sri Lanka	Construction of Jaffna Cultural Centre	Completed
64.	Sri Lanka	Unique Digital Identity Project	Under Implementation
65.	Suriname	Supply of food grains to Suriname	Completed
66.	Sao Tome and Principe	Supply of Buses to Sao Tome and Principe (STP)	Completed
67.	South Africa	Setting up of Gandhi Mandela Centre of Specialization (GMCOS) of Artisan Skills in Pretoria, South Africa	Completed
68.	South Africa	3 Years Annual Maintenance of Gandhi Mandela Centre of Specialization (GMCOS) of Artisan Skills in Pretoria, South Africa	Under Implementation

69.	South Africa	Supply of materials for 1000 number of Artificial Limbs to be donated to Govt. of Malawai	Under Implementation
70.	Uganda	Supply of 10 Trailers to Govt of Uganda	Completed
71.	Uganda	Supply of 10 Tractors to Govt of Uganda	Completed
72.	Uganda	Supply of 10 Buses to Government	Completed
73.	Uganda	Supply of 05 Ambulances to Government	Completed
74.	Zambia	Procurement and Supply of 500 ordinary and 100 Embroidery Sewing Machines to the Government of Zambia	Under Implementation
75.	Zambia	Supply of Medical equipment to Zambia	Under Implementation
76.	9 Pacific Island countries	Procurement and supply of 16 Sea Ambulances to 9 Pacific Island countries	Under Implementation

STATEMENT-III**Some of the major projects taken up under the Lines of Credit over the last 10 years**

S. No.	Country	Project Name	Implementation Stage
1.	Bangladesh	Procurement of 120 nos. BG passenger coaches for Bangladesh Railway [BR]	Completed
2.	Bangladesh	Infrastructure Development for Power Evacuation Facilities of Rooppur Nuclear Power Plant	Under Implementation
3.	Bangladesh	Khulna-Mongla Port Rail Line Project	Completed
4.	Burundi	20 MW Hydro-electric project in Kabu	Completed
5.	Cameroon	Cassava Plantation Project	Under Implementation
6.	Congo R.	Setting up a Greenfield 600 TPD Rotary Kiln Cement Plant Project	Under Implementation
7.	Cuba	Supply of Rice to Cuba	Completed
8.	Guyana	East Bank-East Coast Road linkage project	Completed
9.	Kenya	Power Transmission Lines and Substation Project	Completed
10.	Maldives	Water & Sewerage Sector Projects in Maldives	Completed
11.	Maldives	Addu City Development Project (Reclamation and Road works)	Completed
12.	Maldives	Hanimaadhoo International Airport	Under Implementation
13.	Mauritius	Metro Express Project (Phase I & II)	Completed
14.	Mauritius	Engineering Procurement and Construction of Mauritius Metro Express Project- Phase-III	Completed
15.	Mongolia	Construction of Crude Oil Refinery Project	Under Implementation
16.	Mozambique	Procurement of railway rolling stock including locomotives, coaches and wagons	Completed

17.	Myanmar	Transmission Line and Substation project	Completed
18.	Nepal	Koshi Corridor Transmission Line Project	Under Implementation
19.	Nepal	Upgrading/Improvement of Kaligandaki Corridor, Gaidakot-Rampur-Pipaldanda Road Project in Nepal	Completed
20.	Nepal	Housing Project - Illrd tranche	Completed
21.	Sri Lanka	Upgrading railway track from Maho-Anuradapura-Omanthai	Completed
22.	Sri Lanka	Supply of 6 Diesel Multiple Units with Air Conditioned Passenger Compartments Railways	Completed
23.	Sri Lanka	Procurement of Rolling stock	Completed
24.	Sri Lanka	Supply of Petroleum products	Completed
25.	Sri Lanka	Supply of Urea Fertiliser	Completed
26.	Tanzania	Extension of Lake Victoria Pipeline to Tabora, Igunga and Nzega	Completed
27.	Tanzania	Construction and Execution of the works related to Rehabilitation and Improvement of water supply scheme in Zanzibar, Tanzania	Completed
28.	Tanzania	Construction of water supply schemes in various towns of Tanzania Mainland	Under Implementation
29.	Togo	161 KV Power Transmission Line and associated substations	Completed
30.	Zimbabwe	Upgradation of Deka Pumping Station and River Water Intake System	Completed

STATEMENT-IV**Major Projects taken up under the Concessional Finance Scheme (CFS)**

Sr. No.	Country	Project Name	Implementation Stage
1	Bangladesh	2 x 660 MW Maitree Super Thermal Power Plant	Completed

STATEMENT-V**Cultural and Heritage Projects funded through aid during the last ten years**

S.No	Country	Project	Status
1.	Cambodia	Ta Prohm Temple restoration	Under Implementation
2.	Cambodia	Preah Vihear Temple restoration	Under Implementation
3.	Lao PDR	Vat Phou Temple restoration	Under Implementation
4.	Vietnam	My Son Phase-I	Completed
5.	Vietnam	My Son Phase-II	Under Implementation
6.	Costa Rica	India - Costa Rica Centre of Excellence in IT	Completed
7.	Dominica	Centre of Excellence in Roseau-Commonwealth of Dominica	Completed
8.	Panama	India - PANAMA Centre of Excellence in IT	Completed
9.	Tanzania	ICT Resource Centre at Nelson Mandela African	Completed

		Institute of Science & Technology, Arusha ,Tanzania	
10.	Egypt	India - Egypt Centre for Excellence of Information Technology	Completed
11.	Papua New Guinea	Centre of Excellence in IT at Papua New Guinea	Completed
12.	Morocco	India Morocco Centre of Excellence in IT	Completed
13.	CARICOM	Upgradation of existing IT Infrastructure and associated software at CARICOM Secretariat, Guyana	Completed
14.	Nauru	Mahatma Gandhi Centre of Excellence in IT at Nauru	Completed
15.	Niue	Centre of Excellence in IT at Niue	Completed
16.	Fiji	Mahatma Gandhi Centre of Excellence in IT at Fiji	Completed
17.	Cook Islands	Mahatma Gandhi Centre of Excellence in IT at Cook Islands	Completed
18.	Samoa	India Samoa Centre of Excellence in IT at Samoa	Completed
19.	Namibia	India - Namibia Centre of Excellence in IT at Namibia	Completed
20.	Jordan	Setting up of NexGen Centre of Excellence in IT at Hashemite Kingdom of Jordan	Completed

21.	Argentina	India-Argentina Centre of Excellence in Information Technology (IA-CEIT) at Buenos Aries	Completed
22.	Syria	NexGen India – Syria Centre of Excellence in IT at Damascus	Completed
23.	Solomon Islands	India – Solomon Islands Centre of Excellence in IT (IS-CEIT)	Completed
24.	Kazakhstan	Upgradation of PARAM BILIM at India – Kazakhstan Centre of Excellence in ICT at ENU in Nur-Sultan	Completed
25.	Vanuatu	India – Vanuatu Centre of Excellence in IT (IV-CEIT)	Completed

MEDICAL TREATMENTS COVERED UNDER AYUSHMAN BHARAT

1010. SHRI G. KUMAR NAIK:

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

- (a) the details of specific diseases and medical treatments currently included from coverage under Ayushman Bharat;
- (b) whether there is a mechanism put in place for reviewing and potentially expanding the coverage list to include treatments for diseases that significantly impact the population, if so, the details thereof;
- (c) whether the Government has data of the number of cases where patients are denied coverage under Ayushman Bharat due to exclusions, along with an outline

of alternative support measures available for such affected patients, if so, the details thereof;

(d) whether the Government has any consideration of including high-cost treatments, such as advanced cancer therapies or organ transplants, to ensure that financially vulnerable patients can access life-saving care, if so, the details thereof; and

(e) the steps taken/proposed to be taken by the Government to make the scheme more inclusive and responsive to evolving healthcare needs in the country?

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

(a): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a flagship scheme of the Government of India that provides health coverage of ₹5 lakh per eligible family per year for secondary and tertiary care hospitalizations. Latest Health Benefit Package, HBP 2022 Package Master includes 1,961 procedures across 27 medical and surgical specialties, to deliver comprehensive secondary and tertiary level healthcare services.

The details of the packages currently included under AB PM-JAY can be accessed from <https://pmjay.gov.in/hospital/hbc>

(b): AB-PMJAY reviews and revises the Health Benefit Packages (HBPs), from time to time, to include treatments for diseases that significantly impact the population.

(c): As per the terms and conditions of empanelment, hospitals cannot deny treatment to eligible beneficiaries of the scheme. In instances other than treatment denial due to exclusion by the empaneled hospital, beneficiaries can lodge grievances. Under AB-PMJAY, a three-tier grievance redressal system at District, State and National level has been created to resolve the issues faced by beneficiaries in utilizing healthcare services. At each level, there is a dedicated nodal officer and Grievance Redressal Committees to address the grievances.

Beneficiaries can file their grievances using different mediums including web-based portal Centralized Grievance Redressal Management System (CGRMS), Central & State call centers (14555), email, letter to State Health Agencies (SHAs) etc. Based on the nature of grievance, necessary action including providing of support to the beneficiaries in availing treatment under the scheme, is taken.

(d): Under the AB-PMJAY, the Government provides financial protection for secondary and tertiary care hospitalizations to eligible beneficiaries. Health Benefit Package (HBP) 2022 includes coverage for high-cost treatments such as cancer care (medical, radiation, and surgical oncology), as well as renal and bone marrow transplants.

(e): In January 2022, Government of India revised the beneficiary base of the scheme from 10.74 crore to 12 crore families, covering the bottom 40% of India's population. Further, in March 2024, the eligibility criteria were expanded to include 37 lakh Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs), Anganwadi Helpers (AWHs), and their families. Recently, the scheme has been further extended to cover 6 crore senior citizens aged 70 years and above, representing 4.5 crore families, through Vay Vandana Card, irrespective of their socio-economic status.

Further, the number of Health Benefit Packages have been increased from 1,393 to 1,961 procedures to expand coverage and address unmet healthcare needs.

CHILD MALNUTRITION

1011. SHRI SRIBHARAT MATHUKUMILLI:

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

- (a) whether the Ministry has reviewed the findings of NFHS-5, which indicate that approximately 35% of children under five are stunted and 19% are wasted, despite decades of operation of the Integrated Child Development Services (ICDS) scheme and if so, the details thereof;
- (b) whether any assessment has been undertaken to identify implementation bottlenecks in ICDS, particularly with regard to Anganwadi worker training, infrastructure gaps, and actual coverage of eligible children and mothers and if so, the details thereof;

- (c) whether there is a measurable gap between the nutritional services provided through Anganwadi Centres and the dietary requirements needed to address chronic undernutrition in early childhood and if so, the details thereof; and
- (d) the details of the steps being taken to strengthen last mile-delivery, improve service quality, and align ICDS with the objectives of POSHAN Abhiyan to reduce malnutrition in a time-bound manner?

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

(a): 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 7.36 crores children up to 5 years were enrolled in Anganwadis and registered on Poshan Tracker of the Ministry of Women and Child Development as per the June, 2025 data. 7 crores of these children were measured on growth parameters of height and weight. 37.07% of them have been found to be stunted, 15.93% have been found to be underweight and 5.46% wasted.

The analysis of the above NFHS data and the Poshan Tracker data shows improvement in malnutrition indicators in children across India. The State/UT wise data on Stunting, wasting and underweight of June, 2025 as per Poshan Tracker data is given in the enclosed **Statement**.

In 2021, the World Bank conducted a survey in 11 priority states to assess the program's delivery of nutrition services.

The findings demonstrated that the services delivered through the Poshan Abhiyaan – the receipt of relevant messages, home visits by the anganwadi worker, and attendance at community-based events – were associated with improved nutrition behaviors. The survey also found that the program's nutrition messages reached more than 80% of women, and that 81% of women practiced

exclusive breastfeeding for the first six months. A third-party evaluation and impact assessment of Poshan Abhiyaan was conducted by NITI Aayog in 2020 and found its relevance to be satisfactory for tackling malnutrition in the country.

(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.

The objectives of Mission are as follows:

- To contribute towards 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.

(c): Under Mission Poshan 2.0, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls. Supplementary nutrition is provided in accordance with the nutrition norms

contained in Schedule-II of the National Food Security Act. These norms have been revised and upgraded 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, (Cereal: Pulse ratio of at least 2:1), healthy fats and 7 essential micronutrients (Calcium, Zinc, Iron, Dietary Folate, Vitamin-A, Vitamin-B6 and Vitamin B-12). 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.

(d): Various steps have been taken up from time to time to ensure uninterrupted nutrition delivery under Poshan 2.0. Following are some of the initiatives undertaken recently:

- Ministry vide notification dated 12th September, 2022 issued Integrated Nutrition Support Programme - Saksham Anganwadi and Poshan (2.0), Rules, 2022 to regulate the entitlements specified under the provisions of National Food Security Act, 2013 for every pregnant women and lactating mother, till six months after child birth and every child in the age group of six months to six years.
- District Nutrition Committee (DNC) chaired by the District Collector is envisaged as a critical mechanism for decentralized planning,

implementation, and monitoring of nutrition interventions under Mission POSHAN 2.0. To strengthen and institutionalize the functioning of DNCs, specific Guidelines for District Nutrition Committees have been developed, including suggested data templates for regular review meetings. These guidelines aim to enhance multi-sectoral coordination, improve service delivery, and ensure targeted actions for improving the nutritional status of women and children at the district level.

- As on date, 2 lakh Anganwadi Centres have been approved to be upgraded as Saksham Anganwadis for improved nutrition delivery and for imparting early childhood care and development. Saksham Anganwadis are provided with better infrastructure than the conventional Anganwadi Centres which includes internet/Wi-Fi connectivity, LED screens, water purifier/installation of RO Machine and smart learning equipments.
- The Government has taken a policy decision to upgrade each Mini AWCs to a full-fledged Anganwadi Centre with one worker and one helper to help in carrying out the various responsibilities under Mission Saksham Anganwadi and Poshan 2.0 including responsibilities related to Early Childhood Care & Education. Sanction for upgradation of 88,716 Mini-AWCs has been issued till date.
- Poshan Tracker an ICT tool has been implemented for monitoring and tracking of infrastructure and service delivery at Anganwadi Centres (AWCs) and beneficiaries on defined indicators.

- For last mile tracking of Service Delivery, MWCD has developed Facial Recognition System (FRS) for the distribution of Take-Home Ration to ensure that benefit is given only to the intended beneficiary registered in Poshan Tracker. The FRS has been made mandatory for the distribution of THR from 1st July, 2025.
- 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. As on date, a total of 2500 AWCs have been approved for construction under PM JANMAN across the country.
- Ministry of Tribal Affairs has launched Dharti Aaba Janjati Gram Unnat Abhiyan (DAJGUA) aimed at improving the socio-economic condition of tribal communities by adopting saturation coverage of tribal families in tribal majority areas and aspirational block ST villages. The intervention of Ministry of Women and Child Development involves establishment of 2000 new Saksham AWCs and upgradation of 6000 existing AWCs into Saksham AWCs from FY 2024-25 to FY 2028-29.

STATEMENT-I

State wise details of malnutrition indicators of children (0-5 years) in the country for June, 2025 from Poshan Tracker data are as follows:

S. No.	State	Stunting%	Wasting%	Underweight%
1	Andhra Pradesh	18.43	4.97	7.68
2	Arunachal Pradesh	38.38	5.18	11.65
3	Assam	42.94	4.50	16.88
4	Bihar	42.68	9.31	20.98
5	Chhattisgarh	27.10	7.77	14.23
6	Goa	6.18	0.78	1.96
7	Gujarat	32.72	7.28	18.41
8	Haryana	23.41	3.83	7.85
9	Himachal Pradesh	19.68	2.41	6.88
10	Jharkhand	43.26	6.68	19.13
11	Karnataka	39.05	3.18	16.50
12	Kerala	35.75	3.20	10.18
13	Madhya Pradesh	42.09	8.19	24.82
14	Maharashtra	39.68	4.01	14.80
15	Manipur	9.27	0.67	2.69
16	Meghalaya	20.73	1.11	5.14
17	Mizoram	27.33	2.98	6.33
18	Nagaland	28.91	6.08	7.00
19	Odisha	27.91	3.21	11.63
20	Punjab	17.14	2.95	5.12
21	Rajasthan	36.10	6.49	17.57
22	Sikkim	7.89	1.95	1.69
23	Tamil Nadu	14.23	3.54	6.29
24	Telangana	36.24	5.93	17.00
25	Tripura	41.52	7.68	18.01

26	Uttar Pradesh	48.83	5.04	19.96
27	Uttarakhand	23.52	2.47	6.31
28	West Bengal	32.09	4.75	9.00
29	Andaman & Nicobar Islands	6.62	1.66	2.93
30	Dadra & Nagar Haveli - Daman & Diu	38.61	3.56	17.45
31	Delhi	30.63	3.81	15.35
32	J&K	15.94	1.55	4.05
33	Ladakh	12.28	0.25	1.98
34	Lakshadweep	44.83	11.62	22.54
35	Puducherry	40.88	6.40	12.20
36	UT-Chandigarh	22.27	5.34	14.69
	Total	37.07	5.46	15.93

AYUSH-ICMR ADVANCED CENTRE

1012. SHRI RAJESHBHAI NARANBHAI CHUDASAMA:

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

- (a) whether the Government has launched the AYUSH- Indian Council of Medical Research (ICMR) Advanced Centre for Integrated Health Research in All India Institute of Medical Sciences (AIIMS);
- (b) if so, the salient features along with the objectives for launching the said centre;
- (c) whether the Government has also announced any mega joint initiatives between Ministry of AYUSH and the Ministry of Health and Family Welfare; and

(d) if so, the details thereof along with the kind of AYUSH healthcare facilities that are likely to be provided in these centres?

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

(a) and (b): Government of India has launched the Ayush-ICMR Centres at All India Institute of Medical Sciences (AIIMS) to develop integrative health research through integrating Ayush system with conventional bio-medicine and modern technology to bring integrative health care to the people for improved patient outcome through innovations related to diagnostics, preventive, health promotive as well as treatment methods.

The objectives of establishing Ayush-ICMR Advanced Centre for Integrative Research at AIIMS are as under:

- To harness the mutual understanding and research environment between the different systems of medicine leading to Integrative Health Research.
- To identify priority areas where the approach of integrative medicine may have potential and conduct integrative research in these priority areas to generate robust evidence.
- To develop Integrative management protocols with inputs from both traditional and modern medicine in the identified priority diseases based on the generated evidence.

- To carry out mechanistic studies to explain the integrative medicine approach.
- To develop guidelines and establish pathways to facilitate cross referrals utilizing the integrative medicine approach.

Under this program, four research areas in four AIIMS have been identified as follows:-

1. AIIMS Delhi:

- i) Advanced Centre for Integrative Health Research in Gastro-intestinal Disorders
- ii) Advanced Centre for Integrative Health Research in Women and Child Health

2. AIIMS Jodhpur: Advanced Centre for Integrative Health Research in Geriatric Health

3. AIIMS Nagpur: Advanced Centre for Integrative Health Research in Cancer Care

4. AIIMS Rishikesh: Advanced Centre for Integrative Health Research in Geriatric Health

(c):The Government has announced mega joint initiatives between the Ministry of Health and Family Welfare and Ministry of Ayush on Multicentre clinical trial on Anaemia.

CCRAS under the Ministry of Ayush and ICMR has undertaken a research study on Anaemia entitled “Efficacy and safety of Punarnavadi Mandura alone and in

combination with Drakshavaleha compared to iron folic acid in the treatment of moderate iron deficiency anaemia among non-pregnant women of reproductive age group”: a community-based three arm multicenter randomized controlled trial. The eight sites identified Z for the study are Mahatma Gandhi Institute of Medical Sciences (MGIMS)-Wardha, All India Institute of Medical Sciences (AIIMS) Jodhpur, National institute of Traditional Medicine (NITM) Belagavi, Rajendra Institute Of Medical Sciences (RIMS)-Ranchi, King Edward Memorial (KEM) Hospital Research Centre Pune, AIIMS New Delhi, AIIMS Bhopal, and AIIMS Bibinagar.

(d): The Ayush-ICMR Advanced Centers for Integrative Health Research in AIIMS will offer integrated healthcare services, combining conventional medicine with Ayush systems like Ayurveda, Yoga, and Naturopathy. These centers will focus on research, diagnostics, preventive, promotive, restorative, and treatment methods for various health conditions. Specific areas of focus include Geriatric Health, Gastro-intestinal Disorders, Women and Child Health and Cancer Care.

QUALITY OF TAKE HOME RATION

1013. SHRI RAJA RAM SINGH:

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

- (a) whether the Ministry is aware of persistent complaints regarding the poor quality of Take Home Ration (THR) supplied under the Integrated Child Development Scheme (ICDS), which has led to repeated follow-ups by

Anganwadi Sevikas with beneficiaries in Maharashtra and if so, the details thereof;

- (b) whether the recently introduced Face Reading System (FRS) for ensuring accountability in THR distribution is facing operational failures due to inability of multiple Sevikas to access the system concurrently, absence of reliable mobile network coverage in remote, forested and hilly areas and non-functionality of government-issued SIM cards and if so, the details thereof;
- (c) whether the Ministry proposes to suspend/review the implementation of FRS until these critical infrastructure and delivery challenges are resolved; and
- (d) if not, the justification for continuing with a system that hampers last-mile delivery and burdens frontline workers?

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

(a): Saksham Anganwadi and Poshan 2.0 is a centrally sponsored scheme, and the implementation of the scheme falls under the ambit of State Government/UT Administration.

As per the existing guidelines of the Mission Saksham Anganwadi and Poshan 2.0, States/UTs should ensure the quality of Supplementary Nutrition-THR and Hot Cooked Meal (HCM). Supplementary nutrition must conform to prescribed standards laid down under the Food Safety and Standards Act, 2006 and regulations made there under to ensure consistent quality and nutritive value per serving. Quality testing shall be done through Food Safety and Standards

Authority of India (FSSAI) owned or authorized laboratories. State Governments and UTs carry out periodic checks and get supplementary nutrition tested through the FSSAI owned/registered/empaneled/accredited laboratories in accordance with Saksham Anganwadi and Poshan (2.0), Rules, 2022 dated 12th September, 2022. The District Nutrition Committee under the District Collector/ District Magistrate shall ensure periodic testing of THR in randomly selected AWCs. Government of India constantly monitors and reviews the scheme and its components and based on learnings and suggestions, it takes appropriate action from time to time through sustained engagements, video conferences, meeting with various stakeholders at various levels.

(b) to (d): For last mile tracking of delivery of nutrition, Ministry of Women and Child Development has developed Facial Recognition System (FRS) for the distribution of Take Home Ration to ensure that benefit is given only to the intended beneficiary registered in Poshan Tracker. FRS has been implemented for strengthening accountability of field functionaries and empowering eligible beneficiaries to receive their rightful entitlements. It involves Photo capturing of the beneficiaries and e-KYC during registration, and then capturing photo again during THR distribution for matching of the photos. The FRS has been made mandatory for the distribution of THR from 1 July, 2025. Mobile network is required for completing e-KYC which is to be done only once. Thereafter the face matching can be done even in offline mode.

FRS facility is also made available in the beneficiary module of Poshan Tracker where beneficiary can herself capture her photo and complete the e-KYC process based on Aadhar system from home/any place through the beneficiary module. As on 20 July, 2025, face capturing, and e-KYC has been completed for a total of 69% beneficiaries registered for Take Home Ration already.

PRICES OF LIFE SAVING DRUGS

1014. SHRI MURASOLI S.:

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

- (a) whether the Government has considered reducing the prices of life-saving drugs in the country;
- (b) if so, the details thereof along with the list of the medicines under consideration and the steps being taken by the Government in this regard; and
- (c) if not, the reasons therefor?

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

(a) to (c): There is no categorisation of drugs as life-saving drugs. However, the Standing National Committee on Medicines, consisting of all stakeholders and experts, carefully evaluates the relative safety, efficacy, availability and affordability of medicines from each therapeutic class, consults all stakeholders and considers WHO's Essential Medicines List, drugs used in national health

programmes, Indian Pharmacopoeia, National Formulary, etc., to recommend drugs for inclusion in the National List of Essential Medicines (NLEM). Based on the said recommendations, the Ministry of Health and Family Welfare publishes NLEM, which is notified as Schedule-I to the Drugs (Prices Control) Order, 2013 ("DPCO, 2013").

Currently, ceiling prices stand fixed for 930 scheduled formulations by the National Pharmaceutical Pricing Authority (NPPA). All manufacturers, importers and marketers of scheduled medicines are required to sell their products within the ceiling price (plus applicable local taxes). The average price reduction due to fixation or refixation of prices under NLEM, 2022 was about 17%, resulting in estimated annual savings of approximately ₹3,788 crore to patients. Earlier, in February 2017, ceiling prices of coronary stents were also fixed, resulting in estimated annual savings of about ₹11,600 crore to patients.

In addition, retail prices of "new drugs", *i.e.*, formulations launched by existing manufacturers of a medicine listed in NLEM by combining it with another drug, or by changing the strength or dosage or both of such medicine, are also fixed by NPPA under DPCO, 2013. Retail prices of 3,482 such new drugs also stand fixed, and applicant manufacturers and marketing companies are required to sell these drugs within the said price.

Apart from the above, in respect of non-scheduled medicines, the following measures are in place under DPCO, 2013 to reduce prices:

- (i) Manufacturers are required to not increase the maximum retail price (MRP) of drugs launched by them by more than 10% during the preceding 12 months.
- (ii) In addition, NPPA has fixed the prices of a number of non-scheduled medicines, in public interest, as follows:
 - (I) MRP of 22 diabetic and 84 cardiovascular non-scheduled medicines has been capped, resulting in estimated annual savings of about ₹350 crore to patients.
 - (II) Trade margin of 42 non-scheduled anti-cancer medicines have been capped, resulting in reduction in prices of about 526 brands of medicines by an average of about 50%, resulting in estimated annual savings of about ₹ 984 crore to patients.
 - (III) Ceiling prices of orthopaedic knee implants have been fixed, resulting in estimated annual savings of about ₹1,500 crore to patients.
 - (IV) The trade margins of oxygen concentrators, pulse oximeter, blood pressure monitoring machine, nebuliser, digital thermometer and glucometer were also capped in June/July 2021, resulting in estimated annual savings of about ₹1,000 crore to consumers.

The details of prices fixed by NPPA is available on its website (nppaindia.nic.in).

In addition, the following steps have been taken to make medicines available at affordable prices:

- (i) The Government has launched the Pradhan Mantri Bhartiya Janaushadhi Pariyojana scheme with the objective of making quality generic medicines available at affordable prices to all. Under the scheme, dedicated outlets known as Jan Aushadhi Kendras (JAKs) have been opened to provide quality generic medicines at prices that are typically 50% to 80% cheaper than leading branded medicines in the market. 16,912 JAKs have been opened across the country till 30.6.2025. 2,110 types of medicines and 315 surgicals, medical consumables and devices are covered under the product basket of the scheme, covering all major therapeutic groups, such as cardiovascular, anti-cancers, anti-diabetics, anti-infectives, anti-allergic and gastro-intestinal medicines and nutraceuticals. Janaushadhi medicines with MRP worth ₹7,700 crore have been sold till date, resulting in savings of about ₹38,000 crore to citizens in comparison to the maximum retail prices of corresponding branded medicines.
- (ii) Under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana of the Department of Health and Family Welfare, health assurance/insurance cover of ₹5 lakh per family per year is provided for secondary or tertiary care hospitalisation. Over 41 crore persons have been issued PMJAY cards and coverage under the scheme includes medicines.
- (iii) The Free Drugs Service Initiative of the National Health Mission (NHM) under the Department of Health and Family Welfare, essential drugs are provided free of cost in public health facilities.

- (iv) Under the initiative Affordable Medicines and Reliable Implants for Treatment (AMRIT) of the Department of Health and Family Welfare, affordable medicines are provided for the treatment of cancer, cardiovascular and other diseases, implants, surgical disposables and other consumables etc., at a significant discount of up to 50% on market rates through AMRIT Pharmacy stores set up in a number of hospitals and healthcare institutions.
- (v) Financial assistance is provided to poor patients belonging to families living below the poverty line, who suffer from major life-threatening diseases including cancer, under the umbrella scheme of Rashtriya Arogya Nidhi and the Health Minister's Discretionary Grant.

INDIA-AFRICA DEVELOPMENT COOPERATION

1015. SHRIMATI SANGEETA KUMARI SINGH DEO:

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

- (a) whether the Government has undertaken any recent review of India's development assistance and capacity-building initiatives in African partner countries under the Indian Technical and Economic Cooperation (ITEC) and Lines of Credit programmes;
- (b) if so, the extent to which these programmes have been implemented in Ghana and other West African nations during the last three years;

(c) whether the Ministry has mapped higher education, skills or traditional knowledge institutions in Eastern India, including Odisha, that could partner in delivering India's Africa-focused development training, if so, the details thereof; and

(d) whether the Ministry proposes to integrate institutions from Odisha into new India–Africa initiatives announced during recent high-level visits, particularly in the areas of cultural diplomacy and human resource development, if so, the details thereof?

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

(a) to (d): India's development partnership is based on a consultative model and is focused on addressing the priorities and needs of the partner countries. India has been sharing its development experiences, resources, expertise and skill-sets with Africa and other partner countries in the Global South over the years. Government of India has extended more than 190 Lines of Credit through a lending bank aggregating around USD 12 billion to over 40 partner countries in Africa. So far, more than 200 projects have been completed, which have helped create a multiplier effect on the social and economic infrastructure in partner African countries. This has enabled them to move ahead on their own development trajectory.

Government has made efforts to fast-track project delivery, as well as respond to the developmental training needs of African countries. In all, India has offered close to 1260 slots each year under the Indian Technical and Economic Cooperation (ITEC) to West African countries, including Ghana. So far, more than 6200 professionals from West African countries have been trained under the ITEC programme.

The ITEC training programmes are conducted at various institutes spread all across India, including the eastern region. These training institutes are selected based on their area of expertise to suit the training requirements of partner countries.

FOREIGN MEDICAL GRADUATES IN ANDHRA PRADESH

1016. SHRI MADDILA GURUMOORTHY:

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

- (a) whether the Government is aware that Foreign Medical Graduates (FMGs) in Andhra Pradesh are being mandated to undergo a three-year course, which is not in alignment with the internship durations and stipend policies followed in other States;
- (b) if so, the details thereof along with the reasons for permitting such disparity in internship conditions for FMGs across States, particularly in Andhra Pradesh;

(c) whether the Government acknowledges that this discrepancy creates unequal treatment of qualified FMGs and leads to undue financial and professional hardship and if so, the details thereof;

(d) the steps being taken by the Government to ensure uniformity in internship duration for FMGs across all States in compliance with National Medical Commission (NMC) guidelines; and

(e) whether the Government proposes to intervene in the case of Andhra Pradesh in this regard 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): The National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021 regulate the process of issuance of license or permanent registration to practice in India in respect of Foreign Medical Graduates (FMGs) and are uniformly applicable to all the FMGs. Further, National Medical Commission (Compulsory Rotating Medical Internship) Regulations, 2021 regulate all aspects of compulsory rotating medical internship. In view of the disruptions caused by the COVID-19 pandemic and/or war-like situations, National Medical Commission vide Public Notice dated 07.12.2023 and 19.06.2024 issued following guidelines/clarification:

- FMGs who had a break in their final year, returned to India, and completed their FMG course, including the examination, through online mode are

required to undergo one year of Clinical Clerkship (CC) in India. After completion of CC, they may begin the Compulsory Rotating Medical internship (CRMI) for one year at a medical college or any other recognized institution.

- FMGs who had a break in their penultimate year, returned to India, and completed their course including examinations through online mode must undergo two years of CC in India. After successful completion of CC they may begin the CRMI for one year at a medical college or any other recognized institution.
- FMGs who have sufficiently compensated classes in physical onsite in lieu of the online classes and passes medical course are eligible for permanent registration after one year CRMI.

UTILISATION OF NIRBHAYA FUND

1017. SHRI ESWARASAMY K.:

SHRI K. E. PRAKASH:

SHRI G. LAKSHMINARAYANA:

DR. BYREDDY SHABARI:

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

- (a) Whether the Government has allocated huge funds for safety of women in public transport;

- (b) if so, the details of funds allocated, released and utilised under the Nirbhaya Fund across the country since its inception, State/UT-wise, project-wise, year-wise, Ministry/Department/implementing Agency-wise along with key initiative for women safety in public spaces and transport;
- (c) the number/types of projects sanctioned under the Nirbhaya Fund during the said period, along with their current status of implementation;
- (d) whether Government has made a separate head for the Project in the Annual Budget, if so, the details thereof and if not, the reasons therefor;
- (e) whether the Ministry has undertaken any review of the utilisation and effectiveness of the Nirbhaya Fund, if so, the key findings and corrective actions taken to improve its implementation;
- (f) whether the Government has proposed any mechanism to monitor the physical and financial progress of said fund projects; and
- (g) if so, the details thereof?

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

(a) and (b): Government has provided financial assistance to States/ UTs for implementation of projects through Ministry of Road Transport and Highways for safety of women in public transport such as Women Safety in Public Transport of Uttar Pradesh State Road Transport Corporation(UPSRTC), Women's safety in passenger vehicles in Bengaluru Metropolitan Transport Corporation (BMTTC), Installation of Vehicle Tracking Devices with SoS button

of Telangana State Road Transport Corporation (TSRTC), Abhayam Project of Andhra Pradesh and State-wise Vehicle Tracking Platform(VTP). The State/ UT-wise, project-wise, year-wise, Ministry/ Department/ implementing Agency-wise, details is given in the enclosed **Statement-I**.

(c): The Projects under Nirbhaya Fund have features like direct impact on safety and security concerns of women, provision of optimum use of existing infrastructure, innovative use of technology, provision for real time intervention as far as possible, such as CCTVs for safety of women which ensures real time monitoring of footage and quick response.

In addition, the Central Government has provided financial assistance to States/ UTs for implementation of various measures through projects such as Emergency Response Support System(ERSS), Cyber Crime Prevention against Women and Children(CCPWC), Safe City Project in 8 major cities namely Ahmedabad, Bengaluru, Chennai, Delhi, Hyderabad, Kolkata, Lucknow and Mumbai, One Stop Centres (OSCs), Universalisation of Women Helpline(WHL), Women Help Desks (WHDs) in police stations, Anti Human Trafficking Units(AHTUs), Central Victim Compensation Fund(CVCF), Strengthening of DNA analysis, cyber forensic and related facilities in State Forensic Laboratories(SFSLs), Setting up Fast Track Special Courts (FTSCs) including exclusive POCSO courts to dispose of cases pending trial under rape and POCSO Act, etc. The list of projects appraised under Nirbhaya Fund is given in the enclosed **Statement-II**.

(d): Every year, depending on the requirements, Government allocates funds in the Annual Budget for transfer to the Public Account of Nirbhaya Fund. Further, every Central Ministry/ Department/ Implementing Agency (IA) has a dedicated budget head in their Detailed Demand for Grant for provision of funds as per requirement, for release to the IAs for implementation of the ongoing projects as well as for the new projects appraised by the Empowered Committee of Officers (EC) during the financial year and approved by the Competent Financial Authority (CFA).

(e) to (g): The EC constituted under the Framework for Nirbhaya Fund initially appraises and recommends the proposals for funding under Nirbhaya Fund. The projects/ schemes under Nirbhaya Fund generally have staggered implementation schedule. Upon appraisal of a project/ scheme by the EC, the concerned Ministry/Department take approval of the Competent Financial Authority (CFA) as per the laid down procedure and release fund to the implementing agencies for implementation of the scheme/ project, as per the requirement. The EC also broadly reviews the physical and financial status of approved projects from time to time, in conjunction with the Ministries/ Departments/ Implementing agencies concerned. Further, implementing agencies both at Central and State Government levels also review the progress of implementation at their level.

STATEMENT-I

State/UT-wise details of funds released and utilized under Nirbhaya Fund for safety of women in public transport (Rs. in crore)

Sl.no	States/ UTs	Fund Released and Utilised
1	Andaman & Nicobar Islands	2.60
2	Andhra Pradesh	64.43
3	Arunachal Pradesh	5.50
4	Assam	7.89
5	Bihar	5.24
6	Chandigarh	3.25
7	Chhattisgarh	5.24
8	Dadra Nagar Haveli and Daman & Diu	2.60
9	Delhi	6.33
10	Goa	3.00
11	Gujarat	5.79
12	Haryana	4.19
13	Himachal Pradesh	6.87
14	Jammu and Kashmir	6.33
15	Jharkhand	4.19
16	Karnataka	39.43
17	Kerala	5.79
18	Ladakh	2.60
19	Lakshadweep	2.60
20	Madhya Pradesh	4.19
21	Maharashtra	5.79
22	Manipur	5.50
23	Meghalaya	5.50
24	Mizoram	6.87
25	Nagaland	5.50
26	Odisha	5.24
27	Puducherry	3.25
28	Punjab	4.19
29	Rajasthan	4.19

30	Sikkim	6.87
31	Tamil Nadu	5.79
32	Telangana	15.72
33	Tripura	5.50
34	Uttar Pradesh	85.11
35	Uttarakhand	5.50
36	West Bengal	4.19
Total Amount released to States/ UTs		362.77
Amount spent on Central Activities/ engagements through National Informatics Centre (NIC) and Delhi Integrated Multi-Modal Transit System Limited (DIMTS)- Project Management Unit		77.6
Grand Total		440.3

Project-wise details of funds released and utilized under Nirbhaya Fund for safety of women in public transport (Rs. in crore)

Description	Abhayam Project for safety of women and girl child of Andhra Pradesh	Women's safety in public transport, UPSRTC, Govt. of U.P.	Bengaluru Metropolitan Transport Corporation, Govt. of Karnataka on Training women for heavy passengers vehicles	State-wise Vehicle Tracking Platform (VTP)	Installation of Vehicles Tracking Devices with SoS button in Buses of Telangana State Road Transport Corporation (TSRTC) with monitoring from Central Command Control Centre	
Fund Appraised by EC	138.49	83.40	56.07	465.02	19.21	762.19
Amount Approved by CFA	138.49	82.56	56.06	463.9	19.21	760.22

Funds Released and Utilized	58.64	80.92	33.64	255.57	11.53	440.30
Year-wise details of funds released and utilized under Nirbhaya Fund for safety of women in public transport						
2015-16	-	-	-	-	-	-
2016-17	-	-	-	-	-	-
2017-18	58.64	40.20	-	-	-	98.84
2018-19	-	-	33.64	-	-	33.64
2019-20	-	40.72	-	25.70	-	66.42
2020-21	-	-	-	139.33	-	139.33
2021-22	-	-	-	27.92	-	27.92
2022-23	-	-	-	11.74	11.53	23.27
2023-24	-	-	-	15.40	-	15.40
2024-25	-	-	-	35.51	-	35.51
Total						440.30

STATEMENT-II

Number of Project appraised under Nirbhaya Fund

(Amount in Rs. in crore)

S. No.	Project Name	Implementing Agency	Amount appraised by EC
1.	Safe city project for 8 cities (Delhi, Mumbai, Kolkata, Chennai, Ahmedabad, Bengaluru, Hyderabad and Lucknow)	Ministry of Home Affairs	2919.55
2.	Strengthening of DNA analysis, cyber forensic and related facilities in	Ministry of Home Affairs	252.79

	State Forensic Science Laboratories (SFSLs).		
3.	Setting up/ strengthening of Women Help Desks (WHDs) in police stations in all States/ UTs.	Ministry of Home Affairs	164.69
4.	Training of Investigating Officers (IOs)/ Prosecution Officers (POs)/ Medical Officers (MOs) in Forensic Evidence collection and Procurement of forensic kits for sexual assault cases.	Ministry of Home Affairs	19.28
5.	Provision of video surveillance system at additional stations under Konkan Railway	Ministry of Railways	26.49
6.	Integrated Emergency Response Management System (IERMS)	Ministry of Railways	500
7.	Procurement of Tabs for security of women	Ministry of Railways	6.35
8.	Artificial Intelligence (AI) based Facial Recognition System (FRS) integrated with video- surveillance system across 7 stations i.e. Mumbai CST, Delhi, Howrah, Sealdah, Patna, Secunderabad and Chennai Central as pilot project	Ministry of Railways	33.60
9.	Setting up Fast Track Special Courts to dispose of cases pending trial under rape and POCSO Act	Department of Justice	2668
10.	Abhayam Project of Andhra Pradesh	Ministry of Road Transport and Highways/ Transport Department, Government of A.P	138.49
11.	State-wise Vehicle Tracking Platform (VTP)	Ministry of Road Transport and Highways	465.02
12.	Safe tourism destination for women in Madhya Pradesh	Ministry of Tourism/ Govt. of Madhya Pradesh	27.99

13.	Scheme for care and support to victims under Section 4 & 6 of the POCSO Act, 2012	Ministry of Women and Child Development	74.10
14.	Installation of Storage boxes in the Women markets in Manipur	Ministry of Women and Child Development/ Govt. of Manipur	3.55
15.	Installation of CCTV cameras in women markets	Ministry of Women and Child Development/ Govt. of Manipur	1.95
16.	“Mission Shakti -2.0’ for setting up of Mahila Swablambhan Kendra (MSK) at DIC Centres for Entrepreneurship Development, Vocational- Digital Training Safety and Empowerment of women/ girls in the State of Uttar Pradesh	Ministry of Women and Child Development/UPICON	46.875
17.	One Stop Centre (OSC)	Ministry of Women and Child Development	867.74
18.	Universalisation of Women Helpline (WHL)	Ministry of Women and Child Development	155.94
19.	Construction of WWH in 7 districts namely, Pauri Garhwal, Champavat, Haridwar, Pithoragarh, Rudraprayag, Tehri Garhwal and Uttarkashi of Uttarakhand.	Ministry of Women and Child Development /Govt. of Uttarakhand	25.54
20.	Installation of CCTV in 100 Buses of Sikkim Nationalised Transport (SNT) for Women’s Safety, Transport Department, Government of Sikkim	Ministry of Road Transport and Highways/ Department of Transport, Govt. of Sikkim	3.97
21.	50 bedded 7 Working Women’s Hostel in 5 districts in Manipur namely 2 in Imphal West, 2 in Imphal East and 1 each in Bishnupur, Thoubal and Kakching.	Ministry of Women and Child Development /Planning and Development Authority, Govt. of Manipur	23.01
22.	Opening One Stop Centres (OSCs) in 9 Indian Missions abroad	Ministry of External Affairs	40.79

23.	Construction of hostel/ dormitory for working women of industrial area/ institutions in 3 districts of Uttar Pradesh	Ministry of Women and Child Development/ Govt. of UP	7.64
24.	Implementation of women safety initiatives in Regional Rapid Transit System (RRTS)- National Capital Region Transport Corporation (NCRTC)	Ministry of Housing and Urban Affairs	53.85
25.	Construction of Working Women Hostel (WWH) in 7 districts namely, Mon, Kohima, Phek, Peren, Wokha, Zubheboto and Chumukedima in Nagaland.	Ministry of Women and Child Development/ Department of Social Welfare, Govt. of Nagaland	28.00
26.	Construction of accommodation and installation of safety devices in the form of CCTV cameras for female students and Working Women within the campus of Delhi University.	Department of Higher Education, Ministry of Education	272.00
27.	Construction of Working Women Hostel (WWH) in District SAS Nagar, Punjab	Ministry of Women and Child Development /Govt. of Punjab	12.57
28.	Construction of Working Women's Hostel (WWH) at Hosur, St Thomas Mount and Tiruvannamalai in Tamil Nadu	Ministry of Women and Child Development/ Govt. of Tamil Nadu	35.87
29.	Installation of CCTV cameras at Village Panchayat level	Ministry of Panchayati Raj	484.78
30.	Sensitization of men towards women related issues including safety and security of women	Ministry of Panchayati Raj	408.83

31.	Freedom from Violence: Capacity Building of Elected Women Representatives on Legal Provisions on safety and security of women	Ministry of Panchayati Raj	343.43
32.	Installation of Vehicle Tracking Devices with SoS buttons	Ministry of Road Transport and Highways/ Telangana State Road Transport Corporation	19.21
33.	Women's safety in passenger vehicles in Bengaluru Metropolitan Transport Corporation (BMTCL)	Ministry of Road Transport and Highways/ Bengaluru Metropolitan Transport Corporation (BMTCL)	56.06
34.	Women Safety in Public Transport in U.P	Ministry of Road Transport and Highways/ Govt. of UP	83.40
35.	Emergency Response Support System (ERSS)	Ministry of Home Affairs	321.69
36.	Central Victim Compensation Fund (CVCVF)	Ministry of Home Affairs	200
37.	Facility of Social Workers/ Counsellors at the District and Sub-Divisional Police Station Level in Delhi	Ministry of Home Affairs	5.07
38.	Establishment of State of the Art DNA Lab. at CFSL, Chandigarh	Ministry of Home Affairs	99.76
39.	Development and Field Testing of Panic Switch based safety device for cars and buses for aiding women's safety	Ministry of Electronics and Information Technology	3.49
40.	Safety and Security of women	Ministry of Women and Child Development/ Govt. of Uttarakhand	0.72
41.	Nirbhaya Shelter Home	Ministry of Women and Child Development/ Govt. of Nagaland	2.84
42.	Development of Nirbhaya Dashboard	Ministry of Women and Child Development	0.24
43.	Mission Shakti for awareness and capacity and building programme for	Ministry of Women and Child Development/ Govt. of UP	8.25

	safety and empowerment of women and girls in industrial sectors		
44.	New Building with Women Centric Facilities for Special Unit for Women and Children (SPUWAC) and Special Unit for North-East Region (SPUNER) at Nanakpura	Ministry of Home Affairs	23.53
45.	Various other activities under 'Delhi Police Safety for Women' Scheme	Ministry of Home Affairs	10.20
46.	Setting up and strengthening Anti Human Trafficking Units (AHTUs) in all districts of States/ UTs	Ministry of Home Affairs	113.76
47.	Cyber Crime Prevention against Women & Children (CCPWC) and sub-Project under CCPWC	Ministry of Home Affairs	224.76
48.	CHIRALI: Friends Forever	Ministry of Women and Child Development/ Govt. of Rajasthan,	10.20
49.	Smart and safe cities free from violence against Women and Girls programme	Ministry of Women and Child Development/ Govt. of Madhya Pradesh	1.74
50.	Mahila Police Volunteers (MPV)	Ministry of Women and Child Development	27.76

DEVELOPMENT OF INDIGENOUS DEFENCE TECHNOLOGIES

1018. SHRI TEJASVI SURYA:

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

(a) whether the Government allocates additional funds towards the research and development of indigenous defence technologies including projects such as the Gas Turbine Research Establishment's Kaveri Engine and others;

(b) if so, the details thereof including the specific technologies and infrastructure being developed/utilized;

(c) whether any structural reforms are being undertaken to enhance civil-military partnership in the defence ecosystem; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH):

(a) and (b): Yes, Sir. Ministry of Defence (MoD) is allocating funds towards the R&D for indigenous defence technologies. During the last three years, DRDO was sanctioned projects worth Rs. 29,558.66 Cr. The yearly break-up of funds is as follows:

Year	No. of projects sanctioned	Cost (Rs. in Cr)
01-Jan-2023 to 31-Dec-2023	40	Rs. 3842.71 Cr
01-Jan-2024 to 31-Dec-2024	43	Rs. 22175.49 Cr
01-Jan-2025 till date	20	Rs. 3540.46 Cr

- Kaveri Derivative Engine (KDE), is the power plant for the remotely piloted strike aircraft (IUCAV aircraft). In this regard two projects have been sanctioned namely Flightworthy Kaveri Dry Engine Development with the cost of Rs. 472.42 Cr and Technology Demonstration of Kaveri Derivative 'Dry' Engine with the cost of Rs. 251.17 Cr.

(c) and (d): Yes, Sir.

- Development-cum-Production-Partners (DcPP) are identified to ensure faster prototype development and faster transition to production phase, thereby enhancing the defence ecosystem.
- Industries are included in the loop for faster realisation technologies developed through academic projects, through DRDO Industry Academia-Centre of Excellence (DIA-CoE).
- Centre for Military Airworthiness and Certification (CEMILAC), the certification agency of DRDO, is working closely with its domestic civil counterpart i.e. DGCA for common approach in UAV certification. CEMILAC's MoD approved guiding document certification IMTAR V2.0 has provisioned the adoption of civil drone certification for lower weight UAV thus enabling common certification criteria for both civil military use.
- CEMILAC is also interacting with certification agencies (EASA & ANAC) and aircraft OEM (Airbus & Embraer) for civil-military derivative aircrafts methodology for certification so that domestic DcPP can obtain certification in India.
- DRDO has entered into MOUs with defence industrial corridors TIDEL Park Ltd and UPEIDA to collaborate as knowledge partner for sharing of ideas, resources and expertise for development of Defence Industrial Corridors.

- DRDO has established 15 DRDO Industry Academia Centres of Excellence (DIA-CoE) across the country at IISc Bangalore, various IITs and Central/State Universities to encourage directed research for developing new technologies for defence and security in identified areas.
- DRDO has evolved a new ToT policy and procedures with zero ToT fee for its industry partners (Development cum Production Partners (DcPP)/ Development Partner (DP)) and zero royalty for supply to Indian Armed Forces and Govt Deptt.
- Several world class test facilities have now been opened for industries in DRDO labs and necessary SOP has been formulated.
- DRDO patents are available on DRDO website for use by industries. These patents are available free of cost to industries to enable Atmanirbhar Bharat.
- DRDO has launched Technology Development Fund (TDF) which provides financial support to the Indian industries for the design development of innovative defence products.
- Dare to Dream 4.0 contest as launched during Def Expo with 10 problem statements to encourage innovation through the Indian scientific community. Dare to Dream is a scheme to promote individuals and startups for innovations in Defence & Aerospace.

नागौर के डीडवाना-कुचामन में पासपोर्ट सेवा केंद्र

1019. श्री हनुमान बेनीवाल:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार का विचार राजस्थान के नागौर में स्थित मौजूदा पासपोर्ट सेवा केंद्र (पीएसके) को उसके कर्मचारियों और सेवाओं का विस्तार करके एक पूर्ण पासपोर्ट कार्यालय के रूप में उन्नत और विकसित करने का है, यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं; और

(ख) क्या सरकार का विचार नागौर लोकसभा निर्वाचन क्षेत्र के डीडवाना-कुचामन जिला मुख्यालय में जनहित में एक पीएसके स्थापित करने का है, यदि हां, तो इसे कब तक स्थापित किए जाने की संभावना है, यदि नहीं, तो इसके क्या कारण हैं?

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

(क): डाकघर पासपोर्ट सेवा केंद्र (पीओपीएसके) नागौर, क्षेत्रीय पासपोर्ट कार्यालय, जयपुर की एक विस्तारित शाखा के रूप में कार्य कर रहा है। सामान्य पासपोर्ट के लिए प्रतिदिन 40 अपॉइंटमेंट जारी किए जाते हैं और 14 कार्य दिवसों में अपॉइंटमेंट उपलब्ध होता है। इस तथ्य को ध्यान में रखते हुए कि पीओपीएसके नागौर पहले से ही क्षेत्रीय पासपोर्ट कार्यालय जयपुर के अधीन कार्य कर रहा है, सरकार इसे पासपोर्ट कार्यालय में अपग्रेड करना आवश्यक नहीं समझती है।

(ख): पीएसके/पीओपीएसके स्थापित करना एक सतत प्रक्रिया है और यह विभिन्न कारकों पर निर्भर करता है, जिसमें मौजूदा पीएसके/पीओपीएसके से दूरी और किसी विशेष क्षेत्र से पासपोर्ट आवेदनों की संख्या शामिल है। विदेश मंत्रालय ने डाक विभाग के सहयोग से जनवरी 2017 में भारत के ऐसे प्रत्येक लोकसभा क्षेत्र में, जहाँ कोई पीएसके या पीओपीएसके मौजूद नहीं है, वहाँ के प्रधान डाकघरों /डाकघरों में पासपोर्ट सेवा केंद्र स्थापित करने का निर्णय लिया था, जिसमें

राजस्थान भी शामिल है। अभी तक, देश में 93 पीएसके और 450 पीओपीएसके स्थापित किए जा चुके हैं जो पासपोर्ट चाहने वालों की ज़रूरतों को पूरा करने के लिए कार्य कर रहे हैं।

PENDENCY IN COURTS

1020. SHRI MALVINDER SINGH KANG:

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

- (a) the number of current pending cases in the Supreme Court, High Courts and subordinate Courts;
- (b) the measures/initiatives taken by the Government to reduce pendency in courts;
- (c) the number of fast-track courts that are operational across the Country, State-wise; and
- (d) the details of funds that have been allocated and utilized under Centrally Sponsored Scheme for judicial infrastructure in the last two years, particularly in Punjab?

**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 on the National Judicial Data Grid (NJDG), the details of pending cases in the Supreme Court, High Courts and District & Subordinate Courts as on 21.07.2025 are as under:

Sl. No.	Name of Court	Pending Cases
1.	Supreme Court	86,742
2.	High Courts	63,30,409
3.	District and Subordinate Courts	4,65,27,906

(b): The Government has taken several initiatives to provide an ecosystem for faster disposal of cases and reducing pendency in courts, 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 to justice by reducing delays 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 30.06.2025, Rs. 12,101.89 crores have been released since the inception of this Scheme in 1993-94. The number of court halls has increased from 15,818 (as on 30.06.2014) to 22,372 (as on 30.06.2025) and the number of residential units has increased from 10,211 (as on 30.06.2014) to 19,851 (as on 30.06.2025), under this Scheme.

- iii. Under Phase I and II of the e-Courts Mission Mode Project, Information and Communication Technology (ICT) was leveraged for IT enablement of District and Subordinate Courts and 18,735 District and Subordinate Courts were computerized till 2023. WAN connectivity was provided to 2977 sites. Video Conferencing facility was enabled between 3,240 court complexes and 1,272 corresponding jails. 778 eSewa Kendras (facilitation centres) were established to bridge the digital divide by providing citizen centric services to lawyers and litigants. 21 virtual courts were set up in 17 States/UTs, which handled more than 2.78 crore cases and realized more than Rs. 384.14 crores in fines up to March 2023.

The Phase-III of the eCourts Project (2023-2027) was approved on 13.09.2023 with an outlay of Rs.7,210 crore, which is aimed at ushering 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) to make justice delivery progressively more robust, easy and accessible. Till date, 506.05 crores pages of court

records have been digitized in the High Courts and District Courts. More than 3.65 crore hearings have taken place through Video conferencing and live streaming is functional in 11 High Courts. The number of eSewa Kendras (facilitation centres) has increased to 1814 across High Courts and District Courts. Artificial Intelligence and Machine learning tools are being used in case management hearing and for transcription of oral judgements in the Supreme Court of India.

- iv. The Government has been filling up vacancies of Judges in the Supreme Court of India and the High Courts from time to time. From 01.05.2014 to 21.07.2025, 70 Judges have been appointed in the Supreme Court. 1058 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 increased from 906 in May, 2014 to 1122 till date. The sanctioned and working strengths of judicial officers in District and Subordinate Courts have increased as under:

As on	Sanctioned Strength	Working Strength
31.12.2013	19,518	15,115
21.07.2025	25,843	21,122

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 now 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 30.06.2025, 865 Fast Track Courts are functional across the country. With a view to fast-track criminal cases involving elected MPs / MLAs, ten (10) Special Courts are functional in nine (9) States/UTs. Further, the Central Government had approved a Centrally Sponsored 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 30.06.2025, 725 FTSCs including 392 exclusive POCSO (ePOCSO) Courts are functional in 29 States/UTs, which have disposed of more than 3,34,000 cases since their inception.
- 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 progressively promoted. 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. The amendments to The Arbitration and Conciliation Act, 1996 have been made in the years 2015, 2019 and 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 facts 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, 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 it before any court. 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
2025 (up to March)	2,58,28,368	50,82,181	3,09,10,549
Total	22,21,01,916	5,33,91,016	27,54,92,932

- 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

Till 30th June, 2025	Cases Registered	% wise Break Up	Advice Enabled	% wise Break Up
Gender -wise				
Female	44,81,170	39.58%	44,21,450	39.55%
Male	68,39,728	60.42%	67,58,085	60.45%
Caste Category-wise				
General	26,89,371	23.76%	26,48,100	23.69%
OBC	35,64,430	31.49%	35,16,236	31.45%
SC	35,27,303	31.16%	34,90,737	31.22%
ST	15,39,794	13.60%	15,24,462	13.64%
Total	1,13,20,898		1,11,79,535	

- 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.

(c): As per information received from the High Courts, 865 Fast Track Courts (FTCs) are functional across 21 State/UT's with pendency of 14,38,198

cases as on 30.06.2025. State/UT-wise details are given in the enclosed **Statement-I**. In addition to the above, pursuant to the enactment of the Criminal Law (Amendment) Act, 2018 and in compliance with the directions of the Hon'ble Supreme Court in *Suo Motu Writ (Criminal) No. 1/2019*, the Central Government has been implementing since October, 2019 a Centrally Sponsored Scheme for the establishment of Fast Track Special Courts (FTSCs), including exclusive POCSO (e-POCSO) Courts. These courts are dedicated to the time-bound trial and disposal of pending cases related to rape and offences under the Protection of Children from Sexual Offences (POCSO) Act. As per data provided by the High Courts, **725 FTSCs, including 392 exclusive POCSO Courts**, are functional across **29 States/UTs** as on 30.06.2025. Since the inception of the Scheme, these courts have collectively disposed of 3,34,213 cases, while 2,00,349 cases are currently pending. The State/UT-wise details are given in the enclosed **Statement-II**.

(d): The details of funds, allocated and utilized under Centrally Sponsored Scheme for judicial infrastructure in the last two years, particularly in Punjab are as under:

(Rs. in Crore)

Total funds allocated and utilized in last two years.		
Financial Year	Funds allocated	Funds Utilized
2023-24	1051	1060.17
2024-25	1123.40	1123.40

2025-26	998	50.48 (as on 30.06.2025)
Funds allocated and utilized for Punjab in last two years		
Financial Year	Funds allocated	Funds Utilized
2023-24	47.28	18.42
2024-25*	46.88	0.00
2025-26*	49.25	0.00 (as on 30.06.2025)

* Funds could not be released as State had more than permissible unspent balance of funds in their Single Nodal Agency (SNA) account and was not eligible for fresh grant of central funds.

STATEMENT-I

State/UT-wise Details of functional Fast Track Court (FTCs) as on 30.06.2025

Sl. No.	Name of States/UTs	Number of Functional FTCs	Pendency
1	Andhra Pradesh	21	6915
2	Andaman & Nicobar island	0	0
3	Arunachal Pradesh	0	0
4	Assam	16	13713
5	Bihar	0	0
6	Chandigarh	0	0
7	Chhattisgarh	27	5816
8	Dadra & Nagar Haveli and Daman & Diu	0	0
9	Delhi	26	6625

10	Goa	4	1349
11	Gujarat	54	5316
12	Haryana	6	774
13	Himachal Pradesh	3	332
14	Jammu & Kashmir	8	1423
15	Jharkhand	41	9110
16	Karnataka	0	0
17	Kerala	0	0
18	Ladakh	0	0
19	Lakshadweep	0	0
20	Madhya Pradesh	0	0
21	Maharashtra	102	153896
22	Manipur	6	199
23	Meghalaya	0	0
24	Mizoram	2	259
25	Nagaland	0	0
26	Odisha	0	0
27	Puducherry	1	4458
28	Punjab	7	152
29	Rajasthan	0	0
30	Sikkim	2	17
31	Tamil Nadu	72	80244
32	Telangana	0	0
33	Tripura	2	1049
34	Uttar Pradesh	373	1057849
35	Uttarakhand	4	1103
36	West Bengal	88	87599
	TOTAL	865	1438198

STATEMENT-II**State/UT-wise details of 'pendency in courts'**

Sl. No.	Name of States/UTs	Functional Courts		Pendency
		FTSCs including Exclusive POCSO Courts	Exclusive POCSO Courts	
1	Andhra Pradesh	16	16	6303
2	Assam	17	17	6435
3	Bihar	46	46	18459
4	Chandigarh	1	0	214
5	Chhattisgarh	15	11	1739
6	Delhi	16	11	3560
7	Goa	1	0	155
8	Gujarat	35	24	5315
9	Haryana	18	14	4420
10	Himachal Pradesh	6	3	643
11	J&K	4	2	497
12	Karnataka	30	17	5220
13	Kerala	55	14	6292
14	Madhya Pradesh	67	56	10713
15	Maharashtra	2	1	290
16	Manipur	2	0	49
17	Meghalaya	5	5	1097
18	Mizoram	3	1	75
19	Nagaland	1	0	59
20	Odisha	44	23	9065
21	Puducherry	1	1	218

22	Punjab	12	3	1451
23	Rajasthan	45	30	4892
24	Tamil Nadu	14	14	5234
25	Telangana	36	0	8782
26	Tripura	3	1	224
27	Uttarakhand	4	0	1094
28	Uttar Pradesh	218	74	92700
29	West Bengal	8	8	5154
30	Jharkhand *	0	0	0
31	A&N Islands**	0	0	0
32	Arunachal Pradesh***	0	0	0
33	Dadra & Nagar Haveli and Daman & Diu	0	0	0
34	Ladakh	0	0	0
35	Lakshadweep	0	0	0
36	Sikkim	0	0	0
	TOTAL	725	392	200349

Note: At the inception of the Scheme, the allocation of FTSCs across the country was based on a criterion of 65 to 165 pending cases per court, meaning one FTSC would be established for every 65 to 165 pending cases. Based on that, only 31 States/UTs were eligible to join the Scheme.

* The State of Jharkhand has decided to exit the FTSCs Scheme vide letter dated 07.07.2025.

** A&N islands has consented to join the Scheme, but is yet to operationalize any court.

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

PROMOTION OF INTERNATIONAL TOURISM

1021. SHRIMATI RACHNA BANERJEE:

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

(a) whether the Government has adequately leveraged India's substantial potential for international tourism; and

(b) if so, the concrete measures in place, or planned, to further capitalize on this for economic growth and global positioning?

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 acknowledges the potential of international tourism as a contributor to economic growth, employment generation, and enhancing India's global profile. While the Ministry of Tourism is the nodal agency for tourism promotion and development, the Ministry of External Affairs (MEA) plays a proactive role through its network of Indian Missions and Posts abroad, for promotion of India as a tourist destination in key international markets. These include supporting participation of Central and State Governments, tourism boards, and industry stakeholders in major overseas tourism trade fairs and exhibitions; organisation of Tourism Roadshows; engagements with local tour operators and other industry stakeholders; organisation of B2B meetings & familiarization (FAM) trips; and India tourism publicity campaigns, including through the social media.

International air connectivity has improved through bilateral arrangements for direct flights that support foreign tourist arrivals (FTAs).

उत्तर प्रदेश में उर्वरकों की कमी

1022. श्री चंदन चौहान:

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

- (क) क्या सरकार इस बात से अवगत है कि उत्तर प्रदेश में उर्वरक एनपीके 10-26-26 फार्मूला की कमी के कारण किसानों को अनेक समस्याओं का सामना करना पड़ रहा है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) राज्य में उर्वरकों की पर्याप्त आपूर्ति सुनिश्चित करने के लिए राज्य द्वारा की गई मांग के सापेक्ष केंद्र सरकार द्वारा अनुमोदित मीट्रिक टन में डीएपी और एनपीके उर्वरकों की मात्रा कितनी है; और
- (ग) अप्रैल 2024 में अब तक की अवधि के दौरान केंद्र सरकार द्वारा विभिन्न कंपनियों को आवंटित मीट्रिक टन में उर्वरकों की मात्रा कितनी है?

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

- (क): प्रत्येक फसल मौसम के शुरू होने से पहले, कृषि और किसान कल्याण विभाग (डीए एंड एफडब्ल्यू) उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है। कृषि और किसान कल्याण विभाग द्वारा किए गए आकलन के अनुसार राज्यों में उर्वरकों की इस आवश्यकता को पूरा करने के लिए उर्वरक विभाग मासिक आपूर्ति योजनाएं जारी करके राज्यों को पर्याप्त मात्रा में उर्वरक आवंटित करता है। इसके अलावा, कृषि और किसान कल्याण विभाग एनपीकेएस उर्वरकों की समग्र आवश्यकता

उर्वरक विभाग को संसूचित करता है। तथापि, एनपीकेएस उर्वरकों की ग्रेड-वार आपूर्ति उर्वरक कंपनियों द्वारा राज्य सरकारों के अनुरोध के अनुसार की जाती है। उत्तर प्रदेश राज्य में एनपीकेएस उर्वरकों की उपलब्धता चल रहे खरीफ मौसम 2025 के दौरान पर्याप्त रही है। दिनांक 01.04.2025 से दिनांक 21.07.2025 तक, राज्य में 2,28,000 मीट्रिक टन की यथानुपातिक आवश्यकता के मुकाबले 4,49,000 मीट्रिक टन एनपीकेएस उपलब्ध कराया गया है और राज्य के पास वर्तमान में एनपीकेएस का अंतिम स्टॉक 2,76,000 मीट्रिक टन है।

(ख): चल रहे खरीफ मौसम 2025 के लिए, उत्तर प्रदेश राज्य के लिए केंद्र सरकार द्वारा 10,00,000 मीट्रिक टन डीएपी और 5,00,000 मीट्रिक टन एनपीके उर्वरकों को मंजूरी दी गई है।

(ग): अप्रैल 2024 से अब तक अर्थात् जुलाई 2025 तक उर्वरकों अर्थात् यूरिया, डीएपी, एमओपी और एनपीकेएस की कंपनी और उत्पादवार आपूर्ति योजना का ब्यौरा संलग्न **विवरण** में दिया गया है।

विवरण

उत्तर प्रदेश					
अप्रैल 2024 से जुलाई 2025 तक कंपनी और उत्पादवार आपूर्ति योजना					
आंकड़े मीट्रिक टन में					
कंपनी	यूरिया	डीएपी	एमओपी	एनपीकेएस	कुल योग
अधीशा फॉस्फेट				600	600
सीएफसीएल गड़ेपान-I	5,82,889				5,82,889
सीएफसीएल गड़ेपान-II	23,656				23,656
सीएफसीएल गड़ेपान-III	61,008				61,008

सीएफसीएल इम्पोर्ट		1,24,896	54,385	1,53,200	3,32,481
सीआईएल इम्पोर्ट	4,39,950	1,69,640	-	16,000	6,25,590
सीआईएल काकीनाडा		1,953		1,21,849	1,23,802
सीआईएल विजाग				65,519	65,519
सीआईएल-निमरानी				10,441	10,441
सीआईएल-उदयपुर				3,500	3,500
जीएनएफसी भरुच	59,350			20,400	79,750
ग्रीन स्टार इम्पोर्ट				2,700	2,700
जीएसएफसी बड़ौदा	28,030			26,933	54,963
जीएसएफसी इम्पोर्ट	36,800	65,794	2,355	-	1,04,949
जीएसएफसी सिक्का		28,732		1,28,108	1,56,840
हिंडाल्को आयात		27,902		8,100	36,002
एचयूआरएल-बरौनी	2,83,005				2,83,005
एचयूआरएल -गोरखपुर	8,44,517				8,44,517
एचयूआरएल -सिंदरी	1,05,147				1,05,147

एचयूआरएल - इम्पोर्ट		75,939		10,400	86,339
इफको आंवला-I	13,68,762				13,68,762
इफको आंवला-II	1,06,350				1,06,350
इफको इम्पोर्ट	7,06,000				7,06,000
इफको कांडला		4,34,193		3,47,517	7,81,710
इफको पारादीप		5,58,879		1,77,871	7,36,751
इफको फूलपुर-I	9,69,849				9,69,849
इफको फूलपुर-II	1,08,446				1,08,446
इंडियन फॉस्फेट				2,150	2,150
इंडोरामा इम्पोर्ट		92,349	42,108	5,630	1,40,086
इंडोरामा इंडिया		8,512		75,451	83,963
आईपीएल	6,08,050	4,86,457	1,66,301	3,18,761	15,79,569
आईआरसी (पहले ग्रासिम)	7,75,616				7,75,616
जेएके- इम्पोर्ट				7,750	7,750
कानपुरफर्ट	4,90,300				4,90,300

केएफएल	7,63,382				7,63,382
केपीएल-आईएनडी				42,661	42,661
कृभको हजीरा	3,51,586				3,51,586
कृभको इम्पोर्ट	55,000	2,97,682		1,26,246	4,78,929
केशक्ति भरुच				1,300	1,300
महाधनएसटीएल इम्पोर्ट		-	2,200	12,600	14,800
महाधनएसटीएल तलोजा				64,929	64,929
मैटिक्स	4,16,791				4,16,791
मैटिक्स-आईएमपी		8,200		5,100	13,300
एमबीएपीएल-II एनपीके आईएनडी				33,586	33,586
मोजेक			62,320		62,320
नर्मदा बायो इम्पोर्ट	13,300		-	15,600	28,900
एनएफएल बटिडा	2,650				2,650
एनएफएल आयात	91,000	2,68,611			3,59,611
एनएफएल पानीपत	1,33,151				1,33,151

एनएफएल विजयपुर-I	4,21,536				4,21,536
एनएफएल विजयपुर-II	84,554				84,554
ओपीआईएल इम्पोर्ट			2,750		2,750
पटेल फॉस्केम		-		4,100	4,100
पीपीएल-गोवा	-			85,624	85,624
पीपीएल इम्पोर्ट		35,171	620		35,791
पीपीएल पारादीप		1,65,854		1,84,213	3,50,067
रामफॉस-उदयपुर				100	100
आरसीएफ इम्पोर्ट		4,10,761	7,974	89,636	5,08,371
आरसीएफ थाल	1,86,179				1,86,179
आरसीएफ ट्रॉम्बे	40,524			83,186	1,23,709
आरसीएफ ट्रॉम्बे एससीयू	1,981				1,981
एसएफसी कोटा	63,250				63,250
एसजीएफएल- इम्पोर्ट			27,731		27,731
यारा	8,46,796				8,46,796
जुआरी इम्पोर्ट		1,06,499	10,875		1,17,374
कुल योग	1,10,69,404	33,68,023	3,79,619	22,51,760	1,70,68,806

**INFRASTRUCTURE DEFICIENCIES IN GOVERNMENT HOSPITALS
FOR ORGAN TRANSPLANTS**

1023. DR. M. P. ABDUSSAMAD SAMADANI:

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

- (a) whether it is a fact that a recent report by the Ministry has highlighted the lack of specialised transplant operation theatres and ICUs in many Government hospitals across the country;
- (b) if so, the steps being taken to establish dedicated infrastructure for organ retrieval and transplantation across all major public hospitals in the country;
- (c) whether any time-bound action plan has been prepared in this regard; 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) to (d): *Health* being a State subject, it is the primary responsibility of State Government to provide required facilities and services for organ transplantation in the State. As per the Transplantation of Human Organs and Tissues Act, 1994 (THOTA), Ministry of Health and Family Welfare, Government of India, has established a three tiered National Human Organs and Tissues Removal and Storage Network, consisting of National Organ and Tissue Transplant

Organization (NOTTO), Regional Organ and Tissue Transplant Organizations (ROTO) and State Organ and Tissue Transplant Organizations (SOTTO).

NOTTO is the apex body for coordination, networking and registry of organ and tissue donation and transplantation in India. The National Organ Transplant Program (NOTP) is a Central Sector Programme of Government of India, which aims to improve access to organ transplantation for needy citizens of the country by increasing awareness on deceased organ donation, efficient mechanism for organ procurement and their distribution for transplantation, augmentation of infrastructure in public sector, training of manpower, etc.

States are encouraged to identify gaps and to take proactive actions to further strengthen the transplantation programme at State level. States may seek necessary assistance from the Centre through NOTP. Under NOTP, grants are provided to States depending upon the proposals received, for establishing ROTTOs and SOTTOs, augmenting infrastructure including transplant operation theatres and ICUs in public sector for setting up Organ Transplant/Retrieval Centers and Tissue Banks, etc.

ERADICATION OF CHRONIC ENDEMIC DISEASES

1024. SHRI JANARDAN SINGH SIGRIWAL:

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

(a) the details of major health projects/special programmes launched/being

implemented by the Government in the country particularly in Bihar during the last five years;

(b) the cost likely to be incurred on the said projects along with the time by which the said projects are likely to be completed;

(c) whether the Government has identified any area where specific programmes are required for eradication of chronic endemic diseases in the country including the said state and if so, the details thereof;

(d) the current status along with the details of the said projects being implemented in the aspirational districts of the country including the said State; and

(e) the appropriate steps taken/proposed to be taken by the Government for further progress of the said projects?

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

(a) to (e): Public Health and Hospital is a State subject. Under National Health Mission (NHM), financial and technical support is provided to the States/UTs to strengthen their healthcare systems upto District Hospitals based on the requirements posed by States/UTs in their Programme Implementation Plans (PIPs) within their overall Resource Envelope. Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources. All details of health projects launched, cost incurred,

specific programme for eradication of chronic endemic diseases to all States/UTs including Bihar is accessible and can be downloaded from the link <https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744> .

The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) with an outlay of Rs.64,180 crore aims to support for infrastructure development in the country including aspirational districts for Sub-Health Centres, Urban Health and Wellness Centres, Support for Block Public Health Units, Integrated Public Health Laboratories (IPHL) and Critical Care Blocks (CCB). A total of 744 IPHL and 621 CCB are approved in the country including 38 IPHL and 38 CCB in Bihar.

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. A total of 605 building less Community Health Centre (CHC) are approved in the country including 103 CHC in Bihar.

The National Center for Vector Borne Diseases Control (NCVBDC) administers an umbrella programme, namely, National Vector Borne Disease Control programme (NVBDPC) for prevention and control of six vector borne diseases (VBDs) namely Malaria, Kala-azar, Japanese Encephalitis, Dengue, Chikungunya and Lymphatic Filariasis in States/UTs including Bihar wherever these diseases are endemic.

Bihar state is endemic for Kala Azar (KA) and Lymphatic Filariasis (LF). In Bihar, KA is endemic in 485 blocks of 33 districts. All 633 KA endemic blocks have already achieved the elimination target in 2023.

Lymphatic Filariasis is endemic in 345 districts in the country across 20 states and UTs including Bihar. India has taken several measures in the recent past for accelerating the progress towards the goal of elimination of Lymphatic Filariasis with the launch of Enhanced five -pronged strategy for the elimination of LF and one of the important strategies is on a mission mode namely pan India Mass Drug Administration (MDA) campaign, twice a year on 10th February and 10th August covering 159 LF endemic districts.

The implementation, progress and performance of various health programmes are regularly assessed through review meetings, field visits as well as through Annual Program Planning and Review by National Programme Co-ordination Committee (NPCC), Common Review Missions (CRMs), Health Monitoring Information System (HMIS), Reproductive Child Health (RCH) portal, Ayushman Arogya Mandir (AAM) portal and Non Communicable Diseases (NCD) portal.

COURT FOR CASES RELATED TO WOMEN

1025. DR. NISHIKANT DUBEY:

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

- (a) the number of women courts set up to dispose the cases related to atrocities on women till date in the Country, State/location-wise;
- (b) whether the Government has any proposal to establish such courts in several other States; 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): As per the recommendations of the Fourteenth Finance Commission (2015-2020), Fast Track Courts (FTCs) have been established for dealing with cases of heinous crimes, cases involving senior citizens, women, children etc. As of 30.06.2025, 865 Fast Track Courts are functional in various States/UTs as per details given in the enclosed **Statement-I**.

Further, pursuant to the enactment of the Criminal Law (Amendment) Act, 2018 and in compliance with the directions of the Hon'ble Supreme Court in Suo Motu Writ (Criminal) No. 1/2019, the Central Government has been implementing a Centrally Sponsored Scheme for the establishment of Fast Track Special Courts (FTSCs), including exclusive POCSO (e-POCSO) Courts since October 2019. These courts are dedicated to the time-bound trial and disposal of pending cases related to rape and crimes under the Protection of Children from Sexual Offences (POCSO) Act, 2012. As of 30.06.2025, 725 FTSCs, including 392 exclusive POCSO (e-POCSO) Courts are functional in 29 States/UTs, which have disposed of 3,34,213 cases since the inception of the Scheme. The State/UT-wise list of FTSCs is given in the enclosed **Statement-II**.

The Scheme has been extended twice, with the latest extension up to 31st March

2026, at an outlay of Rs. 1952.23 cr. with Rs. 1207.24 cr. as Central Share to be incurred from Nirbhaya Fund. The funds are released on CSS pattern (Central share: State share :: 60:40, 90:10) to cover the salaries of 1 Judicial Officer along with 7 support Staff and a Flexi Grant for meeting the day-to-day expenses.

Besides, as per information provided by Ministry of Women and Child Development, the Government has launched 'Mission Shakti', an integrated woman empowerment programme, which is designed to touch upon and address concerns and issues of women. 'Nari Adalat', a pilot project and initiative is a component under Sambal sub-scheme of Mission Shakti, which aims at providing women with an alternate Grievance Redressal Mechanism for resolving cases of petty nature (harassment, subversion, curtailment of rights or entitlements) at Gram panchayat level. The component of 'Nari Adalat' being implemented in a phased manner, comprises group of 7-9 women, who are elected women representatives of the panchayat and are of good social standing, education and repute. The Adalats are mandated to help women in distress at the panchayat level in resolving smaller issues related to domestic violence, and other gender-based violence by negotiation, mediation, and reconciliation with mutual consent. They educate women about their constitutional and legal rights and assist them in availing the services including legal aid, offered by the government. 'Nari Adalat' is being run in 50 Gram Panchayats each in the State of Assam and UT of Jammu & Kashmir.

(b) and (c): The Government approved the establishment of 790 Fast Track Special Courts under the Centrally Sponsored Scheme. However, number of FTSCs in certain States/UTs is less than the number earmarked under the Scheme. The Central Government has been coordinating with such State/UT Governments and High Courts for operationalization of the remaining courts. Further, 'Nari Adalat' project is being piloted in 10 Gram Panchayats each of 16 States viz. Goa, Himachal Pradesh, Jharkhand, Kerala, Manipur, Mizoram, Nagaland, Punjab, Tamil Nadu, Tripura, Uttar Pradesh, Uttarakhand, Sikkim, Maharashtra, Bihar and Karnataka; and 5 Gram Panchayats each of 2 UTs viz. Dadra & Nagar Haveli and Daman & Diu and Andaman & Nicobar Islands.

STATEMENT-I

State/UT-wise Details of functional Fast Track Court (FTCs) as on 30.06.2025

Sl. No.	Name of States/UTs	Number of Functional FTCs	No. of Pending cases
1	Andhra Pradesh	21	6915
2	Andaman & Nicobar island	0	0
3	Arunachal Pradesh	0	0
4	Assam	16	13713
5	Bihar	0	0
6	Chandigarh	0	0
7	Chhattisgarh	27	5816
8	Dadra & Nagar Haveli and Diu & Daman	0	0
9	Delhi	26	6625
10	Goa	4	1349

11	Gujarat	54	5316
12	Haryana	6	774
13	Himachal Pradesh	3	332
14	Jammu & Kashmir	8	1423
15	Jharkhand	41	9110
16	Karnataka	0	0
17	Kerala	0	0
18	Ladakh	0	0
19	Lakshadweep	0	0
20	Madhya Pradesh	0	0
21	Maharashtra	102	153896
22	Manipur	6	199
23	Meghalaya	0	0
24	Mizoram	2	259
25	Nagaland	0	0
26	Odisha	0	0
27	Puducherry	1	4458
28	Punjab	7	152
29	Rajasthan	0	0
30	Sikkim	2	17
31	Tamil Nadu	72	80244
32	Telangana	0	0
33	Tripura	2	1049
34	Uttar Pradesh	373	1057849
35	Uttarakhand	4	1103
36	West Bengal	88	87599
	TOTAL	865	1438198

STATEMENT-II

State/UT-wise details of functional Fast Track Special Courts including exclusive POCSO Courts (As on 30.06.2025)

Sl. No.	Name of States/UTs	Functional Courts		No. of Pending cases
		FTSCs including exclusive POCSO	Exclusive POCSO	
1	Andhra Pradesh	16	16	6303
2	Assam	17	17	6435
3	Bihar	46	46	18459
4	Chandigarh	1	0	214
5	Chhattisgarh	15	11	1739
6	Delhi	16	11	3560
7	Goa	1	0	155
8	Gujarat	35	24	5315
9	Haryana	18	14	4420
10	Himachal Pradesh	6	3	643
11	J&K	4	2	497
12	Karnataka	30	17	5220
13	Kerala	55	14	6292
14	Madhya Pradesh	67	56	10713
15	Maharashtra	2	1	290
16	Manipur	2	0	49
17	Meghalaya	5	5	1097
18	Mizoram	3	1	75
19	Nagaland	1	0	59
20	Odisha	44	23	9065
21	Puducherry	1	1	218

22	Punjab	12	3	1451
23	Rajasthan	45	30	4892
24	Tamil Nadu	14	14	5234
25	Telangana	36	0	8782
26	Tripura	3	1	224
27	Uttarakhand	4	0	1094
28	Uttar Pradesh	218	74	92700
29	West Bengal	8	8	5154
30	Jharkhand *	0	0	0
31	A&N Islands**	0	0	0
32	Arunachal Pradesh***	0	0	0
	TOTAL	725	392	200349

Note: At the inception of the Scheme, the allocation of FTSCs across the country was based on a criterion of 65 to 165 pending cases per court, meaning one FTSC would be established for every 65 to 165 pending cases. Based on that, only 31 States/UTs were eligible to join the Scheme.

* The State of Jharkhand has decided to exit the FTSCs Scheme vide letter dated 07.07.2025.

** A&N islands has consented to join the Scheme, but is yet to operationalize any court.

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

TAMIL NADU FISHERMEN ARRESTED BY SRI LANKAN NAVY

1026. DR. GANAPATHY RAJKUMAR P.:

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

- (a) the number of Indians imprisoned in Foreign Jails country-wise as on date;
- (b) the total number of fishermen from Tamil Nadu who were arrested and their fishing boats confiscated by the Sri Lankan Navy during the last three years;
- (c) the total number of fishermen and boats which have been released from Sri Lanka during the said period; and

(d) whether about 29 fishermen from Tamil Nadu are still illegally held in Sri Lankan Jails and if so, the action taken/proposed to be taken by the Government to bring them back?

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

(a): As per the information available with the Ministry, the number of Indian prisoners, including undertrials, in foreign prisons at present is 10574. Country-wise list is given in the enclosed **Statement**. However, due to strong privacy laws prevailing in many countries, the local authorities do not share information on prisoners unless the person concerned consents to the disclosure of such information. Even countries which share information do not generally provide detailed information about the foreign nationals imprisoned.

(b): Information on the total number of fishermen from Tamil Nadu who were arrested and their fishing boats confiscated by the Sri Lankan Navy during the last three years are as follows:

Year	No. of Tamil Nadu fishermen apprehended	No. of boats confiscated
2024	526	72
2023	220	33
2022	229	31

(c): Information on the total number of fishermen and boats which have been released from Sri Lanka during the last three years are as follows:

Year	No. of Indian fishermen released	No. of boats released
2024	538	02
2023	240	14
2022	268	01

(d): As of 15 July 2025, a total of 28 Indian fishermen are in Sri Lankan custody, of whom 27 are from Tamil Nadu and one fisherman is from Puducherry.

Government of India attaches the highest priority to the safety, security and welfare of Indian fishermen. The Government has been consistently taking up these issues, including the early release and repatriation of Indian fishermen and fishing boats, with the Sri Lankan Government through bilateral mechanisms, diplomatic channels, and various official interactions, including by the Prime Minister in his recent meeting (05 April 2025) with the Sri Lankan President. In all our interactions, it has been conveyed that this issue may be considered purely on humanitarian and livelihood grounds.

All issues related to fishermen are also dealt with through bilateral institutional mechanisms such as the regular meetings of the Joint Working Group on fisheries, which includes representatives from the Government of Tamil Nadu. The last JWG meeting on fisheries was held on 29 October 2024.

Further, Indian Consular officials continue to make regular visits to local jails and detention centers to ascertain the condition of Indian fishermen and provide requisite support and necessary legal assistance to ensure their welfare and assist with their early release and repatriation.

STATEMENT

the number of Indian prisoners, including undertrials, in foreign prisons

Sr. No.	Country	Total number of Indians under trial and convicted in Foreign Jails at present
1	Afghanistan	8
2	Angola	1
3	Armenia	61
4	Australia	28
5	Azerbaijan	5
6	Bahrain	261
7	Belarus	9
8	Belgium	1
9	Bhutan	71
10	Brunei Darussalam	8
11	Cambodia	24
12	Canada	1
13	Chile	1
14	China	183
15	Congo	8
16	Cote d' Ivoire	5
17	Croatia	10
18	Cuba	4
19	Cyprus	21
20	Denmark	2
21	Egypt	1

22	Ethiopia	7
23	France	53
24	Georgia	24
25	Germany	81
26	Ghana	2
27	Greece	24
28	Hungary	4
29	Indonesia	25
30	Iran	11
31	Iraq	1
32	Ireland	7
33	Italy	162
34	Jamaica	1
35	Japan	4
36	Jordan	27
37	Kazakhstan	12
38	Kenya	4
39	Kuwait	342
40	Kyrgyzstan	4
41	Laos	6
42	Lebanon	3
43	Madagascar	4
44	Malawi	1
45	Malaysia	380
46	Maldives	10
47	Mali	3
48	Mauritius	10
49	Mozambique	3
50	Myanmar	17
51	Nepal	1357
52	Nigeria	5
53	Oman	121

54	Pakistan	246
55	Philippines	59
56	Poland	14
57	Qatar	795
58	Republic of Korea	4
59	Russia	37
60	Rwanda	2
61	Saudi Arabia	2379
62	Senegal	5
63	Serbia	2
64	Seychelles	1
65	Singapore	138
66	Slovenia	2
67	South Africa	1
68	Spain	39
69	Sri Lanka	60
70	Sudan	1
71	Switzerland	3
72	Tajikistan	1
73	Tanzania	3
74	Thailand	58
75	Turkiye	4
76	UAE	2773
77	Uganda	11
78	United Kingdom	323
79	USA	175
80	Uzbekistan	3
81	Vietnam	6
82	Yemen	1
		10574

PROMOTION OF AYUSH SYSTEMS OF MEDICINE

1027. SHRIMATI GENIBEN NAGAJI THAKOR:

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

- (a) whether the Government is taking steps to promote AYUSH systems of medicine in the country;
- (b) if so, the details of awareness campaigns launched, wellness centres opened and training programmes undertaken during the last three years;
- (c) whether there is any plan to integrate AYUSH with mainstream healthcare services;
- (d) if so, the details thereof; and
- (e) the details of funds allocated and utilized under the National AYUSH Mission during the last two financial years?

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

(a) and (b): Ministry of Ayush is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments and supporting their efforts for promotion and overall development of Ayush systems of medicine in the country. Under NAM, grant-in-aid is being provided to the State /UT Governments against their proposals received through State Annual Action Plans (SAAPs) as per

the provisions of NAM guidelines. The NAM inter-alia makes provision for following activities:

- (i) Operationalization of Ayush Health & Wellness Centres (AHWCs) now renamed as Ayushman Arogya Mandir (Ayush).
- (ii) Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs)
- (iii) Upgradation of existing standalone Government Ayush Hospitals
- (iv) Upgradation of existing Government/Panchayat/Government aided Ayush Dispensaries/ Construction of building for existing Ayush Dispensary (Rented/dilapidated accommodation) /Construction of building to establish new Ayush Dispensary
- (v) Setting up of 10/30/50 bedded integrated Ayush Hospitals
- (vi) Supply of essential drugs to Government Ayush Hospitals, Government Dispensaries and Government/Government aided Teaching Institutional Ayush Hospitals
- (vii) Ayush Public Health Programs
- (viii) Ayush Gram
- (ix) Behavior Change Communication (BCC)
- (x) Establishment of new Ayush colleges in the States where availability of AYUSH teaching institutions is inadequate in Government Sector.

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

Further, Ministry of Ayush implements the Central Sector Scheme for Promotion of Information Education and Communication (IEC) in Ayush to create awareness regarding Ayush Systems of Medicine. This aims to reach out to all sections of the population across the country. This scheme provides assistance for organizing National/State Arogya Fairs, Yoga Fests/Utsavs, Ayurveda Parvs, etc. The Ministry also undertakes Multi-Media, Print Media Campaigns for creating awareness about Ayush System.

Public Health being State subject, opening of wellness centres comes under purview of respective State/UT Governments. However, under NAM, there is provision of financial assistance for operationalization of Ayush Health & Wellness Centres [now renamed as Ayushman Arogya Mandir (AAM) (Ayush)] by upgrading existing Ayush dispensaries as well as Sub Health Centres. Under NAM, as per the proposals received from States/UTs through SAAPs, 12500 AAM (Ayush) have been approved in different parts of the country and as reported by State/UT Governments all are operational. The State/UT-wise status of approved AAM (Ayush) is given in the enclosed **Statement-I**.

Furthermore, Ministry of Ayush is also implementing a Central Sector Scheme namely Ayurgyan since 2021-22 having a component of 'Capacity Building & Continuing Medical Education (CME) in Ayush' under which there is a provision

to support the eligible organizations across the country for training & capacity building program in the field of Ayush with the aim to encourage Ayush personnel to undergo need-based professional training and bridge the knowledge gaps. During the last three years (Year 2022-23, 2023-24 and 2024-25), various organizations have been supported to conduct 158 CME/training programmes for upgradation of knowledge of Ayush personnel under the CME component of Ayurgyan scheme.

(c) and (d): Government of India has adopted a strategy of Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), thus enabling the choice to the patients for different systems of medicines under a single window. The engagement of Ayush doctors/paramedics and their training is being supported by the Ministry of Health & Family Welfare under National Health Mission (NHM), while the support for Ayush infrastructure, equipment/ furniture and medicines is being provided by the Ministry of Ayush under National Ayush Mission (NAM), as shared responsibilities. The State/UT status of co-located Ayush facilities at PHCs, CHCs and DHs is given in the enclosed **Statement-II**.

(e): The details of funds allocated/released and utilized as reported by State/UT Governments under NAM during the last two financial years (2023-24 and 2024-25) is given in the enclosed **Statement-III**.

STATEMENT-I**State/UT-wise Ayushman Arogya Mandir (Ayush) approved and operational**

Sl. No.	Name of States/UTs	Approved AAM (Ayush)	Operational AAM (Ayush)
1	Andaman & Nicobar Island	6	6
2	Andhra Pradesh	126	126
3	Arunachal Pradesh	89	89
4	Assam	500	500
5	Bihar	294	294
6	Chandigarh	12	12
7	Chhattisgarh	400	400
8	Delhi	0	0
9	Dadra Nagar Haveli and Daman Diu	1	1
10	Goa	100	100
11	Gujarat	365	365
12	Haryana	538	538
13	Himachal Pradesh	761	761
14	Jammu & Kashmir	523	523
15	Jharkhand	745	745
16	Karnataka	376	376
17	Kerala	700	700
18	Ladakh	0	0
19	Lakshadweep	7	7
20	Madhya Pradesh	800	800
21	Maharashtra	390	390
22	Manipur	15	15
23	Meghalaya	24	24
24	Mizoram	41	41

25	Nagaland	49	49
26	Odisha	422	422
27	Puducherry	4	4
28	Punjab	158	158
29	Rajasthan	2019	2019
30	Sikkim	18	18
31	Tamil Nadu	650	650
32	Telangana	421	421
33	Tripura	72	72
34	Uttar Pradesh	1034	1034
35	Uttarakhand	300	300
36	West Bengal	540	540
Total		12500	12500

STATEMENT-II

The State/UT status of co-located Ayush facilities at PHCs, CHCs and DHs

Sl. No.	Name of the States/UTs	DH	CHC	PHC	Total
1	Bihar	36	0	0	36
2	Chhattisgarh	18	98	454	570
3	Himachal Pradesh	0	0	0	0
4	Jammu & Kashmir	13	14	373	400
5	Jharkhand	21	188	97	306
6	Madhya Pradesh	36	95	275	406
7	Odisha	0	351	886	1237
8	Rajasthan	0	51	144	195
9	Uttar Pradesh	102	666	627	1395
10	Uttarakhand	13	53	44	110
11	Arunachal Pradesh	16	34	50	100

12	Assam	18	7	71	96
13	Manipur	7	17	78	102
14	Meghalaya	11	25	54	90
15	Mizoram	12	9	10	31
16	Nagaland	9	20	9	38
17	Sikkim	4	1	4	9
18	Tripura	3	21	84	108
19	Andhra Pradesh	9	105	273	387
20	Goa	2	6	22	30
21	Gujarat	0	0	868	868
22	Haryana	22	102	106	230
23	Karnataka	15	86	366	467
24	Kerala	0	0	0	0
25	Maharashtra	23	238	20	281
26	Punjab	22	66	88	176
27	Tamil Nadu	37	388	475	900
28	Telangana	0	42	352	394
29	West Bengal	13	295	387	695
30	Andaman & Nicobar Islands	3	4	20	27
31	Chandigarh	1	2	28	31
32	Dadra & Nagar Haveli Daman and Diu	2	4	9	15
33	Delhi	0	0	0	0
34	Ladakh	2	7	32	41
35	Lakshadweep	2	3	4	9
36	Puducherry	4	4	39	47
Total		476	3002	6349	9827

Source: as per NHM-MIS database as on 31st December, 2024

STATEMENT-III

State/UT-wise, the status of funds allocated/released and utilized under NAM during the last two financial years (2023-24 and 2024-25)

(Rs. in lakhs)

Sl. No.	Name of States/UTs	Funds allocated/ released (central share)	Expenditure as reported by States/UTs
1	Andaman & Nicobar Islands	950.04	690.94
2	Andhra Pradesh	2497.19	734.72
3	Arunachal Pradesh	2684.88	2634.28
4	Assam	9983.32	8599.56
5	Bihar	1161.06	430.44
6	Chandigarh	673.90	328.76
7	Chhattisgarh	5345.49	2671.14
8	Dadra & Nagar Haveli and Daman & Diu	1099.18	950.76
9	Delhi	0.00	0.00
10	Goa	1238.97	1116.21
11	Gujarat	5584.52	1591.09
12	Haryana	4398.49	4066.85
13	Himachal Pradesh	6558.31	3958.29
14	Jammu & Kashmir	11871.96	10179.32
15	Jharkhand	5607.48	3835.81
16	Karnataka	11098.82	7725.64
17	Kerala	19027.36	14838.57
18	Ladakh	237.61	127.89
19	Lakshadweep	552.49	468.21
20	Madhya Pradesh	14289.59	10881.02
21	Maharashtra	4916.69	2612.77
22	Manipur	1276.67	115.01

Sl. No.	Name of States/UTs	Funds allocated/ released (central share)	Expenditure as reported by States/UTs
23	Mizoram	2159.34	1904.43
24	Meghalaya	3243.08	2335.51
25	Nagaland	2359.08	2019.73
26	Odisha	2369.21	751.29
27	Puducherry	880.48	268.29
28	Punjab	1810.95	178.46
29	Rajasthan	18783.31	12584.83
30	Sikkim	927.15	895.26
31	Tamil Nadu	14016.08	9379.15
32	Telangana	3716.55	3076.70
33	Tripura	1382.76	854.69
34	Uttar Pradesh	26321.78	17028.66
35	Uttarakhand	5675.50	5193.84
36	West Bengal	5687.82	3693.79
	Total	200387.09	138721.89

EFFICIENCY AND EFFECTIVENESS OF THE JUDICIAL SYSTEM

1028. DR. AMAR SINGH:

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

- (a) whether the Government has taken any initiatives for enhancing the efficiency and effectiveness of the Country's judicial system;
- (b) if so, the details thereof; and
- (c) if not, the reasons therefor?

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

(a) to (c): The Government has taken several initiatives for enhancing the efficiency and effectiveness of the Country's judicial system which include the following:

i. The National Mission for Justice Delivery and Legal Reforms was set up in August, 2011, with the twin objectives of increasing access to justice by reducing delays 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 30.06.2025, Rs. 12,101.89 crores have been released since the inception of this Scheme in 1993-94. The number of

court halls has increased from 15,818 (as on 30.06.2014) to 22,372 (as on 30.06.2025) and the number of residential units has increased from 10,211 (as on 30.06.2014) to 19,851 (as on 30.06.2025), under this Scheme.

iii. Under Phase I and II of the e-Courts Mission Mode Project, Information and Communication Technology (ICT) was leveraged for IT enablement of District and Subordinate Courts and 18,735 District and Subordinate Courts were computerized till 2023. WAN connectivity was provided to 2977 sites. Video Conferencing facility was enabled between 3,240 court complexes and 1,272 corresponding jails. 778 eSewa Kendras (facilitation centres) were established to bridge the digital divide by providing citizen centric services to lawyers and litigants. 21 virtual courts were set up in 17 States/UTs, which handled more than 2.78 crore cases and realized more than Rs. 384.14 crores in fines up to March 2023.

The Phase-III of the eCourts Project (2023-2027) was approved on 13.09.2023 with an outlay of Rs.7,210 crore, which is aimed at ushering 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) to make justice delivery progressively more robust, easy and accessible. Till date, 506.05 crores pages of court records have been digitized in the High Courts and District Courts. More than 3.65 crore hearings have taken place through Video conferencing and live streaming is functional in 11 High Courts. The number of eSewa Kendras (facilitation centres) has increased to 1814 across High Courts and District Courts.

Artificial Intelligence and Machine learning tools are being used in case management hearing and for transcription of oral judgements in the Supreme Court of India.

iv. The Government has been filling up vacancies of Judges in the Supreme Court of India and the High Courts from time to time. From 01.05.2014 to 21.07.2025, 70 Judges have been appointed in the Supreme Court. 1058 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 increased from 906 in May, 2014 to 1122 till date. The sanctioned and working strengths of judicial officers in District and Subordinate Courts have increased as under:

As on	Sanctioned Strength	Working Strength
31.12.2013	19,518	15,115
21.07.2025	25,843	21,122

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 now 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 30.06.2025, 865 Fast Track Courts are functional across the country. With a view to fast-track criminal cases involving elected MPs / MLAs, ten (10) Special Courts are functional in nine (9) States/UTs. Further, the Central Government had approved a Centrally Sponsored 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 30.06.2025, 725 FTSCs including 392 exclusive POCSO (ePOCSO) Courts are functional in 29 States/UTs, which have disposed of more than 3,34,000 cases since their inception.

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 progressively promoted. 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. The amendments to The Arbitration and Conciliation Act, 1996 have been made in the years 2015, 2019 and 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 facts 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, 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 it before any court. 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
2025 (up to March)	2,58,28,368	50,82,181	3,09,10,549
Total	22,21,01,916	5,33,91,016	27,54,92,932

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

Till 30th June, 2025	Cases Registered	% wise Break Up	Advice Enabled	% wise Break Up
Gender -wise				
Female	44,81,170	39.58%	44,21,450	39.55%
Male	68,39,728	60.42%	67,58,085	60.45%
Caste Category-wise				
General	26,89,371	23.76%	26,48,100	23.69%

OBC	35,64,430	31.49%	35,16,236	31.45%
SC	35,27,303	31.16%	34,90,737	31.22%
ST	15,39,794	13.60%	15,24,462	13.64%
Total	1,13,20,898		1,11,79,535	

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.

DEVELOPMENT OF NEW DEFENCE TECHNOLOGIES BY DRDO

1029. SHRI ANUP SANJAY DHOTRE:

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

- (a) the details of recent accomplishments of the Defence Research and Development Organisation (DRDO) in developing new defence technologies;
- (b) the manner in which the Government is promoting collaboration between DRDO, academic institutions and private startups;
- (c) the details of existing initiatives to fast-track the development and deployment of emerging

technologies like artificial intelligence, robotics and hypersonics;

(d) whether these schemes attracts youth and innovators into defence research careers and if so, the details thereof; and

(e) the manner in which the Government ensures intellectual property protection and commercialization of defence innovations?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH):

(a): DRDO has successfully completed 138 projects during the last three years.

Yearly break-up is :

Year	No. of projects completed	Cost (Rs. in Cr.)
01-Jan-2023 to 31-Dec-2023	48	Rs. 4269.27 Cr.
01-Jan-2024 to 31-Dec-2024	60	Rs. 3989.97 Cr.
01-Jan-2025 till date	30	Rs. 1859.89 Cr.

Some of the major Projects completed are:

Nag Mk-2, Astra Mk-2, Dhruvastra-Air to Surface Missile, Anti-Tank Guided Missile for MBT Arjun MK-II, Solid Fuel Ducted Rocket Ramjet Technology for Air Launched Tactical Missiles, Anti-Drone Air-Defence System, Mission Planning System and Dual mode Seekers for Terminal Guidance, Radome for AESA Radar,

Hemispherical Resonating Gyroscope (HRG), Terahertz Proximity Sensor, Delivery of Third AEW&C Aircraft System to IAF, High-Speed expendable Aerial Target 'Abhyas', Unmanned Small Airship System, Anti-Icing System of a Gas Turbine Engine, Heavy Drop System for C-130 & C-17 Aircraft, Assault Rifle, Light Machine Gun, Mounted Gun System, Improved Propulsion System for 120mm & 125mm Tank Gun Ammunition, Futuristic High Explosive Technologies, Landing Gear for 1 t class UAV, Wheeled Armoured Platform (WhAP) CBRN, Supersonic Missile Assisted Release of Torpedo, Advanced Technologies for Torpedo Defence System, Ground based Integrated EW Systems, Discrete and Portable COMINT Stations for Mountains, EW Systems for Capital Ships, Aircrafts & Helicopter of Indian Navy, NextGen Microwave Receiver Modules for EW Applications, D-Jag System Internal RWJ System for Jaguar DARIN III Upgrade Aircraft, Tactical Radios for Land Systems, Data Links for Airborne Platforms, Compact Transhorizon Communication System, Advanced SATCOM Technologies & System, InfraRed Search and Track Technologies, Hyper Spectral Imaging Technologies & Infrastructure, Advanced Laser Threat Detection System for Armoured Fighting Vehicles, Micro-optics and Freeform Optics based Devices, Ku-band Transmitter for Mobile Troposcatter System, Laser Ordnance Disposal System for Indian Army, Beam Combined Fiber Laser Source, Photonics Radar, Surface Wave Over The Horizon Radar, Operational Planning and Management System, Indigenous Geographical Information System for Tri-Services, Laser

Diode Technology, GaN HEMT based MMICs for Applications up to X-band, Nuclear Defence Technologies for Armed Forces, Biomechanical Human Endurance Machine, Thermal Infrared Signature Technologies, Oxygen Solution for High and Extreme Altitudes etc.

(b): DRDO, Industry and Academic Institutes are collaborating for carrying out Directed Research and translating research to technology for strengthening the future requirements of national safety and security. To support the engagement of startups, MSMEs and private industry, Long Term Directed Research Policy of industry engagement through academia has been launched. The policy provides the guidelines for involving the industry in DIA-COE projects either through ToT or for Technology Enhancement by engaging industry as Co-PI (Principal Investigator).

Directorate of ER&IPR, under the Grants-in-Aid (GIA) scheme, supports research activities in academic institutions and R&D centres for the development of technologies for its ongoing and future projects. The GIA funding is provided through Extramural Research (ER) Scheme and four Research Boards (RBs), namely, Aeronautics Research & Development Board (AR&DB), Armament Research Board (ARMREB), Naval Research Board (NRB), and Life Sciences Research Board (LSRB). Directorate of ER&IPR provides funding support to Indian

Academia and R&D Centres for basic and applied research where current TRL of the proposed technology is between 1 and 3.

The funding opportunity is equally open to all the Institutions/ Colleges/ Universities/ R&D Centres and the directorate gives weightage to the requirement of DRDO labs and the expertise of the investigator.

Technology Development Fund (TDF) Scheme is a unique mechanism to integrate the public and private sector industries especially MSMEs and startups that may work in collaboration with the academia or research institutions to carry out innovation, research and development of defence and dual use technologies under the mentorship of DRDO.

(c): Deep Tech areas including AI, Quantum Technology, Directed Energy, Advanced Materials, Hypersonic, UAVs etc. are identified by the competent authority. DIA-CoEs are also carrying research in these specialized areas as per their identified research verticals. To fast track the development and deployment process, project proposal format are revised/improved, flexibility of recruiting research manpower in projects, flexibility to use available funds among different heads of project expenditure without immediate concurrence and also joint Academia-Industry project SOP is promulgated.

(d): The following schemes are available in DRDO to attract youth and innovators into defence research careers: -

(i) Scheme of Research Fellowships: DRDO introduced a scheme of Research Fellowships to provide opportunity to bright, young scientists or engineers to carry out research work leading to earning of higher qualification or for acquisition of research experience. In addition to this, 500 students have been sponsored for PhD programmes under MHRD funded institutions to work on various DRDO projects thereby attracting young research scholars and provide them working exposure to state-of-the-art defence technologies.

(ii) DRDO Young Scientists Laboratories (DYSLs): DRDO has created five DRDO Young Scientists Laboratories (DYSLs) to encourage innovation and incubation, through empowerment of young Scientists/ Engineers below 35 years of age to join DRDO and provide R&D environment in emerging engineering fields and advanced technologies such as Artificial Intelligence, Quantum Technologies, Cognitive Technologies, Asymmetric Technologies and Smart Materials and provide an adequate freedom to young scientists to prove their talent.

(iii) DRDO Paid Internship Programme: DRDO offers an internship programme for students pursuing their graduation/post-graduation in relevant disciplines of engineering and science. This initiative offers unique opportunity to aspiring professionals to work on high-impact defence R&D activities alongside some of the country's brightest minds. This practical experience shall strengthen the

technical knowledge of students for future roles in advanced research & engineering within defence technology.

(iv) An extended two years Post Induction Training School (POINTS) Programme for newly recruited scientists of DRDO by offering M.Tech in Defence Technologies has been introduced in collaboration with DIAT, Pune.

(v) In order to attract/support young talent and innovation in Defence R&D, an exclusive Join DRDO campaign video highlighting the opportunities available has been launched on DRDO website and a web based application to capture the research interest of bright minds of the country. DRDO is also conducting outreach programmes to attract young talents by participating in job fairs, exhibition, etc. in various states in collaboration with State Government authorities and encourage them to join DRDO.

(e): DRDO is ensuring intellectual property protection by filing IPR applications on innovations made by DRDO, Academia and Indian Industry by filing various forms of IP like patents, designs, copyrights, trademarks etc. DRDO has empanelled 10 renowned IP attorney firms for filing of all IPR applications of DRDO. DRDO has also taken up licensing of all Indian granted patents on a royalty free basis to the Indian industry under the Make in India program of the Government of India (List of 972 granted patents available on DRDO website). DRDO is also conducting

various outreach and awareness programs to promote IPR culture among DRDO, Academia and Indian Industry.

HIGH PREVALENCE OF LOW BIRTH WEIGHT BABIES

1030. SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:

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

- (a) Whether any specific measures have been taken by the Government to address the high prevalence of low birth weight babies across the country and if so, the details thereof;
- (b) The details of the progress made in reducing low birth weight babies in the country over the last decade and the factors that have contributed to the persistence of this issue in certain regions;
- (c) Whether the Government has taken any measures to ensure that pregnant women, particularly those from socio-economically disadvantaged groups, have access to adequate nutrition and antenatal care to reduce the risk of low birth weight babies and if so, the details thereof;
- (d) Whether the Government has any plan to address the regional disparities in low birth weight prevalence with states like Punjab and Delhi having a higher prevalence compared to North Eastern States like Mizoram and Nagaland and if so, the details thereof; and

(e) Whether the Government is considering implementing targeted interventions, particularly in regions with high prevalence of low birth weight babies 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), (d) and (e): The Ministry of Health and Family Welfare (MoHFW) implements the following interventions related to maternal and child health for addressing the prevalence of low birth weight babies:

- Antenatal care is a key component of maternal health interventions, which include early pregnancy registration, four antenatal check-ups and management of high-risk pregnancies under Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA).
- In addition, frontline workers provide counselling on maternal nutrition and health practices during Village Health and Nutrition Days (VHNDs) and also facilitate behaviour change communication in the community to reduce the risk of low birth weight babies.
- Iron and Folic Acid (IFA) supplementation is provided through the Anaemia Mukh Bharat programme to prevent and treat maternal anaemia.

- Postnatal interventions focus on the care of newborns, particularly those who are low birth weight or preterm. Facility-Based Newborn Care (FBNC) is provided through Mother Newborn Care Units (MNCUs), Special Newborn Care Units (SNCUs) and Newborn Stabilization Units (NBSUs) which offer specialized care to small and sick newborn.
- The programmatic interventions such as Kangaroo Mother Care (KMC), Home-Based Newborn Care (HBNC), Home-Based Young Child Care (HBYC) and Mother Absolute Affection (MAA) program improves the survival and health outcomes of low birth weight (LBW) babies.
- NHM extends additional support to States and UTs through the Annual Programme Implementation Plan (APIP) for effective implementation and equity in service delivery.
- Periodical field visits, mid-term review meetings with States/ UTs and Common Review Mission (CRM) are key activities for health system strengthening to improve programme implementation.

(b): As per National Family Health Survey (NFHS) Report, the prevalence of low birth weight has shown a declining trend over the past decade from 21.5% in NFHS-3 (2005–06) to 18.2% in NFHS-5 (2019–21). Varying factors including socio-economic disparities and maternal medical conditions are underlying causes of Low Birth Weight in the country.

(c): Under National Health Mission (NHM), the Government of India has undertaken various measures to ensure that all pregnant women including socio-economically disadvantaged groups have the access of Antenatal care services under maternal health to reduce the risk of low birth weight babies across the country, which are given below: -

- Janani Shishu Suraksha Karyakram (JSSK) entitles all pregnant woman delivering in public health institutions to have absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs, consumables, free diet during stay, free diagnostics, free transportation and free blood transfusion, if required. Similar entitlements are also in place for sick infants up to one year of age.
- Janani Suraksha Yojana (JSY) is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- Outreach camps are provisioned for improving the reach of health care services especially in tribal and hard to reach areas. This platform is used to increase the awareness for the Maternal & Child health services, community mobilization as well as to track high-risk pregnancies.
- Mother and Child Protection (MCP) Card and Safe Motherhood Booklet are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.

- Anemia Mukh 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.
- The Ministry also coordinates with Ministry of Women and Child Development (MWCD) to provide supplementary nutrition for pregnant and lactating women to address maternal undernutrition and promote healthier pregnancy outcomes under POSHAN Abhiyaan.

एनआईए, 1881 के तहत दर्ज मामले

1031. श्री दामोदर अग्रवाल:

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

(क) विगत पांच वर्षों में परक्राम्य लिखत अधिनियम (एनआईए), 1881 के अंतर्गत पंजीकृत मामलों के निपटान का राज्य-वार एवं वर्ष-वार ब्यौरा क्या है ;

(ख) विगत पांच वर्षों में एनआईए, 1881 के अंतर्गत पंजीकृत और दो वर्षों से अधिक समय से लंबित मामलों का राज्य-वार एवं वर्षवार ब्यौरा क्या है ;

(ग) क्या परक्राम्य लिखत अधिनियम, 1881 की आड़ में वित्तीय संस्थाओं द्वारा गरीबों और जरूरतमंदों का शोषण किया जा रहा है ;

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

(ड) यदि नहीं, तो वित्तीय संस्थाओं द्वारा गरीबों और जरूरतमंदों पर अत्याचार की घटनाओं को रोकने के लिए क्या कदम उठाए गए हैं?

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

(क) और (ख): राष्ट्रीय न्यायिक डाटा ग्रिड (एनजेडीजी) पर उपलब्ध जानकारी के अनुसार, पिछले पांच वर्षों में परक्राम्य लिखत अधिनियम, 1881 के अधीन मामलों के राज्य/संघ राज्यक्षेत्र-वार रजिस्ट्रीकृत और निपटान का ब्यौरा संलग्न **विवरण-I** पर दिया गया है। 23.07.2025 तक लंबित मामलों और दो वर्षों से अधिक समय से लंबित मामलों का ब्यौरा संलग्न **विवरण-II** पर दिया गया है।

(ग) से (ड): परक्राम्य लिखत अधिनियम, 1881 चैक, वचन पत्र और विनिमय पत्र के उपयोग के लिए विधिक ढांचा प्रदान करने के लिए एक अधिनियमित विधि है। इस अधिनियम के अधीन उपबंध, जिसमें चैक के अनादर से संबंधित धारा 138 भी शामिल है, वित्तीय लेनदेन की विश्वसनीयता को बनाए रखने और समाज के सभी वर्गों पर उनकी आर्थिक स्थिति का ध्यान दिए बिना समान रूप से लागू करने के लिए डिज़ाइन किए गए हैं। इसके अतिरिक्त, परक्राम्य लिखत अधिनियम, 1881 की धारा 143 में मेट्रोपॉलिटन मजिस्ट्रेट या न्यायिक मजिस्ट्रेट प्रथम श्रेणी द्वारा अपराधों के संक्षिप्त विचारण का उपबंध है। धारा 143 में आगे उपबंध है कि इस धारा के अधीन किसी मामले का विचारण, जहां तक व्यवहार्य हो, न्याय के हितों के अनुरूप, इसके निष्कर्ष तक दिन-प्रतिदिन जारी रहेगा, जब तक कि न्यायालय को लिखित रूप में रिकार्ड किए जाने वाले कारणों से अगले दिन से परे परीक्षण का स्थगन आवश्यक न लगे। इसके अतिरिक्त, यह धारा यह उपबंध करती है कि इस धारा के अधीन प्रत्येक सुनवाई यथासंभव शीघ्रता से की जाएगी और शिकायत अभिलिखित होने की तारीख से छह महीने के भीतर सुनवाई पूरी करने का प्रयास किया जाएगा।

विवरण-I

परक्राम्य लिखत (एनआई) अधिनियम के अधीन रजिस्ट्रीकृत और निपटाए गए मामले

		2024		2023		2022		2021		2020	
क्र. सं.	राज्य/संघ राज्यक्षेत्र	रजिस्ट्रीकृत मामले	निपटाए गए मामले	रजिस्ट्रीकृत मामले	निपटाए गए मामले	रजिस्ट्रीकृत मामले	निपटाए गए मामले	रजिस्ट्रीकृत मामले	निपटाए गए मामले	रजिस्ट्रीकृत मामले	निपटाए गए मामले
1	आंध्र प्रदेश	17063	15755	21060	17885	18741	15551	17077	6158	14038	9340
2	अरुणाचल प्रदेश	77	72	35	22	7	2	10	0	5	0
3	असम	5044	4078	4687	3823	6028	3474	4483	1986	3026	1586
4	बिहार	13138	6822	12441	6314	13560	4976	10576	2258	6421	1505
5	चंडीगढ़	12662	11622	10846	10381	8329	8721	8125	4514	7315	2406
6	छत्तीसगढ़	17114	21402	19180	17536	18873	12179	19652	8122	7764	4023
7	दिल्ली	126059	101882	118110	109023	103034	96648	81769	54086	67311	39856
8	गोवा	3539	3929	3655	4973	4195	4783	3565	2368	2848	820
9	गुजरात	176991	169936	158120	168387	159682	132578	145184	92092	87649	30628
10	हरियाणा	60397	56585	68562	66131	64089	51557	60133	31635	53303	13210
11	हिमाचल प्रदेश	15655	16167	16207	14695	16451	12596	11333	7212	10575	2732
12	झारखंड	14277	11667	11809	7598	9572	5948	6022	1980	4992	1583
13	कर्नाटक	122870	97191	97807	84480	77395	61635	68860	52312	40872	27714
14	केरल	39141	26069	41892	25354	34699	16944	12107	6470	9518	4539
15	लक्षद्वीप										
16	मध्य प्रदेश	41375	49628	45966	44210	47212	36130	38488	22543	23681	8217
17	महाराष्ट्र	125200	109141	119129	114949	128185	100712	110411	72363	83247	30158
18	मेघालय	0	0	1	0	1	1	0	0	0	0
19	नागालैंड	20	5	9	6	17	9	5	3	5	2

20	ओडिशा	8720	5345	8405	5388	9445	5700	7353	3491	5387	1878
21	पुडुचेरी	1047	2104	1795	770	1755	422	1435	183	674	98
22	पंजाब	75746	78387	69570	88515	66466	74685	58446	39786	49972	20147
23	राजस्थान	123652	100321	140020	80180	145164	64851	106588	38896	81217	19038
24	सिक्किम	21	12	13	8	8	2	1	4	4	2
25	तमिलनाडु	31337	31364	33549	35367	43433	27414	30692	16475	20502	9533
26	तेलंगाना	10835	8723	13258	8849	15770	27844	21938	7288	10163	3730
27	दादरा और नागर हवेली और दमण और दीव	335	197	267	217	285	258	275	179	314	73
28	त्रिपुरा	160	82	116	70	169	82	100	47	80	21
29	उत्तर प्रदेश	104091	63982	80600	46148	82814	55231	64216	27774	53854	19017
30	उत्तराखंड	14957	10670	12405	10985	11293	9569	9436	7093	7959	2993
31	पश्चिमी बंगाल	59025	38434	58609	39696	49333	52342	69315	24543	25944	16659
32	अंडमान और निकोबार										
	कुल	1220548	1041572	1168123	1011960	1136005	882844	967595	531861	678640	271508

स्रोत: - राष्ट्रीय न्यायिक डाटा ग्रिड (एनजेडीजी) पोर्टल पर तारीख 21.07.2025 को उपलब्ध आंकड़ों के अनुसार रिपोर्ट।

• जम्मू-कश्मीर, लद्दाख, मिजोरम और मणिपुर का डाटा राष्ट्रीय न्यायिक डाटा ग्रिड (एनजेडीजी) पोर्टल पर उपलब्ध नहीं है।

विवरण- II

एनआई अधिनियम के अधीन लंबित मामले

क्र.सं.	राज्य	लंबित मामले	2 वर्ष से अधिक समय से लंबित मामले
1	आंध्र प्रदेश	57607	31351
2	अरुणाचल प्रदेश	79	31
3	असम	21944	13931
4	बिहार	70758	48221
5	चंडीगढ़	22377	5251
6	छत्तीसगढ़	64611	34213
7	दिल्ली	466163	239829
8	गोवा	11004	5868
9	गुजरात	515805	241990
10	हरियाणा	240024	134655
11	हिमाचल प्रदेश	57430	33617
12	झारखंड	38475	18971
13	कर्नाटक	199390	74076
14	केरल	116917	56168
15	लक्षद्वीप		
16	मध्य प्रदेश	182321	115942
17	महाराष्ट्र	638490	429049
18	मेघालय	0	0
19	नागालैंड	49	18
20	ओडिशा	67514	51240
21	पुडुचेरी	5950	4139
22	पंजाब	154850	46249
23	राजस्थान	629210	436012
24	सिक्किम	12	2
25	तमिलनाडु	122277	70689
26	तेलंगाना	55916	34233
27	दादरा और नागर हवेली और दमण और दीव	1483	898

28	त्रिपुरा	515	137
29	उत्तर प्रदेश	394802	241441
30	उत्तराखंड	47501	25995
31	पश्चिमी बंगाल	291102	200285
32	अंदमान और निकोबार		
	कुल	4474576	2594501

स्रोत: - राष्ट्रीय न्यायिक डाटा ग्रिड (एनजेडीजी) पोर्टल पर तारीख 23.07.2025 को उपलब्ध आंकड़ों के अनुसार रिपोर्ट।

· जम्मू-कश्मीर, लद्दाख, मिजोरम और मणिपुर का डाटा राष्ट्रीय न्यायिक डाटा ग्रिड (एनजेडीजी) पोर्टल पर उपलब्ध नहीं है।

मध्य प्रदेश में पोषक तत्व आधारित राजसहायता

1032. श्रीमती भारती पारधी:

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

- (क) पोषक तत्व आधारित राजसहायता (एन.बी.एस.) योजना के प्रारंभ से अब तक वर्षवार विभिन्न फसलों और क्षेत्रों विशेषकर मध्य प्रदेश में संतुलित उर्वरक उपयोग पर इसका समग्र प्रभाव क्या रहा है;
- (ख) क्या इस योजना के अंतर्गत विभिन्न पोषक तत्वों (एन., पी., के., एस.) के उपयोग में कोई असमानता पाई गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और उसे दूर करने के लिए कौन-कौन से उपाय किए जा रहे हैं;
- (ग) क्या फॉस्फेटिक और पोटेशिक (पी.एण्ड.के.) उर्वरकों को विशेष रूप से डाय-अमोनियम फॉस्फेट (डी.ए.पी.) की खुदरा कीमतों में उल्लेखनीय उतार-चढ़ाव देखा गया है; और
- (घ) यदि हां, तो आवश्यक उर्वरकों की उपलब्धता को किसानों विशेषकर लघु और सीमान्त किसानों के लिए सुलभ बनाए रखने हेतु सरकार द्वारा राज्यवार विशेषकर मध्य प्रदेश में कौन-कौन से कदम उठाए गए हैं?

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

(क): फास्फेटयुक्त और पोटेशियुक्त (पीएण्डके) उर्वरकों के संबंध में, सरकार ने 1.4.2010 से पोषक-तत्व आधारित सब्सिडी नीति लागू की है। इस नीति के अंतर्गत, सब्सिडी प्राप्त पीएण्डके उर्वरकों अर्थात् नाइट्रोजन(एन), फॉस्फोरस (पी), पोटेशियम (के) और सल्फर (एस) की पोषक-तत्व मात्रा के आधार पर इनके उत्पादकों/आयातकों को वार्षिक/द्विवार्षिक आधार पर सब्सिडी की एक नियत राशि उपलब्ध कराई जाती है। एनबीएस स्कीम के तहत, एनबीएस सब्सिडी के अलावा क्रमशः जिंक और बोरॉन से पोष्टिकीकृत करने के लिए ₹ 500/मीट्रिक टन और ₹ 300/मीट्रिक टन की अतिरिक्त सब्सिडी प्रदान की जाती है। उर्वरक कंपनियां मृदा, जलवायु स्थितियों, फसल स्वास्थ्य आदि के लिए विशिष्ट एनपीके उर्वरकों के विभिन्न ग्रेड पेश करती हैं। इसलिए फोर्टिफाइड वर्जनों सहित अधिक एनपीके ग्रेड की खपत संतुलित उर्वरता के लिए लाभप्रद है। संतुलित उर्वरता को बढ़ावा देने वाले उर्वरकों के विभिन्न एनपीके ग्रेड की खपत 2010-11 में 103.80 एलएमटी से बढ़कर 2024-25 में 149.71 एलएमटी हो गई है।

(ख): सरकार उर्वरकों के संतुलित और विवेकपूर्ण उपयोग की अवधारणा को बढ़ावा दे रही है। मृदा स्वास्थ्य और इसकी उत्पादकता में सुधार लाने के लिए ऑर्गेनिक खाद और जैव-उर्वरकों के साथ सहायक तथा सूक्ष्म पोषक तत्वों सहित रसायनिक उर्वरक के विवेकपूर्ण उपयोग के जरिए एकीकृत पोषकतत्व प्रबंधन (आईएनएम) को बढ़ावा देने के लिए राज्यों को सहायता प्रदान करने के उद्देश्य से मृदा स्वास्थ्य और उर्वरता स्कीम को वर्ष 2014-15 में शुरू किया गया था। इस योजना के उप-घटक हैं जैसे मृदा परीक्षण, उर्वरकों/जैव-उर्वरकों और ऑर्गेनिक उर्वरकों की गुणवत्ता नियंत्रण प्रयोगशालाओं की स्थापना/सुदृढ़ीकरण, सूक्ष्म पोषक तत्वों को बढ़ावा देना और मृदा स्वास्थ्य कार्ड जारी करने के लिए मृदा के नमूनों का परीक्षण करना। मृदा के नमूनों को मानक प्रक्रियाओं का पालन करते हुए संसाधित किया जाता है और विभिन्न मापदंडों जैसे पीएच, विद्युत चालकता (ईसी),

ऑर्गेनिक कार्बन, उपलब्ध नाइट्रोजन, फॉस्फोरस, पोटेशियम, सल्फर और सूक्ष्म पोषक तत्वों (जिंक, तांबा, लोहा, मैंगनीज और बोरोन) के लिए विश्लेषण किया जाता है। मृदा स्वास्थ्य कार्ड किसानों को उनकी मिट्टी की मृदा पोषक तत्वों की स्थिति और मृदा स्वास्थ्य और इसकी उर्वरता में सुधार के लिए अनुप्रयोग किए जाने वाले पोषक तत्वों की उचित खुराक पर सिफारिश के बारे में जानकारी प्रदान करता है। इस स्कीम के तहत, किसानों को 25.13 करोड़ मृदा स्वास्थ्य कार्ड जारी किए गए हैं। मृदा स्वास्थ्य कार्ड सिफारिशों पर देश भर में 93781 किसान प्रशिक्षण, 6.80 लाख प्रदर्शन, 7425 किसान मेले/अभियान आयोजित किए गए हैं।

(ग) और (घ): एनबीएस स्कीम के तहत, पीएण्डके उर्वरक विनियंत्रित है और उर्वरक कंपनियों को बाजार के उतार-चढ़ाव के अनुसार यथोचित स्तर पर एमआरपी को नियत किए जाने की अनुमति है जिसकी निगरानी सरकार द्वारा की जाती है। डीएपी के लक्षित फार्म गेट मूल्य को ₹1350 प्रति 50 किलोग्राम बोरी की दर पर रखने के लिए, भारत सरकार ने एनबीएस सब्सिडी के अलावा विशेष प्रावधान जैसे 'अन्य लागतों', जिसमें कारखाने के गेट से फार्म गेट तक की लागत, अंतरराष्ट्रीय कीमतों में वृद्धि/कमी के कारण लाभ/नुकसान शामिल हैं, को कवर करने के लिए 3500 रु प्रति मीट्रिक टन का प्रावधान, एमआरपी में शामिल जीएसटी घटक के लिए प्रावधान और खरीफ 2025 मौसम के लिए आयातित और घरेलू डीएपी दोनों के लिए निवल एमआरपी (एमआरपी-जीएसटी) के 4% की दर से उचित रिटर्न का प्रावधान शुरू किया है। इन प्रावधानों को आयातित ट्रिपल सुपर फॉस्फेट (टीएसपी) के लिए भी बढ़ाया गया है।

किसानों को पीएण्डके उर्वरकों की वहनीयता सुनिश्चित करने के लिए एनबी को अखिल भारतीय आधार पर लागू किया जाता है। यह स्कीम छोटे और सीमांत किसानों सहित सभी प्रकार के किसानों के लिए समान रूप से फायदेमंद है। छोटे और सीमांत किसानों को पीएण्डके उर्वरकों की वहनीयता सुनिश्चित करने के लिए मध्य प्रदेश सरकार अपने सदस्य किसानों को प्राथमिक कृषि सहकारी

समितियों के माध्यम से शून्य प्रतिशत ब्याज दरों पर अधिकाधिक उर्वरक प्रदान करने की सुविधा प्रदान करती है।

MATERNAL MORTALITY RATIO IN ASSAM TEA GARDENS

1033. SHRI PRADYUT BORDOLOI:

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

- (a) the details of the Maternal Mortality Ratio (MMR) in Assam's tea gardens and the share of institutional deliveries amongst tea garden workers in the country, State/UT-wise, particularly in Assam;
- (b) the details of the number of tea garden workers in Assam who availed benefits under the Janani Suraksha Yojna during the last five years and the amount of funds disbursed to them, year-wise;
- (c) the details of the number of female tea garden workers in Assam covered under the Anaemia Mukht Bharat Abhiyan and the share of pregnant tea garden workers who received 180 Red Iron and Folic Acid (IFA) tablets under the scheme; and
- (d) whether the Government has undertaken any assessments regarding the delivery of central schemes related to maternal health to tea garden workers in Assam and if so, the findings 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): As per the Special Bulletin on Maternal Mortality Ratio (MMR), 2020-22 released by the Registrar General of India, which provides MMR at State level, the MMR of Assam is 125 per lakh live births. The share of institutional deliveries at State/UT level including the State of Assam as per the NFHS-5 (2019-21), is given in the enclosed **Statement-I**.

(b): The details of the funds approved under NHM for Janani Suraksha Yojana (JSY) in Assam, in the last five years are given in the enclosed **Statement-II**. As per the information received from the state of Assam, the year-wise data of tea garden workers who have availed JSY benefits and the amount of funds disbursed to them is not maintained separately.

(c): Under Anemia Mukht Bharat Abhiyan, all the target age groups, including pregnant and lactating women and women of reproductive age group are covered across all the States and UTs, including all tea garden areas of Assam. As per the Health Management Information System (HMIS), 95% of pregnant women in Assam have been provided with 180 Red Iron and Folic Acid (IFA) tablets in FY 2024-25. As per the information received from the State of Assam, the separate coverage data for female tea garden workers and pregnant tea garden workers is not maintained.

(d): The Government assesses the implementation of central schemes under National Health Mission (NHM) by undertaking periodic Regional/State level review meetings, field visits in various States/UTs and Common Review Missions (CRMs). Further, Government of India has taken following steps for

effective implementation and strengthening of central schemes, across all States and UTs, including tea gardens in Assam:

- A system of regular supportive supervisory visits to the states and districts to monitor the implementation of central schemes has been put in place.
- Health Management Information System (HMIS), Reproductive and Child Health (RCH) portal and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) portal are the major tools to report, review and monitor the key maternal health indicators under the central schemes.
- Communications through multiple channels with State Governments including letters and videoconferencing.

STATEMENT-I

India and State/UT wise share of Institutional Deliveries as per NFHS-5 (2019-21)

S.No	State/UT	Institutional Delivery %
	India	88.6
1	Andaman and Nicobar Islands	98.9
2	Andhra Pradesh	96.5
3	Arunachal Pradesh	79.2
4	Assam	84.1
5	Bihar	76.2
6	Chandigarh	96.9
7	Chhattisgarh	85.7
8	Delhi	91.8
9	Goa	99.7
10	Gujarat	94.3
11	Haryana	94.9

12	Himachal Pradesh	88.2
13	Jammu and Kashmir	92.4
14	Jharkhand	75.8
15	Karnataka	97.0
16	Kerala	99.8
17	Ladakh	95.1
18	Lakshadweep	99.6
19	Madhya Pradesh	90.7
20	Maharashtra	94.7
21	Manipur	79.9
22	Meghalaya	58.1
23	Mizoram	85.8
24	Nagaland	45.7
25	Odisha	92.2
26	Puducherry	99.6
27	Punjab	94.3
28	Rajasthan	94.9
29	Sikkim	94.7
30	Tamil Nadu	99.6
31	Telangana	97.0
32	Dadra Nagar Haveli and Daman&Diu	96.5
33	Tripura	89.2
34	Uttarakhand	83.2
35	Uttar Pradesh	83.4
36	West Bengal	91.7

STATEMENT-II

State Program Implementation Plan (SPIP) Approvals for the last 5 years under JSY for Assam

Financial Year	SPIP Approval (Rs. in lakh)
2020-21	6,933.61
2021-22	4,634.84

2022-23	7,917.38
2023-24	8,248.54
2024-25	8,554.27

REPRESENTATION OF WOMEN, SC, ST ADVOCATES IN JUDICIARY

1034. SHRI PUSHPENDRA SAROJ:

SUSHRI IQRA CHOUDHARY:

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

- (a) the number of women and Scheduled Caste (SC)/Scheduled Tribe (ST) advocates currently practising in the district courts, subordinate courts, Central Government legal panels, and under NALSA-affiliated schemes, classified across cadre and court level, State-wise;
- (b) the number of women and Scheduled Caste (SC)/Scheduled Tribe (ST) advocates from the State of Uttar Pradesh currently practising in the district courts, subordinate courts, Central Government legal panels and under NALSA affiliated schemes, classified across cadre and court level, district-wise; and
- (c) whether any centrally supported clerkship/fellowship or mentorship programmes exist to support first-generation SC/ST law graduates from the State, if so, the number of beneficiaries supported thereunder, State-wise and district-wise across Uttar Pradesh?

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

(a) and (b): As per the Advocates Act, 1961 the Bar Council of India (BCI) is responsible for the regulation of Legal profession in India, and as per the latest consolidated enrolment data compiled by the Bar Council of India from fifteen State Bar Councils, approximately 2,84,507 women advocates are enrolled across the country, with the State of Uttar Pradesh accounting for 49,545 women advocates as of November 2024. However, with regard to SC/ST advocates, it is stated that caste-wise enrolment data is not centrally maintained by the Bar Council of India.

As regards the empanelment of Central Government Advocates, it is submitted that the process is based entirely on the suitability and merit of the advocates, irrespective of their gender, caste, or community. Further, the National Legal Services Authority (NALSA) does not maintain data regarding the caste categories, including Scheduled Castes (SC) and Scheduled Tribes (ST), of empanelled advocates. However, the state-wise number of women lawyers empanelled under NALSA-affiliated schemes is as under:

S. No.	State Legal Service Authorities	Female Lawyers
1	Andhra Pradesh	390
2	Arunachal Pradesh	41
3	Assam	231
4	Bihar	350
5	Chhattisgarh	362
6	Goa	141
7	Gujarat	679
8	Haryana	271
9	Himachal Pradesh	71

10	Jharkhand	246
11	Karnataka	986
12	Kerala	862
13	Madhya Pradesh	342
14	Maharashtra	1137
15	Manipur	83
16	Meghalaya	95
17	Mizoram	25
18	Nagaland	30
19	Odisha	307
20	Punjab	165
21	Rajasthan	148
22	Sikkim	69
23	Tamil Nadu	868
24	Telangana	326
25	Tripura	81
26	Uttar Pradesh	221
27	Uttarakhand	72
28	West Bengal	710
29	A&N Islands	10
30	Chandigarh	20
31	Dadra & Nagar Haveli	1
32	Daman & Diu	9
33	Delhi	482
34	Jammu & Kashmir	135
35	Ladakh	5
36	Lakshadweep	0
37	Puducherry	110
	TOTAL	10081

(c): No such centrally supported clerkship, fellowship, or mentorship programme for first-generation Scheduled Caste (SC)/Scheduled Tribe (ST) law graduates has been formulated. However, some State Bar Councils, including the Bar Council of Uttar Pradesh, have initiated limited measures such as induction training programmes, continuing legal education modules, and informal mentorship sessions conducted in association with senior advocates and retired judicial officers. These measures, while commendable, are neither uniformly regulated nor based on centrally funded frameworks and do not include specific tracking of SC/ST or first-generation status.

INCREASE IN MBBS AND PG SEATS IN KARNATAKA

1035. SHRI P. C. MOHAN:

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

(a) whether the Government has any plans to increase undergraduate (MBBS) and postgraduate medical seats in Government and private medical colleges in Karnataka and if so, the details thereof;

(b) the number of MBBS and PG seats added in Government and Private medical colleges in Karnataka during the last five years, year-wise and college-wise;

(c) whether the Government is considering to upgrade district hospitals under the Centrally Sponsored Scheme for Establishment of New Medical Colleges by 2027 and if so, the details thereof;

(d) whether there is any proposal under consideration for new AIIMS or centrally funded medical institutions in Karnataka and if so, the details thereof; and

(e) the steps taken by the Government to ensure adequate infrastructure, faculty and clinical exposure to support the expansion of medical seats in the State?

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): The Ministry of Health and Family Welfare administers a Centrally Sponsored Scheme (CSS) for 'Establishment of new medical colleges attached with existing district/referral hospitals' with preference to underserved areas and 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, 157 Government medical colleges have been approved in three phases including 04 medical colleges (Chikkamagaluru, Haveri, Yadgiri & Chikkaballapura) in Karnataka. All the four medical colleges are functional.

The phase wise details of medical colleges approved in the country are given in the enclosed **Statement**.

Under CSS for upgradation of existing State Government/ Central Government Medical Colleges for increasing MBBS (UG) seats and PG seats, financial support has been provided to the State of Karnataka for increase of 550 MBBS

seats in nine (09) Medical Colleges at a total approved cost of Rs. 660 Crore and 70 PG seats in two (02) Medical Colleges at a total approved cost of Rs. 66.62 Crore.

Also, under the “Upgradation of Government medical colleges by construction of Super Specialty Blocks” component of Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), three (03) projects have been approved in Karnataka in Government Medical Colleges at Bangaluru, Bellary and Hubli. As per information provided by National Medical Commission (NMC), details of UG/PG seats increased in the State of Karnataka in recent years are as under:

	2021-22	2022-23	2023-24	2024-25
No. of UG seats	800 (100 Govt. + 700 Pvt.)	850 (200 Govt. + 650 Pvt.)	700 (200 Govt. + 500 Pvt.)	1800 (550 Govt. + 1250Pvt.)
No. of PG seats	557 (182 Govt. + 375 Pvt.)	236 (115 Govt. + 121 Pvt.)	500 (225 Govt. + 275 Pvt.)	587 (186 Govt. + 403 Pvt.)

NMC has framed the Minimum Standard Requirement i.e. UG-MSR & PG-MSR and has also notified Post-Graduate Medical Education Regulations and Under-Graduate Medical Education Regulations-2023 which address the issues of infrastructure and basic medical facilities in medical colleges across the country. The new Medical Institution (Qualifications of Faculty) Regulations, 2025 are designed to significantly expand the pool of qualified faculty by adopting a more inclusive and competency-based approach to faculty eligibility

and recruitment. These changes aim to address the growing requirement of teaching personnel, and meeting the academic and professional standards. Further, the District Residency Programme is a mandatory three-month rotational programme in district hospitals for post-graduate medical students mandated by the NMC to enhance their exposure to public health system, diverse healthcare setting specially in rural areas and community-based care bridging the gap between theoretical knowledge and practical experience.

STATEMENT

State-wise details of 157 Medical Colleges approved under the Centrally Sponsored scheme for 'Establishment of new medical colleges attached with existing district/referral hospitals'

S.No	State/UT	No. of colleges	Districts
Phase-I (58)			
1	A & N Islands	1	Port Blair
2	Arunachal Pradesh	1	Naharlagun
3	Assam	4	Dhubri, Nagaon, North Lakhimpur, Diphu
4	Bihar	3	Purnia, Saran (Chhapara), Samastipur
5	Chhattisgarh	2	Rajnandgaon, Sarguja
6	Himachal Pradesh	3	Chamba, Hamirpur, Nahan (Sirmour)
7	Haryana	1	Bhiwani
8	Jharkhand	3	Dumka, Hazaribagh, Palamu (Daltonganj)
9	Jammu & Kashmir	5	Anantnag, Baramulla, Rajouri, Doda, Kathua

S.No	State/UT	No. of colleges	Districts
10	Madhya Pradesh	7	Datia, Khandwa, Ratlam, Shahdol, Vidisha, Chindwara, Shivpuri
11	Maharashtra	1	Gondia
12	Meghalaya	1	West Garo Hills (Tura)
13	Mizoram	1	Falkawn
14	Nagaland	1	Naga Hospital (Kohima)
15	Odisha	5	Balasore, Baripada (Mayurbhanj), Bolangir, Koraput, Puri
16	Punjab	1	SAS Nagar
17	Rajasthan	7	Barmer, Bharatpur, Bhilwara, Churu, Dungarpur, Pali, Sikar
18	Uttar Pradesh	5	Basti, Faizabad, Firozabad, Shahjahanpur, Bahraich
19	Uttarakhand	1	Almora
20	West Bengal	5	Birbhum (Rampur Hat), Cooch Behar, Diamond Harbour, Purulia, Raiganj (North Dinajpur)
Phase –II (24)			
1	Bihar	5	Sitamarhi, Jhanjharpur, Siwan, Buxar, Jamui
2	Jharkhand	2	Koderma, Chaibasa (Singhbhum)
3	Madhya Pradesh	1	Satna
4	Odisha	1	Jajpur
5	Rajasthan	1	Dholpur
6	Uttar Pradesh	8	Etah, Hardoi, Pratapgarh, Fatehpur, Siddharthnagar (Domariyaganj), Deoria, Ghazipur, Mirzapur
7	West Bengal	5	Barasat, Uluberia, Arambagh, Jhargram, Tamluk
8	Sikkim	1	Gangtok

S.No	State/UT	No. of colleges	Districts
Phase-III (75)			
1	Andhra Pradesh	3	Piduguralla, Paderu, Machilipatnam
2	Assam	1	Kokrajhar
3	Chhattisgarh	3	Korba, Mahasamund, Kanker
4	Gujarat	5	Narmada, Navsari, Panchmahal, Porbandar, Morbi
5	Jammu & Kashmir	2	Udhampur, Handwara (Distt. Kupwara)
6	Karnataka	4	Chikkamagaluru, Haveri, Yadgiri, Chikkaballapura
7	Ladakh	1	Leh
8	Madhya Pradesh	6	Rajgarh, Mandla, Neemuch, Mandsaur, Sheopur, Singrauli
9	Maharashtra	1	Nandurbar
10	Manipur	1	Churachandpur
11	Nagaland	1	Mon
12	Odisha	1	Kalahandi
13	Punjab	2	Kapurthala, Hoshiarpur
14	Rajasthan	15	Alwar, Baran, Bansawara, Chittorgarh, Jaisalmer, Karauli, Nagaur, Shri Ganganagar, Sirohi, Bundi, Sawai Madhopur, Tonk, Hanumangarh, Jhunjhunu, Dausa
15	Uttarakhand	3	Rudrapur (Distt. Udham Singh Nagar), Pithoragarh, Haridwar
16	Uttar Pradesh	14	Bijnaur, Kushinagar, Sultanpur, Gonda, Lalitpur, LakhimpurKheri, Chandauli, Bulandshahar, Sonbhadra, Pilibhit, Auraiya, Kanpur Dehat, Kaushambi, Amethi

S.No	State/UT	No. of colleges	Districts
17	Tamil Nadu	11	Tiruppur, Nilgiris, Ramanathapuram, Namakkal, Dindigul, Virudhunagar, Krishnagiri, Tiruvallur, Nagapattinam, Ariyalur, Kallakurichi
18	West Bengal	1	Jalpaiguri

SHORTAGE OF MEDICAL STAFF IN KERALA

1036. SHRI K. RADHAKRISHNAN:

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

- (a) whether the Government is aware of the shortage of doctors, nurses and other medical professionals in rural and tribal areas of Kerala;
- (b) if so, the details of steps taken to address these shortages, including any special recruitment drives or incentive schemes implemented in the State;
- (c) the details of funds allocated and utilised for strengthening Primary Health Centres (PHCs) and Community Health Centres (CHCs) in Kerala during the last three years;
- (d) whether the Government proposes to launch any new centrally sponsored schemes to improve healthcare infrastructure and service delivery in backward and under-served regions of Kerala; 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) : The details of doctors, nurses and other medical professionals in rural and tribal areas of Kerala are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

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

(b) : The primary responsibility of strengthening public healthcare system, including filling up of the vacancies in in healthcare facilities lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs 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. States/ UTs to ensure availability of HR by creating adequate number of regular posts as per the Indian Public Health Standards (IPHS) in the long run and using NHM posts in the short to medium term to fill critical gaps. The NHM supplements the regular human resources by filling up the gaps in human resources in secondary and primary care facilities (District Hospital and below) as per IPHS.

Under NHM, following types of incentives and honorarium are provided for encouraging doctors and paramedics to practice in rural and remote areas of the country including Kerala to address the shortage of staff:

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
- Honorarium to Gynecologists/ Emergency Obstetric Care (EmOC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural & remote area.
- Incentives like special incentives for doctors, incentive for Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (ANC) checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.

(c): State/UT wise funds approved and Expenditure for Primary Health Centres (PHCs) and Community Health Centres (CHCs) under National Health Mission from the FY 2022-23 to FY 2024-25 for the state of Kerala is as under:

(Rs. In Lakhs)

Financial Year	Approvals		Expenditure	
	PHCs	CHCs	PHCs	CHCs
2022-23	2,953.05	2,916.31	971.62	943.44
2023-24	5,350.38	3,315.50	744.01	1,021.07
2024-25	1,498.80	1,836.15	2,310.87	1,081.60

Note:

1. The above data is as per available Financial Management Reports submitted by the States/UTs.
2. Expenditure includes expenditure against Central Releases, State Releases & unspent balances at the beginning of the year. Expenditure is as per FMRs submitted by States/UTs and is provisional.

(d) and (e): Details of funds approved during the current FY 2025-26 & for the last three FYs i.e 2024-25; 2023-24; 2022-23 for development of building infrastructure under NHM to the State of Kerala are as under:

(Amount in Lakhs)

State	2025-26	2024-25	2023-24	2022-23
Kerala	2941.32	6,464.94	17,943.60	12,632.88

In addition to the National Health Mission, Government of India has allocated the following funds to improve the healthcare infrastructure and service delivery in backward and under-served regions of Kerala:

- **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 Kerala for five years (i.e. FY 2021-22 to 2025-2026) for an amount of Rs. 404.63 Cr. for construction/ strengthening of 14 IPHLs at District level and 14 CCBs at District Hosopitals and Medical college level.
- Under **Fifteenth Finance Commission (FC-XV)** for the State of Kerala, Rs. 2958.02 Crore has been approved for the five year period from FY 2021-22 to FY 2025-26 and Rs.1694.74 Cr. has been released so far for establishment and strengthening of 1205 Building less SHCs, 116 Building less PHCs, 41 Building less CHCs, 152 Block Public Health Units, and 380 Urban- AAMs.
- 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 upgradation of four Government Medical Colleges/ Institutions (GMCI) at Thiruvananthapuram, Kozhikode, Alappuzha and Trivandrum for the State of Kerala.

TRAINING TO AWWs

1037. SHRI SAUMITRA KHAN:

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

- (a) the total number of Anganwadi Workers (AWWs) trained under the Incremental Learning Approach during the last three years, State-wise including West Bengal;
- (b) whether the training has resulted in improved delivery of nutrition and education services at Anganwadi Centres (AWCs), if so, the details thereof;
- (c) whether the Government has implemented performance-based incentives for AWWs and Anganwadi Helpers (AWHs), if so, the details thereof and if not, the reasons therefor; and
- (d) the initiatives taken/proposed to be taken to provide technological support and reduce the workload of AWWs?

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

(a): As on 22nd July 2025, a total of 5,62,222 Anganwadi Workers (AWWs) have been trained under the Poshan Bhi Padhai Bhi (PBPB) initiative, which was launched on 10th May 2023 by the Ministry of Women and Child Development. The State/UT-wise details of AWWs trained under the initiative, including those from West Bengal, are given in the enclosed **Statement**.

(b): The training under *Poshan Bhi Padhai Bhi (PBPB)* is contributing significantly to the development of a high-quality Early Childhood Care and Education (ECCE) ecosystem with well-trained Anganwadi Workers (AWWs), in alignment with the National Education Policy (NEP) 2020. Anganwadi Workers are undergoing specialized training through the Savitri Phule National Institute of Women and Child Development (SPNIWCD). This training is aligned with *Navchetana* – the National Framework for Early Childhood Stimulation for children from birth to three years – and *Aadharshila* – the National Curriculum for ECCE for children aged three to six years, launched by the Ministry in 2024. Special emphasis is placed on supporting children with disabilities (Divyang children), ensuring inclusive learning practices. The training follows a Two-Tier Model wherein State-Level Master Trainers (SLMTs) undergo a two-day intensive training (Tier 1), who in turn train Anganwadi Workers through a three-day, interactive, hands-on module (Tier 2). This approach equips AWWs with the knowledge and skills to deliver quality ECCE services, focusing on nutrition, health, responsive care, and developmental milestones; age-appropriate, joyful learning for holistic development; and engagement with families and communities to promote early learning environments at home. The training is expected to enhance the overall quality and impact of services delivered through Anganwadi Centres.

(c): There is a provision of performance-based incentives for Anganwadi Workers and Anganwadi helpers. Anganwadi workers are provided incentive of

Rs. 500 per month for conducting growth measurement of at least 80% of children in 0-6 years age group in the month and completing at least 60% of home visits for pregnant women, lactating mothers and children up to three years of age as per the home visit scheduler. Anganwadi helpers are provided incentive of Rs.250 per month for opening of the Anganwadi Centre for at least 21 days in a month.

(d): 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 AWCs, AWWs and beneficiaries on defined indicators. Technology under Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, under-weight prevalence among children. It has facilitated near real time data collection for Anganwadi Services such as, daily attendance, ECCE, Provision of Hot Cooked Meal (HCM)/Take Home Ration (THR-not raw ration), Growth Measurement etc. The App also offers counselling videos on key behaviours and services which help disseminate messages on birth preparedness, delivery, post-natal care, breastfeeding, and complementary feeding. Regular field level trainings/workshops are conducted directly for Anganwadi Workers regarding use of the Poshan Tracker Application. Poshan Tracker also features self-learning videos for AWWs, enabling continuous capacity building and on-the-job learning through digital modules. Block and

District Coordinators provide on-ground handholding support to AWWs for effective usage and implementation of the Poshan Tracker. Besides this, the States/UTs have also been advised to discontinue the use of physical registers and use Poshan Tracker for reducing work load of Anganwadi workers and improving their efficiency.

STATEMENT

The State/UT-wise details of AWWs trained under the initiative, including those from West Bengal, are as follows:

	SLMTs		AWWs	
	Target	Completed	Target	Completed
India	43,488	41,360	13,15,162	5,62,222
Andaman and Nicobar Islands	45	49	720	732
Andhra Pradesh	2059	2050	54,908	53321
Arunachal Pradesh	465	648	6225	1375
Assam	2353	2794	60,964	22238
Bihar	3366	2178	1,12,094	90263
Chandigarh	24	33	434	548
Chhattisgarh	2126	2009	51,245	11072
Dadra and Nagar Haveli and Daman and Diu	24	50	405	240
Delhi	434	581	10498	10412
Goa	65	64	1224	1148
Gujarat	2044	2127	49,884	4122
Haryana	804	808	23,902	8044
Himachal Pradesh	746	744	18,663	0
Jammu and Kashmir	1265	1244	27,543	24932
Jharkhand	862	980	37,944	11760
Karnataka	2247	2149	64,118	426
Kerala	1348	1656	33,115	15198

Ladakh	46	73	1143	1153
Lakshadweep	4	8	59	0
Madhya Pradesh	3567	2996	95,953	91458
Maharashtra	2892	2475	1,05,023	36120
Manipur	489	636	11,466	4576
Meghalaya	306	288	5896	1958
Mizoram	161	202	2244	2357
Nagaland	293	398	3980	3727
Odisha	3266	2742	73,314	8722
Puducherry	19	47	595	616
Punjab	847	1184	27,075	7922
Rajasthan	1622	1644	60,874	57948
Sikkim	95	81	1308	387
Tamil Nadu	2062	1828	43,602	300
Telangana	1540	1531	33,789	0
Tripura	308	282	10,131	3192
Uttar Pradesh	3585	2132	1,59,938	46430
Uttarakhand	652	634	19,311	4882
West Bengal	1457	2015	1,05,575	34643
Total	43,488	41,360	13,15,162	5,62,222

FUNDS SANCTIONED FOR TELANGANA UNDER AYUSHMAN BHARAT

1038. SHRI CHAMALA KIRAN KUMAR REDDY:

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

(a) whether the State Government of Telangana has fulfilled all branding norms prescribed under Ayushman Bharat by January 2024 itself and presently effectively operating 5159 Ayushman Arogya Mandirs (AAM), affording primary healthcare to rural and urban population and has requested for release of Rs.

347.54 Cr. of NHM- 3rd and 4th quarter Central share for FY 2023-24 under Ayushman Arogya Mandirs to a tune of Rs. 323.73 Cr., and the 1st Quarter NHM Grant of 2024-25, for an amount of Rs. 138 Cr.; and

(b) if so, the details thereof alongwith the action taken thereon till date along with the amount of funds sanctioned to the State of 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) and (b): Under the National Health Mission, technical and financial support is provided to the States/UTs for strengthening the healthcare systems, based on the proposals received from the States/UTs in their Annual Programme Implementation Plan (PIP) and subject to the available resources. Based on the proposals received from the States in their Programme Implementation Plan (PIP), approvals are provided keeping in view the resource envelope of the States/UTs 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, Central Release under National Health Mission (NHM) for the FY 2023-24 and FY 2024-25 to the State of Telangana is as follows:

(Rs. In Cr.)

Financial Year	Central Release
2023-24	564.93

2024-25	1,110.43

Note: 1. The above releases relate to Central Govt. Grants & do not include State share contribution.

राजस्थान के दौसा में मेडिकल कॉलेज

1039. श्री मुरारी लाल मीना:

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

- (क) देश में मेडिकल कॉलेजों की स्थापना का राज्य/संघ राज्यक्षेत्र-वार, विशेष रूप से राजस्थान के दौसा में ब्यौरा क्या है और उनमें स्वीकृत सीटों की तिथि और वर्षवार कुल संख्या कितनी है;
- (ख) वर्तमान में मेडिकल कॉलेज, दौसा में शिक्षा प्राप्त कर रहे छात्रों की कुल संख्या कितनी है;
- (ग) मेडिकल कॉलेज, दौसा में वर्तमान में स्वीकृत/रिक्त पदों की श्रेणीवार कुल संख्या कितनी है; और
- (घ) दौसा के मेडिकल कॉलेज में इन रिक्तियों को भरने के लिए सरकार द्वारा क्या कार्रवाई की जा रही है?

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

- (क) और (ख): स्वास्थ्य और परिवार कल्याण मंत्रालय 'मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना' के लिए एक केंद्र प्रायोजित योजना (सीएसएस) का संचालन करता है, जिसमें उन अल्पसेवित क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जाती है, जहां कोई मौजूदा सरकारी या निजी मेडिकल कॉलेज स्थापित नहीं है। केंद्र और राज्य सरकारों के बीच निधि साझाकरण तंत्र पूर्वोत्तर और विशेष श्रेणी राज्यों के लिए 90:10 के अनुपात में और अन्य राज्यों के लिए 60:40 के अनुपात में है। इस योजना के तहत, इन सभी परिकल्पित 157 सरकारी मेडिकल कॉलेजों को तीन चरणों में 100 एमबीबीएस सीटों की न्यूनतम प्रवेश क्षमता के साथ अनुमोदित किया

गया है। इनमें से, 131 मेडिकल कॉलेज कार्यात्मक हो गए हैं और इस प्रकार, देश में 14,379 सरकारी एमबीबीएस सीटें जुड़ गई हैं। देश में स्वीकृत मेडिकल कॉलेजों का चरणवार ब्यौरा संलग्न **विवरण** में दिया गया है।

वर्ष 2019 में योजना के तीसरे चरण के अंतर्गत सरकारी मेडिकल कॉलेज (जीएमसी), दौसा को 325 करोड़ रुपये की लागत से स्वीकृत किया गया था, जिसे केंद्र और राज्य सरकार के बीच 60:40 के अनुपात में साझा किया गया। 195 करोड़ रुपये के केंद्रीय अंश में से, 100 करोड़ रुपये राजस्थान सरकार को पहले ही जारी किए जा चुके हैं। शैक्षणिक वर्ष 2023-24 में 100 एमबीबीएस सीटों की प्रवेश क्षमता के साथ यह कॉलेज कार्यशील हो गया है।

(ग) और (घ): राजस्थान सरकार द्वारा सूचित किए गए अनुसार, जीएमसी, दौसा में 89 स्वीकृत पद हैं, जिनमें से वर्तमान में 67 पद भरे हुए हैं। राज्य सरकार द्वारा रिक्त पदों को भरने के लिए आवश्यक कदम उठाए गए हैं।

विवरण

'मौजूदा जिला/रेफरल अस्पतालों से जुड़े नए मेडिकल कॉलेजों की स्थापना' के लिए केंद्र प्रायोजित योजना के तहत अनुमोदित 157 मेडिकल कॉलेजों का राज्यवार ब्यौरा

क्र.सं.	राज्य/ संघ राज्य क्षेत्र	कॉलेजों की संख्या	जिलों
चरण-I (58)			
1	अंडमान और निकोबार द्वीप समूह	1	पोर्ट ब्लेयर
2	अरुणाचल प्रदेश	1	नाहरलगुन
3	असम	4	धुबरी, नागांव, उत्तरी लखीमपुर, दीफू
4	बिहार	3	पूर्णिया, सारण (छपरा), समस्तीपुर
5	छत्तीसगढ़	2	राजनांदगांव, सरगुजा
6	हिमाचल प्रदेश	3	चम्बा, हमीरपुर, नाहन (सिरमौर)
7	हिरयाणा	1	भिवानी
8	झारखंड	3	दुमका, हजारीबाग, पलामू (डाल्टनगंज)

क्र.सं.	राज्य/ संघ राज्य क्षेत्र	कॉलेजों की संख्या	जिलों
9	जम्मू और कश्मीर	5	अनंतनाग, बारामूला, राजौरी, डोडा, कठुआ
10	मध्य प्रदेश	7	दतिया, खंडवा, रतलाम, शहडोल, विदिशा, छिंदवाड़ा, शिवपुरी
11	महाराष्ट्र	1	गोंदिया
12	मेघालय	1	पश्चिम गारो हिल्स (तुरा)
13	मिजोरम	1	फ़ॉकवन
14	नगालैंड	1	नागा अस्पताल (कोहिमा)
15	ओडिशा	5	बालासोर, बारीपदा (मयूरभंज), बोलांगीर, कोरापुट, पुरी
16	पंजाब	1	एसएसएस नगर
17	राजस्थान	7	बाड़मेर, भरतपुर, भीलवाड़ा, चूरू, डूंगरपुर, पाली, सीकर
18	उत्तर प्रदेश	5	बस्ती, फैजाबाद, फ़िरोजाबाद, शाहजहाँपुर, बहराईच
19	उत्तराखंड	1	अल्मोड़ा
20	पश्चिम बंगाल	5	बीरभूम (रामपुर हाट), कूच बिहार, डायमंड हार्बर, पुरुलिया, रायगंज (उत्तर दिनाजपुर)
चरण-II (24)			
1	बिहार	5	सीतामढ़ी, झंझारपुर, सीवान, बक्सर, जमुई
2	झारखंड	2	कोडरमा, चाईबासा (सिंहभूम)
3	मध्य प्रदेश	1	सतना
4	ओडिशा	1	जाजपुर
5	राजस्थान	1	धौलपुर
6	उत्तर प्रदेश	8	एटा, हरदोई, प्रतापगढ़, फ़तेहपुर, सिद्धार्थनगर (डोमरियागंज), देवरिया, गाज़ीपुर, मिर्ज़ापुर
7	पश्चिम बंगाल	5	बारासात, उलूबेरिया, आरामबाग, झाड़ग्राम, तामलुक
8	सिक्किम	1	गंगटोक
चरण-III (75)			
1	आंध्र प्रदेश	3	पिडुगुरल्ला, पाडेरु, मछलीपट्टनम
2	असम	1	कोकराझार
3	छत्तीसगढ़	3	कोरबा, महासमुंद, कांकेर
4	गुजरात	5	नर्मदा, नवसारी, पंचमहल, पोरबंदर, मोरबी
5	जम्मू और कश्मीर	2	उधमपुर, हंदवाड़ा (जिला कुपवाड़ा)

क्र.सं .	राज्य/ संघ राज्य क्षेत्र	कॉलेजों की संख्या	जिलों
6	कर्नाटक	4	चिक्कमगलुरु, हावेरी, यादगिरि, चिक्काबल्लापुरा
7	लद्दाख	1	लेह
8	मध्य प्रदेश	6	राजगढ़, मंडला, नीमच, मंदसौर, श्योपुर, सिंगरौली
9	महाराष्ट्र	1	नंदुरबार
10	मणिपुर	1	छुरछंदपुर
11	नागालैंड	1	मोन
12	ओडिशा	1	कालाहांडी
13	पंजाब	2	कपूरथला, होशियारपुर
14	राजस्थान	15	अलवर, बारां, बांसवाड़ा, चित्तौड़गढ़, जैसलमेर, करौली, नागौर, श्री गंगानगर, सिरौही, बूंदी, सवाईमाधोपुर, टोंक, हनुमानगढ़, झुंझुनू, दौसा
15	उत्तराखंड	3	रुद्रपुर (जिला उधम सिंह नगर), पिथौरागढ़, हरिद्वार
16	उत्तर प्रदेश	14	बिजनौर, कुशीनगर, सुल्तानपुर, गोंडा, ललितपुर, लखीमपुरखीरी, चंदौली, बुलंदशहर, सोनभद्र, पीलीभीत, औरैया, कानपुर देहात, कौशांबी, अमेठी
17	तमिलनाडु	11	तिरुप्पुर, नीलगिरी, रामनाथपुरम, नमक्कल, डिंडीगुल, विरुधुनगर, कृष्णागिरि, तिरुवल्लुर, नागपट्टिनम, अरियालुर, कल्लाकुरिची
18	पश्चिम बंगाल	1	जलपाईगुड़ी

MISSION INDRADHANUSH 5.0 CAMPAIGN IN TAMIL NADU

1040. SHRI A. MANI:

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

- whether the Intensified Mission Indradhanush 5.0 (IMI 5.0) campaign was implemented in all districts of Tamil Nadu including Dharmapuri;

- if so, the details thereof along with the number of children and pregnant women vaccinated under the said campaign in the State;
- whether the Government has specifically identified remote, tribal or underserved areas in Tamil Nadu under IMI 5.0 and if so, the details thereof along with the number of immunization sessions conducted in these areas;
- whether all vaccines under the Universal Immunization Programme were administered during IMI 5.0 in Tamil Nadu, if so, the details thereof; and
- the total number of each type of vaccine administered in Tamil Nadu 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): The Intensified Mission Indradhanush 5.0 (IMI 5.0) campaign was implemented in all districts of Tamil Nadu including Dharmapuri.

(b) and (e): A total no of 1,16,667 children and 25,454 pregnant women were vaccinated under IMI 5.0 in the State of Tamil Nadu. Details are attached as Annexure.

(c): IMI 5.0 was implemented in all remote, tribal, underserved areas in the State of Tamil Nadu and 71,211 sessions were conducted during IMI 5.0. Details are given in the enclosed **Statement**.

(d): Government of India is providing 11 vaccines free of cost under Universal Immunization program (UIP). All of these vaccines were administered in Intensified Mission Indradhanush 5.0 (IMI 5.0). These 11 vaccines are as follows:

- Hepatitis B Vaccine
- Oral Polio Vaccine (OPV)
- Bacillus Calmette-Guérin Vaccine (BCG)
- Injectable Polio Vaccine (IPV)
- Pentavalent Vaccine
- Rotavirus Vaccine (RVV)
- Pneumococcal Conjugate Vaccine (PCV)
- Measles & Rubella Vaccine (MR)
- Diphtheria Pertussis Tetanus Vaccine (DPT)
- Tetanus & Adult Diphtheria Vaccine (Td) and
- Japanese Encephalitis Vaccine (JE)

STATEMENT

District wise details of IMI 5.0 for the State of Tamil Nadu

Name of District	Session Held in IMI 5.0	Number of Children vaccinated in IMI 5.0	Number of Pregnant Women vaccinated IMI 5.0
Tamil Nadu	71,211	1,16,667	25,454

Ariyalur	785	759	301
Chengalpattu	2,368	3,990	1,212
Chennai	5,340	9,432	2,462
Coimbatore	2,142	3,564	646
Cuddalore	2,658	2,981	732
Dharmapuri	1,402	2,428	541
Dindigul	2,419	4,181	983
Erode	1,243	2,673	455
Kallakurichi	1,821	2,475	622
Kanchipuram	1,004	1,561	424
Kanniyakumari	1,430	1,285	107
Karur	972	1,678	296
Krishnagiri	1,483	1,928	548
Madurai	3,015	6,049	1,121
Mayiladuthurai	989	2,728	669
Nagapattinam	441	1,074	210
Namakkal	920	2,176	418
Perambalur	680	1,536	208
Pudukkottai	3,151	8,490	929
Ramanathapuram	753	1,291	332
Ranipet	2,359	2,839	850
Salem	2,715	5,144	1,105
Sivaganga	1,181	2,407	604
Tenkasi	2,550	1,824	657
Thanjavur	829	5,182	819
The Nilgiris	2,567	2,445	449
Theni	375	2,141	505
Thiruvallur	895	2,796	511
Thiruvarur	1,714	1,838	504
Tiruchirappalli	3,438	4,911	1,106
Tirunelveli	2,386	3,523	881
Tirupathur	421	791	165

Tiruppur	2,473	3,345	1,137
Tiruvannamalai	3,540	2,962	642
Tuticorin	2,773	4,034	968
Vellore	1,236	2,148	546
Villupuram	2,270	3,144	190
Virudhunagar	2,473	2,914	599

DEATH DUE TO RABIES

1041. ADV. DEAN KURIAKOSE:

DR. PRABHA MALLIKARJUN:

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

- (a) the total number of people who have died due to Rabies during the last five years in the country, State/UT-wise;
- (b) whether the Government is aware of the reasons for increase in rabies cases and if so, the details thereof;
- (c) whether the Government has taken any precautionary measures to reduce such incidents and if so, the details thereof; and
- (d) whether the Government is aware of the number of anti-rabies vaccine provided and the progress, present status of National Action Plan for Dog Mediated Rabies Elimination (NAPRE) scheme 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): National Centre for Disease Control (NCDC) has launched the National Rabies Control Programme (NRCP) for prevention and control of Rabies. The strategies of National Rabies Control Programme are to conduct training on appropriate animal bite management, prevention and control of Rabies, surveillance and intersectoral coordination, strengthening surveillance of Animal Bites, provision of procurement of Anti-Rabies Vaccine for animal bite victims through the National Free Drug Initiative and Information, Education & Communication (IEC) activities to create awareness.

Further, to effectively control Rabies, “National Action Plan For Dog Mediated Rabies Elimination (NAPRE)” has been launched by Ministry of Health and Family Welfare alongwith Ministry of Fisheries, Animal Husbandry and Dairying, Government of India. The details about present status of implementation of activities envisaged under NAPRE can be seen at- <https://rabiesfreeindia.mohfw.gov.in/resources/uploads/PageContentPdf/169391359514.pdf>

As per the information received from States/UTs through NRCP monthly reporting, total **1.33 crore vials of Anti-Rabies vaccines** had been procured by 36 States/UTs in year 2024, wherein **1.26 crore vials** were utilized in the same year.

IMPLEMENTATION STATUS OF NATIONAL AYUSH MISSION

1042. SHRI SHRIRANG APPA CHANDU BARNE:

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

- (a) the current status of implementation of the establishment and operationalization of AYUSH Health and Wellness Centres (AHWCs) under the National AYUSH Mission (NAM) across all States/UTs including Maharashtra;
- (b) the details of funds allocated and utilised under NAM since its inception till date and the physical achievements against the targets set for each component in the country, State/UT-wise, particularly in Maharashtra;
- (c) the quantifiable impact of NAM implementation on public health indicators, disease burden reduction and out-of-pocket expenditure for healthcare, particularly in rural and underserved areas in the country; and
- (d) the steps being taken by the Government to address the reported delays in finalising and approving State Annual Action Plans (SAAPs) under NAM, which often hinder timely fund disbursement and project implementation?

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 is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments including Maharashtra and supporting their efforts for overall development & promotion of Ayush system in the country by providing financial assistance under different activities including operationalization of Ayush Health & Wellness Centres [now renamed as Ayushman Arogya Mandir (AAM) (Ayush)] by upgrading existing

Ayush dispensaries as well as Sub Health Centres. Under NAM, as per the proposals received from States/UTs including Maharashtra through SAAPs, 12500 AAM (Ayush) have been approved in different parts of the country and as reported by State/UT Governments all are operational. The State/UT-wise status of approved AAM (Ayush) including Maharashtra is given in the enclosed **Statement-I.**

(b): Since implementation of NAM scheme comes under purview of respective State/UT Governments including Maharashtra, no specific targets are fixed by the Government of India. However, as per the proposals received through State Annual Action Plans (SAAPs), Grant-in-aid of Rs 5670.83 crore has been released to the States/UTs including Maharashtra from the year 2014-15 to 2024-25 for implementation of different approved activities. State/UT-wise, the status of funds allocated/released and utilization reported by the State/UT Governments including Maharashtra under NAM from 2014-15 to 2024-25 is given in the enclosed **Statement-II.** Further, the major activities supported/achievements made under NAM from 2014-15 to 2024-25 is given in the enclosed **Statement-III.**

(c): The main objectives of operationalization of AAMs (Ayush) are to establish a holistic wellness model based on Ayush principles and practices, to empower masses for self-care to reduce disease burden, out of pocket expenditure and to provide informed choice to the needy public in the rural areas of the country. As reported by the States/UTs, footfall of the beneficiaries have been increased

in the dispensaries after converting them into AAM (Ayush), as various activities & services like identification of Prakriti, Yoga, use of medicinal plants, healthy living practices, basic OPD interventions etc. are being provided. As per information received from State/UT Governments, 11.56 crore patient attended in AAM (Ayush) during 2024. Further, under NAM, State/UT Governments are also being supported for implementation of eight structured Ayush Public Health Programmes in different parts of the country including vulnerable populations in rural and underserved areas to address the problem of masses as per the potentials of Ayush health care systems in providing preventive, promotive, curative and rehabilitative health care as standalone or add on to conventional interventions.

(d): Resource pool for the year 2025-26 had been allocated on 24.02.2025 to all States/UTs as per Budget Estimate under NAM with request to submit the State Annual Action Plans (SAAPs) by 15th March, 2025 and regular follow up was made with them. As on date, 24 States/UTs have submitted their SAAPs, out of which 12 have been finalized. Ministry of Ayush is coordinating with the States/UTs who have not submitted their SAAPs.

STATEMENT-I

State/UT-wise Ayushman Arogya Mandir (Ayush) approved and operational

Sl. No.	Name of States/UTs	Approved AAM (Ayush)	Operational AAM (Ayush)
1	Andaman & Nicobar Island	6	6
2	Andhra Pradesh	126	126

3	Arunachal Pradesh	89	89
4	Assam	500	500
5	Bihar	294	294
6	Chandigarh	12	12
7	Chhattisgarh	400	400
8	Delhi	0	0
9	Dadra Nagar Haveli and Daman Diu	1	1
10	Goa	100	100
11	Gujarat	365	365
12	Haryana	538	538
13	Himachal Pradesh	761	761
14	Jammu & Kashmir	523	523
15	Jharkhand	745	745
16	Karnataka	376	376
17	Kerala	700	700
18	Ladakh	0	0
19	Lakshadweep	7	7
20	Madhya Pradesh	800	800
21	Maharashtra	390	390
22	Manipur	15	15
23	Meghalaya	24	24
24	Mizoram	41	41
25	Nagaland	49	49
26	Odisha	422	422
27	Puducherry	4	4
28	Punjab	158	158
29	Rajasthan	2019	2019
30	Sikkim	18	18
31	Tamil Nadu	650	650
32	Telangana	421	421
33	Tripura	72	72
34	Uttar Pradesh	1034	1034

35	Uttarakhand	300	300
36	West Bengal	540	540
Total		12500	12500

STATEMENT-II

State/UT-wise, the status of funds allocated/released and utilized under NAM from 2014-15 to 2024-25

(Rs. in lakhs)

Sl. No.	Name of States/UTs	Funds allocated/released (central share)	Expenditure as reported by States/UT
1	Andaman & Nicobar Islands	3172.52	2913.42
2	Andhra Pradesh	10075.24	7876.12
3	Arunachal Pradesh	6516.88	6466.28
4	Assam	20423.24	18581.01
5	Bihar	8091.86	6502.21
6	Chandigarh	2206.70	1834.97
7	Chhattisgarh	13935.89	10786.34
8	Dadra & Nagar Haveli and Daman & Diu	1583.43	1378.48
9	Delhi	726.31	725.98
10	Goa	2935.58	2781.44
11	Gujarat	16127.16	10759.63
12	Haryana	15477.57	15121.69
13	Himachal Pradesh	17896.15	15287.83
14	Jammu & Kashmir	26191.38	24238.66
15	Jharkhand	16864.86	15093.19
16	Karnataka	26519.45	22818.00
17	Kerala	35572.42	31210.80
18	Ladakh	497.32	386.10
19	Lakshadweep	1942.25	1857.98

Sl. No.	Name of States/UTs	Funds allocated/released (central share)	Expenditure reported as by States/UT
20	Madhya Pradesh	41182.19	37773.62
21	Maharashtra	13356.21	10882.74
22	Manipur	9504.66	8208.29
23	Mizoram	5934.86	5679.95
24	Meghalaya	7296.64	6389.08
25	Nagaland	9240.38	8901.03
26	Odisha	11079.39	9035.69
27	Puducherry	3050.48	2434.97
28	Punjab	6902.92	5130.62
29	Rajasthan	41834.61	34903.34
30	Sikkim	4332.60	4300.70
31	Tamil Nadu	28587.15	23647.21
32	Telangana	12280.61	11553.46
33	Tripura	5731.19	5159.22
34	Uttar Pradesh	104006.92	93972.98
35	Uttarakhand	17405.14	16923.48
36	West Bengal	18600.73	16519.49
	Total	567082.88	498035.98

STATEMENT-III

The major activities supported/achievements made under NAM from 2014-15 to 2024-25

- (i) 203 units supported for setting up of Integrated Ayush Hospitals.
- (ii) 518 Ayush Hospitals and 6234 Ayush Dispensaries have been supported for Up gradation of infrastructure and other facilities.

(iii) 2387 Primary Health Centres (PHCs), 746 Community Health Centres (CHCs) and 319 District Hospitals (DHs) have been supported under co-location for recurring assistance of medicines and contingency on an average in each year.

(iv) 1157 Ayush Hospitals and 12677 Ayush Dispensaries have been supported for supply of essential Ayush medicines on an average in each year.

(v) 21 units supported for establishment of New Ayush Educational Institutions.

(vi) 78 Under-Graduate and 46 Post-Graduate AYUSH Educational Institutes have been supported for Upgradation of infrastructure, Library and other things.

(vii) 383 units supported for establishment of New Ayush Dispensaries.

(viii) 1429 Ayush Grams have been supported.

(ix) 12500 Ayush Health & Wellness Centres now renamed as Ayushman Arogya Mandir (Ayush) have been supported.

ATMANIRBHAR PHARMA SECTOR

1043. SHRIMATI SMITA UDAY WAGH:

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

(a) the key initiatives undertaken by the Government to realize the vision of Atmanirbhar Bharat in the pharmaceutical sector, especially in Maharashtra;

(b) the measures being taken to promote indigenous pharmaceutical innovation, reduce dependency on imports and strengthen local manufacturing hubs, particularly in Jalgaon Lok Sabha constituency in Maharashtra;

- (c) the progress made under recent policy reforms and incentive schemes (such as PLI) in enhancing India's global competitiveness as a pharmaceutical hub;
- (d) the impact of the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) on improving affordability and accessibility of quality medicines, with specific data or outcomes from Maharashtra particularly in Jalgaon district; and
- (e) whether the Government has any plans to expand bulk drug parks, R&D infrastructure or pharma clusters in Maharashtra, especially in Jalgaon district, 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): Number of schemes are being implemented to realise the vision of Atmanirbhar Bharat in the pharmaceutical sector, promote indigenous pharmaceutical innovation, reduce dependency on imports and strengthen local manufacturing hubs throughout the country, including in the State of Maharashtra and Jalgaon district. These include the following:

- (i) Promotion of Research and Innovation in Pharma MedTech Sector (PRIP) scheme;
- (ii) Production Linked Incentive (PLI) Scheme for Pharmaceuticals;
- (iii) PLI Scheme for promotion of domestic manufacturing of critical Key Starting Materials (KSMs) / Drug Intermediates (DIs) / Active

Pharmaceutical Ingredients (APIs) in India (also known as the PLI Scheme for Bulk Drugs);

- (iv) Scheme for Promotion of Bulk Drug Parks; and
- (v) Strengthening of Pharmaceutical Industry scheme.

The PRIP scheme has been launched with an outlay of ₹ 5,000 crore to transform India's Pharma MedTech sector from cost- to innovation-based growth by strengthening research and to promote industry-academia linkage for research and development in priority areas in drug discovery and development and medical devices. Under this, seven Centres of Excellence (CoEs) have been set up, one at each of the seven National Institutes of Pharmaceutical Education and Research (NIPERs), with total budgetary support to the tune of ₹ 700 crore, to create research infrastructure and promote R&D in identified areas. The CoEs are in the areas of anti-viral and anti-bacterial drug discovery and development, medical devices, bulk drugs, flow chemistry and continuous manufacturing, novel drug delivery system, phytopharmaceuticals and biological therapeutics, and have so far approved 104 research projects under the scheme and have filed two patents. The scheme also includes an outlay of ₹4,250 crore for support to industry and startups, including in collaboration with academia, for undertaking research and innovation projects in priority areas. As and when applications are invited under the scheme, applicants from any State or Union Territory can apply.

The PLI Scheme for Pharmaceuticals aims to enhance India's manufacturing capabilities by increasing investment and production in the sector and contributing to product diversification to high-value goods in the pharmaceutical sector. It incentivises production of high-value medicines such as biopharmaceuticals, complex generic drugs, patented drugs or drugs nearing patent expiry, auto-immune drugs, anti-cancer drugs, etc. as well as production of APIs/KSMs/DIs other than those notified under the PLI Scheme for Bulk Drugs, thereby contributing to self-reliance. The scheme has enabled enhanced investment and production in eligible products. As of March 2025, the committed investment of ₹17,275 crore targeted over the six-year period of the scheme stands substantially exceeded with cumulative investment of ₹37,306 crore made by the scheme's third year, and cumulative sales of approved products of ₹2,66,528 crore have been made, including exports of ₹1,70,807 crore. Under the scheme, 60 manufacturing and R&D units of 14 applicants are located in the State of Maharashtra.

The PLI Scheme for Bulk Drugs, which has a total budgetary outlay of ₹6,940 crore, aims to avoid disruption in supply of critical active pharmaceutical ingredients (APIs) used to make critical drugs for which there are no alternatives by reducing supply disruption risk due to excessive dependence on single source. As of March 2025, the committed investment of ₹3,938.5 crore under projects approved under the scheme for investment over the six-year production period of the scheme stands substantially exceeded with cumulative investment

of ₹4,570 crore made by the scheme's third year. Further, production capacity has been created for 25 APIs/KSMs/DIs. Under the scheme, cumulative sales of ₹1,817 crore have been reported over the period from FY2022-23 till FY2024-25, including exports of ₹455 crore, thereby avoiding imports worth ₹1,362 crore. Under the scheme, six projects have been approved in the State of Maharashtra, including one in Jalgaon district.

Under the Scheme for Promotion of Bulk Drug Parks, which has a total budgetary outlay of ₹3,000 crore, three parks have been approved and are at various stages of development in the States of Andhra Pradesh, Gujarat and Himachal Pradesh, through their respective State Implementing Agencies. The total project cost of these is over ₹ 6,300 crore, with Central assistance to the tune of ₹1,000 crore each for creation of common infrastructure facilities. These parks would offer land and utilities such as power, water, effluent treatment plant, steam, solid waste management, warehouse facilities at a subsidised rate. The State Implementing Agencies of the three States are also offering fiscal incentives in the form of capital subsidy on fixed capital investment, interest subsidy, State Goods and Services Tax reimbursement, exemption of stamp duty and registration charges, etc. Further, the scheme provides that applicants for allotment of land in the parks to set up units for manufacturing products prioritised in the PLI Scheme for Bulk Drugs will have priority in land allotment.

The Strengthening of Pharmaceutical Industry scheme supports realisation of the vision of Atmanirbhar Bharat through the following sub-schemes:

- (i) *Assistance to Pharmaceutical Industry for Common Facilities (API-CF)*: The scheme aims to strengthen the existing infrastructure facilities by providing financial assistance to pharmaceutical clusters for creation of common facilities. It helps create tangible assets as common facilities, such as testing labs, R&D labs, effluent treatment plants and training centres, thereby supporting the long-term viability and growth of the clusters by enabling them to develop and leverage shared resources. Under API-CF, projects with total grant-in-aid to the tune of ₹ 139.33 crore to pharmaceutical clusters have been approved for creation of common facilities and are at various stages of execution. Once these common facilities are created, they are expected to provide access to common facilities to around 1,300 existing pharmaceutical units, besides catalysing the augmentation of capacities at these clusters through the setting up of new pharmaceutical units and expansion of existing units. The projects under development include creation of a common facility for testing, quality control and process validating laboratory at Jejuri pharmaceutical cluster in Pune, Maharashtra. The project has been supported with the grant-in-aid of ₹7.18 crore, out of total project cost of ₹14.38 crore. The project is

expected to provide access to common facilities to approximately 150 pharmaceutical units located in the cluster.

- (ii) *Revamped Pharmaceutical Technology Upgradation Assistance Scheme (RPTUAS)*: The scheme aims to support upgrade of production facilities of small and medium pharmaceutical companies having average turnover of less than ₹ 500 crore, to attain the standards specified in the revised Schedule M to the Drugs Rules, 1945 and the World Health Organization – Good Manufacturing Practices (WHO-GMP), thereby improving their competitiveness, both domestically and globally. Under this, till 1.7.2025, support for upgrade to attain the said standards has been approved for 142 micro, small and medium pharmaceutical companies, with total sanctioned amount of ₹135.8 crore. This includes 16 companies in the State of Maharashtra with total sanctioned amount of ₹18.98 crore.

Enabled by these schemes, over the last six financial years, the export of drugs and pharmaceuticals has increased by 92%, from ₹1,28,028 crore in FY2018-19 to ₹2,45,962 crore in FY2024-25.

- (d): The Government launched the Pradhan Mantri Bhartiya Janaushadhi Pariyojana scheme to make quality generic medicines available at affordable prices to all. Under the scheme, dedicated outlets known as Jan Aushadhi Kendras (JAKs) are opened across the country to provide medicines at prices that are about 50% to 80% lower than those of leading branded medicines in the market. Till 30.6.2025, a total of 16,912 JAKs have been opened and on the

average, about 10 to 12 lakh persons visit these Kendras daily and avail of quality medicines at affordable prices. 2,110 medicines and 315 surgicals, medical consumables and devices are under the scheme product basket, covering all major therapeutic groups, such as cardiovascular, anti-cancers, anti-diabetic, anti-infectives, anti-allergic and gastro-intestinal medicines and nutraceuticals. As a result of the scheme, in the last 11 years, estimated savings of about ₹38,000 crore have accrued to citizens in comparison to the prices of branded medicines. Further, the scheme has provided self-employment to over 16,000 persons, including over 6,800 women entrepreneurs. Till 30.6.2025, a total of 723 JAKs have been opened in the State of Maharashtra, of which 14 JAKs have been opened in Jalgaon district.

(e): No plan is currently under consideration to expand bulk drug parks or R&D infrastructure in Jalgaon district. However, the support for existing formulations industry is available under the Strengthening Pharmaceutical Industry scheme. Pharmaceutical companies in the State of Maharashtra, including in Jalgaon district, may apply both for the API-CF sub-scheme as and when the Department of Pharmaceuticals invites applications under the said sub-scheme through its website and for RPTUAS, for which applications are currently invited by the Department.

WORK DAYS IN HIGH COURTS AND THE SUPREME COURT

1044. SHRI RAJEEV RAI:

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

- (a) the details of the average number of days for which High Courts and the Supreme Court were functional during the last three years;
- (b) whether it is a fact that the Supreme Court and High Courts in the country go for vacations at stipulated intervals every year and work less than Government departments despite huge number of cases pending for their adjudications;
- (c) whether the Government is considering fixing a minimum number of compulsory working days for courts in a year to reduce the burden of pending cases; and
- (d) 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) : Working days/hours and duration of vacations in the Supreme Court and in the High Courts are regulated by the rules framed by the respective Courts. The Supreme Court Rules 2013, as notified by the Supreme Court in exercise of power conferred by Article 145 of the Constitution, regulate the working days of Supreme Court. These rules provided that the period of summer vacation shall not exceed seven weeks. These rules further provided that the length of the summer vacation and the number of holidays for the Court and the offices of the Court shall be such as may be fixed by the Chief Justice and notified in the official Gazette so as not to exceed one hundred and three days

(excluding Sundays not falling in the vacation and during Court holidays). The Supreme Court Rule 2013 was further amended vide Supreme Court (Second Amendment) Rules, 2024 notified on 05th November 2024, which provides that the length of the partial Court working days and the number of holidays for the Court and the offices of the Court shall be such as may be fixed by the Chief Justice and notified in the Official Gazette so as not to exceed ninety-five days excluding Sundays.

(c) and (d): Disposal of cases pending in courts is within the domain of Judiciary. Though Government has no role in disposal of cases in courts, the Central Government is committed to speedy disposal of cases and reduction in pendency. The Government has adopted a co-ordinated approach to assist judiciary for phased liquidation of arrears and pendency in judicial systems, through various strategic initiatives like improving the infrastructure for courts including computerisation, increase in strength of judicial officers/judges and filling up of vacant positions in High Courts/Supreme Courts, policy and legislative measures in areas prone to excessive litigation, repeal of outdated and archaic laws, initiatives to fast track special type of cases and emphasis on Alternate Dispute Resolution etc.

UPGRADATION OF CHEMICAL INDUSTRY

1045. SHRI. K. E. PRAKASH:

Will the MINISTER OF **CHEMICALS AND FERTILIZERS** be pleased to state:

(a) the reasons for the continued import dependency in the chemical industry despite India's stated potential to emerge as a global leader in the sector; and

(b) the specific initiatives undertaken by the Government to promote research and development (R&D) support, global value chain integration support, technological upgradation, and process efficiency in the chemical industry of the country, particularly for Micro, Small and Medium Enterprises (MSMEs), to reduce such dependency and enhance global competitiveness?

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 reasons for continued import dependency in the chemical sector are:

- a. Feedstock and raw material constraints.
- b. Technology and innovation gap.

(b): The Government has taken following measures to promote research and development (R&D) support, global value chain integration support, technological upgradation, and process efficiency in the Chemical industry of the country, including MSMEs:

1. Centre of Excellences (CoEs):

With the objective of promoting research and development efforts in the chemical and petrochemical sector to develop new molecules and

technologies, the Department has formulated a scheme for setting up of Centres of Excellence. The objective is to provide Grants-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 modernisation 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 per cent of the total project cost subject to an upper limit of Rs. 5 crores. So far, 18 CoEs have been approved under the Scheme. The CoEs are undertaking pioneering research in their chosen fields. These CoEs includes IITs, CSIR Laboratories, CIPET etc.

2. Council of Scientific and Industrial Research (CSIR)

Council of Scientific and Industrial Research (CSIR), through its six constituent laboratories, is playing a key role in strengthening India's Chemical industry by supporting R&D, technological upgradation, and process efficiency. It actively engages with start-ups and MSMEs by offering technical support. CSIR has developed several import-reducing technologies, including those for medical-grade oxygen, biodiesel, renewable bio-methane, and eco-friendly processing systems. It is also undertaking research initiatives in the fields of specialty chemicals, battery recycling, corrosion protection, and crop protection technologies, while exploring AI-driven industrial solutions and carbon capture technologies. CSIR also conducts regular workshops and

outreach programs to connect with industry stakeholders and address key challenges like climate change, energy security, and supply chain disruptions.

3. Department of Biotechnology:

The Department of Biotechnology has introduced the BioE3 Policy (Biotechnology for Economy, Environment & Employment) to promote high-performance bio-manufacturing. As part of this initiative, the Department has called for Proposals to support R&D in sustainable bio-manufacturing within the chemical sector. The call focuses on bio-manufacturing of bio-based chemicals, biopolymers, and active pharmaceutical ingredients (APIs) using production strains, and encourages participation from academia, start-ups, industry, and collaborative partnerships between these stakeholders. Proposals have been invited with the goal of advancing innovation and commercialization in the sector.

4. Ministry of MSME:

The Ministry of Micro, Small and Medium Enterprises (MSMEs) runs several schemes and programs aimed at boosting research and development (R&D), integrating MSMEs into global value chains, encouraging technological advancement, and enhancing process efficiency, especially within the chemical sector.

As part of the MSME Champions Scheme, 3 key components are:

- MSME Innovative (Incubation, Design & IPR) Scheme: Supports R&D and innovation.

- MSME Competitive (LEAN) Manufacturing Scheme: Promotes productivity and quality improvements through lean practices (eliminating waste and maximizing value).
- MSME Sustainable (ZED) Zero Effect Zero Defect - Certification Scheme: Encourages sustainable manufacturing and quality enhancement.

Additionally, the Ministry is implementing:

- MSE Scheme for Promotion and Investment in Circular Economy (MSE- SPICE): Supports initiatives aligned with the circular economy.
- Micro and Small Enterprises — Growth Innovation and Technology (MSE- GIFT) Scheme: Aims to drive technological upgrades and improve process efficiency in MSMEs, including those operating in the chemical industry.

जननी सुरक्षा योजना

1046. श्री सतपाल ब्रह्मचारी:

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

(क) क्या सरकार द्वारा मातृ एवं शिशु मृत्यु दर को कम करने के लिए "जननी सुरक्षा योजना (जेएसवाई)" क्रियान्वित की जा रही है;

(ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और वर्ष 2020 से 2024 तक हरियाणा के सोनीपत लोक सभा क्षेत्र में इस योजना के अंतर्गत लाभान्वित महिलाओं की वर्षवार और जिला/ब्लॉक-वार संख्या कितनी है;

(ग) क्या सोनीपत लोकसभा क्षेत्र के कई ग्रामीण एवं पिछड़े क्षेत्रों में इस योजना के अंतर्गत भुगतान में देरी, अभिलेखों में विसंगति या पात्र महिलाओं को लाभ न मिलने के संबंध में कोई शिकायत प्राप्त हुई है;

(घ) यदि हाँ, तो सरकार द्वारा इन शिकायतों की जाँच हेतु क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है और उनमें सुधार के लिए क्या व्यवस्था की गई है;

(ङ) क्या सरकार इस योजना के अंतर्गत लाभार्थियों के वितरण को पारदर्शी, डिजिटल और समयबद्ध बनाने के लिए भविष्य में कोई नई पहल करने की योजना बना रही है; और

(च) यदि हाँ, 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): जननी सुरक्षा योजना (जेएसवाई) मातृ और नवजात शिशु मृत्यु दर को कम करने के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत एक सुरक्षित मातृत्व हस्तक्षेप है। सोनीपत लोकसभा निर्वाचन क्षेत्र में सोनीपत और जींद, दो जिले शामिल हैं। जैसा कि हरियाणा राज्य द्वारा साझा किया गया है, वित्त वर्ष 2019-20 से 2024-25 तक इस योजना के तहत लाभान्वित महिलाओं की संख्या का जिला-वार विवरण नीचे दी गई तालिका में दिया गया है:

जिला	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
सोनीपत	2078	1326	974	1230	1353	1634
जींद	1826	853	997	2233	1630	1782
कुल	3,904	2,179	1,971	3,463	2,983	3,416

(ग) और (घ): हरियाणा राज्य ने रिपोर्ट किया है कि उपलब्ध अभिलेखों के अनुसार, सोनीपत लोकसभा निर्वाचक क्षेत्र में जेएसवाई योजना के तहत, भुगतान में देरी, रिकॉर्ड में विसंगति या पात्र महिलाओं को लाभ नहीं मिलने से संबन्धित कोई शिकायत प्राप्त नहीं हुई है।

(ड) और (च): जेएसवाई के तहत भुगतान में सुधार के लिए, राज्य द्वारा बताया गया है कि निम्नलिखित कदम उठाए गए हैं:

- जेएसवाई लाभ का दावा करने हेतु सभी आवश्यक दस्तावेजों, प्रमाणपत्रों के ब्यौरे के साथ एक मानक "वन पेज जेएसवाई फॉर्म" लागू किया गया है; जिसे सभी जिलों में लागू किया गया है;
- अप्रैल 2025 से जेएसवाई लाभार्थियों के खातों में पारदर्शी, डिजिटल और समयबद्ध भुगतान के लिए एस एन ए स्पर्श राज्य में लागू किया गया है, और
- जे. एस. वाई. योजना की नियमित निगरानी राज्य में वीडियो कॉन्फ्रेंस (वी. सी.), त्रैमासिक जे. एस. वाई. रिपोर्ट तथा सिस्टमैटिक असेसमेंट एंड रिजीलियेंट ट्रांसफारमेशन इन हेल्थ एंड नॉलेज (सार्थक) कार्यक्रम के तहत राज्य टीमों द्वारा किए गए सहायक पर्यवेक्षण दौरों के दौरान भी की जाती है।

इस योजना के तहत लाभ के वितरण को पारदर्शी, डिजिटल और समय पर करने के लिए इस योजना को डीबीटी योजना के रूप में अधिसूचित किया गया है और राज्य द्वारा भुगतान सीधे लाभार्थियों के खातों में किया जाता है।

नकली उर्वरकों की बिक्री

1047. श्री बाबू सिंह कुशवाहा:

श्री दरोगा प्रसाद सरोज:

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

- (क) क्या सरकार ने इस तथ्य पर ध्यान दिया है कि कंपनियां अक्सर किसानों को नकली या निम्न गुणवत्ता वाले उर्वरक बेचती हैं, जिससे फसलों को नुकसान होता है और उन्हें वित्तीय नुकसान होता है;

- (ख) यदि हां, तो पिछले पांच वर्षों के दौरान उत्तर प्रदेश सहित राज्यवार सामने आए ऐसे मामलों की संख्या कितनी है और ऐसे मामलों में क्या कार्रवाई की गई है;
- (ग) क्या यह सच है कि हाल के वर्षों में उत्तर प्रदेश में नकली या निम्न गुणवत्ता वाले उर्वरकों की बिक्री के कई मामले दर्ज किए गए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या ऐसी धोखाधड़ी करने वाली कंपनियों के खिलाफ एफआईआर दर्ज करने और उर्वरकों को जब्त करने के अलावा कोई ठोस कार्रवाई की गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इस पर सरकार की क्या अनुक्रिया है;
- (ङ.) क्या सरकार का ऐसी कंपनियों के खिलाफ सख्त कार्रवाई करने के लिए कोई दिशा निर्देश जारी करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (च) क्या सरकार को पता है कि उर्वरकों की बढ़ती कीमतें और उनके वजन में कमी तथा हर साल उर्वरकों का कम वजन देश भर के किसानों पर अत्यधिक वित्तीय बोझ डाल रहा है, जिससे वे अपनी खेती के लिए उर्वरक खरीदने में असमर्थ हो रहे हैं 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.): 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 अथवा घटिया उर्वरकों की किसी भी प्रकार की बिक्री आवश्यक वस्तु अधिनियम, 1955 के अंतर्गत दंडनीय है।

इसके अलावा, उर्वरकों का गुणवत्ता नियंत्रण राज्य सरकारों के कार्यक्षेत्र में आता है। राज्य में नकली उर्वरकों की बिक्री को विनियमित करने के लिए, फील्ड स्तर पर जागरूकता और सतर्कता के लिए

एक जिला गुणवत्ता नियंत्रण तंत्र है तथा प्रेस नोट, टीवी वार्ता, किसान गोष्ठी, कृषि मेला, कृषि महोत्सव आदि के माध्यम से नियमित रूप से किसानों के बीच जागरूकता का प्रसार किया जाता है।

तदनुसार, उत्तर प्रदेश राज्य सहित राज्यों से प्राप्त जानकारी के अनुसार, विगत पांच वर्षों के दौरान राज्यों में नकली अथवा घटिया उर्वरकों के मामलों की संख्या तथा उन पर की गई कार्रवाई के संबंध में जानकारी संलग्न **विवरण** में दी गई है।

(च): नीम लेपित यूरिया (एनसीयू) की शुरुआत के बाद, नीम लेपन के प्राथमिक लाभों में से एक यह है कि धीमी गति से स्रावित होने के कारण, सामान्य यूरिया की तुलना में एनसीयू की खपत कम होती है। इसलिए, दिनांक 4 सितंबर, 2017 की अधिसूचना के तहत, 50 किलोग्राम की बोरी के स्थान पर यूरिया की 45 किलोग्राम की बोरी की शुरुआत करने का निर्णय लिया गया। यूरिया सब्सिडी स्कीम के तहत, किसानों को यूरिया सांविधिक रूप से अधिसूचित अधिकतम खुदरा मूल्य (एमआरपी) पर उपलब्ध कराया जाता है। दिनांक 01.03.2018 से यूरिया की 45 किग्रा की बोरी की एमआरपी 242 रुपए प्रति बोरी (नीम लेपन के प्रभार और यथा लागू करों को छोड़कर) है।

इसके अतिरिक्त, सरकार ने फास्फेटयुक्त एवं पोटेशियुक्त (पीएण्डके) उर्वरकों के लिए दिनांक 01.04.2010 से पोषकतत्व आधारित सब्सिडी नीति कार्यान्वित की है। इस नीति के अंतर्गत, अधिसूचित पीएण्डके उर्वरकों पर उनकी पोषकतत्व मात्रा के आधार पर वार्षिक/अर्ध-वार्षिक आधार पर तय की गई सब्सिडी की एक नियत राशि प्रदान की जाती है। एनबीएस स्कीम के तहत, उर्वरक कंपनियां बाजार के उतार-चढ़ाव के अनुसार उर्वरकों की वहनीय स्तर पर एमआरपी नियत करती हैं जिसकी सरकार द्वारा निगरानी की जाती है। तथापि, वहनीयता सुनिश्चित करने के लिए, विशेष प्रावधान जैसे 'अन्य लागतों', जिसमें कारखाने के गेट से फार्म गेट तक की लागत, अंतरराष्ट्रीय कीमतों में वृद्धि/कमी के कारण लाभ/नुकसान शामिल हैं, को कवर करने के लिए 3500 रु प्रति मीट्रिक टन का प्रावधान, एमआरपी में शामिल जीएसटी घटक के लिए प्रावधान और खरीफ 2025

मौसम के लिए आयातित और घरेलू डीएपी दोनों के लिए निवल एमआरपी (एमआरपी-जीएसटी) के 4% की दर से उचित रिटर्न का प्रावधान शुरू किया है।

विवरण

पिछले 5 वर्षों के दौरान राज्यों द्वारा रिपोर्ट किए गए नकली या घटिया उर्वरकों से संबंधित मामलों की संख्या

क्र.सं.	राज्य	मामलों की संख्या	की गई कार्रवाई
1	अंडमान और निकोबार	शून्य	शून्य
2	आंध्र प्रदेश	शून्य	शून्य
3	अरुणाचल प्रदेश	शून्य	शून्य
4	असम	5	संबंधित के लाइसेंस रद्द किए गए
5	बिहार	शून्य	शून्य
6	छत्तीसगढ़	1	उर्वरक कंपनी के खिलाफ जिला कलेक्टर के कोर्ट में कार्रवाई की जा रही है।
7	दादरा और नगर	शून्य	शून्य
8	दमन और दीव	शून्य	शून्य
9	दिल्ली	शून्य	शून्य
10	गोवा	शून्य	शून्य
11	गुजरात	शून्य	शून्य
12	हरियाणा	707	52 पंजीकृत एफआईआर
13	हिमाचल प्रदेश	शून्य	शून्य
14	जम्मू और कश्मीर	शून्य	शून्य
15	झारखंड	शून्य	शून्य
16	कर्नाटक	14	14 पंजीकृत एफआईआर
17	केरल	नकली उर्वरकों के लिए सूचित मामलों की संख्या: शून्य घटिया उर्वरकों के मामलों की संख्या: 1026	रद्द किए गए लाइसेंस - 5 की गई सुनवाई - 72 चेतावनी - 247 मांगा गया स्पष्टीकरण - 577 कारण बताओ नोटिस - 126
18	लक्षद्वीप	शून्य	शून्य
19	मध्य प्रदेश	17	एफसीओ-1985 तथा ईसीए-1955 के अनुसार की गई कार्रवाई
20	महाराष्ट्र	37	37
21	मणिपुर	शून्य	शून्य
22	मेघालय	शून्य	शून्य

23	मिजोरम	शून्य	शून्य
24	ओडिशा	610	एलओए रद्द: 94, निलंबित एलओए: 228, अन्य कार्रवाई (बिक्री/जब्ती पर रोक): 267, किए गए अभियोजन: 21
25	पुदुचेरी	शून्य	शून्य
26	पंजाब	487	इन कंपनियों के लाइसेंस निरस्त कर दिए गए। इन कंपनियों के खिलाफ विभिन्न न्यायालयों में 146 मामले लंबित हैं, जिन्होंने किसानों को घटिया उर्वरकों की आपूर्ति की है और पंजाब राज्य के ऐसे मामलों में चूककर्ताओं के खिलाफ 18 एफआईआर दर्ज की गई है।
27	राजस्थान	शून्य	शून्य
28	सिक्किम	शून्य	शून्य
29	तमिलनाडु	01	माननीय जेएम न्यायालय कोर्ट सं.2 कोयम्बटूर में मामला जारी है
30	तेलंगाना	शून्य	शून्य
31	त्रिपुरा	शून्य	शून्य
32	उत्तराखंड	शून्य	शून्य
33	उत्तर प्रदेश	44	44 एफआईआर दर्ज
35	पश्चिम बंगाल	3127	एफसीओ -1985 के अनुसार की गई कार्रवाई

UPGRADATION OF AWCS

1048. SHRIMATI JUNE MALIAH:

Will the Minister of **Women and Child Development** be pleased to state:

- (a) the total number of Operational Anganwadi Centres in the country;
 - (b) the number of centres functioning from temporary or rented premises;
- and

- (c) whether the Government has fixed any timeline for upgrading Anganwadi infrastructure and filling staff vacancies therein?

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

(a) to (c): There are 13,98,439 operational Anganwadi centres (AWCs) in the country. Out of this, 3,57,835 Anganwadi centres are functioning in rented buildings. In the 15th Finance Commission, 2 lakh selected AWCs (40,000 AWCs per year) are to be strengthened and upgraded under Mission Saksham Anganwadi and Poshan 2.0 for improved nutrition delivery by providing better infrastructure including internet/wifi connectivity, LED screens, water purifier/installation of RO Machine and Early Childhood Care and Education with smart learning aids, audio-visual aids and child-friendly learning equipments, art Work (Educational painting, practice board for children, information board), wall painting etc. for stimulating the creative, social, emotional, cognitive and intellectual development of children under 6 years of age in convergence with education development programmes. All the 2,00,000 Anganwadi Centres have been approved for upgradation to Saksham Anganwadi Centres and as on 21.07.2025, 57,897 Anganwadi Centres have already been upgraded as Saksham Anganwadi Centres. Central government regularly reviews the same through Video conferencing and physical meetings with State Governments/UT Administration.

Mission Saksham Anganwadi 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 including filling up staff vacancies.

VADHVAN PORT PROJECT

1049. SHRIMATI APARAJITA SARANGI:

DR. HEMANT VISHNU SAVARA:

SHRI RAVINDRA SHUKLA ALIAS RAVI KISHAN:

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

- (a) the manner in which the upcoming Vadhvan Port project is expected to position India among the world's top 10 maritime hubs;
- (b) whether any collaborations and agreements have been signed under the Vadhvan Port Skilling Program that aims to develop skills of rural youth and strengthen the agri-logistics value chain;
- (c) if so, the details thereof; and
- (d) the details of the Government's plan to prioritise development of tribal, other rural and coastal people of this region particularly in Palghar district and Maharashtra?

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

(a): The Vadhavan Port, a deep-draft port located on the India-Middle East-Europe Economic Corridor (IMEC), is projected to enhance India's container handling capacity by 23.2 million TEUs. This new Port development is set to elevate India's position within global maritime hubs.

(b) and (c): The details of agreements and skilling programmes are given in the enclosed **Statement-I**.

(d): Details are given in the enclosed **Statement-II**.

STATEMENT-I

A list of Key Agreements and details of skilling programme are mentioned below:

1. Vadhavan Port Project Ltd (VPPL) and Yashwantrao Chavan Maharashtra Open University (YCMOU): A Memorandum of Understanding (MoU) has been signed between VPPL and YCMOU.
2. JNPA and Directorate General of Shipping (DG Shipping): An MoU has been signed to provide skill development training to locals and project-affected people in the Vadhavan region through selected Maritime Training Institutes (MTIs).
3. VPPL and Sahyadri Farms: A strategic MoU has been forged between VPPL and Sahyadri Farms, aimed at invigorating rural entrepreneurship and fortifying the agri-value chain.

4. Collaboration with NGOs for Heavy Vehicle Driving and Mechanics:
Training programs are ongoing for heavy vehicle driving and mechanics in partnership with NGOs.
5. WhatsApp Chatbot for Skilling Program: VPPL has launched a dedicated WhatsApp Chatbot to interact with the youth of Vadhavan, making it easier for potential candidates to access information and register for the skilling program.

STATEMENT-II

The following initiatives will benefit the development of tribal, other rural and coastal people of this region particularly in Palghar district and Maharashtra:

1. Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (Tribal Development Mission)
2. Forests Rights & Livelihood Empowerment
3. TREE Programme (Tribal Rights Expansion & Empowerment)
4. Projects under MGNREGA
5. Zila Parishad's Thakkar Bappa Tribal Settlement Programme
6. Coastal Community Skill Development of VPPL
7. Impact India's Community Health Initiative (CHI)

SCO STAND ON ISRAEL'S ATTACKS ON IRAN

1050. SHRI S. VENKATESAN:

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

- (a) whether the Government has taken note of the Shanghai Cooperation Organisation's (SCO's) statement condemning Israel's attacks on Iran;
- (b) if so, the reasons India distanced itself from the position of SCO on the above issue; and
- (c) whether it will be a set back to the SCO which is an important initiative towards multipolarity, 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) and (b): The SCO issued a statement on developments between Israel and Iran on 14 June 2025. India's own position on the matter had been articulated by India on 13 June 2025, in which, India had urged that channels of dialogue and diplomacy be utilized to work towards de-escalation and it was essential that the international community undertake endeavors in that direction.

The External Affairs Minister too discussed the matter with his Iranian counterpart on 13 June 2025 and conveyed the deep concern of the international community at the turn of events. He also urged the avoidance of any escalatory steps and an early return to diplomacy.

The overall position of India as stated above was communicated to other SCO members. Keeping that in mind, India did not participate in the discussions on the above-mentioned SCO statement.

(c): Does not arise.

सैनिक कल्याण कार्यालय

1051. श्री राजकुमार रोट:

क्या रक्षा मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या देश के प्रत्येक जिले में सैनिक कल्याण कार्यालय होना अनिवार्य है;
- (ख) यदि हां, तो देश में उन जिलों के नाम क्या हैं जहाँ, सैनिक कल्याण कार्यालय स्थित हैं;
- (ग) क्या डूंगरपुर, बांसवाड़ा और प्रतापगढ़ जिलों में सैनिक कल्याण कार्यालय उपलब्ध न होने के कारण इन जिलों के सेवा केंद्र उदयपुर में आवंटित किए गए हैं और यदि हां, तो इसके क्या कारण हैं;
- (घ) क्या सरकार का डूंगरपुर, बांसवाड़ा और प्रतापगढ़ जिलों में सीएसडी कैंटीन उपलब्ध न होने के कारण वहां सैनिक कल्याण कार्यालय और सीएसडी कैंटीन स्थापित करने का विचार है; और
- (ङ) यदि हां, तो ऐसा कब तक किए जाने की संभावना है और यदि नहीं, तो इसके क्या कारण हैं?

रक्षा मंत्रालय में राज्य मंत्री (श्री संजय सेठ):

(क): जी, नहीं। निर्धारित मानदंडों के अनुसार, यदि भूतपूर्व सैनिकों और सेवारत/मृतक सेना कार्मिकों के परिवारों की जनसंख्या 7500 या उससे अधिक हो तो संबंधित राज्य सरकार द्वारा जिला सैनिक बोर्ड (जेडएसबी) का गठन किया जा सकता है। जिन स्थानों पर भूतपूर्व सैनिकों (ईएसएम) और सेवारत/मृतक सेना कार्मिकों के परिवारों की संख्या 7500 से कम है, वहाँ राज्य सरकार को भूतपूर्व सैनिक कल्याण विभाग, रक्षा मंत्रालय से पूर्व अनुमोदन प्राप्त करना होगा।

(ख): ब्यौरा संलग्न **विवरण** में दिया गया है।

(ग): जी हां। जिला सैनिक बोर्ड उदयपुर द्वारा डूंगरपुर, बांसवाड़ा और प्रतापगढ़ जिलों को भी सेवाएं प्रदान की जाती है। राज्य में किसी नए जिला सैनिक बोर्ड की स्थापना का दायित्व राजस्थान

सरकार पर है और राज्य सरकार द्वारा इन तीनों जिलों में किसी नए जिला सैनिक बोर्ड की स्थापना का कोई प्रस्ताव प्रस्तुत नहीं किया गया है।

(घ) और (ङ): राजस्थान सरकार से इन जिलों में नए जिला सैनिक बोर्ड स्थापित करने हेतु कोई प्रस्ताव प्राप्त नहीं हुआ है। इसके अलावा सरकार द्वारा डूंगरपुर, बांसवाड़ा और प्रतापगढ़ जिलों में सीएसडी कैंटीन की स्थापना का भी कोई प्रस्ताव नहीं है, क्योंकि इन क्षेत्रों में आश्रितों की संख्या कम होने के कारण यह आर्थिक रूप से व्यावहारिक नहीं है और यह प्रस्ताव भूतपूर्व सैनिक इकाई द्वारा संचालित कैंटीन खोलने की नीति के अनुसार निर्धारित न्यूनतम 5000 भूतपूर्व सैनिकों की आश्रितता के मानदंडों को पूरा नहीं करता है।

विवरण

शामिल किए गए जिलों के साथ आरएसबी/जेडएसबी की सूची

क्रम संख्या	राज्य/संघ राज्य क्षेत्र	जेडएसबी की संख्या	क्रम संख्या	जेडएसबी का नाम
1	आंध्र प्रदेश	13	1	जेडएसबी, अनंतपुरमु
			2	जेडएसबी, चित्तूर
			3	जेडएसबी, पूर्वी गोदावरी
			4	जेडएसबी, गुंटूर
			5	जेडएसबी, कडप्पा
			6	जेडएसबी, कृष्णा
			7	जेडएसबी, कुरनूल
			8	जेडएसबी, एसपीएस नेल्लोर
			9	जेडएसबी, प्रकाशम
			10	जेडएसबी, श्रीकाकुलम
			11	जेडएसबी, विशाखापत्तनम
			12	जेडएसबी विजयनगरम
			13	जेडएसबी पश्चिम गोदावरी
2	अरुणाचल प्रदेश	0	0	कोई जेडएसबी नहीं

3	असम	19	1	बारपेटा
			2	बोंगईगांव
			3	कछार
			4	दरांग
			5	धुबरी
			6	डिब्रूगढ़
			7	गोलपाड़ा
			8	गोलाघाट
			9	हैलाकांडी
			10	जोरहाट
			11	कामरूप
			12	कामरूप (एम)
			13	श्रीभूमि (करीमगंज)
			14	कार्बी आंगलोंग
			15	कोकराझार
			16	लखीमपुर
			17	नगांव
			18	शिवसागर
			19	सोनितपुर
4	बिहार	25	1	जेडएसबी, औरंगाबाद
			2	जेडएसबी, बेगूसराय
			3	जेडएसबी, भागलपुर
			4	जेडएसबी, भोजपुर
			5	जेडएसबी, बक्सर
			6	जेडएसबी, दरभंगा
			7	जेडएसबी, पूर्वी चंपारण
			8	जेडएसबी, गया
			9	जेडएसबी, गोपालगंज
			10	जेडएसबी, जहानाबाद
			11	जेडएसबी, कैमूर
			12	जेडएसबी, कटिहार
			13	जेडएसबी, मधुबनी

			14	जेडएसबी, मुंगेर
			15	जेडएसबी, मुजफ्फरपुर
			16	जेडएसबी, नालंदा
			17	जेडएसबी, पटना
			18	जेडएसबी, रोहतास
			19	जेडएसबी, सहरसा
			20	जेडएसबी, समस्तीपुर
			21	जेडएसबी, सारन
			22	जेडएसबी, सीतामढ़ी
			23	जेडएसबी, सिवान
			24	जेडएसबी, वैशाली
			25	जेडएसबी, पश्चिम चंपारण
5	छत्तीसगढ़	10	1	जेडएसबी, रायपुर
			2	जेडएसबी, बिलासपुर
			3	जेडएसबी, दुर्ग
			4	जेडएसबी, जशपुर
			5	जेडएसबी, राजनंदगांव
			6	जेडएसबी, जगदलपुर
			7	जेडएसबी, अंबिकापुर (सरगुजा)
			8	जेडएसबी, बैकुंठपुर (कोडिया)
			9	जेडएसबी, रायगढ़
			10	जेडएसबी, कांकेर
6	दिल्ली	0	0	कोई जेडएसबी नहीं
7	गोवा	0	0	कोई जेडएसबी नहीं
8	गुजरात	11	1	जेडएसबी, अहमदाबाद
			2	जेडएसबी, वडोदरा
			3	जेडएसबी, सूरत
			4	जेडएसबी, जामनगर

			5	जेडएसबी, राजकोट
			6	जेडएसबी, हिमंतनगर (साबरकांठा)
			7	जेडएसबी, कच्छ-भुज
			8	जेडएसबी, महेसाणा
			9	जेडएसबी, पंचमहल (गोधरा)
			10	जेडएसबी, पोरबंदर
			11	जेडएसबी, सुरेंद्रनगर
			1	जेडएसबी, अंबाला
			2	जेडएसबी, भिवानी
			3	जेडएसबी, चरखी दादरी
			4	जेडएसबी, फरीदाबाद
			5	जेडएसबी, फतेहाबाद
			6	जेडएसबी, गुरुग्राम
			7	जेडएसबी, हिसार
			8	जेडएसबी, झज्जर
			9	जेडएसबी, जींद
			10	जेडएसबी, करनाल
			11	जेडएसबी, कैथल
			12	जेडएसबी, कुरुक्षेत्र
			13	जेडएसबी, नारनौल
			14	जेडएसबी, पानीपत
			15	जेडएसबी, पलवल
			16	जेडएसबी, पंचकुला
			17	जेडएसबी, रेवाड़ी
			18	जेडएसबी, रोहतक
			19	जेडएसबी, सोनीपत
			20	जेडएसबी, सिरसा
			21	जेडएसबी यमुना नगर
			22	नूह
			1	जेडएसबी, बिलासपुर
			2	जेडएसबी, चंबा
9	हरियाणा	22		
10	हिमाचल प्रदेश	10		

			3	जेडएसबी, हमीरपुर
			4	जेडएसबी, कांगड़ा
			5	जेडएसबी, कुल्लू
			6	जेडएसबी, मंडी
			7	जेडएसबी, सोलन
			8	जेडएसबी, सिरमौर
			9	जेडएसबी, शिमला और किन्नौर
			10	जेडएसबी, ऊना
11	जम्मू और कश्मीर (संघ राज्य क्षेत्र)	13	1	जेडएसबी, सांबा
			2	जेडएसबी, कठुआ
			3	जेडएसबी, उधमपुर
			4	जेडएसबी, रियासी
			5	जेडएसबी, राजौरी
			6	जेडएसबी, पुंछ
			7	जेडएसबी, कुपवाड़ा
			8	जेडएसबी, डोडा
			9	जेडएसबी, बारामूला
			10	जेडएसबी, श्रीनगर
			11	जेडएसबी, जम्मू
			12	जेडएसबी, आरएस पुरा
			13	जेडएसबी, अखनूर
12	झारखंड	6	1	जेडएसबी, रांची
			2	जेडएसबी, दुमका
			3	जेडएसबी, चाईबासा
			4	जेडएसबी, हजारीबाग
			5	जेडएसबी, गुमला
			6	जेडएसबी, मेदिनीनगर
13	कर्नाटक	13	1	जेडएसबी, बेंगलूरु (शहरी)
			2	जेडएसबी, बेंगलूरु (ग्रामीण)
			3	जेडएसबी, बेलगावी
			4	जेडएसबी, विजयपुरा
			5	जेडएसबी, धारवाड़

			6	जेडएसबी, कलबुर्गी
			7	जेडएसबी, उत्तर कन्नड़
			8	जेडएसबी, मंगलुरु
			9	जेडएसबी, मदिकेरी
			10	जेडएसबी, मैसूर
			11	जेडएसबी, शिवमोग्गा
			12	जेडएसबी, बागलकोट
			13	जेडएसबी, हसन
14	केरल	14	1	जेडएसबी, तिरुवनंतपुरम
			2	जेडएसबी, कोल्लम
			3	जेडएसबी, पथानामथिट्टा
			4	जेडएसबी, अलाप्पुझा
			5	जेडएसबी, कोट्टायम
			6	जेडएसबी, इडुक्की
			7	जेडएसबी, एर्नाकुलम
			8	जेडएसबी, त्रिशूर
			9	जेडएसबी, पलक्कड़
			10	जेडएसबी, मलप्पुरम
			11	जेडएसबी, कोझिकोड
			12	जेडएसबी, वायनाड
			13	जेडएसबी, कन्नूर
			14	जेडएसबी, कासरगोड
15	मध्य प्रदेश	24	1	जेडएसबी, बेतुल
			2	जेडएसबी, भिंड
			3	जेडएसबी, भोपाल
			4	जेडएसबी, छतरपुर
			5	जेडएसबी, छिंदवाड़ा
			6	जेडएसबी, कटनी
			7	जेडएसबी, खंडवा
			8	जेडएसबी, ग्वालियर
			9	जेडएसबी, गुना
			10	जेडएसबी, नर्मदापुरम

			(होशंगाबाद)
		11	जेडएसबी, इंदौर
		12	जेडएसबी, जबलपुर
		13	जेडएसबी, मंदसौर
		14	जेडएसबी, मुरैना
		15	जेडएसबी, नरसिंहपुर
		16	जेडएसबी, रतलाम
		17	जेडएसबी, रीवा
		18	जेडएसबी, सतना
		19	जेडएसबी, सागर
		20	जेडएसबी, सिवनी
		21	जेडएसबी, शहडोल
		22	जेडएसबी, सीधी
		23	जेडएसबी, टीकमगढ़
		24	जेडएसबी, उज्जैन
16	महाराष्ट्र	33	1 जेडएसबी, मुंबई शहर
			2 जेडएसबी, मुंबई उपनगरीय
			3 जेडएसबी, ठाणे
			4 जेडएसबी, सिंधुदुर्ग
			5 जेडएसबी, रायगढ़ – अलीबाग
			6 जेडएसबी, रत्नागिरी
			7 जेडएसबी, पुणे
			8 जेडएसबी, सतारा
			9 जेडएसबी, सांगली
			10 जेडएसबी, कोल्हापुर
			11 जेडएसबी, सोलापुर
			12 जेडएसबी, नासिक
			13 जेडएसबी, अहमदनगर
			14 जेडएसबी, धुले
			15 जेडएसबी, नंदुरबार
			16 जेडएसबी, जलगांव

			17	जेडएसबी, नागपुर
			18	जेडएसबी, भंडारा गोंदिया
			19	जेडएसबी, चंद्रपुर
			20	जेडएसबी, गढ़चिरौली
			21	जेडएसबी, औरंगाबाद
			22	जेडएसबी, जालना
			23	जेडएसबी, लातूर
			24	जेडएसबी, बीड
			25	जेडएसबी, उस्मानाबाद
			26	जेडएसबी, परभणी नांदेड़
			27	जेडएसबी, अमरावती
			28	जेडएसबी, अकोला
			29	जेडएसबी, बुलडाना
			30	जेडएसबी, यवतमाल
			31	जेडएसबी, वर्धा
			32	जेडएसबी, वाशिम
			33	जेडएसबी, हिंगोली
17	मणिपुर	2	1	जेडएसबी, चुराचांदपुर
			2	जेडएसबी इम्फाल
18	मेघालय	2	1	जेडएसबी, शिलांग
			2	जेडएसबी, तुरा
19	मिजोरम	4	1	जेडएसबी, आइजॉल
			2	जेडएसबी, लुंगलेई
			3	जेडएसबी, चम्फाई
			4	जेडएसबी, कोलासिब
20	नागालैंड	5	1	जेडएसबी, मोकोकचुंग
			2	जेडएसबी, दीमापुर
			3	जेडएसबी, कोहिमा
			4	जेडएसबी, वोखा
			5	जेडएसबी, जुन्हेबोटो
21	ओडिशा	8	1	जेडएसबी, कटक
			2	जेडएसबी, गंजम

			3	जेडएसबी, बालासोर
			4	जेडएसबी, ढेंकनाल
			5	जेडएसबी, क्योझर
			6	जेडएसबी, संबलपुर
			7	जेडएसबी, कालाहांडी
			8	जेडएसबी, कोरापुट
22	पंजाब	22	1	जेडएसबी, अमृतसर
			2	जेडएसबी, भटिंडा
			3	जेडएसबी, फरीदकोट
			4	जेडएसबी, फिरोजपुर
			5	जेडएसबी, गुरदासपुर
			6	जेडएसबी, होशियारपुर
			7	जेडएसबी, जालंधर
			8	जेडएसबी, कपूरथला
			9	जेडएसबी, लुधियाना
			10	जेडएसबी, पटियाला
			11	जेडएसबी, रूपनगर
			12	जेडएसबी, संगरूर
			13	जेडएसबी, श्री मुक्तसर साहिब
			14	जेडएसबी, एसबीएस नगर
			15	जेडएसबी, मानसा
			16	जेडएसबी, मोगा
			17	जेडएसबी, फतेहगढ़ साहिब
			18	जेडएसबी, मोहाली
			19	जेडएसबी, बरनाला
			20	जेडएसबी, तरनतारन
			21	जेडएसबी, पठानकोट
			22	जेडएसबी, फाजिल्का
23	राजस्थान	25	1	जेडएसबी, अजमेर
			2	जेडएसबी, अलवर
			3	जेडएसबी, बहरोड़
			4	जेडएसबी, भीलवाड़ा

			5	जेडएसबी, बाड़मेर
			6	जेडएसबी, भरतपुर
			7	जेडएसबी, बीकानेर
			8	जेडएसबी, भीम
			9	जेडएसबी, चुरू
			10	जेडएसबी, जयपुर
			11	जेडएसबी, जैसलमेर
			12	जेडएसबी, झुंझुनू
			13	जेडएसबी, चिड़ावा
			14	जेडएसबी, जोधपुर
			15	जेडएसबी, शेरगढ़
			16	जेडएसबी, कोटा
			17	जेडएसबी, नागौर
			18	जेडएसबी, डीडवाना
			19	जेडएसबी, पाली
			20	जेडएसबी, करुली
			21	जेडएसबी, सीकर
			22	जेडएसबी, नीम काथाना
			23	जेडएसबी, टोंक
			24	जेडएसबी, श्री गंगानगर
			25	जेडएसबी, उदयपुर
24	सिक्किम	3	1	जेडएसबी, गंगटोक पूर्व/उत्तरी सिक्किम
			2	जेडएसबी, दक्षिणी सिक्किम
			3	जेडएसबी, पश्चिमी सिक्किम
25	तमिलनाडु	30	1	अरियालूर
			2	चेन्नई
			3	कोयंबटूर
			4	कुड्डालोर
			5	धर्मपुरी
			6	डिंडीगुल
			7	ईरोड
			8	कांचीपुरम

			9	कन्याकुमारी
			10	कृष्णागिरी
			11	मदुरै
			12	नागपट्टिनम
			13	नामक्कल
			14	पुदुक्कोट्टई
			15	रामनाथपुरम
			16	सेलम
			17	शिवगंगई
			18	तंजावुर
			19	नीलगिरी
			20	तेनी
			21	तूत्तुकुडी
			22	तिरुचिरापल्ली
			23	तिरुनलवेली
			24	तिरुपूर
			25	तिरुवल्लूर
			26	तिरुवरुर
			27	तिरुवन्नामलई
			28	वेल्लोर
			29	विल्लुपुरम
			30	विरुदनगर
26	त्रिपुरा	0	0	कोई जेडएसबी नहीं
27	तेलंगाना	10	1	जेडएसबी, आदिलाबाद
			2	जेडएसबी, हैदराबाद
			3	जेडएसबी, करीमनगर
			4	जेडएसबी, खम्मम
			5	जेडएसबी, महबूबनगर
			6	जेडएसबी, संगारेड्डी
			7	जेडएसबी, नलगोंडा
			8	जेडएसबी, निजामाबाद
			9	जेडएसबी, रंगा रेड्डी

			10	जेडएसबी, वारंगल
28	उत्तराखंड	16	1	जेडएसबी, अल्मोड़ा
			2	जेडएसबी, बागेश्वर
			3	जेडएसबी, चमोली
			4	जेडएसबी, चंपावत
			5	जेडएसबी, देहरादून
			6	जेडएसबी, हरबर्टपुर
			7	जेडएसबी, हरिद्वार
			8	जेडएसबी, हल्द्वानी (नैनीताल)
			9	जेडएसबी, पौड़ी
			10	जेडएसबी, लैंसडाउन (पौड़ी गढ़वाल)
			11	जेडएसबी, पिथौरागढ़
			12	जेडएसबी, दीदीहाट
			13	जेडएसबी, रुद्रप्रयाग
			14	जेडएसबी, नई टिहरी
			15	जेडएसबी, रुद्रपुर (यूएस नगर)
			16	जेडएसबी, उत्तरकाशी
29	उत्तर प्रदेश	75	1	जेडएसबी, आगरा
			2	जेडएसबी, अलीगढ़
			3	जेडएसबी, प्रयागराज
			4	जेडएसबी, अंबेडकर नगर
			5	जेडएसबी, अमेठी
			6	जेडएसबी, अमरोहा
			7	जेडएसबी, औरैया
			8	जेडएसबी, आजमगढ़
			9	जेडएसबी, बदायूं
			10	जेडएसबी, भदोही
			11	जेडएसबी, बागपत
			12	जेडएसबी, बहराइच
			13	जेडएसबी, बिजनौर

		14	जेडएसबी, बलिया
		15	जेडएसबी, बलरामपुर
		16	जेडएसबी, बांदा
		17	जेडएसबी, बाराबंकी
		18	जेडएसबी, बरेली
		19	जेडएसबी, बस्ती
		20	जेडएसबी, बुलंदशहर
		21	जेडएसबी, चंदौली
		22	जेडएसबी, चित्रकूट
		23	जेडएसबी, देवरिया
		24	जेडएसबी, एटा
		25	जेडएसबी, इटावा
		26	जेडएसबी, अयोध्या
		27	जेडएसबी, फर्रुखाबाद
		28	जेडएसबी, फतेहपुर
		29	जेडएसबी, फिरोजाबाद
		30	जेडएसबी, गौतमबुद्ध नगर
		31	जेडएसबी, गाजियाबाद
		32	जेडएसबी, गाजीपुर
		33	जेडएसबी, गोंडा
		34	जेडएसबी, गोरखपुर
		35	जेडएसबी, हमीरपुर
		36	जेडएसबी, हापुड़
		37	जेडएसबी, हरदोई
		38	जेडएसबी, हाथरस
		39	जेडएसबी, जालौन
		40	जेडएसबी, जौनपुर
		41	जेडएसबी, झांसी
		42	जेडएसबी, कन्नौज
		43	जेडएसबी, कानपुर नगर
		44	जेडएसबी, कानपुर देहात
		45	जेडएसबी, कासगंज

29			46	जेडएसबी, कौशाम्बी
			47	जेडएसबी, खेरी
			48	जेडएसबी, कुशीनगर
			49	जेडएसबी, ललितपुर
			50	जेडएसबी, लखनऊ
			51	जेडएसबी, महाराजगंज
			52	जेडएसबी, महोबा
			53	जेडएसबी, मैनपुरी
			54	जेडएसबी, मथुरा
			55	जेडएसबी, मऊ
			56	जेडएसबी, मेरठ
			57	जेडएसबी, मिर्जापुर
			58	जेडएसबी, मुरादाबाद
			59	जेडएसबी, मुजफ्फरनगर
			60	जेडएसबी, पीलीभीत
			61	जेडएसबी, प्रतापगढ़
			62	जेडएसबी, रामपुर
			63	जेडएसबी, रायबरेली
			64	जेडएसबी, संत कबीर नगर
			65	जेडएसबी, सहारनपुर
			66	जेडएसबी, शामली
			67	जेडएसबी, शाहजहांपुर
			68	जेडएसबी, सिद्धार्थ नगर
			69	जेडएसबी, सीतापुर
			70	जेडएसबी, सोनभद्र
			71	जेडएसबी, श्रावस्ती
			72	जेडएसबी, सुल्तानपुर
			73	जेडएसबी, उन्नाव
			74	जेडएसबी, वाराणसी
			75	जेडएसबी, संभल
30	पश्चिम बंगाल	14	1	जेडएसबी, कोलकाता
			2	जेडएसबी, हावड़ा

			3	जेडएसबी, 24 परगना (उत्तर)
			4	जेडएसबी, 24 परगना (दक्षिण)
			5	जेडएसबी, मिदनापुर
			6	जेडएसबी, वर्धवान
			7	जेडएसबी, मुर्शिदाबाद
			8	जेडएसबी, मालदा
			9	जेडएसबी, डी/ दिनाजपुर
			10	जेडएसबी, जलपाईगुड़ी
			11	जेडएसबी, कूचबिहार
			12	जेडएसबी, दार्जिलिंग
			13	जेडएसबी, नादिया
			14	जेडएसबी, कलिम्पोंग
31	अंडमान एवं निकोबार (संघ राज्य क्षेत्र)	0	0	कोई जेडएसबी नहीं
32	चंडीगढ़ (संघ राज्य क्षेत्र)	0	0	कोई जेडएसबी नहीं
33	पुदुच्चेरी (संघ राज्य क्षेत्र)	0	0	कोई जेडएसबी नहीं
34	लद्दाख (संघ राज्य क्षेत्र)	2	1	जेडएसबी, लेह
			2	जेडएसबी, कारगिल

अंग और ऊतक बैंकों का संचालन

1052. श्री बृजमोहन अग्रवाल:

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

(क) छत्तीसगढ़ और संघ राज्यक्षेत्र सहित सभी राज्यों में संचालित अंग और ऊतक बैंकों की सूची का राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है;

(ख) विगत पांच वर्षों के दौरान संगठन द्वारा दान किए गए और प्रत्यारोपित अंगों की वर्ष-वार संख्या कितनी है;

(ग) उक्त राज्यों सहित सभी राज्यों के अंगदाताओं और प्राप्तकर्ताओं के संबंध में राज्य/संघ राज्यक्षेत्र-वार आंकड़ों का ब्यौरा क्या है;

(घ) क्या देश में अंग और ऊतक दान के बारे में जागरूकता बढ़ाने की कोई योजना है; और

(ङ) यदि हां, तो राज्य/संघ राज्यक्षेत्र-वार तत्संबंधी ब्यौरा क्या है?

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

(क): दान किए गए अंगों को रिट्रीवल के बाद यथाशीघ्र प्रत्यारोपित किया जाना चाहिए और उन्हें बैंक में जमा नहीं किया जाना चाहिए। दान किए गए ऊतकों को बैंक में जमा किया जाता है। राज्य सरकारों ने आवश्यकतानुसार ऊतक बैंक स्थापित किए हैं और मानव अंग और ऊतक प्रतिरोपण अधिनियम, 1994 के तहत पंजीकरण प्रदान करते हैं।

ऊतक बैंकों की सूची का विवरण निम्नलिखित वेबलिंग पर देखा जा सकता है:

<https://www.notto.mohfw.gov.in/approvedhospitalslist.htm>

(ख): राज्यों/ संघ राज्य क्षेत्रों द्वारा दी गई सूचना के अनुसार पिछले पांच वर्षों के दौरान संगठन द्वारा दान किए गए और प्रत्यारोपित अंगों की संख्या इस प्रकार है:

वर्ष	कुल अंगदाता	प्रत्यारोपित किए गए अंग
2020	6812	7443
2021	11198	12259
2022	14300	16041
2023	16542	18378
2024	16597	18910

(ग): छत्तीसगढ़ सहित सभी राज्यों/संघ राज्य क्षेत्रों के अंगदाताओं और प्राप्तकर्ताओं संबंधी आंकड़ों का ब्यौरा संलग्न **विवरण** में दिया गया है।

(घ) और (ङ): क्षेत्रीय अंग एवं ऊतक प्रत्यारोपण संगठनों (रोट्टो) और राज्य अंग एवं ऊतक प्रत्यारोपण संगठनों (सोट्टो) के साथ मिलकर, नोटो देश भर में अंग एवं ऊतक दान को बढ़ावा देने हेतु जागरूकता कार्यक्रम आयोजित करता है। ये संगठन विभिन्न हितधारकों, जैसे सरकारी मंत्रालयों और विभागों, नगर निगमों, सार्वजनिक क्षेत्र के उपक्रमों, पेशेवर सोसाइटियों, गैर सरकारी संगठनों, समुदाय-आधारित समूहों, स्कूलों, विश्वविद्यालयों, चिकित्सा, नर्सिंग और अन्य संस्थानों, कॉर्पोरेट्स, पुलिस विभाग, मीडिया आदि के साथ मिलकर अंग एवं ऊतक दान को बढ़ावा देते हैं और इसके प्रति लोगों को जागरूक करते हैं। प्रत्यारोपण खेल, पोस्टर बनाना, नारा लेखन, विशेष प्रतिज्ञा अभियान जैसी विभिन्न जागरूकता कार्यकलाप नियमित रूप से आयोजित किए जाते हैं।

नोट्टो की वेबसाइट www.notto.mohfw.gov.in पर अंग और ऊतक दान के बारे में जानकारी प्रसारित की जाती है, जिसमें सूचना और संचार सामग्री का प्रदर्शन भी शामिल है। इसके अलावा, अंगदान के बारे में जानकारी, टेली-परामर्श और समन्वय प्रदान करने के लिए एक 24x7 कॉल सेंटर भी कार्यरत है, जिसका टोल-फ्री हेल्पलाइन नंबर (1800114770) है। सोशल मीडिया (फेसबुक, ट्विटर, इंस्टाग्राम, नोट्टो के यूट्यूब चैनल) के माध्यम से संदेशों का प्रचार-प्रसार प्रतिदिन किया जा रहा है।

नागरिकों को अंग और ऊतक दान के लिए प्रतिज्ञा लेने में सुविधा प्रदान करने के लिए, एक समर्पित वेब पोर्टल <https://notto.abdm.gov.in> कार्यशील है, जिसके माध्यम से 17 सितंबर, 2023 से अब तक 3.2 लाख से अधिक आधार सत्यापित प्रतिज्ञाएं पंजीकृत की गई हैं।

एनओटीपी के तहत, प्राप्त प्रस्तावों के आधार पर राज्यों को अनुदान प्रदान किया जाता है, जिसमें रोट्टो और सोट्टो की स्थापना, अंग प्रत्यारोपण/रिट्रीवल सेंटर और ऊतक बैंक स्थापित करने के लिए सार्वजनिक क्षेत्र में बुनियादी ढांचे को बढ़ाना, सरकारी मेडिकल कॉलेजों और ट्रॉमा सेंटरों द्वारा

प्रत्यारोपण समन्वयकों की भर्ती, मृतक दाताओं का रखरखाव, अंगों का परिवहन, प्रत्यारोपण के बाद रोगक्षय-दमनकारी दवाएं, जागरूकता, प्रशिक्षण और क्षमता निर्माण कार्यकलाप आदि शामिल हैं। प्रत्यारोपण कार्यक्रम को और मजबूत करने के लिए सक्रिय कार्रवाई करने के लिए राज्यों को प्रोत्साहित किया जाता है, जिसमें राज्य स्तर पर जागरूकता कार्यक्रम भी शामिल है।

विवरण

छत्तीसगढ़ सहित सभी राज्यों/संघ राज्य क्षेत्रों के अंगदाताओं और प्राप्तकर्ताओं संबंधी आंकड़ों का ब्यौरा

क्र. सं.	राज्य	अंगदाताओं की कुल संख्या	कुल प्राप्तकर्ता
1.	अंडमान और निकोबार द्वीप समूह	0	0
2.	आंध्र प्रदेश	377	480
3.	अरुणाचल प्रदेश	0	0
4.	असम	70	71
5.	बिहार	31	31
6.	चंडीगढ़	285	324
7.	छत्तीसगढ़	77	84
8.	दिल्ली एनसीआर	4388	4497
9.	दादरा और नागर हवेली और दमन और द्वीव	0	7
10.	गोवा	8	10
11.	गुजरात	1024	1267
12.	हरियाणा	109	114
13.	हिमाचल प्रदेश	9	9
14.	जम्मू एवं कश्मीर	48	48
15.	झारखंड	9	9
16.	कर्नाटक	459	768
17.	केरल	1474	1500
18.	लद्दाख	0	0
19.	लक्षद्वीप	0	0
20.	मध्य प्रदेश	336	352

21.	महाराष्ट्र	1781	2065
22.	मणिपुर	39	40
23.	मेघालय	0	0
24.	मिजोरम	0	0
25.	नागालैंड	0	0
26.	ओड़िशा	178	186
27.	पुदुचेरी	60	68
28.	पंजाब	457	464
29.	राजस्थान	628	661
30.	सिक्किम	0	0
31.	तमिलनाडु	2255	2847
32.	तेलंगाना	988	1386
33.	त्रिपुरा	2	2
34.	उत्तर प्रदेश	478	478
35.	उत्तराखंड	17	16
36.	पश्चिम बंगाल	1010	1026

उर्वरकों पर राजसहायता

1053. श्री नलिन सोरेन:

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

- (क) गत तीन वर्षों और वर्तमान वर्ष के दौरान सरकार द्वारा विभिन्न उर्वरकों पर प्रदान की गई राजसहायता का राज्य/संघ राज्यक्षेत्र-वार और उर्वरक-वार ब्यौरा क्या है;
- (ख) क्या उर्वरकों पर प्रदान की गई राजसहायता से गरीब और सीमांत किसानों को लाभ हुआ है और यदि हां, तो सरकार की इस पर क्या प्रतिक्रिया है;
- (ग) क्या सरकार का प्रत्यक्ष लाभ अंतरण योजना के माध्यम से किसानों के खातों में सीधे उर्वरकों पर राजसहायता प्रदान करने का विचार है; और
- (घ) यदि हां, तो सरकार द्वारा इस संबंध में अंतिम निर्णय कब तक लिए जाने की संभावना है?

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

(क): 'उर्वरकों में प्रत्यक्ष लाभ अंतरण (डीबीटी)' प्रणाली के तहत, प्रत्येक खुदरा दुकान पर स्थापित पीओएस उपकरणों के माध्यम से आधार प्रमाणीकरण के आधार पर लाभार्थियों को की गई वास्तविक बिक्री पर उर्वरक कंपनियों को विभिन्न उर्वरक ग्रेडों पर 100% सब्सिडी जारी की जाती है। सभी किसानों (लघु, मध्यम और बड़े किसानों सहित) को बिना किसी मनाही के सब्सिडी प्राप्त दरों पर उर्वरकों की आपूर्ति की जा रही है। सरकार द्वारा 2022-23 से 2025-26 (21.07.2025 की स्थिति के अनुसार) तक प्रदान की गई कुल उर्वरक सब्सिडी का ब्यौरा इस प्रकार है:

(राशि करोड़ में)

वित्तीय वर्ष	सब्सिडी स्कीमें				कुल योग
	आयातित पीएंडके	स्वदेशी पीएंडके	स्वदेशी यूरिया	आयातित यूरिया	
2022-23	36032.56	50089.67	127311.05	41365.60	254798.88
2023-24	28929.57	36270.00	102027.00	28193.94	195420.51
2024-25	18800.00	34010.00	103319.50	21000.00	177129.50
2025-26 (21.07.2025 की स्थिति के अनुसार)	3977.77	10404.59	30940.82	4006.70	49329.88
कुल योग	87739.90	130774.26	363598.37	94566.24	676678.77

(ख): यूरिया उर्वरक के संबंध में, किसानों को यूरिया वैधानिक रूप से अधिसूचित अधिकतम खुदरा मूल्य (एमआरपी) पर प्रदान किया जाता है। यूरिया की 45 कि.ग्रा. बोरी की एमआरपी 242 रुपए प्रति बोरी (नीम लेपन के प्रभार और लागू करों को छोड़कर) है। फार्म गेट पर यूरिया की सुपुर्दगी

लागत और यूरिया इकाइयों द्वारा निवल बाजार प्राप्ति के बीच का अंतर भारत सरकार द्वारा यूरिया उत्पादक/आयातक को सब्सिडी के रूप में दिया जाता है। तदनुसार, सभी किसानों को यूरिया की आपूर्ति सब्सिडी प्राप्त दरों पर की जा रही है।

फास्फेटयुक्त और पोटेशियुक्त (पीएण्डके) उर्वरकों के संबंध में, सरकार ने इन उर्वरकों के लिए 01.04.2010 से पोषक-तत्व आधारित सब्सिडी नीति लागू की है। इस नीति के अंतर्गत सब्सिडी प्राप्त पीएण्डके उर्वरकों पर उनमें निहित पोषक-तत्व के आधार पर वार्षिक आधार पर तय की गई सब्सिडी की एक नियत राशि उपलब्ध कराई जाती है। इस नीति के अंतर्गत उर्वरक कंपनियों द्वारा एमआरपी बाजार के उतार चढ़ाव के अनुसार उचित स्तर पर नियत किया जाता है, जिसकी निगरानी सरकार द्वारा की जाती है।

तदनुसार, कोई भी किसान जो इन उर्वरकों को खरीद रहा है, उसे सब्सिडी का लाभ मिल रहा है।

(ग) और (घ): डीबीटी प्रणाली में उर्वरक उत्पादक/आयात करने वाली कंपनियों (आयातित यूरिया को छोड़कर) को सब्सिडी का भुगतान खुदरा विक्रेता द्वारा पीओएस मशीनों के माध्यम से लाभार्थी को की गई वास्तविक बिक्री के आधार पर करना होता है। खरीदार की पहचान आधार आधारित प्रमाणीकरण के माध्यम से सत्यापित की जाती है। उर्वरकों की बिक्री 'बिना किसी मनाही के' आधार पर की जा रही है क्योंकि कोई परिभाषित लाभार्थी नहीं है। गरीब और सीमांत किसानों सहित आधार प्रमाणित कोई भी लाभार्थी आधार प्रमाणीकरण के आधार पर उर्वरक खरीद सकता है।

BENEFITS TO AWWs AND AWHs

1054. DR. SHASHI THAROOR:

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

- (a) whether the Anganwadi Workers (AWWs) and Helpers (AWHs) are officially classified as 'volunteers' who get an 'honorarium', if so, the details thereof;
- (b) whether these AWWs and AWHs get maternity leave, pension and other benefits as the Government employees, if so, the details thereof and if not, the reasons therefor; and
- (c) whether the Government plans to consider AWWs and AWHs as Government employees, if so, the steps taken by the Government in this regard and if not, the reasons therefor?

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

(a) to (c): Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) are "honorary workers" from the local community who voluntarily come forward to render their services in the area of child care and development to help the local community for which they are paid honorarium which is increased from time to time. From 1st October, 2018, Government of India has enhanced the honorarium of AWWs at Anganwadi centres (AWCs) from Rs.3,000/- to Rs.4,500/- per month; AWWs at mini- AWCs from Rs.2,250/- to Rs.3,500/- per month; AWHs from Rs.1,500/- to Rs.2,250/- per month as per the defined cost sharing ratio between the centre and the States/UTs.

Besides, performance linked incentive of Rs.500/- is also provided to AWWs and Rs.250/- per month to AWHs. In addition, States/UTs are also paying

additional monetary incentives/top ups to these voluntary workers from their own resources which vary from State to State.

Under Mission Saksham Anganwadi and Poshan 2.0, AWWs have been technologically empowered with the provision of smartphones for efficient monitoring and service delivery. Poshan Tracker which is a mobile phone application that has digitized physical registers used by Anganwadi workers. This improves the quality of their work while simultaneously enabling them for real-time monitoring of all activities going on in the Anganwadis.

To incentivize and encourage the AWWs and AWHs, various initiatives have been undertaken including the following:

- i. Leave: 20 days' annual leave and paid maternity absence of 180 days, paid absence on abortion/ miscarriage once for 45 days.
- ii. State Governments and UT Administrations have been requested to encourage eligible AWWs and AWHs to get themselves enrolled under the Pradhan Mantri Shram Yogi Mandhan (PM-SYM) Pension Scheme, which is a voluntary and contributory pension scheme for the unorganized sectors in the country to ensure old age protection.
- iii. Promotion: Under Mission Saksham Anganwadi and Poshan 2.0, promotional opportunities for Anganwadi Workers have been enhanced. 50% posts of Anganwadi Workers are to be filled by Anganwadi Helpers with 5 years of experience and 50% posts of Supervisors are to be filled by promotion of

Anganwadi Workers with 5 years of experience subject to fulfilment of other criteria.

- iv. Social Security Insurance Schemes: Insurance benefits have been provided to Anganwadi Workers and Helpers under Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) for life cover worth Rs.2.00 lakh (covers life risk, death due to any reason) in the age group of 18 to 50 years and under Pradhan Mantri Suraksha Bima Yojana for accidental cover of Rs.2.00 Lakh (accidental death and permanent full disability) /Rs.1.00 Lakh (partial but permanent disability) in the age group of 18-59 years.
- v. Retirement date: States and UTs have been requested to adopt a uniform retirement date i.e 30th April of each year with respect to Anganwadi Workers and Helpers to ensure proper human resource planning.
- vi. Annual Healthcare coverage of Rs. 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to all Anganwadi workers and helpers in pursuance to budget announcement in FY 2024-25.

AFFORDABLE AND RELIABLE MEDICAL IMAGING SOLUTION

1055. DR. M. K. VISHNU PRASAD:

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

- (a) whether the Government has set up any mechanism to provide access to affordable and reliable medical imaging solutions considering its high cost and low availability in the country and if so, the details thereof;

(b) the steps taken/proposed to be taken by the Government and the progress made in the said sector in alignment with the concept of 'Make in India-Made for the World';

(c) whether India has emerged as one of the top five healthcare manufacturers in the world and if so, the details thereof;

(d) whether the Government is considering manufacturing of medical devices as one of the sunrise sectors in the country and if so, the details thereof; and

(e) the steps taken/proposed to be taken by the Government to make India its manufacturing hub?

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 informed by Department of Biotechnology, Ministry of Science and Technology, the Government of India has taken several measures to develop affordable and dependable medical imaging solutions in the country.

In order to align with 'Make in India- Made for the World', the Department of Biotechnology (DBT), promotes and accelerates research and development in this field and provides an enabling platform for academics, Start-ups, and related organizations to convert the laboratory level prototypes into packaged models and help in transfer of technology for commercialization.

Further, Biotechnology Industry Research Assistance Council (BIRAC), a not-for-profit Section 8, Public Sector Enterprise, set up by the DBT offers

various schemes and mission programs for biotech Start-ups, industries as well as partnering academic organizations for supporting development of medical devices, including affordable medical imaging solutions.

The Department of Pharmaceuticals is implementing the following schemes to promote domestic manufacturing of medical devices:

(i) *PLI Scheme for Promoting Domestic Manufacturing of Medical*

Devices: This scheme aims to promote domestic manufacturing of reliable medical devices by attracting large investments for creation of domestic manufacturing capacity, incentivising domestic production. It has a total budgetary outlay of ₹3,420 crore and a five-year performance-linked incentive period from FY2022-23 to FY2026-27. Under the scheme, selected companies are eligible for financial incentive for incremental sales of domestically manufactured medical devices in the radiotherapy, imaging device, anaesthesia, cardio-respiratory and critical care and implant device segments, for a period of five years. So far, 21 greenfield projects have been commissioned, and production has started for 54 products, which include high-end medical devices on which the country has been highly import-dependent, such as linear accelerators, machines for MRI and CT scans and mammograms, C-arm X-ray machines and ultrasound machines. Till March 2025, cumulative eligible sales ₹10,413.40 crore

have been made under the scheme, including export sales worth ₹5,002 crore.

(ii) *Scheme for Promotion of Medical Devices Parks:* This scheme aims to create common infrastructure and testing facilities for increased competitiveness and cost reduction through optimisation of resources and economies of scale, thereby leading to better availability and affordability of medical devices in the domestic market. Under it, three parks have been approved and are at an advanced stage of development in Greater Noida (Uttar Pradesh), Ujjain (Madhya Pradesh) and Kanchipuram (Tamil Nadu) districts. The total project cost of these is over ₹871.11 crore, with Central assistance to the tune of ₹100 crore each for creation of common infrastructure facilities, which is expected to enhance industry's competitiveness and reduce production costs through optimisation of resources and economies of scale.

(iii) *Scheme for Strengthening Medical Device Industry:* This scheme has been launched on 08.11.2024 with a financial outlay of ₹500 crore. It aims to strengthen the medical device industry by providing support in critical areas, including manufacturing of key components and accessories, skill development, support for clinical studies, development of common infrastructure, and industry promotion.

Enabled by these schemes, the Indian medical device sector has emerged as a sunrise sector which is rapidly growing in global competitiveness. Highlights in this regard are as follows:

- (i) Over the last six financial years, the export of medical devices has increased by 88%, from US\$ 2,138 million in FY2018-19 to US\$ 4,014 million in FY2024-25.
- (ii) Several high-end medical devices, such as Linear Accelerators (LINACs) and cobalt machines for cancer therapy, Magnetic Resonance Imaging (MRI), computed tomography (CT) scan, mammography and ultrasound machines for imaging, valves, occluders, drug-eluting stents, balloon catheters and defibrillators for heart conditions, ventilators for high-flow oxygen devices for breathing support, dialysis machines for kidney, and knee and hip implants are now being produced in India.
- (iii) India is exporting medical devices to over 170 countries.

IMPLEMENTATION OF NTCP

1056. SHRI TANGELLA UDAY SRINIVAS:

SHRI G. LAKSHMINARAYANA:

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

- a) the current status of implementation of the National Tobacco Control Programme (NTCP) across the country including number of districts covered,

Tobacco Cessation Centres established and key interventions undertaken, State/UT-wise;

- b) the details of funds allocated, released and utilised for NTCP during last five years, year-wise and State/UT-wise;
- c) whether the Government has conducted any assessment of the effectiveness of NTCP in achieving reduction in tobacco use, improvement in quit rates and control of tobacco-related diseases and if so, the details thereof;
- d) whether the Government's current monitoring of NTCP relies largely on activity-based indicators such as the number of campaigns or sessions conducted, rather than on outcome-based measures like actual decline in tobacco consumption and burden of disease and if so, the details thereof; and
- (e) whether the Government proposes to reform NTCP's monitoring and evaluation framework to focus on measurable outcomes including reduction in tobacco prevalence and the economic impact of tobacco use 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 of India launched the National Tobacco Control Programme (NTCP) in the year 2007-08 with the aim to reduce tobacco

consumption and minimize the health burden caused by tobacco-related diseases. Currently the program is implemented in all 36 States and UTs covering more than 700 districts.

India has over 2,000 Tobacco Cessation Centres (TCCs) that have been established across the country under integrated efforts of NTCP, National Medical Commission (NMC) and National Dental Commission (NDC). Some of the key interventions and thrust areas under the program are:

- Setting-up and strengthening of cessation facilities including provision of pharmacological treatment facilities at district level.
- Training of health and social workers, NGOs, school teachers, and enforcement officers;
- Information, education, and communication (IEC) activities;
- Organizes an annual 60-day Tobacco-Free Youth Campaign;
- Monitoring of tobacco control laws;

(b): Under NTCP funds are released to 03 (three) National Tobacco Testing Laboratories and 04 Tobacco Quit Line Centers. The details of funds allocated and utilized during the last 05 (five) years are given below:

(In Crore)

Year	Budget Allocated	Expenditure
2020-21	12.00	7.95
2021-22	13.70	7.53
2022-23	24.00	19.76
2023-24	19.47	9.36
2024-25	11.10	9.96

Further, for implementation of NTCP in States/UTs, funds are released through NCD Flexipool of National Health Mission (NHM) of Ministry of Health and Family Welfare. The details of funds provided to States/UTs by the NHM are given in the enclosed **Statement**.

(c) to (e): The Government of India has undertaken periodic assessments of NTCP initiatives through Global Adult Tobacco Survey (GATS) and Global Youth Tobacco Survey (GYTS) which measure outcome-based indicators such as prevalence of tobacco use at the national and sub-national levels, users desirous of quitting tobacco etc. As per the Global Adult Tobacco Survey (GATS), 2016-2017, overall tobacco use was 28.6% which is a 17.3% relative reduction from 34.6% reported in 2009–2010.

STATEMENT**State/UT wise details of SPIP Approvals and Expenditure for National Tobacco Control Programme (NTCP) under NHM during the period of F.Y. 2020-21 and F.Y. 2024-25**

(Rs. In Lacs)

S. No.	State/UT	2020-21		2021-22		2022-23		2023-24		2024-25	
		SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure
1	Andaman and Nicobar Islands	16.33	2.36	23.75	1.41	26.00	2.68	28.00	3.67	26.00	9.25
2	Andhra Pradesh	67.98	67.98	244.23	226.33	380.16	279.90	372.50	214.57	346.49	334.45
3	Arunachal Pradesh	414.00	69.66	149.86	90.87	500.75	17.31	504.78	294.74	493.82	435.34
4	Assam	246.27	74.55	321.96	174.88	329.11	201.82	326.91	225.37	292.14	125.31
5	Bihar	188.61	20.33	220.81	7.92	169.71	10.63	184.15	12.95	98.52	20.78
6	Chandigarh	6.05	0	9.65	0.19	12.35	2.30	12.35	0.14	43.53	0
7	Chhattisgarh	284.70	171.07	492.88	229.34	386.80	328.69	386.80	173.80	572.30	223.71
8	Dadra and Nagar Haveli and Daman and Diu	15.92	3.71	0.04	9.72	16.90	4.81	16.90	2.25	23.57	8.40
9	Delhi	117.89	7.17	198.43	25.14	277.49	47.52	317.49	70.06	179.10	55.22
10	Goa	26.18	12.26	52.58	37.43	54.40	42.87	54.40	47.83	59.51	46.38

11	Gujarat	351.88	154.31	333.48	152.01	347.55	235.21	356.90	374.54	384.36	271.01
12	Haryana	171.50	40.18	215.20	128.57	212.80	169.09	213.20	173.83	224.30	141.42
13	Himachal Pradesh	63.50	20.24	50.01	21.25	114.20	28.32	135.00	31.51	70.00	27.22
14	Jammu and Kashmir	265.05	1.52	83.60	49.77	64.10	9.68	69.48	13.36	76.70	23.72
15	Jharkhand	346.96	109.58	426.26	420.78	440.76	321.60	466.36	410.86	476.62	369.32
16	Karnataka	429.14	329.30	693.11	609.38	526.94	366.79	526.94	474.19	339.30	283.59
17	Kerala	217.70	65.78	336.43	90.35	445.71	115.73	326.00	191.96	154.00	43.01
18	Ladakh	0	0	13.54	4.86	27.80	12.33	23.80	20.63	38.20	31.52
19	Lakshadweep	14.71	0.87	14.16	1.92	18.50	4.30	19.43	2.54	17.50	3.79
20	Madhya Pradesh	454.90	26.97	251.45	30.05	438.47	112.06	760.12	279.26	281.60	110.76
21	Maharashtra	195.83	86.14	127.43	216.30	489.26	205.95	484.26	193.72	810.66	99.11
22	Manipur	95.14	1.50	146.80	3.68	116.80	6.58	116.80	3.03	90.30	47.86
23	Meghalaya	110.18	124.26	63.55	57.34	64.72	88.72	64.72	122.30	203.10	206.45
24	Mizoram	42.90	16.10	37.77	117.73	63.68	27.28	66.85	40.25	70.55	30.01
25	Nagaland	72.88	5.31	102.62	21.54	142.90	47.83	147.39	30.21	127.65	61.80
26	Odisha	238.46	90.73	461.95	262.53	442.04	299.21	592.26	424.31	423.21	242.66
27	Puducherry	18.18	7.87	23.93	8.25	20.13	15.13	17.83	5.52	27.75	22.28

28	Punjab	68.00	0	76.00	4.85	68.85	6.06	72.12	72.12	139.01	0.93
29	Rajasthan	422.08	305.46	753.18	639.17	805.22	509.89	805.22	549.82	947.40	571.85
30	Sikkim	19.20	1.68	22.52	0	23.39	15.05	23.04	10.19	23.07	22.80
31	Tamil Nadu	52.80	5.99	88.50	179.42	333.15	82.77	645.10	14.04	31.51	24.66
32	Telangana	84.32	43.56	75.35	5.75	85.00	0	37.50	0.17	11.55	0
33	Tripura	53.65	31.46	86.41	68.59	114.47	66.67	107.08	53.02	117.11	83.33
34	Uttar Pradesh	1,256.72	535.25	3,228.32	984.36	2,752.25	1,511.00	4,253.67	1,450.01	3,346.65	966.87
35	Uttarakhand	48.50	23.12	140.57	144.79	168.62	90.85	156.76	143.97	199.06	135.93
36	West Bengal	125.01	102.76	131.32	157.43	131.01	120.75	134.32	123.53	110.06	101.29

Note:

- v. The above data is as per available Financial Management Reports submitted by the States/UTs.
 - vi. Expenditure includes expenditure against Central Releases, State Releases and unspent balances at the beginning of the year.
- Expenditure is as per FMRs submitted by States/UTs and is provisional.

HELPLINE FOR INDIAN WORKERS IN GULF COUNTRIES

1057. SHRI DHAVAL LAXMANBHAI PATEL:

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

- (a) the number of helplines and grievance redressal mechanisms for Indian workers, particularly from Gujarat, in the Gulf countries;
- (b) whether any labour welfare MoUs have been signed recently with UAE, Oman or Saudi Arabia, if so, the details thereof; and
- (c) the steps taken by the Government to promote local language legal aid or consular services for migrant 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) and (c): The Government of India accords highest priority to the safety, protection and well-being of Indian workers abroad, including in Gulf countries. The Government has established various mechanisms to enable Indian workers abroad, including those from the State of Gujarat, to reach out to the Indian Missions in case they need any assistance. Indian workers can contact the Missions/Posts through various channels like walk-in, email, social media, multilingual 24x7 emergency numbers and also grievance redressal portals like

MADAD, CPGRAMS etc. In addition, Indian Missions/Posts abroad have established Toll Free Helplines, WhatsApp numbers and have launched mobile Apps to enable Indian nationals contact respective Indian Missions/Posts when in distress or in emergency situation.

The Missions in Gulf Countries have provisions to assist Indian women in distress by providing boarding and lodging, medical treatment and arranging for their repatriation. Female workers, who are stranded or in distress, can approach the Embassies at any time of the day and are provided all necessary facilitation till their repatriation to India.

Besides, Pravasi Bharatiya Sahayata Kendras (PBSK) have been set up in New Delhi and at Dubai (UAE), Riyadh and Jeddah (Kingdom of Saudi Arabia) and Kuala Lumpur (Malaysia) to provide assistance, guidance and counselling to Indian nationals in distress.

Further, the Government has taken several initiatives such as Pravasi Bhartiya Bima Yojna (PBBY) and Pre-Departure Orientation and Training (PDOT) in ensuring that Indian migrant workers undertake safe migration, have decent working and living conditions in destination countries, are aware of their rights and have access to various welfare schemes of the Government.

Further, as additional safeguard for protection and safety of Female workers especially those holding ECR category passports (including domestic sector workers) who are vulnerable, Government has authorized only State run Recruiting Agencies (RAs) to recruit Indian female ECR category workers for overseas employment in Gulf and other ECR notified countries through the e-Migrate Portal. Moreover, there is a minimum age criteria of 30 years for female workers holding ECR category passport for overseas employment, to protect them against exploitation.

The Missions/Posts utilize the Indian Community Welfare Fund (ICWF) from time to time to provide financial and legal assistance to Indian national in distress abroad on a means-tested basis. Under ICWF, the major assistance includes Boarding and Lodging, Air Passage to India, Legal Assistance, Emergency Medical Care, Transportation of Mortal Remains to India, and Payment of Small Fines and Penalties.

(b): Labour and Manpower Cooperation Agreements are in place with the Gulf countries including the UAE (2018), Oman (2008) and Saudi Arabia (2016). These MoUs and Agreements have provisions of implementation through a Joint Working Group, where matters related to welfare and protection of workers are taken up during regular meetings with the concerned countries.

FERTILIZER SELF-RELIANCE AND MANUFACTURING MODERNISATION**1058: SHRI AMRINDER SINGH RAJA WARRING:**

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

- (a) whether the Government has formulated any strategy for reducing India's dependence on imported urea and DAP, if so, the details thereof;
- (b) whether the production and use of green and bio-fertilizer alternatives are being scaled up under PM-PRANAM or related schemes;
- (c) whether any support is given to fertiliser manufacturing units for modernisation or capacity expansion, if so, the details thereof; and
- (d) whether there are any plans to link fertilizer subsidies to the cost of production to protect farmers and farming sector facing challenges of high cost of production, 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): With regard to Urea, the Government had announced New Investment Policy (NIP) – 2012 on 2nd January, 2013 and its amendment on 7th October, 2014 to facilitate fresh investment in the urea sector and to make India self-sufficient in the

urea sector. Total 6 new urea units have been set up under NIP-2012 which includes 4 urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 urea units set up by the private companies. The units set up through JVC are Ramagundam urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak and Rasayan Limited (HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. The units set up by private companies are Panagarh urea unit of Matix Fertilizers and Chemicals Ltd. (Matix) in West Bengal; and Gadepan-III urea unit of Chambal Fertilizers and Chemicals Ltd. (CFCL) in Rajasthan. Each of these units has installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). These units are highly energy efficient as they are based on latest technology. Therefore, these units have together added urea production capacity of 76.2 LMTPA, thereby total indigenous urea production capacity (Reassessed Capacity, RAC) has increased from 207.54 LMTPA during 2014-15 to 283.74 LMTPA during 2023-24. Further, an exclusive policy for the revival of Talcher unit of FCIL through JVC of nominated PSUs namely Talcher Fertilizers Limited (TFL) by setting up a new Greenfield urea plant of 12.7 LMTPA at coal gasification route has also been approved. Recently, the Union Cabinet has approved the proposal for setting up of a new Brownfield Ammonia-Urea Complex of 12.7 Lakh Metric Tonnes (LMT) annual capacity of Urea

production within the existing premises of Brahmaputra Valley Fertilizer Corporation Limited (BVFCL), Namrup, Assam.

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 beyond RAC. The NUP-2015 has led to additional production of urea by 20-25 LMT as compared to the production during 2014-15 annually.

Above 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. During 2024-25, 306.67 LMT of Urea was produced in the country.

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. Under NBS policy, P&K fertilizers are covered under Open General License (OGL) and companies are free to import these fertilizers as per their business dynamics. However, to reduce reliance on imported phosphatic and potassic fertilizers, following measures have been taken by the Government:

(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 from 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): PM Programme for Restoration, Awareness Generation, Nourishment, and Amelioration of Mother-Earth" (PM-PRANAM) scheme aims to support the mass movement started by States/UTs to save the health of Mother Earth by promoting sustainable and balanced use of fertilizers, adopting alternate fertilizers, promoting organic farming and implementing resource conservation technologies. Under the scheme, 50% of the fertilizer subsidy saved by a State/UT in a particular financial

year by way of reduction in consumption of chemical fertilizers (Urea, DAP, NPK, MOP) compared to previous 3 years' average consumption, is passed on to that State/UT as Grant.

Further, under Market Development Assistance (MDA) Scheme (FY 2023-24 to 2025-26) assistance @ Rs. 1500/MT is provided to promote soil carbon enhancers viz., FOM/LFOM and organic fertilizer viz., PROM produced at Compressed Bio Gas (CBG) plants under GOBARdhan initiative.

These initiatives of the Government are expected to address the imbalanced use of chemical fertilizers thereby reducing chemical fertilizer use.

(c): 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, with each having production capacity of 12.7 LMT per annum. Therefore, these units have together added urea production capacity of 76.2 LMT per annum. These new urea plants have been established with latest/modern technology designed for much lower energy consumption, around 5.0 Gcal/MT. With the objective of promoting energy efficiency and maximizing indigenous urea production, New Urea Policy (NUP) - 2015 was made effective from 1st June 2015. Under this policy, Target Energy

Norms were given to the urea units. The urea units were expected to achieve TEN for which the units have resorted to the latest technological up gradation in the plants. Implementation of NUP-15 norms has resulted in significantly improving energy consumption of Urea plants from 6.04 Gcal/MT during 2014-15 to around 5.56 Gcal/MT during 2024-25.

(d): 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 of the country are supplied urea at the subsidized rates and thereby are beneficiaries of this scheme.

Further, under the NBS Policy, the Government announces a fixed rate of subsidy (in Rs. per Kg basis), based on nutrient content of the fertilizers, on annual/bi-annual basis. The subsidy is calculated taking into account all relevant factors including international prices, exchange rate, inventory level and prevailing Maximum Retail Prices of P&K fertilizers and is independent of the cost of production.

CENTRAL RESEARCH LABORATORY IN AIIMS, BHUBANESWAR**1059. SHRI BHARTRUHARI MAHTAB:****SHRI NABA CHARAN MAJHI:****SHRI RAVINDRA SHUKLA ALIAS RAVI KISHAN:****SHRI BIBHU PRASAD TARAI:**

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

- (a) the objectives behind establishing the Central Research Laboratory (CRL) in AIIMS Bhubaneswar;
- (b) whether there are any plans to replicate similar laboratories in other regions to foster equitable research development;
- (c) if so, the details thereof; and
- (d) the manner in which CRL is being integrated with National-level Research Networks and Institutions?

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 Central Research Laboratory (CRL) is established at All India Institute of Medical Sciences (AIIMS), Bhubaneswar to provide a centralized platform equipped with advance research infrastructure and high-end

instrumentation for conducting sophisticated biomedical and clinical investigations by students and faculty of all clinical departments of the Institute. This infrastructure is utilized by the Institute for conducting research funded by various agencies including Indian Council of Medical Research (ICMR), Department of Science and Technology (DST), Department of Biotechnology (DBT), etc.

To develop and strengthen health research infrastructure in the country and to encourage quality medical research, the Department of Health Research (DHR) has established Multi-Disciplinary Research Units (MRUs) and Viral Research and Diagnostic Laboratories (VRDLs) in various Government Medical Colleges/Research Institutions across the country.

DEATH DUE TO SNAKE-BITE

1060. SHRI VISHWESHWAR HEGDE KAGERI:

PROF. SOUGATA RAY:

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

- (a) whether it is a fact that snakebite kill above 58,000 people per year in the country, close to half the global total;
- (b) if so, the details of snakebite deaths in the country especially in the rural areas since the last three years, State/UT-wise including Karnataka;

(c) whether the Government has any plan to reduce snakebite fatalities in the country by launching a National Action Plan, establishment of new serpentariums and modern research centres;

(d) if so, the details thereof and if not, the reasons for not implementing a comprehensive national policy to stop snakebite deaths in the country;

(e) whether snakebite deaths are more common during the south-west monsoon season (June-September), if so, the details thereof; and

(f) whether the antivenom used in India has undergone clinical trials to ensure meeting minimum quality standard 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): National Centre for Disease Control (NCDC) has launched National Action Plan for “Prevention and Control of Snake bite Envenoming (NAPSE)” which is a guidance document that aims at systematic reduction of Snakebite envenoming risk through sustained availability of Anti Snake Venom, Capacity building, referral mechanism and public education that can be accessed at <https://ncdc.mohfw.gov.in/wp-content/uploads/2024/07/NATIONAL-ACTION->

[PLAN-FOR-PREVENTION-AND-CONTROL-OF-SNAKEBITE-ENVENOMING-NAPSE.pdf](#).

To address the burden of Snakebite in India, NCDC, Ministry of Health and Family Welfare (MoHFW) is implementing “Programme for Prevention and Control of Snakebite Envenoming” in all States/UTs under National Health Mission. The activities included are;

- Provision of Anti Snake Venom under National Free Drug Initiative
- Funds for Capacity building and training of Health care professionals
- Awareness campaigns
- Protocol for initial management of snakebite cases for Medical Officers at Primary Health Centre (PHC)/ Community Health Centre (CHC) level has been framed and disseminated to all States/UTs.

To strengthen surveillance of snakebite cases and deaths, States/ UTs have been advised by MoHFW to make it a notifiable disease.

Standardized training material on clinical management of snakebite envenoming for clinicians has been prepared and disseminated to the States which can be accessed at <https://qps.nhsrindia.org/sites/default/files/2021-05/Management%20of%20Snake%20Bite.pdf>

(f): Polyvalent Anti venom is procured by States/UTs from manufacturers approved by Drug Controller General of India.

STATUS OF ADOLESCENT GIRLS AND CHILDREN UNDER POSHAN 2.0

1061. SUSHRI IQRA CHOUDHARY:

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

- (a) the number of adolescent girls (11-14) in Uttar Pradesh under POSHAN Abhiyan, district-wise;
- (b) the details of Health-IDs created under POSHAN Abhiyaan district-wise;
- (c) the number and percentage of stunted and underweight children (0-5), district wise;
- (d) the details of the amount sanctioned and disbursed for nutritional support to the said State, year-wise; and
- (e) whether any special steps have been proposed to improve the nutritional performance on stunting and underweight in the said State, if so, the details thereof?

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

(a) to (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.

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

Under this Mission, one of the major activities undertaken is Community Mobilization and Awareness Advocacy 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. Various rounds of the National Family Health Survey (NFHS)

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

NFHS Survey	Stunting %	Underweight %	Wasting %
NFHS-1 (1992-93)*	52	53.4	17.5
NFHS-2 (1998-99)**	45.5	47	15.5
NFHS-3 (2005-6)***	48.0	42.5	19.8
NFHS-4 (2015-16)***	38.4	35.8	21.0
NFHS-5 (2019-21)***	35.5	32.1	19.3

* Under 4 years

** Under 3 years

*** Under 5 years

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

The projected population of all children up to 5 years in India for the year 2021 is 13.75 crores approximately (source: Population Projections for India and States 2011-2036, National Commission on Population, Ministry of Health and Family Welfare). However, only 7.36 crores children up to 5 years were enrolled in Anganwadis and registered on Poshan Tracker of the Ministry of Women and

Child Development as per the June, 2025 data. 7 crores of these children were measured on growth parameters of height and weight. 37.07% of them have been found to be stunted, 15.93% have been found to be underweight and 5.46 percent 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 June, 2025 data of Poshan Tracker, 8.61 crores children (0-6 years) were enrolled in Anganwadis out of whom 8.19 crores were measured on growth parameters of height and weight. 35.91% of these children (0-6 years) have been found to be stunted and 16.50% 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.

Various steps have been taken up from time to time to ensure uninterrupted nutrition delivery under Poshan 2.0. Following are some of the initiatives undertaken recently:

- Ministry vide notification dated 12th September, 2022 issued Integrated Nutrition Support Programme - Saksham Anganwadi and Poshan (2.0), Rules, 2022 to regulate the entitlements specified under the provisions of National Food Security Act, 2013 for every pregnant women and lactating

mother, till six months after child birth and every child in the age group of six months to six years.

- District Nutrition Committee (DNC) chaired by the District Collector is envisaged as a critical mechanism for decentralized planning, implementation, and monitoring of nutrition interventions under Mission POSHAN 2.0. To strengthen and institutionalize the functioning of DNCs, specific Guidelines for District Nutrition Committees have been developed, including suggested data templates for regular review meetings. These guidelines aim to enhance multi-sectoral coordination, improve service delivery, and ensure targeted actions for improving the nutritional status of women and children at the district level.
- As on date, 2 lakh Anganwadi Centres have been approved to be upgraded as Saksham Anganwadis for improved nutrition delivery and for imparting early childhood care and development. Saksham Anganwadis are provided with better infrastructure than the conventional Anganwadi Centres which includes internet/Wi-Fi connectivity, LED screens, water purifier/installation of RO Machine and smart learning equipments.
- The Government has taken a policy decision to upgrade each Mini AWCs to a full-fledged Anganwadi Centre with one worker and one helper to help

in carrying out the various responsibilities under Mission Saksham Anganwadi and Poshan 2.0 including responsibilities related to Early Childhood Care and Education. Sanction for upgradation of 88,716 Mini-AWCs has been issued till date.

- Poshan Tracker an ICT tool has been implemented for monitoring and tracking of infrastructure and service delivery at Anganwadi Centres (AWCs) and beneficiaries on defined indicators.
- For last mile tracking of Service Delivery, MWCD has developed Facial Recognition System (FRS) for the distribution of Take-Home Ration to ensure that benefit is given only to the intended beneficiary registered in Poshan Tracker. The FRS has been made mandatory for the distribution of THR from 1st July, 2025.
- 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. As on date, a total of 2500 AWCs have been approved for construction under PM JANMAN across the country.

- Ministry of Tribal Affairs has launched Dharti Aaba Janjati Gram Unnat Abhiyan (DAJGUA) aimed at improving the socio-economic condition of tribal communities by adopting saturation coverage of tribal families in tribal majority areas and aspirational block ST villages. The intervention of Ministry of Women and Child Development involves establishment of 2000 new Saksham AWCs and upgradation of 6000 existing AWCs into Saksham AWCs from FY 2024-25 to FY 2028-29.

District wise details of malnutrition indicators for the State of UP for children (0-5 years) for the month of June, 2025 from Poshan Tracker Data are given in the enclosed **Statement-I**.

The details of funds released to the State of UP under Mission Saksham Anganwadi and Poshan 2.0 are given in the enclosed **Statement-II**.

District wise details of number of adolescent girls under Mission Poshan 2.0 from Poshan Tracker data are given in the enclosed **Statement-III**.

STATEMENT-I

District wise details of malnutrition indicators for the State of UP for children (0-5 years) for the month of June, 2025 from Poshan Tracker Data:

S. No.	District	Stunted (%)	Wasted (%)	Underweight (%)
1	Agra	52.6	5.42	24.01

2	Aligarh	45.27	5.54	18.36
3	Ambedkar Nagar	46.07	5.58	19.28
4	Amethi	42.5	5.23	20.47
5	Amroha	53.73	5.68	23.99
6	Auraiya	43.74	5.76	17.32
7	Ayodhya	45.64	4.76	17.98
8	Azamgarh	44.31	2.5	14.19
9	Baghpat	44.07	3.67	17.13
10	Bahraich	49.45	6.39	22.16
11	Ballia	48.46	4.65	15.1
12	Balrampur	45.3	7.53	23.63
13	Banda	59.33	5.38	29.6
14	Barabanki	50.8	6.13	24.52
15	Bareilly	54.49	3.38	20.15
16	Basti	40.23	6.03	15.68
17	Bhadohi	49.41	4.46	17.54
18	Bijnor	40.28	3.88	15.84
19	Budaun	51.07	5.85	23.06
20	Bulandshahr	48.24	3.97	18.03
21	Chandauli	44.83	2.53	14.19
22	Chitrakoot	59.48	7.2	29.14
23	Deoria	46.79	5.35	17.53
24	Etah	53.47	3.39	19.5
25	Etawah	48.99	4.58	18.23
26	Farrukhabad	52.22	4.75	21.82
27	Fatehpur	51.06	6.13	25.73
28	Firozabad	56.37	3.84	20.66
29	Gautam Buddha Nagar	37.44	5.36	14.12
30	Ghaziabad	42.3	3.11	14.27

31	Ghazipur	52.95	3.43	17.83
32	Gonda	50.55	7.89	24.33
33	Gorakhpur	46.33	6.91	20.55
34	Hamirpur	54.72	6.16	24.43
35	Hapur	50.79	2.36	18.54
36	Hardoi	51.63	5.96	24.3
37	Hathras	46.34	5.47	18.32
38	Jalaun	48.15	1.67	13.57
39	Jaunpur	54.89	5.63	22.54
40	Jhansi	49.09	6.07	20.25
41	Kannauj	47.96	3.6	17.11
42	Kanpur Dehat	48.91	4.56	20.46
43	Kanpur Nagar	38.93	5.66	17.83
44	Kasganj	44.52	5.76	16.94
45	Kaushambi	50.64	4.69	19.72
46	Kushi Nagar	49.67	6	21.04
47	Lakhimpur Kheri	44.49	2.95	17.35
48	Lalitpur	51.95	7.87	26.54
49	Lucknow	51.4	5.95	23.56
50	Maharajganj	44.11	4.09	18.18
51	Mahoba	51.75	4.76	18.67
52	Mainpuri	51.57	5.64	17.1
53	Mathura	49.71	4.97	19.73
54	Mau	32.88	6.26	14.25
55	Meerut	46.96	2.35	17.3
56	Mirzapur	52.57	4.5	22.01
57	Moradabad	53.14	3.97	20.98
58	Muzaffarnagar	50.21	4.49	20.82
59	Pilibhit	51.6	4.46	18.79

60	Pratapgarh	51.05	5.75	19.14
61	Prayagraj	44.51	5.75	17.99
62	Raebareli	52.59	6.32	25.05
63	Rampur	49.52	4.82	22.44
64	Saharanpur	45.68	4.32	16.89
65	Sambhal	56.79	4.37	22.93
66	Sant Kabir Nagar	42.01	5.82	15.74
67	Shahjahanpur	46.96	4.19	19.77
68	Shamli	48.63	3.63	18.78
69	Shravasti	45.78	9.09	22.85
70	Siddharth Nagar	52.01	11.57	27.7
71	Sitapur	53.58	4.03	19.51
72	Sonbhadra	52.91	3.76	20.95
73	Sultanpur	50.82	6.44	19.84
74	Unnao	51.58	5.4	24.59
75	Varanasi	46.64	2.65	14.6

STATEMENT-II

The detail of funds released to the State of UP under Mission Saksham Anganwadi and Poshan 2.0 is as follows:

Funds released in Crores

	Name of the States/UT	FY 2021- 2022	FY 2022- 2023	FY 2023- 2024	FY 2024- 2025
1.	Uttar Pradesh	2407.55	2721.87	2668.69	2694.62

STATEMENT-III

District wise details of number of adolescent girls under Mission Poshan 2.0 from Poshan Tracker data as of June, 2025 are as below:

Districts	Total adolescent girls
Bahraich	27122
Balrampur	17378
Chandauli	28248
Chitrakoot	9953
Fatehpur	34613
Shravasti	5136
Siddharth Nagar	22661
Sonbhadra	14756

बिहार में जेटी का निर्माण

1062. श्री अजय कुमार मंडल:

क्या पत्तन, पोत परिवहन और जलमार्ग मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या भारतीय अंतर्देशीय जलमार्ग प्राधिकरण (आईडब्ल्यूएआई) बिहार के भागलपुर जिले में विभिन्न जेटी /घाटों का निर्माण कर रहा है;
- (ख) यदि हाँ, तो भागलपुर जिले में उन स्थानों का ब्यौरा क्या है जहाँ जेटी प्रस्तावित हैं या निर्माणाधीन हैं; और
- (ग) इनकी स्वीकृत लागत कितनी है और कार्य की वर्तमान स्थिति क्या है तथा उक्त परियोजनाओं के कब तक पूरा होने की संभावना है?

पत्तन, पोत परिवहन और जलमार्ग मंत्री (श्री सर्बानंद सोनोवाल):

(क) से (ग): जी, हाँ। पत्तन, पोत परिवहन और जलमार्ग मंत्रालय के तहत एक स्वायत्त निकाय, भारतीय अंतर्देशीय जलमार्ग प्राधिकरण (आईडब्ल्यूएआई), ने 5.61 करोड़ रु. की लागत से बिहार के भागलपुर जिले के कहलगाँव और टिंटंगा, प्रत्येक में एक (1) और सुल्तानगंज में दो (2) अर्थात् चार (4) पोंटून जेट्टियों का निर्माण किया है। इसके अतिरिक्त, 2.80 करोड़ रु. की अनुमानित लागत से सुल्तानगंज, कहलगाँव और बटेशवरस्तान में तटवर्ती सुविधाओं का निर्माण भी किया जा रहा है।

POSHAN TRACKER DATA**1063. SHRI RAHUL KASWAN:**

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

- (a) whether as per NFHS-5 and POSHAN Tracker data, India continues to record high levels of child malnutrition and anaemia in various States, specially in Rajasthan being among the worst-affected States;
- (b) if so, the details thereof, providing the data for Rajasthan till May 2025, district-wise;
- (c) the manner in which the Government proposes to strengthen Anganwadi Services and nutrition delivery under Mission POSHAN 2.0 in high-burden districts;

- (d) whether Anganwadi Centres in Rajasthan lack functional infrastructure, weighing devices, or real-time digital tracking tools, if so, the details thereof;
- (e) whether the Government has initiated any targeted interventions for adolescent girls and children in said State, district-wise; and
- (f) if so, the details thereof?

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

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

NFHS Survey	Stunting %	Underweight %	Wasting %
NFHS-1 (1992-93)*	52	53.4	17.5
NFHS-2 (1998-99)**	45.5	47	15.5
NFHS-3 (2005-6)***	48.0	42.5	19.8
NFHS-4 (2015-16)***	38.4	35.8	21.0
NFHS-5 (2019-21)***	35.5	32.1	19.3

* Under 4 years

** Under 3 years

*** Under 5 years

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

The projected population of all children up to 5 years in India for the year 2021 is 13.75 crores approximately (source: Population Projections for India and States 2011-2036, National Commission on Population, Ministry of Health and Family Welfare). However, only 7.36 crores children up to 5 years were enrolled in Anganwadis and registered on Poshan Tracker of the Ministry of Women and Child Development as per the June, 2025 data. 7 crores of these children were measured on growth parameters of height and weight. 37.07% of them have been found to be stunted, 15.93% have been found to be underweight and 5.46 percent 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 June, 2025 data of Poshan Tracker, 8.61 crores children (0-6 years) were enrolled in Anganwadis out of whom 8.19 crores were measured on growth parameters of height and weight. 35.91% of these children (0-6 years) have been found to be stunted and 16.50% children (0-6 years) have been found to be underweight.

Name of State/UT	Stunting (%)		Wasting (%)		Underweight (%)	
	Poshan Tracker June 2025	NHFS 5 (2019-21)	Poshan Tracker June 2025	NHFS 5 (2019-21)	Poshan Tracker June 2025	NHFS 5 (2019-21)
Rajasthan	36.10	31.8	6.49	16.8	17.57	27.6

The analysis of the above NFHS 5 data and the Poshan Tracker June 2025 data shows improvement in wasting and underweight children in the State of Rajasthan.

The district wise data on Stunting, wasting and underweight of May, 2025 for Rajasthan as per Poshan Tracker data is given in the enclosed **Statement-I**.

(c) and (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 that is being implemented across all the States and UTs including in the State of Rajasthan.

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

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

Under this Mission, one of the major activities undertaken is Community Mobilization and Awareness Advocacy 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 Andolan 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.

(e) and (f): As on date, 2 lakh Anganwadi Centres have been approved to be upgraded as Saksham Anganwadis for improved nutrition delivery and for imparting early childhood care and education. Saksham Anganwadis are provided with better infrastructure than the conventional Anganwadi Centres which includes internet/Wi-Fi connectivity, LED screens, water purifier/installation of RO Machine and smart learning equipments. According to the data received from the State Government of Rajasthan, there are 187 Saksham Anganwadis in the state

The Government has also taken a policy decision to upgrade all Mini AWCs to a full-fledged Anganwadi Centres with one worker and one helper each to help in carrying out various responsibilities under Mission Saksham Anganwadi and Poshan 2.0 including responsibilities related to Early Childhood Care and Education. Sanction for upgradation of 88,716 Mini-AWCs has been issued till date. As of June 2025, a total of 6204 Mini AWCs have been upgraded to Main AWCs in the State of Rajasthan.

Under Mission Poshan 2.0 smartphones are provided to Anganwadi workers, Supervisors and Block Coordinators. Data recharge support of Rs. 2,000 per

annum is provided to AWWs, Supervisors and Block Coordinators. Number of 65,943 smartphones are available in the State of Rajasthan.

Regular monitoring of growth parameters is done by Anganwadi workers. All Anganwadi Centres across India including those in the State of Rajasthan have been equipped with Growth Monitoring devices like infantometer, stadiometer, weighing scale.

Scheme for Adolescent Girls (SAG) has been subsumed under Mission Saksham Anganwadi and Poshan 2.0. The Scheme aims at providing nutritional support to Adolescent Girls (AGs) [14-18 years] for improving their health and nutritional status under the nutrition component and providing them IFA supplementation, Health check-up and Referral Service, Nutrition and Health Education and Skilling etc. under non-nutrition component of the Scheme. The targeted beneficiaries under the Scheme are AGs in the age group of 14 to 18 years in Aspirational Districts and all Northeastern State.

Status of release of funds to the State of Rajasthan during last 5 years under SAG is as follows:

(Rs in Lakhs)

Name of the State	2021-22	2022-23	2023-24	2024-5	2025-26*
Rajasthan	0	0	0	988.66	137.93

*As on 30.06.2025

STATEMENT

District wise details of malnutrition indicators of children (0-5 years) in Rajasthan for May, 25 from Poshan Tracker data are as follows:

District	Stunted (%)	Wasted (%)	Underweight (%)
AJMER	38.25	7.42	18.04
ALWAR	42.31	6.98	19.77
BALOTRA	41.31	5.07	14.68
BANSWARA	38.45	10.92	20.38
BARAN	50.9	6.26	24.47
BARMER	42.04	5.31	12.82
BEAWAR	36	8.55	20.69
BHARATPUR	27.89	5	12.87
BHILWARA	43.46	9.47	22.6
BIKANER	36.78	3.5	12.97
BUNDI	39.82	7.88	23.83
CHITTORGARH	33.04	7.98	16.97
CHURU	32.81	3.76	12.76
DAUSA	25.44	8.42	17.99
DEEG	34.6	5.79	14.7
DHOLPUR	36.78	3.78	12.12
DIDWANA-KUCHAMAN	26.53	4.73	11.5
DUNGARPUR	49.56	8.29	34.72
HANUMANGARH	34.97	5.98	14.52
JAIPUR	20.64	1.81	7.04
JAISALMER	39.9	7.49	18.28
JALORE	44.76	7.38	16.12

JHALAWAR	40.04	11.68	27.23
JHUNJHUNU	27.71	4.03	10.72
JODHPUR	37.31	6.08	16.62
KAROULI	31.36	5.2	15.46
KHAIRTHAL-TIJARA	42.44	6.57	17.84
KOTA	35.5	4.83	16.83
KOTPUTLI-BEHROR	31.52	3.28	9.71
NAGPUR	21.01	3.75	8.29
PALI	38.14	8.07	17.02
PHALODI	44.73	6.6	18
PRATAPGARH	46.69	6.82	27.89
RAJSAMAND	42.25	11.08	22.24
SALUMBAR	53.44	10.98	34.25
SAWAI MADHOPUR	42.73	5.91	22.49
SIKAR	38.44	6.11	18.73
SIROHI	53.47	6.21	26.9
SRI GANGANAGAR	23.58	2.62	8.63
TONK	38.23	5.14	20.13
UDAIPUR	36.51	8.9	22.55

AYUSHMAN AROGYA MANDIRS

1064. SHRI KESINENI SIVANATH:

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

(a) the total number of Ayushman Arogya Mandirs (AAMs) sanctioned and operational in the country, State-wise and district-wise for Andhra Pradesh;

(b) the amount allocated and released for AAMs, State-wise and district-wise for Andhra Pradesh;

(c) the total number of Sub Health Centres and Primary Health Centres currently being upgraded as AAM, State-wise and district-wise for Andhra Pradesh;

(d) the total number of sanctioned and vacant posts in operational AAMs, State-wise and district-wise for Andhra Pradesh;

(e) the number of AAMs which have implemented robust IT systems, State-wise and district wise for Andhra Pradesh;

(f) whether the Government has conducted any audit of the infrastructural status of operational AAMs; and

(g) if so, the details regarding the findings of the same 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 (c): As per Ayushman Arogya Mandir (AAM) portal, State/UT-wise number of AAMs operationalized across the country including Andhra Pradesh, as on 15.07.2025, is given in the enclosed **Statement-I**. District-wise number of AAMs

operationalized in Andhra Pradesh, as on 15.07.2025, is given in the enclosed **Statement-II**.

Details of State/UT wise State Program Implementation Plan (SPIP) Approvals for AAMs including for Andhra Pradesh under National Health Mission (NHM) from FY 2022-23 to FY 2024-25 is given in the enclosed **Statement-III**.

(d): Health Dynamics of India (HDI) (Infrastructure and Human Resources), 2022-23 is an annual publication, based on Health care administrative data reported by States/UTs. Details of sanctioned and vacant posts of health manpower in sub-health centres and Primary health Centres including AAMs in rural and urban areas of the country including Andhra Pradesh 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

(e): Operational AAMs are equipped with robust Information Technology (IT) systems to ensure efficient service delivery and data management. These systems include the necessary hardware and software infrastructure to support real-time data entry, service tracking, and reporting. Key digital platforms such as the Ayushman Arogya Mandir Portal, Health Management Information System

(HMIS), e-Sanjeevani, National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) Portal, and Reproductive and Child Health (RCH) Portal are utilized to capture various health service parameters. This digital ecosystem enables seamless monitoring, evaluation, and evidence-based planning at the facility, block, district, state, and national levels, thereby strengthening accountability and enhancing the overall efficiency of primary healthcare delivery.

(f) and (g): Under NHM, the performance of various health programmes including AAMs is regularly assessed, through review meetings, mid-term reviews of key deliverables, field visits of senior officials, promoting performance by setting up benchmarks for service delivery and rewarding achievements etc. Various indicators of National Health Mission (NHM) have been regularly assessed through external surveys such as National Family Health Survey (NFHS) and Sample Registration System (SRS). Further, under NHM, Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status of various schemes.

STATEMENT-I

State/UT-wise number of AAMs operationalized across the country including Andhra Pradesh, as on 15.07.2025:

S.No.	State/UT	Total no. of operational AAM
1	Andaman and Nicobar Islands	129
2	Andhra Pradesh	11862
3	Arunachal Pradesh	491
4	Assam	4961
5	Bihar	10335
6	Chandigarh	60
7	Chhattisgarh	5887
8	Delhi	63
9	DNH&DD	95
10	Goa	302
11	Gujarat	10657
12	Haryana	3263
13	Himachal Pradesh	2651
14	Jammu and Kashmir	3142
15	Jharkhand	4122
16	Karnataka	10116
17	Kerala	7105
18	Ladakh	321
19	Lakshadweep	13
20	Madhya Pradesh	12346
21	Maharashtra	12546
22	Manipur	420
23	Meghalaya	617

24	Mizoram	412
25	Nagaland	470
26	Odisha	7360
27	Puducherry	127
28	Punjab	3128
29	Rajasthan	11539
30	Sikkim	184
31	Tamil Nadu	8454
32	Telangana	5052
33	Tripura	1134
34	Uttar Pradesh	22999
35	Uttarakhand	2358
36	West Bengal	13433
Total		1,78,154

STATEMENT-II

District-wise number of AAMs operationalized in Andhra Pradesh, as on 15.07.2025:

S.No.	DISTRICT	Total no. of operational AAM
1.	Konaseema	489
2.	Anakapalli	484
3.	Alluri Sitharama Raju	358
4.	Kakinada	477
5.	Parvathipuram Manyam	325
6.	Eluru	546
7.	NTR	336

8.	Sri Sathya Sai	443
9.	Tirupati	528
10.	Annamayya	436
11.	Nandyal	444
12.	Bapatla	423
13.	Palnadu	434
14.	Spsr Nellore	587
15.	Chittoor	531
16.	Anantapur	505
17.	Kurnool	495
18.	Y.S.R.	469
19.	Guntur	290
20.	East Godavari	418
21.	West Godavari	422
22.	Krishna	430
23.	Prakasam	627
24.	Srikakulam	681
25.	Vizianagaram	554
26.	Visakhapatnam	130
27.	Total	11,862

STATEMENT-III

State/UT-wise SPIP Approval for AAMs under NHM from FY 2022-23 to FY 2024-25

(Rs. in Lakhs)

Sl. No.	States	2022-23	2023-24	2024-25
1	Andaman and Nicobar Islands	15.00	10.50	59.13
2	Andhra Pradesh	4,089.10	3,745.65	7,912.25
3	Arunachal Pradesh	1,119.21	883.71	5,641.73
4	Assam	23,445.27	18,267.63	7,807.13
5	Bihar	52,749.20	4,026.16	6,588.81
6	Chandigarh	124.82	124.82	177.82
7	Chhattisgarh	16,633.63	8,478.83	7,296.47
8	Dadra and Nagar Haveli and Daman and Diu	8.59	8.59	27.44
9	Delhi	0.00	0.00	0.00
10	Goa	512.89	53.09	353.11
11	Gujarat	13,178.54	8,252.56	20,988.58
12	Haryana	11,399.68	5,971.04	10,529.50
13	Himachal Pradesh	928.75	226.99	3,934.48
14	Jammu and Kashmir	3,657.24	3,070.74	3,218.48
15	Jharkhand	25,173.69	11,763.54	10,572.72
16	Karnataka	42,721.29	13,716.82	2,970.04
17	Kerala	18,111.82	26,520.10	3,756.14
18	Lakshadweep	3.55	1.99	14.00
19	Madhya Pradesh	19,073.02	31,381.22	27,564.85

20	Maharashtra	36,566.83	13,564.63	21,122.26
21	Manipur	1,114.70	1,100.70	1,796.43
22	Meghalaya	2,741.67	717.12	1,586.66
23	Mizoram	755.57	671.08	574.09
24	Nagaland	660.61	785.47	1,053.65
25	Odisha	15,286.40	13,418.93	15,178.49
26	Puducherry	269.75	258.95	242.48
27	Punjab	4,613.92	1,772.53	3,207.89
28	Rajasthan	17,212.36	17,212.36	7,498.70
29	Sikkim	110.21	98.65	38.69
30	Tamil Nadu	8,096.81	4,339.34	163.70
31	Telangana	5,202.87	5,853.78	3,454.81
32	Tripura	4,421.36	671.46	639.65
33	Uttar Pradesh	74,968.69	1,78,616.62	1,07,535.86
34	Uttarakhand	7,214.59	2,143.06	4,523.07
35	West Bengal	20,608.22	12,605.01	16,173.90
36	Ladakh	1,870.85	633.80	912.02

Note:

1. The above data is as per available Financial Management Reports submitted by the States/UTs and is provisional.

ACCESS TO JUSTICE AND LEGAL AID IN DHUBRI

1065. MD. RAKIBUL HUSSAIN:

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

- (a) the steps that are being taken to establish more District Legal Services Authorities (DLSA) or mobile legal aid centres in Dhubri to ensure that marginalised and economically disadvantaged communities have access to legal aid and counselling;
- (b) the manner in which the Government is ensuring that the people of Dhubri, especially in rural and flood-prone areas, are made aware of their legal rights and provided with information about free legal services under the National Legal Services Authority (NALSA) schemes; and
- (c) whether there are any initiatives being implemented to recruit more legal professionals and establish legal literacy programs in Dhubri to promote legal awareness and reduce the gap in access to justice?

**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 National Legal Services Authority (NALSA), constituted under the Legal Services Authorities Act, 1987, inter-alia lays down the policies, guidelines and formulates schemes for the State Legal Services Authorities (SLSAs) to implement these throughout the country towards making legal aid available to the weaker sections of society. The District Legal Services Authority (DLSA),

Dhubri, operating under the supervision of the Assam SLSA, has taken several initiatives, including the following to strengthen access to justice, particularly for the marginalised, economically disadvantaged, and geographically vulnerable populations such as those residing in flood-prone and remote areas:

- (i) To bridge the accessibility gap and enhance the outreach of legal services, DLSA, Dhubri has deployed Mobile Legal Aid Clinics equipped with Panel Lawyers and Para Legal Volunteers (PLVs). These mobile units serve as critical delivery vehicles for providing on-the-spot legal counselling and services in char areas and other remote habitations. In the past year, the mobile legal aid van was deployed on seven occasions across the district.
- (ii) Legal aid clinics have been set up in underserved areas in consultation with Gram Panchayats and local authorities to ensure availability of legal services at the grassroots level.

(b): DLSA, Dhubri has undertaken number of legal literacy and outreach initiatives.

During the past three years, 69 Legal Awareness Camps were organised in collaboration with the educational institutions, panchayats, police stations, and civil society organisations to disseminate information about the rights and entitlements under various NALSA schemes. Approximately 9,295 beneficiaries

as entitled under Section 12 of the Legal Services Authorities Act, 1987, have been reached through these programmes in the same period.

Further, Special Flood Relief Legal Aid Camps were also conducted during disaster seasons at relief centres, coordinated through a district-level Core Group according to the Schemes for Legal Services to Disaster Victims through Legal Services Authorities. In addition, door-to-door awareness campaigns by Para Legal Volunteers (PLVs), use of IEC materials in local languages, and announcements through the District Information and Public Relations Office (DIPRO) further contributed to awareness-building efforts.

(c): To strengthen institutional capacity and promote early awareness of legal rights, DLSA, Dhubri has undertaken the following:

- (i) Presently, 26 Para Legal Volunteers, 6 Mediators, and 12 Panel Lawyers are engaged under DLSA, Dhubri.
- (ii) Legal Literacy Clubs have been established in 5 educational institutions which conducted 16 legal literacy programmes during the last three years.
- (iii) 30 training and refresher workshops have been conducted, covering 279 PLVs and panel lawyers during the last three years.
- (iv) Legal Aid Clinics have been established at 12 locations, including police stations, panchayats, the law college, District Jail, Dhubri Medical College,

the CWC/JJB and the Sakhi One Stop Centre, providing sustained and community-anchored access to legal aid.

कोविड-19 के बढ़ते मामले

1066. श्री अशोक कुमार रावत:

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

(क) क्या पिछले तीन महीनों के दौरान देश में कोविड-19 से संबंधित मामलों में वृद्धि हुई है और यदि हाँ, तो राज्य/संघ राज्यक्षेत्र-वार तत्संबंधी ब्यौरा क्या है;

(ख) आज की तिथि तक इससे प्रभावित हुए राज्यों की वर्तमान स्थिति क्या है;

(ग) क्या सरकार देश में विशेष चिकित्सा सुविधाओं में विस्तार कर रही है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(घ) आज की तिथि तक पिछले तीन महीनों के दौरान कोविड-19 के कारण कितने लोगों की मृत्यु हुई है?

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

(क) और (ख) : मई 2025 के अंत में राज्यों/संघ राज्य क्षेत्रों द्वारा रिपोर्ट किए गए कोविड-19 मामलों में मामूली वृद्धि हुई, जो जून 2025 के मध्य से काफी कम हो गई। राज्यों/ संघ राज्य क्षेत्रों द्वारा रिपोर्ट की गई कोविड-19 की स्थिति <https://covid19dashboard.mohfw.gov.in/> पर देखी जा सकती है।

(ग): सार्वजनिक स्वास्थ्य आपात स्थितियों के खिलाफ हमारे देश को बेहतर ढंग से तैयार करने के दीर्घकालिक लक्ष्य के साथ, प्रधानमंत्री - आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) को किसी भी नई और उभरती हुई बीमारियों की पहचान और प्रबंधन के लिए प्राथमिक, मध्यम और विशिष्ट स्वास्थ्य परिचर्या सुविधा केन्द्रों/ प्रणालियों और संस्थानों की क्षमता बढ़ाने के इरादे से शुरू किया गया था।

इनमें स्वास्थ्य आपातकालीन संचालन केंद्रों की स्थापना, आवश्यक स्वास्थ्य सेवाओं के प्रावधान के लिए स्वास्थ्य और आरोग्य केंद्र, उच्च फोकस वाले राज्यों में ब्लॉक सार्वजनिक स्वास्थ्य इकाइयां, रोग के प्रकोप और सार्वजनिक स्वास्थ्य निगरानी के लिए सहायता प्रदान करने के लिए राष्ट्रीय रोग नियंत्रण केंद्र (एनसीडीसी) की क्षेत्रीय और राज्य शाखाएं, शहरी क्षेत्रों में महानगरीय स्वास्थ्य निगरानी इकाइयां, प्रयोगशाला नेटवर्क को मजबूत करने के लिए देश भर में बीएसएल-III प्रयोगशालाएं, मौजूदा वायरल डायग्नोस्टिक एंड रिसर्च लैब्स (वीआरडीएल) को सुदृढ़ करना, चार नए राष्ट्रीय विषाणु विज्ञान संस्थान (एनआईवी), राष्ट्रीय वन हेल्थ इंस्टीट्यूट, न्यू एयरपोर्ट हेल्थ ऑफिस और क्वारंटीन सेंटर शामिल हैं।

(घ) : दिनांक 22 जुलाई 2025 की स्थिति के अनुसार, राज्यों/संघ राज्य क्षेत्रों द्वारा 01 अप्रैल 2025 से कोविड-19 के कारण 164 मौतें होने की सूचना दी गई थी, जिनमें से अधिकांश में सह-रुग्णताएं थीं।

IMPACT OF U.S. RESTRICTIONS ON INDIAN STUDENTS

1067. SHRI ASADUDDIN OWAISI:

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

- (a) the number of Indian students currently pursuing education in the United States;
- (b) the number of Indian students who have left for the United States on student visas during last five years;
- (c) whether the Government is aware of the recent restrictions imposed by U.S. authorities on issuing student visas and restrictions on institutes like Harvard to take in foreign students;
- (d) if so, the impact of such restrictions on Indian students, particularly who are already enrolled or planning to travel for higher education;
- (e) whether the Government is engaging in any diplomatic dialogue with the United States to address the concerns of affected Indian students; and
- (f) if so, the details thereof and the steps being taken to safeguard the interests of Indian students planning to study 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) to (f): As per the June 2025 SEVIS Mapping Pool Data brought out by the U.S. Department of Homeland Security, a total number of 372,424 Indian nationals are pursuing various educational programs (primary, secondary, other vocational,

high school, language training, flight school, associate, bachelors, masters, doctorate, and others) of different time durations in the United States of America. As per data brought out by the U.S. Department of State, the number of student visas issued by the U.S. Embassy and its Consulates in India to Indian nationals for educational purposes over each of the past five years is as follows:

2019-20	2020-21	2021-22	2022-23	2023-24
20,628	85,385	126,431	143,811	99,169

In April 2025, a number of international students in the U.S. were confronted with a situation wherein their SEVIS or *Student and Exchange Visitor Information System* records were terminated followed by an email informing them that their student visa has been revoked, putting them at risk of deportation proceedings. The Indian Embassy and the Indian Consulates in the U.S. received a number of representations from Indian students in the U.S. regarding revocation of their student visas and/or termination of their SEVIS records. For some students, the notification of the loss of their legal status was accompanied with the suggestion that they self-deport. Some students used the Customs and Border Protection (CBP) Home App to voluntarily notify the U.S. government and self-deport, so that they may still have the opportunity to return legally to the U.S. in the future.

Several international students challenged the revocation of their student visas and termination of their SEVIS records and filed lawsuits against the U.S. government, alleging that they were denied due process and that the terminations were unlawful. However, in early May 2025, in a significant policy reversal, the U.S. government reinstated thousands of visas for international students and recent graduates whose legal status had been abruptly revoked. The reinstatement of visas did offer temporary relief to several affected students.

The U.S. administration has since signalled plans to introduce a new policy framework for visa terminations, potentially expanding revocation grounds to include participation in political protests or actions perceived as hostile to the administration. Amid ongoing legal battles and shifting policies, the uncertainty continues to affect the international student community and may have lasting impacts on those considering studying in the U.S.

The US Embassy in New Delhi in an advisory of June 2025 conveyed that grant of a student visa does not guarantee the continued stay of the student in the United States. They confirmed that the visa monitoring continues post-approval and rule breaking can lead to revocation of visa and deportation. Skipping classes or leaving the course without notifying the School/University; minor infractions such as driving without a licence, DUI or driving under intoxication incidents, or getting

a ticket for speeding or parking violation; engaging in political activism or protests; or overstaying beyond the student visa validity can result in termination of the relevant student visa and future U.S. visas could also be denied.

On 18 June 2025, U.S. Department of State issued a Press Release titled, 'Announcement of Expanded Screening and Vetting for Visa Applicants.' The said press release mentions that the U.S. uses all available information in its visa screening and vetting process to identify visa applicants who are inadmissible to the United States, including those who pose a threat to U.S. national security. Under the new guidance, the U.S. would conduct a comprehensive and thorough vetting, including online presence of all student and exchange visitor applicants in the F, M, and J non-immigrant classifications. To facilitate this vetting, the U.S. has required all applicants to adjust the privacy settings on all of their social media profiles to "public." The new U.S. guidance mentions that every visa adjudication is a national security decision, and calls on all applicants to credibly establish their eligibility for the visa sought, including that they intend to engage in activities consistent with the terms for their admission.

It may be noted that issuance of visa and the related policy and processes are the sovereign prerogative of the concerned state. However, the Government of India has been regularly raising all issues being confronted by Indian students with the

U.S. authorities at various levels. The Ministry of External Affairs continues to remain engaged with the relevant U.S. authorities 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.

PROMOTION OF TRADITIONAL SYSTEM OF MEDICINES

1068. SHRI ZIA UR REHMAN:

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

- (a) whether the Government has undertaken any initiatives to promote traditional systems of medicines like Ayurveda, Yoga, Unani, Siddha and Homoeopathy both in the country and globally; and
- (b) if so, the details thereof; and
- (c) the details of key programmes, collaborations and policy measures initiated in this regard during the last three years?

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

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

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

- (v) Setting up of 10/30/50 bedded integrated Ayush Hospitals
- (vi) Supply of essential drugs to Government Ayush Hospitals, Government Dispensaries and Government/Government aided Teaching Institutional Ayush Hospitals
- (vii) Ayush Public Health Programs
- (viii) Ayush Gram
- (ix) Behavior Change Communication (BCC)
- (x) Establishment of new Ayush colleges in the States where availability of AYUSH teaching institutions is inadequate in Government Sector.
- (xi) Infrastructural development of Ayush Under-Graduate Institutions and Ayush Post-Graduate Institutions/add on PG/ Pharmacy/Para-Medical Courses.

Ministry of Ayush developed the Central Sector Scheme for Promotion of International Cooperation for Ayush (IC Scheme). Under this scheme, Ministry of Ayush provides support to Indian Ayush drug Manufacturers/ Ayush Service providers to give boost to the export of AYUSH products and services; facilitates the International promotion, development and recognition of AYUSH systems of medicine; foster interaction of stakeholders and market development of AYUSH at international level; promote academics and research through the establishment of AYUSH Academic Chairs in foreign countries and holding training

workshop/symposiums for promoting and strengthening awareness and interest about Ayush Systems of Medicine at international level including Ayurveda.

Under the IC Scheme, 25 Country to Country Memorandum of Understandings (MoUs), 15 Ayush Chair MoUs and 52 Institute to Institute level MoUs have been signed. Further, Global Traditional Medicine Centre (GTMC) established at Jamnagar in partnership with the World Health Organization, is a key step in promoting traditional medicine. It will serve as a key knowledge hub for evidence-based Traditional, Complementary and Integrative Medicine (TCIM) on a global scale.

Apart from this, Ministry of Ayush is implementing Central Sector Schemes providing financial assistance for promotion of Ayush systems of medicine in the country namely, Ayush Oushadhi Gunavatta evam Utpadan Samvardhan Yojana (AOGUSY), Promotion of Information, Education and Communication (IEC), Scheme for Conservation, Development and Sustainable Management of Medicinal Plants (CDSMMP), Ayurswasthaya Yojana and Ayurgyan.

AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA

1069. SHRI VISHALDADA PRAKASHBAPU PATIL:

DR. SHRIKANT EKNATH SHINDE:

SHRI NARESH GANPAT MHASKE:

SHRI RAJESH VERMA:

SHRIMATI SHAMBHAVI:

SHRI RAVINDRA DATTARAM WAIKAR:

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

- (a) the details of transformative policies and initiatives which have been implemented under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to enhance healthcare access and equity for citizens in the country;
- (b) the manner in which the issuance of over 36.28 crore Ayushman Cards contributed to improving health coverage, particularly for women along with the measures being put in place to ensure continued gender equity in healthcare utilisation across the country;
- (c) the details of the advancements made in India's digital health infrastructure through the Ayushman Bharat Health Account (ABHA) initiative and its impact on healthcare accessibility;
- (d) the progress achieved under Mission Indradhanush in expanding immunisation coverage along with the number of children and pregnant women who have benefited from this initiative; and

(e) the manner in which the Government plan to sustain and further improve key health indicators, such as the Maternal Mortality Ratio and Infant Mortality Rate, in the coming years?

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

(a): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a flagship scheme of the Government which provides cashless health cover of up to Rs. 5 lakh per eligible beneficiary family per year for secondary and tertiary care hospitalization in 27 different medical specialties corresponding to 1961 procedures. Currently, 35 States/Union Territories have been onboarded under AB-PMJAY, ensuring extensive reach across the country.

To broaden the scope of coverage, Government of India launched the Ayushman Vay Vandana initiative on 29.10.2024, extending free healthcare benefits to all citizens aged 70 years and above, regardless of socio-economic status. Further, frontline workers such as Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) have also been included under the scheme, recognizing their vital role in community healthcare.

(b): Under AB-PMJAY, over 41 crore Ayushman cards have been created, out of which 20.47 crore cards have been created for female beneficiaries. Under Vay Vandana scheme, a total of 75.41 lakh Ayushman Vay Vandana cards have been created, out of which 32.3 lakh cards have been created for female beneficiaries.

(c): Ayushman Bharat Digital Mission (ABDM) was launched by the Government of India in September 2021 to support the development of an integrated, citizen-centric national digital health ecosystem. The mission leverages digital public infrastructure (DPI) to enable inter-operability of health data and services across public and private stakeholders. Under ABDM,

Ayushman Bharat Health Accounts (ABHAs) are created which empower citizens to access and manage their digital health records with consent across the healthcare ecosystem. As on 21.07.2025, over 79.55 crore ABHA have been created and over 64.28 crore health records have been linked with ABHA.

ABDM registries provides access to health records and gateways to easily access their health records and to share them securely and seamlessly. This enables the creation of a longitudinal health history, ensuring continuity of care. Through this, citizens have access to accurate and verified information about health facilities and service providers. 'Scan and Share' is a QR-code-based OPD (Out-patient department) registration service that allows patients to scan the QR code of the

facility and share their demographic details. This minimizes long queues at the registration counter and minimizes the entry of incomplete or inaccurate data. As on 16.07.2025, a total of 22,404 health facilities across 36 States/UTs have generated 12.48 crore OPD registrations, with an average of about 3 lakh registrations being enabled by this service.

(d): Mission Indradhanush is a flagship program launched in 2014. It is a catch-up vaccination campaign, for vaccinating the left out and the dropped out children who have missed their Routine Immunization doses. In all the 12 phases of Mission Indradhanush conducted so far across the country, a total of additional 5.46 crore children and additional 1.32 crore pregnant women have been vaccinated.

(e): Government of India has undertaken various initiatives/measures under the National Health Mission (NHM) to improve the key health indicators including Maternal Mortality Ratio (MMR) across the country:

- Janani Suraksha Yojana (JSY) is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- Janani Shishu Suraksha Karyakram (JSSK) entitles all pregnant woman and sick infants (up to one year of age) delivering in public health institutions to have absolutely free and no expense delivery, including caesarean

section. The entitlements include free drugs, consumables, free diet during stay, free diagnostics, free transportation and free blood transfusion, if required. Similar entitlements are also in place for sick infants up to one year of age.

- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) provides pregnant women a fixed day, free of cost, assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month. Extended PMSMA strategy ensures quality antenatal care (ANC) to pregnant women, especially to high-risk pregnant (HRP) women and individual HRP tracking until a safe delivery is achieved by means of financial incentivization for the identified high-risk pregnant women and accompanying ASHA for extra 3 visits over and above the PMSMA visit.
- LaQshya improves the quality of care in labour room and maternity operation theatres to ensure that pregnant women receive respectful and quality care during delivery and immediate post-partum.
- Surakshit Matritva Aashwasan (SUMAN) provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every pregnant woman and new-born visiting public health facilities to end all preventable maternal and newborn deaths.

- Optimizing Postnatal Care aims to strengthen the quality of post-natal care by laying emphasis on detection of danger signs in mothers and incentivization of Accredited Social Health Activists (ASHAs) for prompt detection, referral and treatment of such high-risk postpartum mothers.
- Functionalization of First Referral Units (FRUs) by ensuring manpower, blood storage units, referral linkages to improve the access to quality of care for pregnant women.
- Setting up of Maternal and Child Health (MCH) Wings and Operationalization of Obstetric High Dependency Units and Intensive Care Units (Obst. HDU and ICU) at high caseload facilities to improve the quality of care provided to mothers and children.
- 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.
- Outreach camps are provisioned for improving the reach of health care services especially in tribal and hard to reach areas. This platform is used

to increase the awareness for the Maternal and Child health services, community mobilization as well as to track high-risk pregnancies.

- Mother and Child Protection (MCP) Card and Safe Motherhood Booklet are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.
- Regular IEC/BCC is also a part of all the schemes for greater demand generation. Health and nutrition education through mass and social media is also promoted to improve healthy practices and to generate demand for service uptake.

Government of India supports in implementation of Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH + N) strategy under National Health Mission (NHM) based on the Annual Program Implementation Plan (APIP) submitted by respective State / UT. The details of interventions to improve infant survival all across the country are as below:

- Facility Based Newborn Care: Special New-born Care Units (SNCUs) are established at District Hospital and Medical College level, Newborn Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/ Community Health Centres (CHCs) for care of sick and small babies.

- Community Based care of Newborn and Young Children: Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits are performed by ASHAs to improve child-rearing practices and to identify sick newborn and young children in the community.
- Janani Shishu Suraksha Karyakram (JSSK): Sick infant up to one year of age is entitled to free treatment in public health institutions along with the provision of free transport, diagnostics, medicines, blood and consumables.
- Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS) initiative implemented since 2019 for reduction of childhood morbidity and mortality due to Pneumonia.
- STOP Diarrhoea campaign is implemented for promoting use of ORS and Zinc and for reducing morbidity and mortality due to childhood diarrhoea.
- Rashtriya Bal Swasthya Karyakram (RBSK): Children from 0 to 18 years of age are screened for 32 health conditions (i.e. Diseases, Deficiencies, Defects and Developmental delay) under Rashtriya Bal Swasthya Karyakram (RBSK) to improve child survival. District Early Intervention Centres (DEICs) at district health facility level are established for confirmation and management of children screened under RBSK.

AIIMS BHUBANESWAR**1070. SHRI PRADEEP PUROHIT**

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

- a) the total number of patients who have received treatment under OPD and various surgical procedures at AIIMS Bhubaneswar during the last three financial years, year-wise and department-wise;
- b) the number of patients from Bargarh and Jharsuguda districts of Odisha who availed OPD and surgical treatment at AIIMS Bhubaneswar during the last three years and the percentage of such patients out of the total treated;
- c) the number of patients treated at AIIMS Bhubaneswar from different States across the country during the last three years and the State-wise distribution of such patients; and
- d) whether the Ayushman Bharat (PM-JAY) scheme is applicable for treatment at AIIMS Bhubaneswar and if so, the criteria or conditions fixed for availing free treatment under 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): Total number of patients who have received treatment under Out Patient Department (OPD) and In Patient Department (IPD) at AIIMS Bhubaneswar for year 2022-23, 2023-24 and 2024-25 is given in the enclosed **Statement-I**.

(b): The number of patients from Bargarh and Jharsuguda districts of Odisha who availed OPD and IPD treatment at AIIMS Bhubaneswar during 2022-23, 2023-24 and 2024-25 is as under:

Year	Bargarh		Jharsuguda	
	OPD (Percent of Total)	IPD (Percent of Total)	OPD (Percent of Total)	IPD (Percent of Total)
2022-23	6501 (0.56%)	459 (1.29%)	1907 (0.16%)	99 (0.28%)
2023-24	6567 (0.54%)	468 (1.19%)	2164 (0.18 %)	139 (0.35%)
2024-25	7334 (0.57%)	475 (1.13%)	2402 (0.19%)	160 (0.38%)

(c): State-wise distribution of patients treated in OPD at AIIMS Bhubaneswar during 2022-23, 2023-24 and 2024-25 is given in the enclosed **Statement-II**.

(d): All patients with Ayushman card are eligible for cashless treatment under Pradhan Mantri Jan Arogya Yojana (PM-JAY) at AIIMS Bhubaneswar.

STATEMENT-I**Number of patients treated in OPD at AIIMS Bhubaneswar:**

Sl. No.	Department			
		2024-25	2023-24	2022-23
1.	Anesthesiology	14215	13863	11929
2.	Ayush Ayurveda	5549	5649	4066
3.	Ayush Homeopathy	6432	6594	4352
4.	Ayush Unani	714	0	0
5.	Ayush Yoga	1951	3104	1616
6.	Burn Center	1109	759	1
7.	Burns And Plastic Surgery	10062	9529	9100
8.	Cardiology	38456	37614	29523
9.	Cardio Thoracic Surgery	3935	4047	4300
10.	Community And Family Medicine	23585	19044	18594
11.	Dentistry	29363	28219	26508
12.	Dermatology	66462	63418	61777
13.	Endocrinology And Metabolism	13589	12022	10369
14.	E N T	56705	55734	53074
15.	Gastroenterology	26280	31320	33119
16.	General Medicine	85263	84493	83629
17.	General Surgery	52354	48431	49223
18.	Medical Oncology And Hematology	62936	52955	45164
19.	Neonatology	7318	7521	7441
20.	Nephrology	17149	12294	12102
21.	Neurology	17838	18278	17569
22.	Neuro Surgery	13856	12861	12501
23.	Nuclear Medicine	3095	2614	2408

24.	Obstetrics And Gynecology	50016	52945	52849
25.	Ophthalmology	46608	44284	46211
26.	Orthopaedics	94836	82393	86648
27.	Paediatrics	34963	32436	29826
28.	Pediatric Surgery	12414	11890	9874
29.	Physical Medicine And Rehabilitation	32453	32230	38432
30.	Psychiatry	26484	26717	22846
31.	Pulmonary Medicine And Critical Care	28517	28213	28989
32.	Radiation Oncology	32127	27958	27298
33.	Surgical Gastroenterology	8796	7622	7026
34.	Surgical Oncology	14085	11536	11120
35.	Trauma and Emergency Medicine	56235	54773	55705
36.	Urology	24811	23154	19963
Sub-Total		1020561	966514	935152
OPD in outreach Centers		233204	241540	224450
OPD of Employee Health Scheme (EHS)		18546	0	0
TOTAL Patient treated in OPD		1272311	1208054	1159602

Number of patients treated in IPD at AIIMS Bhubaneswar

S. No.	Department / Ward Name	2022-2023	2023-2024	2024-2025
1	Ayush Ayurveda	16	36	104
2	Ayush Homeopathy	0	36	22
3	Ayush Yoga	32	202	1
4	Burn Center	0	0	353

5	Burns And Plastic Surgery	642	793	815
6	Cardiology	1572	1879	2119
7	Cardio Thoracic Surgery	375	437	359
8	Dentistry	211	200	230
9	Dermatology	764	806	893
10	Endocrinology And Metabolism	178	197	314
11	E N T	1361	1736	1751
12	Gastroenterology	1132	1525	2086
13	General Medicine	2422	2130	2053
14	General Surgery	2299	3041	3649
15	Medical Oncology And Hematology	2555	2612	2587
16	Neonatology	1804	1602	1515
17	Nephrology	503	833	1186
18	Neurology	843	968	946
19	Neuro Surgery	872	914	895
20	Nuclear Medicine	220	211	224
21	Obstetrics And Gynecology	3237	3265	3260
22	Ophthalmology	2070	1988	2008
23	Orthopaedics	1740	2343	2448
24	Paediatrics	2430	2473	2387
25	Pediatric Surgery	1152	1487	1552
26	Physical Medicine And Rehabilitation	284	338	418
27	Psychiatry	385	409	490
28	Pulmonary Medicine And Critical Care	1331	1236	1313

29	Radiation Oncology	1700	1578	1527
30	Surgical Gastroenterology	548	734	784
31	Surgical Oncology	637	716	796
32	Trauma and EmergencyMedicine	1437	1510	1638
33	Urology	907	1053	1153
	Grand Total	35659	39288	41876

STATEMENT-II

**State-wise details of OPD patients treated at AIIMS Bhubaneswar during
2022-23, 2023-24and 2024-25**

States	2024-25	2023-24	2022-23
J&K	156	75	17
Himachal Pradesh	273	232	210
Punjab	179	124	84
Chandigarh	134	62	28
Uttarakhand	217	118	89
Haryana	550	431	303
Delhi	972	709	482
Rajasthan	2291	1458	1054
Uttar Pradesh	2055	1419	1083
Bihar	3653	2697	2123
Arunachal Pradesh	22	59	68
Manipur	113	146	73

Tripura	188	171	105
Meghalaya	42	11	31
Assam	265	292	154
West Bengal	378046	339688	294405
Jharkhand	9939	7008	4379
Odisha	867919	849253	851897
Chhattisgarh	1152	783	681
Madhya Pradesh	428	301	232
Gujarat	349	242	211
Maharashtra	727	548	337
Tamilnadu	693	485	406
Karnataka	448	410	240
Kerala	1500	1332	910
TOTAL	1272311	1208054	1159602

अजा/अजजा के लिए आरक्षण

1071. श्रीमती संजना जाटव:

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

(क) क्या राज्य सभा और विभिन्न राज्यों की विधान परिषदों में अनुसूचित जातियों और अनुसूचित जनजातियों के लिए आरक्षण का कोई प्रावधान है;

(ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) यदि नहीं, तो इसके क्या कारण हैं;

(घ) क्या सरकार का राज्य सभा और विधानसभाओं में उक्त श्रेणियों को आरक्षण प्रदान करने का विचार है; और

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

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

(क): नहीं।

(ख): प्रश्न ही नहीं उठता।

(ग): संविधान का अनुच्छेद 80 अन्य बातों के साथ-साथ यह उपबंध करता है कि राज्य सभा में प्रत्येक राज्य के प्रतिनिधियों का निर्वाचन उस राज्य की विधान सभा के निर्वाचित सदस्यों द्वारा आनुपातिक प्रतिनिधित्व पद्धति के अनुसार एकल संक्रमणीय मत द्वारा किया जाएगा। इसका तात्पर्य यह है कि मत पहले सबसे पसंदीदा उम्मीदवार को आवंटित किए जाते हैं और फिर अगले पसंदीदा उम्मीदवार को और इसी तरह आगे भी, इसलिए यह प्रणाली किसी विशेष समूह के लिए निश्चित संख्या में सीटें आरक्षित करने के सिद्धांत को समायोजित नहीं कर सकती है। इसके अतिरिक्त, संविधान का अनुच्छेद 171 जो विभिन्न राज्यों में विधान परिषदों के गठन और सदस्यों के निर्वाचन का उपबंध करता है, विधान परिषदों में अनुसूचित जातियों और अनुसूचित जनजातियों के लिए आरक्षण का उपबंध नहीं करता है। इसके अतिरिक्त, संविधान के अनुच्छेद 330 और अनुच्छेद 332 जो क्रमशः लोक सभा और राज्य विधानसभाओं में अनुसूचित जातियों और अनुसूचित जनजातियों के लिए सीटों के आरक्षण का उपबंध करते हैं, वे भी राज्य सभा या विभिन्न राज्यों की विधान

परिषदों में अनुसूचित जातियों / अनुसूचित जनजातियों के लिए सीटों के आरक्षण का उपबंध नहीं करते हैं।

(घ): राज्यसभा में अनुसूचित जातियों और अनुसूचित जनजातियों के लिए आरक्षण प्रदान करने का कोई प्रस्ताव नहीं है। जहाँ तक विधान सभाओं में उक्त श्रेणियों के लिए आरक्षण की स्थिति का प्रश्न है, तो संविधान के अनुच्छेद 332 के अधीन इसका उपबंध है।

(ङ): प्रश्न ही नहीं उठता।

RESOLUTION TIME OF COURT CASES

1072. SHRI GURMEET SINGH MEET HAYER:

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

- (a) the data on the average time taken to resolve various types of court cases in the country over the last 10 years, including civil cases (such as property disputes and contract enforcement), criminal cases (categorised by the severity of the offence), family law cases (including divorce, child custody and maintenance), commercial disputes and Public Interest Litigations (PILs);
- (b) the comparative average resolution time across different levels of the Judiciary (District courts, High courts, Supreme Court);
- (c) the key reasons for delays in case resolution and the reforms that have been undertaken to reduce pendency; and

(d) the current case backlog in each category and the measures that are being implemented to expedite justice delivery?

**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 does not maintain data on average time taken for resolution of court cases. However, as per data available on the National Judicial Data Grid, the time taken by the courts to dispose of civil and criminal cases is given in the enclosed **Statement**.

(c) and (d): As per information available on the National Judicial Data Grid (NJDG), the numbers of pending cases in the Supreme Court, High Courts and subordinate Courts as on 22.07.2025 are as under:

Sl. No.	Name of Court	Civil Cases	Criminal Cases
1.	Supreme Court	67,964	18,663
2.	High Courts	44,35,763	18,92,051
3.	District and Subordinate Courts	1,10,51,761	3,54,96,782

As regards the reasons for delays in case resolution, several factors play crucial role including the availability of physical infrastructure and supporting

court staff, complexity of facts involved in a case, nature of evidence, co-operation of stakeholders viz. bar, investigating agencies, witnesses, and litigants. 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.

The resolution of pending cases in courts is within the exclusive domain of the judiciary. However, the Government is committed towards facilitating an ecosystem for expeditious disposal of cases by judiciary and reducing pendency as mandated under Article 21 of the Constitution. To this end, the Government has taken several initiatives to create an enabling ecosystem for faster disposal of cases by the judiciary which include the following:

- v. The National Mission for Justice Delivery and Legal Reforms was set up in August, 2011, with the twin objectives of increasing access to justice by reducing delays 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.

- vi. 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 30.06.2025, Rs. 12,101.89 crores have been released since the inception of this Scheme in 1993-94. The number of court halls has increased from 15,818 (as on 30.06.2014) to 22,372 (as on 30.06.2025) and the number of residential units has increased from 10,211 (as on 30.06.2014) to 19,851 (as on 30.06.2025), under this Scheme.
- vii. Under Phase I and II of the e-Courts Mission Mode Project, Information and Communication Technology (ICT) was leveraged for IT enablement of District and Subordinate Courts and 18,735 District and Subordinate Courts were computerized till 2023. WAN connectivity was provided to 2977 sites. Video Conferencing facility was enabled between 3,240 court complexes

and 1,272 corresponding jails. 778 eSewa Kendras (facilitation centres) were established to bridge the digital divide by providing citizen centric services to lawyers and litigants. 21 virtual courts were set up in 17 States/UTs, which handled more than 2.78 crore cases and realized more than Rs. 384.14 crores in fines up to March 2023.

The Phase-III of the eCourts Project (2023-2027) was approved on 13.09.2023 with an outlay of Rs.7,210 crore, which is aimed at ushering 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) to make justice delivery progressively more robust, easy and accessible. Till date, 506.05 crores pages of court records have been digitized in the High Courts and District Courts. More than 3.65 crore hearings have taken place through Video conferencing and live streaming is functional in 11 High Courts. The number of eSewa Kendras (facilitation centres) has increased to 1814 across High Courts and District Courts. Artificial Intelligence and Machine learning tools are being used in case management hearing and for transcription of oral judgements in the Supreme Court of India.

- viii. The Government has been filling up vacancies of Judges in the Supreme Court of India and the High Courts from time to time. From 01.05.2014 to 21.07.2025, 70 Judges have been appointed in the Supreme Court. 1058 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 increased from 906 in May, 2014 to 1122 till date. The sanctioned and working strengths of judicial officers in District and Subordinate Courts have increased as under:

As on	Sanctioned Strength	Working Strength
31.12.2013	19,518	15,115
21.07.2025	25,843	21,122

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.

- ix. 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 now been set up under District Courts as well.

- x. 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 30.06.2025, 865 Fast Track Courts are functional across the country. With a view to fast-track criminal cases involving elected MPs / MLAs, ten (10) Special Courts are functional in nine (9) States/UTs. Further, the Central Government had approved a Centrally Sponsored 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 30.06.2025, 725 FTSCs including 392 exclusive POCSO (ePOCSO) Courts are functional in 29 States/UTs, which have disposed of more than 3,34,000 cases since their inception.
- xi. 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.
- xii. Alternate Dispute Resolution methods have been progressively promoted. 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. The amendments to The Arbitration and Conciliation Act, 1996 have been made in the years 2015, 2019 and 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 facts 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, 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 it before any court. 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
2025 (up to March)	2,58,28,368	50,82,181	3,09,10,549
Total	22,21,01,916	5,33,91,016	27,54,92,932

- xi. 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

Till 30th June, 2025	Cases Registered	% wise Break Up	Advice Enabled	% wise Break Up
Gender -wise				
Female	44,81,170	39.58%	44,21,450	39.55%
Male	68,39,728	60.42%	67,58,085	60.45%
Caste Category-wise				
General	26,89,371	23.76%	26,48,100	23.69%
OBC	35,64,430	31.49%	35,16,236	31.45%
SC	35,27,303	31.16%	34,90,737	31.22%
ST	15,39,794	13.60%	15,24,462	13.64%
Total	1,13,20,898		1,11,79,535	

- xii. 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 and

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.

STATEMENT

Time taken by the courts to resolve/dispose of the cases (as on 22.07.2025)

Time Taken	Supreme Court		High Courts		District and Subordinate Courts	
	Civil	Criminal	Civil	Criminal	Civil	Criminal
Within 1 year	13,675 (67.68%)	8,545 (79.50%)	4,55,893 (64.42%)	4,23,543 (85.26%)	8,21,981 (38.75%)	73,90,610 (70.57%)
1-2 year	2,135 (10.57%)	872 (8.11%)	56,837 (8.03%)	22,699 (4.57%)	351978 (16.59%)	8,01,406 (7.65%)
2-3 year	1,004 (4.97%)	305 (2.84%)	33,735 (4.77%)	10,553 (2.12%)	249335 (11.76%)	7,31,028 (6.98%)
3-4 year	460 (2.28%)	152 (1.41%)	21,993 (3.11%)	6,884 (1.39%)	155430 (7.33%)	3,35,736 (3.21%)
4-5 year	367 (1.82%)	94 (0.87%)	14,461 (2.04%)	3,831 (0.77%)	110619 (5.22%)	2,16,011 (2.06%)
5-6 year	690 (3.42%)	187 (1.74%)	22,987 (3.25%)	5,397 (1.09%)	98274 (4.63%)	2,37,649 (2.27%)
6-7 year	421 (2.08%)	99 (0.92%)	19,989 (2.82%)	4,223 (0.85%)	84635 (3.99%)	1,87,756 (1.79%)
7-8 year	331 (1.64%)	70 (0.65%)	15,599 (2.20%)	3,822 (0.77%)	58392 (2.75%)	1,37,057 (1.31%)
8-9 year	413 (2.04%)	69 (0.64%)	11,616 (1.64%)	2,604 (0.52%)	40526 (1.91%)	89,400 (0.85%)
9-10 year	187 (0.93%)	75 (0.70%)	9,242 (1.31%)	1,886 (0.32%)	33172 (1.56%)	65,616 (0.63%)
10-11 year	138 (0.68%)	69 (0.64%)	7,444 (1.05%)	1,166 (0.23%)	25545 (1.20%)	50,007 (0.48%)

11-12 year	82 (0.41%)	120 (1.12%)	5,964 (0.84%)	1,279 (0.26%)	19295 (0.91%)	38,754 (0.37%)
12-13 year	110 (0.54%)	61 (0.57%)	5,044 (0.71%)	989 (0.20%)	14852 (0.70%)	29,023 (0.28%)
13-14 year	76 (0.38%)	9 (0.08%)	3,710 (0.52%)	682 (0.14%)	10374 (0.49%)	20,932 (0.20%)
14-15 year	55 (0.27%)	9 (0.08%)	3,250 (0.46%)	734 (0.15%)	7696 (0.36%)	16,789 (0.16%)
15-16 year	25 (0.12%)	7 (0.07%)	2,569 (0.36%)	890 (0.18%)	6106 (0.29%)	14,711 (0.14%)
16-17 year	14 (0.07%)	2 (0.02%)	2,498 (0.35%)	932 (0.19%)	5017 (0.24%)	12,402 (0.12%)
17-18 year	11 (0.05%)	2 (0.02%)	1,884 (0.27%)	1,097 (0.22%)	3900 (0.18%)	9,379 (0.09%)
18-19 year	2 (0.01%)	-	1,956 (0.28%)	829 (0.17%)	2971 (0.14%)	8,594 (0.08%)
19-20 year	1 (0.00%)	1 (0.01%)	1,820 (0.26%)	602 (0.12%)	2728 (0.13%)	8,112 (0.08%)
20-21 year	-	-	1,443 (0.20%)	518 (0.10%)	2467 (0.12%)	8,429 (0.08%)
More than 21 year	7 (0.03%)	-	7,798 (1.10%)	1,586 (0.32%)	15713 (0.74%)	63,367 (0.61%)

Source: National Judicial Data Grid.

STAFF STRENGTH IN SAINIK SCHOOL, GOPALGANJ

1073. DR. ALOK KUMAR SUMAN:

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

(a) whether it is a fact that the number of teaching and non-teaching staff are less in the Sainik School of Gopalganj district in Bihar, if so, the details thereof;

(b) whether it is also fact that there is no transparency in the appointment of teaching and non- teaching staff on contractual basis in the Sainik School of Gopalganj, if so, the details thereof;

(c) total number of teaching and non-teaching staff appointed on the contractual basis by the Principal of the Sainik School in Gopalganj district;

(d) whether the Principal of the Sainik School of Gopalganj has taken consent of the Chairman for the appointment of the teaching and non-teaching staff during the last three years and the current year, if so, the details thereof;

(e) whether the payment made to the contractual employees meet the parameters of the Government; and

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

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH):

(a) to (f): Sainik School Gopalganj has adequate teaching and non-teaching staff on its strength ensuring proper functioning of the school.

The recruitment of staff at Sainik School Gopalganj is being conducted as per the Standard Operating Procedure (SOP) and other relevant guidelines issued by Sainik Schools Society which inter-alia provides for nomination of an independent observer by Local Board of Administration (LBA) to ensure that the procedure

mentioned in the SOP is followed. Furthermore, representative of State Government/Education Department is one of the members on the Board of Officers constituted for conducting recruitment of Academic Staff in Sainik Schools.

Approval of Chairman, Local Board of Administration (LBA) is obtained before issuing the offer/appointment letter to the selected candidates. Contractual employees at Sainik School Gopalganj are paid adequate remuneration, based on the requirements of the respective jobs.

CENTRAL ADOPTION RESOURCE AUTHORITY

1074. ADV. GOWAAL KAGADA PADAVI:

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

- (a) whether the Ministry has any data on the pendency of adoption cases under the Central Adoption Resource Authority (CARA) and if so, the details thereof;
- (b) the details of the average waiting time for adoption currently;
- (c) whether the Ministry has identified any reasons for delays in adoption processing and if so, the details thereof;
- (d) whether there are any plans to simplify/fast-track adoption procedures and if so, the details thereof; and

- (e) whether the Ministry proposes to strengthen monitoring of adoption agencies for transparency and if so, the details of awareness campaign conducted to promote legal adoption thereof?

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

(a): The Central Adoption Resource Authority (CARA) works with different stakeholders for adoption related matters as per laid down process and procedure under the Adoption Regulation, 2022. The State/UTs-wise number of children currently awaiting adoption in the country is given in the enclosed **Statement**.

(b) to (e): The Adoption Regulation, 2022, mentions the timelines for authorities and agencies regarding adoption matters in the Schedule-XIV. The referral and adoption of a child depends upon the preference made by the Prospective Adoptive Parents (PAPs) regarding age, health condition, State of the child during online registration on the CARINGS portal. However, the children do not have to wait in the institutions on account of the online referral system enabling placement of children in adoption expeditiously.

The Government has notified the Juvenile Justice (Care and Protection of Children) Act, 2015 (as amended in 2021), which empowers the District Magistrate

to effectively coordinate and monitor functions of the agencies responsible for implementation of the JJ Act, 2015 which include adoption related matters.

The entire adoption process is online and transparent through CARINGS portal.

Further, CARA regularly holds training sessions, including weekly virtual refresher programs that are accessible nationwide to promote and facilitate adoption.

STATEMENT

State/UTs-wise number of children currently awaiting adoption

Sr. No.	State	Number of Children
1	Andaman and Nicobar Islands	2
2	Andhra Pradesh	128
3	Arunachal Pradesh	8
4	Assam	36
5	Bihar	196
6	Chandigarh	13
7	Chhattisgarh	45
8	Delhi	176
9	Goa	8
10	Gujarat	27
11	Haryana	76
12	Himachal Pradesh	9
13	Jammu and Kashmir	8
14	Jharkhand	41
15	Karnataka	106

16	Kerala	45
17	Ladakh	0
18	Lakshadweep	0
19	Madhya Pradesh	139
20	Maharashtra	250
21	Manipur	7
22	Meghalaya	8
23	Mizoram	19
24	Nagaland	4
25	Odisha	262
26	Puducherry	3
27	Punjab	112
28	Rajasthan	75
29	Sikkim	12
30	Tamil Nadu	53
31	Telangana	201
32	The Dadra and Nagar Haveli and Daman and Diu	1
33	Tripura	5
34	Uttar Pradesh	318
35	Uttarakhand	23
36	West Bengal	352
	Total	2768

REFORMS IN SUPREME COURT PROCEDURE

1075. SHRIMATI D. K. ARUNA:

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

(a) whether legislative reforms are required in the Supreme Court's in-house procedure for addressing judicial misconduct; and

(b) if so, the details thereof and steps being taken in this regard in consultation with experts, 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 124 (4) provides that "A Judge of the Supreme Court shall not be removed from his office except by an order of the President passed after an address by each House of Parliament supported by a majority of the total membership of that House and by a majority of not less than two-thirds of the members of that House present and voting has been presented to the President in the same session for such removal on the ground of proved misbehaviour or incapacity." For Judges of the High Court, Article 217(1)(b) stipulates that "A Judge may be removed from his office by the President in the manner provided for in clause (4) of Article 124 for the removal of a Judge of the Supreme Court."

The procedure for investigation and proof of the misbehaviour or incapacity of a Judge of the Supreme Court or of a High Court and for the presentation of an address by Parliament to the President and for matters connected therewith” is laid down in the Judges (Inquiry) Act, 1968. Section 3 of the Act specifies:

“3. Investigation into misbehaviour or incapacity of Judge by Committee. —

(1) If notice is given of a motion for presenting an address to the President praying for the removal of a Judge signed, —

(a) in the case of a notice given in the House of the People, by not less than one hundred members of that House;

(b) in the case of a notice given in the Council of States, by not less than fifty members of that Council;

then, the Speaker or, as the case may be, the Chairman may, after consulting such persons, if any, as he thinks fit and after considering such materials, if any, as may be available to him, either admit the motion or refuse to admit the same.

(2) If the motion referred to in sub-section (1) is admitted, the Speaker or, as the case may be, the Chairman shall keep the motion pending and constitute, as soon as may be, for the purpose of making an investigation into the grounds on which the removal of a Judge is prayed for, a Committee consisting of three members of whom—

- (a) one shall be chosen from among the Chief Justice and other Judges of the Supreme Court;
- (b) one shall be chosen from among the Chief Justices of the High Courts, and
- (c) one shall be a person who is, in the opinion of, the Speaker or, as the case may be, the Chairman, a distinguished jurist.”

REDUCING DEMAND FOR INDIAN CHEMICALS

1076. SHRI Y. S. AVINASH REDDY:

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

- (a) whether the Government is aware that the Indian chemical industry is facing pressure due to the economic slowdown in Western markets;
- (b) if so, the details thereof; and
- (c) the manner in which the Government plans to tackle this decrease in demand in these times of global recession?

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 Indian chemical industry has been growing at a steady rate,

driven majorly by increasing domestic demand across various downstream industries. The overseas demand from global markets, which is being catered through exports has shown resilience over the past few years as revealed by the export figures over the past three years of US\$ 45.45 billion in FY 2022–2023, US\$ 44.99 billion in FY 2023–2024, with the figure rising by 3.64% in FY 2024–2025 to US\$ 46.41 billion. Additionally, export figures for April–May FY 2025–2026 stood at US\$ 7.58 billion, which is 1.33% higher than the figure of US\$ 7.48 billion during the same period in FY 2024–2025. These figures thus demonstrate stable global demand for Indian chemicals products.

(c): Does not arise.

गैर-राजसहायता प्राप्त वस्तुओं का वितरण

1077. श्री सुधाकर सिंह:

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

- (क) विगत तीन वर्षों के दौरान बिहार में किसानों को डायमोनियम फॉस्फेट (डीएपी) और यूरिया के साथ जिंक, सल्फर, नैनो यूरिया और जाइम जैसी गैर-राजसहायता प्राप्त वस्तुओं की कितनी मात्रा वितरित की गई;
- (ख) क्या किसानों को आवश्यकता नहीं होने पर भी ऐसी गैर-राजसहायता प्राप्त वस्तुओं को खरीदने के लिए बाध्य किया गया और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) विगत तीन वर्षों के दौरान गैर-राजसहायता प्राप्त वस्तुओं से सरकार को राज्य-वार कितना लाभ हुआ?

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

(क) से (ग): अन्य उत्पादों को उर्वरकों से जोड़ने/टैग करने को उर्वरक विभाग द्वारा प्रोत्साहित नहीं किया जाता है। तदनुसार, उर्वरक कंपनियों को उपयुक्त दिशानिर्देश जारी किए जाते हैं जिनमें उन्हें ऐसी पद्धतियों में लिप्त न होने का निदेश दिया जाता है। इसके अलावा, राज्य सरकारों को उर्वरक नियंत्रण आदेश (एफसीओ)-1985 के अंतर्गत टैगिंग की रोकथाम के लिए कड़ी कार्रवाई करने की भी सलाह दी जाती है।

इसके अलावा, बिहार राज्य सरकार से प्राप्त सूचना के अनुसार ऐसे किसी मामले की सूचना नहीं मिली है।

BAN ON RESTRICTED ADDITIVES

1078. DR. PRADEEP KUMAR PANIGRAHY:

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

- (a) whether the Government is aware that global food regulators (including US FDA and EU EFSA) have banned additives such as titanium dioxide (E171) and potassium bromate due to potential health risks and if so, the details thereof;

- (b) whether such additives are permitted in India and if so, the scientific basis for the continued permission of the said substances;
- (c) whether the Food Safety and Standards Authority of India (FSSAI) is currently reviewing the said additives with independent specialist panels with a clear deadline for updating our national food standards to reflect the current safety research and if so, the details thereof;
- (d) whether a large number of food additives five times more than European Union (EU) including 43 classified as "possibly carcinogenic" by the WHO is allowed in India and if so, the details thereof; and
- (e) the time by which the 'precautionary principle' is going to be adopted and impose ban on prohibited substances which is not safe 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 Food Safety and Standards Authority of India (FSSAI) has a mandate to lay down science-based standards through risk assessment for food articles to ensure safe and wholesome food for the citizens of India and regulate the entire food supply chain. The Food Safety Standards are based on the scientific advice provided by independent risk assessment bodies i.e. Scientific Panels and

Scientific Committee and are harmonised with the internationally accepted Codex standards.

The additive Potassium bromate is not permitted as per the Food Safety and Standards Regulation, 2011. The Titanium dioxide is a permitted Good Manufacturing Practices (GMP) additive in Food Safety and Standards Regulation, 2011, which is on par with Codex.

(c): Review of specifications of various additives by the Scientific Panel on Food additives, Flavoring and processing aids based on available scientific evidence is a continuous process.

(d): The additives permitted in Food Safety and Standards Regulation, 2011 are harmonised with the internationally accepted Codex standards. The General Standard for Food Additives (GSFA) is adopted by the Codex Alimentarius Commission (CAC), an international food standards body established jointly by the Food and Agriculture organization (FAO) and the World Health Organization (WHO) with the objective of protecting consumer's health and ensuring fair practices in food trade.

(e): The adoption of precautionary principle is based on the weight of available evidence and recommendations from risk assessments carried out globally.

INCREASING SALE OF PAN MASALA AND ZARDA

1079. SHRI APPALANAIDU KALISSETTI:

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

- (a) whether the Government is aware that despite the ban on Gutkha since 2013, the sale of Pan Masala and Zarda (chewing tobacco) as separate products continues across the country, undermining tobacco control efforts and contributing to the rising burden of oral cancers and if so, the details thereof;
- (b) whether the Government proposes to take immediate steps to regulate Zarda more stringently including addressing the “twin-pack loophole” and strengthening legal controls and if so, the details thereof;
- (c) the details of latest available data on oral cancer incidence, prevalence and mortality over the last five years State/UT-wise and year-wise;
- (d) whether the Government has assessed the extent of tax evasion, illicit trade and unregulated manufacturing in the Zarda sector and if so, the details thereof; and
- (e) the steps being taken by the Government to strengthen enforcement, licensing, taxation and inter-agency coordination to reduce the public health impact and revenue losses from oral tobacco products?

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 standards of pan masala are prescribed under sub-regulation 2.11.5 of Food Safety and Standards (Food Product Standards and Food Additives) Regulations, 2011. No standards of gutka are prescribed under these regulation. Any manufacturer of pan masala is required to comply with the requirements specified under the above stated sub regulation.

Further, as per the Food Safety and Standards (Prohibition and Restriction of Sales) Regulation, 2011, Tobacco and nicotine shall not be used as ingredients in any food products.

(d) and (e): Department of Revenue has informed that illegal trade in tobacco products is a clandestine activity, the loss in revenue cannot be accurately estimated. However, Central Goods and Services Tax (CGST) zones and Directorate General of Goods and Service Tax Intelligence (DGGI) have detected 61 cases of Guthka/Chewing Tobacco/Cigarettes/ Pan Masala involving tax amounting to Rs.104.38 crore approximately in the current financial year upto June 2025.

For steps taken to strengthen the enforcement action, the DGGI and CGST field formations have been sensitised to verify and enhance the level of compliance of registered taxpayers and also to identify unregistered entities so as to bring them in the tax net.

CERVICAL CANCER

1080. DR. D. RAVI KUMAR

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

- (a) whether the Government is planning to ensure sufficient funding for the inclusion of the HPV vaccine in the national immunisation programme in the upcoming budget in light of the high incidence and mortality rates associated with cervical cancer in India and if so, the details thereof;
- (b) the details of the National Technical Advisory Group for Immunisation (NTAGI) has already recommended the inclusion of the HPV vaccine;
- (c) whether there has been a delay in allocating funds for its implementation at the National level and if so, the details thereof;
- (d) whether the Government has introduced the HPV vaccine in the said immunisation programmes across the States including Punjab, Sikkim, and Tamil Nadu (on a pilot basis) and if so, the details thereof;

- (e) whether the Government has any plans to provide financial support to scale these efforts nationwide and if so, the details thereof; and
- (f) whether the Government is considering that the interim budget of February 2024 acknowledged the importance of cervical cancer prevention, in the country and if so, the details thereof along with the reasons for not allocating funds for the HPV vaccine last year?

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

(a) to (f): The Ministry of Health and Family Welfare (MoHFW) has initiated the capacity building exercise of medical and paramedical staff for the cervical cancer vaccine. In June 2022, the National Technical Advisory Group for Immunization (NTAGI) recommended the introduction of cervical cancer vaccine in the Universal Immunization Programme (UIP) based on evaluation of the fresh evidence on disease burden and effectiveness of single dose of cervical cancer vaccine, clinical trial results etc.

HONORARIUM TO AWWWS/AWHS AND MAMTA DIDIS

1081. SHRI ABU TAHER KHAN:

SHRI DINESH CHANDRA YADAV:

SHRI GIRIDHARI YADAV:

DR. INDRA HANG SUBBA:

SHRI KAUSHALENDRA KUMAR:

SHRI RAMPRIT MANDAL:

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

- (a) the amount the Government pay as honorarium to Anganwadi Workers (AWWs), Assistant Workers (AWHs) and Mamta Didis;
- (b) whether the Government proposes to increase their honorarium, if so, the details thereof and if not, the reasons therefor;
- (c) whether the Government is planning to give the status of salaried employee to AWWs/AWHs and Mamta Didis, if so, the details thereof and if not, the reasons therefor; and
- (d) whether child immunization incentives are being disbursed to AWWs on time and if so, the details thereof?

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

(a) to (d): In the 15th Finance Commission, components of nutritional support for children below the age of 6 years, pregnant women and lactating mother,

Adolescent Girls; Early Childhood Care and Education (ECCE) [3-6 years]; Anganwadi infrastructure including modern, upgraded Saksham Anganwadi have been reorganised under Mission Saksham Anganwadi and Poshan 2.0 for effective implementation of the scheme and for better nutritional delivery to end beneficiaries. Under the Mission, following six services are provided through the platform of Anganwadi Centres to the eligible beneficiaries:

- i. Supplementary Nutrition (SNP)
- ii. Pre-school Non-formal Education,
- iii. Nutrition and Health Education,
- iv. Immunization,
- v. Health Check-up, and
- vi. Referral Services

Three of the six services, viz., Immunization, Health check-up and Referral Services are related to health and are provided through National Health Mission (NHM) and Public Health Infrastructure.

Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) are “honorary workers” under Mission Saksham Anganwadi and Poshan 2.0 from the local community who come forward to render their services in the area of child care and development to help the local community for which they are paid honorarium.

Honorarium is given to AWWs and AWHs which is increased from time to time. From 1st October, 2018, Government of India has enhanced the honorarium of AWWs at Anganwadi centres (AWCs) from Rs.3,000/- to Rs.4,500/- per month; AWWs at mini- AWCs from Rs.2,250/- to Rs.3,500/- per month; AWHs from Rs.1,500/- to Rs.2,250/- per month as per the defined cost sharing ratio between the centre and the States/UTs. Besides, performance linked incentive of Rs.500/- is provided to AWWs and Rs.250/- per month to AWHs.

Incentive criteria for AWWs:

- i. Growth monitoring: The measurement should be done for at least 80% of children in 0-6 age group every month.
- ii. Home visits: Completing at least 60% of home visits to pregnant women, lactating mothers and children upto two years of age as per the home visit scheduler.

Incentive criteria for AWHs: Opening the AWC for at least 21 days in the month.

In addition, States/UTs are also paying additional monetary incentives/financial top ups to these voluntary workers from their own resources which vary from State to State.

Under Mission Saksham Anganwadi and Poshan 2.0, AWWs have been technologically empowered with the provision of smartphones for efficient

monitoring and service delivery. Poshan Tracker which is a mobile phone application that has digitized physical registers used by Anganwadi workers. This improves the quality of their work while simultaneously enabling them for real-time monitoring of all activities going on in the Anganwadis.

To incentivize and encourage the AWWs and AWHs, various initiatives have been undertaken including the following:

- i. Leave: 20 days annual leave and paid maternity absence of 180 days, paid absence on abortion/ miscarriage once for 45 days.
- ii. State Governments and UT Administrations have been requested to encourage eligible AWWs and AWHs to get themselves enrolled under the Pradhan Mantri Shram Yogi Mandhan (PM-SYM) Pension Scheme, which is a voluntary and contributory pension scheme for the unorganized sectors in the country to ensure old age protection.
- iii. Promotion: Under Mission Saksham Anganwadi and Poshan 2.0, promotional opportunities for Anganwadi Workers have been enhanced. 50% posts of Anganwadi Workers are to be filled by Anganwadi Helpers with 5 years of experience and 50% posts of Supervisors are to be filled by promotion of Anganwadi Workers with 5 years of experience subject to fulfilment of other criteria.

- iv. Social Security Insurance Schemes: Insurance benefits have been provided to Anganwadi Workers and Helpers under Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) for life cover worth Rs.2.00 lakh (covers life risk, death due to any reason) in the age group of 18 to 50 years and under Pradhan Mantri Suraksha Bima Yojana for accidental cover of Rs.2.00 Lakh (accidental death and permanent full disability) /Rs.1.00 Lakh (partial but permanent disability) in the age group of 18-59 years.
- v. Retirement date: States and UTs have been requested to adopt a uniform retirement date i.e 30th April of each year with respect to Anganwadi Workers and Helpers to ensure proper human resource planning.
- vi. Annual Healthcare coverage of Rs. 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to all Anganwadi workers and helpers in pursuance to budget announcement in FY 2024-25.

ASHA WORKERS

1082. SHRI N. K. PREMACHANDRAN:

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

- (a) whether the Government proposes to appoint a committee for the comprehensive revival of pay and service conditions of ASHA workers;
- (b) if so, the details of action taken thereon;
- (c) whether the Union Government has noticed that ASHA workers in Kerala are in protest demanding wage hike and change in service conditions;
- (d) if so, the initiative of the Government to resolve the issue;
- (e) whether the Union Government proposes to increase the wages of ASHA workers;
- (f) if so, the details thereof and action taken thereon;
- (g) the details regarding monthly remuneration of ASHA workers in each State and the contribution of the Central Government;
- (h) whether the Government proposes to revise the pay and service conditions of the ASHA workers considering the nature of duty and service they render to the society; and
- (i) 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 (i): During the various review meetings and National Programme Co-ordination Committee meetings, States/UTs discuss the issues and problems faced by ASHAs. However, all the administrative and personnel matters related to health human resource lies with the respective State/UT Governments.

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 primary responsibility of strengthening public healthcare system, including support for ASHA workers lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides the technical and financial support to the States/UTs to strengthen their public healthcare system, based on the requirements posted by States/UTs in their Programme Implementation Plans (PIPs) and within the overall resource envelope.

ASHAs are envisaged to be community health volunteer and are entitled to task/activity based incentives. ASHAs receive a fixed monthly incentive of ₹ 3500/- per month for routine and recurring activities, which has recently been revised from ₹ 2000/- per month, in the 9th meeting of Mission Steering Group (MSG) held on 4th March, 2025.

ASHAs are provided performance-based incentives for a varied set of activities under various National Health Programmes, some of which are recently revised in the 9th meeting of Mission Steering Group (MSG). The details of these ASHA incentives are available on the following Uniform Resources Locator (URL): <https://nhm.gov.in/New-update-2024-25/ASHA/ASHA-Incentives-July-2025.pdf>

In addition to performance-based incentives, some states have introduced fixed-monthly honorarium or top-up incentives for ASHAs. These State specific incentives are provided through their own funds by 28 States/UTs. Details are given in the enclosed **Statement**.

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 recognition amount of ₹50,000/- recently revised from ₹20,000/- in the 9th meeting of Mission Steering Group (MSG) held on 4th March, 2025 and a citation to ASHAs who leave the programme after working as ASHAs for minimum of 10 years, as an 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:

- a. Pradhan Mantri Jeevan Jyoti Beema Yojana (PMJJBY) with a benefit ₹ 2.00 Lakh in case of death of the insured (annual premium contributed by GOI).
- b. Pradhan Mantri Suraksha Beema Yojana (PMSBY) with a benefit of Rs.2.00 lakh for accidental death or permanent disability; ₹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, ASHAs along with their family members are provided with health care annual coverage of ₹ 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY).

STATEMENT**State Specific Fixed Incentives/Honorarium (Communicated by States/UTs)**

S.NO	STATE	STATE SPECIFIC FIXED INCENTIVE/HONORARIUM
1	ANDAMAN AND NICOBAR ISLANDS	Rs. 500/-
2	ANDHRA PRADESH	Rs. 7200/-
3	ARUNACHAL PRADESH	Rs. 2000/-
4	ASSAM	Rs. 1000/
5	BIHAR	Rs. 1000/-
6	CHHATTISHGARH	Rs. 2200/-
7	DD&DNH	Rs. 2000/-
8	DELHI	Rs. 500- Rs. 3,000/-
9	GUJARAT	Rs. 2500/-
10	HARYANA	Rs. 6100/-
11	HIMACHAL PRADESH	Rs. 5500/-
12	JAMMU AND KASHMIR	Nil
13	JHARKHAND	Rs. 2000
14	KARNATAKA	Rs.5000
15	KERALA	Rs. 7000
16	LADAKH	Nil
17	LAKSHADWEEP	Nil
18	MADHYA PRADESH	Rs. 4000/-
19	MAHARASHTRA	Rs. 10000/-
20	MANIPUR	Rs. 1000/-
21	MEGHALAYA	Rs. 3000/-
22	MIZORAM	Nil

S.NO	STATE	STATE SPECIFIC FIXED INCENTIVE/HONORARIUM
23	NAGALAND	Nil
24	ODISSA	Rs. 3500/-
25	PUDUCHERRY	Rs.7,000/-
26	PUNJAB	Rs. 2,500
27	RAJASTHAN	Rs. 4500/-
28	SIKKIM	Rs. 10,000/-
29	TAMIL NADU	Nil
30	TELANGANA	Rs 6750/-
31	TRIPURA	Rs. 1000/-
32	UTTAR PRADESH	Rs. 1500/-
33	UTTRAKHAND	Rs. 3000/-
34	WEST BENGAL	Rs. 5,250/-

DISPARITY IN HEALTHCARE FUNDING

1083. SHRI K. GOPINATH:

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

- (a) the measures being taken to address the significant disparity in healthcare funding across States, particularly in underserved regions;
- (b) whether the Government plans to increase healthcare spending to meet the global average, given that India's healthcare spending remains at just 1.8 per cent of GDP;

- (c) if so, the details thereof;
- (d) the manner in which the Government intends to improve healthcare infrastructure and access, considering the current inadequacies highlighted by experts; and
- (e) the accountability mechanisms in place to ensure that the States prioritise healthcare in their budgets?

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): With the objective of attainment of universal access to equitable, affordable and quality health care services, the Ministry of Health and Family Welfare (MoHFW) is implementing National Health Mission (NHM). Government provides technical and financial support to the States/UTs for improvement in health infrastructure, availability of adequate human resources to health facilities, to improve availability and accessibility to quality health care especially for the underserved and marginalized groups.

Based on the proposals received from the States in their Programme Implementation Plan (PIP), approvals are provided keeping in view the resource envelope of the States/UTs as well as existing norms.

Under NHM, norms have been relaxed for tribal area to address need-based intervention in terms of healthcare infrastructure and human resources:

- The population norms for setting up health facilities in tribal areas have been relaxed from 5,000, 30,000 and 1,20,000 to 3000, 20,000 and 80,000 for setting up of Sub-Health Centre (SHC), Primary Health Centre (PHC) and Community Health Centre (CHC) in tribal and hilly areas respectively;
- Against norm of one ASHA per 1000 population in normal areas, one ASHA per habitation in Tribal/hilly and difficult areas; and
- Against the norm of 2 Mobile Medical Units (MMU) per district in plains, 4 MMUs per district in tribal/ hilly/ inaccessible/ remote and hard to reach areas.

Under the Pradhan Mantri Janjati Adivasi Nyaya Maha AbhiyaN (PM JANMAN) launched on 15th November, 2023, further relaxation in NHM norms has been provided to the Particularly Vulnerable Tribal Groups (PVTG) areas such as 10 MMU per district, additional ANM and Multi Purpose Centres, and beneficiary saturation in PVTG areas.

Further, details of a few major schemes promoting health infrastructure are as under:

- **NHM** is a centrally sponsored scheme, which involves a three-tier system with SHC (Rural), PHC (Urban and Rural) and CHC (Urban and Rural) as the three pillars of Primary Health Care System in India.
- **Pradhan Mantri- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)**: PM-ABHIM is one of the largest Pan-India Scheme with an outlay of Rs.64180/- Crores for strengthening health care infrastructure to effectively manage and respond to any future pandemics and outbreaks across the country. The scheme period is for 5 years i.e. FY 2021- 22 to FY 2025-26. This has both centrally sponsored as well as central sector components.
- **Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)**: The scheme provides support for (i) Setting up of All India Institute of Medical Sciences (AIIMS); and (ii) Up-gradation of existing Government Medical College/ Institutions
- **Establishment of new medical colleges attached with existing district/referral hospitals**: This centrally sponsored scheme aims at Establishment of Medical Colleges in underserved areas and aspirational districts.
- **15th Finance Commission (FC-XV)**: The FC-XV has recommended grants

through local governments for specific components of the health sector to the tune of Rs.70,051 cr.

As per National Health Accounts Estimates for India 2021-22, the Government Health Expenditure (GHE) as percentage of Gross Domestic Product (GDP) has increased from 1.13% in 2014-15 to 1.84% in 2021-22. Centrally sponsored schemes (CSS) encourage States to earmark funds for healthcare in their budget.

MALNOURISHED CHILDREN IN ANGANWADIS

1084. SHRI SUDAMA PRASAD:

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

- (a) the number of malnourished children, including those found stunted, wasted/underweight, enrolled in Anganwadis across the country during the last five years State-wise and district wise;
- (b) the details of funds allocated/spent under the said schemes aimed at addressing child malnutrition, such as POSHAN Abhiyan, during the said period;
- (c) whether the Government acknowledges persistent implementation gaps despite repeated reporting of child malnutrition in ICDS centres if so, the details thereof;

- (d) whether any corrective mechanisms have been instituted to identify malnourished children receive timely and adequate nutrition, growth monitoring, and medical assistance; and
- (e) If so, the details thereof?

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

(a) to (e): 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.

The objectives of Mission are as follows:

- To contribute to development of human capital in the country; 760
- 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.

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.

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

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

NFHS Survey	Stunting %	Underweight %	Wasting %
NFHS-1 (1992-93)*	52	53.4	17.5

NFHS-2 (1998-99)**	45.5	47	15.5
NFHS-3 (2005-6)***	48.0	42.5	19.8
NFHS-4 (2015-16)***	38.4	35.8	21.0
NFHS-5 (2019-21)***	35.5	32.1	19.3

* Under 4 years

** Under 3 years

*** Under 5 years

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

The projected population of all children up to 5 years in India for the year 2021 is 13.75 crores approximately (source: Population Projections for India and States 2011-2036, National Commission on Population, Ministry of Health and Family Welfare). However, only 7.36 crores children up to 5 years were enrolled in Anganwadis and registered on Poshan Tracker of the Ministry of Women and Child Development as per the June, 2025 data. 7 crores of these children were measured on growth parameters of height and weight. 37.07% of them have been found to be stunted, 15.93% have been found to be underweight and 5.46% 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 June, 2025 data of Poshan Tracker, 8.61 crores children (0-6 years) were enrolled in Anganwadis out of whom 8.19 crores were measured on growth parameters of height and weight. 35.91% of these children (0-6 years) have been found to be stunted and 16.50% 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.

In 2021, the World Bank conducted a survey in 11 priority states (Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh) with the highest rates of anemia and stunting. The aim of this survey was to assess the program's delivery of nutrition services, whether the nutritional knowledge of beneficiaries had improved and if they had adopted more appropriate nutrition and feeding practices.

The findings demonstrated that the services delivered through the Poshan Abhiyaan – the receipt of relevant messages, home visits by the anganwadi worker, and attendance at community-based events – were associated with improved nutrition behaviors. The survey also found that the program's nutrition

messages reached more than 80% of women, and that 81% of women practiced exclusive breastfeeding for the first six months.

Further, A third party evaluation and impact assessment of Poshan Abhiyaan was conducted by NITI Aayog in 2020 and found its relevance to be satisfactory for tackling malnutrition in the country.

The State wise and district wise detail of malnutrition indicators for the Month of June, 2025 from Poshan Tracker data is given in the enclosed **Statement-I**.

The State wise detail of funds released under Mission Poshan 2.0 during from FY 2021-22 to previous year is given in the enclosed **Statement-II**.

STATEMENT-I

The State wise and district wise details of malnutrition indicators for the Month of June 2025 from Poshan Tracker data are as follows:

State	District	Stunted (%)	Wasted (%)	Underweight (%)
Andhra Pradesh	East Godavari	11.12	3.36	4.80
Andhra Pradesh	Vizianagaram	12.39	3.82	5.80
Andhra Pradesh	Parvathipuram Manyam	14.14	4.16	6.48
Andhra Pradesh	NTR	19.44	3.49	7.05
Andhra Pradesh	WestGodavari	12.40	4.23	6.11
Andhra Pradesh	Visakhapatnam	12.11	4.78	5.30
Andhra Pradesh	Bapatla	15.26	3.96	5.58
Andhra Pradesh	Anakapalli	18.91	5.98	8.05

Andhra Pradesh	Eluru	17.20	4.71	8.05
Andhra Pradesh	KRISHNA	21.87	4.68	7.60
Andhra Pradesh	Nandyal	19.82	4.36	9.43
Andhra Pradesh	SPSR NELLORE	19.63	7.08	9.65
Andhra Pradesh	Dr. B.R. Ambedkar Konaseema	17.14	4.08	6.84
Andhra Pradesh	Kurnool	14.26	3.21	5.68
Andhra Pradesh	Kakinada	17.55	4.77	7.32
Andhra Pradesh	GUNTUR	24.45	4.83	7.84
Andhra Pradesh	Chittoor	13.06	4.98	6.24
Andhra Pradesh	Annamayya	11.82	4.22	4.49
Andhra Pradesh	Srikakulam	19.29	5.08	7.39
Andhra Pradesh	Tirupati	17.89	5.00	6.68
Andhra Pradesh	Anantapur	19.90	5.31	8.64
Andhra Pradesh	Palnadu	21.42	5.48	7.83
Andhra Pradesh	Alluri Sitharamaraju	37.60	11.55	21.87
Andhra Pradesh	Y.S.R Kadapa	23.00	5.32	8.38
Andhra Pradesh	Prakasam	21.25	4.63	7.50
Andhra Pradesh	Sri Satya Sai	22.08	6.15	8.25
Arunachal Pradesh	Shi-Yomi	14.29	0.00	0.00
Arunachal Pradesh	Dibang Valley	27.37	0.70	4.56
Arunachal Pradesh	Lohit	6.37	1.27	2.07
Arunachal Pradesh	Longding	51.61	6.45	20.09
Arunachal Pradesh	Pakke - Kessang	39.47	4.55	10.05
Arunachal Pradesh	Kamle	41.73	4.17	8.50
Arunachal Pradesh	Lower Subansiri	35.18	5.69	6.72
Arunachal Pradesh	Lower Dibang Valley	34.99	5.74	8.99

Arunachal Pradesh	Tirap	52.74	5.36	13.27
Arunachal Pradesh	Lower Siang	34.96	4.78	7.91
Arunachal Pradesh	West Kameng	27.18	3.33	7.14
Arunachal Pradesh	Anjaw	37.93	8.05	12.41
Arunachal Pradesh	Leparada	49.18	10.05	13.99
Arunachal Pradesh	East Kameng	31.60	3.33	10.13
Arunachal Pradesh	Namsai	35.39	4.37	10.24
Arunachal Pradesh	West Siang	42.03	8.02	14.03
Arunachal Pradesh	Siang	47.40	10.14	12.67
Arunachal Pradesh	Upper Siang	41.52	7.32	10.87
Arunachal Pradesh	Upper Subansiri	52.10	6.50	18.74
Arunachal Pradesh	Kra Dadi	42.20	6.24	12.71
Arunachal Pradesh	Kurung Kumey	39.82	7.37	13.27
Arunachal Pradesh	Changlang	47.14	5.45	18.09
Arunachal Pradesh	Tawang	33.90	2.20	8.27
Arunachal Pradesh	East Siang	36.33	4.97	8.76
Arunachal Pradesh	Papum-Pare	27.53	4.29	6.81
Assam	Chirang	45.00	3.72	17.58
Assam	Bajali	45.82	3.60	17.61
Assam	Charaideo	35.25	3.23	13.49
Assam	Majuli	39.10	3.99	10.82
Assam	Baksa	33.72	3.42	10.83
Assam	Dima Hasao	40.36	4.63	12.27
Assam	Hailakandi	35.98	2.20	12.06
Assam	Jorhat	36.35	4.83	13.47
Assam	Bongaigaon	54.76	2.67	22.99
Assam	Udalguri	37.75	3.77	13.50

Assam	Kamrup Metro	36.17	3.42	11.62
Assam	Sivasagar	42.31	1.73	14.97
Assam	Dhemaji	41.90	3.92	13.06
Assam	South Salmara Mankachar	52.67	3.47	27.47
Assam	Tamulpur	34.68	4.40	11.38
Assam	Nalbari	35.67	6.00	14.79
Assam	West Karbi-Anglong	36.89	3.44	11.80
Assam	Darrang	51.65	5.09	23.48
Assam	Kokrajhar	40.61	2.57	15.41
Assam	Biswanath	40.25	4.25	17.26
Assam	Karbi Anglong	34.36	3.42	11.25
Assam	Dibrugarh	43.13	4.78	15.43
Assam	Tinsukia	46.84	6.08	17.91
Assam	Sonitpur	46.75	5.87	18.54
Assam	Goalpara	41.82	5.15	17.18
Assam	Golaghat	45.03	4.68	17.60
Assam	Kamrup	49.98	3.92	19.12
Assam	Hojai	46.90	5.69	16.66
Assam	Morigaon	47.99	6.62	20.10
Assam	Barpeta	46.89	4.80	19.88
Assam	Dhubri	24.75	2.42	10.12
Assam	Nagaon	39.27	4.68	13.68
Assam	Lakhimpur	42.39	5.39	14.46
Assam	Karimganj	49.39	4.33	19.09
Assam	Cachar	54.11	7.13	25.10
Bihar	Sekhpura	30.22	5.80	13.44

Bihar	Sheohar	35.05	7.73	18.82
Bihar	Lkhisarai	37.80	10.72	21.37
Bihar	JEHANABAD	47.07	10.92	26.21
Bihar	Arwal	40.77	9.15	19.69
Bihar	Munger	45.10	10.02	23.40
Bihar	Buxar	44.55	12.63	22.83
Bihar	BHAGALPUR	43.55	5.27	21.52
Bihar	Kaimur	41.34	10.34	20.05
Bihar	Purnia	47.83	8.24	25.69
Bihar	Jamui	48.89	10.15	26.79
Bihar	Khagaria	44.50	7.86	20.26
Bihar	Nawada	39.52	10.26	21.56
Bihar	Banka	47.15	10.92	25.86
Bihar	Aurangabad	41.51	13.35	24.71
Bihar	Kishanganj	46.44	8.64	21.94
Bihar	Araria	42.44	9.68	23.42
Bihar	Madhepura	43.52	9.04	17.71
Bihar	Sitamarhi	38.74	6.63	17.81
Bihar	Rohtas	36.10	5.79	14.89
Bihar	Nalanda	41.55	9.66	22.39
Bihar	Saharsa	49.98	12.91	25.98
Bihar	Bhojpur	40.00	10.13	20.56
Bihar	Begusarai	46.25	9.63	21.55
Bihar	SAMASTIPUR	48.12	11.73	25.52
Bihar	Supaul	52.15	13.99	30.06
Bihar	Katihar	42.47	7.79	21.97
Bihar	Siwan	41.55	8.50	16.24

Bihar	Vaishali	46.45	8.88	23.73
Bihar	Muzaffarpur	38.29	7.35	18.29
Bihar	Gaya	42.82	9.12	20.95
Bihar	Patna	36.37	9.63	18.23
Bihar	Saran	43.32	9.30	21.05
Bihar	Gopalganj	41.77	11.34	20.27
Bihar	Darbhanga	37.96	8.74	17.15
Bihar	West Champaran	39.68	8.16	16.99
Bihar	Madhubani	45.20	11.23	20.42
Bihar	East Champaran	40.73	8.23	16.94
Chhattisgarh	Mohla-Manpur-Ambagarh Chouki	46.09	6.79	28.82
Chhattisgarh	Dantewada	31.31	11.90	21.11
Chhattisgarh	Balod	23.00	8.70	15.61
Chhattisgarh	Narayanpur	46.75	10.05	26.28
Chhattisgarh	Kondagaon	34.30	9.62	17.71
Chhattisgarh	Dhamtari	18.81	5.88	8.32
Chhattisgarh	Khairagarh-chhuikhadan-Gandai	24.56	7.13	13.48
Chhattisgarh	Gaurela Pendra Marwahi	30.77	8.79	16.13
Chhattisgarh	Bijapur	39.15	15.20	25.22
Chhattisgarh	Durg	13.94	2.84	7.38
Chhattisgarh	Korea	25.12	5.34	12.46
Chhattisgarh	Rajnandgaon	26.48	5.09	12.39
Chhattisgarh	Mahasamund	36.45	5.51	18.34
Chhattisgarh	Sukma	53.71	13.62	34.76

Chhattisgarh	Gariyaband	30.96	8.35	16.15
Chhattisgarh	Bemetara	24.01	9.23	14.19
Chhattisgarh	Manendragarh- Chirimiri-Bharatpur	31.94	8.59	13.72
Chhattisgarh	Bastar	26.88	8.22	16.10
Chhattisgarh	Balodabazar- Bhatapara	26.14	6.69	14.84
Chhattisgarh	Raipur	30.45	8.11	14.05
Chhattisgarh	Kabirdham	31.98	9.17	17.61
Chhattisgarh	Jashpur	39.49	11.55	20.20
Chhattisgarh	Kanker	26.24	9.79	16.73
Chhattisgarh	Mungeli	18.74	5.61	8.39
Chhattisgarh	Korba	18.05	4.86	10.25
Chhattisgarh	Sakti	28.13	7.67	11.22
Chhattisgarh	Bilaspur	17.83	7.46	9.21
Chhattisgarh	Raigarh	32.18	7.03	15.11
Chhattisgarh	Janjgir-Champa	18.38	6.64	8.88
Chhattisgarh	Surajpur	27.23	10.36	13.35
Chhattisgarh	Balrampur	28.35	9.20	15.84
Chhattisgarh	Sarangarh-Bilaigarh	21.41	5.56	8.61
Chhattisgarh	Surguja	32.05	8.90	14.78
Goa	North Goa	3.10	0.44	1.18
Goa	South Goa	8.56	1.05	2.56
Gujarat	Gandhinagar	33.05	5.83	17.17
Gujarat	Porbandar	20.95	2.77	6.40
Gujarat	Tapi	35.83	11.00	23.72
Gujarat	Narmada	50.71	13.19	38.55

Gujarat	Mahesana	29.35	5.26	16.08
Gujarat	Valsad	21.09	5.84	13.49
Gujarat	Dang	49.51	13.93	37.20
Gujarat	Navsari	32.21	5.80	14.09
Gujarat	Dahod	37.36	5.50	23.77
Gujarat	Devbhumi Dwarka	32.21	5.40	12.24
Gujarat	Patan	37.36	5.27	15.97
Gujarat	Botad	31.99	7.09	15.95
Gujarat	Morbi	30.07	8.49	15.60
Gujarat	Chhota Udepur	49.29	13.39	36.79
Gujarat	Mahisagar	23.84	7.91	16.33
Gujarat	Anand	24.46	9.47	16.95
Gujarat	Vadodara	39.19	11.36	26.69
Gujarat	Bharuch	43.66	10.55	27.65
Gujarat	Ahmedabad	28.44	4.49	13.99
Gujarat	Kachchh	32.54	5.27	13.29
Gujarat	Surat	34.03	10.09	21.50
Gujarat	Aravalli	30.97	9.28	19.44
Gujarat	Amreli	24.47	4.30	11.31
Gujarat	Rajkot	29.01	6.10	14.99
Gujarat	Bhavnagar	34.20	8.49	18.96
Gujarat	Junagadh	26.37	7.26	12.66
Gujarat	Jamnagar	27.48	6.39	12.62
Gujarat	Surendranagar	33.95	5.90	16.38
Gujarat	Panchmahal	43.58	9.69	27.71
Gujarat	Gir Somnath	25.31	3.47	10.98
Gujarat	Sabarkantha	43.73	12.36	29.53

Gujarat	Kheda	31.59	7.87	18.66
Gujarat	Banaskantha	32.22	5.18	14.18
Haryana	Charkhi Dadri	10.75	1.89	4.01
Haryana	Panchkula	23.64	2.93	7.73
Haryana	KURUKSHETRA	20.46	5.16	9.90
Haryana	Kaithal	8.58	3.57	4.66
Haryana	Jhajjar	26.53	1.14	4.79
Haryana	SIRSA	14.80	3.73	6.94
Haryana	MAHENDRAGARH	30.33	2.73	9.07
Haryana	YAMUNANAGAR	26.88	4.67	8.90
Haryana	JIND	27.82	5.38	9.71
Haryana	HISAR	32.42	4.46	10.61
Haryana	FATEHABAD	31.46	5.68	10.61
Haryana	BHIWANI	21.29	3.21	6.45
Haryana	SONIPAT	11.18	1.73	2.91
Haryana	GURUGRAM	21.55	2.41	5.47
Haryana	Karnal	16.57	4.90	7.64
Haryana	REWARI	18.97	3.89	7.43
Haryana	AMBALA	21.08	5.77	8.64
Haryana	ROHTAK	16.89	1.86	3.40
Haryana	FARIDABAD	26.75	3.30	8.32
Haryana	Panipat	31.22	5.66	10.12
Haryana	NUH	24.79	3.09	8.21
Haryana	PALWAL	40.83	6.00	14.51
Himachal Pradesh	Kinnaur	11.80	1.31	2.72
Himachal Pradesh	Lahaul and Spiti	34.23	1.44	6.31
Himachal Pradesh	Una	10.06	0.76	3.42

Himachal Pradesh	Solan	19.04	1.91	7.56
Himachal Pradesh	Hamirpur	20.90	3.75	7.76
Himachal Pradesh	Bilaspur	27.79	4.15	8.36
Himachal Pradesh	Kullu	21.76	2.37	5.69
Himachal Pradesh	Shimla	14.80	1.71	4.26
Himachal Pradesh	Sirmour	19.67	3.67	6.53
Himachal Pradesh	Chamba	12.24	1.82	4.53
Himachal Pradesh	Mandi	14.93	2.63	4.31
Himachal Pradesh	Kangra	29.45	2.29	11.80
Jharkhand	Khunti	48.10	7.97	23.69
Jharkhand	Lohardaga	43.40	5.11	17.31
Jharkhand	West Singhbhum	66.27	9.71	44.80
Jharkhand	Simdega	34.19	7.55	13.85
Jharkhand	Latehar	50.38	6.37	26.46
Jharkhand	Seraikela- Kharsawan	45.15	4.01	20.39
Jharkhand	Ramgarh	51.24	8.89	25.83
Jharkhand	East Singhbhum	42.92	6.01	21.34
Jharkhand	Koderma	44.47	5.74	20.09
Jharkhand	Gumla	43.90	5.01	17.76
Jharkhand	Hazaribag	43.98	6.23	17.05
Jharkhand	Pakur	46.05	6.49	19.71
Jharkhand	Godda	49.88	7.70	27.39
Jharkhand	Jamtara	39.05	7.66	14.60
Jharkhand	Chatra	44.19	6.42	15.26
Jharkhand	Dhanbad	36.56	7.61	14.75
Jharkhand	Ranchi	31.41	5.95	12.69

Jharkhand	Garhwa	41.58	9.02	15.73
Jharkhand	Dumka	48.03	7.76	22.08
Jharkhand	Deoghar	39.43	6.18	14.61
Jharkhand	Sahibganj	37.19	5.66	10.39
Jharkhand	Bokaro	41.77	7.30	18.07
Jharkhand	Palamu	40.11	6.41	17.11
Jharkhand	Giridih	40.91	5.09	16.03
Karnataka	Haveri	44.30	0.49	23.02
Karnataka	Chikkamagaluru	13.45	0.92	4.92
Karnataka	Kodagu	36.02	1.79	11.63
Karnataka	Gadag	24.09	1.43	11.07
Karnataka	Bengaluru Urban	25.44	1.19	6.46
Karnataka	Udupi	30.66	0.60	12.28
Karnataka	Bangalore Rural	38.94	0.59	12.30
Karnataka	Davanagere	40.79	3.60	16.95
Karnataka	Tumakuru	35.39	2.29	11.67
Karnataka	Chamarajanagar	39.23	5.03	15.99
Karnataka	Ramanagara	38.92	1.23	12.24
Karnataka	Uttara Kannada	43.27	0.92	18.72
Karnataka	Hassan	30.11	2.38	9.49
Karnataka	Shivamogga	25.29	1.72	9.42
Karnataka	Dharwad	48.97	1.98	23.23
Karnataka	Bellary	36.91	3.62	18.14
Karnataka	Vijayanagara	45.48	6.21	18.88
Karnataka	Chitradurga	36.64	4.05	14.19
Karnataka	Kalaburagi	42.50	5.11	20.13
Karnataka	Dakshina Kannada	30.15	0.66	12.15

Karnataka	Chikballapur	45.07	3.54	15.19
Karnataka	Yadgir	47.67	5.70	21.46
Karnataka	Kolar	29.29	3.38	8.72
Karnataka	Bagalkot	51.61	2.73	20.91
Karnataka	Koppal	46.98	4.00	25.08
Karnataka	Mysuru	39.11	1.47	14.30
Karnataka	Raichur	52.76	7.48	28.81
Karnataka	Mandya	39.70	1.74	10.18
Karnataka	Bidar	46.14	5.50	22.13
Karnataka	Belagavi	34.63	3.16	15.44
Karnataka	Vijayapura	42.35	3.65	16.18
Kerala	Pathanamthitta	28.96	2.51	6.86
Kerala	Wayanad	38.18	4.37	12.99
Kerala	Idukki	39.30	2.89	9.71
Kerala	Kannur	31.41	2.14	7.53
Kerala	Kottayam	37.41	2.80	8.50
Kerala	Kasargod	35.90	3.68	8.93
Kerala	Ernakulam	26.41	3.21	8.01
Kerala	Thiruvananthapuram	23.38	2.75	5.92
Kerala	Kozhikode	35.40	3.28	9.86
Kerala	Kollam	29.34	2.30	6.15
Kerala	Alappuzha	42.64	3.63	9.99
Kerala	Thrissur	44.19	2.46	9.76
Kerala	Malappuram	38.17	3.83	14.22
Kerala	Palakkad	44.40	3.70	12.77
Madhya Pradesh	Harda	27.78	9.42	19.93
Madhya Pradesh	UMARIA	51.50	7.17	29.39

Madhya Pradesh	Pandhurna	43.50	11.00	28.60
Madhya Pradesh	KHANDWA(East Nimar)	48.66	6.82	30.24
Madhya Pradesh	KATNI	33.35	8.39	23.60
Madhya Pradesh	Betul	35.45	9.66	24.30
Madhya Pradesh	DINDORI	51.28	7.19	29.22
Madhya Pradesh	BURHANPUR	37.98	6.34	25.46
Madhya Pradesh	Narmadapuram	37.42	8.00	24.12
Madhya Pradesh	Mandla	44.19	9.22	28.06
Madhya Pradesh	Anuppur	44.01	9.51	27.61
Madhya Pradesh	Neemuch	27.31	6.67	17.88
Madhya Pradesh	Khargone (West Nimar)	55.02	7.23	36.19
Madhya Pradesh	Balaghat	36.62	7.19	23.60
Madhya Pradesh	Jhabua	43.44	4.79	25.17
Madhya Pradesh	Narsinghpur	44.39	9.25	23.98
Madhya Pradesh	Alirajpur	30.48	6.57	21.57
Madhya Pradesh	Maihar	49.11	9.19	27.65
Madhya Pradesh	Satna	44.78	7.71	25.66
Madhya Pradesh	DATIA	33.50	5.07	15.19
Madhya Pradesh	Shahdol	43.72	9.46	26.38
Madhya Pradesh	DAMOH	44.71	11.49	29.57
Madhya Pradesh	Sheopur	49.91	6.02	27.70
Madhya Pradesh	Indore	29.25	7.34	18.69
Madhya Pradesh	BARWANI	44.31	13.42	36.04
Madhya Pradesh	Bhopal	36.95	4.28	18.62
Madhya Pradesh	NIWADI	42.75	7.76	22.94

Madhya Pradesh	SHAJAPUR	43.93	8.21	22.83
Madhya Pradesh	Dewas	46.33	8.27	27.33
Madhya Pradesh	Mauganj	40.23	7.52	19.67
Madhya Pradesh	Seoni	25.31	10.08	21.71
Madhya Pradesh	Agar Malwa	40.22	8.99	24.46
Madhya Pradesh	Chhindwara	43.12	9.51	26.57
Madhya Pradesh	Guna	52.86	6.37	28.15
Madhya Pradesh	Jabalpur	47.11	8.81	25.49
Madhya Pradesh	Raisen	34.63	6.89	20.58
Madhya Pradesh	Gwalior	44.93	5.85	23.93
Madhya Pradesh	Sehore	30.93	5.69	15.90
Madhya Pradesh	PANNA	29.03	8.00	17.62
Madhya Pradesh	Mandsaur	39.52	10.17	25.10
Madhya Pradesh	SIDHI	44.39	9.35	23.49
Madhya Pradesh	Ratlam	40.20	7.32	20.43
Madhya Pradesh	RAJGARH	29.03	7.74	17.44
Madhya Pradesh	Singrauli	44.15	6.88	21.70
Madhya Pradesh	Ashoknagar	44.82	9.20	26.27
Madhya Pradesh	VIDISHA	47.23	7.86	24.46
Madhya Pradesh	Chhatarpur	51.55	7.00	24.95
Madhya Pradesh	Sagar	45.03	7.42	23.14
Madhya Pradesh	UJJAIN	45.68	9.58	27.21
Madhya Pradesh	Dhar	49.77	17.15	42.54
Madhya Pradesh	Bhind	39.57	6.21	16.49
Madhya Pradesh	Tikamgarh	33.54	7.10	17.92
Madhya Pradesh	MORENA	44.43	8.63	23.93
Madhya Pradesh	SHIVPURI	58.20	7.47	30.30

Madhya Pradesh	Rewa	39.76	6.39	17.91
Maharashtra	Bhandara	19.39	3.23	8.09
Maharashtra	Gondia	37.99	4.95	16.27
Maharashtra	Sindhudurg	44.66	3.55	16.14
Maharashtra	Ratnagiri	37.15	2.95	13.37
Maharashtra	Washim	36.18	0.87	4.51
Maharashtra	Wardha	31.22	2.79	12.10
Maharashtra	Amravati	35.41	5.48	18.83
Maharashtra	Nandurbar	68.12	11.12	48.26
Maharashtra	Gadchiroli	45.39	5.57	25.92
Maharashtra	Kolhapur	19.43	1.84	6.38
Maharashtra	Satara	38.62	2.69	8.90
Maharashtra	Chandrapur	46.70	3.96	16.99
Maharashtra	Raigad	27.54	2.41	8.98
Maharashtra	Dharashiv	37.26	3.40	12.00
Maharashtra	Akola	37.91	5.80	12.25
Maharashtra	Dhule	46.98	6.94	23.63
Maharashtra	Sangli	27.63	3.78	7.97
Maharashtra	Buldana	41.17	2.31	13.39
Maharashtra	Palghar	58.32	3.15	28.47
Maharashtra	Solapur	34.92	3.18	9.45
Maharashtra	Jalna	32.45	4.40	11.53
Maharashtra	Latur	31.26	1.97	8.66
Maharashtra	Hingoli	44.21	4.52	15.44
Maharashtra	Parbhani	37.31	6.29	14.88
Maharashtra	Nagpur	31.48	5.65	12.47
Maharashtra	Jalgaon	47.04	3.61	16.77

Maharashtra	Ahmednagar	42.59	2.80	11.87
Maharashtra	Pune	35.03	2.70	9.61
Maharashtra	Yavatmal	35.46	6.04	14.42
Maharashtra	Beed	45.99	4.42	13.91
Maharashtra	Mumbai City	31.73	5.32	10.80
Maharashtra	Nashik	46.38	3.59	19.78
Maharashtra	Nanded	45.35	3.39	12.56
Maharashtra	Chhatrapati Sambhajinagar	49.43	4.32	17.10
Maharashtra	Thane	40.93	4.15	16.04
Maharashtra	Mumbai Suburban	31.32	3.93	10.42
Manipur	Tengnoupal	17.34	1.19	7.90
Manipur	Tamenglong	38.12	5.28	18.21
Manipur	Jiribam	6.46	0.26	1.25
Manipur	Bishnupur	6.24	0.26	1.38
Manipur	Kamjong	23.13	2.36	4.27
Manipur	Pherzawl	7.31	0.73	1.77
Manipur	Noney	24.68	0.95	3.32
Manipur	Kakching	13.62	0.58	2.87
Manipur	Chandel	8.12	0.91	1.72
Manipur	Thoubal	4.58	0.06	0.69
Manipur	Kangpokpi	7.49	0.37	1.05
Manipur	Imphal East	3.30	0.16	0.59
Manipur	Senapati	17.75	1.56	5.13
Manipur	Ukhrul	30.41	2.47	13.23
Manipur	Churachandpur	8.91	1.13	2.83
Manipur	Imphal West	7.10	0.46	2.46

Meghalaya	Ri Bhoi	11.77	0.67	2.91
Meghalaya	Eastern West Khasi Hills	42.01	0.78	10.47
Meghalaya	West Jaintia Hills	13.40	0.39	4.49
Meghalaya	South West Khasi Hills	11.34	0.57	2.23
Meghalaya	East Jaintia Hills	29.81	0.22	5.60
Meghalaya	West Garo Hills	9.16	1.38	2.56
Meghalaya	East Khasi Hills	34.32	0.44	7.17
Meghalaya	West Khasi Hills	31.60	1.07	6.82
Meghalaya	South West Garo Hills	11.09	1.87	4.06
Meghalaya	North Garo Hills	19.91	2.42	6.12
Meghalaya	South Garo Hills	8.76	1.74	1.82
Meghalaya	East Garo Hills	20.81	3.82	7.56
Mizoram	Saitual	31.14	5.83	8.58
Mizoram	Serchhip	30.04	4.08	8.23
Mizoram	Siaha	27.86	4.24	6.50
Mizoram	Hnahthial	28.59	4.02	3.92
Mizoram	Mamit	29.86	4.99	9.59
Mizoram	Khawzawl	4.41	2.49	0.91
Mizoram	Lawngtlai	34.12	4.37	8.88
Mizoram	Champhai	25.99	3.88	6.05
Mizoram	Lunglei	40.01	3.56	15.31
Mizoram	Kolasib	15.92	1.65	3.20
Mizoram	Aizawl	27.68	1.76	4.13
Nagaland	Noklak	#DIV/0!	#DIV/0!	#DIV/0!

Nagaland	Longleng	60.72	7.20	9.30
Nagaland	Peren	40.62	8.01	10.41
Nagaland	Kiphire	39.32	7.69	9.81
Nagaland	Wokha	31.32	3.36	8.43
Nagaland	Phek	14.71	3.00	3.28
Nagaland	Mokokchung	28.77	4.35	6.72
Nagaland	Zunheboto	33.23	3.75	7.85
Nagaland	Tuensang	47.87	4.96	11.26
Nagaland	Dimapur	23.46	3.99	4.63
Nagaland	Kohima	26.50	3.50	5.65
Nagaland	Mon	24.95	15.10	8.34
Odisha	Deogarh	35.21	4.56	15.64
Odisha	Gajapati	34.65	4.39	15.24
Odisha	Kandhamal	32.89	4.16	14.60
Odisha	Jharsuguda	34.56	3.68	12.54
Odisha	Angul	27.22	1.97	8.05
Odisha	Boudh	31.44	3.72	11.94
Odisha	Subarnapur	35.45	3.82	14.50
Odisha	Malkangiri	39.33	7.61	24.31
Odisha	Rayagada	33.23	3.73	14.42
Odisha	Nuapada	39.75	3.07	15.46
Odisha	Sundergarh	26.26	3.21	12.02
Odisha	Sambalpur	35.39	5.69	18.25
Odisha	Bargarh	19.71	2.10	7.80
Odisha	Khordha	15.62	1.81	5.53
Odisha	Balangir	35.52	2.79	16.47
Odisha	Jagatsinghpur	16.56	1.69	4.92

Odisha	Nayagarh	27.80	3.13	9.80
Odisha	Dhenkanal	28.05	1.82	7.21
Odisha	Kalahandi	33.71	4.34	13.03
Odisha	Koraput	31.20	3.30	15.83
Odisha	Nabarangpur	36.17	5.01	22.05
Odisha	Puri	14.85	1.42	4.18
Odisha	Kendrapara	17.53	1.77	5.33
Odisha	Keonjhar	33.12	5.66	18.73
Odisha	Cuttack	15.73	1.67	5.04
Odisha	Bhadrak	25.76	2.43	7.85
Odisha	Mayurbhanj	31.44	5.27	17.55
Odisha	Jajapur	23.23	2.22	7.61
Odisha	Balasore	32.55	3.09	11.35
Odisha	Ganjam	23.73	1.79	5.63
Punjab	Malerkotla	4.83	1.80	1.49
Punjab	FATEHGARH SAHIB	23.77	2.24	6.31
Punjab	Pathankot	4.56	0.94	1.12
Punjab	FEROZEPUR	2.61	0.63	0.76
Punjab	Kapurthala	10.34	0.59	1.85
Punjab	Mansa	20.11	3.24	6.54
Punjab	MOGA	7.89	0.73	1.70
Punjab	RUPNAGAR	22.94	5.97	7.23
Punjab	BARNALA	24.54	3.67	8.21
Punjab	Faridkot	14.23	2.97	3.43
Punjab	SAS Nagar Mohali	12.28	2.15	3.52

Punjab	SHRI MUKTSAR SAHIB	21.59	3.60	6.82
Punjab	Tarn taran	16.55	1.94	3.79
Punjab	Sangrur	11.96	2.32	3.83
Punjab	Patiala	22.70	3.04	7.01
Punjab	S.B.S.Nagar	21.26	4.48	6.27
Punjab	BATHINDA	11.26	2.87	3.99
Punjab	Fazilka	23.22	3.89	8.08
Punjab	Hoshiarpur	15.35	3.10	4.43
Punjab	JALANDHAR	23.16	3.53	6.74
Punjab	AMRITSAR	26.46	3.80	8.32
Punjab	Gurdaspur	9.47	1.65	2.74
Punjab	Ludhiana	25.02	5.13	7.19
Rajasthan	TONK	36.92	5.45	19.92
Rajasthan	KOTPUTLI- BEHROR	34.18	3.94	10.75
Rajasthan	SALUMBAR	52.95	11.57	33.90
Rajasthan	SIROHI	54.99	5.89	28.14
Rajasthan	KOTA	35.73	5.05	17.18
Rajasthan	SRI GANGANAGAR	21.53	2.68	7.97
Rajasthan	SAWAI MADHOPUR	42.68	6.08	22.54
Rajasthan	KHAIRTHAL- TIJARA	43.15	6.80	18.38
Rajasthan	JHUNJHUNU	28.69	4.16	10.97
Rajasthan	BEAWAR	33.92	8.27	19.08
Rajasthan	HANUMANGARH	33.70	5.92	14.59

Rajasthan	PRATAPGARH	45.95	7.29	27.78
Rajasthan	PHALODI	45.37	6.70	18.52
Rajasthan	BUNDI	40.40	7.93	24.23
Rajasthan	AJMER	31.73	7.97	15.59
Rajasthan	RAJSAMAND	43.20	11.06	22.48
Rajasthan	BARAN	50.56	6.23	24.69
Rajasthan	DEEG	35.00	5.75	14.63
Rajasthan	PALI	38.35	8.14	17.31
Rajasthan	BHARATPUR	28.33	5.05	12.76
Rajasthan	JAISALMER	40.54	7.67	18.56
Rajasthan	CHURU	33.28	3.87	12.83
Rajasthan	DHOLPUR	37.37	3.84	12.27
Rajasthan	SIKAR	39.09	6.38	18.93
Rajasthan	DIDWANA- KUCHAMAN	27.24	4.67	11.66
Rajasthan	KAROULI	32.13	5.26	15.72
Rajasthan	CHITTORGARH	32.85	8.23	17.12
Rajasthan	DAUSA	24.75	8.22	17.26
Rajasthan	JAIPUR	20.49	1.81	6.96
Rajasthan	ALWAR	42.80	7.26	20.44
Rajasthan	UDAIPUR	26.71	8.92	18.84
Rajasthan	NAGAU	19.89	3.64	7.76
Rajasthan	JODHPUR	36.54	6.28	16.69
Rajasthan	BIKANER	28.48	3.13	10.18
Rajasthan	DUNGARPUR	50.06	8.28	35.04
Rajasthan	BHILWARA	43.82	9.85	23.53
Rajasthan	BALOTRA	40.74	5.27	14.14

Rajasthan	JHALAWAR	40.10	11.86	27.76
Rajasthan	BARMER	42.72	5.42	13.38
Rajasthan	JALORE	44.03	8.10	16.62
Rajasthan	BANSWARA	39.17	11.17	20.76
Sikkim	Mangan	13.52	2.14	2.62
Sikkim	Gyalshing	7.08	2.63	1.92
Sikkim	Soreng	10.00	2.35	1.67
Sikkim	Gangtok	3.82	1.09	0.97
Sikkim	Namchi	12.90	2.74	2.60
Sikkim	Pakyong	3.77	1.26	0.95
Tamil Nadu	The Niligiris	24.16	4.31	12.02
Tamil Nadu	Kanchipuram	8.70	2.23	4.14
Tamil Nadu	Chengalpattu	11.24	3.45	6.03
Tamil Nadu	Vellore	17.92	3.82	7.48
Tamil Nadu	Nagapattinam	13.57	4.79	6.67
Tamil Nadu	Tuticorin	12.95	2.63	5.57
Tamil Nadu	Chennai	12.14	2.42	5.24
Tamil Nadu	Perambalur	21.14	6.02	11.39
Tamil Nadu	Kanyakumari	8.38	2.34	3.72
Tamil Nadu	Mayiladuthurai	16.72	4.54	6.43
Tamil Nadu	Karur	16.60	4.81	7.77
Tamil Nadu	Ramanathapuram	15.16	3.38	6.67
Tamil Nadu	Villupuram	11.26	3.29	5.43
Tamil Nadu	Tiruvannamalai	13.52	3.40	6.03
Tamil Nadu	Virudhunagar	15.12	3.24	7.73
Tamil Nadu	Thiruvallur	16.19	3.78	7.27
Tamil Nadu	Sivaganga	12.17	4.41	6.36

Tamil Nadu	Madurai	14.25	3.34	6.72
Tamil Nadu	Pudukkottai	17.86	4.44	7.46
Tamil Nadu	Tirunelveli	16.31	3.28	8.01
Tamil Nadu	Theni	17.43	4.22	6.78
Tamil Nadu	Ranipet	20.01	4.45	8.14
Tamil Nadu	Dindigul	17.17	4.19	7.51
Tamil Nadu	Tenkasi	13.90	3.88	6.58
Tamil Nadu	Erode	12.17	4.17	7.25
Tamil Nadu	Tirupathur	18.70	3.44	5.72
Tamil Nadu	Tiruppur	10.59	3.06	4.76
Tamil Nadu	Krishnagiri	22.34	4.68	8.80
Tamil Nadu	Coimbatore	11.82	3.08	5.20
Tamil Nadu	Dharmapuri	13.27	2.66	3.79
Tamil Nadu	Ariyalur	9.53	2.89	4.79
Tamil Nadu	Tiruchirappalli	11.08	3.43	6.44
Tamil Nadu	Namakkal	16.38	5.29	8.15
Tamil Nadu	Cuddalore	16.92	3.58	6.16
Tamil Nadu	Kallakurichi	15.83	4.34	7.84
Tamil Nadu	Thanjavur	10.88	2.70	4.44
Tamil Nadu	Thiruvarur	16.37	4.16	5.26
Tamil Nadu	Salem	11.41	2.73	4.10
Telangana	Wanaparthi	38.16	6.76	21.04
Telangana	Mulugu	39.60	8.06	19.96
Telangana	Jangaon	31.18	4.73	15.30
Telangana	Nagarkurnool	38.27	5.37	16.70
Telangana	Narayanpet	48.51	6.69	26.59
Telangana	Suryapet	28.43	4.87	13.05

Telangana	Hanumakonda	33.10	7.31	16.20
Telangana	Jayashankar-Bhupalapalli	35.18	5.47	17.01
Telangana	Yadadri-Bhuvangiri	27.31	7.34	16.88
Telangana	Rajanna-Siricilla	30.47	4.11	12.63
Telangana	Medak	36.35	7.92	21.96
Telangana	Kamareddy	36.32	5.12	18.18
Telangana	Kumarambheem-Asifabad	50.36	5.88	24.08
Telangana	Bhadradi-Kothagudem	31.77	8.52	17.76
Telangana	Jagtial	35.12	4.39	14.65
Telangana	Jogulamba-Gadwal	55.04	5.26	26.11
Telangana	Khammam	27.45	4.84	11.60
Telangana	Nalgonda	35.58	5.72	16.73
Telangana	Peddapalli	33.82	7.21	17.16
Telangana	Karimnagar	36.24	5.88	19.09
Telangana	Mahabubabad	32.25	7.64	16.53
Telangana	Siddipet	31.09	5.64	16.69
Telangana	Mahabubnagar	38.15	5.92	17.24
Telangana	Warangal	33.36	7.28	15.61
Telangana	Adilabad	49.31	6.61	26.45
Telangana	Nirmal	43.85	5.58	19.84
Telangana	Mancherial	37.52	5.21	17.30
Telangana	Vikarabad	38.13	7.68	18.04
Telangana	Rangareddy	34.06	6.16	13.85
Telangana	Hyderabad	38.76	4.78	14.53

Telangana	Nizamabad	34.79	4.68	15.24
Telangana	Sangareddy	36.15	5.81	16.66
Telangana	Medchal - Malkajigiri	33.96	6.19	13.44
Tripura	Unakoti	42.39	7.00	20.47
Tripura	Khowai	40.10	8.32	15.15
Tripura	Gomati	39.79	9.39	17.17
Tripura	South Tripura	45.57	10.51	22.33
Tripura	Sepahijala	41.58	7.63	17.56
Tripura	North Tripura	43.74	7.52	19.84
Tripura	Dhalai	37.41	7.73	17.18
Tripura	West Tripura	40.76	5.17	15.10
Uttar Pradesh	Hapur	50.79	2.36	18.54
Uttar Pradesh	Ghaziabad	42.30	3.11	14.27
Uttar Pradesh	Kanpur Dehat	48.91	4.56	20.46
Uttar Pradesh	Shamli	48.63	3.63	18.78
Uttar Pradesh	Baghpat	44.07	3.67	17.13
Uttar Pradesh	Kanpur Nagar	38.93	5.66	17.83
Uttar Pradesh	Jalaun	48.15	1.67	13.57
Uttar Pradesh	Etawah	48.99	4.58	18.23
Uttar Pradesh	Amroha	53.73	5.68	23.99
Uttar Pradesh	Meerut	46.96	2.35	17.30
Uttar Pradesh	Muzaffarnagar	50.21	4.49	20.82
Uttar Pradesh	Chitrakoot	59.48	7.20	29.14
Uttar Pradesh	Firozabad	56.37	3.84	20.66
Uttar Pradesh	Lucknow	51.40	5.95	23.56
Uttar Pradesh	Bhadohi	49.41	4.46	17.54
Uttar Pradesh	Sant Kabir Nagar	42.01	5.82	15.74

Uttar Pradesh	Mahoba	51.75	4.76	18.67
Uttar Pradesh	Chandauli	44.83	2.53	14.19
Uttar Pradesh	Sonbhadra	52.91	3.76	20.95
Uttar Pradesh	Mirzapur	52.57	4.50	22.01
Uttar Pradesh	Farrukhabad	52.22	4.75	21.82
Uttar Pradesh	Kannauj	47.96	3.60	17.11
Uttar Pradesh	Amethi	42.50	5.23	20.47
Uttar Pradesh	Hamirpur	54.72	6.16	24.43
Uttar Pradesh	Hathras	46.34	5.47	18.32
Uttar Pradesh	Gautam Buddha Nagar	37.44	5.36	14.12
Uttar Pradesh	Jhansi	49.09	6.07	20.25
Uttar Pradesh	Varanasi	46.64	2.65	14.60
Uttar Pradesh	Unnao	51.58	5.40	24.59
Uttar Pradesh	Kaushambi	50.64	4.69	19.72
Uttar Pradesh	Ambedkar Nagar	46.07	5.58	19.28
Uttar Pradesh	Auraiya	43.74	5.76	17.32
Uttar Pradesh	Etah	53.47	3.39	19.50
Uttar Pradesh	Banda	59.33	5.38	29.60
Uttar Pradesh	Raebareli	52.59	6.32	25.05
Uttar Pradesh	Lalitpur	51.95	7.87	26.54
Uttar Pradesh	Bijnor	40.28	3.88	15.84
Uttar Pradesh	Bareilly	54.49	3.38	20.15
Uttar Pradesh	Sambhal	56.79	4.37	22.93
Uttar Pradesh	Moradabad	53.14	3.97	20.98
Uttar Pradesh	Saharanpur	45.68	4.32	16.89
Uttar Pradesh	Shravasti	45.78	9.09	22.85

Uttar Pradesh	Mainpuri	51.57	5.64	17.10
Uttar Pradesh	Rampur	49.52	4.82	22.44
Uttar Pradesh	Mathura	49.71	4.97	19.73
Uttar Pradesh	Bulandshahr	48.24	3.97	18.03
Uttar Pradesh	Mau	32.88	6.26	14.25
Uttar Pradesh	Shahjahanpur	46.96	4.19	19.77
Uttar Pradesh	Ayodhya	45.64	4.76	17.98
Uttar Pradesh	Agra	52.60	5.42	24.01
Uttar Pradesh	Fatehpur	51.06	6.13	25.73
Uttar Pradesh	Maharajganj	44.11	4.09	18.18
Uttar Pradesh	Basti	40.23	6.03	15.68
Uttar Pradesh	Sultanpur	50.82	6.44	19.84
Uttar Pradesh	Balrampur	45.30	7.53	23.63
Uttar Pradesh	Ghazipur	52.95	3.43	17.83
Uttar Pradesh	Barabanki	50.80	6.13	24.52
Uttar Pradesh	Pilibhit	51.60	4.46	18.79
Uttar Pradesh	Budaun	51.07	5.85	23.06
Uttar Pradesh	Kushi Nagar	49.67	6.00	21.04
Uttar Pradesh	Kasganj	44.52	5.76	16.94
Uttar Pradesh	Pratapgarh	51.05	5.75	19.14
Uttar Pradesh	Gonda	50.55	7.89	24.33
Uttar Pradesh	Siddharth Nagar	52.01	11.57	27.70
Uttar Pradesh	Hardoi	51.63	5.96	24.30
Uttar Pradesh	Ballia	48.46	4.65	15.10
Uttar Pradesh	Jaunpur	54.89	5.63	22.54
Uttar Pradesh	Lakhimpur Kheri	44.49	2.95	17.35
Uttar Pradesh	Prayagraj	44.51	5.75	17.99

Uttar Pradesh	Sitapur	53.58	4.03	19.51
Uttar Pradesh	Aligarh	45.27	5.54	18.36
Uttar Pradesh	Deoria	46.79	5.35	17.53
Uttar Pradesh	Bahraich	49.45	6.39	22.16
Uttar Pradesh	Gorakhpur	46.33	6.91	20.55
Uttar Pradesh	Azamgarh	44.31	2.50	14.19
Uttarakhand	Rudraprayag	23.83	1.55	5.32
Uttarakhand	Bageshwar	28.37	0.78	7.23
Uttarakhand	Chamoli	16.86	1.50	3.88
Uttarakhand	Pithoragarh	31.76	6.32	9.23
Uttarakhand	Pauri Garhwal	23.76	3.00	5.14
Uttarakhand	Almora	30.64	6.51	10.28
Uttarakhand	Champawat	18.42	1.03	4.70
Uttarakhand	Uttarkashi	31.52	7.73	10.78
Uttarakhand	Dehradun	14.94	1.34	3.68
Uttarakhand	Nainital	23.32	0.39	4.82
Uttarakhand	Tehri Garhwal	27.16	5.60	6.36
Uttarakhand	Udam Singh Nagar	21.54	1.34	5.89
Uttarakhand	Haridwar	27.37	2.89	7.98
West Bengal	Kalimpong	15.74	3.02	1.80
West Bengal	DARJEELING	26.15	3.72	7.53
West Bengal	PASCHIM BARDHAMAN	22.26	3.49	7.65
West Bengal	Kolkata	32.65	9.76	9.25
West Bengal	Jhargram	39.54	7.29	16.93
West Bengal	PURULIA	36.27	5.71	15.08
West Bengal	MALDAH	31.07	1.39	7.34

West Bengal	Alipurduar	34.79	6.68	9.72
West Bengal	DINAJPUR DAKSHIN	43.80	8.71	14.43
West Bengal	BANKURA	34.03	6.08	10.77
West Bengal	JALPAIGURI	32.45	7.61	9.07
West Bengal	MEDINIPUR WEST	27.84	4.36	7.90
West Bengal	Howrah	33.88	3.38	7.33
West Bengal	COOCHBEHAR	29.07	3.57	7.09
West Bengal	Purba Medinipur	28.49	4.83	7.90
West Bengal	HOOGHLY	33.16	5.86	7.71
West Bengal	BIRBHUM	44.78	7.51	16.84
West Bengal	PURBA BARDHAMAN	33.39	6.24	9.19
West Bengal	NADIA	28.12	3.22	5.65
West Bengal	Uttar Dinajpur	35.40	5.31	10.94
West Bengal	24 Paraganas North	33.34	4.46	7.81
West Bengal	MURSHIDABAD	23.37	2.29	5.98
West Bengal	South 24 Parganas	37.26	6.92	10.40
Andaman and Nicobar Islands	Nicobar	4.89	0.70	1.50
Andaman and Nicobar Islands	N and M Andaman	3.79	0.50	1.52
Andaman and Nicobar Islands	South Andamans	8.58	2.50	4.01
Dadra and Nagar Haveli - Daman and Diu	Diu	6.26	1.03	2.46

Dadra and Nagar Haveli - Daman and Diu	Daman	14.73	2.56	6.51
Dadra and Nagar Haveli - Daman and Diu	Dadra and Nagar Haveli	47.52	4.06	21.55
Delhi	New Delhi	27.69	2.56	12.01
Delhi	Central	31.11	2.21	10.78
Delhi	East	27.08	2.68	12.36
Delhi	Shahdara	25.96	1.69	10.86
Delhi	South East	33.01	4.99	16.73
Delhi	West	31.39	4.31	17.59
Delhi	South	30.21	4.28	14.57
Delhi	South West	33.81	3.34	16.56
Delhi	North East	27.26	2.78	12.61
Delhi	North West	29.15	4.30	16.08
Delhi	North	35.05	5.51	19.58
J&K	Ramban	25.33	1.90	10.78
J&K	Poonch	8.72	0.60	1.88
J&K	Udhampur	11.05	1.00	3.15
J&K	Samba	19.30	2.47	5.36
J&K	Shopian	20.58	2.23	5.79
J&K	Kishtwar	26.83	2.96	8.59
J&K	Srinagar	12.94	1.06	2.53
J&K	Bandipora	11.43	1.84	3.28
J&K	Kathua	19.12	1.26	4.49
J&K	Jammu	7.65	0.57	1.41

J&K	Reasi	33.37	2.92	7.50
J&K	Pulwama	9.41	0.99	2.12
J&K	Budgam	12.90	1.33	3.16
J&K	Kulgam	13.12	1.36	2.90
J&K	Ganderbal	17.99	2.45	4.41
J&K	Rajouri	30.36	2.38	9.28
J&K	Anantnag	13.60	0.86	2.71
J&K	Doda	23.14	3.59	6.39
J&K	Kupwara	18.87	2.09	4.20
J&K	Baramulla	13.96	1.40	3.34
Ladakh	Leh	5.18	0.15	0.62
Ladakh	Kargil	15.59	0.29	2.61
Lakshadweep	Lakshadweep	44.83	11.62	22.54
Puducherry	Mahe	57.38	6.33	17.30
Puducherry	Yanam	49.62	9.62	16.54
Puducherry	Karaikal	45.71	8.19	15.26
Puducherry	Puducherry	39.32	5.89	11.30
UT-Chandigarh	Chandigarh	22.27	5.34	14.69

STATEMENT-II

The State wise detail of funds released under Mission Poshan 2.0 during from FY 2021-22 to previous year is as follows:

Funds in Crores					
	Name of the States/UT	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025
1	Andaman and Nicobar Islands	19.71	3.85	12.15	9.63
2	Andhra Pradesh	744.60	827.79	705.68	645.73
3	Arunachal Pradesh	170.83	137.78	162.06	102.61
4	Assam	1319.90	1651.63	2233.31	2482.34
5	Bihar	1574.43	1740.09	1859.29	2262.92
6	Chandigarh	15.32	33.10	19.79	14.56
7	Chhattisgarh	606.73	668.96	579.46	733.3
8	Dadra and Nagar Haveli and Daman and Diu	9.33	5.80	11.97	9.13
9	Delhi	133.11	182.77	161.81	160.41
10	Goa	10.84	14.71	13.95	13.44
11	Gujarat	839.86	912.64	1126.80	601.32
12	Haryana	173.03	195.25	225.78	232.69
13	Himachal Pradesh	247.99	270.24	301.09	313.07
14	Jammu and Kashmir	405.74	479.01	530.88	662.79
15	Jharkhand	352.98	430.91	664.30	496.95
16	Karnataka	1003.70	765.87	912.96	886.85
17	Kerala	388.23	444.98	306.64	435.74
18	Ladakh	14.70	18.79	19.62	18.89
19	Lakshadweep	2.11	0.44	2.88	1.35
20	Madhya Pradesh	1085.47	1011.57	1123.11	1144.54
21	Maharashtra	1713.39	1646.17	1699.52	1368.84

22	Manipur	228.92	135.95	201.28	342.87
23	Meghalaya	173.33	192.39	269.69	137.93
24	Mizoram	59.32	42.81	100.27	55.29
25	Nagaland	159.80	199.30	262.91	147.01
26	Odisha	1065.98	923.92	968.80	948.16
27	Puducherry	2.78	0.12	4.48	3.68
28	Punjab	383.52	75.31	307.87	265.48
29	Rajasthan	682.65	974.02	1091.96	741.85
30	Sikkim	25.73	20.33	33.49	18.07
31	Tamil Nadu	655.38	766.81	880.79	638.47
32	Telangana	482.33	550.69	507.87	430.76
33	Tripura	186.72	150.52	244.22	153.41
34	Uttar Pradesh	2407.55	2721.87	2668.69	2694.62
35	Uttarakhand	353.65	425.84	288.24	216.33
36	West Bengal	668.35	1227.59	1237.56	1513.8
Total		18368.01	19849.82	21741.17	20904.83

FUNDS ALLOCATED UNDER PMSSY IN COAL MINING REGIONS

1085. SHRI VAMSI KRISHNA GADDAM:

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

- (a) the current status of construction work and completion timeline for the proposed multi-speciality hospital in Ramagundam serving industrial workforce and coal mining communities in Peddapalli Lok Sabha Constituency in Telengana ;

- (b) the amount of funds allocated under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) for establishing multi-speciality hospitals in coal mining regions;
- (c) the details of the planned capacity, speciality departments, and medical equipment procurement for Ramagundam multi-speciality hospital considering healthcare requirements of thermal power and coal mining workers;
- (d) the details of the recruitment and training strategy for medical specialists including provision for super-speciality services like cardiology, oncology, and occupational health departments; and
- (e) the details of the coordination mechanisms with State Government for ensuring timely completion including resolution of procedural or funding delays affecting this critical healthcare infrastructure?

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): Employees' State Insurance Corporation (ESIC), under the Ministry of Labour and Employment, Govt of India has on 20.09.2018 given 'in-principle' approval for setting up of new 100 bedded ESI hospital in Ramagundam,

Peddapalli District in Telangana for the ESIC beneficiaries. The hospital is currently at the tendering stage. Estimated construction period is two years after the award of work.

The Hospital shall provide primary, secondary and tertiary care medical services to ESI beneficiaries. The hospital will be equipped with essential Departments such as General Medicine, Surgery, Gynaecology and Obstetrics, Orthopaedics, Ophthalmology (Eye), Dental, Paediatrics, etc. along with various support services such as Modular Operation Theatre, Central Sterile Supply Department (CSSD), Medical Gas Pipeline System etc. It will offer both Outpatient (OPD) and Inpatient (IPD) care. Procurement of equipment is decentralised in ESIC. Equipment beyond delegation of power of Dean/Medical Superintendent or outside ESIC norms, are sanctioned by ESIC Headquarters. Recruitment is undertaken as per New Human Resource norms for ESIC healthcare institutions approved in the 192nd Corporation meeting held on 15.12.2023. The Hospital will be run by ESIC as per consent given by the State Government on 08.01.2025

Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) implemented by the Ministry of Health and Family Welfare aims to correct regional imbalances in the availability of affordable/reliable tertiary healthcare services and also to augment

facilities for quality medical education in the country. The scheme has two components, (i) setting up of All India Institute of Medical Sciences (AIIMS) and (ii) upgradation of existing Government Medical Colleges (GMCs)/institutions. Under the scheme, establishment of 22 new All India Institute of Medical Sciences (AIIMS) and upgradation of 75 Government Medical Colleges (GMCs) has been approved across the country. Budget Estimates for PMSSY scheme for the year 2025-26 is Rs. 9839.00 crore.

PRODUCTION AND DISTRIBUTION OF AYUSH MEDICINES

1086. SHRI BIPLAB KUMAR DEB:

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

- (a) the steps taken by the Government for the qualitative production and distribution of AYUSH medicines; and
- (b) the steps proposed to be taken by the Government for broader and deep research in AYUSH medicines?

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 taken following steps for the qualitative production of Ayush medicines:

1. The Drugs and Cosmetics Act, 1940 and rules made thereunder have exclusive regulatory provisions regarding manufacture for sale or for distribution of Ayurvedic, Siddha, Sowa-Rigpa, Unani, and Homoeopathy drugs.
2. Rule 160 A to J of the Drugs Rules, 1945 provides the regulatory guidelines for approval of Drug Testing Laboratories for carrying out such tests of identity, purity, quality and strength of Ayurvedic, Siddha and Unani drugs as may be required under the provisions of these rules, on behalf of licensee for manufacture of Ayurvedic, Siddha and Unani drugs.
3. Pharmacopoeia Commission for Indian Medicine and Homoeopathy (PCIM&H) on behalf of Ministry of Ayush lays down the Formulary specifications and Pharmacopoeial Standards for Ayurveda, Siddha, Unani and Homoeopathic drugs, which serves as an official compendia for ascertaining the Quality Control (identity, purity and strength) of Ayush drugs, as per the Drugs and Cosmetics Act, 1940 and rules made thereunder. Compliance to these quality standards are mandatory for Ayush drugs being manufactured in India.
4. Pharmacovigilance Centres for Ayurveda, Siddha, Unani and Homoeopathic drugs set up in different parts of the country under the Central Sector Scheme of

Ministry of Ayush are mandated to report adverse drug reactions to the respective State Regulatory Authorities.

5. Central Sector Scheme, Ayush Oushadhi Gunavatta evam Utpadan Samvardhan Yojana (AOGUSY) has been implemented for the year 2021-2026. One of the components of this Scheme is to strengthen and up-grade Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards.

6. An Ayush vertical has been created in Central Drugs Standard Control Organization (CDSCO) to strengthen regulatory measures ensuring safety and quality of Ayush drugs. Further, CDSCO issues WHO Certificate of Pharmaceutical Product (WHO-CoPP) to Ayush drugs having compliance to such standards.

(b): The Ministry of Ayush is implementing the Central Sector Scheme namely AYURGYAN Scheme from FY 2021-22. The Scheme has 03 components viz. (i) Capacity Building and Continuing Medical Education (CME) in Ayush (ii) Research and Innovation in Ayush and (iii) Ayurveda Biology Integrated Health Research added under the scheme from FY 2023-24. Under the Research and Innovation in Ayush component, financial assistance is provided to the eligible Organizations/Institutions across the country as per the provision contained in the

scheme guidelines to support clinical, fundamental, pharmaceutical, literary and medicinal plant research in Extra Mural mode.

Government of India has established Central Council for Research in Ayurvedic Sciences (CCRAS), Central Council for Research in Unani Medicine (CCRUM), Central Council for Research in Homoeopathy (CCRH), Central Council for Research in Siddha (CCRS) and Central Council for Research in Yoga and Naturopathy (CCRYN) under the Ministry of Ayush as apex organizations for undertaking, coordinating, formulating, developing and promoting research in Ayush system on scientific lines. Core research activities comprise of Medicinal Plant Research (Medico-Ethno Botanical Survey), Pharmacognosy and in-vitro propagation techniques, Drug Standardization, Pharmacological Research, Clinical Research, Literary Research and Documentation and Tribal Health Care Research Programme.

AYUSHMAN HEALTH CARDS

1087. SHRIMATI HARSIMRAT KAUR BADAL:

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

(a) the number of Ayushman Health Cards issued during the last five years, State-wise and district-wise in Punjab;

- (b) whether the Government has maintained any data regarding the number of people who have actually used their Ayushman Health Cards to utilize the health coverage of Rs. 5 lakhs, if so, the details thereof, State-wise;
- (c) the number of public and private hospitals that have been empanelled and disempanelled under the scheme during the last two years, district-wise in Punjab;
- (d) whether the Government has observed any delays in payments to be made by the State Governments during the last five years, if so, the details thereof, especially in Punjab; and
- (e) the amount of funds allocated and utilized by the State of Punjab under the scheme during the last five years?

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

(a): State/UT-wise details of Ayushman cards created under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in the last five years are given in the enclosed **Statement-I**. District-wise details of Ayushman cards created under AB-PMJAY in the last five years in Punjab are given in the enclosed **Statement-II**.

(b): As on date, more than 9.84 crore hospital admissions worth over Rs. 1.40 lakh crore have been authorized under the scheme. State/UT-wise details of number of hospital admissions under the scheme are given in the enclosed **Statement-III**.

(c): Under AB-PMJAY, all public hospitals are deemed empanelled. District-wise details of number of private hospitals empanelled under the scheme during the last two years in Punjab are given in the enclosed **Statement-IV**. Further, no hospital has been de-empanelled in the State of Punjab in the last two years.

(d): National Health Authority has laid down guidelines under AB-PMJAY for payment of claim to hospitals within 15 days of claims submission for the intra-state hospitals (hospitals located within State) and within 30 days in case of portability claims (hospitals located outside State).

Regular review meetings are organized to review progress with regards to the claims settlement. Further, capacity building activities are organised for efficient claims settlement and beneficiary facilitation agencies ensure timely submission of claims on the Transaction Management System (TMS), and address all discrepancies.

(e): The funding of AB PM-JAY is entirely demand driven. NHA releases funds for scheme implementation to the State UTs on the basis of the actual demand received from States/UTs. There is no State / UT - wise allocation of funds. As per

the process defined by NHA, States furnish a Utilization Certificate of previously received funds prior to every new fund release. An amount of Rs. 418.90 crore has been released as Central share to the State of Punjab in the last five years.

STATEMENT-I

State/UT-wise details of Ayushman cards created under AB-PMJAY in the last five years

State/UT	Ayushman cards created
Andaman And Nicobar Islands	64,020
Andhra Pradesh	1,57,80,920
Arunachal Pradesh	1,55,289
Assam	1,73,37,930
Bihar	3,20,16,078
Chandigarh	2,25,948
Chhattisgarh	2,05,15,878
Delhi	12,049
Dadra And Nagar Haveli And Daman And Diu	51,193
Goa	69,638
Gujarat	2,00,59,043
Haryana	1,10,27,610
Himachal Pradesh	5,61,102
Jammu And Kashmir	75,76,323
Jharkhand	38,26,676
Karnataka	1,83,76,411
Kerala	19,34,513
Ladakh	1,62,478
Lakshadweep	34,376
Madhya Pradesh	2,90,75,425

Maharashtra	2,44,26,404
Manipur	4,32,383
Meghalaya	5,37,265
Mizoram	2,36,621
Nagaland	5,09,683
Odisha	3,44,72,237
Puducherry	4,19,853
Punjab	53,34,531
Rajasthan	2,24,34,212
Sikkim	53,378
Tamil Nadu	79,98,045
Telangana	83,22,520
Tripura	9,68,001
Uttar Pradesh	4,33,44,688
Uttarakhand	22,21,134

STATEMENT-II

District-wise details of Ayushman cards created under AB-PMJAY in the last five years in Punjab

District	Number of Ayushman cards created
Amritsar	3,94,254
Barnala	1,40,613
Bathinda	2,98,130
Faridkot	1,19,856
Fatehgarh Sahib	1,19,484
Fazilka	1,61,316
Ferozepur	1,61,672

Gurdaspur	3,86,336
Hoshiarpur	3,07,556
Jalandhar	4,67,804
Kapurthala	1,40,881
Ludhiana	6,29,442
Malerkotla	21,435
Mansa	1,94,404
Moga	1,49,400
Pathankot	1,43,577
Patiala	3,94,261
Rupnagar	1,28,132
S.A.S Nagar	1,54,097
Sangrur	3,63,195
Shahid Bhagat Singh Nagar	1,25,250
Sri Muktsar Sahib	1,62,817
Tarn Taran	1,70,619

STATEMENT-III

State/UT-wise details of number of hospital admissions under AB-PMJAY

(as on 30.06.2025)

State/UT	Number of hospital admissions
Andaman And Nicobar Islands	3,803
Andhra Pradesh	86,43,065
Arunachal Pradesh	8,988
Assam	16,40,211

Bihar	21,29,621
Chandigarh	76,782
Chhattisgarh	76,78,163
Dadra And Nagar Haveli and Daman And Diu	1,50,900
Delhi	1,896
Goa	17,890
Gujarat	69,79,688
Haryana	26,24,686
Himachal Pradesh	3,76,436
Jammu And Kashmir	17,33,327
Jharkhand	25,25,003
Karnataka	1,24,23,896
Kerala	71,73,007
Ladakh	26,264
Lakshadweep	1,600
Madhya Pradesh	60,27,160
Maharashtra	33,26,975
Manipur	2,52,130
Meghalaya	10,65,227
Mizoram	1,60,733
Nagaland	1,05,735
Odisha	2,62,091
Puducherry	1,37,447

Punjab	27,83,940
Rajasthan	73,31,426
Sikkim	33,210
Tamil Nadu	1,14,91,851
Telangana	23,59,336
Tripura	4,74,929
Uttar Pradesh	68,18,130
Uttarakhand	15,85,625

STATEMENT-IV

District-wise details of number of private hospitals empanelled during the last two years in Punjab

District	Number of private hospitals empanelled
Amritsar	7
Barnala	4
Bathinda	20
Fatehgarh Sahib	6
Fazilka	1
Firozpur	5
Gurdaspur	3
Hoshiarpur	1
Jalandhar	2
Kapurthala	1
Ludhiana	17
Malerkotla	1

Mansa	2
Moga	5
Pathankot	3
Patiala	14
Rupnagar	6
S.A.S Nagar	3
Sangrur	6
Shahid Bhagat Singh Nagar	1
Sri Muktsar Sahib	3
Faridkot	0
Tarn Taran	0

सीजीएचएस आरोग्य केंद्रों में फिजियोथेरेपिस्ट की भर्ती

1088. श्री रामभुआल निषाद:

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

(क) गत तीन वर्षों के दौरान सीजीएचएस आरोग्य केंद्रों में रिक्त, भरे गए और भर्ती प्रक्रियाधीन फिजियोथेरेपिस्ट पदों की संख्या कितनी है और इन रिक्त पदों के क्या कारण हैं; और

(ख) उक्त सभी पदों के लिए भर्ती प्रक्रिया कब तक पूरी होने की संभावना है?

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

(क) और (ख): फिजियोथेरेपिस्ट के पद हेतु भर्ती नियम दिनांक 24.06.2024 को अधिसूचित किए गए थे। वर्तमान में, सीजीएचएस के तहत फिजियोथेरेपिस्ट का एक स्वीकृत पद रिक्त है। वर्तमान में,

सफदरजंग अस्पताल और डॉ. आरएमएल अस्पताल, नई दिल्ली की नफ़री में से पाँच फिजियोथेरेपिस्ट मेडिकल सेंटर, संसद भवन एनेक्सी में तैनात हैं।

फिजियोथेरेपी सेवाएँ सरकार के अधीन किसी भी सार्वजनिक स्वास्थ्य सुविधा केंद्र या सीजीएचएस पैनल में शामिल किसी भी निजी स्वास्थ्य सेवा संगठन के माध्यम से प्राप्त की जा सकती हैं। इस मंत्रालय के दिनांक 01.06.2011 के कार्यालय ज्ञापन संख्या एस-11011/24/2011-सीजीएचएस(पी) द्वारा जारी दिशानिर्देशों के अनुसार, सीजीएचएस लाभार्थियों के लिए घर पर (आवासी) फिजियोथेरेपी का भी प्रावधान है। कार्यालय ज्ञापन की प्रति संलग्न है।



Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi 110 108

No: S.11011/24/2011-CGHS (P)

Dated, the 1st June, 2011

OFFICE MEMORANDUM

Subject:

Guidelines for domiciliary rehabilitation medicine intervention for reimbursement to CGHS beneficiaries.

The undersigned is directed to as per extant instructions, domestic rehabilitation of CGHS beneficiaries is not permitted and the patients have to go to hospitals for physiotherapy, etc. CGHS received representations with the request that domiciliary physiotherapy rehabilitation may be permitted since in many cases it is not possible for the patients to be transported / shifted to hospitals for physiotherapy, etc. The request was examined by a committee of experts / specialists in Government hospitals, and it has been decided to issue the following guidelines for domiciliary rehabilitation medical intervention for reimbursement to CGHS beneficiaries:

Guidelines

Domiciliary (home based) care is medically justified in the practice of rehabilitation medicine which involves the care of the patient with chronic diseases or temporary or permanent disability or functional limitation due to lack of health or disease. It is justified as such persons find ambulation practically impossible or are significantly dependent on care giver or the cost of visiting the hospitals become higher than the cost of treatment given. In view of this, it would be necessary to consider providing holistic domiciliary rehabilitation medicine service instead of piecemeal home based physiotherapy only, to CGHS beneficiaries as part of their routine health coverage.

Scope of the service

The following allied health services need to be considered for domiciliary case as stated above:

- (i) Physiotherapy;
- (ii) Occupational therapy; and
- (iii) Speech therapy (for patients of stroke / head injury)

The decision to provide domiciliary care should be based on thorough evaluation and specific prescription including the exact intervention and frequency by a PMR specialist. In a situation of non-availability of PMT specialist, the treating Government specialist having allopathic Post-Graduate qualifications in Ortho / Neurology / Neurosurgery / ENT may allow such benefits following the specific prescription criteria for conditions listed below:-

Conditions requiring domiciliary rehabilitation intervention and recommended duration of domiciliary therapy:

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- (1) Orthopaedic disorders: Post joint replacement surgery in acute phase: Physiotherapy upto two weeks, post – discharge.
 - (2) Neurological disorders (for upto six weeks):
 - (i) Post stroke: Occupational Therapy (OT), Physiotherapy (PT), and Speech Therapy (ST);
 - (ii) Traumatic brain injury: OT, PT and ST;
 - (iii) Guillain-Barre syndrome: OT and PT;
 - (iv) Spinal cord injury with significant disability / deformity: OT and PT; and
 - (v) Motor neuron disease: OT, PT and ST.
 - (3) Locomotor disabilities with a disability of over 80% or those who are totally dependent on care-giver based on the opinion of two Government specialists, by certified care-giver. [Care-giver means Rehabilitation Council of India certified personnel + Physiotherapist and Occupational therapist (duty qualified diploma / degree holder)].

Prescription information:

The prescription for home based rehabilitation programme should include the following descriptive specifics:

- (1) The therapy to be used:
 - (a) Electrotherapy;
 - (b) Active Exercise Therapy;
 - (c) ADL Training;
 - (d) Speech Therapy;
 - (e) Gait Training; and
 - (f) Passive Exercises.
- (2) The technical person required to institute the therapy;
- (3) The frequency of the therapy required by the patient; and
- (4) Duration of the therapy programme.

Admissible rates for reimbursement:

The following rates may be reimbursed:

- (1) Physiotherapist: Maximum of Rs.300/- (Rupees Three hundred only);
- (2) Occupational Therapist: Maximum of Rs.300/- (Rupees Three hundred only);
- (3) Speech Therapist: Maximum of Rs.300/- (Rupees Three hundred only);
- (4) Certified Care Giver: Maximum of Rs. 150/- (Rupees One hundred and fifty only) or Rs. 3,000/- (Rupees Three thousand only) per month for long-term requirements, whichever is less; and

- (5) No reimbursement to be allowed for the purchase / hiring of therapy equipment / devices.
2. The guidelines will take effect from the date of issue of the Office Memorandum.
3. This issues with the concurrence of IFD, vide Dy. No: 790 / SS & FA dated the 23rd May, 2011.
4. Hindi version of the guidelines will follow.

(R Ravi)
Director

[Tel: 2306 3483]

To

1. All Ministries / Departments, Government of India
2. Additional Secretary, Cabinet Secretariat, Rashtrapati Bhawan, New Delhi
3. The Managing Director, Central Organisation ECHS, Army (Hq), Maude Line, Delhi Cantonment, New Delhi 110 010
4. Director, CGHS, Nirman Bhawan, New Delhi
5. All Additional Directors / Joint Directors of CGHS cities outside Delhi
6. All Pay & Accounts Officers under CGHS
7. Addl DDG (Hqrs) / Additional Director (Hqrs) / Additional Director (SZ) / Additional Director (NZ) / Additional Director (CZ) / Additional Director (EZ), CGHS, New Delhi
8. JD (Gr.) / JD (R&H), CGHS Delhi
9. CGHS Desk-I / Desk-II / CGHS-I / CGHS-II, Dte.GHS, Nirman Bhawan, New Delhi
10. Estt.I / Estt.II / Estt.III / Estt.IV Sections, Ministry of Health & Family Welfare
11. Admn.I / Admn.II Sections of Dte.GHS
12. Rajya Sabha / Lok Sabha Secretariat
13. Registrar, Supreme Court of India
14. U.P.S.C.
15. Finance Division
16. Deputy Secretary (Civil Service News), Department of Administrative Reforms & Public Grievances, 5th Floor, Sardar Patel Bhawan, New Delhi.
17. PPS to Secretary (H&FW) / Secretary (AYUSH) / Secretary (HR) / Secretary (AIDS Control), Ministry of Health & Family Welfare
18. PPS to DGHS / SS & FA / SS & MD, NRHM / AS (H) / AS & DG (CGHS)
19. Swamy Publishers (P) Ltd., P. B. No. 2488, R. A. Puram, Chennai 600028
20. Nabhi Publications, P. O. Box No. 37, New Delhi 110 001
21. Bahri Brothers, 742 Lajpat Rai Market, Delhi 110 006
22. Shri Umraomal Purohit, Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi
23. All Staff Side Members of National Council (JCM) (as per list attached)
24. Office of the Comptroller & Auditor General of India, 10 Bahadur Shah Zafar Marg, New Delhi
25. All Offices / Sections / Desks in the Ministry
26. Sr. Technical Director, N/C, MOHFW, Nirman Bhawan, New Delhi, with the request to upload on the website of the CGHS.
27. Office Order folder
28. Guard File

RADIOTHERAPY FOR CANCER PATIENTS IN INDIA

1089. SHRI RAO RAJENDRA SINGH:

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

(a) whether the Government has any data on the number of facilities in the State of Rajasthan that have the capacity to perform radiotherapy on cancer patients and if so, the details thereof;

(b) whether the Government has any plan to expand such facilities to districts where these are not currently available and if so, the details thereof, district-wise;

(c) whether the Government has formulated any guidelines for respective States with regards to the logistics of the procurement and dissemination of HPV Vaccines so that field activities in this regard can be effectively commenced by respective State Governments; and

(d) if so, the details thereof, 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) and (b): The radiotherapy facilities for cancer treatment are available in six Government Medical Colleges in the State of Rajasthan. The details are given in the enclosed **Statement**.

Under Strengthening of Tertiary Care Schemes of National Program for Prevention and Control of Non-Communicable Disease (NP-NCD), State Cancer Institute (SCI) have been approved in Sawai Man Singh Medical College (SMSMC), Jaipur and Tertiary Care Cancer Centre (TCCC) at Jhalawar Medical College, district Jhalawar, and Acharya Tulsi Regional Cancer Treatment and Research Institute at S.P Medical College, Bikaner to provide cancer treatment including radiotherapy services.

Following the announcement in Union Budget 2025-26, so far, 297 new Day Care Cancer Centres (DCCCs) have been approved for the financial year 2025-26. These centres aim to provide follow-up chemotherapy for patients referred by tertiary care centres. As part of this initiative, the establishment of DCCCs has been approved in eight districts of Rajasthan namely Kotputli-Behror, Deedwana-Kuchaman, Khairthal-Tijara, Balotra, Beawar, Deeg, Phalodi and Salumber.

(c) and (d): The Ministry of Health and Family Welfare has initiated the process of rolling out of capacity building exercises of the front-line workers and IEC activities for States/UTs in respect of HPV vaccination.

STATEMENT**Government Medical Colleges in the State of Rajasthan with facility of Radiotherapy for Cancer Patients**

S. No.	Name of Medical College	Name of Attached Hospital	Availability of Radiotherapy facility
1	<i>Sawai Man Singh Medical College (SMSMC), Jaipur</i>	Sawai Man Singh (SMS) hospital	Yes
2	Dr. Sampurnanand Medical College (SNMC), Jodhpur	Mehrangarh Dev Memorial (MDM) Hospital, Jodhpur	Yes
3	Rabindranath Tagore Medical College (RNTMC), Udaipur	Super Specialty Hospital, Udaipur	Yes
4	<i>Jawaharlal Nehru Medical College (JLNMC), Ajmer</i>	Jawaharlal Nehru Hospital (JLN) Hospital Ajmer	Yes
5	Sardar Patel Medical College (SPMC), Bikaner	Prince Bijay Singh Memorial (PBM) and Attached Hospital	Yes
6	Government Medical College (GMC), Kota	Maharao Bhim Singh (MBS) Hospital	Yes

बेहतर स्वास्थ्य सेवाओं के लिए विशेष योजनाएँ

1090. श्री राम शिरोमणि वर्मा:

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

(क) क्या सरकार उत्तर प्रदेश के श्रावस्ती और बलरामपुर जिलों में ग्रामीण क्षेत्रों में स्वास्थ्य सेवाओं, अस्पतालों की स्थिति और स्वास्थ्य सेवाओं के विस्तार में सुधार लाने के लिए कोई विशेष योजनाएँ बना रही है;

(ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार ने उपर्युक्त योजनाओं के कार्यान्वयन और प्रगति की निगरानी के लिए कोई विशेष समय-सीमा निर्धारित की है या कोई लक्ष्य निर्धारित किया है;

(घ) यदि हाँ, तो इन लक्ष्यों को कब तक प्राप्त किए जाने की संभावना है;

(ङ) क्या इन जिलों में स्वास्थ्य सेवा के स्तर में सुधार लाने के लिए कोई विशेष योजना है; और

(च) यदि हाँ, 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): जन स्वास्थ्य और अस्पताल राज्य का विषय है। अतः योजना बनाना, क्रियान्वयन करना, अनुरक्षण करना तथा आवश्यकतानुसार पर्याप्त स्वास्थ्य देखभाल सुविधाएं स्थापित करना संबन्धित राज्य सरकार की प्राथमिक ज़िम्मेदारी है। राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत जन स्वास्थ्य प्रणाली को सुदृढ़ करने हेतु राज्यों/संघ राज्य क्षेत्रों को उनकी संसाधनों की सीमा के अनुसार कार्यक्रम कार्यान्वयन योजनाओं के आधार पर वित्तीय एवं तकनीकी सहायता प्रदान की जाती है। भारत सरकार,

मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाहियों के रिकार्ड (आरओपी) के रूप में प्रस्ताव के लिए अनुमोदन प्रदान करती है। प्रत्येक राज्य को प्रदान किए गए अनुमोदनों की संख्या नीचे दिए गए लिंक पर उपलब्ध कार्यवाही के रिकॉर्ड (आरओपी) में संदर्भित है:

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>

इसके अलावा, उत्तर प्रदेश सहित राज्यों/संघ राज्य क्षेत्रों को सार्वजनिक स्वास्थ्य सुविधा केन्द्रों में उनकी आवश्यकताओं और कमियों के आधार पर अपनी **कार्यक्रम कार्यान्वयन योजनाओं** (पी. आई. पी.) में पहल के लिए प्रस्ताव करने का अवसर दिया जाता है और इस प्रकार स्वास्थ्य प्रणाली को मजबूत किया जाता है।

(ग) से (च): भारत सरकार, उत्तर प्रदेश राज्य सहित पूरे देश में स्वास्थ्य सुविधाओं को मजबूत करने के लिए ठोस प्रयास कर रही है। चूंकि स्वास्थ्य एक राज्य का विषय है, इसलिए स्वास्थ्य और परिवार कल्याण मंत्रालय, स्वास्थ्य सुविधाओं को बढ़ाने के लिए सभी राज्यों और संघ राज्य क्षेत्रों को अपना समर्थन देना जारी रखता है। स्वास्थ्य देखभाल योजनाओं की आयोजना बनाना और उनका कार्यान्वयन मुख्य रूप से राज्य सरकार के अधिकार क्षेत्र में आता है। राज्य सरकार मानदंडों और उनकी आवश्यकता के अनुसार नई पहलों का प्रस्ताव कर सकती है। भारत सरकार जाँच के बाद मानदंडों के अनुसार और राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तावित एन. एच. एम. (पी. आई. पी.), पी. एम.-ए. बी. एच. आई. एम., 15वें वित्त आयोग के तहत मंजूरी दी है। योजनाओं के कार्यान्वयन की प्रगति और कार्य प्रदर्शन की निगरानी, नियमित समीक्षा बैठकों, एन. एच. एम. के माध्यम से आयोजित क्षेत्रीय दौरों और सामान्य समीक्षा मिशन (सी. आर. एम.) के माध्यम से की जाती है।

मध्य प्रदेश में हर्बल गार्डनxc

1091. श्री राहुल सिंह लोधी:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार मध्य प्रदेश, विशेषकर दमोह लोकसभा क्षेत्र में राष्ट्रीय औषधीय पादप बोर्ड के अंतर्गत हर्बल गार्डन स्थापित करने पर विचार कर रही है;
- (ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;
- (ग) क्या सरकार दमोह लोकसभा क्षेत्र में आयुष वेलनेस सेंटर, पंचकर्म सेंटर और हर्बल हब स्थापित करने पर विचार कर रही है; और
- (घ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

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

(क) और (ख): जी नहीं। तथापि, राष्ट्रीय औषधीय पादप बोर्ड (एनएमपीबी), आयुष मंत्रालय, भारत सरकार "औषधीय पादपों के संरक्षण, विकास एवं सतत प्रबंधन" पर एक केंद्रीय क्षेत्रीय योजना का क्रियान्वयन कर रहा है, जिसके अंतर्गत देश भर में विभिन्न सरकारी एवं गैर-सरकारी संगठनों को विभिन्न प्रकार के हर्बल उद्यानों की स्थापना हेतु परियोजना आधारित वित्तीय सहायता प्रदान की जाती है। एनएमपीबी ने मध्य प्रदेश राज्य में विभिन्न प्रकार के हर्बल उद्यानों की स्थापना हेतु 10 परियोजनाओं को सहायता प्रदान की है।

(ग) और (घ): जन स्वास्थ्य राज्य का विषय होने के कारण, दमोह लोकसभा क्षेत्र में आयुष वेलनेस सेंटर, पंचकर्म सेंटर और हर्बल हब की स्थापना संबंधित राज्य सरकार के अधिकार क्षेत्र में आती है।

तथापि, आयुष मंत्रालय देश भर में आयुष पद्धतियों के समग्र विकास और संवर्धन के लिए मध्य प्रदेश सहित राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना का क्रियान्वयन कर रहा है, जो राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के अनुसार विभिन्न गतिविधियों के तहत वित्तीय सहायता प्रदान करता है। एनएएम के अधीन, 50/30/10 बिस्तरों वाले एकीकृत आयुष अस्पताल की स्थापना के लिए वित्तीय सहायता का प्रावधान है, जिसमें पंचकर्म गतिविधि की सुविधा भी है और राज्य/संघ राज्य क्षेत्र सरकारें एनएएम दिशानिर्देशों के प्रावधान के अनुसार एसएएपी के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त कर सकती हैं।

HIGHEST LOW BIRTH WEIGHT IN BIHAR

1092. SHRI RAJIV PRATAP RUDY:

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

(a) Whether it is a fact that Bihar ranks among the States with one of the highest percentages of Low Birth Weight (LBW) infants and if so, the details of the latest percentage reported for Bihar in this regard;

(b) Whether the Saran district of Bihar has recorded a disproportionately high incidence of low birth weight compared to the State average and if so, the details thereof;

(c) Whether the Government has commissioned or conducted any specific research or studies to determine the underlying causes of high LBW rates in Bihar and Saran, such as maternal malnutrition, anaemia, antenatal care gaps, socio economic factors or health system limitations; and

(d) If so, the details of the key findings or interim conclusions of such research?

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 National Family Health Survey (NFHS) – 5 (2019-21) report, the prevalence of low birth weight (LBW) in the State of Bihar and other States/ UTs is given in the enclosed **Statement**.

(b): According to the Health Management Information System (HMIS) Report for the year 2024–25, the prevalence of low birth weight (LBW) in the State of Bihar is 10.1% and in Saran district is 13.3%.

(c) and (d): The Ministry of Health and Family Welfare undertakes various programmatic interventions to assess and address maternal and child health outcomes, including the issues and challenges related to low birth weight (LBW).

The interventions include:

- Periodic field visits, review meetings with State Nodal Officers and Common Review Missions (CRM) are undertaken to monitor the implementation of the Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy with a focus on addressing low birth weight (LBW).
- Monitoring and assessment of low birth weight (LBW) are conducted under the Aspirational District Programme (ADP) and Aspirational Block Programme (ABP).
- At the community level, Auxiliary Nurse Midwives (ANMs) and Accredited Social Health Activists (ASHAs) provide counselling on maternal nutrition and health during Village Health and Nutrition Days (VHNDs) to address the issue of LBW.
- Through the Annual Programme Implementation Plan (APIP), the National Health Mission (NHM) provides additional support to States/ UTs to strengthen healthcare systems, ensuring effective and equitable delivery of health services to improve maternal and child health outcomes including LBW.

STATEMENT

Low Birth Weight (LBW) - Less than 2.5 kg birth weight (%)	
A&N Islands	17.4
Andhra Pradesh	16.2
Arunachal Pradesh	10.6
Assam	16.1
Bihar	16.8
Chandigarh	16.7
Chhattisgarh	15.9
D&N Haveli and Daman and Diu	20.8
Delhi	22.1
Goa	14.0
Gujarat	18.5
Haryana	20.5
Himachal Pradesh	15.8
Jammu and Kashmir	10.7
Jharkhand	15.6
Karnataka	15.9
Kerala	16.3
Ladakh	11.6
Lakshadweep	9.7
Madhya Pradesh	20.5
Maharashtra	20.0
Manipur	7.2
Meghalaya	11.7
Mizoram	4.0
Nagaland	4.7

Odisha	19.2
Puducherry	13.7
Punjab	22.4
Rajasthan	17.7
Sikkim	9.8
Tamil Nadu	17.0
Telangana	13.9
Tripura	19.7
Uttar Pradesh	20.2
Uttarakhand	17.7
West Bengal	19.0
Source: National Family Health Survey - 5 Report, 2019-21	

SETTING UP OF AIIMS IN JALANDHAR

1093. SHRI CHARANJIT SINGH CHANNI :

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

- (a) whether the Government is aware that Jalandhar district in Punjab has a population of approximately 22 lakh but lacks a Central Government health institution such as AIIMS;
- (b) if so, the details thereof;
- (c) whether it is also a fact that there is no AIIMS or similar tertiary care institution in the entire Doaba region of Punjab, if so, the details thereof;

- (d) whether the Government proposes to establish an AIIMS-like Central Government hospital in Jalandhar to cater to the healthcare needs of people in Doaba and adjoining areas; and
- (e) 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 (e): Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), setting up of 22 All India Institutes of Medical Sciences (AIIMS) has been approved including AIIMS at Bathinda in Punjab, which is functional. Further, for strengthening and upgrading tertiary healthcare facilities in Punjab, under another component of PMSSY upgradation of following Government Medical Colleges has been completed by way of construction of Super Specialty Blocks (SSBs) on Centre-State cost sharing basis: (i) Government Medical College, Amritsar and (ii) Government Medical College, Patiala. In the current phase of PMSSY there is no proposal to establish a new AIIMS in Jalandhar, Punjab.

राजस्थान में नकली उर्वरक का उत्पादन

1094. श्री अमरा राम:

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

- (क) राजस्थान में कितने नकली उर्वरक उत्पादन कारखानों का पता चला है और आज तक उनके विरुद्ध क्या कार्रवाई की गई है;
- (ख) क्या यह सच है कि किसानों को उर्वरकों के साथ अन्य कीटनाशक और नैनो यूरिया जबरन दिया जा रहा है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसका अनुमान क्या है;
- (ग) क्या इसमें कोई सरकारी एजेंसी शामिल है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और ऐसी सरकारी एजेंसी के विरुद्ध क्या कार्रवाई की गई है; और
- (घ) क्या डीएपी और अन्य उर्वरकों की समय पर अनुपलब्धता के कारण किसानों को हुए नुकसान के लिए अधिकारियों के विरुद्ध कोई जिम्मेदारी तय की गई है और 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): राजस्थान सरकार से प्राप्त सूचनानुसार, उर्वरक निरीक्षकों द्वारा किशनगढ़, अजमेर स्थित रासायनिक उर्वरकों, जैविक उर्वरकों एवं शीरे से प्राप्त पोटाश (पीडीएम) के उत्पादकों का निरीक्षण किया गया। इनमें से 16 कंपनियों के विरुद्ध जब्ती एवं एफआईआर की कार्यवाही की गई है। 13 कंपनियों के प्राधिकार-पत्र निरस्त कर दिए गए हैं।

(ख) और (ग): उर्वरक विभाग द्वारा अन्य उत्पादों को उर्वरकों के साथ टैग/लिंग करने को बढ़ावा नहीं दिया जाता है। तदनुसार, उर्वरक कंपनियों को ऐसी गतिविधियों में शामिल न होने के उपयुक्त निर्देश जारी किए जाते हैं। इसके अलावा, राज्य सरकारों को भी उर्वरक नियंत्रण आदेश (एफसीओ)-1985 के तहत टैगिंग को रोकने के लिए सख्त कार्रवाई करने की सलाह दी जाती है।

इसके अलावा, राजस्थान सरकार द्वारा इस तरह का कोई मामला दर्ज नहीं किया गया है।

(घ): वर्ष 2025 के चल रहे खरीफ मौसम के दौरान राजस्थान राज्य में डीएपी की उपलब्धता पर्याप्त बनी रही। दिनांक 01.04.2025 से दिनांक 22.07.2025 तक, राजस्थान राज्य में 2,27,000 मीट्रिक टन डीएपी उपलब्ध कराया गया है और राज्य के पास वर्तमान में 61,000 मीट्रिक टन डीएपी का अंतिम स्टॉक है।

AYUSHMAN BHARAT SCHEME CARDS

1095. SHRI DINESH CHANDRA YADAV:

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

(a) whether the Government has provided Ayushman Bharat Scheme Cards to approximately including 60 crore poor people in the country, if so, the details thereof;

(b) the amount of funds being spent under this scheme during the last three years, State-wise and year-wise;

(c) whether the Government is aware that people are facing a lot of problems for issue of New Ayushman Cards online; 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): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a flagship scheme of the Government of India that provides health coverage of ₹5 lakh per eligible family per year for secondary and tertiary care hospitalizations. As on date, more than 41 crore Ayushman cards have been created under the scheme.

(b): The details of central share of funds released to the States/UTs in the last three financial years are given in the enclosed **Statement**.

(c) and (d): National Health Authority (NHA) implemented Beneficiary Identification System (BIS) 2.0 AB-PMJAY to streamline and expedite identification of eligible beneficiaries. One of the key features introduced under BIS 2.0 is the offline mode of identification, designed specifically to support regions with poor or unstable internet connectivity.

STATEMENT

State/UT-wise details of Central share of funds released under AB-PMJAY during the last three years

(Amount in crore of Rupees)

State/UT	FY 2022-23	FY 2023-24	FY 2024-25
Andaman And Nicobar Islands	1	0.59	1.25
Andhra Pradesh	480.89	451.45	328.65
Arunachal Pradesh	3.8	3.47	8.90
Assam	209.33	292.06	296.27
Bihar	145.51	172.5	610.15
Chandigarh	6.41	8.96	9.05
Chhattisgarh	352.94	195.47	336.13
DNH & DD	2.93	7.79	5.76
Goa	0.53	1.2	0.00
Gujarat	660.15	267.48	240.58
Haryana	143.5	95.17	121.69
Himachal Pradesh	64.32	47.91	49.71
Jammu and Kashmir	85.62	42.22	52.18
Jharkhand	0	83.55	341.41
Karnataka	647.74	320.59	513.32
Kerala	151.34	155.49	153.28
Ladakh	1.92	1.93	1.96
Lakshadweep	0.15	0.07	0.00
Madhya Pradesh	665.73	790.35	668.69
Maharashtra	388.03	548.4	398.82

Manipur	38.55	29.17	29.85
Meghalaya	47.31	49.74	40.09
Mizoram	26.3	23.35	22.33
Nagaland	21.69	28.6	26.97
Puducherry	7.98	5.3	9.60
Punjab	111.38	57.96	122.20
Rajasthan	416.96	606.04	429.94
Sikkim	2.3	6.01	4.83
Tamil Nadu	578.67	681.74	440.57
Telangana	173.54	135.75	228.02
Tripura	45.25	48.81	53.87
Uttar Pradesh	501.78	841.11	1026.06
Uttarakhand	65.11	60.21	65.32

गुजरात में प्राथमिक स्वास्थ्य केंद्र

1096. श्री हरीभाई पटेल:

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

(क) मेहसाणा लोकसभा निर्वाचन क्षेत्र सहित गुजरात राज्य में सरकार द्वारा संचालित प्राथमिक स्वास्थ्य केंद्रों की संख्या कितनी है;

(ख) क्या सरकार मेहसाणा लोकसभा निर्वाचन क्षेत्र सहित गुजरात राज्य में नए प्राथमिक स्वास्थ्य केंद्र खोलने पर विचार कर रही 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): गुजरात राज्य द्वारा दी गई सूचना के अनुसार, राज्य में मेहसाणा जिले समेत प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) की संख्या निम्नानुसार है:

ब्योरा	गुजरात	मेहसाणा जिला
प्राथमिक स्वास्थ्य केंद्र (पीएचसी)	1539	59
शहरी-प्राथमिक स्वास्थ्य केंद्र*	424	9

*आयुष्मान आरोग्य मंदिर (एएएम) पोर्टल में दिनांक 21.07.2025 के अनुसार।

वित्त वर्ष 2025-26 में राज्य बजट में पांच (05) नए प्राथमिक स्वास्थ्य केंद्रों को अनुमोदित किया गया है। इसके अतिरिक्त, 15वें वित्त आयोग के अंतर्गत, गुजरात राज्य में वित्त वर्ष 2021-22 से 2025-26 तक के लिए 36 प्राथमिक स्वास्थ्य केंद्र (पीएचसी) और 137 शहरी-प्राथमिक स्वास्थ्य केंद्र (यू-पीएचसी) अनुमोदित किए गए और मेहसाणा निर्वाचन-क्षेत्र में वित्त वर्ष 2024-25 में 4 प्राथमिक स्वास्थ्य केंद्र और वित्त वर्ष 2023-24 में 04 शहरी- प्राथमिक स्वास्थ्य केंद्र अनुमोदित किए गए।

(ख) और (ग). राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत स्वास्थ्य और परिवार कल्याण मंत्रालय, राज्यों/संघ राज्य क्षेत्रों, जिसमें गुजरात भी शामिल है, को तकनीकी एवं वित्तीय सहायता उपलब्ध कराता है ताकि राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत कार्यक्रम कार्यान्वयन योजना(पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर स्वास्थ्य परिचर्या सुविधा केंद्रों की स्थापना/उन्नयन सहित जन स्वास्थ्य परिचर्या प्रणाली को मजबूत बनाया जा सके। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाहियों

के अभिलेख (आरओपी) के रूप में प्रस्ताव का अनुमोदन करती है। विवरण सार्वजनिक रूप से निम्नलिखित पर उपलब्ध है :

<https://nhm.gov.in/index4.php?lang=1&level=0&linkid=56&lid=69>

CENTRAL FUNDS RELEASED UNDER NHM

1097. DR. SHRIKANT EKNATH SHINDE:

SHRI NARESH GANPAT MHASKE:

SHRI RAJESH VERMA:

SHRIMATI SHAMBHAVI:

SHRI RAVINDRA DATTARAM WAIKAR:

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

- (a) whether the Government has noted the significant growth of 185 percent in the share of central funds released under the National Health Mission (NHM) since 2014 and if so, the details of this increase;
- (b) the specific initiatives/programs have been funded through these increased allocations to improve healthcare services in the country;
- (c) whether there are plans to sustain or further enhance this funding trend in the coming years and if so, the details of the projected amounts;

(d) the manner in this growth in funding is expected to impact health outcomes across various States, particularly in underserved areas; and

(e) whether the Government has received feedback from State Governments regarding the effectiveness of these funds in addressing public health challenges 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): With the objective of attainment of universal access to equitable, affordable and quality health care services, the Ministry of Health and Family Welfare is implementing various programs and provides technical and financial support to the States/UTs for improvement in health infrastructure and strengthening healthcare systems. The details of Central releases under National Health Mission (NHM) from the FY 2014-15 to FY 2024-25 are given below:

(Rs. in cr.)

Financial Year	Central Release
2014-15	18,039.26
2015-16	18,971.49
2016-17	20,916.63
2017-18	26,842.22
2018-19	26,363.24

2019-20	30,836.88
2020-21	31,278.84
2021-22	27,447.56
2022-23	31,278.84
2023-24	33,042.62
2024-25	36,529.14

Source: State of Budget Estimate, Ministry of Finance.

Further, Central Allocation of Rs. 39,663.73 cr. has been earmarked for the FY 2025-26 under NHM.

“Public Health and Hospitals” is a State subject, the primary responsibility of strengthening public healthcare system, including for provision to address the existing disparities in rural and underserved health sector lies with the respective State Governments. Proposals are received from all States/ UTs in the form of Programme Implementation Plans (PIPs). Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms and available resources.

The details for the approvals provided under NHM can be accessed from the below link: <https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>.

The detailed report on Health Infrastructure and Human Resources may be accessed from the Health Dynamics of India (Infrastructure and Human Resources) report for FY 2022-23, link as below:

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

Under NHM, regular interactions are held with States/UTs. Various mechanisms exist to assess the implementation and progress of NHM like:

- Review of key deliverables of Record of Proceedings of previous financial year during the NPCC meetings,
- Common Review Missions (CRM) are conducted regularly in the States/UTs which looks at financial systems and physical implementation of the program.

Reports on CRMs may be accessed from below link:

<https://www.nhm.gov.in/index1.php?lang=1&level=1&sublinkid=795&lid=195>.

- Financial Monitoring Reports (FMRs) are submitted by the States/UTs on monthly basis.
- Subsequent instalments released to the State/UTs based on compliance of guidelines of Department of Expenditure, Ministry of Finance.

Further, monitoring and evaluation of the progress of all States/ UTs is assessed, through review meetings, video conferences and field visits of senior officials.

RAN UMBRELLA SCHEME

1098. SHRI E. T. MOHAMMED BASHEER:

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

- (a) whether the Government has taken note that all grants under the Rashtriya Arogya Nidhi (RAN), RAN Umbrella Scheme and Health Minister's Discretionary Grants have been stopped after announcement of an online platform for helping poor patients to get treatment;
- (b) if so, the details thereof;
- (c) whether the Government has taken note that under the Umbrella Scheme, only 14 hospitals were approved in the whole country, including Sree Chitra and that the system of giving and renewing 50 lakh advances has now stopped;
- (d) if so, the details thereof;
- (e) whether the Government has taken note that many poor patients earning less than 1,400 per month cannot use the online RAN because hospitals are not accepting it and no notices are put up to inform patients;
- (f) if so, the details thereof; and
- (g) the steps taken by the Government to ensure that hospitals like Sree Chitra, which have RAN committees and online approval systems, can continue

giving financial help?

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 grants under the Rashtriya Arogya Nidhi (RAN), RAN Umbrella Scheme and Health Minister's Discretionary Grant (HMDG) are implemented seamlessly in both modes i.e. offline and online, without any interruption, even after announcement of an online platform for helping poor patients to get treatment.

(c) and (d): The Umbrella Scheme of Rashtriya Arogya Nidhi (RAN), along with the Health Minister's Discretionary Grant (HMDG) scheme, was on boarded onto the National Health Authority (NHA)'s IT platform on 01.06.2021. Since then, 108 hospitals/institutes have been integrated into the platform for the online implementation of the RAN/HMDG schemes.

With regard to the provision and renewal of advances of ₹50 lakh, it is informed that the individual hospital-based revolving fund account system has been replaced by a Child-Parent Accounting System. A designated bank account operated by AIIMS, New Delhi functions as the Parent Account, into which funds are transferred through sanction orders issued by this Ministry. This Parent

Account is linked to Child Accounts maintained by the respective hospitals. Financial assistance for patient treatment under the RAN/HMDG schemes, processed through the NHA's IT platform, is released exclusively through this Child-Parent Accounting System.

(e) and (f): Antyodaya beneficiaries from States/UTs where National Food Security Act (NFSA) data has been integrated with the National Health Authority's (NHA) IT platform, as well as PM-JAY beneficiaries requiring treatment not covered under PM-JAY, are eligible to avail benefits under the Umbrella Scheme of Rashtriya Arogya Nidhi (RAN) through the online mode.

Hospital authorities well versed with the provisions of the scheme's guidelines, process proposals for financial assistance through the NHA's IT platform in accordance with the existing guidelines.

(g) : The scheme is implemented in both online and offline modes. Accordingly, the respective hospitals may continue to provide financial assistance to eligible patients through either mode, as applicable, in accordance with the instructions and provisions outlined in the scheme guidelines.

CHINA'S PRESENCE IN INDIAN OCEAN

1099. PROF. SOUGATA RAY:

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

(a) whether China's growing presence in Indian Ocean Region is a strategic challenge for India, if so, the details thereof;

(b) whether China is undertaking several infrastructural projects focusing on ports, airports and the logistic sector for dual use purposes which will be a threat to our security, if so, the details thereof; and

(c) whether China has been deploying research and survey vessels in the region to augment maritime domain awareness and collect sensitive oceanography and marine data from the Indian Ocean Region, if so, the details thereof?

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

(a) to (c): The Government is aware of China's stated objective of becoming a 'maritime power'. As part of this strategy, China is developing ports and other infrastructure facilities in the littoral countries in the Indian Ocean Region. China also has naval and maritime presence in the Indian Ocean Region including

through anti-piracy escort missions, port calls and deployment of research and survey vessels.

Government closely monitors all developments in the Indian Ocean Region impinging on India's security and economic interests and takes appropriate measures to safeguard India's interests.

Our relations with countries in the Indian Ocean Region are comprehensive and long-standing, based on their own merit and are independent of their relations with any third countries. Countries such as Sri Lanka, Maldives and Mauritius like occupy a central place in India's 'Neighborhood First' Policy and MAHASAGAR (Mutual and Holistic Advancement for Security and Growth Across Regions) vision. Our political relations with countries of the region are strong, trade and investment ties are being augmented, development projects and infrastructural cooperation is progressing, and there is broad-based engagement across all sectors.

उर्वरक भंडारण सुविधाएं

1100. श्री वीरेन्द्र सिंह:

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

(क) देश में किन राज्यों में उर्वरकों की सबसे अधिक कमी देखी जा रही है;

- (ख) क्या उत्तर प्रदेश के चंदौली जिले में यूरिया और डीएपी जैसे उर्वरक पर्याप्त मात्रा में और समय पर उपलब्ध नहीं हो रहे हैं;
- (ग) क्या यह सच है कि धान उत्पादक क्षेत्रों में मानसून-पूर्व और खरीफ मौसम के दौरान उर्वरकों की मांग अधिक होती है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या चंदौली जैसे धान-प्रधान जिलों को उर्वरक उपलब्ध कराने/आवंटित करने में प्राथमिकता देने के लिए कोई राष्ट्रीय नीति है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ङ.) भारत में उर्वरक गोदामों की संख्या और उनकी भंडारण क्षमता कितनी है;
- (च) क्या यह सच है कि उत्तर प्रदेश, विशेषकर चंदौली जिले में उर्वरक भंडारण सुविधाओं की कमी के कारण कठिनाइयों का सामना करना पड़ रहा है, जिसके कारण कालाबाजारी हो रही है और उर्वरकों के वितरण में देरी हो रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (छ) क्या सरकार का चंदौली में उर्वरक भंडारण सुविधाएं बनाने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसके पूरा होने की समय-सीमा क्या है?

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

(क): चल रहे खरीफ मौसम 2025 के दौरान देश भर में यूरिया, डीएपी, एमओपी और एनपीकेएस जैसे उर्वरकों की उपलब्धता पर्याप्त बनी हुई है।

(ख): उत्तर प्रदेश सरकार से प्राप्त जानकारी के अनुसार, चल रहे खरीफ मौसम 2025 के दौरान चंदौली सहित राज्य के सभी जिलों में यूरिया और डीएपी की उपलब्धता पर्याप्त बनी हुई है।

(ग): भारत सरकार प्रत्येक फसल मौसम से पहले उर्वरकों की आवश्यकता का आकलन करती है। खरीफ 2025 के दौरान, यूरिया, डीएपी, एमओपी और एनपीकेएस की अनुमानित मात्रा क्रमशः 185.40 लाख मीट्रिक टन, 56.99 लाख मीट्रिक टन, 11.13 लाख मीट्रिक टन और 76.51 लाख मीट्रिक टन है।

(घ): उर्वरक विभाग का कार्य राज्य स्तर पर उर्वरकों की पर्याप्त उपलब्धता सुनिश्चित करना है। हालाँकि, राज्य के भीतर जिला स्तर पर उर्वरकों का वितरण राज्य सरकार द्वारा किया जाता है।

(ङ.): देश में उर्वरक कंपनियों द्वारा कुल 1,082 गोदामों का उपयोग किया जा रहा है और उनकी संचयी भंडारण क्षमता 22,42,074 मीट्रिक टन है।

(च) और (छ): उत्तर प्रदेश सरकार ने सूचित किया है कि चंदौली जिले में उर्वरकों के भंडारण के संबंध में कोई विशेष कठिनाई की सूचना नहीं है।

WITHDRAWAL OF MEMBERSHIP FROM SAARC

1101. SHRI T. R. BAALU:

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

(a) whether India has withdrawn its membership from the SAARC, if so, the details thereof; and

(b) the alternative steps being contemplated to strengthen diplomatic ties in the sub Region to compensate the imminent loss?

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): No.

(b): India continues to support various activities in diverse areas to achieve closer cooperation in SAARC. However, the efforts to continue the SAARC dialogue, including holding of important meetings are hindered due to Pakistan sponsoring cross border terrorism and blocking trade and transport connectivity efforts in the region. India has been actively engaging countries in the region including in South Asia to strengthen the regional partnership through the BIMSTEC mechanism.

‘रामबाण’ प्रयोगशाला

1102. डॉ. कल्याण वैजीनाथराव काले:

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

(क) क्या भारतीय आयुर्विज्ञान अनुसंधान परिषद द्वारा सार्वजनिक स्वास्थ्य डिलीवरी प्रणाली को सुदृढ़ बनाने के लिए कोई ठोस कदम उठाए गए हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार ने वायरस का शीघ्र पता लगाने के लिए अस्पतालों के निकट स्माल बाउल शृंखला-प्रयोगशाला-3 और एसबीएस-3 प्रयोगशालाएँ स्थापित की हैं;

(ग) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;

(घ) देश में उन स्थानों का ब्यौरा क्या है जहाँ 'रामबाण' नामक प्रयोगशालाएँ कार्यरत हैं;

(ङ) क्या महाराष्ट्र में स्वास्थ्य संस्थाओं के बाहर 'रामबाण' नामक रैपिड एक्शन मोबाइल लैब्स तैनात की गई हैं;

(च) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं; और

(छ) महाराष्ट्र की सभी स्वास्थ्य संस्थाओं के लिए ये मोबाइल लैब्स कब तक उपलब्ध कराए जाने की संभावना है?

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

(क): भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर), जो स्वास्थ्य अनुसंधान विभाग (डीएचआर) के अंतर्गत एक स्वायत्त निकाय है, इसके देश भर में 28 संस्थान हैं जिनमें अत्याधुनिक सुविधाएँ हैं जोकि जैव-चिकित्सा अनुसंधान के निर्माण, समन्वय और संवर्धन के लिए कार्यरत हैं। आईसीएमआर एक्स्ट्राम्यूरल अनुसंधान अनुदानों के माध्यम से 300 से अधिक चिकित्सा महाविद्यालयों और संस्थानों को सहायता प्रदान करता है। इसके अतिरिक्त, राष्ट्रीय स्वास्थ्य अनुसंधान कार्यक्रम (एनएचआरपी) के अंतर्गत 12 चिन्हित प्राथमिकता वाले क्षेत्रों में 30 बड़ी बहु-राज्य परियोजनाओं को सहायता प्रदान की गई है।

डीएचआर ने पूरे देश में वायरल अनुसंधान और नैदानिक प्रयोगशालाओं (वीआरडीएल) का नेटवर्क स्थापित करने में महत्वपूर्ण भूमिका निभाई है। ऐसी 165 वीआरडीएल प्रयोगशालाओं को मंजूरी दी गई है। वीआरडीएल योजना का प्राथमिक उद्देश्य नवीन अनुसंधान को सुगम बनाना, उच्च-गुणवत्ता वाली नैदानिक सेवाएँ प्रदान करना और जन स्वास्थ्य पेशेवरों को तकनीकी प्रशिक्षण प्रदान करना है। ये

प्रयोगशालाएँ समय पर निदान, वायरल रोगजनकों की पहचान, प्रकोप के दौरान संसाधनों के उपयोग में सहायता, वायरल रोगों पर आँकड़े तैयार करने और जन स्वास्थ्य नीतियों के संचार हेतु अनुसंधान करके स्वास्थ्य प्रणाली को सहयोग प्रदान करती हैं।

देश को जन स्वास्थ्य आपात स्थितियों से निपटने के लिए तैयार करने के दीर्घकालिक लक्ष्य के साथ, स्वास्थ्य प्रणालियों और संस्थानों की क्षमता विकास हेतु प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) शुरू किया गया है। इस योजना के अंतर्गत, जम्मू, डिब्रूगढ़, जबलपुर और बेंगलुरु में चार क्षेत्रीय राष्ट्रीय विषाणु विज्ञान संस्थान (एनआईवी) और नागपुर में राष्ट्रीय वन हेल्थ संस्थान (एनआईओएच) को आईसीएमआर के लिए अनुमोदित किया गया है। पुणे स्थित राष्ट्रीय ट्रांसलेशनल विषाणु विज्ञान एवं एड्स अनुसंधान संस्थान (आईसीएमआर-एनआईटीवीएआर) के सैटेलाइट केंद्र को भी मंजूरी दी गई है। इसके अलावा, संक्रामक रोग अनुसंधान और नैदानिक प्रयोगशालाओं (आईआरडीएल) में उन्नयन हेतु 10 वायरल अनुसंधान और नैदानिक प्रयोगशालाओं (वीआरडीएल) को शामिल किया गया है, और **बायोसेफ्टी** लेवल 3 (बीएसएल-3) प्रयोगशालाओं में उन्नयन हेतु 5 वीआरडीएल को शामिल किया गया है।

आईसीएमआर ने बताया है कि उसने कोविड महामारी के प्रबंधन और उससे निपटने में महत्वपूर्ण भूमिका निभाई है। इसमें 18 महीनों के भीतर प्रयोगशालाओं की क्षमता (1 से 3300 प्रयोगशालाएँ) बढ़ाना, स्वदेशी वैक्सीन, कोवैक्सिन का विकास, कोविशील्ड और कोवोवैक्स के नैदानिक परीक्षण; सभी प्रकार के कोविड डायग्नोस्टिक परीक्षणों का सत्यापन जिससे लागत में 50 गुना कमी आई; नैदानिक मार्गदर्शन और सलाह जारी करना, जीनोमिक अनुक्रमण करना, प्लाज्मा थेरेपी के लिए नैदानिक परीक्षण, विश्व

स्वास्थ्य संगठन के सॉलिडैरिटी ट्रायल में भाग लेना, जनसंख्या प्रतिरक्षा को समझने के लिए सीरो-सर्वेक्षण करना आदि शामिल हैं।

इसके अलावा, आईसीएमआर ने विभिन्न संक्रामक बीमारियों के लिए स्वदेशी टीकों और उपचारों के विकास में महत्वपूर्ण योगदान दिया है। इसने इन-विट्रो डायग्नोस्टिक (आईवीडी) उपकरणों, पॉइंट-ऑफ-केयर परीक्षण किटों और निगरानी उपकरणों के क्षेत्रीय सत्यापन में भी सहायता की है, जो प्रत्यक्ष और अप्रत्यक्ष रूप से सार्वजनिक स्वास्थ्य सेवा प्रदान करने से जुड़े हैं।

(ख) से (च) : आईसीएमआर ने सूचित किया है कि पीएम-एबीएचआईएम योजना के तहत, रामबाण (रैपिड एक्शन मोबाइल बीएसएल-3+ एडवांस्ड ऑगमेंटेड नेटवर्क) नामक दो मोबाइल बायोसेफ्टी लेवल 3 (बीएसएल-3) वैन पहले ही खरीद ली गई हैं और राष्ट्रीय विषाणु विज्ञान संस्थान (एनआईवी) पुणे और क्षेत्रीय चिकित्सा अनुसंधान केंद्र (आरएमआरसी) गोरखपुर में तैनात की गई हैं। इन वैन को प्रकोप की जरूरतों के आधार पर किसी भी स्थान पर तैनात किया जा सकता है। उदाहरण के लिए, सितंबर 2023 में निपाह वायरस के प्रकोप के दौरान, एक मोबाइल बीएसएल-3 वैन कोझीकोड में तैनात की गई थी, जहाँ इसने संदिग्ध नमूनों के परीक्षण की सुविधा प्रदान की थी। इसी प्रकार, जुलाई 2024 में, वैन को प्रकोप प्रतिक्रिया संबंधी गतिविधियों के लिए मलप्पुरम में तैनात किया गया था। मोबाइल प्रयोगशालाएँ वास्तविक समय डेटा संग्रह में मदद करती हैं जो त्वरित नियंत्रण सुनिश्चित करती हैं और किसी भी उभरने वाले वायरल संक्रमण के आगे प्रसार को रोकती हैं। इन मोबाइल प्रयोगशालाओं का उपयोग प्रयोगशाला संचालन और बायोसेफ्टी प्रोटोकॉल में वैज्ञानिक और जैव चिकित्सा कर्मियों के व्यापक प्रशिक्षण के लिए भी किया गया है।

(छ): मोबाइल बीएसएल-3 प्रयोगशालाएँ अत्यधिक विशिष्ट प्रयोगशालाएँ हैं जिनकी लागत करोड़ों रुपये तक होती है। सभी स्वास्थ्य संस्थानों के लिए इनकी आवश्यकता नहीं होती, हालाँकि, महाराष्ट्र के एनआईवी पुणे में स्थित एक मोबाइल बीएसएल-3 प्रयोगशाला को प्रकोप के दौरान आवश्यकतानुसार कहीं भी तुरंत तैनात किया जा सकता है।

INTEGRATION OF AYUSH WITH MODERN MEDICAL SYSTEM

1103. SHRI VIJAY KUMAR DUBEY:

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

- (a) the steps being taken by the Government for integration of AYUSH with the modern medical system and the promotion of AYUSH system of medicine;
- (b) the measures taken by the Government to ensure the quality and efficacy of AYUSH doctors and medicines;
- (c) whether the Government has any plan/has proposed any plan to set up AYUSH hospitals, dispensaries, health and research centres in every district of the country on the lines of modern medical system; and
- (d) 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): The Ministry of Ayush is taking multiple initiatives towards integration of Ayush systems of medicine with modern medicine and for promotion of Ayush systems of medicine:

- i. The Ayush Vertical under Directorate General of Health Services (DGHS), established by the Ministry of Ayush and Ministry of Health and Family Welfare (MoH&FW), serves as a dedicated institutional mechanism for planning, monitoring, and supervising Ayush-specific public health programs. This vertical provides technical support to both Ministries in developing strategies for public health, healthcare, Ayush education, and training.
- ii. The Ministry of Ayush and MoH&FW have jointly established Integrated Ayush Departments in Central Government Hospitals to promote integrative healthcare. As part of this initiative, the Department of Integrative Medicine has been set up and is operational at Vardhman Mahavir Medical College and Safdarjung Hospital and Lady Hardinge Medical College, New Delhi.
- iii. An Advisory committee was constituted under the chairpersonship of Dr. V.K. Paul, Hon'ble Member (Health), NITI Aayog to study the existing knowledge and efficacy of different models of Integrative Medicine and its benefits at large and to propose a framework of comprehensive Integrative Health Policy.
- iv. Government of India has adopted a strategy of Co-location of AYUSH facilities

at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), thus enabling the choice to the patients for different systems of medicines under a single window. The engagement of AYUSH doctors/paramedics and their training is supported by the MoH&FW under National Health Mission (NHM), while the support for AYUSH infrastructure, equipment/furniture and medicines are provided by the Ministry of Ayush under National AYUSH Mission (NAM) as shared responsibilities.

v. National Commission for Indian System of Medicine (NCISM) has developed the Ayush Module - Internship Electives for MBBS for Ayurveda, Unani and Siddha system of medicine. As per regulation 10 (7) of National Commission for Indian System of Medicine (Minimum Standards of Undergraduate Ayurveda Education) Regulations-2022, the proportion of modern Advances in Syllabus for Ayurveda teaching content shall be up to 40 per cent. Homoeopathic Education Board under National Commission for Homeopathy (NCH) has taken various new initiatives like early clinical exposure, introduction of electives, faculty development program, foundation program, finishing program at end of internship, inclusion of new subjects like pharmacology and psychology to sensitize the students about different systems of medicine.

vi. Details of initiatives taken by the Research councils and National Institutes

under the Ministry of Ayush for integration of Ayush with modern medical system are given in the enclosed **Statement**.

vii. To promote Ayush systems of medicine, the Ministry of Ayush is implementing Centrally Sponsored Scheme National Ayush Mission (NAM) and Central Sector Schemes providing financial assistance for promotion and popularization of Ayush systems of medicine at National and International level namely, Ayush Oushadhi Gunavatta evam Utpadan Samvardhan Yojana (AOGUSY), Promotion of International Cooperation (IC), Promotion of Information, Education and Communication (IEC), Scheme for Conservation, Development and Sustainable Management of Medicinal Plants (CDSMMP), Ayurswasthaya Yojana and Ayurgyan. Further, National Institutes and Research Councils under Ministry of Ayush are engaged in coordinating, formulating, developing, promoting and popularizing Ayush system of healthcare. Two Statutory Bodies under Ministry of Ayush i.e. National Commission for Indian System of Medicine (NCISM) and National Commission for Homoeopathy (NCH) are working as a regulatory commission for promotion of Ayush education. Ministry of Ayush is also digitally promoting the Ayush System of Medicine on its various Social Media Platforms.

(b): To ensure quality and efficacy of Ayurveda, Siddha, Unani and Sowa Rigpa doctors, the National Commission for Indian System of Medicine (NCISM) notified

NCISM (Ethics and Registration) Regulations 2023. In the said Regulation, under chapter III, rights and privileges of practitioners have been prescribed. Further, under Chapter IV, standards of professional conduct, etiquettes and code of ethics have been prescribed. The National Commission for Homoeopathy (NCH) ensures quality and efficacy of Homoeopathy doctors through standardized Homoeopathic practices across the country through the implementation of the provisions of National Commission for Homoeopathy (Professional Conduct, Etiquette and Code of Ethics for Practitioners of Homoeopathy) Regulation 2022, through the State Homoeopathic Councils/Boards. National Institutes under the Ministry of Ayush strictly adheres to the guidelines set by NCISM and NCH to maintain high standards of education and training of Ayush doctors and students.

The Ministry of Ayush has launched the Indian Public Health Standards (IPHS) for Ayushman Arogya Mandirs (AAMs) (Ayush) and Ayush Hospitals. It is a set of uniform standards for infrastructure, human resources, equipment, medicines, and services. These standards enable States and UT's to deliver consistent and high quality Ayush healthcare services.

The Drugs and Cosmetics Act, 1940 and Drugs Rules, 1945 have exclusive regulatory provisions for Ayurvedic, Siddha, Sowa-Rigpa, Unani, and Homoeopathy drugs. Provisions relating to Ayurveda, Siddha, Sowa-Rigpa and

Unani Drugs are contained in Chapter IVA and Schedule- 1 of the Drugs and Cosmetics Act, 1940 and in Rules 151 to 169, Schedules E (I), T and TA of the Drugs Rules, 1945. Further, Second Schedule (4A) of the Drugs and Cosmetics Act, 1940 provides standards for Homoeopathic drugs and Rules 2dd, 30AA, 67 (C-H), 85 (A to I), 106-A, Schedule K, Schedule M-I of the Drugs and Cosmetics Rules, 1945 pertain to Homoeopathic drugs. It is mandatory for the manufacturers to adhere to the prescribed requirements for licensing of manufacturing units and medicines including proof of safety and effectiveness, compliance with the Good Manufacturing Practices (GMP) as per Schedule T and Schedule M-I of Drugs Rules, 1945 and quality standards of drugs given in the respective pharmacopoeia. Pharmacopoeia Commission for Indian Medicine and Homoeopathy (PCIM&H), a subordinate office under the Ministry of Ayush lays down the formulary specifications and pharmacopoeial standards for Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) drugs which serves as official compendia for ascertaining the quality (identity, purity and strength) of the ASU&H drugs. As per the Drugs and Cosmetics Act, 1940 and rules thereunder, the compliance to this quality standards are mandatory for the production of ASU&H drugs being manufactured in India.

Ministry of Ayush has implemented a Central Sector Scheme AOGUSY, approved

by Standing Finance Committee (SFC) on 16.03.2021. The total Budget allocation to this scheme is Rs. 122.00 crores for five years. The components of AOGUSY scheme are as follows:

- i. Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards.
- ii. Pharmacovigilance of ASU&H drugs including surveillance of misleading advertisements.
- iii. Strengthening of Central and State regulatory frameworks including Technical Human Resource and Capacity Building programs for Ayush drugs.
- iv. Support for development of standards and accreditation/certification of Ayush products and materials in collaboration with Bureau of Indian Standards (BIS), Quality Control of India (QCI) and other relevant scientific institutions and industrial R&D centers.

(c) and (d): Since Public Health being a State subject, setting up of the Ayush hospitals in the country comes under the purview of respective State/UT Governments. However, the Ministry of Ayush has established a vast network of Ayush academic and research institution through National Institutes and Research Councils across the Country. Further, under Centrally Sponsored Scheme of National Ayush Mission (NAM), there is provision of financial assistance for

establishment of Integrated Ayush Hospitals. State/UT Governments may avail eligible financial assistance by submitting the suitable proposals through State Annual Action Plans (SAAPs) as per the provisions of NAM Guidelines.

STATEMENT

Details of initiatives taken by the Ministry of Ayush through its Research councils and National Institutes

S. No	Research councils/ National	Details of initiatives Institute
1.	Central Council for Research in Ayurvedic Sciences (CCRAS)	The Central Council for Research in Ayurvedic Sciences (CCRAS) has undertaken research studies such as Operational study to explore the feasibility of integrating Ayurveda with modern system of medicine in a tertiary care hospital (Safdarjung Hospital New Delhi) for the management of Osteoarthritis (Knee), Feasibility of introducing the Indian System of Medicine. (Ayurveda) in the National Reproductive and Child Health services at the Primary Health Care (PHC) level in Himachal Pradesh and Integration of AYUSH systems in the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) and Feasibility of introducing Ayurveda Intervention in Reproductive and Child Health (RCH) in PHCs of the Selected district (Gadchiroli) of Maharashtra (Effectiveness of Ayurvedic intervention for Ante-Natal care (Garbhini Paricharya) at Primary Health Care level. A Multi Centre Operational Study). Further, Indian Council of Medical Research (ICMR) and CCRAS has taken and initiative to set up Ayush-ICMR Advanced Centre for Integrative Health Research (AI-ACIHR), at AIIMS to conduct

		research on identified areas focusing on integrative healthcare under Extra Mural research Scheme of ICMR.
2.	Central Council for Research in Unani Medicine (CCRUM)	Central Council for Research in Unani Medicine (CCRUM) has established four re-location centers at Dr. RML Hospital, Dr. DDU Hospital, Safdarjung Hospital, New Delhi and J.J. Hospital at Mumbai. Collaborative projects with modern academic/ research Institutions have also been under taken by the Council to integrate and promote Unani Medicine.
3.	Central Council for Research in Homoeopathy (CCRH)	The Central Council for Research in Homoeopathy (CCRH) is working towards integration of Homoeopathy with mainstream healthcare by undertaking research in collaboration and cooperation in the field of integrative medicine. The Council has co-location of homoeopathy treatment centre in allopathic hospital for providing treatment on various clinical conditions at Safdarjung Hospital, New Delhi, Lady Hardinge Medical College and Hospital, New Delhi, Delhi Cantonment General Hospital, New Delhi, Clinical trial Unit, at BRD Medical College and Hospital, Gorakhpur, UP, Civil Hospital, Aizwal, Mizoram and District hospital, Dimapur, Nagaland. The Council has also taken initiative to link Homoeopathy along with mainstream healthcare set-up by undertaking various Public Health programmes such as the Integration of NPCDCS programme for Homoeopathy, Swasthya Rakshan program (SRP), the programme Homoeopathy for Healthy teething', a component of "Homoeopathy for healthy child and Schedule Caste Component plan (SC Component plan).
4.	Central Council for Research in Siddha (CCRS)	The Central Council for Research in Siddha (CCRS) has taken initiatives for integrating Siddha practices with the modern healthcare system by

		encouraging scientific research and clinical trials to validate the efficacy and safety of Ayush treatments along with modern treatments. Integrated Siddha cancer OPD has been functioning at All India Institute of Ayurveda campus and Siddha cancer OPD at Safdarjung hospital aiding the Palliative care of cancer patients through Siddha system through Siddha Clinical Research Unit, Safdarjung, New Delhi under CCRS. CCRS has signed MoU with AIIMS Rishikesh for initiating collaborative research activities for Cancer Management, Reproductive and Childcare and Regenerative Medicine.
5.	Central Council for Research in Yoga and Naturopathy (CCRYN)	The Central Council for Research in Yoga and Naturopathy (CCRYN) is a part of the ICMR Task Force on Multi-centric Study project on Heart Failure across the country.
6.	All India Institute of Ayurveda (AIIA)	In All India Institute of Ayurveda (AIIA), New Delhi, integrative medical services are available under Centre for Integrative Ayush Therapy (Unani, Siddha and Homeopathy), Centre for Integrative Cancer Therapy, Centre for Integrative Dentistry, Centre for Integrative Critical Care and Emergency Medicine, Centre for Integrative Orthopedics, Centre for Integrative Dietetics and Nutrition and Causality OPD Section. Integrated services are also provided through Satellite Clinical Services Units established at Integrative Medical Services Unit at Safdarjung Hospital, New Delhi, Integrative Medical Services Unit AIIMS Jhajjar and Centre for Integrative Oncology at National Cancer Institute - AIIMS, Jhajjar. Further, a Centre for Integrative Oncology (CIO) has been established at AIIA, New Delhi as a joint venture of AIIA and Indian Council of Medical Research National Institute of Cancer Prevention and Research (NICPR-ICMR). Ayush Journal of Integrative Oncology (AJIO) is being

		published from Centre for Integrative Oncology (CIO) at AIIA. This Institute also has an International Collaborative Centre for global promotion and research in Ayurveda.
7.	The Institute of Teaching and Research in Ayurveda (ITRA)	The Institute of Teaching and Research in Ayurveda (ITRA) conducts integrative research with the modern medical system.
8.	National Institute of Siddha (NIS)	To promote integrated research in the Siddha system of medicine and provide Siddha treatment to the patients visiting Chettinad Hospital and Research Institute (CHRI), National Institute of Siddha (NIS) inaugurated an upgraded Siddha specialty OPD at Kelambakkam jointly with Chettinad Academy of Research Education (CARE). NIS has been conducting a Specialty Integrative Traditional Siddha Medicine OPD (SISMO) at Centre for Integrative Medicine Research, Manipal Academy of Higher Education (MAHE), Manipal, Karnataka. Further, NIS started a Siddha Integrated Cancer Care Centre(S-IC Care Centre) to provide integrated treatment to cancer patients.

DEEPENING RELATION OF INDIA WITH LATIN AMERICA

1104. SHRI VISHNU DAYAL RAM:

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

- (a) the steps taken by the Government to strengthen ties with Latin American countries in light of the opening of the Embassy of Honduras in New Delhi;

- (b) the details of recent or planned initiatives to deepen India's diplomatic and economic engagement in the said region;
- (c) whether Government is planning to open more Indian embassies in Latin American countries where India currently lacks representation, if so, the details thereof; and
- (d) whether Latin America is being considered as a focus region under India's broader South–South cooperation strategy, 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): In recent years, India has steadily strengthened its relations with all the countries of the Latin American and Caribbean (LAC) region. Our relationship has progressed across several areas including trade and investment, agriculture, DPIs (Digital Public Infrastructure), Pharmaceuticals, capacity building, people-to-people ties, and is marked by dynamic development partnership and strong cooperation at regional and multilateral fora such as CARICOM (Caribbean Community), SICA (Central American Integration System) and CELAC (Community of Latin American and Caribbean States). During the last one year, India has opened its Mission in Bolivia, while Honduras and St. Kitts and Nevis

have opened their Missions in Delhi. The increased political engagements during the last one year have further provided a renewed momentum to our relationships.

(b): The Government has taken a number of initiatives to deepen India's diplomatic and economic engagements in the Latin America Region. Hon'ble Prime Minister visited Guyana to Co-Chair the 2nd India-CARICOM Summit and bilateral visit (Nov 20-21, 2024) and also for bilateral visits to Trinidad and Tobago (Jul 03-04, 2025), Argentina (Jul 04-05, 2025) and Brazil (Jul 05-08, 2025). Recent incoming high level visits include visit by PM of Jamaica (Oct 2024), President of Chile (Apr 2025) and President of Paraguay (Jun 2025). Dr. S. Jaishankar, Hon'ble EAM visited Guyana, Panama, Colombia and Dominican Republic in Apr 2023. In Guyana, EAM co-chaired the 4th India-CARICOM Ministerial Meeting and in Panama, he participated in the India-SICA Foreign Ministerial Meeting. Also, Hon'ble PM and Hon'ble EAM had a number of meetings with their counterparts of LAC region on the sidelines of UNGA (United Nations General Assembly) and other multilateral fora. Shri Pabitra Margherita, Hon'ble MoS visited Antigua and Barbuda, Bahamas, Barbados, Dominican Republic, El Salvador, Grenada, Guatemala, Mexico, Nicaragua, Panama, Trinidad and Tobago and Uruguay in LAC region during the last one year. The CII (Confederation of Indian Industry) India-LAC Conclave has emerged as an important platform for advancing economic and

commercial cooperation between India and the LAC region. The 9th edition of the conclave was held on 3-4 August 2023, followed by the 10th edition on 19-20 March 2025, which saw participation from over 600 delegates from India and overseas.

(c): The Ministry formulates proposals from time to time for opening of resident Missions in countries where there are no Indian Missions. The objective of our Foreign Policy is to build a conducive environment for India's growth and development through partnerships with friendly countries. India's Missions and Posts across the world serve as conduits of its relations with partner countries. The decision to open new Indian Missions is to expand India's footprint in various regions and broaden international support for our priorities.

(d): The Government of India views Latin America and Caribbean (LAC) as a key partner in the framework of South-South cooperation. As part of this effort, India has been engaging with LAC countries, with the purpose of deepening cooperation and collaboration in all areas of mutual interests. The visit to four countries in LAC region by Hon'ble PM in last one year and also the visit to four countries by Hon'ble EAM in April 2023 reflects the importance given by India to this region. Hon'ble MoS (PM) also visited 12 LAC countries during the last one year. In all our interactions and exchanges with Latin America, focus is always on the concerns of the Global south and its priorities and to project these on the global stage. Our

relationship with LAC countries has progressed across several areas including political, trade and investment, agriculture, DPIs, pharmaceuticals, science and technology, energy, critical minerals, capacity building, people-to-people ties, and is marked by dynamic development partnership and strong cooperation at regional and multilateral fora such as CARICOM, SICA and CELAC. India is also acting as the 'First Responder' in HADR (Humanitarian Assistance and Disaster Relief), sharing its expertise in digital technology and offering capacity building courses to our partner nations in LAC region.

CASES OF ZIKA VIRUS

1105. DR. THOL THIRUMAAVALAVAN:

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

- (a) whether the Government has data on the number of Zika Virus infection detected in our country during the last five years;
- (b) if so, the details thereof, year-wise;
- (c) whether the necessary assays and accurate test kit for detecting Zika Virus infection is available in the country and if so, the details thereof; and
- (d) whether the kit is indigenously produced or imported in the country and if so, the details thereof?

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

(a) and (b): Integrated Disease Surveillance Programme (IDSP) at National Centre for Diseases Control (NCDC), is mandated with surveillance and response to 50 plus outbreak prone communicable diseases including Zika virus. Zika virus was first reported in India in 2017 when cases were reported from Gujarat. Since then, sporadic outbreaks have occurred in different parts of the country. Details of Zika virus cases as reported by States on Integrated Health Information Platform (IHIP) portal are as under:

Year	2021	2022	2023	2024	2025
Number of Zika Virus Cases	234	2	23	83	0

(c) and (d): The indigenous test kits approved by Central Drugs Standard Control Organisation (CDSCO) for Zika virus testing are Genes2Me RTPCR, DIAGSure RTPCR ,Quantiplus RTPCR. There are a number of CDSCO approved imported kits available in Indian market as well.

NEW CANCER HOSPITALS AND ONCOLOGY CENTRES**1106. SHRI MUKESHKUMAR CHANDRAKAANT DALAL:****SHRIMATI DAGGUBATI PURANDESWARI:**

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

- (a) the number of new cancer hospitals and oncology centres that have been set up across the country during the last five years, State/UT-wise particularly the number of these facilities set up in Andhra Pradesh and Gujarat;
- (b) the status of the Government-funded initiatives for early cancer detection, free treatment for economically weaker sections and the number of oncologists increasing in public hospitals;
- (c) the details of the funds allocated during the last three financial years for cancer treatment and research along with percentage of these funds utilized for infrastructure expansion and patient care;
- (d) whether the Government has any strategy to improve access to affordable cancer treatment, including initiatives such as public-private partnerships, telemedicine services and subsidized medicines and if so, the details thereof;
- (e) the measures taken/proposed to be taken by the Government to reduce cancer prevalence rates; and

- (f) whether there is a nationwide awareness campaign planned to educate citizens on early detection, risk factors and lifestyle modifications 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 Government of India has implemented 'Strengthening of Tertiary Care Cancer Facilities Scheme under National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) for setting up of 19 State Cancer Institutes (SCI) and 20 Tertiary Care Cancer Centres (TCCC) in different parts of the country. The financial assistance is provided for procurement of radio therapy equipment, diagnostic equipments, surgical equipments and enhancement of indoor civil work and patient facility for cancer and such other purposes relevant for diagnosis, treatment and care of cancer. The maximum permissible assistance for SCI is Rs. 120 crores and for TCCC is Rs.45 crores. This is inclusive of State share of 40% (for North East and Hill States 10%). Kurnool Medical College, Kurnool in Andhra Pradesh and Gujarat Cancer Research Institute, Ahmedabad in Gujarat have been approved as SCI with approved budget of Rs. 120 crores respectively.

The National Cancer Institute at Jhajjar (Haryana) and the second campus of Chittaranjan National Cancer Institute, Kolkata have been set up to provide advanced diagnostic and treatment facilities. Cancer treatment facilities have also been approved in all 22 new All India Institute of Medical Science (AIIMS).

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) including cancer. Under the programme, 770 District NCD Clinics, 364 Day Care Cancer Centres, and 6410 NCD Clinics at Community Health Centres have been set up.

Following, the announcement in Union Budget 2025-26, so far, 297 new Day Care Cancer Centres **have been approved for the financial year 2025-26**. These centers aim to provide follow-up chemotherapy for patients referred by tertiary care centres.

A population-based initiative for screening, management and prevention of common NCDs including cancer have been rolled out as a part of Comprehensive

Primary Health Care in the country under National Health Mission (NHM) through Ayushman Arogya Mandirs. Screening of these common NCDs including cancer is an integral part of service delivery.

National Medical Commission has taken few steps for ease of starting Post Graduate (PG) course including for Oncology as follows:

- (i) One can start PG course with two seats even with two faculties, without having Senior Resident.
- (ii) In many specialties, bed requirement for unit formation has been reduced
- (iii) Medical College/ Institutes can apply for starting PG course one year after Medical College has been permitted to start an Undergraduate course and Government Medical Colleges can start PG course simultaneously with UG course.

The details of increase in number of Oncologists in last three years are as under:

Sl. No.	Course Name	Seats Granted in 2022-23	Seats Granted in 2023-24	Seats Granted in 2024-25
1	MD – Radiation Oncology	19	40	11
2	DM – Medical Oncology	20	7	8
3	DM - Oncology	6	6	3
4	M.Ch – Gynecological Oncology	1	1	6

5	M.Ch – Surgical Oncology	13	15	10
6	DM – Pediatric Oncology	8	-	3
7	MD - Oncopathology	6	5	10
Total		73	74	51

(c): Indian Council of Medical Research (ICMR) has funded research in areas of gall bladder cancer, breast cancer, lung cancer, cancers in North-east and oral cancer through its centrally sponsored research projects. The details of approximate budget allocated for cancer research are as under:

Year	Amount
2021-2022	Rs 125 crore
2022-2023	Rs 150 crore
2023-2024	Rs 300 crore

Funds allocated and released to State Cancer Institutes / Tertiary Care Cancer

Centres during the last three financial years is as follows:

Financial Year	Budget Allocation		Expenditure
	Budget Estimate	Revised Estimate	
2022-23	175	120	119.99
2023-24	100	50	72.4
2024-25	109	80	79.37

(d): Treatment of major NCDs including cancer are available under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB PMJAY). This scheme provides for Rs. 5 lakh per family annually for secondary and tertiary care. Recently, PM-JAY extended health coverage to all senior citizens aged 70+, regardless of income. The Health Benefit Package (HBP) of AB PM-JAY covers 1961 procedures across 27 specialties, including cancer. Treatments are available at 30,072 empaneled hospitals.

Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) Scheme was launched to set up dedicated outlets known as Pradhan Mantri Bhartiya Janaushadhi Kendras (PMBJKs) to provide quality generic medicines at affordable prices. Under PMBJP, 2047 types of medicines and 300 surgical devices have been brought under the basket of the scheme, of which 87 products are for cancer treatment.

Affordable Medicines and Reliable Implants for Treatment (AMRIT), initiative launched by the Ministry of Health and Family Welfare provides affordable medicines for treatment of various diseases including cancer. As on 30.06.2025, there are 234 AMRIT Pharmacies spread across 28 States/Union Territories, selling more than 6500 drugs including Cancer at significant discounts.

Under **National Health Mission (NHM)**, **National Free Drugs Initiative and Free Diagnostic Services** ensure essential medicines and diagnostics at **public health facilities**, reducing **out-of-pocket expenses**. **Anti-cancer drugs** are included in the **Essential Drugs List** at **District and Sub-Divisional Hospitals** under National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD).

(e) and (f): Preventive aspect of Cancer is strengthened under Comprehensive Primary Health Care through Ayushman Aarogya Mandir by promotion of wellness activities and targeted communication at the community level. Other initiatives for increasing public awareness about NCDs, promotion of healthy lifestyle includes observation of national and international health days and use of print, electronic and social media for continued community awareness.

Under NP-NCD, financial support of ₹3 -5 lakhs at District level and ₹50-70 lakhs at State level is provided under National Health Mission for awareness generation activities for NCDs including cancer to be undertaken by the States and Union Territories as per their Programme Implementation Plans (PIPs). **Details of the approval and expenditure under NP-NCD for the last three years is** given in the enclosed **Statement**.

In view of the escalating burden of NCDs, the Ministry of Health and Family Welfare had launched NCD Screening Campaign (20th February, 2025 to 31st March 2025) to achieve universal screening of individuals aged 30 years and above. The campaign was conducted nationwide across Ayushman Arogya Mandir and other healthcare facilities under NP-NCD.

STATEMENT

State/UT wise details of SPIP Approvals and Expenditure for National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) under NHM during the period of F.Y. 2022-23 to 2024-25

(Rs. In lakhs)							
S. No.	State/UT	2022-23		2023-24		2024-25	
		SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure
1	Andaman and Nicobar Islands	52.46	9.14	56.18	18.76	77.50	29.04
2	Andhra Pradesh	6078.76	3054.33	5954.08	5935.23	2793.95	2978.96
3	Arunachal Pradesh	622.95	533.96	779.13	383.35	778.50	359.91
4	Assam	1306.81	793.10	1222.93	774.03	1261.30	564.97
5	Bihar	8298.99	3149.22	7163.81	2728.00	15239.36	7741.21
6	Chandigarh	4.15	0.31	3.90	0.75	5.55	5.06

7	Chhattisgarh	3506.32	2359.05	2974.64	2178.78	3489.59	1016.16
8	Dadra and Nagar Haveli and Daman and Diu	57.55	14.53	57.99	47.68	220.20	26.79
9	Delhi	164.70	21.97	335.41	27.22	1002.36	89.05
10	Goa	153.05	156.05	145.25	96.34	380.84	126.83
11	Gujarat	4071.68	1711.46	3778.31	1542.89	4183.61	1248.96
12	Haryana	533.41	592.62	406.56	630.69	5093.87	898.75
13	Himachal Pradesh	1361.00	440.72	1416.50	735.05	1239.49	442.21
14	Jammu and Kashmir	792.00	202.20	882.00	208.39	1016.40	530.60
15	Jharkhand	1955.15	903.13	1958.53	1467.89	4668.04	3284.65
16	Karnataka	4409.74	2625.00	2452.35	1953.05	1645.43	941.00
17	Kerala	7662.02	2372.94	5249.09	1203.84	5464.00	265.95
18	Ladakh	273.36	146.40	166.43	119.15	1126.35	901.39
19	Lakshadweep	21.21	2.03	22.28	3.22	31.70	19.56
20	Madhya Pradesh	4753.73	1470.14	2090.26	1385.57	7207.23	3369.80
21	Maharashtra	5311.21	2018.00	5147.52	1502.83	22614.03	1669.74
22	Manipur	722.21	277.29	724.30	249.28	1448.36	250.52
23	Meghalaya	407.60	219.42	370.59	524.32	1002.20	738.66

24	Mizoram	176.24	22.60	176.24	118.60	157.71	39.78
25	Nagaland	312.26	41.62	310.88	125.42	452.79	454.29
26	Odisha	7442.69	3539.82	6067.91	4957.81	5251.02	4525.75
27	Puducherry	113.10	47.94	135.94	48.39	499.08	44.36
28	Punjab	1405.93	559.97	1796.11	1796.11	4255.14	323.83
29	Rajasthan	23542.9 2	2700.62	23542.9 2	2204.69	13709.0 0	10632.43
30	Sikkim	117.04	56.33	85.55	51.17	243.93	176.00
31	Tamil Nadu	8466.91	1814.06	10031.1 6	4277.33	5130.45	4617.11
32	Telangana	5272.72	5305.26	5145.00	128.71	3925.06	3840.06
33	Tripura	496.53	203.41	578.92	250.46	670.00	377.02
34	Uttar Pradesh	13607.8 2	4787.92	18998.7 0	5667.88	24974.5 7	6266.67
35	Uttarakhand	1127.33	436.72	1167.37	697.50	1231.06	530.01
36	West Bengal	3868.71	4765.29	5428.71	4680.41	8563.20	5144.23

अखिल भारतीय आयुर्विज्ञान संस्थानों के कार्मिकों की संख्या में वृद्धि

1107. श्री दर्शन सिंह चौधरी:

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

(क) क्या सरकार का देश में अखिल भारतीय आयुर्विज्ञान संस्थानों (एम्स), विशेषकर एम्स, भोपाल के क्षेत्र के अधिक रोगियों के लाभ के लिए डॉक्टरों और अन्य चिकित्सा कर्मचारियों की संख्या बढ़ाने का विचार है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार का विचार एम्स, भुवनेश्वर की तर्ज पर एम्स, भोपाल में एक केंद्रीय अनुसंधान प्रयोगशाला (सी.आर.एल) स्थापित करने का है; और

(ग) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क): अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) में विभिन्न विभागों के प्रभावी संचालन को सुनिश्चित करने के लिए पदों का सृजन और भर्ती एक सतत प्रक्रिया है। एम्स, भोपाल सहित विभिन्न एम्स में संकाय और गैर-संकाय पदों का ब्यौरा संलग्न **विवरण** में दिया गया है। विभिन्न संस्थानों में रिक्त स्वीकृत संकाय और गैर-संकाय पदों को शीघ्रता से भरने के लिए निम्नलिखित कदम उठाए गए हैं:

(i) रिक्त संकाय पदों को भरने के लिए एम्स अधिनियम के प्रावधान के अनुसार प्रत्येक एम्स में स्थायी चयन समिति का गठन किया गया है।

(ii) नए एम्स में राष्ट्रीय महत्व के संस्थानों (आईएनआई) और सरकारी मेडिकल कॉलेजों (जीएमसी) से 70 वर्ष की आयु तक के सेवानिवृत्त प्रोफेसर, एडीशनल प्रोफेसर और एसोसिएट प्रोफेसर के स्तर पर संविदा के आधार पर नियुक्ति का प्रावधान किया गया है।

(iii) विजिटिंग फैकल्टी योजना भारत के सरकारी संस्थानों या भारत के बाहर के शैक्षणिक संस्थानों में शैक्षणिक पदों पर कार्यरत प्रोफेसरों, एडीशनल प्रोफेसरों और एसोसिएट प्रोफेसरों को शिक्षण

उद्देश्यों के लिए नए एम्स में विजिटिंग फैकल्टी के रूप में रखने की अनुमति देने के लिए तैयार की गई है।

(iv) एम्स दिल्ली द्वारा विभिन्न एम्स के लिए नर्सिंग अधिकारियों की भर्ती के लिए नर्सिंग अधिकारी भर्ती सामान्य पात्रता परीक्षा (एनओआरसीईटी) आयोजित की जाती है।

(v) विभिन्न एम्स में समूह ख और ग गैर-संकाय पदों पर भर्ती के लिए एम्स दिल्ली द्वारा सामान्य भर्ती परीक्षा (सीआरई) आयोजित की जाती है।

(vi) एम्स दिल्ली विभिन्न एम्स के लिए जूनियर रेजिडेंट (शैक्षणिक) का चयन करने के लिए राष्ट्रीय महत्व के संस्थान संयुक्त प्रवेश परीक्षा (आईएनआई-सीईटी) और वरिष्ठ रेजिडेंट (शैक्षणिक) का चयन करने के लिए राष्ट्रीय महत्व के संस्थान सुपर स्पेशियलिटी (आईएनआई-एसएस) परीक्षा भी आयोजित करते हैं।

(ख) और (ग): प्रत्येक एम्स का यह दायित्व है कि वह संस्थान के छात्रों और संकाय द्वारा विज्ञान की विभिन्न शाखाओं में अनुसंधान करने के लिए पर्याप्त बुनियादी ढांचा और सुविधाएं उपलब्ध कराएं।

विवरण

पीएमएसएसवाई के अंतर्गत स्थापित नए एम्स में स्वीकृत संख्या, संकाय, गैर-संकाय (एसआर/जेआर, नर्स, पैरामेडिकल और अन्य स्टाफ सहित) और कार्यरत कर्मचारियों का ब्यौरा

क्रम संख्या	एम्स का नाम और राज्य	संकाय पद		गैर-संकाय पद	
		स्वीकृत	पदस्थ	स्वीकृत	पदस्थ
1.	भोपाल (मध्यप्रदेश)	305	234	3884	2885
2.	भुवनेश्वर (ओडिशा)	337	234	3963	2975

3.	जोधपुर (राजस्थान)	405	219	4084	3142
4.	रायपुर (छत्तीसगढ़)	305	189	3884	2721
5.	पटना (बिहार)	305	221	3884	2595
6.	ऋषिकेश (उत्तराखंड)	355	208	4095	2938
7.	मंगलागिरी (आंध्र प्रदेश)	309	151	1953	1153
8.	नागपुर (महाराष्ट्र)	373	234	2105	1160
9.	कल्याणी (पश्चिम बंगाल)	309	170	2221	994
10.	गोरखपुर (उत्तर प्रदेश)	213	115	1492	977
11।	बठिंडा (पंजाब)	219	140	2090	1140
12.	बिलासपुर (हिमाचल प्रदेश)	217	126	1511	947
13.	गुवाहाटी (असम)	183	115	1630	744
14 .	देवघर (झारखंड)	208	129	1712	879
15.	बीबीनगर (तेलंगाना)	183	133	1374	902
16.	रायबरेली (उत्तर प्रदेश)	201	113	1425	1067
17.	राजकोट (गुजरात)	183	76	1247	535
18.	मदुरै (तमिलनाडु)	183	49	911	43
19.	जम्मू (जम्मू और कश्मीर)	183	115	1311	818
20.	अवंतीपोरा (जम्मू और कश्मीर)	94	-	252	2
21.	रेवाड़ी (हरियाणा)	-	-	7	1
22.	दरभंगा (बिहार)	-	-	7	1

CANTONMENT BOARDS

1108. SHRI VARUN CHAUDHRY:

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

- (a) the number of Cantonment Boards in the country;
- (b) the area and population covered under these Cantonment Boards; and
- (c) the reasons for not holding elections in these Cantonment Boards and the timeline by which elections are likely to be held?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH):

- (a): Presently, there are 61 Cantonment Boards in the country.
- (b): The total area of Defence Land is 17.81 lakh acres, out of which about 1.61 lakh acres is located within the Cantonments. The population in Cantonments is 20,78,854 as per 2011 Census.
- (c): In order to bring uniformity in municipal laws governing Cantonment areas and adjoining State municipalities, a proposal for excision of civil areas from the limits of select Cantonments and their merger with adjoining municipalities has been taken up with the concerned State Governments. Since the outcome of excision exercise may have a bearing on the governance structure of Cantonment Boards, elections to Cantonment Boards have not been conducted.

आयुष महाविद्यालय

1109. श्री अजय भट्ट:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) स्वतंत्रता के बाद से आयुर्वेद, योग और प्राकृतिक चिकित्सा, यूनानी, सिद्ध और होम्योपैथी (आयुष) में पारंपरिक भारतीय चिकित्सा प्रणालियों को बढ़ावा देने के लिए खोले गए स्नातक और स्नातकोत्तर स्तर के महाविद्यालयों सहित आयुष महाविद्यालयों की कुल संख्या कितनी है और देश में उनकी राज्य/संघ राज्यक्षेत्र-वार, पद्धति-वार वर्तमान स्थिति क्या है;
- (ख) क्या सरकार ने अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) की तर्ज पर पारंपरिक चिकित्सा के लिए राष्ट्रीय स्तर का कोई शीर्ष आयुष अस्पताल या अनुसंधान संस्थान स्थापित किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या ऐसा कोई प्रस्ताव वर्तमान में सरकार के विचाराधीन है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) क्या सरकार आयुष क्षेत्र में अर्हता-प्राप्त चिकित्सकों, शोधकर्ताओं और विशेषज्ञों की कमी को पूरा करने और आयुष प्रणालियों में उच्च स्तरीय अनुसंधान और नवाचार को बढ़ावा देने के लिए कोई विशेष योजना या कार्यक्रम कार्यान्वित कर रही है;
- (ङ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क): भारतीय चिकित्सा केंद्रीय परिषद (आईएमसीसी) अधिनियम, 1970 ने आयुर्वेद, सिद्ध, यूनानी पद्धतियों में शिक्षा एवं पद्धतियों को विनियमित करने के लिए भारतीय चिकित्सा केंद्रीय परिषद (सीसीआईएम) की स्थापना की। इसी तरह, होम्योपैथी केंद्रीय परिषद अधिनियम, 1973 ने होम्योपैथी की शिक्षा एवं पद्धति को विनियमित करने के लिए केंद्रीय होम्योपैथी परिषद (सीसीएच) का गठन किया। सोवा रिग्पा चिकित्सा पद्धति को दिनांक 16.12.2011 की राजपत्र अधिसूचना संख्या 2345 के अनुसार वर्ष 2012 से भारतीय चिकित्सा केंद्रीय परिषद में शामिल किया गया है। वर्ष 2020 में, केंद्र सरकार ने भारतीय चिकित्सा पद्धति के लिये भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग (एनसीआईएसएम) अधिनियम, 2020 अधिनियमित किया और भारतीय चिकित्सा केंद्रीय परिषद (आईएमसीसी) अधिनियम, 1970 को निरस्त कर दिया, इसी प्रकार, होम्योपैथी के लिए राष्ट्रीय होम्योपैथी आयोग (एनसीएच) अधिनियम, 2020 अधिनियमित किया और केंद्रीय होम्योपैथी परिषद (सीसीएच) अधिनियम, 1973 को निरस्त कर दिया। इसके फलस्वरूप, संबंधित अधिनियमों के तहत भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग (एनसीआईएसएम) और राष्ट्रीय होम्योपैथी आयोग (एनसीएच) का गठन किया गया। देश भर में आयुर्वेद, यूनानी, सिद्ध एवं होम्योपैथी कॉलेजों के शैक्षणिक वर्ष 2025-26 के अनुसार राज्य/संघ राज्य क्षेत्र-वार, पद्धति-वार स्थिति का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(ख) और (ग): केंद्र सरकार ने आयुर्वेद के लिए एक शीर्ष संस्थान के रूप में आयुष मंत्रालय के तहत एक स्वायत्त संगठन अखिल भारतीय आयुर्वेद संस्थान (एआईआईए) की स्थापना की है। संस्थान आयुर्वेद के विभिन्न विषयों में स्नातकोत्तर और डॉक्टरेट पाठ्यक्रम प्रदान करता है और आयुर्वेद के मौलिक अनुसंधान, दवा विकास, मानकीकरण, गुणवत्ता नियंत्रण, सुरक्षा मूल्यांकन और आयुर्वेदिक

चिकित्सा के वैज्ञानिक सत्यापन पर ध्यान केंद्रित करता है। संस्थान में नैदानिक अनुसंधान की सुविधा के लिए 200 बिस्तरों वाला रेफरल अस्पताल है। संस्थान में 9 अंतर-विषयक अनुसंधान प्रयोगशालाओं के साथ 12 स्पेशियल्टी विभाग और 45 स्पेशियल्टी बहिरंग रोगी विभाग हैं। एआईआईए गोवा, जो एक अनुषंगी संस्थान है, भी इसके विशाल 50 एकड़ के परिसर के साथ स्थापित किया गया है, जिसे एआईआईए दिल्ली की तरह निवारक, नैदानिक और तृतीयक स्वास्थ्य सुविधाएं प्रदान करने के लिए तैयार किया गया है।

आयुर्वेद शिक्षण एवं अनुसंधान संस्थान (आईटीआरए), जामनगर, गुजरात, जिसे 'आयुर्वेद शिक्षण एवं अनुसंधान संस्थान अधिनियम, 2020' के माध्यम से स्थापित किया गया है, आयुष पद्धति में भारत का पहला 'राष्ट्रीय महत्व का संस्थान' है। आयुष मंत्रालय ने देश भर में आयुर्वेद, सिद्ध, यूनानी, होम्योपैथी, योग एवं प्राकृतिक चिकित्सा तथा सोवा-रिग्पा पद्धतियों के राष्ट्रीय संस्थानों की भी स्थापना की है। राष्ट्रीय संस्थानों का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

इसके अलावा, केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस), केंद्रीय यूनानी चिकित्सा अनुसंधान परिषद (सीसीआरयूएम), केंद्रीय होम्योपैथी अनुसंधान परिषद (सीसीआरएच), केंद्रीय योग एवं प्राकृतिक चिकित्सा अनुसंधान परिषद (सीसीआरवाईएन) और केंद्रीय सिद्ध अनुसंधान परिषद (सीसीआरएस) आयुष मंत्रालय के तहत क्रमशः आयुर्वेद, यूनानी, होम्योपैथी, योग एवं प्राकृतिक चिकित्सा तथा सिद्ध चिकित्सा पद्धति में अनुसंधान के लिए स्वायत्त संगठन हैं। सीसीआरएएस, सीसीआरयूएम, सीसीआरएच, सीसीआरवाईएन और सीसीआरएस नैदानिक अनुसंधान, औषधि अनुसंधान, औषधीय पादप अनुसंधान, मौलिक अनुसंधान, साहित्यिक अनुसंधान और प्रलेखन, जहां

भी लागू हो, के माध्यम से संबंधित चिकित्सा पद्धतियों में वैज्ञानिक मान्यकरण की दिशा में कार्य कर रहे हैं। अनुसंधान परिषदों का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

वर्तमान में, आयुष मंत्रालय के पास राष्ट्रीय स्तर के शीर्ष आयुष अस्पताल या अनुसंधान संस्थान स्थापित करने का कोई प्रस्ताव विचाराधीन नहीं है।

(घ) और (ङ): आयुष मंत्रालय 2021-22 से आयुर्ज्ञान नामक एक केंद्रीय क्षेत्र योजना कार्यान्वित कर रहा है, जिसका उद्देश्य शैक्षणिक गतिविधियों, प्रशिक्षण, क्षमता वर्धन आदि के जरिए बाह्यवर्ती अनुसंधान गतिविधियां तथा शिक्षा प्रदान करके आयुष में अनुसंधान और नवाचार में सहयोग करना है। इस योजना के 03 घटक हैं, अर्थात् (i) आयुष में क्षमता वर्धन तथा सतत चिकित्सा शिक्षा (सीएमई), (ii) वित्तीय वर्ष 2021-22 से आयुष में अनुसंधान एवं नवाचार, और (iii) आयुर्वेद जैविकी एकीकृत स्वास्थ्य अनुसंधान जिसे वित्तीय वर्ष 2023-24 से योजना में शामिल किया गया है। इस योजना में आयुष चिकित्सकों, शिक्षकों, शोधकर्ताओं और उद्यमियों की विविध आवश्यकताओं को ध्यान में रखा जाता है तथा शिक्षा, अनुसंधान एवं नवाचार के माध्यम से आयुष पद्धति को उन्नत करने के लिए एक व्यापक दृष्टिकोण विकसित होता है।

विवरण-I

देश भर में आयुर्वेद, यूनानी, सिद्ध, होम्योपैथी एवं सोवा-रिग्पा कॉलेजों के शैक्षणिक वर्ष 2025-26 के अनुसार राज्य/संघ राज्य क्षेत्र-वार, पद्धति-वार स्थिति का ब्यौरा

क्र. सं.	राज्य	स्नातक-पूर्व					स्नातकोत्तर			
		आयुर्वेद	सिद्ध	यूनानी	होम्योपैथी	सोवा-रिग्पा	आयुर्वेद	सिद्ध	यूनानी	होम्योपैथी
1.	आंध्र प्रदेश	3	-	1	7	-	2	-	-	3
2.	अरुणाचल प्रदेश	1	-	-	1	-	-	-	-	-
3.	असम	1	-	-	1	-	1	-	-	-

4.	बिहार	10	-	5	15	-	2	-	1	2
5.	चंडीगढ़	1	-	-	1	-	1	-	-	-
6.	छत्तीसगढ़	7	-	-	3	-	2	-	-	-
7.	दिल्ली	3	-	2	3	-	3	-	2	3
8.	गोवा	2	-	-	1	-	2	-	-	-
9.	गुजरात	48	-	-	50	-	9	-	-	15
10.	हरियाणा	15	-	-	1	-	2	-	-	-
11.	हिमाचल प्रदेश	4	-	-	1	1	3	-	-	-
12.	जम्मू और कश्मीर	2	-	4	1	-	1	-	1	-
13.	झारखंड	-	-	-	7	-	-	-	-	1
14.	कर्नाटक	102	-	6	19	1	35	-	3	6
15.	केरल	18	1	1	6	-	12	-	-	3
16.	लद्दाख	-	-	-	-	2	-	-	-	-
17.	मध्य प्रदेश	35	-	4	27	-	8	-	1	6
18.	महाराष्ट्र	131	-	7	71	-	44	-	1	18
19.	मेघालय	2	-	-	1	-	-	-	-	1
20.	ओडिशा	5	-	-	7	-	3	-	-	1
21.	पांडिचेरी	1	-	-	-	-	-	-	-	-
22.	पंजाब	19	-	1	4	-	4	-	-	1
23.	राजस्थान	18	-	3	12	-	4	-	-	4
24.	सिक्किम	-	-	-	-	1	-	-	-	-
25.	तमिलनाडु	8	16	1	14	-	1	3	1	4
26.	तेलंगाना	2	-	2	6	-	1	-	2	4
27.	उत्तर प्रदेश	98	-	17	16	1	15	-	8	6
28.	उत्तराखंड	20	-	1	2	-	6	-	-	-
29.	पश्चिम बंगाल	4	-	1	12	1	1	-	-	4
कुल		560	17	56	289	7	162	3	20	82

विवरण-II

आयुष मंत्रालय के तहत राष्ट्रीय संस्थानों/अनुसंधान परिषदों का ब्यौरा

राष्ट्रीय संस्थान (12)

1. राष्ट्रीय आयुर्वेद संस्थान (एनआईए), जयपुर, राजस्थान।
2. आयुर्वेद शिक्षण एवं अनुसंधान संस्थान, (आई.टी.आर.ए.), जामनगर, गुजरात।
3. अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), गौतम पुरी, सरिता विहार, नई दिल्ली।
4. पूर्वोत्तर आयुर्वेद एवं लोक चिकित्सा अनुसंधान संस्थान (एनईआईएफएमआर) पासीघाट, अरुणाचल प्रदेश।
5. पूर्वोत्तर आयुर्वेद एवं होम्योपैथी संस्थान (एनईआईएच), शिलांग, मेघालय।
6. राष्ट्रीय आयुर्वेद विद्यापीठ (आरएवी), नई दिल्ली।
7. मोरारजी देसाई राष्ट्रीय योग संस्थान (एमडीएनआईवाई), नई दिल्ली।
8. राष्ट्रीय प्राकृतिक चिकित्सा संस्थान (एनआईएन), पुणे, महाराष्ट्र।
9. राष्ट्रीय यूनानी चिकित्सा संस्थान (एनआईयूएम), बेंगलोर, कर्नाटक।
10. राष्ट्रीय सिद्ध संस्थान (एनआईएस), चेन्नई, तमिलनाडु।
11. राष्ट्रीय सोवा रिग्पा संस्थान (एनआईएसआर), लेह, लद्दाख।
12. राष्ट्रीय होम्योपैथी संस्थान (एनआईएच), कोलकाता, पश्चिम बंगाल।

अनुषंगी संस्थान

1. अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), गोवा।
2. राष्ट्रीय यूनानी चिकित्सा संस्थान (एनआईयूएम), गाजियाबाद।

3. निसर्ग ग्राम, राष्ट्रीय प्राकृतिक चिकित्सा संस्थान (एनआईएन), पुणे, महाराष्ट्र।
4. राष्ट्रीय होम्योपैथी संस्थान (एनआईएच), नरेला, दिल्ली।

अनुसंधान परिषदें (5)

1. केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएस), 61-65, डी ब्लॉक के सामने, डी ब्लॉक, जनकपुरी इंस्टीट्यूशनल एरिया, जनकपुरी, नई दिल्ली-110058
2. केंद्रीय योग एवं प्राकृतिक चिकित्सा अनुसंधान परिषद (सीसीआरवाईएन), 61-65, डी ब्लॉक के सामने, डी ब्लॉक, जनकपुरी इंस्टीट्यूशनल एरिया, जनकपुरी, नई दिल्ली-110058
3. केंद्रीय यूनानी चिकित्सा अनुसंधान परिषद (सीसीआरयूएम), 61-65, डी ब्लॉक के सामने, डी ब्लॉक, जनकपुरी इंस्टीट्यूशनल एरिया, जनकपुरी, नई दिल्ली-110058
4. केंद्रीय सिद्ध अनुसंधान परिषद (सीसीआरएस), तांबरम सेनेटोरियम, जीएसटी रोड, चेन्नई- 600 047
5. केंद्रीय होम्योपैथी अनुसंधान परिषद (सीसीआरएच), 61-65, डी ब्लॉक के सामने, डी ब्लॉक, जनकपुरी इंस्टीट्यूशनल एरिया, जनकपुरी, नई दिल्ली-110058

SETTING UP OF CANCER DAY CARE CENTRES

1110. SHRI MAGUNTA SREENIVASULU REDDY:

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

- (a) whether the Government has conducted any survey/study for the establishment of Cancer Day Care Centres in districts as announced in the Union Budget 2025-26 and if so, the details thereof;

- (b) the list of districts shortlisted for the implementation of the programme across the country in a State-wise manner, especially in Andhra Pradesh;
- (c) whether these day care cancer centres are likely to be set up within district hospitals or in separate facilities and if so, details thereof;
- (d) the details of the funds allocated/released and utilised so far for the said centres;
- (e) the details of central and state share towards their establishment and operational costs; and
- (f) whether the Government has fixed any timeline for the setting up of such day care cancer centres across the country and if so, 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 Ministry of Health and Family Welfare conducted a national gap analysis using Indian Council of Medical Research (ICMR) cancer registry data and planned for establishment of Day Care Cancer Centres (DCCCs) in consultation with States, as per announcement in the Union Budget 2025-26. High-burden districts were prioritized, and proposals were submitted by the States/UTs and finalized by National Programme Coordination Committee

(NPCC) to optimize resources and avoid duplication. For Financial Year 2025-26, more than 200 DCCCs have been approved for establishment across the country, which includes 14 DCCCs in Andhra Pradesh. A list of approved DCCCs for Financial Year 2025-26 is given in the enclosed **Statement**.

(c) to (e): The DCCCs will be established in District hospitals as per availability of space and logistics; however, based on the feasibility and as per State proposals DCCCs can be established in other Government health facilities also. Unit cost for establishment of DCCCs may be upto Rs. 1.49 Crores as per requirement and gaps at that facility. Fund requirement is fulfilled by the State Resource Envelope (RE) of National Health Mission (NHM) and proportion of States/UTs will be as per norms of NHM.

(f) As per the announcement of Union Budget 2025-26, the government plans to set up Day Care Cancer Centres (DCCCs) in district hospitals in the next 3 years, out of which 200 centres are proposed to be set up in Financial Year 2025-26.

STATEMENT

List of approved DCCCs for Financial Year 2025-26

SI No.	Name of State	Approved DCCCs for FY 2025-26
1	Bihar	Saran, Vaishali, Madhubani, Katihar, Gopalganj, Sitamarhi, Supaul, Araria, Rohtas, Saharsa, Banka, Nawada, Munger (Monghyr), Khagaria, Aurangabad - BH, Jamui, Buxar, Jehanabad, Lakhisarai, Sheikhpura and Sheohar
2	Andhra Pradesh	Anantapur, Kurnool, Prakasam, Krishna, Dr. B.R. AmbedkarKonaseema, East Godavari, Alluri Sitharama Raju, Nandyal, Vizianagaram, Annamayya, Palnadu, Kakinada, Bapatla and NTR
3	Karnataka	Bengaluru (Bangalore), Kolar, Dakshina Kannada, Mysuru (Mysore), Ramanagara, Bengaluru (Bangalore) Rural, Chitradurga, Ballari (Bellary), Davangere, Bagalkot, Dharwad, Haveri, Tumakuru, Udupi, Vijayanagara and Vijayapura
4	Rajasthan	Kotputli-Behror, Deedwana Kuchaman, Khairthal-Tijara, Balotra, Beawar, Deeg, Phalodi and Salumber
5	Punjab	Ludhiana, Patiala, Jalandhar, Hoshiarpur, Amritsar and Sangrur
6	Meghalaya	West Jaintia Hills, West Garo Hills and West Khasi Hills
7	Assam	Karimganj, Hailakandi, Marigaon, Hojai, Baxa, Bongaigaon, Udalgiri, Dhemaji and Chirang
8	Tripura	North Tripura, Gomati and Dhalai

9	Dadara Nagar Haveli and Daman and Diu	Daman, Dadra and Nagar Haveli
10	Delhi	Pt. Madan Mohan Malviya Hospital(South Delhi) and Rao Tularam Hospital (South West Delhi)
11	Ladakh	Leh and Kargil
12	Lakshadweep	Lakshadweep
13	Jharkhand	Bokaro, Deoghar, Dhanbad, Dumka, East Singhbhum, Godda, Hazaribag, Khunti, Koderma, Latehar, Lohardaga, Pakur, Palamu, Ranchi, Saraikela and Simdega
14	Andaman and Nicobar Islands	North and Middle Andaman
15	Arunachal Pradesh	Lower Subansiri, West Siang, East Siang, East Kameng, West Kameng, Lohit and Tirap
16	Chhattisgarh	Mahasamund, Kondagoan, Sukma and Gaurela Pendra Marwahi
17	Gujarat	Rajkot, Bhavnagar, Banaskantha, SabarKantha (Himmatnagar), Surendranagar, Dahod and Valsad
18	Haryana	Gurgaon, Jind, Sirsa, Panipat and Rewari
19	Jammu and Kashmir	Jammu, Shopian, Reasi, Samba, Ramban and Kishtwar
20	Kerala	Thiruvananthapuram and Pathanamthitta
21	Manipur	Imphal East, Kakching and Jiribam
22	Mizoram	Aizawl, Champhai and Lawngtlai
23	Nagaland	Phek, Wokha, Mon and Tuesang

24	Puducherry	Indhra Gandhi Govt General Hospital and Indhra Gandhi Govt Medical College and Research Institute, Karaikal
25	Sikkim	South Sikkim
26	Telangana	Rangareddi, Nalgonda, Khammam, Mehbubnagar, Nizamabad, Medak, Medchal, Adilabad, Sangareddy, Suryapet, Mahabubabad, Bhadrachalam, Kothagudem, Nagarkurnool, Siddipet, Kamareddy, Vikarabad, Wanaparthy, JogulambaGadwal, Jangaon, Mancherial, Nirmal, Jagtial, Peddapalli, Jayashankar Bhoopalpally, Narayanpet, Komaram Bheem Asifabad and Mulugu
27	Uttar Pradesh	Moradabad, Bareilly, Gautam Buddha Nagar, Saharanpur, Jhansi, Bijnor, Jalaun, Pratapgarh - UP, Unnao, Bulandshahr, Sultanpur, Fatehpur, Firozabad, Muzaffarnagar, Rampur, Kushinagar (Padrauna), Etawah, Ghaziabad, Lakhimpur (Kheri), Kanpur Dehat, Shahjahanpur, Budaun, Deoria, Etah, Hardoi, Mainpuri, Rae Bareilly, Kannauj, Auraiya, Azamgarh, Mathura, Gonda, Kaushambi, Banda, Faizabad, Farrukhabad, Sitapur, Pilibhit, Basti, Hathras, Jaunpur, Maharajganj, Lalitpur, Amroha (JP Nagar), Ambedkarnagar, Sidharthnagar, Barabanki, Bahraich, Sant Kabir Nagar, Sambhal (Bhim Nagar), Mirzapur, Mahoba, Ballia, Chitrakoot, Amethi (Chatrapati Sahuji Mahraj Nagar), Sant Ravidas Nagar, Hamirpur - UP, Ghazipur, Baghpat, Mau, Balrampur - UP, Shamali (Prabuddh Nagar), Sonbhadra, Hapur (Panchsheel Nagar), Shravasti, Chandauli and Kanshiram Nagar (Kasganj)

28	West Bengal	Mursidabad, South 24-Parganas, Paschim Medinipur (West Medinipur), Malda, Purba Bardhaman, Bankura, Puruliya and Nandigram
29	Maharashtra	Ahilya Nagar, Akola, Aurangabad - MH, Jalgaon, Beed, Bhandara, Buldhana, Dhule, Gondiya, Hingoli, Jalna, Kolhapur, Solapur, Dharashiv, Latur, Wardha, Nagpur, Nanded, Nandurbar, Parbhani, Palghar, Thane, Raigarh - MH, Sangli, Washim and Yavatmal
30	Himachal Pradesh	Bilaspur, Chamba, Hamirpur, Kangra, Kinnaur, Kullu, Lahaul and Spiti, Mandi, Shimla, Sirmour, Solan, Una, Khaneri (Rampur), Nadaun, Rohru, Sarkaghat, Paonta Sahib and Nurpur

VESSEL RELATED ACCIDENTS

1111. SHRI BENNY BEHANAN:

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

- (a) whether the Government is aware of recent ship or vessel-related accidents that occurred in the offshore areas of Kerala;
- (b) if so, the details of such incidents reported during the last one year, indicating the date, location, nature of accident and loss of life, property or environmental damage caused;

- (c) the steps taken by the Government to assess the impact of these accidents on marine ecology, coastal communities and fishing activities;
- (d) whether any compensation or relief has been provided to the affected individuals, families or communities and if so, the details thereof; and
- (e) whether the Government has conducted inquiry or study into the causes and consequences of these offshore accidents and to prevent their recurrence in the future and if so, the details thereof?

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

(a) to (e): Yes, the Government is aware of recent ship or vessel-related accidents that occurred off the shore area of Kerala. The following ship or vessel-related incidents were reported particularly off the coast of Kerala within the Indian Exclusive Economic Zone, during the last one year.

1. 13 May 2024 – *SAGAR YUVRAJ* (Cargo Vessel, India):

Location: Kerala Coast (10°33.800N, 075°48.640E)

Incident: Collision with a wooden fishing boat

Remarks: Commenced rescue operations; four persons were rescued and brought on board, while two others were reported missing.

2. 24 May 2025 – *MSC ELSA 3* (Container Ship, Liberia):

Location: 09°30.1'N, 075°46.638'E (13 NM off the Alappuzha, Kerala Coast)

Incident: Listing and subsequent sinking. All 26 crew members were rescued. No loss of life.

Consequence: The vessel was carrying about 643 containers which included 13 containers containing hazardous materials classified under the International Maritime Dangerous Goods (IMDG) Code, along with 367 tonnes of Heavy Fuel Oil (HFO) and 64 tonnes of Diesel Oil.

Action taken to prevent environmental damage: A statutory Preliminary inquiry into the incident, under the Merchant Shipping Act, 1958, is being conducted by the Mercantile Marine Department (MMD), Kochi, a field office under the Directorate General of Shipping, Ministry of Ports, Shipping and Waterways to ascertain the causal factors leading to the incident. The preliminary inquiry is currently in progress.

3. 09 June 2025 – WAN HAI 503 (Container Ship, Singapore):

Location: 44 NM from Azhikkal, Kerala Coast

Incident: Fire in container due to explosion

Remarks: 4 foreign national crew members missing; vessel adrift and emitting smoke due to fire; severe damage to the vessel; environmental risk has been

prevented by towing the vessel away from the Indian EEZ. Salvage operations are ongoing to take the vessel to Port of Refuge outside India.

4. 12 June 2025 – *INTERASIA TENACITY* (Container Ship, Singapore):

Location: 50 NM off Kochi, Kerala Coast (10°03.5'N, 075°24.0'E)

Incident: Minor fire in one container

Remarks: No injuries or environmental damage; Fire Extinguished by ship's crew.

Vessel proceeded to destined port JNPT and unloaded the damaged container.

OPTIONAL VACCINES FOR CHILDREN

1112. SHRI DEVUSINH CHAUHAN:

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

- (a) the manner in which the Government is addressing the knowledge gaps among Mothers regarding optional vaccines for children under five in the country especially, in the in Kheda district of Gujarat;
- (b) whether local healthcare workers are being trained to provide better information on immunization and if so, the details thereof; and
- (c) the steps being taken by the Government to ensure that information reaches rural and economically weaker sections effectively 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) and (c): The measures taken across the country by the Government, including Kheda district of Gujarat to address knowledge gaps regarding vaccines are; awareness generation through social media, mid-media, interpersonal communication (IPC) as well as social mobilization within communities by frontline health workers such as Auxiliary Nurse Midwives (ANMs), Accredited Social Health Activists (ASHAs) and Anganwadi Workers (AWWs). To ensure wide outreach, IEC dissemination was carried out through service broadcasters such as Doordarshan using media celebrities, radio jingles and youtube podcasts. Social media platforms such as X handle, Instagram handle and facebook page were used. Localized community-level activities such as miking, posters and group meetings are also organized to ensure these messages reach rural population and economically weaker sections.

(b): Yes, the local healthcare workers are regularly trained to provide better information on immunization. Interpersonal Communication is one of the core component of immunization trainings for health workers and ASHAs.

PROMOTION OF TRADITIONAL TRIBAL MEDICINAL PRACTICES**1113. SHRI AMARSING TISSO:**

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

- (a) whether the Government has taken any steps to recognize and document traditional tribal medicinal practices prevalent among Karbi and Dimasa communities in Assam and if so, the details thereof;
- (b) the details of agencies involved in the documentation, research and validation of such indigenous knowledge systems;
- (c) whether the Government proposes to integrate such tribal practices into formal AYUSH systems or promote them under the National AYUSH Mission; 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 such proposal has been received in Department of Health Research (DHR) under the Ministry of Health and Family Welfare seeking recognition of any specific traditional tribal medicinal practice which may be prevalent among Karbi and Dimasa communities in Assam.

Medico Ethno Botanical Survey (MEBS) of Central Council for Research in Ayurvedic Sciences- Central Ayurveda Research Institute (CCRAS-CARI) Guwahati is involved in documenting the traditional tribal medicinal practices under project entitled "Critical appraisal and validation of Local Health Traditions (LHTs), Oral Health Traditions (OHTs) and Ethno Medicinal Practices (EMPs): An inclusive study among Ethnic communities of Northeast India" supported by NMPB, Ministry of Ayush. Moreover, a Two Day Workshop on "Documentation of Ethnomedicine practices and capacity building of the Traditional Healers among the Karbi ethnic Group" was conducted on 27-28th Feb 2025 by North Eastern Institute of Ayurveda and Folk Medicine Research (NEIAFMR), Pasighat.

CCRAS-CARI, Guwahati and NEIAFMR, Pasighat, autonomous organizations under Ministry of Ayush are involved in the documentation, research and validation of such indigenous knowledge systems.

(c) No.

(d) Does not arise.

MANDATORY STIPEND FRAMEWORK FOR LAW INTERNS

1114. SHRI PRAVEEN KHANDELWAL:

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

- (a) whether the Government proposes to introduce a regulatory framework mandating a minimum stipend or honorarium for law students interning with advocates, law firms, and corporate legal departments, if so, the details thereof and if not, the reasons therefor;
- (b) whether the Government has held consultations with the Bar Council of India, Law Firms, and Legal Education Bodies regarding standardising internship conditions and preventing exploitation of interns, if so, the details thereof and if not, the reasons therefor;
- (c) whether any guidelines are proposed to ensure fair selection, transparent working conditions, and grievance redressal for interns; and
- (d) if so, the details thereof, including proposed implementation timeline, regulatory mechanism, and coverage across law institutions?

**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 framework or guideline is presently under formulation by the Government.

(c) and (d): Under the Advocates Act, 1961, the Bar Council of India has been given the mandate for the regulation of Legal Profession and to take out legal

reforms. In this regard, the Bar Council of India is presently engaged in the drafting of a Model Code of Legal Internships, which aims to ensure fairness, transparency, and accountability in the structure and administration of internships offered by legal practitioners, firms, and institutions.

MBBS DOCTORS IN NASHIK

1115. SHRI RAJABHAU PARAG PRAKASH WAJE:

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

- (a) the current MBBS doctor-to-population ratio in Nashik district of Maharashtra along with the separate data for urban and rural areas and the manner in which it compares with the State and national average;
- (b) whether any concrete steps have been taken by the Government to improve the availability of qualified MBBS doctors in Nashik district including rural, hilly and tribal pockets and to bridge the urban-rural gap in medical services;
- (c) if so, the details of such measures including establishment of new medical colleges, recruitment drives, rural service incentives, telemedicine initiatives and any special schemes for retaining doctors in remote areas of Nashik;
- (d) if not, the reasons for the shortfall, if any; and

(e) whether any proposals are under consideration to address this critical gap in Nashik's public healthcare system 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): As per information provided by National Medical Commission (NMC), there are 13,86,157 registered allopathic doctors. The Ministry of AYUSH has informed that there are 7,51,768 registered practitioners in the AYUSH system of medicine. Assuming that 80% of registered practitioners in both the allopathic and AYUSH systems are available, the doctor-population ratio in the country is estimated to be 1:811. Specific data in respect of Nashik District is not available. The Government has taken various measures to improve the availability of doctors in rural and remote areas in the country which include:-

- The Family Adoption Programme (FAP) has been incorporated into the MBBS curriculum to provide equitable healthcare access to rural population. FAP involves medical colleges adopting villages, and MBBS students adopting families within these villages.
- Under District Residency Program of NMC second/third year PG students of medical colleges are posted in district hospitals.

- Hard area allowance is provided to specialist doctors for serving in rural and remote areas and for their residential quarters.
- Honorarium to Gynaecologists/Emergency Obstetric Care (EmoC) trained, Paediatricians and Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is provided to increase availability of specialists for conducting Cesarean Sections in rural and remote area.
- Special incentives for doctors and incentive for Auxiliary Nurse Midwife(ANM) for ensuring timely checkup and recording for antenatal care and adolescent reproductive and sexual health.
- States are allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- Non-Monetary incentives such as preferential admission in postgraduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.
- Implementation of a telemedicine service known as national telemedicine

service (eSanjeevani). As of 21st July 2025, total 643 health facilities are registered, 614 health facilities are operational, 556 providers and a total of 337 practitioners have been on boarded in the Nashik district on the eSanjeevani platform. The platform has facilitated a cumulative total of 6,60,719 teleconsultations in the district.

PSKs AND POPSKs IN TAMIL NADU

1116. THIRU DAYANIDHI MARAN:

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

- (a) the current average appointment waiting time at each Passport Seva Kendra (PSK) and Post Office PSK in Tamil Nadu and how does it compare with the national average;
- (b) the amount of funds allocated and utilised for capacity and infrastructure enhancement of PSKs in Tamil Nadu during the last two years, State-wise;
- (c) whether the Government plans to open new PSKs or Post Office PSKs in Tamil Nadu, if so, the details of proposed locations and timelines regarding it;
- (d) the impact of e-passport rollout on processing capacity and waiting times at PSKs in Tamil Nadu; and
- (e) the measures being taken to resolve system downtimes and technical issues affecting passport services in the State?

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 current average appointment waiting time (in working days) at Passport Seva Kendra (PSK) and Post Office Passport Seva Kendra (POPSK) in Tamil Nadu and at all India level are as below:

Average appointment waiting time in working days (WD) at :	Normal Passport		Tatkaal Passport	
	PSK	POPSK	PSK	POPSK
Tamil Nadu	6 – 7 WD	6 – 7 WD	2 – 3 WD	NA*
All India	8 – 9 WD	8 – 9 WD	2 – 3 WD	NA*

Note: * = Provision of Tatkaal Passport is not available at POPSKs.

WD = Working Days.

(b): Expenditure for capacity and infrastructure enhancement of Passport Seva Kendras (PSKs) and Post Office Passport Seva Kendras (POPSKs) in the country, including in the State of Tamil Nadu, is met from the budgetary grant of the Ministry of External Affairs.

(c): 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. 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 Tamil Nadu, where there is no PSK or POPSK. As on date, 93 PSKs and 450 POPSKs have been set up in the country and are operational to cater to the needs of passport seekers. There are 8 PSKs and 30 POPSKs in Tamil Nadu. Additionally, there is 1 PSK and 1 POPSK in Puducherry.

(d) and (e): Quality services with reduced passport application processing time are being provided to the people from PSKs/POPSKs established with good amenities across the country, including in the State of Tamil Nadu, in Public Private Partnership (PPP) mode. As on date, the PSP Version 2.0 alongwith the issuance of ePassport has been rolled out through out the country. e-Passport is a combined paper and electronic passport with a Radio Frequency Identification (RFID) Chip and an antenna embedded as an inlay. The key benefit of the ePassport lies in its enhanced capability to preserve the integrity of its data by

having the data both printed on the passport and digitally stored on the passport's chip; it becomes more challenging to counterfeit. In addition, the security of the ePassport is further enhanced through the Public Key Infrastructure (PKI) which is the foundation for safeguarding sensitive information, and confirming the integrity and origin of personal and biometric data stored on the chip within the ePassport.

Currently, the PSP Version 2.0 alongwith the issuance of ePassport has been rolled out through out the country, including in the State of Tamil Nadu. The PSP V2.0 aims at providing the next level of citizen experiences using latest and upgraded technology for delivery of passport related services to the citizens in a speedy, convenient and transparent manner. Also, from time to time, Ministry issues guidelines and instructions to Regional Passport Offices (RPOs) and the Service Provider (M/s TCS) to ensure smooth coordination at functional level. Frequent review meetings are also being conducted with RPOs and the Service Provider to ensure the smooth functioning of Passport Services without any downtimes and any technical glitches.

NEED TO INCREASE MEDICAL SEATS

1117. SHRI KALYAN BANERJEE:

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

- (a) whether it is a fact that there is a need to significantly increase medical seats in both undergraduate and postgraduate courses, for achieving the WHO recommended doctor population ratio of 1:1000 and the National Medical Council (NMC's) reported ratio of 1:856;
- (b) if so, the details thereof along with the target and present status thereof;
- (c) the total patient bed capacity prescribed in the UG-MSR and the consideration of Government for Quality of Medical Colleges in India for hospitals and newly established medical colleges therefor, department-wise; and
- (d) the details of report including the manner in which these adjustments will address geographic and regional disparities thereto?

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

(a) and (b): The government has increased number of Medical Colleges, Under Graduate (UG) and Post Graduate (PG) seats. There is an increase in Medical Colleges from 387 to 780; UG seats from 51,348 to 1,15,900 and PG seats from 31,185 to 74,306 from 2014 to as on date.

As per information provided by National Medical Commission (NMC), there are 13,86,157 registered allopathic doctors. The Ministry of AYUSH has informed that there are 7,51,768 registered practitioners in the AYUSH system of medicine. Assuming that 80% of registered practitioners in both the allopathic and AYUSH systems are available, the doctor-population ratio in the country is estimated to be 1:811.

(c) and (d): The Guidelines for Undergraduate Courses, as outlined in the Establishment of New Medical Institutions, Starting of New Medical Courses, Increase of Seats for Existing Courses and Assessment and Rating Regulations 2023 (MSR-2023), specifies the minimum infrastructure and faculty requirements based on student intake. As per MSR, department wise bed strength corresponding to number of seats is given in the enclosed **Statement**.

To address geographic and regional disparities, the Government is implementing following schemes with preference to underserved areas and aspirational districts:

- Centrally Sponsored Scheme for establishment of new medical college by upgrading district/ referral hospital under which 131 new medical colleges are 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.

STATEMENT

Department-wise bed strength corresponding to number of seats

BEDS FOR MBBS SEAT CAPACITY	50	100	150	200	250
GENERAL MEDICINE	50	100	150	220	225
PEDIATRICS	25	50	75	100	125
DERMATOLOGY	5	10	10	10	10
PSYCHIATRY	5	10	15	20	25
GENERAL SURGERY*	50	100	150	150	200
ORTHOPEDICS	20	40	60	80	100
OTORHINOLARYNGOLOGY(ENT)	10	20	20	30	30
OPHTHALMOLOGY	10	20	20	30	30
OBSTETRICS AND GYNAECOLOGY	25	50	75	100	125
ICUs	20	20	30	30	30
TOTAL	220	420	605	770	900
OPD/DAY	400	800	1200	1600	2000

MAJOR OT	4	7	9	10	11
MINOR OT	1 for each surgical specialty				

*For hospitals with 100 or more beds dedicated for Gen. Surgery, at least 10% shall be dedicated to Pediatrics Surgery.

COVID-19 VACCINATION

1118. SHRI MOHIBULLAH:

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

- (a) whether the Government acknowledge public concerns over sudden deaths due to COVID-19 vaccination in the country and if so, the details thereof;
- (b) the steps taken/purposed to be taken by the Government to address misinformation in this regard;
- (c) the key findings of the studies conducted by Indian Council of Medical Research (ICMR) and National Centre for Disease Control (NCDC) on sudden unexplained deaths among young adults post-COVID-19 pandemic;
- (d) whether the Government has issued any directives to medical institutions or State health departments to monitor and report cases of unexplained sudden deaths more systematically and if so, the details thereof;

- (e) the measures taken/proposed to be taken by the Government to strengthen public trust in the national COVID-19 vaccination programme amidst ongoing misinformation campaigns; and
- (f) the current status and objectives of the study titled “Establishing the cause in sudden unexplained deaths in young”, being conducted by AIIMS and ICMR?

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): Government of India is aware of the public concern over sudden deaths following COVID-19 vaccination in the country. In order to raise awareness about safety and efficacy of COVID-19 vaccines and sustain vaccine confidence, a communication strategy is in place which is implemented across all States/UTs. Some key interventions as part of communication strategy include FAQs for general public and healthcare workers that is available on MoHFW website (<https://www.mohfw.gov.in/pdf/FAQsforHCWs&FLWs.pdf>); op-eds and articles by identified experts were published to build vaccine confidence; dissemination of fact check videos by key experts to provide correct and factual information. Ministry of Health and Family Welfare has advised States/UTs to

disseminate clear, consistent, transparent and factual information to general public to clear misconceptions and sustain vaccine confidence.

(c) and (f): ICMR and NCDC explored two approaches to investigate the causes of sudden death. The details of both these studies are as follows:

Study 1: ICMR 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/UT of India during May- August 2023. 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 behaviors increased the likelihood of unexplained sudden death.

Study 2: The study, titled “Establishing the cause in sudden unexplained deaths in young,” is currently conducted by the All India Institute of Medical Sciences (AIIMS), New Delhi with funding and in collaboration with ICMR. This is a prospective study aimed at determining the common causes of sudden deaths in young adults. The objective of the study is to establish the common causes of sudden death in young adult patients of age 18 years to 45 years. The study is not yet completed.

(d): The operational guidelines for Covid-19 vaccination clearly defines the process of monitoring, reporting, management and evaluation of Adverse Events Following Immunization (AEFI) after Covid-19 vaccination. The AEFI Committee was strengthened for Covid-19 vaccination with inclusion of specialists from Cardiology / Neurology / Respiratory Medicine / Obstetrics etc.

(e) To strengthen public trust in the COVID-19 vaccination programme, the Government of India has adopted a multi-pronged, evidence-based communication and outreach strategy. Key measures include:

- **Press Notes, Press Releases, and Social Media Campaigns:** The Government issued multiple press notes and releases clarifying the scientific evidence and safety of COVID-19 vaccines.
- **Expert-Led Public Communication:** 23 distinguished experts and industry leaders actively supported the Government's efforts by issuing public statements, participating in media briefings, and engaging with citizens to dispel myths and affirm vaccine safety and efficacy on 3rd and 4th July, 2025.
- **Strategic Media Engagement:** The Ministry leveraged mainstream news agencies like ANI, PTI, DD News, and IANS to amplify expert opinions and scientific updates. These were widely shared across platforms to counter misinformation and increase public awareness.

- **Ongoing Scientific Research and Transparency:** The Government ensured full transparency by publicly releasing (<https://www.pib.gov.in/PressReleaseDetail.aspx?PRID=2141419>) the interim findings of two large-scale studies conducted by ICMR and AIIMS, both of which concluded that there is no evidence of a causal link between COVID-19 vaccination and sudden deaths. These scientific updates were part of a proactive effort to inform and reassure the public.

आयुष स्वास्थ्य वर्धकता केंद्र

1119. श्री त्रिवेन्द्र सिंह रावत:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) देश में संचालित आयुष स्वास्थ्य वर्धकता केंद्रों का राज्य/संघ राज्यक्षेत्रवार ब्यौरा क्या है;
- (ख) क्या सरकार ने उक्त स्वास्थ्य वर्धकता केंद्रों के संचालन के लिए कोई मोबाइल ऐप या डिजिटल प्लेटफॉर्म तैयार किया है;
- (ग) यदि हां, तो उक्त ऐप या प्लेटफॉर्म के मुख्य कार्य और लाभ क्या हैं;
- (घ) क्या सरकार का आगामी योजनाओं के तहत देश भर में और अधिक आयुष स्वास्थ्य वर्धकता केंद्र स्थापित करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ) उक्त केंद्रों की स्थापना कब तक होने की संभावना है और उक्त केंद्रों की स्थापना के लिए चिह्नित स्थानों का ब्यौरा क्या है?

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

(क): राज्यों/संघ राज्य क्षेत्रों द्वारा दी गई सूचना के अनुसार, देश में संचालित आयुष स्वास्थ्य एवं आरोग्य केन्द्रों [जिन्हें अब आयुष्मान आरोग्य मंदिर (आयुष) के नाम से जाना जाता है] का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा संलग्न विवरण में दिया गया है।

(ख) और (ग): आयुष्मान आरोग्य मंदिर पोर्टल/एप्लिकेशन का उपयोग स्वास्थ्य सत्रों सहित सेवा वितरण में प्रगति की रिपोर्टिंग और निगरानी के लिए किया जाता है। ये प्लेटफ़ॉर्म दैनिक और मासिक आधार पर स्वास्थ्य केंद्र, ब्लॉक, जिला, राज्य और राष्ट्रीय स्तर पर वास्तविक समय में डेटा प्रविष्टि, सेवा ट्रैकिंग और रिपोर्टिंग का समर्थन करते हैं।

(घ) और (ङ): ऐसा कोई प्रस्ताव विचाराधीन नहीं है।

विवरण

देश में कार्यशील आयुष स्वास्थ्य एवं आरोग्य केंद्रों का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा:

क्र.सं.	राज्य/संघ राज्य क्षेत्र	आयुष्मान आरोग्य मंदिर (आयुष) की स्थिति	
		स्वीकृत इकाइयों की संख्या	कार्यशील इकाइयों की संख्या
1.	अंडमान और निकोबार द्वीप	6	6
2.	आंध्र प्रदेश	126	126
3.	अरुणाचल प्रदेश	89	89
4.	असम	500	500
5.	बिहार	294	294
6.	चंडीगढ़	12	12
7.	छत्तीसगढ़	400	400
8.	दादरा व नगर हवेली और दमन व दीव	1	1
9.	गोवा	100	100

10.	गुजरात	365	365
11.	हरियाणा	538	538
12.	हिमाचल प्रदेश	761	761
13.	जम्मू-कश्मीर	523	523
14.	झारखंड	745	745
15.	कर्नाटक	376	376
16.	केरल	700	700
17.	लक्षद्वीप	7	7
18.	मध्य प्रदेश	800	800
19.	महाराष्ट्र	390	390
20.	मणिपुर	15	15
21.	मेघालय	24	24
22.	मिजोरम	41	41
23.	नागालैंड	49	49
24.	ओडिशा	422	422
25.	पुडुचेरी	4	4
26.	पंजाब	158	158
27.	राजस्थान	2019	2019
28.	सिक्किम	18	18
29.	तमिलनाडु	650	650
30.	तेलंगाना	421	421
31.	त्रिपुरा	72	72
32.	उत्तर प्रदेश	1034	1034
33.	उत्तराखंड	300	300
34.	पश्चिम बंगाल	540	540
कुल		12500	12500

महिला आयोग

1120. श्री उमेशभाई बाबूभाई पटेल:

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

- (क) क्या दादरा और नगर हवेली तथा दमण और दीव संघ राज्यक्षेत्र स्तर पर कोई महिला आयोग कार्यरत है;
- (ख) यदि हाँ, तो तत्संबंधी ब्यौरा और उसकी संरचना क्या है, तथा विगत तीन वर्षों के दौरान उसमें पंजीकृत, निपटाए गए/लंबित मामलों की संख्या कितनी है और उन मामलों की प्रकृति क्या है जिनके अंतर्गत सबसे अधिक शिकायतें प्राप्त हुई; और
- (ग) यदि नहीं, तो इसके क्या कारण हैं और उक्त आयोग को कार्यशील बनाने के लिए क्या कदम उठाए गए हैं?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

- (क) से (ग): दादरा एवं नगर हवेली, दमन एवं दीव संघ राज्य क्षेत्र प्रशासन ने सूचित किया है कि दादरा एवं नगर हवेली तथा दमन एवं दीव संघ राज्य क्षेत्र में कोई महिला आयोग नहीं है क्योंकि यह एक विधानमंडल रहित संघ राज्य क्षेत्र है।

SUPPLY OF FERTILIZERS

1121: SHRI KULDEEP INDORA:

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

- (a) whether Government has taken note of recent reports indicating that there is a severe shortage in the supply of fertilizers in many States;
- (b) if so, the measures being taken/proposed to be taken by the Government to ensure that fertilizers are easily available to farmers and they do not have to pay exorbitant prices in the black market; and
- (c) whether any better fertilizers other than Nano fertilizers are being provided to farmers, 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 availability of fertilizers i.e. Urea, DAP, MOP and NPKS has remained adequate in the country during the ongoing Kharif 2025 season as shown in the table below:

POSTIION OF FERTILIZERS IN INDIA (as on 22.07.2024)			
PRODUCT GROUP	PRO-RATA REQUIREMENT	AVAILABILITY	CLOSING STOCK
UREA	108.30	152.38	45.30
DAP	35.87	36.70	13.18
MOP	6.57	12.93	6.69
NPKS	44.14	81.90	36.82

(b): Following steps are taken by the Government every season for ensuring timely and adequate availability 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 and month-wise requirement of fertilizers viz. Urea, DAP, MOP and NPKS.
- ii. On the basis of requirement projected, Department of Fertilizers allocates 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.

Besides, State Governments regularly performs enforcement activities to curb black marketing, hoarding, sub standard and diversion of fertilizers so that farmers do not have to pay exorbitant prices. The Action Taken Report from April 2025 to July 2025 is given in the enclosed **Statement**.

(c): In Fertilizer Control Order, 1985 other than conventional fertilizers namely Urea, DAP, MOP, Complex fertilizer NP, NPK, phosphatic fertilizer such as SSP, TSP, water soluble complex fertilizer, micro-nutrient fertilizer, beneficial element fertilizer, organic fertilizer, Sulphur based fertilizer, bio-fertilizer have been specified after evaluating their agronomic efficiency.

Further, Market Development Assistance (MDA) @ Rs. 1500/MT is given to CBG units to promote Soil Carbon enhancers viz., Fermented Organic Manure (FOM)/Liquified FOM and organic fertilizers viz., Phosphate Rich Organic manure (PROM) produced at CBG plants under GOBARdhan initiative.

These initiatives of the Government are expected to address the imbalanced use of chemical fertilizers thereby reducing overuse of chemical fertilizers. Year-wise sales of FOM/LFOM/PROM as on 21.07.2025 is as under:

	FOM	LFOM	PROM	TOTAL
Sales during FY 2023-24	27,899.62	28,159.00	0.00	56,058.62
Sales during FY 2024-25	1,06,620.15	2,28,181.00	1,490.16	3,36,291.30
Sales during FY 2025-26 (upto 21-07- 2025)	1,06,916.92	2,21,169.00	1,133.84	3,29,219.76
TOTAL	2,41,436.69	4,77,509.00	2,624.00	7,21,569.68

STATEMENT**Action taken report from April 25 to July 25 (ason18.07.2025)**

		Black Marketing			Hoarding			Sub Standard Quality			Diversion		
	No.of Inspections /raids	Show Cause Notice issued	No. of licenses Cancelled /suspended	FIR registered	Show Cause Notice issued	No. of licenses Cancelled /suspended	FIR registered	Show Cause Notice issued	No. of licenses Cancelled /suspended	FIR registered	Show Cause Notice issued	No. of licenses Cancelled /suspended	FIR registered
All India	111983	2207	1674	90	272	48	4	1034	57	7	922	237	24

SCREENING OF CERVICAL CANCER AMONG WOMEN**1122. SHRIMATI KANIMOZHI KARUNANIDHI:**

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

- (a) whether the Government is aware that cervical cancer screening levels among Indian women remain extremely low, primarily due to lack of awareness and affordability and if so, the details thereof;
- (b) whether the Government has assessed the public's understanding of HPV and cervical cancer and plans to roll out structured State level awareness and screening campaigns accordingly and if so, the details thereof;
- (c) whether the Government intends to integrate cervical cancer screening (e.g., Visual Inspection with Acetic acid and Papanicolaou test – VIA/Pap test) into routine Community Health Centre and Primary Health Centre services and possibly through mobile screening units and especially in underserved and rural areas and if so, the details thereof; and
- (d) the timeline within which the Ministry aims to raise the national screening rate from the current 2 percent to at least 50 percent among women aged 30 to 49, in line with WHO recommendations?

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. However, preventive aspect of Cancer is strengthened under Comprehensive Primary Health Care through Ayushman Arogya Mandirs (AAM) by promotion of wellness activities and targeted communication at the community level. Other initiatives for increasing public awareness about Non Communicable Diseases (NCDs) including cervical cancer and Promotion of healthy lifestyle includes observation of National Cancer Awareness Day and World Cancer Day and use of print, electronic and social media for continued community awareness. Under National Health Mission (NHM), funds are provided to States and Union Territories for awareness generation activities as per their Programme Implementation Plans (PIPs).

A population-based initiative for screening, management and prevention of common Non Communicable Diseases (NCDs) including cervical cancer has been rolled out as a part of comprehensive Primary Health Care in the country under NHM through AAM. The screening for cervical cancer targets women aged between 30 to 65 years, and is primarily conducted using Visual Inspection with Acetic Acid (VIA), once in five years at public health facilities including AAM -Sub-Health Centres, AAM- Primary Health Centres by trained health workers. The Visual Inspection with Acetic acid -positive cases are referred to higher centres for further diagnostic procedures.

At the community, the Accredited Social Health Activist (ASHA) does risk assessment of individuals in the age groups of thirty years and above by using Community Based Assessment Checklist (CBAC) forms and bring the individuals to AAM for screening of cervical cancer and other common NCDs. She also makes aware public regarding significance of early detection through regular health check-ups and screenings.

The Ministry of Health and Family Welfare had launched NCD Screening Campaign (20th February, 2025 to 31st March 2025) to achieve universal screening of individuals aged 30 years and above. The campaign was conducted nationwide across AAMs and other healthcare facilities under National Programme for Prevention and Control of Non-Communicable Diseases.

As per National NCD Portal as on 20th July 2025, out of an eligible population of 25.42 crore females aged 30 years and above, 10.18 Crores have been screened for cervical cancer. Efforts have been taken to improve the current proportion of cervical cancer screening of women above 30 years of age in the country.

RIISING CASES OF DEATHS AMONG YOUTH DUE TO HEART ATTACKS

1123. SHRI DHARAMBIR SINGH:

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

- (a) whether the Government is aware of the rising incidents of sudden deaths among youth due to heart attacks and other non-communicable diseases and if so, the details thereof;
- (b) the steps taken/proposed to be taken by the Government to investigate the root causes behind such health issues, especially among people in the age group of 18 to 40;
- (c) whether the Government has initiated any nationwide health screening or early detection campaigns in the country and if so, the details thereof;
- (d) whether the Government is conducting the awareness programmes on lifestyle, nutrition and stress management in schools, colleges and workplaces and if so, the details thereof; and
- (e) whether the Government proposes any long-term policy to prevent lifestyle related diseases among youth through preventive healthcare and fitness awareness programme in the country and if so, the details thereof?

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

(a) to (e): Indian Council of Medical Research - National Institute of Epidemiology (*ICMR-NIE*) has 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 and Union Territories during May- August 2023. Cases were apparently healthy individuals aged 18-45 years without any known co-morbidity, who suddenly died of unexplained causes during 1st October 2021- 31st March 2023. 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.

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 behaviors increased the likelihood of unexplained sudden death.

National Health Mission (NHM) 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). Cardiovascular diseases are an integral part of NP-NCD. Under this programme, 770 District NCD Clinics, 6410 Community Health Center NCD Clinics and 233 Cardiac Care Units has been set up.

A population-based initiative for prevention, control and screening for common NCDs including diabetes, hypertension has been rolled out in the country under National Health Mission (NHM) as a part of Comprehensive Primary Health

Care. Under the initiative, persons more than 30 years of age are targeted for their screening.

Preventive aspect of NCDs is strengthened under Comprehensive Primary Health Care through Ayushman Arogya Mandir, by promotion of wellness activities and targeted communication at the community level. Further initiatives for increasing public awareness about NCDs and for promotion of healthy lifestyle includes observation of National and International Health Days and use of print, electronic and social media for continued community awareness. NP-NCD provides financial support under NHM for awareness generation activities for NCDs including cardiovascular diseases to be undertaken by the States and Union Territories.

The nation-wide 'Eat Right India' campaign of the Food Safety and Standards Authority of India (FSSAI) promotes awareness on preventive healthcare through social and behavioural change. Key initiatives include promoting healthy food practices, ensuring safe and balanced diets in schools, and developing a food safety guidebook for integration into school curricula. FSSAI has also collaborated with the University Grants Commission (UGC) to spread awareness in higher educational institutions. Fit India movement is implemented by Ministry of

Youth Affairs and Sports, and various Yoga related activities are carried out by Ministry of AYUSH.

महिला शक्ति केंद्र

1124. श्री अभय कुमार सिन्हा:

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

- (क) बिहार में विशेष रूप से ग्रामीण एवं वंचित क्षेत्रों में 'बेटी बचाओ, बेटी पढ़ाओ' और 'महिला शक्ति केंद्र' जैसी महिला सशक्तिकरण योजनाओं के प्रभावी कार्यान्वयन के लिए कौन-कौन से विशिष्ट कदम उठाए गए हैं;
- (ख) विगत तीन वर्षों के दौरान उक्त राज्य में इन योजनाओं पर जिला-वार कितनी निधि आवंटित / व्यय की गई है;
- (ग) क्या महिला साक्षरता दर में गिरावट और महिलाओं के प्रति हिंसा की घटनाओं जैसी चुनौतियों से निपटने के लिए इन योजनाओं के अंतर्गत लक्षित उपाय करने की कोई नीति बनाई गई है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या इन योजनाओं के अंतर्गत उक्त राज्य को भेजी जाने वाली वित्तीय सहायता की कुछ राशि अभी भी केंद्र सरकार के पास लंबित पड़ी है; और
- (ङ) यदि हाँ, तो संबंधित योजनाओं के संबंध में लंबित राशि का वर्ष-वार ब्यौरा क्या है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) से (ङ): बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) योजना दिनांक 22 जनवरी 2015 को घटते बाल लिंगानुपात (सीएसआर) और जीवन चक्र में बालिकाओं और महिलाओं के सशक्तिकरण से जुड़े मुद्दों के समाधान हेतु शुरू की गई थी। 15वें वित्त आयोग की अवधि में, मिशन शक्ति के संबल वर्टिकल के अंतर्गत एक घटक के रूप में बीबीबीपी का विस्तार बिहार सहित देश के सभी जिलों में किया गया है। इसके लिए बहु-क्षेत्रीय पहलों के माध्यम से जमीनी स्तर पर प्रभाव डालने वाले क्रियाकलापों पर अधिक व्यय को प्रोत्साहित किया गया है।

यह योजना विभिन्न हितधारकों को सूचित, प्रभावित, प्रेरित, संलग्न और सशक्त बनाकर बालिकाओं के प्रति मानसिकता और व्यवहार में बदलाव लाने पर केंद्रित है। इस दिशा में, मंत्रालय ने एक परिचालन नियमावली तैयार की है, जिसमें अन्य बातों के साथ-साथ बालिकाओं के समग्र विकास एवं बालिकाओं, उनके परिवारों तथा समुदायों की वर्ष भर की सहभागिता सुनिश्चित करने के लिए जिला स्तर पर सुझाई गई तालमेल क्रियाकलापों हेतु एक विषयगत कैलेंडर शामिल है, जिसमें माहवार विशिष्ट विषय शामिल हैं।

प्रभावी कार्यान्वयन के लिए, वर्ष 2020-21 तक जिलों में जन्म के समय लिंगानुपात (एसआरबी) की स्थिति (स्वास्थ्य एवं परिवार कल्याण मंत्रालय के एचएमआईएस आंकड़ों के अनुसार) के आधार पर निधि जारी की जाती है। 918 से कम या उसके बराबर एसआरबी वाले जिलों को प्रति वर्ष 40 लाख रुपये, 919 से 952 तक एसआरबी वाले जिलों को प्रति वर्ष 30 लाख रुपये और 952 से अधिक एसआरबी वाले जिलों को क्रमशः 20 लाख रुपये प्रति वर्ष की वित्तीय सहायता प्रदान की जाती है। बीबीबीपी के अंतर्गत प्रावधान और स्पष्टीकरण के माध्यम से, राज्यों/संघ राज्य क्षेत्रों को निर्देश दिया गया है कि वे बीबीबीपी योजना के अंतर्गत विज्ञापनों एवं मीडिया एडवोकेसी के लिए कुल आवंटन का 25% उपयोग करें, जिसमें समग्र सरकारी/अभिसारी दृष्टिकोण का उपयोग किया जाएगा।

इसके अलावा, राज्यों/संघ राज्य क्षेत्रों को योजना के क्रियाकलापों के कार्यान्वयन के लिए निम्नलिखित तरीके से निधि का उपयोग करने के लिए प्राधिकृत किया जा सकता है:

- i. सीधे जिलों के माध्यम से, या
- ii. आंशिक रूप से जिलों के माध्यम से, शेष का प्रबंधन राज्य/संघ राज्य क्षेत्र द्वारा किया जाएगा, या
- iii. जिलों की ओर से सीधे राज्य/संघ राज्य क्षेत्र के माध्यम से, जो राज्य/संघ राज्य क्षेत्र की विशिष्ट आवश्यकताओं पर निर्भर करेगा।

सरकारी एजेंसियों, मीडिया, नागरिक समाज और आम जनता सहित विभिन्न हितधारकों को संगठित करके बीबीबीपी एक नीतिगत पहल से राष्ट्रीय आंदोलन में परिवर्तित हो गया है। इस आंदोलन का उद्देश्य न केवल लिंगानुपात और लिंग आधारित भेदभाव से संबंधित तात्कालिक चिंताओं को दूर करना है, बल्कि बालिकाओं को महत्व देने तथा उनके अधिकार और अवसर सुनिश्चित करने की दिशा में एक सांस्कृतिक बदलाव को बढ़ावा देना भी है।

पिछले तीन वर्षों और वर्तमान वर्ष के दौरान बिहार राज्य को बीबीबीपी के अंतर्गत जारी निधि का ब्यौरा संलग्न **विवरण** में दिया गया है।

सामुदायिक भागीदारी के माध्यम से ग्रामीण महिलाओं को सशक्त बनाने हेतु केंद्र प्रायोजित योजना के रूप में महिला शक्ति केंद्र (एमएसके) योजना को नवंबर, 2017 में अनुमोदित किया गया था। नीति आयोग द्वारा 2020 में एमएसके योजना का एक तृतीय पक्ष मूल्यांकन अध्ययन कराया गया था। मूल्यांकन के निष्कर्षों को ध्यान में रखते हुए और राज्यों/संघ राज्य क्षेत्रों तथा हितधारकों के परामर्श के बाद, इस योजना को 01.04.2022 से बंद कर दिया गया।

विवरण

पिछले तीन वर्षों और वर्तमान वर्ष के दौरान बिहार राज्य को बीबीबीपी के अंतर्गत जारी निधि का ब्यौरा

जारी निधि (रुपए लाख में)			
2022-23	2023-24	2024-25	2025-26 (एसएनए स्पर्श के माध्यम से)
660.00	0.00	322.5	645.0

बुंदेलखंड क्षेत्र में स्वास्थ्य सेवाएं

1125. श्री नारायणदास अहिरवार:

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

- (क) क्या सरकार को जानकारी है कि बुंदेलखंड क्षेत्र की स्वास्थ्य सेवाएं अत्यंत दयनीय स्थिति में हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) इस क्षेत्र में अस्पतालों, सामुदायिक स्वास्थ्य केंद्रों और प्राथमिक स्वास्थ्य केंद्रों को सुदृढ़ करने के लिए सरकार द्वारा अब तक क्या कदम उठाए गए हैं;
- (ग) क्या सरकार का विचार निकट भविष्य में बुंदेलखंड क्षेत्र के लोगों को बुनियादी स्वास्थ्य सेवाएं उपलब्ध कराने के लिए कोई विशेष स्वास्थ्य विकास पैकेज या योजना लाने का है; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): जन स्वास्थ्य और अस्पताल राज्य का विषय होने के कारण, आवश्यकता के अनुसार, पर्याप्त संख्या में स्वास्थ्य परिचर्या सुविधा केन्द्रों की योजना बनाने, उन्हें कार्यान्वित करने, उनको बनाए रखने और स्थापित करने का प्राथमिक उत्तरदायित्व उस राज्य सरकार है। राष्ट्रीय स्वास्थ्य मिशन के तहत, राज्यों/संघ राज्य क्षेत्रों को उनके संसाधन-सीमा के भीतर, उनकी कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) में प्राप्त प्रस्तावों के आधार पर जन स्वास्थ्य सेवा प्रणाली को सुदृढ़ करने के लिए वित्तीय और तकनीकी सहायता प्रदान की जाती है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही के रिकॉर्ड (आरओपी) के रूप में प्रस्ताव को अनुमोदन प्रदान करती है।

बुंदेलखंड क्षेत्र, दो राज्यों अर्थात् उत्तर प्रदेश और मध्य प्रदेश में फैला हुआ है और इसके अंतर्गत 13 जिले आते हैं। गुणवत्तापूर्ण स्वास्थ्य सेवा तक समान पहुँच के महत्व को समझते हुए, इस क्षेत्र में प्राथमिक और मध्यम स्तरीय स्वास्थ्य परिचर्या सुविधा केन्द्रों को मजबूत करने, स्वास्थ्य

सेवा के बुनियादी ढाँचे में सुधार, मानव संसाधन की उपलब्धता और स्वास्थ्य परिणामों को बेहतर बनाने के लिए कई पहल की गई हैं।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत, राज्यों/संघ राज्य क्षेत्रों को अपनी आवश्यकताओं और जन स्वास्थ्य सुविधा केन्द्रों की कमियों के आधार पर अपनी कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) में पहल प्रस्तावित करने की छूट दी जाती है ताकि स्वास्थ्य प्रणाली को मज़बूत किया जा सके। इन पहलों में बुनियादी ढाँचे, मानव संसाधन, निदान, उपकरण और दवाओं के लिए सहायता शामिल है। स्वास्थ्य और परिवार कल्याण मंत्रालय राज्य को आवंटित संसाधन-सीमा के भीतर इन प्रस्तावों की समीक्षा और अनुमोदन करता है। प्रत्येक राज्य को दिये गए अनुमोदनों की संख्या कार्यवाही के रिकॉर्ड (आरओपी) में दी गई है, जो नीचे दिए गए लिंक पर उपलब्ध है:

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>

इन केंद्रीय कार्यक्रमों की प्राथमिकता और प्रचालन का निर्धारण स्थानीय आवश्यकताओं, संसाधन उपलब्धता और कार्यनीतिक दृष्टि के आधार पर अलग-अलग राज्य सरकारों द्वारा किया जाता है।

भारत सरकार देश भर में स्वास्थ्य परिचर्या सुविधा केन्द्रों को मज़बूत करने के लिए निरंतर प्रयास कर रही है। चूँकि स्वास्थ्य राज्य का विषय है, इसलिए स्वास्थ्य योजनाओं के नियोजन और कार्यान्वयन मुख्य रूप से राज्य सरकार के अधिकार क्षेत्र में आता है। राज्य सरकारें मानदंडों और अपनी आवश्यकता के अनुसार नई पहलों का प्रस्ताव देते हैं। भारत सरकार, राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तावित मानदंडों के अनुसार, एनएचएम (पीआईपी), पीएम-एबीएचआईएम, 15वें वित्त आयोग के तहत जाँच के बाद मंजूरी दी जाती है। इसके अलावा, भारत सरकार राज्यों को स्वास्थ्य सेवाएँ प्रदान करके सहायता प्रदान करती है जो विशेष रूप से जनजातीय आबादी की ज़रूरतों को पूरा

करती हैं और आकांक्षी ज़िलों में स्वास्थ्य सेवा में सुधार पर केंद्रित हैं। इसका लक्ष्य असमानताओं को कम करना और स्वास्थ्य परिणामों में सुधार करना है।

MOBILE MEDICAL UNITS UNDER NHM

1126. SHRI SUKANTA KUMAR PANIGRAHI:

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

- (a) whether Mobile Medical Units (MMUs) under the National Health Mission are operational in Kandhamal district in the State of Odisha, if so, the percentage of households covered by MMUs as of July 2025;
- (b) whether any progress has been achieved under the Pradhan Mantri Jan Arogya Yojana (PM-JAY) in enrolling Below Poverty Line (BPL) families from hilly blocks of Odisha, if so, the details thereof, district-wise particularly Kandhamal;
- (c) whether any immunisation drives targeting tribal children have been conducted in Kandhamal district since April 2025, if so, the details thereof, including the coverage rates for DPT-3 and measles vaccines; and
- (d) whether any steps have been taken by the Government to upgrade Community Health Centre (CHC) facilities in Phulbani town with critical care beds and oxygen plants, if so, the current status of such upgradation?

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

(a): As per information given by State Government of Odisha, a total of 17 Mobile Health Units (MHU) are operational in the Kandhamal and 954 villages are covered by the Mobile Health Unit (MHU) in the district covering 34.24% of households as on July, 2025.

(b): As of 30th June 2025, a total of 3.46 crore Ayushman cards have been created in the State of Odisha under the Pradhan Mantri Jan Arogya Yojana (PM-JAY). District-wise details of Ayushman card creation, including data for hilly blocks of Odisha and Kandhamal district, are given in the enclosed **Statement**.

(c): Universal immunization programme is implemented across State including Kandhamal district and all eligible children including tribal children are administered vaccines as per National Immunization Schedule. As per the information provided by the State Government, the Pentavalent Vaccine 3rd dose (which include DPT) coverage is 2084 (78%) during April to May 2025. The MR1 and MR2 vaccine (Which includes Measles Vaccine) coverage 2081 (78%) and 1978 (74%) respectively during April to May 2025.

(d): The current status of Critical Care Beds and Oxygen Plants in Community Health Centres (CHCs) of the block Phulbani in Kandhamal is as under:

- (i) **Community Health Centre, Gumagarh** is a 30 bedded Non-First Referral Unit (FRU) CHC, with 16 beds. Out of 16 beds, 9 beds are oxygen supported (Source: IPHS-ODK Toolkit and state reported data).
- (ii) **Oxygen Plant:** Pressure Swing Adsorption (PSA) plants were installed including State of Odisha. One such PSA plant at District Hospital-Kandhamal is catering also to Phulbani town under Kandhamal district.

STATEMENT

District-wise Ayushman Card created in Odisha till 30th June 2025

District name	Ayushman Card created till 30th June 2025
Anugul	10,09,365
Balangir	14,61,760
Baleshwar	19,93,744
Bargarh	12,44,753
Bhadrak	12,44,570
Boudh	3,85,945
Cuttack	18,93,048
Deogarh	2,73,044
Dhenkanal	10,10,714
Gajapati	4,96,227
Ganjam	28,24,246
Jagatsinghapur	9,19,002
Jajapur	15,79,731
Jharsuguda	4,14,833
Kalahandi	1,43,831
Kandhamal	6,53,486
Kendrapara	12,61,663

Kendujhar	15,81,937
Khordha	15,16,638
Koraput	11,96,089
Malkangiri	5,53,899
Mayurbhanj	21,37,218
Nabarangpur	11,12,934
Nayagarh	7,93,627
Nuapada	5,83,906
Puri	13,51,228
Rayagada	8,31,693
Sambalpur	7,96,654
Sonepur	5,31,095
Sundargarh	15,28,355

महिलाओं के लिए जागरूकता कार्यक्रम

1127. श्री रमाशंकर विद्यार्थी राजभर:

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

- (क) क्या सरकार को इस बात की जानकारी है कि उत्तर प्रदेश के कई जिलों में महिलाओं और बच्चों के पोषण, स्वास्थ्य, सुरक्षा और शिक्षा के लिए पर्याप्त सुविधाएं उपलब्ध नहीं हैं और यदि हाँ, तो इस संबंध में कौन से सुधारात्मक कदम उठाए गए हैं;
- (ख) उक्त राज्य में बाल विवाह, मानव दुर्व्यापार/घरेलू हिंसा को रोकने के लिए चलाई जा रही योजनाओं/जागरूकता कार्यक्रमों का ब्यौरा क्या है और उनमें क्या प्रगति हुई है;

- (ग) क्या आंगनवाड़ी, आशा बहू और स्वयं सहायता समूह की महिला सदस्यों के मानदेय, प्रशिक्षण/सामाजिक सुरक्षा: सुधार के लिए कोई नई योजना स्वीकृत की गई है और यदि हाँ, तो उसका ब्यौरा क्या है;
- (घ) क्या उक्त राज्य में आंगनवाड़ी केंद्रों को सुदृढ़ बनाने और कुपोषण को दूर करने के लिए कोई नई पहल की जा रही है और यदि हाँ, तो उसका ब्यौरा क्या है; और
- (ङ) क्या महिलाओं को उच्च शिक्षा के लिए ऋण/राजसहायता प्रदान करने की कोई योजना है और यदि हाँ, तो उसका ब्यौरा क्या है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क): केंद्र सरकार उत्तर प्रदेश सहित पूरे देश में महिलाओं और बच्चों के पोषण, स्वास्थ्य, सुरक्षा और शिक्षा के लिए पर्याप्त सुविधाएं सुनिश्चित करने को सर्वोच्च प्राथमिकता देती है। इस संबंध में महिला एवं बाल विकास मंत्रालय द्वारा कार्यान्वित प्रमुख योजनाएं/कार्यक्रम इस प्रकार हैं:

महिला एवं बाल विकास मंत्रालय (एमडब्ल्यूसीडी) 15वें वित्त आयोग की अवधि के दौरान, वित्तीय वर्ष 2022-23 से, महिलाओं और बच्चों के कल्याण के लिए केंद्र प्रायोजित योजनाओं को क्रियान्वित कर रहा है, जो तीन प्रमुख कार्यक्षेत्रों के अंतर्गत आयोजित की जाती हैं: (1) मिशन शक्ति, जो अपने दो उप-घटकों संबल, सुरक्षा के लिए और सामर्थ्य, सशक्तीकरण के माध्यम से महिलाओं की सुरक्षा, संरक्षण और सशक्तीकरण पर केंद्रित है। (2) सक्षम आंगनवाड़ी और पोषण 2.0, जिसका उद्देश्य बच्चों, गर्भवती महिलाओं और स्तनपान कराने वाली माताओं के पोषण और स्वास्थ्य में सुधार के साथ-साथ प्रारंभिक बाल्यावस्था की देखरेख और शिक्षा प्रदान करना है; और (3) मिशन वात्सल्य, जो कठिन परिस्थितियों में बच्चों की सुरक्षा और कल्याण के लिए समर्पित है, जिनमें देखरेख एवं संरक्षण की आवश्यकता वाले तथा कानून का उल्लंघन करने वाले बच्चे शामिल हैं।

इसके अलावा, केंद्र सरकार के विभिन्न मंत्रालयों/विभागों द्वारा उत्तर प्रदेश सहित देश भर में महिलाओं और बच्चों की शिक्षा, स्वच्छता और सुरक्षा के लिए कई योजनाएं कार्यान्वित की जा रही हैं। इनमें से कुछ योजनाएं इस प्रकार हैं:

- (i) समग्र शिक्षा, कस्तूरबा गांधी बालिका विद्यालय, बाबू जगजीवन राम छात्रावास योजना, एकलव्य मॉडल आवासीय विद्यालय और प्री-मैट्रिक, पोस्ट-मैट्रिक सहित विभिन्न छात्रवृत्ति योजनाएं और उच्च शिक्षा और फेलोशिप के लिए छात्रवृत्ति के साथ-साथ 'सूचना और संचार प्रौद्योगिकी के माध्यम से शिक्षा पर राष्ट्रीय मिशन' (एनएमईआईसीटी) योजना, स्वयं (युवा महत्वाकांक्षी दिमागों के लिए सक्रिय शिक्षण के अध्ययन वेब), स्वयं प्रभा, राष्ट्रीय डिजिटल लाइब्रेरी (एनडीएल), वर्चुअल लैब, ई-यंत्र, पीएम ई-विद्या, एनईएटी (राष्ट्रीय शिक्षा प्रौद्योगिकी के लिए गठबंधन) आदि जैसे ई-लर्निंग प्लेटफॉर्म को महिलाओं एवं बालिकाओं सहित सभी के लिए सस्ती और गुणवत्तापूर्ण शिक्षा सुनिश्चित करने के लिए लागू किया गया है।
- (ii) आयुष्मान भारत के अंतर्गत, सरकार 1200 से अधिक चिकित्सा पैकेजों के माध्यम से मुफ्त उचार प्रदान कर रही है इनमें से 141 से ज़्यादा चिकित्सा पैकेज विशेष रूप से महिलाओं की चिकित्सा ज़रूरतों को पूरा करने के लिए तैयार किए गए हैं। इस योजना के तहत सात प्रकार की जांच (टीबी, उच्च रक्तचाप, मधुमेह, ओरल कैंसर, स्तन कैंसर, गर्भाशय ग्रीवा कैंसर और मोतियाबिंद) की जाती है, जिससे करोड़ों महिलाओं को लाभ मिला है। शहरी और ग्रामीण दोनों क्षेत्रों में 1,50,000 से अधिक स्वास्थ्य और कल्याण केंद्र (एबी-एचडब्ल्यूसी) हैं, जिन्हें आयुष्मान आरोग्य मंदिर भी कहा जाता है, जो स्वास्थ्य सेवा को समुदाय के करीब लाते हैं।
- (iii) देश भर में 16,000 से अधिक प्रधानमंत्री भारतीय जन औषधि केंद्र (पीएमबीजेके) कार्यरत हैं। पीएमबीजेके में लगभग 40 महिलाओं के लिए विशेष वस्तुओं सहित सस्ती दवाइयां और

- चिकित्सा उपकरण उपलब्ध कराने के अलावा, 1 रुपये प्रति पैड की बेहद सस्ती कीमत पर 'सुविधा सैनिटरी नैपकिन' नामक सैनिटरी नैपकिन की बिक्री का भी प्रावधान है।
- (iv) प्रधानमंत्री आवास योजना ग्रामीण (पीएमएवाई-जी) और प्रधानमंत्री आवास योजना शहरी (पीएमएवाई-यू) का उद्देश्य ग्रामीण क्षेत्रों में सभी बेघर परिवारों और कच्चे और जीर्ण-शीर्ण घरों में रहने वाले परिवारों को बुनियादी सुविधाओं के साथ पक्के घर उपलब्ध कराकर 'सभी के लिए आवास' उपलब्ध कराना है और शहरी क्षेत्रों में झुग्गी-झोपड़ी में रहने वालों सहित आर्थिक रूप से कमजोर वर्गों (ईडब्ल्यूएस) की आवास आवश्यकताओं को पूरा करना है।
- (v) प्रधानमंत्री कौशल विकास योजना (पीएमकेवीवाई) के तहत महिलाओं को कौशल और व्यावसायिक प्रशिक्षण प्रदान किया जाता है।
- (vi) प्रधानमंत्री ग्रामीण डिजिटल साक्षरता अभियान (पीएमजीडिशा) ग्रामीण आबादी को डिजिटल साक्षरता प्रदान करता है।
- (vii) महिलाएं प्रधानमंत्री जन धन योजना (पीएम-जेडीवाई) के तहत सबसे बड़ी लाभार्थी हैं, जो दुनिया की सबसे बड़ी वित्तीय समावेशन पहलों में से एक है, जो विभिन्न कल्याणकारी योजनाओं, ऋण और बीमा सेवाओं के तहत प्रत्यक्ष लाभ तक पहुंच भी प्रदान करती है।
- (viii) स्टैंड अप इंडिया और मुद्रा योजना बैंक ऋण और उद्यमशीलता गतिविधियों की सुविधा प्रदान करती है और इससे महिला उद्यमियों को काफी लाभ हुआ है।
- (ix) अटल पेंशन योजना (एपीवाई), प्रधानमंत्री सुरक्षा बीमा योजना (पीएमएसबीवाई) और प्रधानमंत्री जीवन ज्योति बीमा योजना (पीएमजेजेबीवाई) को बीमा कवरेज और पेंशन के माध्यम से सामाजिक सुरक्षा प्रदान करने के लिए लागू किया गया है।
- (x) देश के ग्रामीण क्षेत्रों में, विशेष रूप से झारखंड राज्य में, महिलाओं के लिए कठिन परिश्रम को कम करने और जीवन को आसान बनाने के लिए स्वच्छ भारत मिशन के तहत 11.8 करोड़

से अधिक शौचालयों का निर्माण किया गया है, उज्ज्वला योजना के माध्यम से 10.3 करोड़ परिवारों को स्वच्छ खाना पकाने का ईंधन उपलब्ध कराया गया है और जल जीवन मिशन के माध्यम से 15.6 करोड़ से अधिक परिवारों को सुरक्षित और पीने योग्य नल जल कनेक्शन प्रदान किया गया है।

(ख): बाल विवाह, मानव दुर्व्यापार/घरेलू हिंसा को रोकने के लिए उत्तर प्रदेश सहित देश में चलाई जा रही कुछ योजनाएं/जागरूकता कार्यक्रम इस प्रकार हैं:

- (i) केंद्र सरकार ने 27 नवंबर 2024 को 'बाल विवाह मुक्त भारत' अभियान शुरू किया, जिसका उद्देश्य देश को बाल विवाह मुक्त बनाना है। इस अभियान के तहत, बाल विवाह के विरुद्ध जागरूकता बढ़ाने और बाल विवाह की घटनाओं की प्रभावी रिपोर्टिंग एवं रोकथाम के लिए राज्यों और संघ राज्य क्षेत्रों को सहायता प्रदान करने हेतु 'https://stopchildmarriage.wcd.gov.in' पोर्टल शुरू किया गया है। इस पोर्टल में सभी राज्यों और संघ राज्य क्षेत्रों के बाल विवाह निषेध अधिकारियों (सीएमपीओ) के बारे में नागरिकों को जानकारी प्रदान करने की सुविधा भी है। यह पोर्टल 22 भाषाओं में उपलब्ध है।
- (ii) महिला एवं बाल विकास मंत्रालय (एमडब्ल्यूसीडी) ने शी-बॉक्स पोर्टल का शुभारंभ किया है, जो एक केंद्रीकृत डिजिटल प्लेटफॉर्म है जो न केवल एक गोपनीय शिकायत तंत्र के रूप में बल्कि देश भर में आंतरिक समितियों (आईसी) और स्थानीय समितियों (एलसी) की जानकारी के भंडार के रूप में भी कार्य करता है। यह प्लेटफॉर्म महिलाओं को लैंगिक उत्पीड़न की सुरक्षित और गोपनीय तरीके से रिपोर्ट करने में सक्षम बनाने में महत्वपूर्ण भूमिका निभाता है, जिससे कार्यस्थलों में जवाबदेही बढ़ाने और दीर्घकालिक सांस्कृतिक बदलाव में योगदान मिलता है। यह पोर्टल 22 भाषाओं में उपलब्ध है और इसमें ऑडियो कैप्चा की सुविधा भी

है, ताकि देश के विभिन्न क्षेत्रों की महिलाओं के लिए भाषा के साथ-साथ दिव्यांगता संबंधी बाधाओं को भी दूर किया जा सके।

- (iii) सरकार ने मानव दुर्व्यापार से निपटने पर ध्यान केंद्रित करते हुए अपराध ट्रैकिंग और अंतर-एजेंसी समन्वय को मजबूत करने के लिए कई प्रमुख पहलों की शुरुआत की है। सीआरआई-मैक कानून प्रवर्तन एजेंसियों (एलईए) के बीच 24x7 वास्तविक समय की जानकारी साझा करने में सक्षम बनाता है, जिससे दुर्व्यापार सहित बड़े अपराधों पर त्वरित कार्रवाई करने में मदद मिलती है। लैंगिक अपराधों के लिए जांच ट्रैकिंग प्रणाली (आईटीएसएसओ) जो लैंगिक अपराधों के मामलों में पुलिस जांच की निगरानी और ट्रैक करने के लिए एक ऑनलाइन विश्लेषणात्मक उपकरण के रूप में कार्य करती है। लैंगिक अपराधियों पर राष्ट्रीय डेटाबेस (एनडीएसओ) लैंगिक अपराधियों पर नज़र रखने में मदद करता है, जबकि मानव दुर्व्यापार अपराधियों का राष्ट्रीय डेटाबेस (एनडीएचटीओ) देश भर में मानव दुर्व्यापार के अपराधियों की पहचान करने और उन्हें ट्रैक करने के लिए एलईए के प्रयासों का समर्थन करता है। निर्भया कोष के अंतर्गत, मानव दुर्व्यापार रोधी इकाइयां (एएचटीयू) मानव दुर्व्यापार को रोकने और उससे निपटने के लिए एकीकृत कार्यबल हैं और इसमें पुलिस, महिला एवं बाल कल्याण विभाग तथा राज्य के अन्य संबंधित विभागों के प्रशिक्षित संवेदनशील अधिकारियों का एक समूह शामिल होता है। एएचटीयू मानव दुर्व्यापार के सभी तीन पहलुओं अर्थात् रोकथाम, संरक्षण और अभियोजन पर ध्यान देते हैं और इस प्रकार वे समग्र रूप से मानव दुर्व्यापार से निपटने के लिए क्षेत्र स्तरीय कार्यात्मक इकाइयां हैं। कुल 766 जिलों में से लगभग 700 में कुल 827 एएचटीयू कार्यरत हैं, जिनमें सभी राज्यों/संघ राज्य क्षेत्रों में 807 और सीमा सुरक्षा बलों (बीएसएफ) में 15 तथा सशस्त्र सुरक्षा बल (एसएसबी) में 5 शामिल हैं।

(iv) भारतीय न्याय संहिता (बीएनएस), 2023 कई प्रमुख अनुबंधों के माध्यम से मानव दुर्व्यापार के खिलाफ भारत के कानूनी ढांचे को मजबूत करती है। धाराएं 143 और 144 आईपीसी की धाराएं 370 और 370 'क' का स्थान लेती हैं और उनका विस्तार करती हैं, दुर्व्यापार को व्यापक रूप से खासकर एक से अधिक व्यक्तियों या बच्चों की दुर्व्यापार और उनके शोषण के लिए परिभाषित एवं कड़े दंड निर्धारित करती हैं। धारा 111 संगठित अपराध के जुर्म का परिचय देती है, जिसमें वेश्यावृत्ति के लिए दुर्व्यापार शामिल है। अन्य प्रासंगिक अनुबंधों में धारा 69 (शादी या रोजगार का झूठा वादा करके लैंगिक संबंध), धारा 95 (अपराध करने के लिए बच्चों का उपयोग करना) और धारा 99 (वेश्यावृत्ति के लिए बच्चे को खरीदना) शामिल हैं जो प्रत्यक्ष या अप्रत्यक्ष रूप से मानव दुर्व्यापार के अपराध को भी कवर करती हैं।

(v) इसके अलावा, घरेलू हिंसा से पीड़ित महिलाओं की सुरक्षा के लिए, उत्तर प्रदेश राज्य में निर्भया कोष के तहत कई परियोजनाएं/योजनाएं कार्यान्वित की गई हैं/क्रियान्वित की जा रही हैं:

वन स्टॉप सेंटर (ओएससी) जो जिला स्तर पर स्थित एक संस्था है, संकटग्रस्त महिलाओं को एक ही जगह अस्थायी आश्रय, चिकित्सा, पुलिस सहायता, परामर्श और कानूनी सहायता जैसी तत्काल मदद और सुविधा प्रदान करती है, महिला हेल्पलाइन (डब्ल्यूएचएल) 181 सहायता और जानकारी चाहने वाली महिलाओं को 24 घंटे टोल-फ्री दूरसंचार सेवा प्रदान करती है। वर्तमान में, उत्तर प्रदेश में, 75 जिलों में से प्रत्येक में कम से कम एक ओएससी के साथ 96 कार्यशील ओएससी हैं, जिन्होंने 30.06.2025 तक 2.85 लाख से अधिक महिलाओं की सहायता की है। जबकि, महिला हेल्पलाइन (डब्ल्यूएचएल) -181 का सार्वभौमिकरण उत्तर प्रदेश सहित 35 राज्यों/संघ राज्य क्षेत्रों में कार्यशील है। यूपी में डब्ल्यूएचएल ने 31.05.2025 तक 12.82 लाख से अधिक कॉल का निपटान किया है और 8.5 लाख से अधिक महिलाओं की सहायता की है।

(ग) और (घ): मिशन सक्षम आंगनवाड़ी और पोषण 2.0 एक केंद्र प्रायोजित योजना है। केंद्र सरकार नीति और नियोजन के लिए जिम्मेदार है और राज्य सरकारें इस योजना के दिन-प्रतिदिन के कार्यक्रम कार्यान्वयन के लिए जिम्मेदार हैं। आंगनवाड़ी कार्यकर्त्री (एडब्ल्यूडब्ल्यू) और आंगनवाड़ी सहायिका (एडब्ल्यूएच) स्थानीय समुदाय से "मानद कार्यकर्त्री" हैं जो समुदाय की मदद के लिए बाल देखरेख और विकास के लिए अपनी सेवाएं देते हैं। मानद और स्वैच्छिक कार्यकर्त्री होने के नाते, उन्हें समय-समय पर सरकार द्वारा तय किए गए मासिक मानदेय का भुगतान किया जाता है। वर्तमान में, एक आंगनवाड़ी कार्यकर्त्री को प्रति माह रु. 4,500/- और आंगनवाड़ी सहायिका को प्रति माह रु. 2,250/- मानदेय का भुगतान केंद्र और राज्य/संघ राज्य क्षेत्र के बीच लागत साझाकरण के आधार पर किया जाता है साथ ही आंगनवाड़ी सहायिका को 250/- रुपए प्रति माह और आंगनवाड़ी कार्यकर्त्री को 500/-रुपए प्रति माह का निष्पादन आधारित प्रोत्साहन भी दिया जाता है। इसके अतिरिक्त, राज्य/संघ राज्य क्षेत्र अपने संसाधनों से इन्हें अतिरिक्त मौद्रिक प्रोत्साहन/मानदेय भी दे रहे हैं, जो राज्य दर राज्य अलग-अलग है। इस कार्यक्रम में उनकी भर्ती न तो किसी खुली, और न ही प्रतिस्पर्धी प्रक्रिया के माध्यम से की जाती है।

मंत्रालय द्वारा जारी सक्षम आंगनवाड़ी और पोषण 2.0 दिशानिर्देशों के अनुसार, अन्य मानदंडों की पूर्ति के अधीन, एडब्ल्यूडब्ल्यू और पर्यवेक्षकों के 50% पद क्रमशः एडब्ल्यूएच और एडब्ल्यूडब्ल्यू द्वारा भरे जाने आवश्यक हैं। राज्यों / 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 प्रत्येक वर्ष 30 अप्रैल अर्थात् एक समान सेवानिवृत्ति तिथि अपनाएं। समाज के प्रति उनके योगदान के महत्व को ध्यान में रखते हुए, सरकार 18 से 50 वर्ष की आयु वर्ग की एडब्ल्यूडब्ल्यू/एडब्ल्यूएच को प्रधानमंत्री जीवन ज्योति बीमा योजना (पीएमजेबीवाई) के तहत आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को बीमा लाभ प्रदान करती है और 18-59 वर्ष की आयु वर्ग की एडब्ल्यूडब्ल्यू और

एडब्ल्यूएच को प्रधानमंत्री सुरक्षा बीमा योजना प्रदान करती है। महिला एवं बाल विकास मंत्रालय ने राज्य सरकारों/संघ राज्य क्षेत्र प्रशासनों से भी अनुरोध किया है कि वे पात्र आंगनवाड़ी कार्यकर्त्रियों/सहायिकाओं को स्वैच्छिक आधार पर प्रधानमंत्री श्रम योगी मानधन (पीएम-एसवाईएम) पेंशन योजना के अंतर्गत नामांकन कराने के लिए प्रोत्साहित करें, ताकि 60 वर्ष की आयु प्राप्त करने पर उन्हें सुनिश्चित मासिक पेंशन मिल सके।

वित्तीय वर्ष 2024-25 से, आयुष्मान भारत योजना के अंतर्गत स्वास्थ्य सेवा कवर सभी आंगनवाड़ी कार्यकर्त्रियों/सहायिकाओं तक बढ़ा दिया गया है। उपरोक्त के अलावा, आंगनवाड़ी कार्यकर्त्रियों/सहायिकाओं को अन्य सुविधाएं भी प्रदान की जा रही हैं, जिनमें प्रति वर्ष 20 दिनों का अवकाश, गर्भपात/गर्भस्राव होने पर एक बार 45 दिनों की सवेतन अनुपस्थिति और 180 दिनों की सवेतन मातृत्व अनुपस्थिति शामिल हैं। आंगनवाड़ी कार्यकर्त्रियों/सहायिकाओं को प्रति वर्ष दो यूनिफार्म (साड़ी/सूट) का सेट देने का प्रावधान है।

इसके अलावा, मिशन पोषण 2.0 फ्रंट लाइन कार्यकर्त्रियों यानी आंगनवाड़ी कार्यकर्त्रियों को स्मार्ट फोन प्रदान करके उन्हें सशक्त बनाता है। आंगनवाड़ी केंद्रों पर पोषण वितरण सहायता प्रणालियों को सुदृढ़ बनाने और उनमें पारदर्शिता लाने के लिए एक महत्वपूर्ण शासन उपकरण के रूप में 1 मार्च 2021 को 'पोषण ट्रैकर' एप्लिकेशन शुरू किया गया था। पोषण ट्रैकर सभी आंगनवाड़ी केंद्रों, आंगनवाड़ी कार्यकर्त्रियों और लाभार्थियों की निर्धारित संकेतकों पर निगरानी और ट्रैकिंग की सुविधा प्रदान करता है।

(ड़): उच्च शिक्षा विभाग का छात्रवृत्ति प्रभाग वर्तमान में ऋण/सब्सिडी से संबंधित निम्नलिखित दो योजनाओं का संचालन कर रहा है। ये योजनाएं लिंग-विशिष्ट नहीं हैं, बल्कि इनका उद्देश्य योजना के अंतर्गत पात्र सभी मेधावी छात्रों की सहायता करने पर केंद्रित हैं:

- (i) पीएम-यूएसपी सीएसआईएस: इस योजना के अंतर्गत, आर्थिक रूप से कमजोर वर्ग के उन छात्रों को भारतीय बैंक संघ की आदर्श शिक्षा ऋण योजना के अंतर्गत अनुसूचित बैंकों से लिए गए शिक्षा ऋण पर स्थगन अवधि, अर्थात् पाठ्यक्रम अवधि और एक वर्ष के दौरान ब्याज सब्सिडी दी जाती है, जिनके माता-पिता की वार्षिक आय सभी स्रोतों से 4.5 लाख रुपये तक है।
- (ii) पीएम विद्यालक्ष्मी: यह योजना देश के शीर्ष 860 गुणवत्तापूर्ण उच्च शिक्षण संस्थानों में प्रवेश पाने वाले मेधावी छात्रों को बिना किसी जमानत या गारंटर के शिक्षा ऋण प्रदान करती है; यह ऋण एक सरल, पारदर्शी, छात्र-अनुकूल और पूरी तरह से डिजिटल आवेदन प्रक्रिया के माध्यम से सुलभ है। इसके अलावा, 8 लाख रुपये तक की वार्षिक पारिवारिक आय वाले छात्रों के लिए, यह योजना 10 लाख रुपये तक के ऋण पर 3% ब्याज सहायता भी प्रदान करेगी।
- उपरोक्त के अलावा, अनुसूचित जाति/अनुसूचित जनजाति और अल्पसंख्यक समुदायों के छात्रों के लिए जनजातीय कार्य मंत्रालय, सामाजिक न्याय एवं अधिकारिता विभाग तथा अल्पसंख्यक कार्य मंत्रालय द्वारा मैट्रिक पूर्व और मैट्रिकोत्तर छात्रवृत्ति योजनाएं भी कार्यान्वित की जाती हैं।

उच्च न्यायालयों की पृथक पीठों की स्थापना

1128. श्रीमती लवली आनंद:

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

- (क) क्या सरकार कुछ राज्यों में उच्च न्यायालयों की पृथक पीठों की स्थापना का विचार कर रही है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;
- (ग) क्या सरकार इस तथ्य को ध्यान में रखते हुए कि वकील इस मांग को लेकर हड़ताल पर हैं, उच्च न्यायालयों की पृथक पीठों की स्थापना की दिशा में कोई कदम उठाने का विचार कर रही है; और

(घ) यदि हां, तो ऐसा कब तक किए जाने की संभावना है?

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

(क) से (घ): उच्च न्यायालय के न्यायपीठों की स्थापना, जसवंत सिंह आयोग द्वारा की गई सिफारिशों तथा शीर्ष न्यायालय द्वारा रिट याचिका (सि) संख्या 379 वर्ष 2000 में सुनाए गए निर्णय के अनुरूप की जाती है, और इसके पश्चात राज्य सरकार द्वारा प्रस्तुत पूर्ण प्रस्ताव पर सम्यक विचार किया जाता है जिसमें आवश्यक व्यय एवं आधारभूत सुविधाएं प्रदान करने की सहमति शामिल होती है, साथ ही उच्च न्यायालय के मुख्य न्यायमूर्ति की सहमति भी आवश्यक होती है जो उस उच्च न्यायालय के दैनिक प्रशासन के दायित्वों का निर्वहन करते हैं। प्रस्ताव में संबंधित राज्य के राज्यपाल की सहमति भी सम्मिलित होनी चाहिए।

वर्तमान में किसी भी उच्च न्यायालय की न्यायपीठ स्थापित करने का कोई भी प्रस्ताव सरकार के पास लंबित नहीं है।

ZERO DOSE VACCINATION

1129: DR. K. SUDHAKAR:

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

- (a) whether there is any data on 'Zero dose' vaccinations in the country, if so, the details thereof;
- (b) whether it is a fact that social and religious stigma still exists that prevents certain people from vaccination of their children if so, the details of steps taken/proposed to be taken by the Government to remove this stigma;

- (c) the steps taken/proposed to be taken by the Government to ensure cent-percent vaccination of children in the country;
- (d) whether there are any proposals under consideration by the Government for increasing the wages of ASHA workers in the country if so, the details thereof; and
- (e) whether steps are taken by the Government to ensure that ASHA workers are equipped and trained professionally and adequately compensated for ensuring that the problem of Zero dose vaccination is eliminated in our country, 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 number of Zero dose children/children who have not received Pentavalent 1 vaccine doses in the country has declined from 16 lakhs in 2023 to 9.09 lakhs in 2024.

(b): To maximize vaccine coverage in the country, Information Education and Communication (IEC) activities are implemented across the Nation. IEC dissemination is carried out through service broadcasters such as Doordarshan using media celebrities, radio jingles and YouTube podcasts. Social media platforms such as X handle, Instagram handle and Facebook page are used.

Localized community-level activities such as miking, posters and group meetings are also organized.

(c): Government has taken the following measures in coordination with the States/UTs to ensure that all eligible children are vaccinated.

- (i) Zero Dose Implementation Plan has been developed for 143 districts in 11 states to address challenges related to unvaccinated children.
- (ii) Mission Indradhanush (MI)/Intensified Mission Indradhanush (IMI) are special vaccination campaigns conducted in collaboration with States having high number of unvaccinated children. Until 2023, Twelve phases of MI/IMI have been conducted where 5.46 crore children and 1.32 crore pregnant women have been vaccinated.
- (iii) National Immunization Days (NIDs) and Sub National Immunization Days (SNIDs) for Pulse Polio program are special vaccination campaigns carried out every year. India is maintaining Polio free status since 2014 onwards.
- (iv) Hosting of Village Health and Nutrition Day (VHND) on designated days for immunization activities.
- (v) State Task Force on Immunization (STFI), District Task Force on Immunization (DTFI) and Block Task Force on Immunization (BTFI) ensures effective implementation of the immunization activities.

(vi) The Ministry of Health and Family Welfare has also developed the UWIN portal for the registration and recording of all vaccination events of children and pregnant women.

(d) and (e): Accredited Social Health Activists (ASHAs) are trained every year on routine immunization for carrying out seamless immunization service delivery. ASHAs are provided with incentives as per National Health Mission financial norms. ASHA incentives for routine and recurring activities have been increased to ₹3500 per month from ₹2000 per month as per the updated revision.

एबी-पीएमजेएवाई कार्ड धारक

1130. श्री बंटी विवेक साहू:

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

- (क) जून 2025 तक देश में एबी-पीएमजेएवाई कार्ड धारकों की संख्या छिंदवाड़ा लोकसभा निर्वाचन क्षेत्र सहित राज्य-वार कितनी है;
- (ख) इस योजना के अंतर्गत शामिल लाभार्थियों की कुल संख्या कितनी है;
- (ग) जून 2025 तक इस योजना के अंतर्गत मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ताओं, आंगनवाड़ी कार्यकर्ताओं और आंगनवाड़ी सहायकों की संख्या कितनी है;
- (घ) निजी अस्पतालों सहित इस योजना के अंतर्गत सूचीबद्ध अस्पतालों की संख्या कितनी है; और
- (ङ) जून 2025 तक इस योजना के अंतर्गत कुल कितने मरीज आए हैं और इसकी वित्तीय लागत कितनी है?

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

(क) और (ख): आज की स्थिति के अनुसार, आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेवाई) के अंतर्गत देश में 41 करोड़ से अधिक आयुष्मान कार्ड बनाए जा चुके हैं। इस योजना के अंतर्गत बनाए गए आयुष्मान कार्डों की संख्या का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा संलग्न **विवरण** में दिया गया है।

इस योजना के अंतर्गत निर्वाचन क्षेत्रवार आँकड़े नहीं, बल्कि ज़िलेवार आँकड़े उपलब्ध हैं। आज तक, छिंदवाड़ा ज़िले में कुल 14.60 लाख आयुष्मान कार्ड बनाए जा चुके हैं।

जनवरी 2022 में, भारत सरकार ने इस योजना के लाभार्थी आधार को 10.74 करोड़ से बढ़ाकर 12 करोड़ परिवार कर दिया, जिससे भारत की 40% आबादी को लाभ मिलेगा। इसके अलावा, मार्च 2024 में, पात्रता मानदंडों का विस्तार करते हुए 37 लाख मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ताओं (आशा), आंगनवाड़ी कार्यकर्ताओं (एडब्ल्यूडब्ल्यू), आंगनवाड़ी सहायिकाओं (एडब्ल्यूएच) और उनके परिवारों को भी इसमें शामिल किया गया। हाल ही में, इस योजना का विस्तार 70 वर्ष और उससे अधिक आयु के 6 करोड़ वरिष्ठ नागरिकों को, जो 4.5 करोड़ परिवारों का प्रतिनिधित्व करते हैं, वय वंदना कार्ड के माध्यम से, उनकी सामाजिक-आर्थिक स्थिति को देखे बिना, कवर करने के लिए किया गया है।

(ग): आज की स्थिति के अनुसार, आशा, आंगनवाड़ी कार्यकर्ता और महिला स्वास्थ्य कार्यकर्ता परिवारों के सदस्यों के संबंध में बनाए गए आयुष्मान कार्डों की कुल संख्या का विवरण निम्नानुसार है:

श्रेणी	बनाए गए आयुष्मान कार्ड
आशा	10.45 लाख
एडबल्यूडबल्यू	15.01 लाख
एडबल्यूएच	15.05 लाख

(घ): आज की स्थिति के अनुसार, देश भर में इस योजना के अंतर्गत कुल 31,466 अस्पतालों को पैलबद्ध किया गया है, जिनमें से 14,194 निजी अस्पताल हैं।

(ङ): आज की स्थिति के अनुसार, इस योजना के अंतर्गत 1.40 लाख करोड़ रुपये से अधिक मूल्य के 9.84 करोड़ से अधिक अस्पताल में भर्ती होने की अनुमति दी गई है।

विवरण

एबी-पीएमजेवाई के तहत बनाए गए आयुष्मान कार्डों की संख्या का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा

राज्य/संघ राज्य क्षेत्र	बनाए गए आयुष्मान कार्ड
अंडमान व निकोबार द्वीप समूह	80,093
आंध्र प्रदेश	1,61,70,534
अरुणाचल प्रदेश	1,61,828
असम	1,74,49,682
बिहार	3,91,99,682
चंडीगढ़	2,82,361
छत्तीसगढ़	2,37,31,624
दिल्ली	3,88,412
दादरा और नगर हवेली और दमन और दीव	4,45,800
गोवा	94,511
गुजरात	2,82,88,362
हरियाणा	1,35,29,909
हिमाचल प्रदेश	14,10,402

जम्मू और कश्मीर	87,09,601
झारखंड	1,26,65,623
कर्नाटक	1,85,81,649
केरल	83,75,566
लद्दाख	1,96,591
लक्षद्वीप	36,563
मध्य प्रदेश	4,35,66,400
महाराष्ट्र	3,17,60,601
मणिपुर	6,82,035
मेघालय	20,81,597
मिजोरम	5,83,088
नागालैंड	7,48,095
ओड़िशा	3,46,19,714
पुदुचेरी	5,37,951
पंजाब	90,85,672
राजस्थान	2,25,93,582
सिक्किम	90,403
तमिलनाडु	81,69,255
तेलंगाना	83,26,118
त्रिपुरा	21,32,382
उत्तर प्रदेश	5,33,20,357
उत्तराखंड	60,39,029

डीएपी की कमी

1131. श्रीमती प्रतिभा सुरेश धानोरकर:

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

- (क) क्या महाराष्ट्र के चंद्रपुर जिले के गोंडपिपरी तालुका में किसानों को फसलों की बुवाई के लिए डीएपी (डाई-अमोनियम फॉस्फेट) उर्वरक की भारी कमी का सामना करना पड़ रहा है;
- (ख) यदि हां, तो वर्तमान में गोंडपिपरी तालुका में डीएपी उर्वरक की कुल कितनी मांग है और वास्तव में उपलब्ध उर्वरक की मात्रा कितनी है तथा उक्त उर्वरक की कमी के क्या कारण हैं;
- (ग) क्या सरकार को कतिपय लोगों द्वारा डीएपी उर्वरक की कृत्रिम कमी उत्पन्न करने और इसकी कीमतों में वृद्धि करने की शिकायतें मिली हैं;
- (घ) यदि हां, तो ऐसी अनियमितताओं में शामिल कंपनियों और व्यक्तियों के विरुद्ध सरकार द्वारा की गई/प्रस्तावित कार्रवाई का ब्यौरा क्या है; और
- (ड.) सरकार द्वारा किसान सहकारी संस्थाओं और कृषि केंद्रों पर डीएपी उर्वरक का पर्याप्त स्टॉक उपलब्ध कराने और किसानों को समय पर और उचित दरों पर उर्वरक उपलब्ध कराना सुनिश्चित करने के लिए क्या कार्रवाई की गई है?

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

(क) से (घ): वर्ष 2025 के चल रहे खरीफ मौसम के दौरान महाराष्ट्र राज्य में डीएपी की उपलब्धता पर्याप्त बनी रही। दिनांक 01.04.2025 से दिनांक 22.07.2025 तक, राज्य में 2,89,000 मीट्रिक टन की आनुपातिक आवश्यकता की तुलना में 2,98,000 मीट्रिक टन डीएपी उपलब्ध कराया गया है और राज्य के पास वर्तमान में 1,11,000 मीट्रिक टन डीएपी का अंतिम स्टॉक है। तथापि, राज्य के भीतर ज़िला/तालुका स्तर पर उर्वरकों का वितरण राज्य सरकार द्वारा किया जाता है। इसके अलावा, महाराष्ट्र राज्य सरकार से प्राप्त सूचनानुसार, डीएपी उर्वरक की कृत्रिम मानवनिर्मित कमी और इसकी कीमतों में बढ़ोतरी से संबंधित कोई मामला सामने नहीं आया है।

(ड.): देश में उर्वरकों की समय पर और पर्याप्त उपलब्धता सुनिश्चित करने हेतु सरकार द्वारा प्रत्येक मौसम में निम्नलिखित उपाय किए जाते हैं:

- i. प्रत्येक फसल मौसम के प्रारंभ होने से पूर्व कृषि एवं किसान कल्याण विभाग सभी राज्य सरकारों के परामर्श से उर्वरकों जैसे यूरिया, डीएपी, एमओपी और एनपीकेएस की राज्य-वार और माह-वार आवश्यकता का आकलन करता है।
- ii. अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करते हुए राज्यों को पर्याप्त मात्रा में उर्वरकों का आवंटन करता है और उपलब्धता की लगातार निगरानी करता है।
- iii. देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक निगरानी प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब आधारित निगरानी प्रणाली द्वारा की जाती है।
- iv. कृषि एवं किसान कल्याण विभाग और उर्वरक विभाग द्वारा संयुक्त रूप से राज्य कृषि पदाधिकारियों के साथ नियमित साप्ताहिक वीडियो कांफ्रेंस की जाती हैं और राज्य सरकारों द्वारा दी गई सूचना के अनुसार उर्वरक भेजने हेतु सुधारात्मक कार्रवाई की जाती है।

इसके अलावा, सरकार ने फॉस्फेटयुक्त और पोटेशियुक्त (पीएंडके) उर्वरकों के लिए दिनांक 01.04.2010 से पोषक तत्व आधारित सब्सिडी (एनबीएस) नीति लागू की है। इस नीति के तहत, अधिसूचित पीएंडके उर्वरकों पर उनकी पोषकता के आधार पर वार्षिक/अर्धवार्षिक आधार पर एक निश्चित राशि की सब्सिडी प्रदान की जाती है। एनबीएस स्कीम के तहत, उर्वरक कम्पनियों द्वारा बाजार के उतार-चढ़ाव के अनुसार उचित स्तर पर एमआरपी तय की जाती है, जिसकी निगरानी सरकार द्वारा की जाती है।

जननी सुरक्षा योजना के अंतर्गत भुगतान संबंधी मुद्दे

1132. श्री भजन लाल जाटव:

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

(क) क्या राजस्थान के करौली और धौलपुर जिलों में जननी सुरक्षा योजना के अंतर्गत गर्भवती महिलाओं को सहायता राशि के भुगतान में बहुत विलंब हुआ है या कई मामलों में भुगतान ही नहीं किया गया है;

(ख) यदि हां, तो तत्संबंधी जिला-वार ब्यौरा क्या है;

(ग) क्या सरकार का इस संबंध में लाभार्थियों के लिए हेल्पलाइन या त्वरित शिकायत निवारण पोर्टल स्थापित करने का विचार है, और

(घ) यदि हां तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख): जैसा कि राजस्थान राज्य द्वारा सूचित किया गया है जननी सुरक्षा योजना (जेएसवाई) के अंतर्गत भुगतान लाभार्थियों के खातों में ओजेएस सॉफ्टवेयर के माध्यम से किया जाता है जिससे भुगतान डिजिटल, पारदर्शी और समयबद्ध होता है।

करौली और धौलपुर जिलों सहित राजस्थान राज्य में अधिकांश मामलों में स्वास्थ्य संस्थानों से महिलाओं को छुट्टी मिलने के पश्चात् भुगतान की प्रक्रिया शुरू कर दी जाती है और 10 दिन के भीतर पूरी हो जाती है। कुछ मामलों में लाभार्थियों द्वारा आवश्यक दस्तावेज (बैंक विवरण, आधार, आदि) देर से जमा करने/या तकनीकी कारणों से भुगतान करने में औसत समय से अधिक समय लग जाता है।

(ग) और (घ): जैसा कि राजस्थान सरकार द्वारा सूचित किया गया है, राज्य के पास पहले से ही "राजस्थान संपर्क पोर्टल" नामक एक शिकायत निवारण पोर्टल है, जहां कोई भी व्यक्ति "181" डायल करके अपनी क्वेरी या भुगतान संबंधी शिकायतों को दर्ज कर सकता है। यह पोर्टल जेएसवाई लाभार्थियों के लिए उनकी शिकायतों या जेएसवाई लाभों से संबंधित प्रश्नों के लिए भी उपलब्ध है।

PROMOTION OF PHARMACEUTICAL RESEARCH

1133. SHRI P. V. MIDHUN REDDY:

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

- (a) whether the Government has taken note of the lack of research in the pharmaceutical sector of the country, if so, the corrective measures taken in this regard;
- (b) whether the Government is aware that, as per reports, new medicines, devices, diagnostics, patient aids, and monitoring tools continue to be imported due to lack of its development in the country and often reach the Indian patients several years after they are available to patients in the developed countries;
- (c) if so, the steps taken/proposed to be taken by the Government to reduce import dependency and encourage local innovation; and
- (d) whether the Government has provided an update regarding the proposed establishment of the campus of the National Institute of Pharmaceutical

Education and Research (NIPER) in Visakhapatnam, Andhra Pradesh, which was sanctioned back in 2016, 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): Taking note of the need to promote research in the pharmaceutical sector of the country and encourage local innovation, number of measures have been taken, including the following:

- (i) The PRIP scheme has been launched with an outlay of ₹ 5,000 crore to transform India's Pharma MedTech sector from cost- to innovation-based growth by strengthening research and to promote industry-academia linkage for research and development in priority areas in drug discovery and development and medical devices. Under this, seven Centres of Excellence (CoEs) have been set up, one at each of the seven National Institutes of Pharmaceutical Education and Research (NIPERs), with total budgetary support to the tune of ₹ 700 crore, to create research infrastructure and promote R&D in identified areas. The CoEs are in the areas of anti-viral and anti-bacterial drug discovery and development, medical devices, bulk drugs, flow chemistry and continuous manufacturing, novel drug delivery system, phytopharmaceuticals and biological therapeutics, and have so far

approved 104 research projects under the scheme and have filed two patents. The scheme also includes an outlay of ₹4,250 crore for support to industry and startups, including in collaboration with academia, for undertaking research and innovation projects in priority areas;

- (ii) The Department of Pharmaceuticals has set up seven NIPERs as institutes of national importance. These, besides imparting postgraduate and doctoral programmes, conduct high-end research in various pharmaceutical specialisations;
- (iii) Support to research and innovation for development of innovative technologies and products for affordable healthcare by the Department of Biotechnology (DBT);
- (iv) To encourage local innovations, the Drugs (Prices Control) Order, 2013 provides for exemption from price control to formulations developed through indigenous R&D for certain period, subject to fulfilment of certain conditions;
- (v) Schemes and initiatives of the Biotechnology Industry Research Assistance Council (BIRAC), a public sector enterprise of the Department of Biotechnology, to support development of affordable products and technologies by startups, small and medium enterprises and large companies;

- (vi) The constituent laboratories of the Council of Scientific and Industrial Research (CSIR) are engaged in development of new drugs, process technologies and diagnostics, necessary infrastructure and human resources;
- (vii) The Department of Science and Technology is promoting R&D in the pharmaceutical sector through its Therapeutic Chemicals programme for the development key starting materials, intermediates and raw materials; and
- (viii) The Indian Council of Medical Research provides financial assistance to different researchers and scientists working in its institutes under its intramural grants programme and to others through its extramural grants programme, for research in the fields of medicine, public health and allied disciplines.

To promote domestic manufacturing of new medicines, devices, diagnostics, patient aids, monitoring tools, etc. and reduce import dependency, number of measures have been taken through various schemes, including the following:

- (i) PLI Scheme for promotion of domestic manufacturing of critical Key Starting Materials (KSMs) / Drug Intermediates (DIs) / Active Pharmaceutical Ingredients (APIs) in India (also known as the PLI Scheme for Bulk Drugs);
- (ii) PLI Scheme for Pharmaceuticals;

- (iii) Scheme for Promotion of Bulk Drug Parks;
- (iv) Strengthening of Pharmaceutical Industry scheme;
- (v) PLI Scheme for Promoting Domestic Manufacturing of Medical Devices;
- (vi) Scheme for Promotion of Medical Devices Parks; and
- (vii) Scheme for Strengthening Medical Device Industry.

The PLI Scheme for Bulk Drugs, which has a total budgetary outlay of ₹6,940 crore, aims to avoid disruption in supply of critical active pharmaceutical ingredients (APIs) used to make critical drugs for which there are no alternatives by reducing supply disruption risk due to excessive dependence on single source. As of March 2025, the committed investment of ₹3,938.5 crore under projects approved under the scheme for investment over the six-year production period of the scheme stands substantially exceeded with cumulative investment of ₹4,570 crore made by the scheme's third year. Further, production capacity has been created for 25 APIs/KSMs/DIs. Under the scheme, cumulative sales of ₹1,817 crore have been reported over the period from FY2022-23 till FY2024-25, including exports of ₹455 crore, thereby avoiding imports worth ₹1,362 crore.

The PLI Scheme for Pharmaceuticals aims to enhance India's manufacturing capabilities by increasing investment and production in the sector and contributing to product diversification to high-value goods in the

pharmaceutical sector. It incentivises production of high-value medicines such as biopharmaceuticals, complex generic drugs, patented drugs or drugs nearing patent expiry, auto-immune drugs, anti-cancer drugs, etc. as well as production of APIs/KSMs/DIs other than those notified under the PLI Scheme for Bulk Drugs, thereby contributing to self-reliance. The scheme has enabled enhanced investment and production in eligible products. As of March 2025, the committed investment of ₹17,275 crore targeted over the six-year period of the scheme stands substantially exceeded with cumulative investment of ₹37,306 crore made by the scheme's third year, and cumulative sales of approved products of ₹2,66,528 crore have been made, including exports of ₹1,70,807 crore.

Under the Scheme for Promotion of Bulk Drug Parks, which has a total budgetary outlay of ₹3,000 crore, three parks have been approved and are at various stages of development in the States of Andhra Pradesh, Gujarat and Himachal Pradesh, through their respective State Implementing Agencies. The total project cost of these is over ₹ 6,300 crore, with Central assistance to the tune of ₹1,000 crore each for creation of common infrastructure facilities. These parks would offer land and utilities such as power, water, effluent treatment plant, steam, solid waste management, warehouse facilities at a subsidised rate. The State Implementing Agencies of the three States are also offering fiscal incentives in the form of capital subsidy on fixed capital investment, interest subsidy, State Goods and Services Tax reimbursement, exemption of stamp

duty and registration charges, etc. Further, the scheme provides that applicants for allotment of land in the parks to set up units for manufacturing products prioritised in the PLI Scheme for Bulk Drugs will have priority in land allotment. The Strengthening of Pharmaceutical Industry scheme supports realisation of the vision of Atmanirbhar Bharat through the following sub-schemes:

(i) Assistance to Pharmaceutical Industry for Common Facilities (API-CF):

The scheme aims to strengthen the existing infrastructure facilities by providing financial assistance to pharmaceutical clusters for creation of common facilities. It helps create tangible assets as common facilities, such as testing labs, R&D labs, effluent treatment plants and training centres, thereby supporting the long-term viability and growth of the clusters by enabling them to develop and leverage shared resources. Under API-CF, projects with total grant-in-aid to the tune of ₹ 139.33 crore to pharmaceutical clusters have been approved for creation of common facilities and are at various stages of execution. Once these common facilities are created, they are expected to provide access to common facilities to around 1,300 existing pharmaceutical units, besides catalysing the augmentation of capacities at these clusters through the setting up of new pharmaceutical units and expansion of existing units.

(ii) Revamped Pharmaceutical Technology Upgradation Assistance Scheme (RPTUAS): The scheme aims to support upgrade of production

facilities of small and medium pharmaceutical companies having average turnover of less than ₹ 500 crore, to attain the standards specified in the revised Schedule M to the Drugs Rules, 1945 and the World Health Organization – Good Manufacturing Practices (WHO-GMP), thereby improving their competitiveness, both domestically and globally. Under this, till 1.7.2025, support for upgrade to attain the said standards has been approved for 142 micro, small and medium pharmaceutical companies, with total sanctioned amount of ₹135.8 crore.

The PLI Scheme for Promoting Domestic Manufacturing of Medical Devices has a total budgetary outlay of ₹3,420 crore and a five-year performance-linked incentive period from FY2022-23 to FY2026-27. Under the scheme, selected companies are eligible for financial incentive for incremental sales of domestically manufactured medical devices in the radiotherapy, imaging device, anaesthesia, cardio-respiratory and critical care and implant device segments, for a period of five years. So far, 21 greenfield projects have been commissioned, and production has started for 54 products, which include high-end medical devices on which the country has been highly import-dependent, such as linear accelerators, machines for MRI and CT scans and mammograms, C-arm X-ray machines and ultrasound machines. Till March 2025, cumulative eligible sales ₹10,413.40 crore have been made under the scheme, including export sales worth ₹5,002 crore.

Under the Scheme for Promotion of Medical Devices Parks, three parks have been approved and are at an advanced stage of development in Greater Noida (Uttar Pradesh), Ujjain (Madhya Pradesh) and Kanchipuram (Tamil Nadu) districts. The total project cost of these is over ₹871.11 crore, with Central assistance to the tune of ₹100 crore each for creation of common infrastructure facilities, which is expected to enhance industry's competitiveness and reduce production costs through optimisation of resources and economies of scale.

The Scheme for Strengthening Medical Device Industry has been launched on 8.11.2024 with a financial outlay of ₹500 crore. It aims to strengthen the medical device industry by providing support in critical areas, including manufacturing of key components and accessories, skill development, support for clinical studies, development of common infrastructure, and industry promotion.

Enabled by these schemes, over the last six financial years, the export of drugs and pharmaceuticals has increased by 59% from US\$ 18,300 million in FY2018-19 to US\$ 29,046 million in FY2024-25, while that of medical devices has increased by 88%, from US\$ 2,138 million in FY2018-19 to US\$ 4,014 million in FY2024-25.

(d): No NIPER has been sanctioned at Visakhapatnam.

पारिवारिक मुकदमों की संख्या में वृद्धि

1134. श्री उज्ज्वल रमण सिंह:

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

- (क) देश में पारिवारिक मामलों के निपटारे के लिए कितने पारिवारिक न्यायालय कार्यशील हैं;
- (ख) क्या देश में कार्यशील पारिवारिक न्यायालयों में पारिवारिक मामलों की संख्या दिन-प्रतिदिन बढ़ रही है;
- (ग) यदि हाँ, तो क्या सरकार का लंबित पारिवारिक मामलों के शीघ्र निपटारे के लिए देश में नए पारिवारिक न्यायालय खोलने का विचार है; और
- (घ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

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

(क): उच्च न्यायालयों से प्राप्त सूचना के अनुसार, 30.06.2025 तक संपूर्ण देश में 927 कुटुम्ब न्यायालय कार्यशील है। कार्यशील कुटुम्ब न्यायालयों की राज्य/संघ राज्यक्षेत्र -वार संख्या संलग्न विवरण में दी गई है।

(ख): उच्च न्यायालयों से प्राप्त डाटा के अनुसार, वर्ष 2023 में कुटुम्ब न्यायालयों में संस्थित मामलों की संख्या 8,25,502 थी, जबकि वर्ष 2024 में इन न्यायालयों में 9,39,100 मामले संस्थित थे।

(ग) और (घ): कुटुम्ब न्यायालय अधिनियम, 1984 विवाह और कौटुम्बिक बातों से संबंधित विवादों में सुलह कराने और उनका शीघ्र निपटारा सुनिश्चित करने की दृष्टि से राज्य/संघ राज्यक्षेत्र सरकारों द्वारा अपने संबंधित उच्च न्यायालयों के परामर्श से कुटुम्ब न्यायालय स्थापित करने का और उससे संबंधित विषयों के लिए उपबंध करता है।

कुटुम्ब न्यायालय अधिनियम की धारा 3(1) (क) के अधीन, राज्य सरकारों के लिए, राज्य में किसी नगर या कस्बे के ऐसे प्रत्येक क्षेत्र के लिए, जिसकी जनसंख्या दस लाख से अधिक है, कुटुम्ब न्यायालय स्थापित करना अनिवार्य है। राज्यों में ऐसे अन्य क्षेत्रों के लिए भी, जिन्हें राज्य/संघ राज्यक्षेत्र सरकारें आवश्यक समझें, कुटुम्ब न्यायालय स्थापित कर सकेंगी।

विवरण

30.06.2025 तक कार्यशील कुटुम्ब न्यायालयों की संख्या के राज्य/संघ राज्यक्षेत्र-वार ब्यौरे

क्र. सं.	राज्य/संघ राज्यक्षेत्रों का नाम	कार्यशील कुटुम्ब न्यायालयों की संख्या
1	आंध्र प्रदेश	16
2	अंदमान और निकोबार द्वीप	1
3	अरुणाचल प्रदेश	0
4	असम	7
5	बिहार	39
6	चंडीगढ़	0
7	छत्तीसगढ़	29
8	दादरा और नागर हवेली और दमण और दीव	0
9	दिल्ली	31
10	गोवा	0
11	गुजरात	123
12	हरियाणा	33
13	हिमाचल प्रदेश	3
14	जम्मू - कश्मीर	4
15	झारखंड	31
16	कर्नाटक	41
17	केरल	37
18	लद्दाख	2
19	लक्षद्वीप	0

20	मध्य प्रदेश	64
21	महाराष्ट्र	51
22	मणिपुर	3
23	मेघालय	0
24	मिजोरम	0
25	नागालैंड	2
26	ओडिशा	28
27	पुडुचेरी	2
28	पंजाब	37
29	राजस्थान	50
30	सिक्किम	6
31	तमिलनाडु	40
32	तेलंगाना	23
33	त्रिपुरा	9
34	उत्तर प्रदेश	189
35	उत्तराखंड	27
36	पश्चिमी बंगाल	6
	कुल	927

JAN AUSHADHI KENDRAS IN KARNATAKA

1135. SHRI JAGADISH SHETTAR:

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

(a) whether the Government has taken note of the guidelines issued by the Government of Karnataka prohibiting opening of any new Jan Aushadhi Kendras (JAKs) on the premises of the Government Hospitals in the State, if so, the details thereof and remedial steps taken/proposed to be taken thereon; and

(b) whether the Government has taken note of the pathetic condition of JAKs in the State which is causing trouble and distress to poor people, if so, the remedial steps being taken in this regard and to ensure adequate supply of Genuine medicines thereof JAKs to such poor people?

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): Taking note of reports regarding a decision taken by the State Government of Karnataka to close Jan Aushadhi Kendras (JAKs) in Government hospitals in the State, the Union Minister of Chemicals and Fertilizers addressed a letter to the Chief Minister of Karnataka, highlighting that JAKs provide quality generic medicines at rates typically 50% to 80% cheaper than leading branded medicines in the market, which has resulted in estimated savings of about ₹5,700 crore to citizens in the State over the last 10 years. It further highlighted that every State Government has chosen to avail of Janaushadhi medicines through JAKs set up in Government health facilities, as a result of which about 1,500 JAKs are today operating from Government health facilities across the country, offering patients great convenience and an outlet for procuring in case of any shortage of medicines in the health facility pharmacy. Against this background, the letter sought reconsideration of the decision in the interest of better securing the availability of quality medicines to all.

To ensure sufficient availability of medicines at all JAKs in the State, the Pharmaceutical and Medical Devices Bureau of India maintains and supplies medicines procured by it from two regional warehouses at Bengaluru and Chennai. In addition, a strong network of 10 distributors has been set up across the southern region of the country to meet the requirement of JAKs at the local level and ensure that Janaushadhi medicines are available on an ongoing basis at various JAKs to meet the requirements of citizens. As a result, more than ₹995 crore MRP worth of quality Janaushadhi medicines at affordable prices have been provided from 1,480 JAKs opened in the State.

BENEFICIARIES UNDER JSSK

1136. KUMARI SUDHA R.:

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

- (a) the details of Janani Shishu Suraksha Karyakaram (JSSK) beneficiaries in the country, State-wise;
- (b) the allocation of funds and ongoing projects under Janani Shishu Suraksha Karyakaram (JSSK);
- (c) the number of beneficiaries covered under PM-JAY (Pradhan Mantri Jan Arogya Yojana) in the country;
- (d) the details of premium paid to insurance companies under PM-JAY (Pradhan Mantri Jan Arogya Yojana), State-wise; and

- (e) the details of ongoing human trials of various new drugs in the country, 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 details of beneficiaries under the Janani Shishu Suraksha Karyakarm (JSSK) in the country, State-wise is given in the enclosed **Statement-I**.

(b): The details of the approval of funds under Janani Shishu Suraksha Karyakram, State-wise are given in the enclosed **Statement-II**.

(c) and (d): As on 30th June 2025, more than 41 crore Ayushman Cards have been created across the country. The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) scheme is implemented in States/UTs through one of three modes: Trust Mode, Insurance Mode, or Hybrid Mode. States/UTs have the flexibility to implement the scheme in any of these modes and can switch from one mode to another based on the decision of the respective State/UT Government.

The funding of AB-PMJAY is entirely demand driven. National Health Authority (NHA) releases funds for scheme implementation to the States/UTs on the basis of the actual demand received from States/UTs. There is no State / UT-wise allocation of funds. As per the process defined by NHA, States furnish a

Utilization Certificate of previously received funds prior to every new fund release.

The details of Central share of funds released to the States/UTs till FY 2024-25 are given in the enclosed **Statement-III**.

(e): The details of “NEW DRUG” regulatory human trials approved by Central Drugs Standard Control Organisation (CDSCO) and registered in Clinical Trials Registry India (CTRI) from 19th July 2021 till 20th July 2025, State-wise, are given in the enclosed **Statement-IV**.

STATEMENT-I

India and State/UT wise number of beneficiaries under JSSK scheme for FY 2024-25

S. No.	States/UTs	Total number of Pregnant Women benefitted under JSSK	Total number of Sick infants benefitted under JSSK
	All India	1,99,08,272	16,85,447
1	Andaman and Nicobar Islands	4,687	185
2	Andhra Pradesh	2,51,558	47,101
3	Arunachal Pradesh	24,520	676
4	Assam	10,80,610	65,920
5	Bihar	9,05,155	45,260
6	Chandigarh	60,385	14,618
7	Chhattisgarh	3,47,851	39,698
8	Delhi	1,26,960	8,632
9	Goa	28,785	1,927

S. No.	States/UTs	Total number of Pregnant Women benefitted under JSSK	Total number of Sick infants benefitted under JSSK
10	Gujarat	7,47,466	1,11,396
11	Haryana	4,12,660	27,886
12	Himachal Pradesh	1,50,142	26,100
13	Jammu and Kashmir	2,26,258	55,255
14	Jharkhand	5,36,166	31,676
15	Karnataka	5,10,341	69,750
16	Kerala	4,76,211	25,662
17	Ladakh	4,139	1,153
18	Lakshadweep	470	93
19	Madhya Pradesh	12,04,732	1,21,870
20	Maharashtra	18,93,689	1,24,669
21	Manipur	28,242	3,039
22	Meghalaya	1,87,417	19,215
23	Mizoram	7,106	853
24	Nagaland	12,634	886
25	Odisha	11,36,483	69,623
26	Puducherry	8,977	1,789
27	Punjab	6,22,956	43,138
28	Rajasthan	6,27,230	1,29,852
29	Sikkim	4,997	1,068
30	Tamil Nadu	13,68,660	74,477
31	Telangana	86,803	6,711
32	The Dadra and Nagar Haveli and Daman and Diu	13,022	5,446
33	Tripura	38,029	7,492
34	Uttarakhand	2,24,280	14,775

S. No.	States/UTs	Total number of Pregnant Women benefitted under JSSK	Total number of Sick infants benefitted under JSSK
35	Uttar Pradesh	55,19,612	2,60,101
36	West Bengal	10,29,039	2,27,455

Data source: HMIS portal, MoHFW, Government of India

STATEMENT-II

State/UT wise approval of funds under JSSK for FY 2024-25

(In lakhs)

S. No.	State/UT	JSSK-Maternal Health	JSSK-Child Health
1	Andaman and Nicobar	4.00	0.50
2	Andhra Pradesh	8,733.05	761.67
3	Arunachal Pradesh	819.07	5.47
4	Assam	11,197.04	1,112.68
5	Bihar	27,315.40	1,081.27
6	Chandigarh	0	0
7	Chhattisgarh	4,040.00	130.00
8	Dadra and Nagar Haveli and Daman and Diu	117.32	21.74
9	Delhi	565.00	85.00
10	Goa	121.10	15.17
11	Gujarat	11,246.63	1,533.63
12	Haryana	2,130.18	106.61
13	Himachal Pradesh	1,264.82	0

S. No.	State/UT	JSSK-Maternal Health	JSSK-Child Health
14	Jammu and Kashmir	4,073.36	541.34
15	Jharkhand	11,215.44	534.05
16	Karnataka	3,433.28	350.31
17	Kerala	2,679.76	173.01
18	Ladakh	99.50	18.00
19	Lakshadweep	9.34	9.98
20	Madhya Pradesh	10,081.37	1,633.31
21	Maharashtra	23,169.79	1,378.71
22	Manipur	1,043.00	45.00
23	Meghalaya	1,552.58	142.50
24	Mizoram	235.19	40.40
25	Nagaland	503.30	42.50
26	Odisha	4,480.88	299.94
27	Puducherry	334.01	11.00
28	Punjab	6,280.50	400.00
29	Rajasthan	20,993.12	2,449.00
30	Sikkim	154.85	11.75
31	Tamil Nadu	4,555.71	1,976.34
32	Telangana	5,640.50	312.25
33	Tripura	1,159.46	83.85
34	Uttar Pradesh	56,430.38	167.20
35	Uttarakhand	2,313.42	70.32
36	West Bengal	17,873.09	850.32

Note:

1. The above data is as per the available Financial Management Reports (FMRs) reported by the States/UTs and are provisional.

STATEMENT-III**State/UT-wise Central Share of funds released under AB-PMJAY till FY 2024-25**

S. No.	State/UT	Central Share released (₹ in Cr.)
1	Andaman and Nicobar Islands	3.87
2	Andhra Pradesh	1746.15
3	Arunachal Pradesh	16.86
4	Assam	897.68
5	Bihar	987.93
6	Chandigarh	28.76
7	Chhattisgarh	1063.16
8	Dadra and Nagar Haveli and	21.41
	Daman and Diu	1.07
9	Goa	2.81
10	Gujarat	1598.60
11	Haryana	522.23
12	Himachal Pradesh	228.57
13	Jammu and Kashmir	277.83
14	Jharkhand	533.26
15	Karnataka	2056.60
16	Kerala	744.61
17	Ladakh	7.94
18	Lakshadweep	0.52
19	Madhya Pradesh	2644.82
20	Maharashtra	2036.65
21	Manipur	131.52

22	Meghalaya	208.94
23	Mizoram	103.54
24	Nagaland	103.63
25	Puducherry	24.23
26	Punjab	418.90
27	Rajasthan	1807.65
28	Sikkim	16.03
29	Tamil Nadu	2135.92
30	Telangana	687.58
31	Tripura	192.51
32	Uttar Pradesh	2694.13
33	Uttarakhand	285.40

STATEMENT-IV

State/UT-wise number of human trials registered in Clinical Trials Registry India (CTRI) from 19th July 2021 till 20th July 2025

S. No	State/UT	Number of Registered Trials
1	Andhra Pradesh	604
2	Assam	77
3	Bihar	102
4	Chandigarh	186
5	Chhattisgarh	111
6	Daman and Diu	2
7	Delhi	888
8	Goa	35
9	Gujarat	1628

10	Haryana	278
11	Himachal Pradesh	8
12	Jammu and Kashmir	20
13	Jharkhand	28
14	Karnataka	1415
15	Kerala	325
16	Madhya Pradesh	38
17	Maharashtra	2890
18	Manipur	4
19	Meghalaya	2
20	Orissa	310
21	Pondicherry	68
22	Punjab	133
23	Rajasthan	818
24	Tamil Nadu	582
25	Telangana	681
26	Tripura	1
27	Uttar Pradesh	1007
28	Uttaranchal	85
29	West Bengal	810
	Total	13136

जेएके की स्थापना

1137. श्री परिमल शुक्लबैद्य:

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

- (क) विगत तीन वर्षों के दौरान प्रधानमंत्री भारतीय जन औषधि परियोजना (पीएमबीजेपी) के अंतर्गत कितने जन औषधि केन्द्र (जेएके) स्थापित किए गए हैं;

- (ख) असम में, विशेषकर सिलचर क्षेत्र में वर्तमान में कितने जेएके कार्यरत हैं तथा कितने बंद किए गए हैं, उनकी जिला-वार संख्या कितनी है;
- (ग) उक्त अवधि के दौरान जन औषधि केन्द्रों से राज्य-वार कितने लोग लाभान्वित हुए हैं; और
- (घ) उक्त अवधि के दौरान उक्त राज्यों में जन औषधि केन्द्रों की स्थापना और संचालन के लिए आवंटित और संवितरित निधि का जिला-वार, विशेषकर सिलचर क्षेत्र के संबंध में ब्यौरा क्या है?

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

(क): प्रधानमंत्री भारतीय जन औषधि परियोजना के अंतर्गत, दिनांक 30.6.2025 तक कुल 16,912 जन औषधि केंद्र (जेएके) खोले जा चुके हैं, जिनमें से 7,737 केन्द्र पिछले तीन वित्तीय वर्षों के दौरान खोले गए हैं।

(ख): दिनांक 30.6.2025 तक, असम राज्य में कुल 179 जेएके खोले जा चुके हैं, जिनमें से 27 जेएके सिलचर में खोले गए हैं। असम में खोले गए जेएके की जिला-वार संख्या संलग्न **विवरण** में दी गई है। वित्तीय वर्ष 2024-25 के दौरान, इस राज्य के नागांव और कामरूप जिलों में एक-एक जेएके बंद कर दिए गए थे। इसके पश्चात्, बंद किए गए केंद्रों के आसपास नए जेएके खोले गए हैं।

(ग): जेएके से लाभान्वित लोगों की राज्य-वार संख्या उपलब्ध नहीं है। तथापि, यह अनुमान है कि देश भर में लगभग 10 से 12 लाख उपभोक्ता प्रतिदिन जेएके से दवाइयों की खरीद करते हैं।

(घ): इस योजना के अंतर्गत राज्य या संघ राज्य क्षेत्र-वार निधि आबंटन नहीं है।

विवरण

दिनांक 30.06.2025 तक असम में खोले गए जेएके की जिला-वार संख्या

जिला	खोले गए जेएके की संख्या
बक्सा	1
बारपेटा	4
बिश्वनाथ	2
बोंगईगांव	3
कछार	36
चराइदेव	3
चिरांग	2
दरांग	5
धेमाजी	2
दुबरी	3
डिब्रूगढ़	7
दीमा हसाओ	1
गोलपाड़ा	2
गोलाघाट	3
हैलाकांडी	10
होजाई	2
जोरहाट	3
कामरूप	9
कामरूप महानगर	19
कार्बी आंगलोंग	2
करीमगंज	18
कोकराझार	4
लखीमपुर	1
माजुली	1
मारीगांव	4
नागांव	12

नलबाड़ी	2
शिवसागर	2
सोनितपुर	4
दक्षिण सलमारा मंकाचर	2
तिनसुकिया	8
उदलगुड़ी	2
कुल	179

CENTRE OF EXCELLENCE (COE) FOR MENTAL HEALTH

1138. SHRI B. K. PARTHASARATHI:

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

- (a) the details of the total number of Centre of Excellence (CoE) in Mental Health supported by the Government under the National Mental Health Programme, year-wise and State/UT-wise;
- (b) the details of the funds allocated/released and utilized for supporting each of the said centre, year-wise;
- (c) the details of the infrastructural upgradations undertaken in such centres, CoE-wise;
- (d) whether CoEs have conducted any community outreach programmes to assess the major mental health problems affecting people in the country and if so, the details thereof;

- (e) the details of the measures taken/proposed to be taken by the Government to incorporate such insights into improved care practices; and
- (f) whether CoEs are monitoring data on detection rates of mental health problems among its patients and if so, the details thereof, year-wise and CoE-wise?

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

(a) to (f): Under the tertiary care component of National Mental Health Programme (NMHP), under Manpower Development Scheme-A, 25 Centres of Excellence (CoE) have been sanctioned to increase the intake of students in PG departments in mental health specialities as well as to provide tertiary level treatment facilities. Further, the Government has also supported 19 Government medical colleges/institutions to strengthen 47 PG Departments in mental health specialties under Manpower Development Scheme-B.

The details of CoE supported under NMHP, year-wise and State/UT-wise, and the details of funds released to CoE are given in the enclosed **Statement**.

The infrastructural upgradations undertaken in 25 CoE under NMHP includes civil work, procurement of equipment (technical and non-technical), procurement of books and journals for library.

The Centre of Excellence scheme is for upgradation/strengthening of existing Mental Health Institutes/Medical Colleges in terms of physical infrastructure, equipment and Human Resource. However, various community outreach programmes are conducted by CoEs.

The data on detection rates of mental health problems monitored by CoEs among its patients is not available centrally. However, the number of Mental Health OPD services including teleconsultations provided by COE's / Dept. of Psychiatry under NMHP in the FY 2024-25 are 25,24,758.

Further, the District Mental Health Programme (DMHP) component of the NMHP has been sanctioned for implementation in 767 districts for which support is provided to States/UTs through the National Health Mission. Facilities made available under DMHP at the Community Health Centre (CHC) and Primary Health Centre (PHC) levels, inter- alia, include outpatient services, assessment, counselling/ psycho-social interventions, continuing care and support to persons with severe mental disorders, drugs, outreach services, ambulance services etc. In addition to above services there is a provision of 10 bedded in-patient facility at the District level.

STATEMENT**Details of Centres of Excellence (CoE) supported under NMHP**

Sr. No.	State/UT	Name Of the Institute	Year of Approval	Funds released upto FY 2023-24 (in Rs. crore)	Funds released in F.Y. 2024-25 (in Rs. crore)
1	Andhra Pradesh	Hospital for Mental Care, Vishakhapatnam	2017-18	10.00	-
2	Delhi	IHBAS, Delhi	2010-11	5.28	-
3	Delhi	Dr RML Hospital, Delhi	2016-17	5.93	-
4	Gujarat	Hospital for Mental Health, Ahmedabad	2009-10	27.60	0.12
5	Goa	Institute of Psychiatry and Human Behaviour, Goa	2015-16	17.06	1.89
6	Haryana	State Mental Health Institute, Rohtak	2009-10	26.36	-
7	Himachal Pradesh	Dr. Rajendra Prasad Govt Medical College, Kangra	2016-17	27.63	0.67
8	Jammu and Kashmir	Psychiatric Diseases Hospital, Govt. Medical College, Srinagar	2009-10	28.84	-

9	Karnataka	Dharwad Institute of Mental Health and Neurosciences, Dharwad	2015-16	8.28	-
10	Kerala	IMHANS, Kozikode	2010-11	30.00	-
11	Madhya Pradesh	Gwalior Mansik Arogyasala, Gwalior	2015-16	4.75	-
12	Madhya Pradesh	Mental Hospital, MGM Medical College, Indore	2015-16	6.00	-
13	Maharashtra	Maharashtra Institute of Mental Health, Pune	2011-12	30.00	-
14	Odisha	SCB Medical College Hospital , Cuttack	2010-11	27.78	2.22
15	Chandigarh	Govt. Medical College and Hospital, Sec-32 , Chandigarh	2010-11	19.75	-
16	Punjab	Institute of Mental Health , Amritsar	2015-16	4.76	-
17	Rajasthan	SP Medical College, Bikaner	2016-17	12.00	-
18	Rajasthan	SMS Medical College, Jaipur	2016-17	6.00	-
19	Telangana	Institute of Mental Health, Hyderabad	2009-10	17.40	-
20	Telangana	Kakatiya Medical College, Warangal	2017-18	12.00	-
21	Uttar Pradesh	Institute of Medical Sciences, BHU, Varanasi	2017-18	26.16	-

22	Uttar Pradesh	King George's Medical University, Lucknow	2015-16	5.77	-
23	Uttar Pradesh	Institute of Mental Health and Hospital Agra, Agra	2009-10	28.81	-
24	West Bengal	Institute of Psychiatry , Kolkata	2009-10	24.90	-
25	West Bengal	Calcutta National Medical College, Kolkata	2017-18	18.32	-

प्रधानमंत्री स्वास्थ्य सुरक्षा योजना का कार्यान्वयन

1139. श्रीमती हेमा मालिनी:

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

- (क) क्या सरकार देश में स्वास्थ्य सेवाओं में क्षेत्रीय असंतुलन को कम करने और चिकित्सा शिक्षा को बेहतर बनाने के उद्देश्य से प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) का कार्यान्वयन कर रही है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या पीएमएसएसवाई का एक प्रमुख उद्देश्य देश के विभिन्न क्षेत्रों में वहनीय और विश्वसनीय तृतीयक स्वास्थ्य सेवाओं में सुधार करना भी है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या उक्त योजना के तहत सुपर स्पेशियलिटी ब्लॉकों के निर्माण के माध्यम से सरकारी मेडिकल कॉलेजों के उन्नयन के लिए कई परियोजनाएँ आरंभ की जा रही हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) उक्त परियोजनाओं की वर्तमान स्थिति क्या है?

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

(क) से (घ): प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) 2006 में किफायती/विश्वसनीय विशिष्ट स्वास्थ्य परिचर्या सेवाओं की उपलब्धता में क्षेत्रीय असंतुलन को दूर करने और देश में गुणवत्तापूर्ण चिकित्सा शिक्षा की सुविधाओं को बढ़ाने के उद्देश्य से शुरू की गई थी। पीएमएसएसवाई के दो घटक हैं- (I) नए अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) की स्थापना करना और (II) केंद्र-राज्य लागत साझाकरण के आधार पर चिकित्सा सुपर स्पेशियलिटी ब्लॉक/ट्रॉमा सेंटर की स्थापना/उपकरणों की खरीद के माध्यम से मौजूदा सरकारी मेडिकल कॉलेजों/संस्थानों (जीएमसीआई) का उन्नयन करना।

पीएमएसएसवाई योजना के अंतर्गत अनुमोदित 22 एम्स और जीएमसीआई की 75 उन्नयन परियोजनाओं का ब्यौरा क्रमशः **विवरण-I** और **विवरण-II** में दिया गया है।

विवरण-I

पीएमएसएसवाई के तहत एम्स का ब्यौरा

क्रम सं.	राज्य/संघ राज्य क्षेत्र	एम्स का स्थान	स्थिति
1	आंध्र प्रदेश	एम्स मंगलगिरी	कार्यशील
2	असम	एम्स गुवाहाटी	कार्यशील
3	बिहार	एम्स दरभंगा	निवेश-पूर्व कार्य प्रगति पर है
4		एम्स पटना	कार्यशील
5	छत्तीसगढ़	एम्स रायपुर	कार्यशील
6	गुजरात	एम्स राजकोट	कार्यशील
7	हरियाणा	एम्स माजरा (रेवाड़ी)	निर्माणाधीन
8	हिमाचल प्रदेश	एम्स बिलासपुर	कार्यशील
9	जम्मू और कश्मीर	एम्स विजयपुर , जम्मू	कार्यशील

10		एम्स अवन्तीपोरा , कश्मीर	निर्माणाधीन
11	झारखंड	एम्स देवघर	कार्यशील
12	मध्य प्रदेश	एम्स भोपाल	कार्यशील
13	महाराष्ट्र	एम्स नागपुर	कार्यशील
14	ओडिशा	एम्स भुवनेश्वर	कार्यशील
15	पंजाब	एम्स बठिंडा	कार्यशील
16	राजस्थान	एम्स जोधपुर	कार्यशील
17	तमिलनाडु	एम्स मदुरै	निर्माणाधीन
18	तेलंगाना	एम्स बीबीनगर	कार्यशील
19	उत्तर प्रदेश	एम्स रायबरेली	कार्यशील
20		एम्स गोरखपुर	कार्यशील
21	उत्तराखंड	एम्स ऋषिकेश	कार्यशील
22	पश्चिम बंगाल	एम्स कल्याणी	कार्यशील

विवरण-II

पीएमएसएसवाई के तहत उन्नयन के लिए अनुमोदित सरकारी मेडिकल कॉलेज/संस्थान (जीएमसीआई):

क्रम. संख्या	राज्य	संख्या	जीएमसी का नाम/ संस्थान	अनुमोदित अवसंरचना	स्थिति (%)
1	आंध्र प्रदेश	1	श्री वेंकटेश्वर आयुर्विज्ञान संस्थान, तिरुपति	उपकरणों की खरीद	पूर्ण
		2	सिद्धार्थ मेडिकल कॉलेज, विजयवाड़ा	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		3	सरकारी मेडिकल कॉलेज, अनंतपुर	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
2	असम	4	गुवाहाटी मेडिकल कॉलेज, गुवाहाटी	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		5	असम मेडिकल कॉलेज, डिब्रूगढ़	सुपर स्पेशियलिटी ब्लॉक	पूर्ण

क्रम. संख्या	राज्य	संख्या	जीएमसी का नाम/ संस्थान	अनुमोदित अवसंरचना	स्थिति (%)
3	बिहार	6	श्री कृष्णा मेडिकल कॉलेज, मुजफ्फरपुर	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		7	दरभंगा मेडिकल कॉलेज एंड हॉस्पिटल , दरभंगा	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		8	पटना मेडिकल कॉलेज एंड हॉस्पिटल, पटना	सुपर स्पेशियलिटी ब्लॉक	95%
		9	सरकारी मेडिकल कॉलेज, भागलपुर	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		10	सरकारी मेडिकल कॉलेज, गया	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		11	आईजीआईएमएस, पटना	क्षेत्रीय नेत्र विज्ञान संस्थान	पूर्ण
4	छत्तीसगढ़	12	सरकारी मेडिकल कॉलेज, बिलासपुर	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		13	सरकारी मेडिकल कॉलेज, जगदलपुर	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
5	दिल्ली	14	यूसीएमएस-जीटीबी अस्पताल	-	संघ राज्य क्षेत्र सरकार से विवरण प्रतीक्षारत है
6	गोवा	15	गोवा मेडिकल कॉलेज, पणजी	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
7	गुजरात	16	बी.जे. मेडिकल कॉलेज, अहमदाबाद	चिकित्सा उपकरण की खरीद	पूर्ण
		17	सरकारी मेडिकल कॉलेज, राजकोट	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		18	सरकारी मेडिकल कॉलेज, सूरत	सुपर स्पेशियलिटी ब्लॉक	77%
		19	सरकारी मेडिकल कॉलेज, भावनगर	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
8	हरियाणा	20	पंडित बी.डी. शर्मा	सर्विस ब्लॉक और ओटी	पूर्ण

क्रम. संख्या	राज्य	संख्या	जीएमसी का नाम/ संस्थान	अनुमोदित अवसंरचना	स्थिति (%)
			स्नातकोत्तर आयुर्विज्ञान संस्थान, रोहतक	कॉम्प्लेक्स	
9	हिमाचल प्रदेश	21	सरकारी मेडिकल कॉलेज, टांडा	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		22	इंदिरा गांधी सरकारी मेडिकल कॉलेज, शिमला	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
10	जम्मू एवं कश्मीर	23	सरकारी चिकित्सा कॉलेज, जम्मू	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		24	सरकारी मेडिकल कॉलेज, श्रीनगर	ट्रोमा केयर सेंटर	पूर्ण
11	झारखंड	25	राजेंद्र इंस्टीट्यूट ऑफ मेडिकल साइंसेज (आरआईएमएस), रांची	सुपर स्पेशियलिटी और ऑन्कोलॉजी ब्लॉक	पूर्ण
		26	पाटलिपुत्र मेडिकल कॉलेज, धनबाद	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
12	कर्नाटक	27	बैंगलोर मेडिकल कॉलेज, बैंगलोर	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		28	विजयनगर आयुर्विज्ञान संस्थान, बेल्गारी	ट्रोमा केयर ब्लॉक	पूर्ण
		29	कर्नाटक इंस्टीट्यूट ऑफ मेडिकल साइंसेज, हुबली	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
13	केरल	30	मेडिकल कॉलेज, तिरुवनंतपुरम	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		31	कोझिकोड मेडिकल कॉलेज	सुपर स्पेशियलिटी ब्लॉक सहित ट्रोमा केंद्र	पूर्ण
		32	टी.डी. मेडिकल कॉलेज, अलाप्पुझा	सुपर स्पेशियलिटी ब्लॉक ट्रोमा केंद्र	पूर्ण
		33	एससीटीआईएमएसटी, त्रिवेंद्रम	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
14	मध्य प्रदेश	34	सरकारी मेडिकल कॉलेज , रीवा	सुपर स्पेशियलिटी ब्लॉक	पूर्ण

क्रम. संख्या	राज्य	संख्या	जीएमसी का नाम/ संस्थान	अनुमोदित अवसंरचना	स्थिति (%)
		35	नेताजी सुभाष चंद्र बोस मेडिकल कॉलेज, जबलपुर	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		36	जीआर मेडिकल कॉलेज, ग्वालियर	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		37	सरकारी मेडिकल कॉलेज, इंदौर	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
15	महाराष्ट्र	38	ग्रांट मेडिकल कॉलेज और सर जेजे ग्रुप ऑफ हॉस्पिटल्स, मुंबई	चिकित्सा उपकरण की खरीद	पूर्ण
		39	सरकारी मेडिकल कॉलेज, नागपुर	चिकित्सा उपकरण की खरीद	पूर्ण
		40	सरकारी मेडिकल कॉलेज, औरंगाबाद	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		41	सरकारी मेडिकल कॉलेज, लातूर	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		42	सरकारी मेडिकल कॉलेज, अकोला	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		43	श्री वसंतराव नायक सरकारी मेडिकल कॉलेज, यवतमाल	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
16	ओडिशा	44	एमकेसीजी मेडिकल कॉलेज, बेरहमपुर	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		45	वीएसएस मेडिकल कॉलेज, बुर्ला	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		46	सरकारी मेडिकल कॉलेज, कटक	सुपर स्पेशियलिटी ब्लॉक	राज्य सरकार से विवरण प्रतीक्षारत है
17	पंजाब	47	सरकारी मेडिकल कॉलेज, अमृतसर	सुपर स्पेशियलिटी ब्लॉक	पूर्ण

क्रम. संख्या	राज्य	संख्या	जीएमसी का नाम/ संस्थान	अनुमोदित अवसंरचना	स्थिति (%)
		48	सरकारी मेडिकल कॉलेज, पटियाला	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
18	राजस्थान	49	एसपी मेडिकल कॉलेज, बीकानेर	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		50	आरएनटी मेडिकल कॉलेज, उदयपुर	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		51	सरकारी मेडिकल कॉलेज , कोटा	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		52	सरकारी मेडिकल कॉलेज, जयपुर	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
19	तमिलनाडु	53	सरकारी मेडिकल कॉलेज, सलेम	सुपर स्पेशियलिटी ब्लॉक और ट्रोमा सेंटर	पूर्ण
		54	सरकारी मेडिकल कॉलेज, मदुरै	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		55	तंजावुर मेडिकल कॉलेज, तंजावुर	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		56	तिरुनेलवेली मेडिकल कॉलेज, तिरुनेलवेली	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
20	तेलंगाना	57	निज़ाम इंस्टीट्यूट ऑफ मेडिकल साइंसेज, हैदराबाद	सुपर स्पेशियलिटी ब्लॉक और ट्रोमा सेंटर	पूर्ण
		58	राजीव गांधी आयुर्विज्ञान संस्थान, आदिलाबाद	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		59	काकतीय मेडिकल कॉलेज, वारंगल	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
21	त्रिपुरा	60	अगरतला सरकारी मेडिकल कॉलेज, अगरतला	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
22		61	एसजीपीजीआईएमएस, लखनऊ	सुपर स्पेशियलिटी ब्लॉक	पूर्ण

क्रम. संख्या	राज्य	संख्या	जीएमसी का नाम/ संस्थान	अनुमोदित अवसंरचना	स्थिति (%)
	उत्तर प्रदेश	62	आईएमएस, बीएचयू, वाराणसी में ट्रॉमा सेंटर (टीसी)	ट्रॉमा सेंटर और नर्सिंग कॉलेज	पूर्ण
		63	जवाहरलाल नेहरू मेडिकल कॉलेज ऑफ अलीगढ़ मुस्लिम यूनिवर्सिटी (एएमयू), अलीगढ़	ट्रॉमा केयर सेंटर और ओबीजी ब्लॉक	पूर्ण
		64	सरकारी मेडिकल कॉलेज, झांसी	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		65	बीआरडी मेडिकल कॉलेज, गोरखपुर	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		66	एमएलएन मेडिकल कॉलेज, इलाहाबाद	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		67	एलएलआरएम मेडिकल कॉलेज, मेरठ	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		68	सरकारी मेडिकल कॉलेज, आगरा	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		69	सरकारी चिकित्सा कॉलेज, कानपुर	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		70	संस्थान में एसएसबी चिकित्सा विज्ञान (आईएमएस), बी.एच.यू., वाराणसी	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		71	आरआईओ, आईएमएस, बीएचयू, वाराणसी	क्षेत्रीय नेत्र विज्ञान संस्थान (आरआईओ)	पूर्ण
23	पश्चिम बंगाल	72	कोलकाता मेडिकल कॉलेज, कोलकाता	सुपर स्पेशियलिटी ब्लॉक	पूर्ण
		73	बीएस मेडिकल कॉलेज, बांकुरा	सुपर स्पेशियलिटी ब्लॉक	पूर्ण

क्रम. संख्या	राज्य	संख्या	जीएमसी का नाम/ संस्थान	अनुमोदित अवसंरचना	स्थिति (%)
		74	सरकारी मेडिकल कॉलेज, मालदा	ट्रोमा केयर सेंटर और इमरजेंसी मेडिकल ब्लॉक	पूर्ण
		75	नॉर्थ बंगाल मेडिकल कॉलेज, दार्जिलिंग	सुपर स्पेशियलिटी ब्लॉक	पूर्ण

DONATION OF HUMAN ORGANS

1140. SHRI PARSHOTTAMBHAI RUPALA:

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

- (a) the steps taken/proposed to be taken by the Government in partnership with the State Governments to establish clear guidelines for ensuring that human organs donated by volunteers are provided to underprivileged people;
- (b) the steps taken/proposed to be taken by the Government of those people who are missing out on the Organs they require due to a lack of awareness and if so, the details thereof; and
- (c) the actions taken/proposed to be taken by the Government in collaboration with the State Governments to facilitate the aforementioned process online, as this would enhance transparency and reduce illegal human organ trading?

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

(a) to (c): Under Transplantation of Human Organs and Tissues Act (THOTA), 1994, a three tiered National Human Organs and Tissues Removal and Storage Network has been established, consisting of National Organ and Tissue Transplant Organization (NOTTO), Regional Organ and Tissue Transplant Organizations (ROTTOS) and State Organ and Tissue Transplant Organizations (SOTTOs). NOTTO/ROTTOS/SOTTO network with institutions and hospitals performing organ/tissue transplantation, organ retrieval, and tissue banking in the country through a digital National Registry, maintained by NOTTO, with a view to provide an efficient and organized system of organ and tissue procurement from deceased donors and their allocation to waiting recipients.

The Allocation criteria for major organs and tissues namely kidney, heart, liver, lung, heart-lung and cornea transplant have been prescribed by NOTTO for transparency and equity in the allocation system, giving preference to those whose requirement is more. The aforesaid allocation criteria give priority to the following factors:

- Duration of disease,
- Period in waiting list,

- Severity of illness,
- Children,
- Previous living donor now requiring transplant and
- Matching parameters like blood group, age, size etc. for better outcome.
- Other factors namely local utilization of organ and geographical proximity of recipient

Further, allocation of donated organs to recipients of Government centres is done, if donation is happening in a Govt. institution under the NOTTO allocation policy. States may adopt allocation criteria of NOTTO or can have their own allocation criteria as permitted under THOT Rules, 2014.

The Government of India is implementing the National Organ Transplant Program (NOTP). Under NOTP, grants are provided to States depending upon the proposals received, for establishing ROTTOS and SOTTOS, augmenting infrastructure in public sector for setting up Organ Transplant/Retrieval Centers and Tissue Banks, hiring of Transplant Coordinators by Government Medical Colleges and Trauma Centers, maintenance of deceased donors, organ transport, post- transplant immune-suppressant medicines, carrying out awareness, training and capacity building activities etc.

A dedicated website (www.notto.mohfw.gov.in) along with a 24x7 call center with a toll free helpline number (1800114770) are operational to provide information, tele-counselling and to help in coordination for organ donation.

NOTTO, ROTTOs, SOTTOs and institutions carry out activities across the country for generating awareness, such as celebration of Indian Organ Donation Day annually, seminars, webinars, workshops, debates, sports events, walkathons, marathons, nukkad natak, legal symposium, etc.

A dedicated web-portal **notto.abdm.gov.in** for registering Adhaar verified pledges for organ and tissue donation is operational.

States have been requested to implement swap donor program as per THOTA 1994, which is likely to improve pool of donors and increase number of transplantation.

The Transplant/retrieval centers are requested to display the Boards in ICUs, Casualty, waiting areas and other strategic locations for information regarding legal requirement for doctors/coordinators to inquire/request family members for organ donation.

Health being a State subject, it is the primary responsibility of the State to augment capacity, enhance transparency and increase awareness in organ donation and transplantation. NOTTO maintains a digital national registry of organ recipients and donors. Patients needing transplant can get registration done through treating hospital in the national registry for receiving deceased

donor organ. States/UTs have been requested to ensure that every hospital performing organ transplantation or retrieval needs to be linked to the website of NOTTO and data related to both deceased and living donors and recipients of transplants is uploaded in the National Registry. Further, each donor and recipient is allocated a unique NOTTO ID for better monitoring.

ALLOCATION OF SUBSIDY FOR FARMERS

1141: SHRI SACHITHANANTHAM R.:

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

the total amount of subsidy allocated and disbursed for chemical fertilizers for farmers during the last five financial years?

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

The details of total amount of subsidy allocated and disbursed for chemical fertilizers for farmers during the last five financial years (2020-21 to 2024-25) are as follows:

Financial Year	Amount Allocated (Rs. in Crore)	Amount Disbursed (Rs. in Crore)
2020-21	1,38,527.30	1,31,229.51
2021-22	1,62,072.12	1,57,640.08
2022-23	2,54,798.88	2,54,798.88

2023-24	1,97,457.18	1,95,420.51
2024-25	1,77,129.50	1,77,129.50

उर्वरकों पर निर्भरता

1142. श्रीमती कृष्णा देवी शिवशंकर पटेल:

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

- (क) सरकार द्वारा बांदा लोक सभा निर्वाचन क्षेत्र सहित बुन्देलखण्ड क्षेत्र में खेती के लिए उर्वरकों पर निर्भरता कम करने के लिए क्या प्रयास किए जा रहे हैं, क्योंकि इसका मृदा, स्वास्थ्य और पर्यावरण पर प्रभाव पड़ता है और इस क्षेत्र की अर्थव्यवस्था मुख्यतः कृषि पर निर्भर है;
- (ख) क्या सहकारी समितियों के माध्यम से किसानों के लिए समय पर आवश्यक उर्वरक उपलब्ध नहीं हो पाते हैं और इसका उक्त क्षेत्र में कृषि उत्पादन पर प्रतिकूल प्रभाव पड़ता है; और
- (ग) यदि हां, तो इस संबंध में सरकार द्वारा किए गए प्रयासों का ब्यौरा क्या है?

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

(क): उत्तर पूर्वी राज्यों को छोड़कर सभी राज्यों/संघ राज्य क्षेत्रों में परम्परागत कृषि विकास योजना (पीकेवीवाई) के माध्यम से जैविक खेती को बढ़ावा दिया जा रहा है और उत्तर पूर्वी राज्यों के लिए उत्तर पूर्वी क्षेत्र के लिए मिशन ऑर्गेनिक वैल्यू चेन डेवलपमेंट (एमओवीसीडीएनईआर) स्कीम कार्यान्वित की जा रही है। दोनों स्कीमों में जैविक खेती में लगे किसानों को उत्पादन से लेकर प्रसंस्करण, प्रमाणन और विपणन तक, संपूर्ण सहायता प्रदान करने पर जोर देती हैं। इन स्कीमों का मुख्य उद्देश्य छोटे और सीमांत किसानों को प्राथमिकता देते हुए जैविक क्लस्टर बनाना है ताकि आपूर्ति श्रृंखला बनाई जा सके। दोनों स्कीमों का क्रियान्वयन राज्य/संघ राज्य क्षेत्र की सरकारों के माध्यम से किया जाता है।

पीकेवीवाई के तहत, आर्गेनिक खेती को बढ़ावा देने के लिए 3 वर्षों में 31,500 रुपये प्रति हेक्टेयर की वित्तीय सहायता प्रदान की जाती है, जिसमें से किसानों को ऑन-फार्म और ऑफ-फार्म आर्गेनिक आदानों के लिए प्रत्यक्ष लाभ अंतरण (डीबीटी) के माध्यम से सीधे 15,000 रुपये प्रति हेक्टेयर, विपणन, पैकेजिंग, ब्रांडिंग, मूल्य संवर्धन आदि के लिए 4,500 रुपये प्रति हेक्टेयर 3 वर्ष के लिए, प्रमाणन और अवशेष विश्लेषण के लिए 3,000 रुपये प्रति हेक्टेयर तीन वर्ष के लिए दिए जाते हैं। प्रशिक्षण जागरूकता एवं क्षमता निर्माण के लिए 9,000 रुपये प्रति हेक्टेयर की वित्तीय सहायता 3 वर्ष के लिए प्रदान की जाती है।

एमओवीसीडीएनईआर के तहत, किसान उत्पादक संगठन के गठन, आर्गेनिक आदानों आदि के लिए किसानों को सहायता आदि के लिए 3 वर्षों में कुल 46,500 रुपये प्रति हेक्टेयर की सहायता प्रदान की जाती है। इसमें से, किसानों को इस स्कीम के तहत प्रत्यक्ष लाभ अंतरण के रूप में 15,000 रुपये सहित ऑफ-फार्म/ऑन-फार्म आर्गेनिक आदानों के लिए 32,500 रुपये प्रति हेक्टेयर की दर से सहायता प्रदान की जाती है। आईसीएस प्रबंधन, प्रशिक्षण और प्रमाणन (एनपीओपी) की गतिविधियों के लिए 3 वर्षों में 10,000 रुपये प्रति हेक्टेयर की वित्तीय सहायता प्रदान की जाती है। राज्य स्तर पर मूल्य श्रृंखला विपणन के लिए 3 वर्षों में 4,000 रुपये प्रति हेक्टेयर की वित्तीय सहायता प्रदान की जाती है।

इसके अलावा, बजट घोषणा, 2023 के अनुसरण में और व्यय वित्त समिति (ईएफसी) की सिफारिशों पर, सरकार ने बाजार विकास सहायता (एमडीए) स्कीम (वित्त वर्ष 2023-24 से 2025-26 तक) को मंजूरी दी है, जिसके तहत गोबरधन पहल के तहत संयंत्रों में उत्पादित मृदा कार्बन संवर्द्धक जैसे एफओएम/एलएफओएम और जैविक उर्वरक जैसे प्रोम को बढ़ावा देने के लिए 1500 रुपए प्रति मीट्रिक टन की दर से सहायता प्रदान की जाती है। सरकार की इन पहलों से रासायनिक उर्वरकों के

असंतुलित उपयोग का समाधान होने और रासायनिक उर्वरकों के उपयोग में कमी आने की अपेक्षा है।

(ख) और (ग): वर्ष 2025 के चल रहे खरीफ मौसम के दौरान देश भर में उर्वरकों की उपलब्धता पर्याप्त बनी रही। हालाँकि, राज्य के भीतर ज़िला स्तर पर उर्वरकों का वितरण राज्य सरकार द्वारा किया जाता है।

देश में उर्वरकों की समय पर और पर्याप्त आपूर्ति सुनिश्चित करने हेतु सरकार द्वारा प्रत्येक मौसम में निम्नलिखित उपाय किए जाते हैं:

- i. प्रत्येक फसल मौसम के प्रारंभ होने से पूर्व कृषि एवं किसान कल्याण विभाग सभी राज्य सरकारों के परामर्श से उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है।
- ii. अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करते हुए राज्यों को उर्वरकों की यथेष्ट/पर्याप्त मात्रा का आवंटन करता है और उपलब्धता की लगातार निगरानी करता है।
- iii. देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक निगरानी प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब आधारित निगरानी प्रणाली द्वारा की जाती है।
- iv. डीएंडएफडब्ल्यू और उर्वरक विभाग द्वारा संयुक्त रूप से राज्य कृषि पदाधिकारियों के साथ नियमित साप्ताहिक वीडियो कांफ्रेंस की जाती है और राज्य सरकारों द्वारा दी गई सूचना के अनुसार उर्वरक भेजने हेतु सुधारात्मक कार्रवाई की जाती है।

CONSTRUCTION OF NEW MEDICAL COLLEGES

1143. SHRIMATI DAGGUBATI PURANDESWARI:

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

- (a) the number of new medical colleges, AIIMS institutions and specialized hospitals that have been approved and constructed during the last ten years, along with the distribution of these institutions, State-wise in the country;
- (b) the number of new medical colleges and super-speciality hospitals which have been set up in Andhra Pradesh, along with their intake capacity for MBBS, postgraduate and super-speciality courses;
- (c) the details of the Government's plan to address the shortage of doctors, medical faculty, and healthcare professionals in the newly established and existing medical institutions along with the incentives being provided to retain talent in public healthcare;
- (d) whether the Government has conducted any assessment on the availability of critical healthcare infrastructure, such as ICUs, diagnostic centres, and trauma care units, particularly in rural and tribal regions of Andhra Pradesh; and
- (e) if so, the details thereof?

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

(a) and (b): The Ministry of Health and Family Welfare administers a Centrally Sponsored Scheme (CSS) for 'Establishment of new medical colleges attached with existing district/referral hospitals' with preference to underserved areas and 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, 157 Government medical colleges have been approved in three phases including three (03) medical colleges (Piduguralla, Paderu and Machilipatnam) in Andhra Pradesh. The phase wise details of medical colleges approved in the country are given in the enclosed **Statement**.

As informed by the Government of Andhra Pradesh , a total of six new medical colleges have been established from 2023 and the details of medical colleges are as as under:

Academic Year	College and Address	Intake
2023-24	GMC, Vizianagaram	150
	GMC, Rajamahendravaram	150
	Dr. Yellapragada Subba Rao GMC, Eluru	150
	*Sri Pingali Venkaiah GMC, Machilipatnam	150

	GMC, Nandyal	150
2024-25	*GMC, Paderu	50
TOTAL		800

*These medical colleges have been set-up under CSS for

‘Establishment of new medical colleges attached with existing district/referral hospitals.

Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), twenty-two (22) AIIMS have been approved in the country including 01 AIIMS at Mangalagiri in Andhra Pradesh. State-wise details of AIIMS approved are attached at Annexure-II. Besides above, under “Upgradation of Government medical colleges by construction of Super Specialty Blocks” component of Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), a total of three (03) projects have been approved in Andhra Pradesh in Government Medical Colleges at Tirupati, Vijaywada, Anantpur.

(c): Public Health and Hospitals is a State Subject and the responsibility for strengthening of healthcare system including expansion of human resources lies with respective State/UT Governments. However, Ministry of Health and Family Welfare, Government of India provides financial and technical support to the States/UTs. Under National Health Mission (NHM), support is provided to States/UTs to strengthen their healthcare system based on the Programme Implementation Plans (PIPs) submitted by the States/UTs within their overall resource envelope.

Further, under NHM, following types of incentives and honorarium are provided for encouraging doctors to retain in public healthcare:

- i) Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters.
- ii) Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians and Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural and remote area.
- iii) Incentives like special incentive for doctors, incentive for ANM for ensuring timely ANC checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
- iv) States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- v) Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- vi) Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NHM for achieving improvement in health outcomes.

(d) and (e): As per the information received from the State Government, an assessment on the availability of critical healthcare infrastructure was conducted

and it is observed ICUs and diagnostic services are available in all medical colleges, City Diagnostic Centres and Integrated Public Health Laboratories (IPHL) are being established under PM ABHIM, a total of fourteen (14) trauma care centres are available which are established under CSS, trauma care services are provided in all Government hospitals across Andhra Pradesh in integrated manner.

STATEMENT

State-wise details of 157 Medical Colleges approved under the Centrally Sponsored scheme for 'Establishment of new medical colleges attached with existing district/referral hospitals'

S.N.	State/UT	No. of colleges	Districts
Phase-I (58)			
1	A and N Islands	1	Port Blair
2	Arunachal Pradesh	1	Naharlagun
3	Assam	4	Dhubri, Nagaon, North Lakhimpur, Diphu
4	Bihar	3	Purnia, Saran (Chhapara), Samastipur
5	Chhattisgarh	2	Rajnandgaon, Sarguja
6	Himachal Pradesh	3	Chamba, Hamirpur, Nahan (Sirmour)
7	Haryana	1	Bhiwani
8	Jharkhand	3	Dumka, Hazaribagh, Palamu (Daltonganj)
9	Jammu and Kashmir	5	Anantnag, Baramulla, Rajouri, Doda, Kathua
10	Madhya Pradesh	7	Datia, Khandwa, Ratlam, Shahdol, Vidisha, Chindwara, Shivpuri
11	Maharashtra	1	Gondia

S.N.	State/UT	No. of colleges	Districts
12	Meghalaya	1	West Garo Hills (Tura)
13	Mizoram	1	Falkawn
14	Nagaland	1	Naga Hospital (Kohima)
15	Odisha	5	Balasore, Baripada (Mayurbhanj), Bolangir, Koraput, Puri
16	Punjab	1	SAS Nagar
17	Rajasthan	7	Barmer, Bharatpur, Bhilwara, Churu, Dungarpur, Pali, Sikar
18	Uttar Pradesh	5	Basti, Faizabad, Firozabad, Shahjahanpur, Bahraich
19	Uttarakhand	1	Almora
20	West Bengal	5	Birbhum (Rampur Hat), Cooch Behar, Diamond Harbour, Purulia, Raiganj (North Dinajpur)
Phase –II (24)			
1	Bihar	5	Sitamarhi, Jhanjharpur, Siwan, Buxar, Jamui
2	Jharkhand	2	Koderma, Chaibasa (Singhbhum)
3	Madhya Pradesh	1	Satna
4	Odisha	1	Jajpur
5	Rajasthan	1	Dholpur
6	Uttar Pradesh	8	Etah, Hardoi, Pratapgarh, Fatehpur, Siddharthnagar (Domariyaganj), Deoria, Ghazipur, Mirzapur
7	West Bengal	5	Barasat, Uluberia, Arambagh, Jhargram, Tamluk
8	Sikkim	1	Gangtok
Phase-III (75)			
1	Andhra Pradesh	3	Piduguralla, Paderu, Machilipatnam
2	Assam	1	Kokrajhar
3	Chhattisgarh	3	Korba, Mahasamund, Kanker
4	Gujarat	5	Narmada, Navsari, Panchmahal, Porbandar, Morbi
5	Jammu and Kashmir	2	Udhampur, Handwara (Distt. Kupwara)
6	Karnataka	4	Chikkamagaluru, Haveri, Yadgiri, Chikkaballapura
7	Ladakh	1	Leh

S.N.	State/UT	No. of colleges	Districts
8	Madhya Pradesh	6	Rajgarh, Mandla, Neemuch, Mandsaur, Sheopur, Singrauli
9	Maharashtra	1	Nandurbar
10	Manipur	1	Churachandpur
11	Nagaland	1	Mon
12	Odisha	1	Kalahandi
13	Punjab	2	Kapurthala, Hoshiarpur
14	Rajasthan	15	Alwar, Baran, Bansawara, Chittorgarh, Jaisalmer, Karauli, Nagaur, Shri Ganganagar, Sirohi, Bundi, SawaiMadhopur, Tonk, Hanumangarh, Jhunjhunu, Dausa
15	Uttarakhand	3	Rudrapur (Distt. Udham Singh Nagar), Pithoragarh, Haridwar
16	Uttar Pradesh	14	Bijnaur, Kushinagar, Sultanpur, Gonda, Lalitpur, LakhimpurKheri, Chandauli, Bulandshahar, Sonbhadra, Pilibhit, Auraiya, Kanpur Dehat, Kaushambi, Amethi
17	Tamil Nadu	11	Tiruppur, Nilgiris, Ramanathapuram, Namakkal, Dindigul, Virudhunagar, Krishnagiri, Tiruvallur, Nagapattinam, Ariyalur, Kallakurichi
18	West Bengal	1	Jalpaiguri

STATEMENT-II

State-wise details of establishment of 22 new AIIMS 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 and Kashmir	AIIMS Vijaypur, 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

INLAND WATER TRANSPORT DEVELOPMENT IN UTTAR PRADESH

1144. SHRI SHASHANK MANI:

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

- (a) whether the Government has undertaken any specific projects in Uttar Pradesh under the Sagarmala Programme to enhance port infrastructure and connectivity for trade, if so, the details thereof, including their status and expected economic impact;
- (b) whether the Government is addressing any challenges related to inland water transport development along major rivers in Uttar Pradesh particularly regarding infrastructure navigation and sustainability, if so, the details thereof; and
- (c) whether the Government has plans to promote regional connectivity and logistics hubs in these districts and if so, the details thereof, including timelines, investments and expected benefits for the local population, if so, the details thereof?

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

(a): The details of sanctioned projects in Uttar Pradesh under Inland Water Transport (IWT) development by IWAI with status and economic impact are given in the enclosed **Statement**. The economic impact includes creation of supplementary mode of transport, reduced logistic cost, boost river cruise tourism and lower carbon emission.

(b): The major challenge faced in Inland Water Transport relates to availability of fairway and terminal infrastructure, which has been addressed by the Government through dredging/bandalling and construction of jetties.

(c): IWAI has acquired 75 acres of land in Chandauli district of Uttar Pradesh for development of a logistics hub i.e. freight village, adjacent to the Varanasi multi-modal terminal. The freight village offers numerous benefits including employment generation in logistics and allied sectors, support for local MSMEs and farmers through better storage and transport, reduced city road congestion.

STATEMENT

IWT PROJECTS IN UTTAR PRADESH

Projects completed in Uttar Pradesh

Sl. No.	Name of Sub Project	Cost (Rs. Cr.)
1.	Development of Multimodal Terminal at Varanasi	182.33
2.	Development of 11 Community Jetties in Varanasi, Chandauli, Ghazipur and Ballia in Uttar Pradesh	17
3	2 Jetties Installed at Ayodhya, UP on NW-40 (Ghaghara River)	4

4	2 Electric Catamarans deployed at Varanasi and Ayodhya	25.6
5	1 Hydrogen Fuel Cell Vessel at Varanasi	22.62
	Sub Total	251.55

Projects on-going in Uttar Pradesh

Sl. No.	Name of Sub Project	Cost (Rs. Cr.)
1.	Fairway Development Majhauwa – Ghazipur	78.64
2	Development of 4 Nos Steel Community Jetties in Ballia and Ghazipur, UP	7.82
3	Fairway Development from Ghazipur to Varanasi, Uttar Pradesh	102.98
4.	Development of IWT Jetties (6-installed; 2-work in progress) at Mathura in Yamuna	12.00
5.	Ayodhya and Mathura Projects - Quantity based dredging between Guptarghat (NW-40) and Nayaghat&Jugal Kishore ghat –Gokul Barrage (NW-110)	8.45
6.	Development of River Cruise Terminal at Varanasi	200
7.	Development of Regional Centre of Excellence at Varanasi	150
8.	Development of Ship Repair facility	50

एनएचएम के तहत मातृ एवं नवजात स्वास्थ्य कवरेज

1145. श्रीमती महिमा कुमारी मेवाड़:

श्री चिन्तामणि महाराज:

श्री योगेन्द्र चांदोलिया:

श्री अरुण गोविल:

श्री आलोक शर्मा:

श्री छत्रपाल सिंह गंगवार:

श्री मनोज तिवारी:

श्री विनोद लखमशी चावड़ा:

श्री दिलीप शङ्कीया:

डॉ. हेमांग जोशी:

श्री प्रवीण पटेल:

श्रीमती हिमाद्री सिंह:

श्री बिभु प्रसाद तराई:

श्रीमती संध्या राय:

डॉ. राजेश मिश्रा:

श्री शंकर लालवानी:

श्री भोजराज नाग:

श्री पी. पी. चौधरी:

श्री प्रभुभाई नागरभाई वसावा:

कैप्टन बृजेश चौटा:

श्री बिद्युत बरन महतो:

श्री जशुभाई भिलुभाई राठवा:

श्री दिनेशभाई मकवाणा:

श्री विजय बघेल:

श्री पी. सी. मोहनः

श्री रमेश अवस्थीः

श्री दुलू महतोः

श्री लुम्बाराम चौधरीः

श्रीमती स्मिता उदय वाघः

श्रीमती अपराजिता सारंगीः

श्री भरतसिंहजी शंकरजी डाभीः

श्री जनार्दन मिश्राः

डॉ. प्रशांत यादवराव पडोलेः

श्री खगेन मुर्मूः

डॉ. भोला सिंहः

श्री भर्तृहरि महताबः

डॉ. हेमंत विष्णु सवराः

श्री हंसमुखभाई सोमाभाई पटेलः

श्री मितेश पटेल (बकाभाई):

श्रीमती कमलेश जांगड़ेः

सुश्री कंगना रनौतः

श्री राजकुमार चाहरः

श्री गोडम नागेशः

डॉ. संजय जायसवालः

श्री रोडमल नागरः

श्रीमती शोभनाबेन महेन्द्रसिंह बारैया:

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

(क) राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) और संबंधित योजनाओं के अंतर्गत देश में मातृ एवं नवजात स्वास्थ्य के परिणामों को बेहतर बनाने के लिए सरकार किस प्रकार कार्य कर रही है, इसके साथ ही झारखंड, राजस्थान, महाराष्ट्र और महाराष्ट्र के जलगाँव जिले सहित राज्य-वार प्रमुख उपाय/पहल क्या हैं;

(ख) आयुष्मान भारत योजना के अंतर्गत, विशेष रूप से राजस्थान के सिरोंही जिले और महाराष्ट्र के पालघर जिले के आदिवासी बहुल क्षेत्र सहित झारखंड और महाराष्ट्र राज्यों में प्रमुख संचारी/संक्रामक रोगों के उन्मूलन और नियंत्रण के क्षेत्र में भारत द्वारा प्राप्त उपलब्धियों का ब्यौरा क्या है;

(ग) छत्तीसगढ़ राज्य, विशेष रूप से मध्य प्रदेश के सीधी लोक सभा क्षेत्र और महाराष्ट्र के जलगाँव लोक सभा क्षेत्र सहित देश भर में सभी नागरिकों के लिए स्वास्थ्य कवरेज सुनिश्चित करने में आयुष्मान भारत योजना द्वारा की गई प्रगति का ब्यौरा क्या है;

(घ) देश में मातृ एवं शिशु स्वास्थ्य परिणामों को बेहतर बनाने में सामुदायिक भागीदारी, आशा कार्यकर्ताओं और स्थानीय स्वास्थ्य संस्थानों की भूमिका का ब्यौरा क्या है; और

(ङ) क्या सरकार ने पूरे महाराष्ट्र में सार्वजनिक स्वास्थ्य सुविधाओं में बुनियादी ढांचे, निदान और मानव संसाधन को चढ़ाने के लिए कोई विशेष उपाय किए हैं और क्या जलगाँव को ऐसी विकास योजनाओं में शामिल किया गया है और 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): भारत सरकार ने राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत झारखंड, राजस्थान और महाराष्ट्र (जलगाँव ज़िले सहित) सहित पूरे देश में मातृ एवं नवजात शिशु स्वास्थ्य परिणामों में सुधार के लिए विभिन्न उपाय/पहल शुरू की हैं, जिनमें से प्रमुख इस प्रकार हैं:

- **जननी सुरक्षा योजना (जेएसवाई)** संस्थागत प्रसव को बढ़ावा देने के लिए एक माँग संवर्धन और सशर्त नकद अंतरण संबंधी योजना है।
- **जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके)** जन स्वास्थ्य संस्थानों में प्रसव कराने वाली सभी गर्भवती महिलाओं को सिजेरियन सहित निःशुल्क और बिना किसी व्यय के प्रसव कराने की पात्रता देता है। इन अधिकारों में निःशुल्क औषधियाँ और उपभोग्य वस्तुएँ, प्रसव के दौरान निःशुल्क आहार, निःशुल्क निदान, निःशुल्क परिवहन और यदि आवश्यक हो तो निःशुल्क रक्त आधान शामिल हैं। बीमार शिशुओं के लिए भी इसी तरह की पात्रता लागू है।
- **प्रधानमंत्री सुरक्षित मातृत्व अभियान (पीएमएसएमए)** गर्भवती महिलाओं को हर महीने की 9 तारीख को एक विशेषज्ञ/चिकित्सा अधिकारी द्वारा एक निश्चित दिन, निःशुल्क, सुनिश्चित और गुणवत्तापूर्ण प्रसवपूर्व जाँच की सुविधा प्रदान करता है।
- **विस्तारित पीएमएसएमए** कार्यनीति गर्भवती महिलाओं, विशेष रूप से उच्च जोखिम वाली गर्भवती (एचआरपी) महिलाओं के लिए गुणवत्तापूर्ण प्रसवपूर्व परिचर्या (एएनसी) और पहचानी गई उच्च जोखिम वाली गर्भवती महिलाओं के लिए वित्तीय प्रोत्साहन के साथ व्यक्तिगत एचआरपी ट्रेकिंग पर ध्यान केंद्रित करती है और पीएमएसएमए दौरे के अलावा अतिरिक्त 3 दौरों के लिए मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ताओं (आशा) को उनके साथ ले जाती है।

- **सुरक्षित मातृत्व आश्वासन (सुमन)** का उद्देश्य जन स्वास्थ्य सुविधा में आने वाली प्रत्येक महिला और नवजात शिशु को निःशुल्क, गरिमापूर्ण, आदरपूर्ण और गुणवत्तापूर्ण स्वास्थ्य सेवा प्रदान करना और सेवाओं से इनकार करने के प्रति शून्य सहिष्णुता प्रदान करना है, ताकि सभी रोकी जा सकने वाली मातृ एवं नवजात मृत्यु को रोका जा सके।
- **प्रसवोत्तर परिचर्या के अनुकूलन** का उद्देश्य माताओं में खतरे के लक्षणों का पता लगाने और प्रसवोत्तर ऐसी उच्च जोखिम वाली माताओं का शीघ्र पता लगाने, रेफरल और उपचार के लिए आशा कार्यकर्ताओं को प्रोत्साहित करने पर जोर देकर प्रसवोत्तर परिचर्या की गुणवत्ता को मज़बूत करना है।
- **मासिक ग्राम स्वास्थ्य, स्वच्छता और पोषण दिवस** एकीकृत बाल विकास योजना (आईसीडीएस) के साथ मिलकर पोषण सहित मातृ एवं शिशु परिचर्या के प्रावधान के लिए आंगनवाड़ी केंद्रों पर एक आउटरीच कार्यक्रम है।
- विशेष रूप से आदिवासी और दुर्गम क्षेत्रों में, स्वास्थ्य सेवाओं की पहुँच में सुधार के लिए **आउटरीच शिविरों** का प्रावधान किया जाता है। इस मंच का उपयोग मातृ एवं शिशु स्वास्थ्य सेवाओं और सामुदायिक जुटाव के बारे में जागरूकता बढ़ाने के साथ-साथ उच्च जोखिम वाली गर्भधारण पर नज़र रखने के लिए किया जाता है।
- नवजात स्वास्थ्य संबंधी जटिलताओं का समाधान करते हुए, ज़िला और उप-ज़िला स्तर पर बीमार और छोटे नवजात शिशुओं को विशेष परिचर्या प्रदान करने के लिए सुविधा केन्द्र आधारित नवजात परिचर्या **(एफबीएनसी)** कार्यक्रम के अंतर्गत विशेष नवजात परिचर्या इकाइयों (एसएनसीयू) और नवजात स्थिरीकरण इकाइयों (एनबीएसयू) की स्थापना करना।

- **माताओं का पूर्ण स्नेह (मां) कार्यक्रम** स्तनपान संबंधी परिचर्यों प्रथाओं को बढ़ावा देने के लिए लागू किया गया है, जिसमें स्तनपान की प्रारंभिक शुरुआत और पहले छह महीनों तक केवल स्तनपान के महत्व पर जोर दिया जाता है।
- **आशा कार्यकर्ता गृह-आधारित नवजात शिशु परिचर्या (एचबीएनसी) और गृह-आधारित छोटे बच्चों की परिचर्या (एचबीवाईसी)** के अंतर्गत निर्धारित घरों का दौरा करती हैं, जिससे बच्चों के पालन-पोषण संबंधी व्यवहारों में सुधार होता है और समय पर रेफरल और परिचर्या के लिए बीमार नवजात शिशुओं और छोटे बच्चों की पहचान होती है।
- **निमोनिया को सफलतापूर्वक निष्क्रिय करने के लिए सामाजिक जागरूकता और कार्य (सांस)** पहल, जागरूकता बढ़ाने और शीघ्र कार्यकलापों के माध्यम से निमोनिया से संबंधित बाल रुग्णता और मृत्यु दर को कम करने पर केंद्रित है।
- ओआरएस और जिंक के उपयोग को बढ़ावा देने और बच्चों में डायरिया के कारण होने वाली रुग्णता और मृत्यु दर को कम करने के लिए **डायरिया रोको** अभियान कार्यान्वित किया गया है।
- **एनीमिया मुक्त भारत (एएमबी)** कार्यनीति को छह लाभार्थी आयु समूहों - बच्चों (6-59 महीने), बच्चों (5-9 वर्ष), किशोरों (10-19 वर्ष), गर्भवती और स्तनपान कराने वाली महिलाओं और प्रजनन आयु वर्ग (15-49 वर्ष) की महिलाओं में एनीमिया को कम करने के लिए कार्यान्वित किया गया है। यह रणनीति जीवन चक्र दृष्टिकोण में सुदृढ़ संस्थागत तंत्रों के माध्यम से छह कार्यकलापों के कार्यान्वयन के माध्यम से लागू की गई है।
- बाल जीवन दर में सुधार के लिए **राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके)** के तहत 0 से 18 वर्ष की आयु के बच्चों की 32 स्वास्थ्य स्थितियों (अर्थात रोग, कमियाँ, दोष और

विकासात्मक विलंब) के लिए जाँच की जाती है। आरबीएसके के तहत जाँच किए गए बच्चों की पुष्टि और प्रबंधन के लिए जिला स्वास्थ्य सुविधा स्तर पर **जिला प्रारंभिक अंतःक्षेप केंद्र (डीईआईसी)** स्थापित किए गए हैं।

- चिकित्सा जटिलताओं के साथ गंभीर तीव्र कुपोषण (एसएमएम) से पीड़ित 5 वर्ष से कम उम्र के बच्चों को भर्ती चिकित्सा और पोषण संबंधी परिचर्या प्रदान करने के लिए जन स्वास्थ्य सुविधा केंद्रों में **पोषण पुनर्वास केंद्र (एनआरसी)** स्थापित किए गए हैं।

(ख): भारत सरकार ने झारखंड और महाराष्ट्र राज्य तथा राजस्थान के सिरोही जिले और महाराष्ट्र के पालघर जिले सहित प्रमुख संचारी/संक्रामक रोगों के उन्मूलन और नियंत्रण में उल्लेखनीय उपलब्धियां हासिल की हैं, जिनमें से प्रमुख उपलब्धियां निम्नलिखित हैं:

- भारत में क्षय रोग (टीबी) की घटना दर 2015 में प्रति लाख जनसंख्या पर 237 मामलों से 2023 में प्रति लाख जनसंख्या पर 195 मामलों तक आ गई है जो 18% की गिरावट दर्शाती है, जो वैश्विक कमी से दोगुनी से भी अधिक है, जबकि विश्व स्वास्थ्य संगठन की वैश्विक टीबी रिपोर्ट, 2024 के अनुसार टीबी के कारण होने वाली मौतें 2015 में प्रति लाख जनसंख्या पर 28 मौतों से 21% घटकर 2023 में प्रति लाख जनसंख्या पर 22 मौतें हो गई हैं। देश और झारखंड राज्य, महाराष्ट्र, महाराष्ट्र के पालघर जिले और राजस्थान के सिरोही जिले में संसूचित टीबी मामलों का ब्यौरा संलग्न **विवरण-I** में दिया गया है।
- देश ने 2015 और 2024 के बीच मलेरिया रुग्णता में 78.1% और मलेरिया मृत्यु दर में 77.6% की कमी हासिल की है, वार्षिक परजीवी घटना (एपीआई) 2015 में 0.92 की तुलना में 2024 में घटकर 0.18 हो गई है। देश में मलेरिया के मामले और मौतें 2017 की तुलना में 2023 में क्रमशः 69% और 68% कम हो गई हैं और विश्व मलेरिया रिपोर्ट 2024

के अनुसार भारत अब उच्च भार से उच्च प्रभाव (एचबीएचआई) वाला देश नहीं है।

- 348 लिम्फेटिक फाइलेरिया (एलएफ) स्थानिक जिलों में से, 143 (41%) ने मास ड्रग एडमिनिस्ट्रेशन (एमडीए) को रोक दिया है और ट्रांसमिशन असेसमेंट सर्वे (टीएस1) को मंजूरी दे दी है, जो 2014 में 15% से अधिक है।
 - महाराष्ट्र राज्य ने फरवरी 2025 में 5 जिलों के 34 ब्लॉकों में आयोजित एमडीए दौर में कुल के मुकाबले 90% और पात्र आबादी के मुकाबले 96% कवरेज की सूचना दी है। राज्य में 2024 में कुल 18,186 रुग्णता प्रबंधन और विकलांगता निवारण (एमएमडीपी) किट वितरित किए गए। महाराष्ट्र के पालघर जिले ने फरवरी 2025 में जिले के 4 ब्लॉकों में आयोजित एमडीए दौर में 93% कवरेज प्राप्त किया है। पालघर में सभी 646 लिम्फोएडेमा मामलों को एमएमडीपी किट प्रदान की गई।
 - झारखंड राज्य ने फरवरी 2025 में 14 जिलों के 92 ब्लॉकों में आयोजित एमडीए दौर में कुल के मुकाबले 79% और पात्र आबादी के मुकाबले 90% कवरेज की सूचना दी है। 2024 में राज्य में कुल 44,676 एमएमडीपी किट वितरित किए गए।
 - राजस्थान का सिरौही जिला लिम्फेटिक फाइलेरिया के लिए एक गैर-स्थानिक क्षेत्र है।
- झारखंड के 4 जनजातीय बहुल जिलों (दुमका, गोड्डा, पाकुड़ और साहिबगंज) के सभी 33 कालाजार स्थानिक ब्लॉकों ने कालाजार उन्मूलन लक्ष्य हासिल कर लिया है, अर्थात् 2023 के दौरान ब्लॉक स्तर पर प्रति 10,000 जनसंख्या पर एक से भी कम मामले।
- जापानी एन्सेफलाइटिस की केस मृत्यु दर (सीएफआर) 2014 में 17.6% से घटकर 2024 में 7.1% हो गई है।

- डेंगू और चिकनगुनिया के निःशुल्क निदान के लिए प्रहरी निगरानी अस्पताल (एसएसएच) 2007 में 110 से बढ़कर 2025 में 869 हो गए हैं। उन्नत नैदानिक सुविधाओं वाली शीर्ष रेफरल प्रयोगशालाएं (एआरएल) 2007 में 12 से बढ़कर 2024 में 27 हो गई हैं। इनमें से 51 एसएसएच और 2 एआरएल महाराष्ट्र में हैं, 63 एसएसएच और 2 एआरएल राजस्थान में हैं और 16 एसएसएच और 1 एआरएल झारखंड में हैं।
- एकीकृत रोग निगरानी कार्यक्रम (आईडीएसपी) के अंतर्गत, एकीकृत स्वास्थ्य सूचना प्लेटफॉर्म (आईएचआईपी) के माध्यम से कागज रहित, केस-आधारित रिपोर्टिंग के माध्यम से 50 से अधिक महामारी-प्रवण रोगों की निगरानी की जाती है। आईएचआईपी, दृश्य भू-स्थानिक विश्लेषण के लिए प्रकोपों में रिपोर्ट किए गए प्रत्येक मामले की जियोटैगिंग और हीट मैप प्रदान करता है। इससे राज्यों को शीघ्र पता लगाने और त्वरित प्रतिक्रिया के लिए स्वास्थ्य तैयारियों में मदद मिलती है।
- भारत एचआईवी अनुमान 2025 के अनुसार, 2010 से 2024 के बीच एचआईवी की ऊर्ध्वाधर संचरण दर राष्ट्रीय स्तर पर लगभग 74.5% कम हुई है, तथा झारखंड में लगभग 78%, महाराष्ट्र में 83% और राजस्थान में 67% कम हुई है। इसी संदर्भ अवधि में ऊर्ध्वाधर संचरण में गिरावट की वैश्विक दर लगभग 56.5% है।

(ग): देश भर में 30 जून 2025 तक आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेवाई) के अंतर्गत बनाए गए आयुष्मान कार्डों का ब्यौरा, छत्तीसगढ़ सहित राज्यवार, **विवरण-II** में संलग्न है। एबी-पीएमजेवाई के अंतर्गत, ज़िलेवार आँकड़े रखे जाते हैं और मध्य प्रदेश के सीधी लोकसभा क्षेत्र में सीधी ज़िले में 7.52 लाख और सिंगरौली में 7.61 लाख आयुष्मान कार्ड बनाए गए, जबकि महाराष्ट्र के जलगाँव लोकसभा क्षेत्र में जलगाँव ज़िले में 11.87 लाख कार्ड बनाए गए।

(घ): एनएचएम के अंतर्गत, सामुदायिक भागीदारी और सहभागिता को सुगम बनाने और बेहतर बनाने के लिए ग्राम स्वास्थ्य स्वच्छता एवं पोषण समिति (वीएचएसएनसी), जन आरोग्य समिति (जेएस) और एमएस (महिला आरोग्य समिति) जैसे समुदाय-आधारित मंचों का उपयोग किया जाता है। ग्राम स्वास्थ्य स्वच्छता एवं पोषण दिवस (वीएचएसएनडी) मंच का उपयोग सामुदायिक स्तर पर मातृ एवं शिशु स्वास्थ्य सेवाएँ प्रदान करने के लिए भी किया जाता है।

सामुदायिक स्तर पर, आशा कार्यकर्ता प्रसवपूर्व जाँच, संस्थागत प्रसव और प्रसवोत्तर देखभाल के लिए महिलाओं को प्रेरित करके मातृ एवं शिशु स्वास्थ्य सेवाओं तक पहुँच बढ़ाकर समुदायों और सार्वजनिक स्वास्थ्य प्रणाली के बीच महत्वपूर्ण कड़ी का काम करती हैं, जिससे मातृ एवं शिशु स्वास्थ्य परिणामों में सुधार होता है। आशा कार्यकर्ता खतरे के संकेतों की पहचान के लिए घर-घर जाकर माताओं को सर्वोत्तम आहार संबंधी सलाह भी देती हैं, जैसे कि गृह-आधारित नवजात शिशु देखभाल (एचबीएनसी) और गृह-आधारित शिशु देखभाल (एचबीवाईसी) कार्यक्रमों के तहत।

मातृ एवं नवजात शिशु स्वास्थ्य परिणामों को बेहतर बनाने में स्थानीय स्वास्थ्य संस्थानों की महत्वपूर्ण भूमिका है। स्थानीय स्वास्थ्य संस्थान समुदायों, विशेषकर ग्रामीण क्षेत्रों में, के लिए संपर्क का पहला बिंदु होते हैं। आयुष्मान आरोग्य मंदिर (एएएम) की प्राथमिक स्वास्थ्य सेवा टीमों, जिनमें अग्रिम पंक्ति के कार्यकर्ता भी शामिल हैं, सेवाओं के 12 पैकेजों के माध्यम से व्यापक प्राथमिक स्वास्थ्य सेवा प्रदान करती हैं। इन सेवाओं में गर्भावस्था और प्रसव के दौरान देखभाल, नवजात एवं शिशु स्वास्थ्य सेवाएँ, और सामुदायिक स्तर पर बाल एवं किशोर स्वास्थ्य सेवाएँ शामिल हैं। उप-स्वास्थ्य केंद्र (एसएचसी)-एएएम, प्राथमिक स्वास्थ्य केंद्र (पीएचसी)-एएएम और सामुदायिक स्वास्थ्य केंद्र (सीएचसी) आवश्यक मातृ एवं शिशु स्वास्थ्य सेवाएँ प्रदान करते हैं, जिनमें प्रसवपूर्व देखभाल, सुरक्षित प्रसव, टीकाकरण, प्रसवोत्तर देखभाल, पोषण और स्वास्थ्य परामर्श शामिल हैं।

(ड): भारत सरकार राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के माध्यम से महाराष्ट्र सहित सभी राज्यों/संघ राज्य क्षेत्रों को उनकी स्वास्थ्य सेवा प्रणाली को मजबूत करने के लिए सहायता प्रदान करती है। यह सहायता महाराष्ट्र द्वारा प्रस्तुत राज्य कार्यक्रम कार्यान्वयन योजनाओं (एसपीआईपी) पर आधारित है, जिसमें जलगाँव सहित उसके सभी जिलों की स्वास्थ्य प्राथमिकताएँ शामिल होंगी। स्वास्थ्य सेवा प्रणालियों को मजबूत करने के लिए एनएचएम के तहत योजनाओं/पहलों में मौजूदा उप स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को आयुष्मान आरोग्य मंदिर (एएएम) में अपग्रेड करना शामिल है ताकि कल्याण पर ध्यान केंद्रित करते हुए सार्वभौमिक, मुक्त व्यापक प्राथमिक स्वास्थ्य सेवा प्रदान की जा सके और समुदाय के करीब सेवाओं की एक विस्तारित श्रृंखला प्रदान की जा सके। सार्वजनिक स्वास्थ्य सुविधाओं में सेवाओं का लाभ उठाने वाले सभी लाभार्थियों को नैदानिक सेवाएं मुफ्त प्रदान की जा रही हैं। महाराष्ट्र राज्य जलगाँव सहित सभी जिलों में सार्वजनिक निजी भागीदारी (पीपीपी) मोड के माध्यम से एक्स-रे रिपोर्टिंग के लिए मुफ्त डायग्नोस्टिक्स प्रयोगशाला सेवाएं और टेली-रेडियोलॉजी सेवाएं लागू करता है। यह राज्य जलगाँव सहित सभी 36 जिलों में मिक्स मोड (यानी इन-हाउस और साथ ही पीपीपी-मोड) के माध्यम से प्रधान मंत्री राष्ट्रीय डायलिसिस कार्यक्रम (पीएमएनडीपी) के तहत हीमोडायलिसिस (एचडी) सेवाओं को भी लागू करता है।

देश में स्वास्थ्य सेवा पेशेवरों की कमी को दूर करने के लिए सरकार ने कई नीतिगत कदम उठाए हैं। मेडिकल और नर्सिंग कॉलेजों की संख्या में वृद्धि हुई है, जिसके परिणामस्वरूप एनएचएम के वित्तपोषण से ग्रामीण सार्वजनिक स्वास्थ्य केंद्रों में स्वास्थ्य के लिए मानव संसाधन (एचआरएच) की उपलब्धता में वृद्धि हुई है।

विवरण-I

देश में तथा झारखंड, महाराष्ट्र, महाराष्ट्र के पालघर जिले और राजस्थान के सिरौही जिले में 2024 और 2025 (जून 2025 तक) में अधिसूचित टीबी मामलों की संख्या

राज्य/जिले	अधिसूचित टीबी मामलों की संख्या	
	जनवरी से दिसंबर 2024	जनवरी से जून 2025
भारत	26,17,923	13,95,911
झारखंड	63,670	34,982
महाराष्ट्र	2,30,163	1,14,300
जिला पालघर, महाराष्ट्र	2,882	1,267
जिला सिरौही, राजस्थान	2,481	1,389

विवरण-II

30 जून, 2025 तक आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत बनाए गए आयुष्मान कार्डों की राज्य/संघ राज्य क्षेत्र-वार संख्या

क्र. सं.	राज्य/संघ राज्य क्षेत्र	आयुष्मान कार्ड बनाए गए
1	अंडमान व निकोबार द्वीप समूह	80,093
2	आंध्र प्रदेश	1,61,70,534
3	अरुणाचल प्रदेश	1,61,828
4	असम	1,74,49,682
5	बिहार	3,91,99,682
6	चंडीगढ़	2,82,361
7	छत्तीसगढ़	2,37,31,624
8	दिल्ली	3,88,412
9	दादरा और नागर हवेली और दमन व दीव	4,45,800
10	गोवा	94,511

11	गुजरात	2,82,88,362
12	हरियाणा	1,35,29,909
13	हिमाचल प्रदेश	14,10,402
14	जम्मू और कश्मीर	87,09,601
15	झारखंड	1,26,65,623
16	कर्नाटक	1,85,81,649
17	केरल	83,75,566
18	लद्दाख	1,96,591
19	लक्षद्वीप	36,563
20	मध्य प्रदेश	4,35,66,400
21	महाराष्ट्र	3,17,60,601
22	मणिपुर	6,82,035
23	मेघालय	20,81,597
24	मिजोरम	5,83,088
25	नगालैंड	7,48,095
26	ओडिशा	3,46,19,714
27	पुदुचेरी	5,37,951
28	पंजाब	90,85,672
29	राजस्थान	2,25,93,582
30	सिक्किम	90,403
31	तमिलनाडु	81,69,255
32	तेलंगाना	83,26,118
33	त्रिपुरा	21,32,382
34	उत्तर प्रदेश	5,33,20,357
35	उत्तराखंड	60,39,029

फार्मास्यूटिकल्स क्षेत्र में सुधार

1146. डॉ. मन्ना लाल रावतः

श्री चिन्तामणि महाराजः

डॉ. भोला सिंहः

डॉ. के. सुधाकरः

श्री योगेन्द्र चांदोलियाः

श्री आलोक शर्माः

श्रीमती शोभनाबेन महेन्द्रसिंह बारैयाः

श्री हंसमुखभाई सोमाभाई पटेलः

श्री प्रवीण पटेलः

श्री धैर्यशील संभाजीराव माणेः

श्री रविन्द्र वसंतराव चव्हाण :

श्री मनीष जायसवालः

श्री राधेश्याम राठियाः

श्री बिद्युत बरन महतोः

श्री दामोदर अग्रवालः

श्री दिनेशभाई मकवाणाः

श्री पी. सी. मोहनः

श्री लुम्बाराम चौधरीः

श्रीमती कमलजीत सहरावतः

डॉ. प्रशांत यादवराव पडोलेः

श्री खगेन मुर्मुः
श्री भर्तृहरि महताबः
श्रीमती बिजुली कलिता मेधीः
श्रीमती अपराजिता सारंगीः
श्री मनोज तिवारीः
श्री सुरेश कुमार कश्यपः
श्रीमती कमलेश जांगड़ेः
श्री त्रिवेन्द्र सिंह रावतः
सुश्री कंगना रनौतः
श्री गोडम नागेशः
डॉ. संजय जायसवालः
श्री दिलीप शङ्कीया
श्री तेजस्वी सूर्या
श्रीमती माला राज्यलक्ष्मी शाह
श्री विष्णु दयाल राम
श्री सुधीर गुप्ता
श्री प्रदीप पुरोहित
श्री मितेश पटेल (बकाभाई)

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

(क) फार्मास्युटिकल क्षेत्र में आत्मनिर्भर भारत के विजन को साकार करने के लिए क्या कदम उठाए जा रहे हैं;

- (ख) सरकार किस प्रकार घरेलू नवाचार को बढ़ावा देगी और फार्मास्युटिकल आयात पर निर्भरता कम करेगी;
- (ग) हाल के सुधारों और योजनाओं ने किस प्रकार वैश्विक फार्मा हब के रूप में भारत की स्थिति को मजबूत किया है;
- (घ) प्रधानमंत्री भारतीय जन औषधि परियोजना (पीएमबीजेपी) देश में किफायत, उपलब्धता और पहुंच में सुधार लाने में राज्यवार किस प्रकार योगदान देगी; और
- (ङ) क्या सरकार फार्मास्युटिकल क्षेत्र में सूक्ष्म, लघु और मध्यम उद्यमों (एमएसएमई) को बढ़ावा देने के लिए कोई योजना लागू कर रही है और यदि हाँ, 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 (ग): औषध क्षेत्र में आत्मनिर्भर भारत के विजन को साकार करने और स्वदेशी नवाचार का संवर्धन करने तथा औषध आयात पर निर्भरता कम करने के लिए निम्नलिखित सहित कई योजनाएँ लागू की जा रही हैं:

- (i) फार्मा मेडटेक क्षेत्र में अनुसंधान और नवाचार संवर्धन (पीआरआईपी) योजना;
- (ii) औषध के लिए उत्पादन से जुड़ी प्रोत्साहन (पीएलआई) योजना;
- (iii) भारत में महत्वपूर्ण प्रमुख प्रारंभिक सामग्री (केएसएम)/औषधि मध्यवर्ती (डीआई)/सक्रिय औषधीय सामग्री (एपीआई) के घरेलू विनिर्माण के संवर्धन के लिए पीएलआई योजना (जिसे बल्क औषधि के लिए पीएलआई योजना के रूप में भी जाना जाता है);
- (iv) बल्क औषधि पार्कों की संवर्धन योजना;
- (v) औषध उद्योग सुदृढ़ीकरण योजना;

पीआरआईपी योजना को 5,000 करोड़ रुपये के परिव्यय के साथ शुरू किया गया है, जिसका उद्देश्य अनुसंधान को सुदृढ़ करके भारत के फार्मा मेडटेक क्षेत्र को लागत-आधारित से नवाचार-आधारित विकास में बदलना और औषधि खोज एवं विकास तथा चिकित्सा उपकरणों के प्राथमिकता वाले क्षेत्रों में अनुसंधान एवं विकास के लिए उद्योग-अकादमिक संपर्क का संवर्धन करना है। इसके अंतर्गत, अनुसंधान अवसंरचना को सृजित करने और चिन्हित किए गए क्षेत्रों में अनुसंधान और विकास के संवर्धन के लिए राष्ट्रीय औषधीय शिक्षा और अनुसंधान संस्थानों (नाईपर) में प्रत्येक में एक की दर से सात उत्कृष्टता केंद्र (सीओई) स्थापित किए गए हैं, जिनके लिए कुल बजटीय सहायता 700 करोड़ रुपये है। ये सीओई वायरल-रोधी और बैक्टीरिया-रोधी दवा की खोज और विकास, चिकित्सा उपकरण, बल्क औषधि, फ्लो केमिस्ट्री और सतत विनिर्माण, नवीन औषधि प्रदानगी प्रणाली, फाइटोफार्मास्युटिकल्स और जैविक चिकित्सा विज्ञान के क्षेत्रों में हैं तथा इस योजना के अंतर्गत अब तक 104 अनुसंधान परियोजनाओं को मंजूरी दी गई है और दो पेटेंट दायर किए गए हैं। इस योजना में एमएसएमई एवं स्टार्टअप्स सहित उद्योग को सहायता देने के लिए 4,250 करोड़ रुपए का परिव्यय भी शामिल है, जिसमें शिक्षा क्षेत्र के साथ सहयोग भी शामिल है, ताकि प्राथमिकता वाले क्षेत्रों में अनुसंधान और नवाचार परियोजनाएं शुरू की जा सकें। योजना के अंतर्गत जब भी आवेदन आमंत्रित किए जाएंगे, किसी भी राज्य या केंद्र शासित प्रदेश के आवेदक आवेदन कर सकते हैं।

औषध के लिए पीएलआई योजना का उद्देश्य इस क्षेत्र में निवेश और उत्पादन बढ़ाकर और औषध क्षेत्र में अधिक मूल्य वाली वस्तुओं के लिए उत्पाद विविधीकरण में योगदान देकर भारत की विनिर्माण क्षमताओं का संवर्धन करना है। यह बायोफार्मास्युटिकल्स, जटिल जेनेरिक दवाओं, पेटेंट प्राप्त दवाओं या पेटेंट समाप्ति के करीब दवाओं, ऑटो-इम्यून दवाओं, कैंसर-रोधी दवाओं आदि जैसी अधिक मूल्य वाली दवाओं के उत्पादन के साथ-साथ बल्क औषधि के लिए पीएलआई योजना के अंतर्गत अधिसूचित दवाओं के अतिरिक्त एपीआई/केएसएम/डीआई के उत्पादन को प्रोत्साहन प्रदान करता

है, जिससे आत्मनिर्भरता में योगदान प्राप्त होता है। इस योजना से पात्र उत्पादों में निवेश और उत्पादन को बढ़ावा मिला है। मार्च 2025 की स्थिति के अनुसार, इस योजना के तीसरे वर्ष तक 37,306 करोड़ रुपये का संचयी निवेश योजना की छह वर्ष की अवधि के दौरान लक्षित 17,275 करोड़ रुपये के प्रतिबद्ध निवेश से काफी हद तक पार हो गया है और 2,66,528 करोड़ रुपये के अनुमोदित उत्पादों की संचयी बिक्री की गई है, जिसमें 1,70,807 करोड़ रुपये का निर्यात शामिल है।

बल्क औषधि हेतु पीएलआई योजना, जिसका कुल बजटीय परिव्यय ₹6,940 करोड़ है, का उद्देश्य एकल स्रोत पर अत्यधिक निर्भरता के कारण आपूर्ति में व्यवधान के जोखिम को कम करके महत्वपूर्ण औषधियों को बनाने में प्रयुक्त महत्वपूर्ण सक्रिय औषधीय सामग्रियों (एपीआई), जिनके लिए कोई विकल्प नहीं है, की आपूर्ति में व्यवधान से बचना है। मार्च 2025 तक की स्थिति के अनुसार, योजना के छह वर्ष की उत्पादन अवधि में निवेश के लिए योजना के अंतर्गत अनुमोदित परियोजनाओं के तहत ₹3,938.5 करोड़ का प्रतिबद्ध निवेश योजना के तीसरे वर्ष तक किए गए ₹4,570 करोड़ के संचयी निवेश के साथ काफी हद तक पार हो गया है। इसके अतिरिक्त, 25 एपीआई/केएसएम/डीआई के लिए उत्पादन क्षमता बनाई गई है। इस योजना के अंतर्गत, वित्त वर्ष 2022-23 से वित्त वर्ष 2024-25 तक की अवधि में ₹1,817 करोड़ की संचयी बिक्री दर्ज की गई है जिसमें ₹455 करोड़ का निर्यात शामिल है जिससे ₹1,362 करोड़ के आयात से बचा जा सका।

बल्क औषधि पार्क योजना के अंतर्गत, जिसका कुल बजटीय परिव्यय 3,000 करोड़ रुपये है, तीन पार्कों को मंजूरी प्रदान की गई है और ये आंध्र प्रदेश, गुजरात और हिमाचल प्रदेश में अपने-अपने राज्य कार्यान्वयन एजेंसियों के माध्यम से विकास के विभिन्न चरणों में हैं। इनकी कुल परियोजना लागत 6,300 करोड़ रुपये से अधिक है, जिसमें साझी अवसंरचनात्मक सुविधाओं के विनिर्माण के लिए प्रत्येक को 1,000 करोड़ रुपये की केंद्रीय सहायता प्रदान करना शामिल है। ये पार्क रियायती दर पर भूमि और बिजली, पानी, अपशिष्ट उपचार संयंत्र, भाप, ठोस अपशिष्ट प्रबंधन, मालगोदाम

सुविधाओं जैसी उपयोगिताएँ प्रदान करेंगे। तीनों राज्यों की राज्य कार्यान्वयन एजेंसियां स्थायी पूंजी निवेश पर पूंजीगत सब्सिडी, ब्याज सब्सिडी, राज्य माल और सेवा कर प्रतिपूर्ति, स्टॉप शुल्क और पंजीकरण शुल्क में छूट आदि के रूप में राजकोषीय प्रोत्साहन भी प्रदान कर रही हैं। इसके अतिरिक्त, इस योजना में यह प्रावधान है कि बल्क औषधियों हेतु पीएलआई योजना में प्राथमिकता वाले उत्पादों के विनिर्माण हेतु इकाइयां स्थापित करने के लिए पार्कों में आवेदकों को भूमि आवंटन में प्राथमिकता दी जाएगी।

औषध उद्योग की सुदृढ़ीकरण योजना निम्नलिखित उप-योजनाओं के माध्यम से आत्मनिर्भर भारत के विजन को साकार करने में सहायता करती है:

- (i) **साझी सुविधाओं के लिए औषध उद्योग को सहायता (एपीआई-सीएफ):** इस योजना का उद्देश्य साझी सुविधाओं के विनिर्माण के लिए औषध क्लस्टरों को वित्तीय सहायता प्रदान करके मौजूदा अवसंरचनात्मक सुविधाओं को सुदृढ़ करना है। यह साझी सुविधाओं, जैसे परीक्षण प्रयोगशालाओं, अनुसंधान एवं विकास प्रयोगशालाओं, अपशिष्ट उपचार संयंत्रों और प्रशिक्षण केंद्रों के रूप में मूर्त परिसंपत्तियों को सृजित करने में सहायता करती है, जिससे साझे संसाधनों को विकसित करने और उनका लाभ उठाने में सक्षम बनाकर क्लस्टरों की दीर्घकालिक व्यवहार्यता और विकास का सहयोग किया जा सके। एपीआई-सीएफ के अंतर्गत, औषध क्लस्टरों को कुल 139.33 करोड़ रुपये की अनुदान सहायता वाली परियोजनाओं को साझी सुविधाओं के विनिर्माण के लिए मंजूरी प्रदान की गई है और वे निष्पादन के विभिन्न चरणों में हैं। इन साझी सुविधाओं के तैयार हो जाने के बाद, इनसे लगभग 1,300 मौजूदा औषध इकाइयों को साझी सुविधाओं तक पहुंच मिलने की संभावना है, साथ ही नई औषध इकाइयों की स्थापना और मौजूदा इकाइयों के विस्तार के माध्यम से इन क्लस्टरों में क्षमता वृद्धि को भी संवर्धन प्राप्त होगा।

(ii) संशोधित औषध प्रौद्योगिकी उन्नयन सहायता योजना (आरपीटीयूएस): इस योजना का उद्देश्य 500 करोड़ रुपये से कम औसत कारोबार वाली लघु और मध्यम औषध कंपनियों की उत्पादन सुविधाओं के उन्नयन में सहायता प्रदान करना है ताकि वे औषधि नियम, 1945 की संशोधित अनुसूची-ड और विश्व स्वास्थ्य संगठन - उत्तम विनिर्माण पद्धतियों (डब्ल्यूएचओ-जीएमपी) में विनिर्दिष्ट मानकों को प्राप्त कर सकें, जिससे घरेलू और वैश्विक दोनों स्तरों पर उनकी प्रतिस्पर्धात्मकता में सुधार हो सके। इसके अंतर्गत, दिनांक 01.07.2025 तक की स्थिति के अनुसार, 142 सूक्ष्म, लघु और मध्यम औषध कंपनियों के लिए उक्त मानकों को प्राप्त करने हेतु उन्नयन के लिए सहायता को मंजूरी दी गई है, जिसकी कुल स्वीकृत राशि 135.84 करोड़ रुपए है।

इन योजनाओं के माध्यम से, पिछले छह वित्तीय वर्षों में दवाओं और औषध का निर्यात वित्त वर्ष 2018-19 में 1,28,028 करोड़ रुपए से 92% बढ़कर वित्त वर्ष 2024-25 में 2,45,962 करोड़ रुपए हो गया है।

(घ): सरकार ने सभी को वहनीय मूल्यों पर गुणवत्तापूर्ण जेनेरिक दवाइयाँ उपलब्ध कराने के लिए प्रधानमंत्री भारतीय जन औषधि परियोजना शुरू की। इस योजना के अंतर्गत, देश भर में जन औषधि केंद्रों के नाम से समर्पित आउटलेट खोले गए हैं, जो बाजार में प्रमुख ब्रांडेड दवाओं की तुलना में लगभग 50% से 80% कम मूल्यों पर दवाइयाँ उपलब्ध कराते हैं। दिनांक 30.06.2025 तक, कुल 16,912 जन औषधि केंद्र खोले गए हैं और औसतन लगभग 10 से 12 लाख लोग प्रतिदिन इन केंद्रों पर आते हैं और वहनीय मूल्यों पर गुणवत्तापूर्ण दवाइयों का लाभ प्राप्त करते हैं। इस योजना के उत्पाद समूह में 2,110 दवाइयाँ और 315 सर्जिकल सामग्री, चिकित्सा उपभोग्य वस्तुएँ और उपकरण शामिल हैं, जो सभी प्रमुख चिकित्सीय समूहों जैसे हृदयवाहिका, कैंसर-रोधी, मधुमेह-रोधी, संक्रमण-रोधी, एलर्जी-रोधी और गैस्ट्रो-इन्टेस्टाइनल संबंधी दवाइयाँ और न्यूट्रास्युटिकल्स को कवर करते

हैं। इस योजना के परिणामस्वरूप, पिछले 11 वर्षों में, ब्रांडेड दवाओं के मूल्यों की तुलना में नागरिकों को लगभग 38,000 करोड़ रुपए की अनुमानित बचत हुई है। इसके अतिरिक्त, इस योजना ने 6,800 से अधिक महिला उद्यमियों सहित 16,000 से अधिक लोगों को स्व-रोजगार प्रदान किया है। राज्य और संघ राज्य क्षेत्र-वार खोले गए जेएके की संख्या संलग्न **विवरण** में दी गई है।

(ड): औषध क्षेत्र में एमएसएमई को औषध उद्योग सुदृढ़ीकरण योजना और पीआरआईपी योजना के माध्यम से संवर्धित किया जा रहा है, जिसका विवरण ऊपर भाग (क) से (ग) के उत्तर में दिया गया है। इसके अतिरिक्त, बल्क औषधियों के लिए पीएलआई योजना के तहत 13 एमएसएमई और औषध के लिए पीएलआई योजना के तहत 20 एमएसएमई को मंजूरी प्रदान की गई है और वे उत्पादन से जुड़े प्रोत्साहन के लिए पात्र हैं।

विवरण

दिनांक 30.06.2025 तक खोले गए जन औषधि केन्द्रों की राज्य और संघ राज्य क्षेत्र-वार संख्या

क्र.सं.	राज्य / संघ राज्य क्षेत्र	खोले गए जेएके की संख्या
1	अंडमान व निकोबार द्वीप समूह	9
2	आंध्र प्रदेश	281
3	अरुणाचल प्रदेश	35
4	असम	179
5	बिहार	900
6	चंडीगढ़	14
7	छत्तीसगढ़	316
8	दादरा एवं नगर हवेली और दमन एवं दीव	40
9	दिल्ली	552
10	गोवा	22
11	गुजरात	812
12	हरियाणा	465
13	हिमाचल प्रदेश	75

14	जम्मू और कश्मीर	335
15	झारखंड	163
16	कर्नाटक	1,480
17	केरल	1,629
18	लद्दाख	2
19	लक्षद्वीप	1
20	मध्य प्रदेश	592
21	महाराष्ट्र	723
22	मणिपुर	61
23	मेघालय	26
24	मिजोरम	15
25	नागालैंड	22
26	ओडिशा	753
27	पुदुचेरी	33
28	पंजाब	520
29	राजस्थान	545
30	सिक्किम	12
31	तमिलनाडु	1,432
32	तेलंगाना	203
33	त्रिपुरा	31
34	उत्तर प्रदेश	3,550
35	उत्तराखंड	331
36	पश्चिम बंगाल	753
कुल		16,912

INDIAN CITIZENS IMPRISONED IN FOREIGN JAILS

1147. SHRI V. K. SREEKANDAN:

SHRI KODIKUNNIL SURESH:

SHRI TAMILSELVAN THANGA:

DR. GANAPATHY RAJKUMAR P:

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

- (a) the details of Indian citizens currently imprisoned and languishing on death row in many foreign jails, as on date, country-wise;
- (b) the number of such persons who are under trial, convicted, or facing charges;
- (c) the number of Indian citizens who have completed their sentence but are yet to be released or repatriated, along with reasons for delay;
- (d) the measures taken by the Indian Government to ensure legal assistance, consular access, and timely release from jail or deportation of such individuals;
- (e) whether the Indian embassies have been asked to take appropriate steps in this regard, if so, the details thereof; and
- (f) whether the Union Government has received any request from the Government of Tamil Nadu to release/bring back 29 fishermen being kept in Sri Lankan jail, if so, the action 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 (c): As per the information available with the Ministry, the number of Indian prisoners, including undertrials, in foreign prisons at present is 10574. Country-wise list is given in the enclosed **Statement**.

The details of Indian citizens currently imprisoned and languishing on death row in foreign jails are as follows:

Country	Number of Indians awaiting death penalty at present
China	4
Indonesia	3
Kuwait	2
Malaysia	1
Oman	1
Pakistan	1
Qatar	1
Saudi Arabia	7
U.A.E.	21
USA	1
Yemen	1

However, due to strong privacy laws prevailing in many countries, the local authorities do not share information on prisoners unless the person concerned consents to the disclosure of such information. Even, countries which share

information do not generally provide detailed information about the foreign nationals imprisoned.

(d) and (e): The Government attaches high priority to the safety, security and well-being of Indian nationals in foreign countries, including those in the foreign jails. Indian Missions/Posts abroad remain vigilant and closely monitor the incidents of Indian nationals being put in jail in foreign countries for violation/alleged violation of local laws. As soon as the information about the detention/arrest of an Indian national is received by an Indian Mission/Post, it immediately gets in touch with the local Foreign Office and other concerned local authorities to get consular access to the detained/arrested Indian national to ascertain the facts of the case, confirm his/her Indian nationality and ensure his/her welfare. Missions/Posts remain vigilant to ensure that rights of the Indian prisoners in foreign jails are protected.

The issue of release and repatriation of Indian nationals in foreign prisons is regularly pursued by Indian Missions and Posts abroad with the local authorities concerned. Missions/Posts abroad also approach the law enforcement agencies to complete the investigation and judicial proceedings at the earliest possible. The Government also follows up this issue during consular and other consultations with other countries. In addition, the Government, through its Missions/Posts abroad and during high level visits, also takes up and pursues grant of amnesty/commutation of sentences of Indian prisoners in foreign

countries. India has also entered into prisoner transfer treaties with many nations that allow a person convicted of a crime to be transferred to his/her home country to serve the prison sentence.

Apart from extending all possible consular assistance to Indian nationals imprisoned abroad, Indian Missions and Posts also assist in providing legal aid wherever needed. Missions and Posts also maintain a local panel of lawyers where Indian community is in sizeable numbers. No fee is charged from any Indian prisoner for extending facilities by the Indian Embassy concerned. The Indian Community Welfare Fund (ICWF) is set up in Indian Missions and Posts abroad for assisting overseas Indian nationals in distress situations on a means tested basis in deserving cases. The support extended under ICWF includes financial assistance to Indian prisoners for legal aid as well as travel documents / air tickets during repatriation.

(f): As of 15 July 2025, a total of 28 Indian fishermen are in Sri Lankan custody, of whom 27 are from Tamil Nadu and one fisherman is from Puducherry.

Government of India attaches high priority to the safety, security and welfare of Indian fishermen. The Government has been consistently taking up these issues, including the early release and repatriation of Indian fishermen and fishing boats, with the Sri Lankan Government through bilateral mechanisms, diplomatic channels, and various official interactions, including by the Prime Minister in his recent meeting (05 April 2025) with the Sri Lankan President. In

all our interactions, it has been conveyed that this issue may be considered purely on humanitarian and livelihood grounds.

All issues related to fishermen are also dealt with through bilateral institutional mechanisms such as the regular meetings of the Joint Working Group on fisheries, which includes representatives from the Government of Tamil Nadu. The last JWG meeting on fisheries was held on 29 October 2024.

Further, Indian Consular officials continue to make regular visits to local jails and detention centers to ascertain the condition of Indian fishermen and provide requisite support and necessary legal assistance to ensure their welfare and assist with their early release and repatriation.

STATEMENT

Country-wise number of Indian prisoners, including undertrials, in foreign prisons

Sr. No.	Country	Total number of Indians under trail and convicted in Foreign Jails at present
1	Afghanistan	8
2	Angola	1
3	Armenia	61
4	Australia	28
5	Azerbaijan	5
6	Bahrain	261
7	Belarus	9
8	Belgium	1
9	Bhutan	71
10	Brunei Darussalam	8
11	Cambodia	24

12	Canada	1
13	Chile	1
14	China	183
15	Congo	8
16	Cote d' Ivoire	5
17	Croatia	10
18	Cuba	4
19	Cyprus	21
20	Denmark	2
21	Egypt	1
22	Ethiopia	7
23	France	53
24	Georgia	24
25	Germany	81
26	Ghana	2
27	Greece	24
28	Hungary	4
29	Indonesia	25
30	Iran	11
31	Iraq	1
32	Ireland	7
33	Italy	162
34	Jamaica	1
35	Japan	4
36	Jordan	27
37	Kazakhstan	12
38	Kenya	4
39	Kuwait	342
40	Kyrgyzstan	4
41	Laos	6
42	Lebanon	3
43	Madagascar	4
44	Malawi	1
45	Malaysia	380

46	Maldives	10
47	Mali	3
48	Mauritius	10
49	Mozambique	3
50	Myanmar	17
51	Nepal	1357
52	Nigeria	5
53	Oman	121
54	Pakistan	246
55	Philippines	59
56	Poland	14
57	Qatar	795
58	Republic of Korea	4
59	Russia	37
60	Rwanda	2
61	Saudi Arabia	2379
62	Senegal	5
63	Serbia	2
64	Seychelles	1
65	Singapore	138
66	Slovenia	2
67	South Africa	1
68	Spain	39
69	Sri Lanka	60
70	Sudan	1
71	Switzerland	3
72	Tajikistan	1
73	Tanzania	3
74	Thailand	58
75	Turkiye	4
76	UAE	2773
77	Uganda	11
78	United Kingdom	323
79	USA	175

80	Uzbekistan	3
81	Vietnam	6
82	Yemen	1
		10574

अधिक कीमत पर दवाओं की बिक्री

1148. श्री कीर्ति आज़ाद:

श्री चन्द्र प्रकाश चौधरी:

श्री सनातन पांडेय:

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

- (क) क्या कुछ दवा कंपनियाँ राष्ट्रीय औषधि मूल्य निर्धारण प्राधिकरण (एनपीपीए) द्वारा निर्धारित मूल्य से अधिक कीमत पर दवाएँ बेच रही हैं;
- (ख) यदि हाँ, तो तत्संबंधी राज्य-वार ब्यौरा क्या है;
- (ग) क्या एनपीपीए ने आज तक ऐसी कंपनियों के विरुद्ध कोई कार्रवाई की है या नोटिस जारी किए हैं; और
- (घ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और उसके क्या परिणाम हुए?

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

- (क) से (घ): राष्ट्रीय औषधि मूल्य निर्धारण प्राधिकरण (एनपीपीए) दवाओं के मूल्यों की निरंतर निगरानी करता है और जहाँ कहीं भी औषधि कंपनियां दवाईयों की बिक्री में उपभोक्ताओं से

अधिप्रभारन करती हुई पाई जाती हैं, वह औषधि (मूल्य नियंत्रण) आदेश, 2013 के प्रावधानों के अनुसार ऐसी कंपनियों के विरुद्ध कार्रवाई प्रारम्भ करता है।

दिनांक 31.3.1979 से 31.3.2025 की अवधि के दौरान, एनपीपीए ने अधिप्रभारन के 2,605 मामलों में कार्रवाई की है, जिसमें ब्याज और जुर्माना सहित 9,950.10 करोड़ रुपए की अधिप्रभारन की राशि शामिल है। उक्त अवधि के दौरान, इन मामलों में संबंधित कंपनियों से 1,418.80 करोड़ रुपए की धनराशि वसूल की गई है। एनपीपीए ने सूचित किया है कि वह अधिप्रभारन के मामलों के राज्य-वार आंकड़ें नहीं रखता है। तथापि, अधिप्रभारन के ऐसे मामलों की विस्तृत सूची, जहाँ माँग नोटिस जारी किए गए हैं, एनपीपीए की वेबसाइट (www.nppa.gov.in) पर उपलब्ध है।

अविवाहित महिलाओं के लिए योजनाएँ

1149. श्री दरोगा प्रसाद सरोज:

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

- (क) वर्तमान में अविवाहित महिलाओं सहित महिलाओं के उत्थान के लिए सरकार द्वारा क्रियान्वित की जा रही योजनाओं का ब्यौरा क्या है;
- (ख) क्या सरकार ने उत्तर प्रदेश की अविवाहित महिलाओं को शिक्षा या रोजगार से संबंधित किसी प्रकार की वित्तीय सहायता प्रदान की है या कोई योजना शुरू की है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) सरकार द्वारा उक्त योजनाओं को किस प्रकार क्रियान्वित किया जा रहा है और उक्त राज्य में इन योजनाओं का क्या प्रभाव है; और
- (घ) क्या सरकार ने उक्त योजनाओं के अंतर्गत महिलाओं के सामाजिक और मानसिक विकास पर ध्यान केंद्रित किया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर):

(क) से (घ): उत्तर प्रदेश राज्य में अविवाहित महिलाओं सहित महिलाओं के सामाजिक और आर्थिक सशक्तीकरण के लिए भारत सरकार के विभिन्न मंत्रालयों/विभागों द्वारा देश भर में कई योजनाएं कार्यान्वित की जा रही हैं। इस संबंध में भारत सरकार की प्रमुख योजनाएं/कार्यक्रम इस प्रकार हैं: महिला एवं बाल विकास मंत्रालय 15 वें वित्त आयोग की अवधि के दौरान वित्तीय वर्ष 2022-23 से महिलाओं और बच्चों के कल्याण के लिए देश में केंद्र प्रायोजित योजनाएं कार्यान्वित कर रहा है, जिन्हें तीन घटकों अर्थात् (1), महिलाओं की सुरक्षा, संरक्षण और सशक्तीकरण के लिए मिशन शक्ति; (2) देश में पोषण और स्वास्थ्य संकेतकों में सुधार के लिए सक्षम आंगनवाड़ी और पोषण 2.0; और (3) कठिन परिस्थितियों में रह रहे बच्चों की सुरक्षा और कल्याण के लिए मिशन वात्सल्य, के तहत रखा गया है। इन योजनाओं का विवरण इस प्रकार है:

- (i) मिशन शक्ति: 'मिशन शक्ति' का उद्देश्य महिलाओं की संरक्षा, सुरक्षा और सशक्तीकरण की पहलों को मजबूत करना है। इसमें महिलाओं की संरक्षा, सुरक्षा और सशक्तीकरण के लिए क्रमशः दो उप-योजनाएं 'संबल' और 'सामर्थ्य' शामिल हैं। "संबल" घटक महिलाओं की संरक्षा और सुरक्षा के लिए है और इसके प्रमुख घटक हैं, वन स्टॉप सेंटर (ओएससी), जो जिला स्तर पर स्थित एक संस्था है जो संकटग्रस्त महिलाओं को एक ही स्थान पर अस्थायी आश्रय, चिकित्सा और पुलिस सहायता, परामर्श और कानूनी सहायता जैसी तत्काल मदद प्रदान करती है, महिला हेल्पलाइन (डब्ल्यूएचएल) 181 सहायता और जानकारी चाहने वाली महिलाओं को 24 घंटे टोल-फ्री दूरसंचार सेवा प्रदान करती है। "सामर्थ्य" घटक महिलाओं के सशक्तीकरण के लिए है। शक्ति सदन दुर्व्यापार की गई महिलाओं सहित संकटग्रस्त और कठिन परिस्थितियों में रह रही महिलाओं के लिए एक एकीकृत राहत और पुनर्वास गृह है। सखी निवास (कामकाजी महिला छात्रावास) का उद्देश्य शहरी, अर्ध-शहरी और ग्रामीण क्षेत्रों जहां महिलाओं के लिए रोजगार के

अवसर मौजूद हैं में भी कामकाजी महिलाओं के लिए सुरक्षित और सुविधाजनक स्थान पर आवास की उपलब्धता को बढ़ावा देना है। संकल्प: महिला सशक्तीकरण केंद्र (एचईडब्ल्यू) महिलाओं के लिए उपलब्ध योजनाओं और सुविधाओं के बारे में जानकारी और ज्ञान के अभाव को दूर करने के एक माध्यम का कार्य करता है।

- (ii) समग्र शिक्षा, कस्तूरबा गांधी बालिका विद्यालय, बाबू जगजीवन राम छात्रावास योजना, एकलव्य मॉडल आवासीय विद्यालय और प्री-मैट्रिक, पोस्ट-मैट्रिक सहित विभिन्न छात्रवृत्ति योजनाएं और उच्च शिक्षा और फेलोशिप के लिए छात्रवृत्ति के साथ-साथ ई-लर्निंग प्लेटफॉर्म जैसे 'सूचना और संचार प्रौद्योगिकी के माध्यम से शिक्षा पर राष्ट्रीय मिशन' (एनएमईआईसीटी) योजना, स्वयं (युवा महत्वाकांक्षी दिमागों के लिए सक्रिय शिक्षण का अध्ययन वेब), स्वयं प्रभा, राष्ट्रीय डिजिटल लाइब्रेरी (एनडीएल), वर्चुअल लैब, ई-यंत्र, पीएम ई-विद्या, एनईएटी (राष्ट्रीय शिक्षा प्रौद्योगिकी गठबंधन) आदि को अविवाहित महिलाओं सहित सभी के लिए सस्ती और गुणवत्तापूर्ण शिक्षा सुनिश्चित करने के लिए कार्यान्वित किया गया है।
- (iii) बीमा कवरेज और पेंशन के माध्यम से सामाजिक सुरक्षा प्रदान करने के लिए अटल पेंशन योजना (एपीवाई), प्रधानमंत्री सुरक्षा बीमा योजना (पीएमएसबीवाई) और प्रधानमंत्री जीवन ज्योति बीमा योजना (पीएमजेबीवाई) कार्यान्वित की गई है।
- (iv) प्रधानमंत्री गरीब कल्याण अन्न योजना (पीएमजीकेवाई) जिसने कोविड-19 महामारी के दौरान अंत्योदय अन्न योजना (एवाई) परिवारों और प्राथमिकता वाले घरेलू (पीएचएच) लाभार्थियों से संबंधित बड़ी संख्या में नागरिकों की मदद की, को लगभग 81.35 करोड़ लाभार्थियों के लिए 1 जनवरी, 2024 से अगले पांच वर्षों की अवधि के लिए जारी रखा गया है।

- (v) विशेष रूप से ग्रामीण क्षेत्रों में महिलाओं के लिए कठिन परिश्रम को कम करने और उनका जीवन आसान बनाने के लिए, स्वच्छ भारत मिशन के तहत 11.8 करोड़ से अधिक शौचालयों का निर्माण किया गया है, उज्ज्वला योजना के माध्यम से 10.3 करोड़ परिवारों को खाना पकाने का स्वच्छ ईंधन उपलब्ध कराया गया है और जल जीवन मिशन के माध्यम से लगभग 15.6 करोड़ परिवारों को स्वच्छ पेयजल कनेक्शन उपलब्ध कराया गया है।
- (vi) प्रधानमंत्री आवास योजना ग्रामीण (पीएमएवाई-जी) तथा प्रधानमंत्री आवास योजना शहरी (पीएमएवाई-यू) का उद्देश्य ग्रामीण क्षेत्रों में सभी बेघर परिवारों और कच्चे और जीर्ण-शीर्ण घरों में रहने वाले परिवारों को बुनियादी सुविधाओं के साथ पक्के घर की व्यवस्था करके 'सबके लिए आवास' प्रदान करना तथा शहरी क्षेत्रों में झुग्गी-झोपड़ियों में रहने वालों सहित आर्थिक रूप से कमजोर वर्गों (ईडब्ल्यूएस) की आवास जरूरतों को पूरा करना है।
- (vii) आयुष्मान भारत के तहत, सरकार 55 करोड़ से अधिक नागरिकों को 1200 से अधिक मेडिकल पैकेजों के माध्यम से मुफ्त इलाज उपलब्ध करा रही है जिसका मुख्य उद्देश्य शहरी, ग्रामीण और दूरदराज के इलाकों में गरीब महिलाओं तक स्वास्थ्य लाभ की पहुंच बढ़ाना है। इनमें से 141 से अधिक मेडिकल पैकेज सिर्फ महिलाओं की मेडिकल जरूरतों को पूरा करने के लिए बनाए गए हैं। इस योजना के तहत सात तरह की जांच (तपेदिक, उच्च रक्तचाप, मधुमेह, ओरल कैंसर, स्तन कैंसर, सर्वाइकल कैंसर और मोतियाबिंद) की जाती है जिससे करोड़ों महिलाओं को फायदा हुआ है। शहरी और ग्रामीण दोनों इलाकों में 150,000 से अधिक स्वास्थ्य और कल्याण केंद्र (एबी-एचडब्ल्यूसी) समाज को स्वास्थ्य देखभाल उपलब्ध कराते हैं, जिन्हें आयुष्मान आरोग्य मंदिर भी कहा जाता है। आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी पीएमजेएवाई) दुनिया की सबसे बड़ी सार्वजनिक वित्तपोषित स्वास्थ्य आश्वासन योजना है जिसमें गरीब और वंचित महिलाओं पर विशेष ध्यान दिया गया है।

- (viii) देश भर में 16,000 से ज़्यादा प्रधानमंत्री भारतीय जन औषधि केंद्र (पीएमबीजेके) काम कर रहे हैं। पीएमबीजेके में महिलाओं के लिए 40 से ज़्यादा खास मदों समेत किफ़ायती दवाइयां और चिकित्सा उपकरण उपलब्ध कराने के अलावा, 'सुविधा सैनिटरी नैपकिन' नाम से सैनिटरी नैपकिन की बिक्री की भी व्यवस्था है जिसकी कीमत बेहद किफ़ायती 1 रुपये प्रति पैड है।
- (ix) प्रधानमंत्री कौशल विकास योजना (पीएमकेवीवाई) के तहत महिलाओं को कौशल और व्यावसायिक प्रशिक्षण प्रदान किया जाता है।
- (x) प्रधानमंत्री ग्रामीण डिजिटल साक्षरता अभियान (पीएमजीदिशा) ग्रामीण आबादी को डिजिटल साक्षरता प्रदान करता है।
- (xi) दुनिया की सबसे बड़ी वित्तीय समावेशन पहलों में से एक प्रधानमंत्री जन धन योजना (पीएम-जेडीवाई) के तहत भी महिलाएं सबसे बड़ी लाभार्थी हैं। यह पहल विभिन्न कल्याणकारी योजनाओं, ऋण और बीमा सेवाओं के तहत प्रत्यक्ष लाभ तक पहुंच भी प्रदान करती है।
- (xii) स्टैंड अप इंडिया और मुद्रा योजना बैंक ऋण और उद्यमशीलता कार्यकलापों को सुगम बनाती है और इससे महिला उद्यमियों को काफी लाभ हुआ है।
- (xiii) स्टार्ट-अप इंडिया, प्रधानमंत्री स्ट्रीट वेंडर्स आत्मनिर्भर निधि (पीएम स्वनिधि), महात्मा गांधी राष्ट्रीय ग्रामीण रोजगार गारंटी योजना (मनरेगा), सूक्ष्म और लघु उद्यमों के लिए क्रेडिट गारंटी फंड योजना (सीजीएमएसई) जैसी योजनाएं रोजगार/स्वरोजगार और ऋण सुविधाएं प्रदान करती हैं। इन योजनाओं के तहत लाभार्थियों में से अधिकांश महिलाएं हैं।
- (xiv) महिला कॉयर योजना (एमसीवाई) कॉयर विकास योजना का एक उप-घटक है। एमसीवाई 100% महिला उन्मुख और दो महीने का गहन प्रशिक्षण कार्यक्रम है जिसका उद्देश्य कॉयर क्षेत्र में लगी ग्रामीण महिलाओं को परिष्कृत मशीनरी/उन्नत तकनीक पर प्रशिक्षण प्रदान

करना है जिससे उनके जीवन स्तर में सुधार किया जा सके और इस तरह वे आत्मनिर्भर रोजगार प्राप्त कर सकें।

डायग्नोस्टिक केंद्रों में प्रशिक्षित महिला कर्मचारियों की अनुपलब्धता

1150. श्री राकेश राठौर:

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

- (क) क्या सरकार ने देश भर के विभिन्न डायग्नोस्टिक केंद्रों में प्रशिक्षित महिला कर्मचारियों की अनुपलब्धता के कारण शारीरिक जांच के दौरान महिला रोगियों को होने वाली असुविधा और शर्मिंदगी की शिकायतों के समाधान के लिए कोई योजना प्रस्तावित की है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार ने डायग्नोस्टिक केंद्रों के लिए पर्याप्त प्रशिक्षित महिला कर्मचारियों का होना अनिवार्य कर दिया है;
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ) यदि नहीं, तो इसके क्या कारण हैं?

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

(क) से (ङ): 'स्वास्थ्य' राज्य का विषय होने के कारण विभिन्न डायग्नोस्टिक केंद्रों में प्रशिक्षित महिला कर्मचारियों की अनुपलब्धता के कारण शारीरिक जांच के दौरान महिला रोगियों को होने वाली असुविधा और शर्मिंदगी की शिकायतें, जब भी प्राप्त होती हैं, आवश्यक कार्रवाई करने के लिए संबंधित राज्यों/संघ राज्य क्षेत्रों को भेज दिया जाता है।

इसके अलावा, भारत सरकार ने मान्यता प्राप्त चिकित्सा प्रणालियों से संबंधित डायग्नोस्टिक केन्द्रों सहित सरकारी और निजी नैदानिक स्थापनाओं (सशस्त्र बलों के स्थापन को छोड़कर) 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।

माननीय अध्यक्ष: आप सदन नहीं चलाना चाहते हैं?

... (व्यवधान)

माननीय अध्यक्ष: अब सदन की कार्यवाही दो बजे तक के लिए स्थगित की जाती है।

11.06 hrs

The Lok Sabha then adjourned till Fourteen of the Clock.

14.00 hrs

The Lok Sabha re-assembled at Fourteen of the Clock.

(Shri Jagdambika Pal in the Chair)

माननीय सभापति : माननीय सदस्यगण, माननीय अध्यक्ष जी को कई माननीय सदस्यों द्वारा कुछ विषयों पर स्थगन प्रस्ताव की सूचनाएँ प्राप्त हुई हैं। माननीय अध्यक्ष जी ने स्थगन प्रस्ताव की किसी भी सूचना के लिए अनुमति प्रदान नहीं की है।

... (व्यवधान)

14.00½ hrs

At this stage, Sushri Mahua Moitra, Dr. Mallu Ravi, Dr. T. Sumathy alias Thamizhachi Thangapandian and some other hon. Members came and stood on the floor near the Table.

... (Interruptions)

14.01 hrs**PAPERS LAID ON THE TABLE**

माननीय सभापति : अब पत्र सभा पटल पर रखे जाएंगे।

आइटम नम्बर 2, श्री प्रतापराव गणपतराव जाधव।

... (व्यवधान)

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव) : माननीय सभापति जी, मैं निम्नलिखित पत्र सभा पटल पर रखता

ॐ:

- (1) (एक) उत्तर पूर्वी आयुर्वेद एवं होम्योपैथी संस्थान, शिलांग के वर्ष 2023-2024 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।
- (दो) उत्तर पूर्वी आयुर्वेद एवं होम्योपैथी संस्थान, शिलांग के वर्ष 2023-2024 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 2777/18/25]

- (2) उपर्युक्त (1) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारणों को दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 2778/18/25]

- (3) कंपनी अधिनियम, 2013 की धारा 394 की उप-धारा 1(ख) के अंतर्गत निम्नलिखित पत्रों की एक-एक प्रति (हिन्दी तथा अंग्रेजी संस्करण):-

- (एक) एचएलएल मेडीपार्क लिमिटेड, चेन्नई के वर्ष 2021-2022 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति ।
- (दो) एचएलएल मेडीपार्क लिमिटेड, चेन्नई का वर्ष 2021-2022 का वार्षिक प्रतिवेदन, लेखापरीक्षित लेखे तथा उन पर नियंत्रक-महालेखापरीक्षक की टिप्पणियाँ ।

[Placed in Library, See No. LT 2779/18/25]

- (4) उपर्युक्त (3) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारणों को दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 2780/18/25]

- (5) (एक) रीजनल इंस्टिट्यूट ऑफ पैरामेडिकल एंड नर्सिंग साइंसेज, आइजोल के वर्ष

2023-2024 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)
तथा लेखापरीक्षित लेखे ।

- (दो) रीजनल इंस्टिट्यूट ऑफ पैरामेडिकल एंड नर्सिंग साइंसेज, आइजोल के वर्ष
2023-2024 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी
तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 2781/18/25]

- (6) उपर्युक्त (5) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारणों को
दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 2782/18/25]

- (7) (एक) राष्ट्रीय आयुर्वेद संस्थान, जयपुर के वर्ष 2023-2024 के वार्षिक प्रतिवेदन
की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे ।

- (दो) राष्ट्रीय आयुर्वेद संस्थान, जयपुर के वर्ष 2023-2024 के कार्यकरण की
सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।

- (8) उपर्युक्त (7) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारणों को
दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 2783/18/25]

- (9) (एक) राष्ट्रीय सिद्ध संस्थान, चेन्नई के वर्ष 2023-2024 के वार्षिक प्रतिवेदन की
एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।

- (दो) राष्ट्रीय सिद्ध संस्थान, चेन्नई के वर्ष 2023-2024 के कार्यकरण की सरकार
द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।

- (10) उपर्युक्त (9) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारणों को

दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 2784/18/25]

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): Hon. Chairperson, Sir, with your permission, I rise to lay on the Table:-

- (1) (i) A copy of the Annual Report (Hindi and English versions) of the National Medical Commission, New Delhi, for the year 2023-2024, along with Audited Accounts.
- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the National Medical Commission, New Delhi, for the year 2023-2024.
- (2) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (1) above.

[Placed in Library, See No. LT 2785/18/25]

- (3) A copy each of the following papers (Hindi and English versions) under sub-section 1(b) of Section 394 of the Companies Act, 2013:-
 - (a) (i) Statement regarding Review by the Government of the working of the Indian Drugs and Pharmaceuticals Limited, Gurgaon, for the year 2018-2019.
 - (ii) Annual Report of the Indian Drugs and Pharmaceuticals

Limited, Gurgaon, for the year 2018-2019, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 2786/18/25]

- (b) (i) Statement regarding Review by the Government of the working of the Hindustan Antibiotics Limited, Pune, for the year 2023-2024.
- (ii) Annual Report of the Hindustan Antibiotics Limited, Pune, for the year 2023-2024, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 2787/18/25]

- (c) (i) Statement regarding Review by the Government of the working of the Bengal Chemicals and Pharmaceuticals Limited, Kolkata, for the year 2023-2024.
- (ii) Annual Report of the Bengal Chemicals and Pharmaceuticals Limited, Kolkata, for the year 2023-2024, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

- (4) Three Statements (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (3) above.

[Placed in Library, See No. LT 2788/18/25]

- (5) A copy of the Drugs and Cosmetics (Compounding of Offences) Rules, 2025 (Hindi and English versions) published in Notification No. G.S.R. 259(E) in Gazette of India dated 25th April, 2025 under Section 38 of the Drugs and Cosmetics Act, 1940.

[Placed in Library, See No. LT 2789/18/25]

- (6) A copy each of the following Notifications (Hindi and English versions) under sub-section (4) of Section 18 of the Pharmacy Act, 1948:-

- (i) The Pharmacy Practice (Amendment) Regulations, 2025 published in Notification No. 14-148/2024-PCI in Gazette of India dated 3rd April, 2025.
- (ii) The Pharmacy Council of India (Manner of Holding Inquiry and Imposition of Penalty) Regulations, 2025 published in Notification No. 19-1/2025-PCI in Gazette of India dated 13th June, 2025.

[Placed in Library, See No. LT 2790/18/25]

... (*Interruptions*)

THE MINISTER OF STATE IN THE MINISTRY OF PORTS, SHIPPING AND WATERWAYS (SHRI SHANTANU THAKUR): Hon. Chairperson, Sir, with your permission, I rise to lay on the Table:-

- (1) (i) A copy of the Annual Report (Hindi and English versions) of the Seaman's Provident Fund Organisation (Navik Bhavishya

Nidhi), Mumbai, for the year 2023-2024, along with Audited Accounts.

- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Seaman's Provident Fund Organisation (Navik Bhavishya Nidhi), Mumbai, for the year 2023-2024.

- (2) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (1) above.

[Placed in Library, See No. LT 2791/18/25]

- (3) A copy of the Marine Aids to Navigation (Training and Certification) Rules, 2025 (Hindi and English versions) published in Notification No. G.S.R. 395(E) in Gazette of India dated 18th June, 2025 under Section 51 of the Marine Aids to Navigation Act, 2021.

[Placed in Library, See No. LT 2792/18/25]

... (*Interruptions*)

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर) : माननीय सभापति जी, मैं निम्नलिखित पत्र सभा पटल पर रखती हूँ:

- (1) (एक) केंद्रीय दत्तक-ग्रहण संसाधन प्राधिकरण, नई दिल्ली के वर्ष 2023-2024 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) केंद्रीय दत्तक-ग्रहण संसाधन प्राधिकरण, नई दिल्ली के वर्ष 2023-2024 के

कार्यकरण की सरकार द्वारा समीक्षा के बारे में विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

- (2) उपर्युक्त (1) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारणों को दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 2793/18/25]

14.03 hrs

PUBLIC ACCOUNTS COMMITTEE

22nd to 25th Reports

श्री धर्मेन्द्र यादव (आज़मगढ़) : माननीय सभापति जी, मैं लोक लेखा समिति (2025-26) के निम्नलिखित प्रतिवेदन (हिन्दी तथा अंग्रेजी संस्करण) प्रस्तुत करता हूँ।

- (1) 'सीएमपीएफओ प्रबंधन द्वारा दीवान हाउसिंग फाइनेंस कॉर्पोरेशन लिमिटेड (डीएचएफएल) के डिबंचर को भुनाने के लिए समय पर निर्णय लेने में विफलता के परिणामस्वरूप 315.35 करोड़ रुपये की परिहार्य हानि' विषय के बारे में बाईसवां प्रतिवेदन।
- (2) 'भूमि अधिग्रहण के मामले में रेल प्रशासन की अनिर्णयता के कारण हानि : पूर्व मध्य रेलवे' के बारे में लोक लेखा समिति के 97वें प्रतिवेदन (17वीं लोक सभा) में अंतर्विष्ट समिति की टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी तेईसवां प्रतिवेदन।
- (3) 'फार्म-एफ' में घोषणा के समर्थन के बिना छूट प्रदान करना' के बारे में लोक लेखा समिति के 136वें प्रतिवेदन (17वीं लोक सभा) में अंतर्विष्ट समिति की टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी चौबीसवां प्रतिवेदन।

- (4) 'बिक्री के दमन के कारण करापवंचन' के बारे में लोक लेखा समिति के 138वें प्रतिवेदन (17वीं लोक सभा) में अंतर्विष्ट समिति की टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी पंचवीसवां प्रतिवेदन।
-

14.03½ hrs

STANDING COMMITTEE ON EXTERNAL AFFAIRS

Statements

SHRI ARVIND GANPAT SAWANT (MUMBAI SOUTH): Hon. Chairperson, Sir, I rise to lay on the Table the following statements (Hindi and English versions) of the Standing Committee on External Affairs:-

- (1) The Statement showing Action Taken by the Government on the Observations/Recommendations contained in the First Report of the Committee on External Affairs (Eighteenth Lok Sabha) on action taken on the Recommendations contained in the Twenty-sixth Report (Seventeenth Lok Sabha) on the subject "India and Gulf Cooperation Council (GCC) - Contours of Cooperation".
- (2) The Statement showing Action Taken by the Government on the Observations/Recommendations contained in the Second Report of the Committee on External Affairs (Eighteenth Lok Sabha) on action taken by the Government on the Observations/Recommendations contained in the

Twenty-seventh Report (Seventeenth Lok Sabha) on the subject “India’s Engagement with G20 Countries”.

- (3) The Statement showing Action Taken by the Government on the Observations/Recommendations contained in the Third Report of the Committee on External Affairs (Eighteenth Lok Sabha) on action taken by the Government on the Observations/Recommendations contained in the Twenty-eighth Report (Seventeenth Lok Sabha) on the Subject “Countering Global Terrorism at Regional and International Levels”.

HON. CHAIRPERSON: Mr. Arvind Sawant or any other Member of Parliament is your colleague. You should allow an hon. Member to present a Report.

... (*Interruptions*)

HON. CHAIRPERSON: Now, Shri Arjun Ram Meghwal ji.

Item No. 8.

... (*Interruptions*)

14.04 hrs

BUSINESS OF THE HOUSE

**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): Hon. Chairperson, Sir, with your permission, I rise to announce that Government Business during the week commencing

Monday, the 28th of July, 2025, will consist of:-

1. Consideration of any items of Government Business carried over from today's order paper: - [it contains – (i) Further consideration and passing of the Readjustment of Representation of Scheduled Tribes in Assembly Constituencies of the State of Goa Bill, 2024; and (ii) Consideration and passing of the Merchant Shipping Bill, 2024].
2. Consideration and passing of the following Bills:-
 - (i) The Indian Ports Bill, 2025;
 - (ii) The National Sports Governance Bill, 2025; and
 - (iii) The National Anti-Doping (Amendment) Bill, 2025

—
... (*Interruptions*)

HON. CHAIRPERSON: Item no. 8A.

Shri Arjun Ram Meghwal ji.

... (*Interruptions*)

14.04½ hrs

BUSINESS ADVISORY COMMITTEE

10th Report

**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):** Hon. Chairperson, Sir, with your permission,

I rise to present the Tenth Report of the Business Advisory Committee.

... (*Interruptions*)

14.05 hrs

MATTERS UNDER RULE 377*

माननीय सभापति : माननीय सदस्यगण, नियम 377 के अधीन मामलों को सभा पटल पर रखा जाना है। आपसे रिक्वेस्ट है कि जिनके भी नियम 377 के अधीन मामले हैं और जिन मामलों को उठाने की अनुमति दी गई है, वे मामले के पाठ को तुरंत व्यक्तिगत रूप से सभा पटल पर रख दें।

... (व्यवधान)

**(i) Need to establish an Indian Institute of Technology in Gorakhpur,
Uttar Pradesh**

श्री रवीन्द्र शुक्ला उर्फ रवि किशन (गोरखपुर) : गोरखपुर उ० प्र० पूर्वांचल का सबसे बड़ा महानगर है। गोरखपुर शिक्षा, व्यापार और पर्यटन का एक बड़ा केंद्र है। पूर्वांचल और बिहार के लगभग 20 जिले अपने विभिन्न जरूरतों के लिए गोरखपुर पर निर्भर हैं। यहाँ रेलवे का बहुत बड़ा नेटवर्क और एयरपोर्ट भी है। गोरखपुर के आस पास के जिलों के छात्र बड़े मेधावी हैं। उनमें अपार संभावनाएँ हैं, वो गोरखपुर में IIT की पढ़ाई करना चाहते हैं लेकिन आई आई टी न होने के कारण उन्हें काफ़ी दूर जाना पड़ता है। समाज के आर्थिक रूप से कमज़ोर, दलित और वंचित वर्ग के छात्र संसाधनों की कमी के कारण अपने सपने को अधूरा छोड़ देते हैं। गोरखपुर में एक IIT की स्थापना हो जाने से यहाँ के छात्र - छात्राओं को अध्ययन करने का अवसर प्राप्त होगा जिससे इस क्षेत्र का चहुंमुखी विकास

* Treated as laid on the Table.

होगा। गोरखपुर में IIT की स्थापना के लिए जो भी सहायता चाहिए उसे राज्य सरकार उपलब्ध कराने के लिए तत्पर है, अतः मैं सरकार से अनुरोध करता हूँ कि गोरखपुर में एक IIT की स्थापना करने की दिशा में तत्काल निर्णय लेकर इस क्षेत्र के भविष्य को सँवारने में महत्वपूर्ण योगदान देने की कृपा करे।

(ii) Need to conserve historical forts, sites and structures associated with Passi kings at various places in Uttar Pradesh

श्री अशोक कुमार रावत (मिश्रिख) : मैं सरकार का ध्यान उत्तर प्रदेश के पासी बाहुल्य अवध क्षेत्र की ओर आकृष्ट करना चाहता हूँ। सुहेलदेव पासी का साम्राज्य सीतापुर तक फैला हुआ था। पासी समाज के महाराजा बिजली पासी जी का किला लखनऊ, महाराजा सातन पासी जी का उन्नाव, महाराजा छीता पासी जी का सीतापुर, महाराजा सुहेलदेव पासी जी का बहराइच और लखनऊ को बसाने वाले लाखन पासी जी का किला आज भी विद्यमान है। इस में स्थित, सदियों पुराने, पासी समाज के राजा-महाराजाओं से जुड़े किले और टिले हैं। इनका ऐतिहासिक और कला-सांस्कृतिक महत्त्व अत्यधिक है। वर्तमान में ये स्थल उपेक्षा और संरक्षण अभाव के कारण तेजी से क्षरण की ओर अग्रसर हैं। सरकार से निवेदन है कि संबंधित मंत्रालय को निर्देश दिया जाए कि इन किलों एवं टिलों का तत्काल दस्तावेजीकरण और सर्वेक्षण सुनिश्चित किया जाए, रक्षा एवं पुनर्निर्माण कार्य शीघ्र प्रारंभ हों, संरक्षण कार्य हेतु विशेष अनुदान स्वीकृत किया जाए, स्थानीय समुदायों की भागीदारी को योजनाओं में सम्मिलित किया जाए, सांस्कृतिक पर्यटन को प्रोत्साहित कर स्थानीय आर्थिक विकास सुनिश्चित किया जाए। यह पहल न केवल पासी समुदाय की सांस्कृतिक धरोहर को संरक्षित करेगी, बल्कि राष्ट्रीय पहचान को भी समृद्ध करेगी।

(iii) Need to restart Mahalaxmi Mill, Beawar district, Rajasthan

श्रीमती महिमा कुमारी मेवाड़ (राजसमन्द) : मेरे संसदीय क्षेत्र के ब्यावर जिले में 1925 में स्थापित महालक्ष्मी मिल के मजदूरों को अभी तक न्याय नहीं मिल सका है। लगभग 100 वर्ष पुरानी इस मिल के नवीनीकरण के प्रयास वर्ष 2008 में शुरू हुए थे और उसके उपरांत मशीनों की नीलामी और भूमि समतलीकरण के दो चरण पूरे भी हुए परन्तु तकनीकी अपग्रेड करके मिल का पुनर्निर्माण नहीं हो पाया और फिर इस मिल को अन्यत्र स्थापित करने पर भी विचार किया गया है। ब्यावर जिला कानपुर, कोलकाता और अहमदाबाद की तरह कपड़ों की मिलों के लिए महत्वपूर्ण स्थान रहा है। अतः आपके माध्यम से मेरी सरकार से यह मांग है कि महालक्ष्मी मिल के स्थापना शताब्दी वर्ष में इस स्थान में पारंपरिक व्यवसायिक गतिविधि को सम्मान देते हुए मिल का स्थानांतरण अन्य स्थल पर न किया जाये और मिल का नवीनीकरण व उच्चीकरण करते हुए शीघ्रतिशीघ्र मिल को फिर से ब्यावर जिले में ही शुरू किया जाये।

**(iv) Need to develop historical places in Reasi district in Jammu
Parliamentary Constituency**

श्री जुगल किशोर (जम्मू) : मैं माननीय प्रधानमंत्री जी और माननीय रेल मंत्री जी का धन्यवाद करना चाहता हूँ कि जिनके प्रयास से जम्मू से श्रीनगर को रेल मार्ग से जोड़ा गया जो एक ऐतिहासिक कदम है, जबसे जम्मू-श्रीनगर रेल मार्ग का परिचालन हुआ है तबसे जम्मू कश्मीर में पर्यटकों की संख्या में बढ़ोतरी हुई है जिससे लोगों को रोजगार भी बढ़ा है। साथ ही मैं माननीय पर्यटन मंत्री जी से निवेदन करना चाहता हूँ कि मेरे संसदीय क्षेत्र स्थित जम्मू में रियासी जिले में ऐतिहासिक स्थलों को प्रसाद योजना के माध्यम से विकसित करने की जरूरत है, जैसे कि –

1. रियासी जिला स्थित सुला पार्क है जो एक पर्यटक स्थल है, साथ ही 4 km की दूरी पर बारादरी दरिया घाट को विकसित करने की ज़रूरत है।

2. कांसी पट्टा दरिया घाट और सियाड़ बाबा प्रसिद्ध तीर्थ स्थल और टूरिस्ट प्लेस, आउटलेट माता मंदिर है
3. चिनकाह जहाँ बहुत ही पर्यटक आते हैं साथ ही कन्थन टापू और थनपाल टापू फिर कोड़ी ब्रिज से होकर दोबारा पर्यटक सलाल स्थित प्राचीन शिव गुफा मंदिर के दर्शन करते हैं। इन जगहों को प्रसाद योजना के तहत विकसित करने किया जाये।

**(v) Need to expedite implementation of Mangaluru-Lakshadweep
dedicated Jetty project**

CAPTAIN BRIJESH CHOWTA (DAKSHINA KANNADA): For decades, Mangaluru has served as the primary embarkation point for Lakshadweep, facilitating passenger and cargo movement. However, the absence of a dedicated jetty has led to congestion at Old Mangalore Port, hampering trade, tourism, and essential supplies to the islands. Recognizing this, the Ministry of Ports, Shipping, and Waterways approved 100% funding for a dedicated jetty and allied infrastructure for Lakshadweep at a cost of ₹65 crore, sanctioned on July 20, 2022. Yet, despite this approval, the project has not been awarded even after 18 months, and has now been placed in the 'deemed deferred category' under Sagarmala guidelines. This deferment is a serious setback to both Karnataka's coastal economy and Lakshadweep's developmental needs. The dedicated jetty is vital to ensure uninterrupted cargo and passenger movement, reduce port congestion, promote trade and cruise tourism, and strengthen maritime connectivity and national security in the Arabian Sea. I urge the Hon'ble

Minister to urgently review this decision and take immediate steps to revive and expedite the implementation of the Mangaluru-Lakshadweep dedicated jetty project.

(vi) Need to extend benefits of central government schemes to farmers of Delhi

श्री योगेन्द्र चांदोलिया (उत्तर-पश्चिम दिल्ली) : दिल्ली के किसानों को केंद्र सरकार की कई योजनाओं का लाभ नहीं मिलता जिसके चलते वे केंद्र सरकार की लाभकारी योजनाओं से आज तक वांछित हैं और दिल्ली के भूमिहीन किसानों को भारत सरकार ने सन 1975 में जो भूमि दी थी उसका भी उनको आज तक मालिकाना हक नहीं मिला है। दिल्ली के किसान को मालिकाना अधिकार के साथ साथ साथ, केंद्र सरकार की न्यूनतम समर्थन मूल्य का लाभ नहीं मिलता, ना ही PMKUSUM योजना का लाभ मिलता और ना ही ऋण सुविधाओं, बीमा और अन्य केन्द्रीय योजनाओं का लाभ मिलता है। ये दिल्ली के किसानों के साथ अन्याय है। मैं माननीय मंत्री जी से अनुरोध करता हूँ कि दिल्ली के किसानों को मालिकाना हक और केंद्र सरकार की सभी योजनाओं का लाभ मिले ऐसा प्रावधान जल्द जल्द किया जाना चाहिए।

(vii) Need to extend Delhi-Meerut Namo Bharat Corridor (Rapid Rail Transit System) upto Haridwar in Uttarakhand

श्री अरुण गोविल (मेरठ) : आदरणीय प्रधानमंत्री श्री नरेंद्र मोदी जी द्वारा मेरठ को नमो भारत कॉरिडोर (रैपिड रेल ट्रांजिट सिस्टम) की सौगात मिली है, जो दिल्ली के सराय काले खां से गाजियाबाद, मुरादनगर, मोदीनगर होते हुए मोदीपुरम तक फैला है। यह प्रदूषणमुक्त, वातानुकूलित यात्रा व्यापार, शिक्षा, चिकित्सा व पर्यटन के लिए वरदान साबित हो रही है। इससे मेरठ, दिल्ली का उपनगर सा बन गया है, संपत्ति मूल्य व विकास में भी तेजी आई है। यदि इस कॉरिडोर को मेरठ से

हरिद्वार तक 130 किलोमीटर बढ़ा दिया जाए, तो गाजियाबाद, मेरठ, मुजफ्फरनगर, रुड़की होते हुए हरिद्वार तक पहुंचना केवल 2 घंटे में संभव होगा, जिससे ट्रेवल लागत व समय दोनों में भारी कमी आएगी। दिल्ली-मेरठ एक्सप्रेसवे पर 50,000 वाहनों का रोजाना भार तथा वीकेंड पर हरिद्वार जाने वाले यात्रियों से 15,000 वाहन और बढ़ जाते हैं; यह भी घटेगा, जिससे प्रदूषण कम होगा। कॉरिडोर के विस्तार से मेरठ, रुड़की, हरिद्वार जैसे शिक्षा व औद्योगिक केंद्र और हरिद्वार व शुक्रताल जैसे तीर्थ स्थल सीधे जुड़ जाएंगे, रोजगार व पर्यटन को बल मिलेगा। मैं माननीय हाउसिंग एंड अर्बन अफेयर्स मिनिस्टर से अनुरोध करता हूं कि उत्तर प्रदेश व उत्तराखंड सरकारों से परामर्श कर इस विस्तार पर विचार करें ताकि पूरा क्षेत्र प्रगति की नई ऊंचाइयों को छू सके।

(viii) Regarding non-supply of piped drinking water in Darbhanga district, Bihar

श्री गोपाल जी ठाकुर (दरभंगा) : दरभंगा जिला में अधिकांश नागरिकों को नल से पानी की आपूर्ति नहीं हो रही है, जिसके कारण वे पानी पीने के लिए असुरक्षित जल का उपयोग करने पर मजबूर हैं। यह स्थिति गंभीर स्वास्थ्य जोखिमों को जन्म देती है, क्योंकि भूजल का अधिकांश हिस्सा पीने के लिए अनुपयुक्त है और इसमें प्रदूषण और विभिन्न हानिकारक बैक्टीरिया हो सकते हैं। दरभंगा जिला में पानी की आपूर्ति की उचित व्यवस्था न होने के कारण, नागरिकों को पानी के लिए भारी समस्याओं का सामना करना पड़ रहा है। पीने के लिए उपलब्ध भूजल में काफी समय से गुणवत्ता की कमी देखी जा रही है और यह जलजनित बीमारियों के फैलने का कारण बन सकता है। वर्तमान समय में तो लोग जल संकट को लेकर त्राहिमाम कर रहे हैं। यह स्थिति ना केवल जल संकट को बढ़ा रही है अपितु कृषि और घरेलू उपयोग के लिए पानी की आपूर्ति भी प्रभावित हो रही है। इसके साथ ही, भूजल स्तर के गिरते स्तर को पुनः सुधारने के लिए भी जल पुनर्भरण योजनाओं को प्रोत्साहित किया जाए। यह पहल ना केवल नागरिकों की स्वास्थ्य सुरक्षा के लिए आवश्यक है, बल्कि समग्र विकास

और पर्यावरण संरक्षण के लिए भी अनिवार्य है।

(ix) Need to construct a building complex for police department in North East Delhi district

श्री मनोज तिवारी (उत्तरपूर्व -दिल्ली) : मैं सरकार का ध्यान अपने उत्तर पूर्वी दिल्ली संसदीय क्षेत्र में कानून व्यवस्था को सुदृढ़ करने हेतु आवश्यक ढांचागत सुधारों की ओर आकर्षित करना चाहता हूँ।

उत्तर पूर्वी दिल्ली देश की राजधानी का एक अत्यंत संवेदनशील क्षेत्र है। चाहे 1992 के सांप्रदायिक दंगे हों या 2020 की हिंसक घटनाएँ, इनकी स्मृति आज भी जनमानस को झकझोर देती है। यह क्षेत्र दो राज्यों की सीमाओं से सटा होने के कारण अपराध नियंत्रण की दृष्टि से और अधिक जटिल हो जाता है।

इस संसदीय क्षेत्र में पुलिस प्रशासनिक व्यवस्था चार जिलों में विभाजित है, परंतु उत्तर पूर्वी दिल्ली जिला के पास पुलिस लाइन हेतु उपयुक्त भवन और परिसर उपलब्ध नहीं है। इससे कानून-व्यवस्था के संचालन में बाधाएं उत्पन्न होती हैं।

मैं माननीय गृहमंत्री जी से आग्रह करता हूँ कि उत्तर पूर्वी दिल्ली में, DDA की उपयुक्त भूमि उपलब्ध है, वहाँ पुलिस लाइन के लिए एक समुचित परिसर एवं भवन का निर्माण कराया जाए। इससे आपातकालीन परिस्थितियों में सुरक्षा बलों की त्वरित तैनाती संभव होगी और क्षेत्र में अपराध नियंत्रण हेतु एक सुदृढ़ आधार केंद्र स्थापित किया जा सकेगा।

(x) Need to strengthen rail, road and air connectivity for regional development in Barak Valley, Assam

SHRI GAURAV GOGOI (JORHAT): Barak Valley in Assam is once again facing a grave connectivity crisis during this year's monsoon season. Relentless rainfall

has triggered landslides, road subsidence, and infrastructure failures, disrupting all major routes—NH 6, NH 37, and the Lumding–Silchar railway line—and severely affecting road and rail connectivity. The recent collapse of the Harang Bridge on the Silchar–Kalain route, just weeks after a ₹137 crore repair, has completely cut off a vital link. Frequent landslides along NH 6 near Sonapur and Lumshnong, and fragile rail tracks continue to isolate the region. Air connectivity remains extremely limited and unaffordable, with insufficient flights and inadequate cargo facilities. As a result, people in the valley are facing high inflation in essential commodities, delays in medical treatment, severe disruption of student travel, and widespread economic distress. The region's recurring isolation highlights the urgent need for structural, long-term solutions, including robust road, rail, and air connectivity. The current state of affairs is a humanitarian, economic, and logistical emergency. The Government must take urgent note of the situation and ensure that Barak Valley receives the focused attention and investment it has long been denied.

(xi) Need to establish cold storage and mini on-farm processing units in Peddapalli region in Telangana

SHRI VAMSI KRISHNA GADDAM (PEDDAPALLE): I wish to draw the attention of the Government to the urgent need for strengthening cold storage infrastructure for vegetable farmers in the Peddapalli region of Telangana. Farmers cultivating perishable crops like chillies, bananas, and tomatoes are

facing significant post-harvest losses due to the lack of proper storage and preservation facilities. Despite good yields, the absence of cold storage leads to distress selling, spoilage, and financial losses, particularly among small and marginal farmers. There is an immediate need for the construction of decentralised cold storage units, including solar-powered cold chains to ensure sustainability and reduce dependence on grid electricity in rural areas. I also urge the government to support the establishment of mini on-farm processing units, which can extend shelf life, reduce wastage, and improve market value. Financial and technical assistance through schemes under the Ministry of Food Processing Industries and Ministry of Agriculture should be extended to Farmer Producer Organisations (FPOs) and rural entrepreneurs in Peddapalli. I request the Government to treat this as a high-priority intervention for agricultural resilience and rural income enhancement. Thank You.

(xii) Need to expedite completion of work to widen the stretch of NH No. 966 between Olavakkode and Thanavu in Kerala

SHRI V. K. SREEKANDAN (PALAKKAD): Many deep and large potholes on Olavakkode-Thanavu road of National Highway No.966 are creating heavy road blocks / traffic jams and accidents leading to deaths for the last several months. The vehicular movements during the rainy season are a daunting task on this stretch due to deep potholes. Long traffic jams from New Bridge to Puthuppariyaram Industrial Estate is a regular phenomenon during day and

night. The widening work of National Highway 966 has been stopped just 250-300 mtrs before Thanavu junction. This has created a bottleneck shape there. Many accidents occurred because of the incompleteness of widening work near Thanavu junction. Accidents are a regular phenomenon, as well as traffic jams due to sudden road width reduction. It is necessary to widen the stretch between Olavakkode and Chandra Nagar in Palakkad from two lanes to at least four lanes as this stretch has huge traffic volume as all the vehicles towards Tamil Nadu and Karnataka have to pass through this stretch. Therefore, I urge upon the Government to resolve these issues of potholes, complete the incomplete widening work before Thanavu junction and expand from two lanes to four lanes between Olavakkode and Chandra Nagar - all concerning National Highway 966.

(xiii) Need for a comprehensive plan to develop Raja Ravi Varma College of Fine Arts in Kerala as Centre of Excellence

SHRI KODIKUNNIL SURESH (MAVELIKKARA): I would like to bring to the attention of the Government the significant potential and cultural importance of the Raja Ravi Varma College of Fine Arts, Mavelikkara, Kerala. This historic institution, named after one of India's greatest artists, has played a vital role in nurturing generations of talented artists and preserving the country's rich artistic heritage. In recognition of its contributions, I urge the Government to consider a comprehensive development plan to elevate the college into a Centre of

Excellence. This may include: – Upgradation of infrastructure and academic resources, – Introduction of postgraduate and doctoral-level programs, – Establishment of a national gallery and artist residency programmes, and – Integration with national institutions under the Ministry of Culture or the Ministry of Education. Such a move would not only honour the legacy of Raja Ravi Varma but also provide a major boost to fine arts education and cultural promotion in the region and beyond. I request the concerned Ministry to take positive steps towards realising this vision.

(xiv) Regarding conservation of Wainganga river in Maharashtra

डॉ. प्रशांत यादवराव पडोले (भंडारा-गोंदिया) : मैं सरकार का ध्यान महाराष्ट्र के भंडारा-गोंदिया संसदीय क्षेत्र में वैनगंगा नदी पर मंडरा रहे गंभीर संकट की ओर दिलाना चाहता हूँ। यह नदी आज प्रदूषण और अवैध रेत खनन, दोनों से त्रस्त है। नाग नदी से आने वाले गंदे, जहरीले पानी के कारण वैनगंगा का जल गंभीर रूप से प्रदूषित हो चुका है, जो न केवल जलजीवों के जीवन के लिए खतरनाक है, बल्कि इस पानी का उपयोग करने वाले नागरिकों, मवेशियों और किसानों के स्वास्थ्य एवं आजीविका को भी प्रभावित कर रहा है। प्रदूषित जल से फसलें प्रभावित हो रही हैं और मिट्टी की उर्वरता घट रही है। दूसरी ओर, नदी तटों पर हो रहा अनियंत्रित अवैध रेत खनन, जलधारा, पारिस्थितिकी तंत्र और मछली पालन को बुरी तरह नुकसान पहुंचा रहा है। ऐसे में मेरा सरकार से प्रश्न है— क्या केंद्र सरकार एक स्वतंत्र पर्यावरणीय प्रभाव मूल्यांकन (EIA) कराएगी? क्या अवैध रेत खनन पर रोक के लिए आधुनिक निगरानी तकनीकों को अपनाया जाएगा? क्या महाराष्ट्र सरकार ने केंद्र से विशेष सहायता मांगी है? मैं सरकार से वैनगंगा नदी के संरक्षण हेतु ठोस कदम उठाने का आग्रह करता हूँ।

(xv) Need to ensure scientific and technology based construction of 6-laning project on NH No. 66 in Kerala

SHRI M. K. RAGHAVAN (KOZHIKODE): The 6-laning project of NH 66 in Kerala is plagued by safety issues, environmental damage and severe delays. Unscientific construction on weak, waterlogged terrain, such as at Kooriyadu in Malappuram, has led to repeated collapses even before completion of project. High embankments on reclaimed paddy fields and disrupted water flow have worsened flooding and collapse risks. Cracks observed in completed sections across Kasaragod, Kannur, Kozhikode, Malappuram, and Thrissur districts reflect poor construction quality by the companies involved. Reports cite unsafe soil extraction and unscientific hillside cutting, raising landslide fears. Construction mismanagement and sluggish progress, especially on the Azhiyur–Vengalam stretch of Kozhikode district, have worsened the situation. I request Hon'ble Minister to address these issues, ensure accountability and expedite project completion.

(xvi) Regarding railway related issues of Kheri Parliamentary Constituency, Uttar Pradesh

श्री उत्कर्ष वर्मा मधुर (खीरी) : मैं सरकार का ध्यान अतिमहत्वपूर्ण विषय लोकसभा खीरी में रेल परिचालन व संबंधित मुद्दों की ओर आकर्षित करना चाहता हूँ। आजादी से अब तक नई दिल्ली, अमृतसर, मुंबई जैसे शहरों के लिए सीधा रेल परिचालन नहीं है। आज देश में राजधानी, शताब्दी, दूरंतो, वंदे भारत जैसी ट्रेन लगभग सभी संसदीय क्षेत्र में परिचालन में है। ऐसे में लोकसभा खीरी

वासियों की निगाहें बराबर सरकार की ओर है। सीतापुर से मुंबई जाने वाली ट्रेन का विस्तार भी मैलानी जंक्शन तक करने से क्षेत्रवासियों को लाभ मिलेगा। मैलानी जंक्शन से नानपारा जंक्शन 171 किलोमीटर लंबी रेल लाइन है। यह छोटी लाइन है। 14 हाल्टों से युक्त रेल मार्ग सफर करने में साढ़े 7 घंटे 30 मिनट का समय लगता है। इस रेल मार्ग से सफर करने वाले लाखों लोग व्यापार, शिक्षा, चिकित्सा और पर्यटन के लिए इस पर आश्रित हैं। इसे बड़ी रेल लाइन में बदलने की सख्त जरूरत है। अतः मैं केंद्र सरकार से लखीमपुर से डाइरेक्ट नई दिल्ली, अमृतसर व मुंबई जाने वाली ट्रेन का मैलानी जंक्शन तक विस्तार और मैलानी से नानपुरा छोटी लाइन को बड़ी लाइन में तब्दील करने की मांग जनहित में करता हूँ। इससे क्षेत्रवासियों को लाभ मिलेगा व सरकार को राजस्व की प्राप्ति होगी।

(xvii) Need to restore stoppage of trains withdrawn during covid-19 pandemic in Ongole Parliamentary Constituency, Andhra Pradesh

SHRI MAGUNTA SREENIVASULU REDDY (ONGOLE): During the COVID-19 pandemic, several train stoppages in the Guntur Division of South Central Railway were withdrawn as a temporary measure. However, even after the resumption of normal operations post-COVID-19, these stoppages have not been restored. This has caused severe inconvenience to the people of Guntur Division, particularly in my Ongole Parliamentary Constituency. Daily commuters, farmers, students, and traders are facing immense hardship due to the lack of accessible rail services. The non-restoration of train stoppages is adversely affecting the economic and social activities in the region. I urge the Hon'ble Minister of Railways to take immediate steps to restore all the withdrawn

train stoppages in Guntur Division at the earliest, to alleviate the difficulties faced by the people and ensure seamless connectivity in the region.

(xviii) Need to ensure passenger and aircraft safety through robust aviation measures

SHRI ARVIND GANPAT SAWANT (MUMBAI SOUTH): There has been a disturbing rise in incidents of technical snags and emergency landings involving commercial aircraft in recent months. These repeated occurrences raise serious concerns about the maintenance standards, safety protocols, and preparedness of airline operators. Passengers are being subjected to increasing levels of risk, undermining public trust in the safety of air travel. In addition, the virtual monopoly of two major airlines—Indigo and Air India—has led to a lack of competitive checks in the aviation sector. This has contributed to steep increases in airfare and deteriorating service standards, including frequent delays and overbookings. Recent near-miss incidents and mid-air malfunctions have made it clear that ensuring passenger safety can no longer be treated as a routine compliance matter but requires urgent and systemic reform. I urge the Ministry of Civil Aviation to immediately strengthen technical audits, enforce strict safety inspections, and establish accountability for recurring failures. Further, steps must be taken to open the sector for broader competition and to regulate airfare in public interest.

(xix) Need to restart excavation of Tungsten in Degana area in Nagaur district, Rajasthan

श्री हनुमान बेनीवाल (नागौर) : खनन मंत्री जी का ध्यान मेरे राजस्थान के नागौर जिले के डेगाना क्षेत्र के रेवत हिल क्षेत्र में टंगस्टन खनन की वर्तमान स्थिति की तरफ ध्यान आकर्षित करते हुए बताना चाहता हूँ कि भारतीय भूवैज्ञानिक सर्वेक्षण द्वारा रेवत हिल क्षेत्र में टंगस्टन एवं लिथियम सहित नियोबियम-टैंटलम और टिन जैसे महत्वपूर्ण खनिजों की पुष्टि की गई है। वर्तमान में डेगाना क्षेत्र में खनन की स्वीकृति नहीं है, लेकिन G3 और G2 चरणों में किए गए सर्वेक्षण में टंगस्टन: 13.39 मिलियन टन, लिथियम: 6.33 मिलियन टन (@400 ppm कट-ऑफ), नियोबियम-टैंटलम: 16.42 मिलियन टन, टिन: 0.15 मिलियन टन की उपलब्धता के प्रमाण मिले हैं। अतः डेगाना क्षेत्र में उच्च गुणवत्ता एवं मात्रा में दुर्लभ खनिज मौजूद हैं, जिनका यदि व्यावसायिक खनन प्रारंभ किया जाए, तो इससे न केवल स्थानीय रोजगार और आर्थिक विकास को बढ़ावा मिलेगा, बल्कि भारत की खनिज आत्मनिर्भरता भी सशक्त होगी। अतः सरकार से अनुरोध है कि डेगाना क्षेत्र में टंगस्टन खनन को शीघ्र पुनः प्रारंभ करने की प्रक्रिया को प्राथमिकता दी जाए, इस दिशा में खनन पट्टों की स्वीकृति, एवं निवेश प्रोत्साहन हेतु आवश्यक कदम शीघ्र उठाए जाएं तथा नागौर जिले को एक खनिज आधारित औद्योगिक क्षेत्र के रूप में विकसित करने हेतु विशेष योजना बनाई जाए।

(xx) Regarding creation of 'Bheel Pradesh'

श्री राजकुमार रोट (बांसवाड़ा) : राजस्थान-मध्यप्रदेश-गुजरात-महाराष्ट्र के आदिवासी बाहुल्य क्षेत्रों के भील समुदाय की अपनी विशिष्ट सांस्कृतिक पहचान है। आजादी के बाद समान संस्कृति-पहचान वाले क्षेत्र को विभिन्न राज्यों में विभाजित कर दिया गया, जिससे यहां के आदिवासियों की विशिष्ट पहचान खत्म हुई है व क्षेत्र का समुचित विकास नहीं हुआ है। उक्त भीलप्रदेश का क्षेत्र निम्नानुसार है:-

1. राजस्थान:- डूंगरपुर, बांसवाड़ा, उदयपुर, प्रतापगढ़, सिरोही, जालोर, बाड़मेर, पाली, राजसमंद, चित्तोड़गढ़ कोटा एवं बांरा जिले (28 लाख 05 हजार 948 आदिवासी जनसंख्या)
2. गुजरात:- बनासकांठा, साबरकांठा, अरावली, महिसागर, दाहोद, पंचमहल, छोटा उदयपुर, वडोदरा ग्रामीण, नर्मदा, भरुच, सुरत, तापी एवं नवसारी, जिले (34 लाख 41 हजार 945 आदिवासी जनसंख्या)
3. मध्यप्रदेश:- रतलाम, नीमच, मंदसौर, झाबुआ, अलीराजपुर, धार, बड़वानी, खरगोन, बुरहानपुर एवं खंडवा जिले । (46 लाख 19 हजार 68 आदिवासी जनसंख्या)
4. महाराष्ट्र:- नंदुबार, धुले, जलगांव, नासिक, पालघर एवं ठाणे जिले (18 लाख 18 हजार 792 आदिवासी जनसंख्या)

1913 में गोविन्द गुरु के नेतृत्व में मानगढ़ पर लाखों भील एकत्र हुए थे जिन पर अंग्रेजों-रजवाड़ों द्वारा गोलियां चलाने से 1500 से अधिक आदिवासी मारे गए थे, साथ ही भीलप्रदेश के लिए विभिन्न जन-आन्दोलनों, सामाजिक-राजनैतिक संगठनों, व्यक्तियों द्वारा हमेशा मांग उठाई है । राजस्थान-गुजरात-मध्यप्रदेश-महाराष्ट्र के आदिवासी क्षेत्रों को मिलाकर एक भील प्रदेश के निर्माण की आवश्यकता है ।

माननीय सभापति : मैं चाहता हूं कि आप सभी सदस्यगण स्वयं में समीक्षा करें कि हंगामा किसके हित में है और इस हंगामे का लाभ किसे होगा? कम से कम जनता को तो इस हंगामे का लाभ नहीं मिलेगा । आपको जनता ने अपनी समस्याओं और कठिनाइयों के बारे में बात करने के लिए भेजा है ।

... (व्यवधान)

माननीय सभापति : अभय कुशवाहा जी, आप सदन को बाधित कर रहे हैं। आप खुद सोचिए कि इससे जनता को लाभ हो रहा है या नुकसान हो रहा है? हैबी ईडन जी, मेरी बात सुनिए। अगर सदन की कार्यवाही को बार-बार आप लोग स्थगित करेंगे, तो it would not be any achievement. यह कोई उपलब्धि नहीं है, बल्कि लोकतंत्र के लिए यह भारी चिंता का विषय है।

... (व्यवधान)

माननीय सभापति : माननीय सदस्यगण, इससे पूरे देश का नुकसान हो रहा है। इस तरह से रोज-रोज व्यवधान करना ठीक नहीं है। दो सौ माननीय सदस्यों के प्राइवेट मेंबर बिल्स हैं। इन बिल्स का महत्व उतना ही है, जितना सरकार के द्वारा लाए गए बिलों का होता है। आज का दिन आपके लिए है।

... (व्यवधान)

माननीय सभापति : स्पीकर साहब ने सुबह प्रश्नकाल में आपसे कहा कि हम इस सदन को सुचारू रूप से चलाने की पहल करेंगे। आपके जो भी विषय हैं, उसके लिए हम सरकार के प्रतिनिधियों को बुलाएंगे। आपके साथ बैठेंगे, परस्पर सहमति करेंगे, एक रास्ता निकालेंगे।'

... (व्यवधान)

माननीय सभापति : श्री अर्जुन राम मेघवाल जी।

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री (श्री अर्जुन राम मेघवाल) : चेयरमैन सर, आज का बिल गोवा विधान सभा में एसटी को रिप्रेजेंटेशन देने से संबंधित है।... (व्यवधान) लेजिस्लेटिव बिजनेस गोवा विधान सभा में अनुसूचित जनजाति को रिप्रेजेंटेशन देने से संबंधित है। यह बहुत महत्वपूर्ण बिल है। ... (व्यवधान) विपक्ष के लोगों से मैं यह पूछना चाहता हूं कि क्या वे अनुसूचित जनजाति के भी खिलाफ हैं? यह महत्वपूर्ण बिल है। ...

(व्यवधान)

सर, यह बिल गोवा विधान सभा में अनुसूचित जनजाति को रिप्रेजेंटेशन देने से संबंधित है।

कृपया आप मुझे अलाऊ करिए। ... (व्यवधान)

माननीय सभापति : माननीय सदस्यगण, माननीय मंत्री जी एक विषय उठा रहे हैं कि गोवा के एसटी लोगों को रिजर्वेशन देना है। कई दिनों से यह बिल एजेंडे में लगातार आ रहा है। यदि आपकी सहमति हो, तो उस पर आज चर्चा कर लें। माननीय संसदीय कार्य मंत्री जी अपील कर रहे हैं।

... (व्यवधान)

माननीय सभापति : माननीय सदस्यगण, मैं आप सभी से एक बात कहना चाहता हूँ। सबसे महत्वपूर्ण प्राइवेट मैनबर बिजनेस है और दो सौ माननीय सदस्यों के प्राइवेट मैनबर बिल्स हैं, जिनको आज 'ले' करना है। प्राइवेट मैनबर बिजनेस पर चर्चा होनी है। मैं आपसे आग्रह करना चाहता हूँ कि आज केवल आपका दिन है।

... (व्यवधान)

HON. CHAIRPERSON: Friday is reserved only for Private Members' Business.

यह आपका बिल है और यह काफी महत्वपूर्ण बिल है। इस पर पूरे सदन के सदस्य चर्चा करेंगे।

... (व्यवधान)

माननीय सभापति : जय प्रकाश सिंह जी, अमर सिंह जी, बैन्नी बेहनन साहब, आप सब वरिष्ठ सदस्य हैं। आप इनसे रिक्वेस्ट कीजिए कि ये वैल को खाली करें, ताकि हम सभी को प्राइवेट मैनबर बिजनेस के लिए अलाऊ करें। दो सौ माननीय सदस्यों को प्राइवेट मैनबर बिल्स 'ले' करने हैं।

... (व्यवधान)

माननीय सभापति : माननीय सदस्यगण, स्पीकर साहब ने आज ऑल पार्टी मीटिंग भी बुलाई। वर्षा जी, कृपया सुन लीजिए। उन्होंने आज कहा कि हम सरकार के प्रतिनिधियों व विपक्ष तथा सभी

पार्टीज के समस्त सदस्यों को बुलाएंगे। संसदीय कार्य मंत्री श्री किरें रिजिजू जी और राज्य मंत्री जी, एलओपी से मिले। यह डेडलॉक कैसे खत्म होगा? चेयर चिंतित है, पूरा देश चिंतित है कि आखिर इस सदन में क्या हो रहा है?

... (व्यवधान)

माननीय सभापति : देश की जनता को यह जानने का हक है कि इस सदन में क्या हो रहा है। आप अपने संसदीय क्षेत्रों में शनिवार व रविवार को जाएंगे। आजाद जी, आप अपने क्षेत्र की जनता से पूछिएगा कि जनता क्या चाहती है? क्या वह सदन में आपको हंगामा करते देखना चाहती है?

... (व्यवधान)

माननीय सभापति : आप जनता के दुःख और तकलीफों के बारे में सदन में चर्चा करें, वे आपसे इसकी अपेक्षा रखते हैं।

... (व्यवधान)

माननीय सभापति : आपके रिकॉर्ड में क्या जाएगा?

... (व्यवधान)

माननीय सभापति : धर्मेन्द्र जी, आप शनिवार, रविवार को अपने क्षेत्र के लोगों से पूछिएगा कि वे आपको यहाँ बोलते हुए देखना चाहते हैं, आपको प्राइवेट मेंबर बिजनेस में भाग लेते देखना चाहते हैं या आपको केवल हंगामा करते हुए देखना चाहते हैं।

... (व्यवधान)

माननीय सभापति : जब सरकार उन विषयों पर संज्ञान ले रही है। देश और आम जन की...

... (व्यवधान)

माननीय सभापति : आप हंगामा करके देश की जनता का अहित कर रहे हैं।

... (व्यवधान)

माननीय सभापति : आप उसकी गरिमा और प्रतिष्ठा को ठेस पहुँचा रहे हैं।

... (व्यवधान)

माननीय सभापति : मेरा आप सभी लोगों से आग्रह है कि आप सब अपनी-अपनी जगह पर जाएं और सदन की कार्यवाही चलाएं।

... (व्यवधान)

माननीय सभापति : अभय जी, सदन की कार्यवाही चलाने में सहयोग करें।। सभी के प्राइवेट मेंबर बिल्स हैं।

... (व्यवधान)

माननीय सभापति : आप जो आचरण कर रहे हैं, वह इस सदन की गरिमा के अनुरूप नहीं है।

... (व्यवधान)

माननीय सभापति : यह वही सदन है, जिसमें देश की जनता ने उनसे जुड़े हुए विषयों पर गंभीर चिंतन-मनन होते हुए देखा है। स्वस्थ सकारात्मक संवाद के माध्यम से उनकी परेशानियों का समाधान निकलते देखा है।

... (व्यवधान)

माननीय सभापति : आपसी विचार-विमर्श के माध्यम से जनहित में कानून बनते देखा है। यह सदन ऐतिहासिक है। यह सदन इस बात का गवाह रहा है।

... (व्यवधान)

माननीय सभापति : मेरा आग्रह है कि इस सदन ने आपको देश में जनहित के कानून बनाते हुए देखा है। आप लोग इस वेल को वैकेट करें।

... (व्यवधान)

माननीय सभापति : मैं आपसे यह चाहता हूँ कि आप सब अपनी-अपनी जगह पर जाएं और सदन

की कार्यवाही चलाने में सहयोग करें।

... (व्यवधान)

माननीय सभापति : मैं असमर्थ हूँ कि जब सरकार प्रत्येक विषय पर चर्चा करने के लिए तैयार है, देखिए, सरकार हर विषय पर चर्चा करने के लिए तैयार है।

... (व्यवधान)

माननीय सभापति : स्पीकर साहब ने भी पहल की है। उन्होंने आज सभी दलों के नेताओं के साथ ऑल पार्टी मीटिंग की है और एक रास्ता निकाला है। जब सरकार सदन के अंदर, सदन के बाहर आश्वस्त कर रही है कि वह हर विषय पर नियमानुसार चर्चा करने के लिए तैयार है, तो फिर इस गतिरोध का क्या कारण है?

... (व्यवधान)

माननीय सभापति : आप मेरी बात सुनिए। आप सरकार से जवाब माँग रहे हैं। आप सरकार से जवाब चाहते हैं, तो सरकार जवाब देने के लिए तैयार है। सरकार जवाब देने के लिए तैयार है।

... (व्यवधान)

माननीय सभापति : मैं अर्जुन राम मेघवाल जी से कह रहा हूँ कि आप जवाब दीजिए।

... (व्यवधान)

श्री अर्जुन राम मेघवाल : सर, मैं तैयार हूँ। मैं जवाब देने के लिए तैयार हूँ।... (व्यवधान) यह अनुसूचित जनजाति से संबंधित महत्वपूर्ण बिल है।... (व्यवधान)

माननीय सभापति : मंत्री जी, जवाब देने के लिए तैयार हैं।

... (व्यवधान)

माननीय सभापति : कस्वां जी, शैलजा जी, आप जवाब माँग रहे हैं। मंत्री जी, जवाब देने के लिए तैयार हैं, फिर सदन में व्यवधान क्यों उत्पन्न हो रहा है?

... (व्यवधान)

माननीय सभापति : सरकार चर्चा के लिए तैयार है, तो फिर यह व्यवधान क्यों उत्पन्न हो रहा है?

... (व्यवधान)

श्री अर्जुन राम मेघवाल : महोदय, आप इस बिल पर चर्चा कराइए ।... (व्यवधान) आप चर्चा कराइए ।... (व्यवधान)

माननीय सभापति : मेरा आपसे आग्रह है कि सदन को बाधित मत कीजिए । सरकार चर्चा के लिए तैयार है और मैं आपको अलाऊ करने के लिए तैयार हूँ ।

... (व्यवधान)

माननीय सभापति : यह पूरा सप्ताह, पूरा वीक आपके हंगामे के कारण वाशआउट हो गया है ।

... (व्यवधान)

माननीय सभापति : आखिर देश की जनता की आपसे कुछ अपेक्षाएं हैं, लेकिन आप इस सदन को नहीं चलने देना चाहते हैं ।

... (व्यवधान)

माननीय सभापति : मैं आपसे फिर आग्रह करता हूँ कि आप इस सदन की कार्यवाही को सुचारू रूप से चलाएँ । आज प्राइवेट मैनबर बिजनेस है । प्राइवेट मैनबर बिजनेस यानी फ्राइडे बहुत महत्वपूर्ण होता है ।

... (व्यवधान)

माननीय सभापति : अरविन्द सावंत जी, लगभग 200 माननीय सदस्यों को अपने-अपने प्राइवेट मैनबर बिल को रखना है । आपको भी ले करना है, अन्य सभी माननीय सदस्यों को भी ले करना है । सदन इस तरह से नहीं चलता है । मैं चाहता हूँ कि आप सब प्राइवेट मैनबर बिजनेस पर सहयोग करें ।

... (व्यवधान)

माननीय सभापति : सुप्रिया जी, आप इन लोगों से आग्रह कीजिए। राहुल गाँधी यहाँ नहीं हैं। हैबी ईडन साहब, आप लीडर के रूप में आग्रह करें। हुड्डा साहब, आपसे आग्रह है। मणिकम जी, आप इन लोगों से रिक्वेस्ट कीजिए कि ये लोग अपनी सीट्स पर आएँ और प्राइवेट मेंबर बिजनेस पर चर्चा करने के लिए तैयार हों। आप सभी वरिष्ठ लोग हैं।

... (व्यवधान)

माननीय सभापति : सभा की कार्यवाही सोमवार, दिनांक 28 जुलाई, 2025 को प्रातः 11 बजे तक के लिए स्थगित की जाती है।

14.13 hrs

*The Lok Sabha then adjourned till Eleven of the Clock
on Monday, July 28, 2025/Sravana 6, 1947 (Saka).*

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11	Shri Chandra Prakash Choudhary	86
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17	Shri Naba Charan Majhi	85
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6	Dr. Amol Ramsing Kolhe	961
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8	Dr. Bachhav Shobha Dinesh	1007
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10	Dr. Byreddy Shabari	982, 1017
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12	Dr. D Ravi Kumar	1080
13	Dr. D. Purandeswari	1143, 1106
14	Dr. Ganapathy Rajkumar P	1026, 1147
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16	Dr. Hemang Joshi	929, 1145
17	Dr. Hemant Vishnu Savara	1049, 925, 1145
18	Dr. Indra Hang Subba	1081
19	Dr. K Sudhakar	1129, 1146
20	Dr. Kalyan Vaijinathrao Kale	1102, 967
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22	Dr. M P Abdussamad Samadani	1023
23	Dr. Mallu Ravi	963
24	Dr. Manna Lal Rawat	1146
25	Dr. Mohammad Jawed	922
26	Dr. Nishikant Dubey	1025
27	Dr. Prabha Mallikarjun	999, 1041
28	Dr. Pradeep Kumar Panigrahy	1078
29	Dr. Prashant Yadaorao Padole	936, 1146, 1145
30	Dr. Rajesh Mishra	925, 1145
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32	Dr. Sanjay Jaiswal	925, 1146, 1145
33	Dr. Shashi Tharoor	1054
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35	Dr. Shrikant Eknath Shinde	1097, 1069, 965
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