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Friday, August 1, 2025
Sravana 10, 1947 (Saka)

LOK SABHA DEBATES

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Fifth Session
(Eighteenth Lok Sabha)



(Vol. IX contains Nos.1 to 10)

LOK SABHA SECRETARIAT
NEW DELHI

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No. 10, Friday, August 1, 2025/ Sravana 10, 1947 (Saka)**

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LOK SABHA DEBATES

LOK SABHA

Friday, August 1, 2025/ Sravana 10, 1947 (Saka)

The Lok Sabha met at Eleven of the Clock.

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

... (व्यवधान)

माननीय अध्यक्ष : प्रश्न काल ।

क्वेश्चन नंबर-181, श्रीमती लवली आनंद ।

... (व्यवधान)

माननीय अध्यक्ष : माननीय सदस्यगण, क्या आप सदन नहीं चलाना चाहते हैं?

... (व्यवधान)

माननीय अध्यक्ष : माननीय सदस्यगण, आप सदन की गरिमा को बनाए रखें ।

... (व्यवधान)

11.01 hrs

At this stage, Shri Gurjeet Singh Aujla, Dr. T. Sumathy alias Thamizhachi Thangapandian, Sushri Mahua Moitra and some other hon. Members came and stood on the floor near the Table.

... (व्यवधान)

माननीय अध्यक्ष : माननीय सदस्यगण, मैं आपसे लगातार आग्रह कर रहा हूँ। प्रश्नकाल बहुत महत्वपूर्ण समय होता है। यह संसद का सबसे महत्वपूर्ण समय होता है। इसमें माननीय सदस्य अपनी बात को उठाते हैं। मैं आपसे आग्रह करता हूँ कि आप अपनी-अपनी सीट्स पर बैठ जाइए। यह माननीय सदस्यों का हक और अधिकार है। आप इस तरीके से नारेबाजी और तख्तियों से माननीय सदस्यों का अधिकार नहीं छीन सकते हैं।

... (व्यवधान)

माननीय अध्यक्ष : माननीय सदस्य, यह आपका गलत तरीका है, गलत आचरण और गलत व्यवहार है। बालू जी, आप वरिष्ठ सदस्य हैं। क्या आपको यह करना उचित लगता है?

... (व्यवधान)

माननीय अध्यक्ष : माननीय सदस्यगण, आपको संसदीय परंपराओं का पालन करना चाहिए। आप इतने वरिष्ठ सदस्य होने के बाद भी इस तरीके का व्यवहार करें, तख्तियां लेकर आएँ, नारेबाजी करें, यह उचित नहीं है। यदि हमें लोकतंत्र को मजबूत करना है, तो प्रश्न को उठाने देना पड़ेगा। इससे सरकार की जवाबदेही तय होगी।

... (व्यवधान)

माननीय अध्यक्ष : बालू जी, क्या आप माननीय सदस्यों को बैठने का इशारा कर रहे हैं? माननीय सदस्यगण, मेरा आपसे हमेशा आग्रह रहता है कि आप सदन की कार्यवाही को चलने दें। माननीय सदस्यों को प्रश्न काल के समय प्रश्न उठाने दें। लोगों की अपेक्षाओं और आकांक्षाओं को पूरा होने दें और देश को आगे बढ़ाने में अपना योगदान दें। देश में जो परिवर्तन हो रहे हैं, उसके बारे में भी आप अपनी बात को कहें।

... (व्यवधान)

माननीय अध्यक्ष : माननीय सदस्यगण, नारेबाजी करने से, तख्तियां लहराने से आप जनता की अभिव्यक्ति नहीं कर रहे हैं। जनता ने आपको सदन में अपनी बात को कहने, अभिव्यक्ति करने का अवसर दिया है। इतने बड़े अवसर को आप नारेबाजी करके और तख्तियां लहराकर मत गंवाइए।

... (व्यवधान)

माननीय अध्यक्ष : माननीय सदस्यगण, आप बैठिए। मैंने पहले भी कहा था यदि आप तख्तियां लेकर आएंगे और नारेबाजी करेंगे, तो सदन नहीं चलेगा।

... (व्यवधान)

WRITTEN ANSWERS TO QUESTIONS

(i) Starred Question Nos. 181 to 200**

नारी अदालत

***181. श्रीमती लवली आनंद:**

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

(क) देश में कार्यरत नारी अदालतों का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा क्या है; और

(ख) विगत पांच वर्षों के दौरान उक्त न्यायालयों में लंबित पड़े मामलों का ब्यौरा क्या है?

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

(क) और (ख) : नारी अदालत को, 15वें वित्त आयोग की अवधि में, मिशन शक्ति के संबल वर्टिकल के तहत प्रायोगिक पहल के रूप में शुरू किया गया है। नारी अदालत पंचायत स्तर पर गठित महिला समूहों के माध्यम से बनाई जाती हैं और प्रत्येक समूह में सात से नौ सदस्य होती हैं जिन्हें न्याय सखी कहा जाता है। इसमें एक मुख्य न्याय सखी होती है जो नारी अदालत के कार्यकलापों का नेतृत्व एवं समन्वय करती है। संबंधित राज्य/जिला नारी अदालत के समग्र प्रबंधन और संचालन के लिए जिम्मेदार है, जिसमें इसके सदस्यों की पहचान, चयन तथा नामांकन भी शामिल है। पंचायत अध्यक्ष/सरपंच की अध्यक्षता में एक बैठक की जाती है जिसमें बीडीओ/एसडीएम या उनके प्रतिनिधि शामिल होते हैं। इस बैठक में ग्राम पंचायत सामाजिक रूप से सम्मानित और कार्य के लिए समर्पित महिलाओं को सदस्य के रूप में चुनती है, जिन्हें न्याय सखी कहा जाता है।

नारी अदालत योजना का उद्देश्य ग्राम पंचायत स्तर पर वैकल्पिक विवाद समाधान, शिकायत निवारण, परामर्श और साक्ष्य के आधार पर निर्णय लेने जैसी सेवाएँ प्रदान करना है। हालाँकि, नारी

** Due to continuous interruptions in the House, Starred Questions could not be taken up for Oral Answers. Therefore, these Starred Questions are treated as Unstarred Questions.

अदालत कोई औपचारिक अदालत नहीं है, इसलिए किसी भी पीड़ित महिला को अपनी आवश्यकता के अनुसार कानूनी तंत्र का सहारा लेने का अधिकार है। नारी अदालत की बैठकें ग्राम पंचायत कार्यालय, सरकारी प्राथमिक विद्यालय, सामान्य सेवा केंद्रों, आँगनवाड़ी केंद्रों, या राज्य सरकार या संघ राज्य क्षेत्रों द्वारा निर्दिष्ट किसी अन्य स्थान पर नारी अदालत में लाए गए मामलों के निपटान के उद्देश्य से पाक्षिक आधार पर की जाती हैं। हालाँकि, यदि नारी अदालत की मुखिया आवश्यक समझे, तो किसी भी समय बैठक बुलाई जा सकती है।

यह योजना मांग आधारित है और वित्तीय वर्ष 2023-24 में असम राज्य एवं जम्मू व कश्मीर संघ राज्य क्षेत्र की 50-50 ग्राम पंचायतों में प्रायोगिक परियोजना के रूप में शुरू की गई है।

नारी अदालत वर्तमान में असम के ग्यारह जिलों नलबाड़ी, दरांग, मोरीगांव, धुबरी, उदालगुड़ी, दक्षिण शालमारा, गोवालपारा, कामरूप, बरपेटा, तामुलपुर और बक्सा की चयनित ग्राम पंचायतों और जम्मू एवं कश्मीर के दो जिलों कुपवाड़ा और बारामूला में कार्यशील है।

INSTITUTIONAL CHILD DELIVERIES

***182. SHRI CHAMALA KIRAN KUMAR REDDY:**

SHRIMATI D.K. ARUNA:

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

- (a) whether the Government is aware that ever since the launch of National Rural Health Mission (NRHM), institutional child deliveries have increased in the country, if so, the details thereof and the reasons therefor;

- (b) whether the Government has taken note of the hardships being faced by the pregnant women for transportation that from rural/forest areas and far away islands to reach a proper health facility centre for child-birth/delivery;
- (c) if so, the number of such cases reported and the corrective measures taken/being taken and the results achieved therefrom since the past six years; and
- (d) the amount of funds sanctioned and utilised for the purpose during the said period till date, State-wise including Uttar Pradesh, Himachal Pradesh and Telangana?

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

(a): Under NHM, institutional delivery increased from 38.7% in NFHS-3 (2005-06) to 88.6% in NFHS-5 (2019-21). The programmatic interventions, which led to the increase in institutional deliveries in country, include schemes as mentioned below:

- **Janani Suraksha Yojana (JSY)** is a safe motherhood intervention under the National Health Mission, implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among pregnant women. It is a centrally sponsored scheme, which integrates cash assistance with delivery and post-delivery care.
- **Janani Shishu Suraksha Karyakram (JSSK)** under which every pregnant woman and sick infant is entitled to free delivery, including caesarean

section in public health institutions along with the provision of free transport, diagnostics, medicines, blood, other consumables & diet.

- **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 (e-PMSMA)** enables individual High Risk Pregnancy (HRP) tracking for pregnant women.
- **LaQshya** (Labour Room Quality Improvement Initiative) 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 the assured, dignified, respectful and quality healthcare at no cost and provision of services for every woman and newborn visiting the public health facility focussing towards preventable maternal and newborn deaths.
- **Optimizing Postnatal Care** strengthens the quality of postnatal care by laying emphasis on detection of danger signs in mothers and incentivisation of Accredited Social Health Activists (ASHAs) for prompt detection, referral & 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** at high caseload facilities to improve the quality of care provided to mothers and children.
- **Operationalization of Obstetric High Dependency Units & Intensive Care Units (Obst. HDU & ICU)** in high case load tertiary care facilities across the country to handle complicated pregnancy.
- **Birth Waiting Homes (BWH)** are established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities.
- **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.
- Under **Pradhan Mantri Matru Vandana Yojana (PMMVY)** scheme of Ministry of Women and Child Development, cash incentives are directly

provided in the Bank/Post Office account of the eligible beneficiary for the first child and second child (subject to the second child being a girl), after the institutional delivery.

(b) and (c): To facilitate the institutional child delivery, following measures have been taken:

- i. **National Ambulance Service:** National Ambulance Services (NAS) under NHM, provides two types of ambulance services: 108 (ALS/BLS) and 102 (Patient Transport Vehicle- PTV). Dial 108 is an emergency response system, primarily designed to attend to critical care patients, trauma, and accident victims etc, while Dial 102 services provides basic patient transportation for pregnant women, mothers, newborns and children to and from health facilities.
- ii. In geographically challenging areas, innovative solutions such as bike and boat ambulances are deployed to enhance the access and coverage by the State/UTs, as applicable.
- iii. **Mobile Medical Unit:** Under the National Health Mission (NHM), Government of India provides financial and technical support to States/UTs to strengthen their healthcare systems. In order to provide services at the doorsteps of population living in the most remote and hard-to-reach areas, States are supported with Mobile Medical Units (MMUs).

- iv. **Janani Shishu Suraksha Karyakram (JSSK)** entitles all pregnant women delivering in public health institutions to have free and no-expense delivery, including free transportation from home to healthcare facilities, inter-facilities and drop back from healthcare facilities to home. The States/UTs provide, as per requirement, alternative modes of transportation under JSSK such as, Palki, Boat and Air Ambulance in tribal, rural and hard-to-reach areas. Details of Pregnant women who availed JSSK services for free Home to facility transport, Inter-facility transfers and Drop Back home is given in the enclosed **Statement-I**.

(d): The State-wise details including Uttar Pradesh, Himachal Pradesh and Telangana for the expenditure in last six years is given in the enclosed **Statement-II**.

STATEMENT-I

Details of Pregnant women who availed JSSK services for free Home to facility transport, Inter-facility transfers, and Drop Back home						
Financial Year	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25 (Provisional)
Number of Pregnant Women provided - Free Home to facility transport under JSSK	49,26,653	54,42,079	58,08,138	65,14,137	45,95,707	50,98,464

Number of Pregnant Women provided – Inter-facility transfers when needed under JSSK	9,43,400	11,77,852	11,74,753	12,25,238	11,61,737	14,00,978
Number of Pregnant Women provided - Free Drop Back home under JSSK	49,49,666	53,46,898	58,73,543	65,72,141	51,27,058	55,59,334

STATEMENT-II

State/UT-wise Expenditure for Referral Transport under NHM from FY 2019-20 to FY 2024-25 (Rs. in Lakhs)							
Sl. No.	States	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
1	Andaman & Nicobar Islands	72.68	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	2,023.97	9,468.01	9,295.20	3,470.32	4,021.36	950.88
3	Arunachal Pradesh	85.69	427.16	1,075.50	1,956.90	2,189.98	2,898.91
4	Assam	3,819.91	4,976.62	10,524.18	10,847.05	12,817.01	13,573.89
5	Bihar	1,625.99	5,009.52	7,506.29	8,831.67	15,224.08	14,903.50
6	Chandigarh	72.00	0.00	0.00	100.80	133.60	198.30
7	Chhattisgarh	8,280.29	9,700.25	11,472.46	8,695.28	12,122.61	11,471.47

State/UT-wise Expenditure for Referral Transport under NHM from FY 2019-20 to FY 2024-25 (Rs. in Lakhs)							
8	Dadra & Nagar Haveli	0.00	0.00	0.85	0.26	0.00	0.00
	Daman & Diu	0.52					
9	Delhi	299.74	0.00	0.00	1,725.63	1,463.80	0.00
10	Goa	180.00	505.86	545.40	445.18	452.00	489.77
11	Gujarat	3,697.08	6,264.00	3,200.00	7,207.00	13,083.00	13,371.61
12	Haryana	4,747.14	1,082.17	4,367.78	5,504.87	6,418.70	5,953.21
13	Himachal Pradesh	2,025.88	3,229.80	3,342.60	2,847.77	2,808.49	1,566.35
14	Jammu & Kashmir	15.00	2,181.83	2,111.31	3,520.04	3,551.13	4,406.11
15	Jharkhand	7,826.82	3,568.92	3,698.35	2,942.81	5,793.03	4,801.25
16	Karnataka	3,847.86	2,596.86	5,097.72	4,336.20	6,375.49	5,782.97
17	Kerala	0.00	4,544.24	4,571.81	4,091.38	3,419.70	1,400.00
18	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00
19	Madhya Pradesh	15,206.4 3	9,248.86	8,712.29	22,338.3 3	37,840.44	39,329.06
20	Maharashtra	2,532.02	117.24	86.31	0.00	193.34	0.00
21	Manipur	78.61	121.30	34.99	57.98	28.10	37.96
22	Meghalaya	39.53	148.34	179.28	641.35	0.08	0.67
23	Mizoram	14.91	21.96	11.06	6.61	8.36	126.48
24	Nagaland	65.96	41.65	34.92	104.38	21.87	54.16
25	Orissa	7,407.07	7,264.67	9,369.31	10,291.5 7	11,531.46	9,331.87
26	Puducherry	32.44	32.77	45.34	48.42	28.01	23.06
27	Punjab	1,307.58	9.41	0.00	0.00	0.00	0.00
28	Rajasthan	2,350.20	7,435.29	7,497.11	13,509.2 8	18,505.00	23,706.58
29	Sikkim	174.96	117.94	436.16	204.15	168.89	141.19
30	Tamil Nadu	4,632.88	3.82	6,710.98	5,796.09	5,222.92	5,880.00
31	Telangana	758.00	2,889.61	3,945.30	7,297.20	8,105.17	9,967.43
32	Tripura	1.64	895.96	955.14	1,023.80	1,185.97	1,188.16

State/UT-wise Expenditure for Referral Transport under NHM from FY 2019-20 to FY 2024-25 (Rs. in Lakhs)							
33	Uttar Pradesh	60,361.3 1	44,244.7 3	47,817.7 5	85,625.4 3	1,01,245.56	82,533.07
34	Uttarakhand	1,556.11	1,920.73	3,827.29	4,072.35	2,934.11	5,022.42
35	West Bengal	7,838.04	8,828.79	11,992.1 5	13,794.3 9	15,507.34	15,293.48
36	Ladakh	0.00	0.00	98.75	217.42	519.37	432.52
Note: (1) The above data is as per the available Financial Management Reports submitted by State/UTs and are provisional. (2) Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year.							

ONE NATION ONE FERTILIZER POLICY

***183. SHRI BIDYUT BARAN MAHATO:**

SHRI LUMBARAM CHOUDHARY:

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

- (a) the status of implementation of the One Nation One Fertilizer policy under the brand name 'Bharat';
- (b) the objectives of this initiative in the country especially in Jharkhand and its impact on pricing, branding and distribution efficiency; and
- (c) whether there has been any feedback from farmers or fertilizer companies regarding the policy and if so, the details thereof and the response of the Government thereto?

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

(a): One Nation One Fertilizer scheme stands implemented under “Pradhanmantri Bhartiya Janurvarak Pariyojna” (PMBJP) with effect from 24th August, 2022. All fertilizers companies viz Public sector, Cooperative and Private sector are required to sell subsidized fertilizers under brand name “BHARAT” across the country.

(b): The objective of the scheme is to increase the availability basket of fertilizers; take care of dilemma among farmers in choosing from plethora of brands manufactured by various companies available in the markets, reduce the crisscross movement and further ensure timely supply of fertilizers across the country, including the state of Jharkhand. By consolidating branding under a single “BHARAT” brand, the scheme fosters transparency, combats malpractices, and ensures equitable access to essential nutrients for crops. Moreover, there is no impact of One Nation One Fertilizer Policy on pricing of Fertilizers.

(c): No Sir.

REVIVAL OF SHIPBUILDING INDUSTRY

***184. DR. PRADEEP KUMAR PANIGRAHY:**

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

(a) whether the Government has taken note of India’s low share in global shipbuilding and ship repair; and

- (b) if so, the steps taken by the Government to revive the shipbuilding industry, attract private investment and develop skilled manpower to position India as a competitive maritime hub by 2030?

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

(a) and (b): Yes. Reviving the shipbuilding industry and attracting private sector investment in shipbuilding are in line with the objectives of Maritime India Vision 2030 and Maritime Amrit Kaal vision 2047.

The Union budget speech, 2025 mentions the following, with respect to shipbuilding:

Para 63: “The Shipbuilding Financial Assistance Policy will be revamped to address cost disadvantages. This will also include credit notes for shipbreaking in Indian yards to promote the circular economy.”

Para 64: “Large ships above a specified size will be included in the infrastructure harmonized master list (HML).”

Para 65: “Shipbuilding Clusters will be facilitated to increase the range, categories and capacity of ships. This will include additional infrastructure facilities, skilling and technology to develop the entire ecosystem.”

Para 66: “For long-term financing for the maritime industry, a Maritime Development Fund with a corpus of INR 25,000 crore will be set up. This will be for distributed support and promoting competition. This will have up to 49 per cent

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

Para 125: “Considering that shipbuilding has a long gestation period, I propose to continue the exemption of BCD on raw materials, components, consumables or parts for the manufacture of ships for another ten years. I also propose the same dispensation for ship breaking to make it more competitive”.

The Government has taken the following measures to promote the shipbuilding activities:

- i. Government is providing Ship building financial assistance (SBFA), to Indian shipyards to provide them a level playing field vis-à-vis Foreign Shipyards. Shipyards receive financial assistance for shipbuilding contracts signed during the dates, April 1, 2016 to March 31, 2026 including the said dates.
- ii. The government has granted infrastructure status to the shipbuilding yards. This status helps the shipyards to pick up debt at favorable terms and lower interest rates. They will also be able to issue infrastructure bonds.
- iii. Government has issued guidelines for evaluating and awarding tenders for new shipbuilding orders floated by government departments or agencies including public sector undertakings for acquisition of any type of vessel(s). Whenever acquisition of a vessel(s) is undertaken through tendering route, the qualified Indian Shipyards will have a “Right of first refusal” (ROFR) to

enable them to match the evaluated lowest price offered by the foreign shipyard.

- iv. To increase ship-building activities in Indian shipyards, the Government entities dealing with ship building and ship-owning are advised to ensure local content as per the Government of India Public Procurement (Preference to Make in India) order 2017. As per this order, procurement of Ships of less than Rs 200 crore is required to be from Indian shipyards.
- v. The government has released Standard Tug Designs of five variants for use by Major ports for procurement of tugs to be built in Indian Shipyards.
- vi. Cochin Shipyard Limited (CSL), a public sector enterprise under Ministry of Port, Shipping & Waterways (MoPSW), has also undertaken several initiatives for shipbuilding and ship repair, they are as follows:
 - a. For shipbuilding, CSL has commissioned a New Dry Dock (NDD) in its Kochi facility. Built at a cost of about Rs 1,800 crores it is a flagship project reflecting New India's engineering prowess. This one-of-a-kind 310-meter-long stepped dry dock, with a width of 75/60 meters, depth of 13 meters and a draught of up to 9.5 meters, is one of the largest marine infrastructures in the region. This is able to handle strategic assets as well as large commercial vessels, thus eliminating India's dependency on foreign nations.

- b. For ship repairs, CSL has developed a state-of the-art International Ship Repair Facility (ISRF) at Kochi at an estimated cost of Rs.970 crores. The ISRF aims to modernize, expand and substantially augment the existing ship repair capacity of India.
- vii. To provide internships in the shipbuilding sector, two of the public sector shipyards Cochin Shipyard Limited (CSL) and Mazagon Dock Shipbuilders Limited (MDL) have registered under the Prime Minister Internship Scheme (PMIS).

आयुष्मान वय वंदना कार्ड योजना

***185. डॉ. आनन्द कुमार गोंडः**

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

- (क) क्या सरकार ने 70 वर्ष और इससे अधिक आयु के वरिष्ठ नागरिकों को स्वास्थ्य देखभाल संबंधी लाभ प्रदान करने के लिए आयुष्मान वय वंदना कार्ड योजना के कार्यान्वयन हेतु कोई विशेष उपाय किए हैं;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और आज की तिथि तक ऐसे कितने कार्ड जारी किए गए हैं;
- (ग) क्या सरकार का विचार निकट भविष्य में उक्त योजना के लाभार्थियों के लिए आयु सीमा को 70 वर्ष से घटाकर 60 वर्ष करने का है ताकि उक्त लाभ देश के सभी वरिष्ठ नागरिकों को दिया जा सके; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) सरकार की एक महत्वपूर्ण योजना है, जो भारत की आबादी के आर्थिक रूप से कमजोर निचले 40% हिस्से वाले 12 करोड़ परिवारों को माध्यमिक और विशिष्ट परिचर्या के लिए अस्पताल में भर्ती होने पर प्रति वर्ष प्रति परिवार 5 लाख रुपये का स्वास्थ्य कवर प्रदान करती है। दिनांक 29.10.2024 को 70 वर्ष और उससे अधिक आयु के 4.5 करोड़ परिवारों के 6 करोड़ वरिष्ठ नागरिकों, चाहे उनकी सामाजिक-आर्थिक स्थिति कुछ भी हो, को वय वंदना कार्ड के माध्यम से शामिल करके इस योजना का और विस्तार किया गया। सरकार ने इस योजना के कार्यान्वयन के लिए कई उपाय किए हैं जैसे:

- लाभार्थियों की पहचान, कार्ड निर्माण और अस्पताल में भर्ती संबंधी प्रोटोकॉल को सुव्यवस्थित करने के लिए सभी राज्यों/संघ राज्य क्षेत्रों को विस्तृत परिचालन दिशानिर्देश जारी करना।
- वय वंदना कार्ड के अंतर्गत लाभों और पात्रता के बारे में वरिष्ठ नागरिकों और उनके देखभालकर्ताओं के बीच जागरूकता बढ़ाने के लिए एक समर्पित आईईसी अभियान शुरू करना।
- कार्ड जारी करने और अस्पताल में भर्ती होने संबंधी निगरानी के लिए एक वास्तविक समय डैशबोर्ड विकसित करना।
- राज्य स्वास्थ्य एजेंसियों (एसएचए) के साथ नियमित समीक्षा और बैठकें आयोजित करना।

इसके अलावा, मोबाइल फोन एप्लिकेशन (आयुष्मान ऐप) और वेब पोर्टल (beneficiary.nha.gov.in) के माध्यम से या नज़दीकी पैनलबद्ध अस्पताल में भी नामांकन कराया जा सकता है। एक राष्ट्रीय हेल्पलाइन नंबर 14555 भी सहायता करने के लिए है और योजना से संबंधित सभी प्रश्नों का समाधान करता है। अब तक इस योजना के तहत कुल 75.41 लाख आयुष्मान वय वंदना कार्ड बनाए जा चुके हैं। इसके अलावा, समय-समय पर आवश्यकतानुसार नई प्रक्रियाओं को शामिल करके, नए अस्पतालों को पैनलबद्ध करके, नए लाभार्थियों को शामिल करके और अन्य सुधारों के माध्यम से उपचार का विस्तारण किया जाता है।

TESTING OF ANTI-RABIES VACCINES

***186. ADV. DEAN KURIAKOSE:**

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

- (a) the details of mandatory requirements prescribed for ensuring the quality of Anti-Rabies vaccines procured by the State procurement corporations for distribution through public hospitals;
- (b) whether it is mandated that the manufacturers supplying anti-rabies vaccine are required to have quality testing reports from Central Drug Lab for distribution through public hospitals and if so, the details thereof;
- (c) the details of the patient safety issues of administering the anti-rabies vaccines that has not undergone mandatory quality tests;
- (d) whether the manufacturers supplying anti-rabies vaccine to Kerala Medical Services Corporation has done the mandatory tests from Central Drug Lab during the last five years and the current year; and
- (e) if so, the details thereof, year-wise?

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

(a) and (b): For manufacturing/import of new drugs including vaccines, the manufacturers/importers are required to comply with the standards of quality, safety and efficacy as prescribed in Drugs and Cosmetics Act, 1940 and Rules thereunder.

The following mandatory quality requirements are prescribed to ensure the quality of anti-rabies vaccines being manufactured in the country:

- (i) Manufacturing Licence/import license issued under the Drugs and Cosmetics Act, 1940 and Rules thereunder.
 - (ii) Compliance with Indian Pharmacopoeia (IP) - The anti-rabies vaccine must comply with the standards specified in the current edition of the Indian Pharmacopoeia.
 - (iii) In-House Quality Control Testing - Each batch must undergo complete in-house quality control testing at the manufacturer's facility as per validated procedures and IP standards.
 - (iv) Batch Release from Central Drugs Laboratory (CDL) - Each batch/lot of vaccines manufactured/imported in the country is required to be released by Central Drugs Laboratory (CDL), Kasauli, Himachal Pradesh, before release of vaccines for sale and distribution.
 - (v) Cold Chain Maintenance- Proper cold chain logistics 2°C to 8°C must be maintained throughout storage and transportation to preserve vaccine potency.
 - (vi) Shelf Life and Packaging- Vaccines must have a valid remaining shelf life at the time of supply and should be packaged to ensure protection during transit and storage.
- (c): As per Rule 2(w) of New drugs and Clinical Trial Rules, 2019, vaccines are always be deemed to be new drugs. All manufacturers of vaccines have to comply

with the conditions of mandatory quality tests apart from other conditions of license as prescribed under Rules 78 & 78A of Drug Rules, 1945 and both the Central License Approving Authority (CLAA) and State Licensing Authorities are empowered to take stringent action against violation of provisions of the Act and Rules.

(d) and (e): As informed by Kerala Medical Services Corporation (KMSCL), all Rabies Vaccines and Equine Anti-Rabies Immunoglobulins procured and distributed by them from the tender year 2016-17 onwards have obtained Batch Release Certificates from Central Drugs Laboratory (CDL), Kasauli, as mandated in the tender terms and conditions. KMSCL has not procured or distributed any batch of Rabies vaccine or Equine Anti-rabies Immunoglobulin without a batch release certificate from CDL.

आयुष्मान आरोग्य मंदिर

***187. श्री भोजराज नाग:**

सुश्री बाँसुरी स्वराज:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या देश में प्राथमिक स्वास्थ्य देखभाल को सुदृढ़ करने, स्वास्थ्य संबंधी मुद्दों का समाधान करने और समग्र स्वास्थ्य मॉडल के रूप में एनएएम के अंतर्गत अनेक आयुष्मान आरोग्य मंदिर, आयुष स्वास्थ्य और कल्याण केन्द्र स्थापित किए गए हैं/किए जाने का विचार है;

- (ख) यदि हां, तो तत्संबंधी राज्य/संघ राज्यक्षेत्र-वार, भिवंडी जैसे औद्योगिक क्षेत्र सहित जिला-वार ब्यौरा क्या है;
- (ग) देश में इन केन्द्रों से अब तक राज्य/संघ राज्यक्षेत्र-वार कुल कितने लाभार्थियों ने सेवाओं का लाभ उठाया है;
- (घ) क्या सरकार ने लोगों के स्वास्थ्य पर इन केन्द्रों के प्रभाव का आकलन किया है, यदि हां, तो तत्संबंधी ब्यौरे सहित इसके प्रमुख निष्कर्ष क्या हैं; और
- (ङ) सरकार द्वारा देश के प्रत्येक गांव में आयुष सेवाओं की प्रभावकारिता को बढ़ाने के लिए क्या उपाय किए गए हैं?

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

(क) और (ख): राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के अंतर्गत, राज्य/संघ राज्य क्षेत्र की सरकारों से उनकी राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के अनुसार, प्राथमिक स्वास्थ्य सेवा को मजबूत करने और स्वास्थ्य संबंधी मुद्दों के समाधान तथा देश में एक समग्र स्वास्थ्य मॉडल के रूप में कार्य करने के लिए मौजूदा आयुष औषधालयों और उप-स्वास्थ्य केंद्रों की 12500 इकाइयों को आयुष स्वास्थ्य एवं आरोग्य केंद्रों [जिन्हें अब आयुष्मान आरोग्य मंदिर (एएएम) (आयुष) नाम दिया गया है] के रूप में उन्नत किए जाने हेतु अनुमोदित किया गया है। राज्य/संघ राज्य क्षेत्र सरकारों द्वारा दी गई सूचना के अनुसार, सभी एएएम (आयुष) कार्यरत हैं। अनुमोदित एएएम (आयुष) की राज्यसंघ राज्य क्षेत्र-वार और जिला-वार स्थिति संलग्न **विवरण-I** पर दी गई है।

(ग): राज्य/संघ राज्य क्षेत्र की सरकारों द्वारा दी गई सूचना के अनुसार, वर्ष 2021 से जून, 2025 तक इन एएएम (आयुष) के माध्यम से सेवाओं का लाभ उठाने वाले लाभार्थियों की राज्य/संघ राज्य क्षेत्र-वार संख्या संलग्न **विवरण-II** पर दी गई है।

(घ) और (ङ): जी हाँ, विभिन्न राज्यों/संघ राज्य क्षेत्रों में स्थापित आयुष्मान आरोग्य मंदिर (आयुष) [एएएम (आयुष)] द्वारा प्रदान की जा रही विभिन्न गतिविधियों/सेवाओं के कार्यान्वयन की प्रगति की समीक्षा हेतु केंद्रीय टीम द्वारा किए गए दौरे के अतिरिक्त तृतीय पक्ष समीक्षा तथा एनएबीएच आकलन भी किया गया, जिन्हें आयुष सिद्धांतों और प्रथाओं पर आधारित एक समग्र कल्याण मॉडल स्थापित करने के उद्देश्य से अनुमोदित किया गया था। इनका लक्ष्य मौजूदा जन स्वास्थ्य सेवा प्रणाली के साथ एकीकरण स्थापित करके निवारक, प्रोत्साहक, उपचारात्मक, पुनर्वास स्वास्थ्य सेवा पर केंद्रित है ताकि टीम आधारित दृष्टिकोण में आयुष सेवाएं उपलब्ध कराकर जरूरतमंद जनता को सूचित विकल्प प्रदान किया जा सके।

दौरा करने वाली टीम द्वारा यह देखा गया है कि आयुष औषधालयों/उप स्वास्थ्य केंद्रों को एएएम (आयुष) के रूप में उन्नत करने के बाद एएएम (आयुष) में आने वाले लाभार्थियों की संख्या में वृद्धि हुई है क्योंकि ओपीडी सेवाओं के अलावा, इन सुविधाओं के माध्यम से प्रकृति परीक्षण, स्वास्थ्य केंद्र के साथ-साथ समुदायिक स्तर पर योग संबंधी गतिविधियों, सामान्य औषधीय पौधों के उपयोग के बारे में जागरूकता आदि जैसी कई अन्य सेवाएं भी प्रदान की जा रही हैं। इसके अलावा, दौरा करने वाली टीम द्वारा राज्य/संघ राज्य क्षेत्र की सरकारों को, एएएम (आयुष) टीम के उचित प्रशिक्षण और क्षमता वर्धन, अन्य सार्वजनिक स्वास्थ्य सुविधाओं के साथ रेफरल संपर्क को मजबूत करने और क्षेत्र स्तर के कार्यकर्ताओं विशेष रूप से आशा आदि की प्रभावी भागीदारी के लिए सुझाव दिया गया है, ताकि एएएम (आयुष) के माध्यम से आयोजित की जा रही गतिविधियों के बेहतर परिणाम प्राप्त हो सकें।

सह-स्थित सुविधाओं के तहत, दिनांक 31.12.2024 तक राष्ट्रीय स्वास्थ्य मिशन-एमआईएस डेटाबेस के अनुसार 6349 प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), 3002 सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और 476 जिला अस्पतालों (डीएच) के माध्यम से देश के ग्रामों में आयुष सेवाएं प्रदान की जाती हैं। इसके अलावा, देश के ग्रामों में आठ (8) समर्पित आयुष जन स्वास्थ्य कार्यक्रमों नामतः (i)

मस्क्युलोस्केलेटल विकारों की रोकथाम और प्रबंधन के लिए राष्ट्रीय कार्यक्रम, (ii) कैंसर, मधुमेह, हृदय रोगों और स्ट्रोक (एनपीसीडीसीएस) की रोकथाम और नियंत्रण के लिए राष्ट्रीय कार्यक्रम के साथ आयुष का एकीकरण, (iii) सुप्रजा, (iv) वयो मित्र, (v) आयुर्विद्या, (vi) आयुष मोबाइल मेडिकल यूनिट, (vii) कारुण्य और (viii) लिम्फेटिक फाइलेरिया के रुग्णता प्रबंधन और विकलांगता निवारण (एमएमडीपी) के लिए आयुष पर राष्ट्रीय कार्यक्रम के माध्यम से भी आयुष सेवाएं प्रदान की जाती हैं। इसके अलावा, आयुष ग्राम के माध्यम से देश के ग्रामों में आयुष सेवाएं भी प्रदान की जाती हैं, जिसके लिए 1429 आयुष ग्रामों को सहायता प्रदान की गई है।

विवरण-I

अनुमोदित आयुष्मान आरोग्य मंदिर (आयुष) की राज्य/संघ राज्य क्षेत्र-वार और जिला-वार स्थिति

क्र.सं.	राज्य/संघ राज्य क्षेत्र का नाम	जिले का नाम	इकाई की संख्या
1	अंडमान और निकोबार द्वीप	दक्षिण अंडमान	5
		उत्तर और मध्य अंडमान	1
2	आंध्र प्रदेश	अनंतपुर	2
		चित्तूर	4
		वाईएसआर कडप्पा	1
		पूर्वी गोदावरी	4
		गुंटूर	5
		कृष्णा	10
		कुरनूल	4
		श्री पोद्दी श्रीरामुलु नेल्लोर	10
		प्रकाशम	6
		श्रीकाकुलम	8
		विशाखापत्तनम	2
		विजयनगरम	6
		पश्चिम गोदावरी	4
		मन्याम	1

		अनकापल्ली	6
		अल्लूरी सीता राम राजू	0
		काकीनाडा	5
		कोनासीमा	4
		एलुरु	7
		एनटीआर	7
		बापटला	5
		पालनाडु	7
		तिरुपति	4
		अन्नमय्या	3
		श्री सत्य साई	6
		नांदयाल	5
3	अरुणाचल प्रदेश	तवांग	3
		पश्चिम कामेंग	5
		पक्के केसांग	4
		क्रा दादी	7
		कुरुंग कुमे	6
		पापुम्पारे	6
		ईटानगर राजधानी क्षेत्र	4
		लोवर सुबनसिरी	6
		कामले	3
		अपर सुबनसिरी	8
		पश्चिम सियांग	7
		लोवर सियांग	2
		लेपा राडा	3
		अपर सियांग	3
		लोहित	1
		चांगलांग	5
		सियांग	1
		लॉगडिंग	6
		तिराप	2

4	असम	अंजॉ	2
		पूर्वी कामेंग	1
		पूर्वी सियांग	0
		नामसाई	0
		दिबांग घाटी	2
		लोवर दिबांग घाटी	2
		बक्सा	23
		बारपेटा	7
		बिश्वनाथ	54
		बोंगईगांव	13
		कछार	32
		चराइदेओ	15
		चिरांग	22
		दरांग	5
		धेमाजी	4
		धुबरी	19
		डिब्रूगढ़	4
		दीमा हसाओ	13
		गोलपाड़ा	4
		गोलाघाट	19
		हैलाकांडी	11
		होजाई	19
		कामरूप	3
		कामरूप (एम)	9
		कार्बियांगलोंग	15
		करीमगंज	14
		कोकराझार	36
		लखीमपुर	20
		मोरीगांव	20
		नगांव	32
		नलबाड़ी	12

		शिवसागर	32
		सोनितपुर	16
		तिनसुकिया	16
		उदालगुड़ी	9
		पश्चिम कार्बी आंगलोंग	2
5	चंडीगढ़	चंडीगढ़	12
6	छत्तीसगढ़	बालोद	23
		बलौदाबाजार	14
		बस्तर	17
		कोंडागांव	12
		बेमेतरा	21
		बीजापुर	9
		बिलासपुर	27
		मुंगेली	10
		दंतेवाड़ा	9
		सुकमा	3
		धमतरी	11
		दुर्ग	28
		गरियाबंद	8
		गौरेला-पेंड्रा-मरवाही	5
		जांजगीर-चंपा	31
		जशपुर	7
		कबीरधाम	7
		कांकेर	5
		कोरबा	20
		कोरिया	11
		महासमुंद	14
		नारायणपुर	3
		रायगढ़	19
		रायपुर	34
		राजनंदगांव	25

		सरगुजा	10
		बलरामपुर	11
		सूरजपुर	6
7	दादरा व नगर हवेली और दमन व दीव	दादरा और नगर हवेली	1
8	गोवा	उत्तरी गोवा	56
		दक्षिण गोवा	44
9	गुजरात	अहमदाबाद	12
		अमरेली	9
		आनंद	11
		अरावली	10
		बनासकांठा	15
		भरूच	14
		भावनगर	19
		बोटाड	5
		छोटा उदयपुर	13
		दाहोद	12
		डांग	2
		देवभूमि द्वारका	6
		गांधीनगर	14
		गिर सोमनाथ	6
		जामनगर	3
		जूनागढ़	15
		कच्छ	8
		खेड़ा	16
		महीसागर	5
		मेहसाणा	23
		मोरबी	10
		नर्मदा	9
		नवसारी	11
		पंचमहल	8

		पाटन	7
		पोरबंदर	7
		राजकोट	7
		साबरकांठा	18
		सूरत	17
		सुरेंद्रनगर	19
		तापी	9
		वडोदरा	13
		वलसाड	12
		अंबाला	14
10	हरियाणा	भिवानी	21
		चरखी दादरी	42
		फरीदाबाद	38
		फतेहाबाद	16
		गुडगाँव	20
		हिसार	41
		झज्जर	36
		जींद	20
		कैथल	49
		करनाल	22
		कुरुक्षेत्र	12
		मेवात	11
		नारनौल	23
		पलवल	13
		पंचकुला	12
		पानीपत	16
		रेवाड़ी	19
		रोहतक	45
		सिरसा	24
		सोनीपत	30
		यमुना नगर	14

11	हिमाचल प्रदेश	बिलासपुर	50
		चंबा	59
		हमीरपुर	63
		कांगड़ा	153
		कुल्लू	34
		किन्नौर	10
		लाहौल और स्पीति	7
		मंडी	128
		सिरमौर	75
		शिमला	56
		सोलन	57
		ऊना	48
12	जम्मू-कश्मीर	जम्मू	53
		सांबा	13
		उधमपुर	33
		रियासी	18
		डोडा	23
		किश्तवाड़	22
		रामबन	19
		राजौरी	33
		पूँछ	18
		कठुआ	38
		पुलवामा	18
		शोपियां	11
		कुपवाड़ा	30
		बडगाम	36
		श्रीनगर	24
		गंदेरबल	20
		अनंतनाग	34
		कुलगाम	21
		बारामूला	40

		बांदीपुरा	19
13	झारखंड	बोकारो	38
		चतरा	31
		देवघर	35
		धनबाद	27
		दुमका	19
		पूर्वी सिंहभूम	30
		गढ़वा	48
		गिरिडीह	25
		गोड्डा	36
		गुमला	35
		हजारीबाग	36
		जामताड़ा	36
		खूंटी	28
		कोडरमा	34
		लातेहार	33
		लोहरदगा	26
		पाकुर	22
		पलामू	42
		रामगढ़	28
		रांची	20
		साहेबगंज	19
		सरायकेला	33
		सिमडेगा	30
		पश्चिमी सिंहभूम	34
14	कर्नाटक	बागलकोट	7
		बल्लारी	21
		बेलगावी	16
		बेंगलुरु ग्रामीण	8
		बेंगलुरु शहरी	5
		बीदर	15

		चामराजनगर	8
		चिकबलपुर	3
		चिक्कामगलुरु	32
		चित्रदुर्ग	10
		दक्षिण कन्नड़	7
		देवनगिरि	24
		धारवाड़	9
		गडग	20
		हसन	35
		कावेरी	12
		कलबुर्गी	8
		कोडागू	7
		कोलार	4
		कोप्पल	6
		मंड्या	16
		मैसूर	20
		रायचूर	7
		रामनगर	6
		शिवमोगा	5
		तुमकुरु	7
		उडुपी	5
		उत्तर कन्नड़	11
		विजयनगर	30
		विजयपुर	5
		यादगीर	7
15	केरल	तिरुवनंतपुरम	56
		कोल्लम	52
		पथानामथिट्टा	52
		कोट्टायम	44
		अलाप्पुझा	53
		इडुक्की	42

		एर्नाकुलम	49
		त्रिशूर	51
		पलक्कड़	54
		मलप्पुरम	52
		कोझिकोड	51
		वायनाड	42
		कन्नूर	57
		कासरगोड	45
16	लक्षद्वीप	लक्षद्वीप	7
17	मध्य प्रदेश	रीवा	30
		सीधी	17
		सतना	30
		उमरिया	9
		शहडोल	9
		सिंगरौली	9
		अनूपपुर	8
		जबलपुर	20
		कटनी	18
		छिंदवाड़ा	19
		सिवनी	13
		मंडला	10
		बालाघाट	56
		नरसिंहपुर	15
		डिंडोरी	8
		सागर	29
		दमोह	15
		पन्ना	15
		छतरपुर	21
		टीकमगढ़	17
		ग्वालियर	12
		शिवपुरी	16

		गुना	14
		शयोपुर	6
		दतिया	12
		मुरैना	21
		भिंड	21
		अशोकनगर	11
		इंदौर	15
		धार	18
		अलीराजपुर	9
		झाबुआ	10
		खरगाँव	13
		खंडवा	16
		बड़वानी	11
		बुरहानपुर	10
		उज्जैन	24
		शाजापुर	15
		मन्दसौर	24
		रतलाम	12
		देवास	20
		आगर- मालवा	6
		नीमच	9
		भोपाल	6
		सीहोर	21
		रायसेन	17
		राजगढ़	12
		विदिशा	14
		बेतुल	17
		होशंगाबाद	13
		हरदा	7
18	मणिपुर	इम्फाल पश्चिम	1
		इम्फाल पश्चिम	1

		चुराचांदपुर	1
		थौबल	0
		थौबल	1
		चुराचांदपुर	2
		उखरूल	3
		सेनापति	1
		फेरजावल	2
		चंदेल	1
		इम्फाल पश्चिम	2
19	मेघालय	पूर्वी खासी हिल्स	4
		पश्चिमी खासी हिल्स	3
		री भोई	4
		दक्षिण पश्चिम खासी हिल्स	7
		पश्चिम जयंतिया हिल्स	3
		पूर्वी जयंतिया हिल्स	4
		उत्तरी गारो हिल्स	5
		पश्चिम गारो हिल्स	3
		दक्षिण गारो हिल्स	5
		पूर्वी गारो हिल्स	5
		दक्षिण पश्चिम गारो हिल्स	2
20	मिजोरम	आइजोल	13
		चम्फाई	6
		लॉन्लाई	7
		लुंगलेई	8
		सेरछिप	2
		सीआहा	2
		कोलासिब	1
		ह्वाथियाल	1
		सैतुअल	1
21	नागालैंड	कोहिमा	8
		मोकोकचुंग	10

22	ओडिशा	तुएनसांग	3
		फेक	6
		मोन	2
		जुन्हेबोटो	4
		दीमापुर	6
		पेरेन	3
		वोखा	6
		किफायर	1
		अंगुल	15
		बलांगीर	21
		बालासोर	34
		बारागढ़	18
		भद्रक	25
		बौध	7
		कटक	17
		देवगढ़	0
		ढेंकनाल	16
		गजपति	5
		गंजम	42
		जगतसिंहपुर	10
		जाजपुर	15
		झारसुगुडा	14
		कालाहांडी	11
		कंधमाल	7
		केंद्रपाड़ा	11
		क्योंझर	22
		खोरधा	18
		कोरापुट	7
		मल्कानगिरी	2
		मयूरभंज	23
		नबरंगपुर	4

		नयागढ़	21
		नुआपाड़ा	5
		पुरी	21
		रायगढ़	5
		संबलपुर	9
		सुबरनपुर	4
		सुंदरगढ़	13
23	पुडुचेरी	पुडुचेरी	1
		कराईकल	1
		माहे	1
		यनम	1
24	पंजाब	अमृतसर	10
		बठिंडा	9
		बरनाला	1
		रोपड़	12
		फिरोजपुर	3
		फतेहगढ़ साहिब	10
		गुरदासपुर	12
		होशियारपुर	5
		मुक्तसर	2
		कपूरथला	7
		लुधियाना	17
		मनसा	5
		मोहाली	5
		मोगा	1
		जालंधर	8
		पटियाला	11
		संगरूर	9
		शहीद भगत सिंह नगर	6
		तरनतारन	6
		पठानकोट	6

25	राजस्थान	फाजिल्का	9
		फरीदकोट	4
		अजमेर	71
		अलवर	100
		बांसवाड़ा	60
		बारां	34
		बाड़मेर	54
		भरतपुर	90
		भीलवाड़ा	98
		बीकानेर	60
		बूंदी	33
		चित्तौड़गढ़	53
		चुरू	66
		दौसा	56
		धौलपुर	29
		डूंगरपुर	64
		श्रीगंगानगर	45
		हनुमानगढ़	50
		जयपुर	166
		जैसलमेर	18
		जालोर	36
		झालावाड़	48
		झुंझुनू	86
		जोधपुर	68
		कोटा	31
		करौली	42
		नागौर	83
		पालि	77
		प्रतापगढ़	26
		राजसमंद	53
		सीकर	90

		सवाईमाधोपुर	47
		सिरोही	34
		टोंक	53
		उदयपुर	98
26	सिक्किम	ग्याल्शिग (पश्चिम)	9
		नामची (दक्षिण)	9
27	तेलंगाना	आदिलाबाद	12
		भद्राद्रि कोठागुडम	12
		हनुमानकोंडा	10
		हैदराबाद	30
		जागीत्याल	12
		जनगांव	10
		जयशंकर भूपालपल्ली	8
		जोगुलम्बा गडवाल	9
		कामारेड्डी	16
		करीमनगर	15
		खम्मम	19
		कोमुराम भीम आसिफाबाद	9
		महबूब नगर	15
		महबूबाबाद	10
		मनचेरियल	10
		मेडक	14
		मेडचाल मलकजागिरी	9
		मुलुगु	4
		नगरकुरनूल	19
		नलगोंडा	21
		नारायणपेट	8
		निर्मल	10
		निजामाबाद	16
		पेद्दापल्ली	10
		राजन्नासिरसिला	8

		रंगा रेड्डी	22
		सांगा रेड्डी	15
		सिद्धीपेट	16
		सूर्यपेट	12
		विकाराबाद	10
		वानापथी	9
		वारंगल	9
		यदाद्री - भोंगिरी	12
28	त्रिपुरा	पश्चिम त्रिपुरा	15
		सिपाहीजाला	9
		गोमती	21
		दक्षिण त्रिपुरा	5
		खोवाई	2
		धलाई	3
		उत्तरी त्रिपुरा	17
29	उत्तर प्रदेश	आगरा	8
		अलीगढ़	5
		अम्बेडकर नगर	7
		अमेठी	12
		अमरोहा	1
		अयोध्या	10
		औरैया	3
		आजमगढ़	18
		बागपत	2
		बहराइच	17
		बलिया	20
		बलरामपुर	6
		बाँदा	12
		बाराबंकी	24
		बरेली	46
		बस्ती	16

	भदोही	11
	बिजनौर	4
	शाहजहांपुर	21
	बुलंदशहर	11
	चंदौली	19
	चित्रकूट	5
	देवरिया	15
	एटा	6
	इटावा	10
	फर्रुखाबाद	15
	फतेहपुर	14
	फिरोजाबाद	3
	गौतमबुद्ध नगर	0
	गाजियाबाद	17
	गाजीपुर	11
	गोंडा	11
	गोरखपुर	30
	हमीरपुर	5
	हापुड़	14
	हरदोई	33
	हाथरस	3
	जालौन	31
	जौनपुर	22
	झांसी	1
	कन्नौज	10
	कानपुर देहात	8
	कानपुर नगर	17
	कासगंज	5
	कौशाम्बी	6
	कुशीनगर	36
	लखीमपुर खीरी	27

		ललितपुर	20
		लखनऊ	19
		महोबा	8
		महाराजगंज	28
		मैनपुरी	11
		मथुरा	7
		मऊ	13
		मेरठ	5
		मिर्जापुर	23
		मुरादाबाद	3
		मुजफ्फरनगर	13
		पीलीभीत	29
		प्रयागराज	17
		प्रतापगढ़	21
		रायबरेली	33
		रामपुर	5
		सहारनपुर	3
		संभल	2
		संतकबीरनगर	18
		शाहजहांपुर	9
		सीतापुर	30
		शामली	3
		सिद्धार्थनगर	13
		सोनभद्र	13
		श्रावस्ती	9
		सुल्तानपुर	11
		उन्नाव	28
		वाराणसी	12
30	उत्तराखंड	अल्मोड़ा	35
		बागेश्वर	13
		चमोली	28

		चम्पावत	11
		देहरादून	23
		हरिद्वार	16
		नैनीताल	15
		पौड़ी	35
		पिथौरागढ़	25
		रुद्रप्रयाग	17
		टिहरी	43
		उधम सिंह नगर	11
		उत्तरकाशी	28
31	पश्चिम बंगाल	अलीपुरद्वार	15
		बांकुड़ा	31
		बीरभूम	41
		कूचबिहार	30
		दक्षिण दिनाजपुर	15
		दार्जिलिंग	21
		हुगली	40
		हावड़ा	34
		जलपाईगुड़ी	21
		झारग्राम	10
		कालिम्पोंग	6
		मालदा	34
		मुर्शिदाबाद	35
		नादिया	31
		उत्तर 24 परगना	15
		पश्चिम बर्धमान	14
		पश्चिम मेदिनीपुर	21
		पूर्व बर्धमान	30
		पूर्व मेदिनीपुर	23
		पुरुलिया	41
		दक्षिण 24 परगना	19

		उत्तर दिनाजपुर	13
32	महाराष्ट्र	पुणे	13
		सतारा	8
		सोलापुर	5
		पालघर	16
		रायगढ़	6
		थाणे	2
		कोल्हापुर	7
		सांगली	13
		औरंगाबाद	8
		हिंगोली	1
		जालना	5
		परभनी	5
		बीड	6
		लातूर	4
		नांदेड़	8
		उस्मानाबाद	6
		अकोला	20
		अमरावती	29
		बुलढाना	27
		वाशिम	6
		यवतमाल	12
		भंडारा	25
		चंद्रपुर	21
		गडचिरोली	14
		गोंदिया	23
		नागपुर	40
		वर्धा	13
		अहमदनगर	6
		धुले	11
		जलगांव	14

		नंदुरबार	5
		नासिक	7
		सिंधुदुर्ग	4
33	तमिलनाडु	कोयंबटूर	25
		रामनाथपुरम	16
		शिवगंगई	21
		तंजावुर	22
		कांचीपुरम	8
		चेंगलपेट	9
		तिरुवल्लुर	19
		विरुधुनगर	34
		धर्मपुरी	20
		इरोड	34
		वेल्लोर	11
		मदुरै	23
		थेनी	14
		नीलगिरी	6
		नागपट्टनम	12
		विल्लुपुरम	18
		सेलम	37
		तिरुनेलवेली	17
		कुड्डालोर	18
		त्रिची	22
		करूर	12
		अरियालुर	7
		पुडुकोट्टई	14
		डिंडीगुल	24
		कन्याकुमारी	25
		तेनकासी	21
		थिरुवरुर	19
		थिरुवन्नमलाई	25

		कल्लाकुरिची	13
		कृष्णागिरी	13
		मयिलाडुदुरई	16
		नम्मक्कल	13
		पेरम्बलुर	4
		रानीपेट	11
		तिरुपत्तूर	8
		थूथुकुडी	27
		तिरुपूर	12
		अररिया	4
34	बिहार	अरवल	2
		औरंगाबाद	9
		बांका	4
		बेगूसराय	10
		भागलपुर	7
		भोजपुर	2
		बक्सर	4
		दरभंगा	35
		पूर्वी चंपारण	22
		गया	1
		गोपालगंज	7
		जमुई	2
		जहानाबाद	1
		कैमूर (भभुआ)	11
		कटिहार	1
		खगरिया	2
		किशनगंज	9
		लखीसराय	1
		मधेपुरा	3
		मधुबनी	10
		मुंगेर	5

	मुजफ्फरपुर	2
	नालंदा	10
	नवादा	8
	पटना	33
	पूर्णिया	7
	रोहतास	7
	सहरसा	5
	समस्तीपुर	12
	सरन	9
	शेखपुरा	5
	शिवहर	2
	सीतामढ़ी	7
	सिवान	12
	सुपौल	4
	वैशाली	5
	पश्चिम चंपारण	14
कुल		12500

विवरण-II

वर्ष 2021 से जून, 2025 तक एएएम (आयुष) के माध्यम से सेवाओं का लाभ उठाने वाले लाभार्थियों की राज्य/संघ राज्य क्षेत्र-वार संख्या

क्र.सं.	राज्य/संघ राज्य क्षेत्र का नाम	वर्ष				
		2021	2022	2023	2024	2025
1	अंडमान और निकोबार द्वीप	0	11090	7982	9181	5175
2.	लक्षद्वीप	8726	38515	55723	42215	26499
3.	अरुणाचल प्रदेश	1401	25278	55348	71249	38844
4.	असम	0	28092	313319	3343870	4567583
5.	मणिपुर	737	946	5301	13853	10124
6.	मेघालय	0	0	37950	52198	41438
7.	मिजोरम	10,060	34195	94639	126325	68789

8.	नागालैंड	1498	21480	38444	40948	22284
9.	सिक्किम	20778	35094	44061	47806	25956
10.	त्रिपुरा	0	0	55385	103439	69971
11.	हिमाचल प्रदेश	588655	736738	2331404	2342366	1219867
12.	जम्मू-कश्मीर	0	2685966	3018269	2412595	1169618
13.	उत्तराखंड	163669	445740	1706811	1352831	583285
14.	बिहार	103269	194960	231661	291037	275310
15.	छत्तीसगढ़	140285	1281136	2356871	2346115	1219071
16.	झारखंड	123705	187363	1487747	2691204	1419017
17.	मध्य प्रदेश	1274788	1601107	2590895	4611884	2733736
18.	ओडिशा	901085	6820072	1732981	2595883	1417937
19.	राजस्थान	1775405	8396431	17740280	39066293	22482711
20.	उत्तर प्रदेश	3759536	13245767	16445963	12427257	5983627
21.	आंध्र प्रदेश	0	404115	703804	713523	347226
22.	गोवा	19180	53324	254962	366284	191491
23.	गुजरात	951290	1578001	6333646	5807405	820295
24.	हरियाणा	2322803	2514230	2658480	2473949	2159897
25.	कर्नाटक	606296	763257	1660552	1896859	923657
26.	केरल	1525596	5829043	6672089	8344225	2889991
27.	महाराष्ट्र	726140	764615	1073779	1517652	890795
28.	पंजाब	0	0	0	767453	405948
29.	तमिलनाडु	30555959	25456637	11287166	13826356	6920322
30.	तेलंगाना	3833738	2358802	2913265	2061093	888875
31.	पश्चिम बंगाल	1164213	8431205	4816907	3677126	1856600
32.	चंडीगढ़	142899	200235	127474	120426	51423
33.	दादरा व नगर हवेली और दमन व दीव	0	0	2670	26912	13280
34.	लद्दाख	0	0	0	0	0
35.	दिल्ली	0	0	0	0	0
36.	पुडुचेरी	35557	57237	58978	62705	18190
	कुल	50757268	84200671	88914806	115650517	61758832

CHANGE IN NAME OF MADRAS HIGH COURT

***188. DR. GANAPATHY RAJKUMAR P.:**

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

- (a) whether the Government proposes/has any proposal to change the name of Madras High Court to Chennai High Court;
- (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 name of the city of Madras was changed to Chennai, following the enactment of the City of Madras (Alteration of Name) Act, 1996. Subsequently in 1997, a proposal was received from the Government of Tamil Nadu for changing the name of the Madras High Court to Chennai High Court. The Government of Tamil Nadu also conveyed that the Madras High Court has no objection to the proposal.

The High Court (Alteration of Names) Bill, 2016 was introduced in Lok Sabha on 19.07.2016 inter-alia, to change the name of High Court of Judicature of Madras to Chennai High Court.

Immediately, after the introduction of the Bill in Lok Sabha, the then Chief Minister of Tamil Nadu informed that Tamil Nadu Legislative Assembly unanimously passed a Resolution to rename the High Court of Madras as High Court of Tamil Nadu. However, when this was placed before the full Court meeting of the Madras

High Court on 07.12.2019, the Court resolved that it would not be appropriate to alter the name of the High Court.

Meanwhile, the High Courts (Alteration of Names) Bill, 2016 lapsed due to dissolution of the 16th Lok Sabha.

In view of difference of opinion between the State Government of Tamil Nadu and Madras High Court on the matter, as on date there is no complete proposal to change the name of the Madras High Court.

FEE STRUCTURE IN PRIVATE MEDICAL COLLEGES

***189. DR. BACHHAV SHOBHA DINESH:**

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

- (a) the details of the total number of medical colleges across the country, State/UT-wise, Government and private sector-wise;
- (b) whether the Government decides the fee structure for Medical UG & PG courses for private colleges in the country and if so, the details thereof, State/UT-wise;
- (c) whether students belonging to middle class and economically weaker sections are unable to pursue MBBS and PG courses due to high fee structure;
- (d) if so, the details thereof and the steps taken/proposed to be taken by the Government in this regard;

- (e) whether the Government proposes to charge fees at Government rates for 50 per cent students in private medical colleges and if so, the academic year from which it is likely to be implemented; and
- (f) the total number of students likely to be benefitted every year from these guidelines?

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

(a): The details of the total number of medical colleges across the country, State/UT-wise is given in the enclosed **Statement**.

(b) to (f): Fee structures differ from State to State vis-a-vis Government / Private Medical Colleges as per the guidelines issued by concerned State Fee Regulatory Authorities. Government continuously endeavours to make education more affordable and prevent commercialization of it. In order to make medical education affordable and accessible in the country, the fee structure of Government medical colleges is subsidized.

Furthermore, Clause (i) of Sub-section (1) of Section 10 of the National Medical Commission Act (NMC), 2019 provides for framing of guidelines for determination of fees and all other charges in respect of fifty percent (50%) of seats in private medical institutions and deemed to be universities which are governed under the provisions of the Act. Accordingly, NMC has framed the guidelines and the same was issued on 03.02.2022.

The benefit of the prescribed fee structure shall benefit 50% of the medical students admitted in MBBS/PG courses in private medical colleges and deemed to be universities.

STATEMENT

State/UT wise details of medical colleges along with MBBS seats in the country in the year 2024-25

S. No.	Name of the State/UT	Government Colleges	Private Colleges	Total Colleges
1	Andaman & Nicobar Islands	1	0	1
2	Andhra Pradesh	19	19	38
3	Arunachal Pradesh	1	0	1
4	Assam	14	0	14
5	Bihar	13	9	22
6	Chandigarh	1	0	1
7	Chhattisgarh	11	5	16
8	Dadra & Nagar Haveli	1	0	1
9	Delhi	8	2	10
10	Goa	1	0	1
11	Gujarat	23	18	41
12	Haryana	6	9	15
13	Himachal Pradesh	7	1	8
14	Jammu & Kashmir	11	1	12
15	Jharkhand	7	2	9
16	Karnataka	24	49	73
17	Kerala	12	22	34
18	Madhya Pradesh	18	13	31
19	Maharashtra	42	38	80
20	Manipur	3	1	4
21	Meghalaya	1	1	2
22	Mizoram	1	0	1

23	Nagaland	0	1	1
24	Orissa	13	6	19
25	Puducherry	2	7	9
26	Punjab	5	8	13
27	Rajasthan	31	12	43
28	Sikkim	0	1	1
29	Tamil Nadu	40	37	77
30	Telangana	36	29	65
31	Tripura	1	2	3
32	Uttar Pradesh	46	40	86
33	Uttarakhand	6	4	10
34	West Bengal	26	12	38

BILATERAL LEGAL COOPERATION WITH MOROCCO

***190. SHRI VISHNU DAYAL RAM:**

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

- (a) the objective and features of the agreement signed between India and Morocco for Bilateral Legal Cooperation;
- (b) the manner in which the Government is working to improve legal modernisation through Indo-Moroccan collaboration; and
- (c) the details on the wider diplomatic and developmental outcomes achieved through these legal and technological exchanges?

**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 objective and features of the agreement signed between India and Morocco i.e. Mutual Legal Assistance Treaties (MLAT) for promoting fruitful cooperation in the Judicial and legal spheres, this agreement facilitates the widest measures of mutual legal assistance in civil and commercial matters in accordance with national laws. Assistance under the agreement applies specifically to:

- The service of summons and other judicial documents or processes;
- The taking of evidence by means of Letters of Request;
- The execution of judicial judgments (in the case of the Kingdom of Morocco), decrees (in the case of the Republic of India), settlements, and arbitral awards.

Aligned with the objective of the Memorandum of Understanding (MoU) signed between the Ministry of Law & Justice of the Republic of India and the Ministry of Justice of the Kingdom of Morocco is to enhance mutual cooperation in the legal field. This MoU aims to strengthen institutional linkages, promote the exchange of legal knowledge, experiences, and expertise, and encourage collaborative activities such as training, research, and capacity-building between the two countries.

Key features of the MoU include:

- Exchange of Expertise: Sharing experiences and expertise related to the functioning of the respective Ministries and judicial systems.

- Legislation Exchange: Mutual sharing of legal publications, bulletins, and legislative materials to enhance legal understanding and cooperation.
- Capacity Building: Organising symposiums, conferences, and joint courses on various legal issues and applications.
- Legal Training and Delegation Exchange: Facilitating visits and training opportunities for lawyers and legal experts, including participation in each other's training programs.
- Judicial Information Systems: Cooperation in developing national legal information systems and related technological advancements.
- Implementation Mechanism: Formation of a joint coordination committee responsible for planning annual cooperation programs that are practical and within the financial capabilities of both parties.

This MoU provide opportunity to legal fraternity in India and Morocco to exchange their experience and expertise, in the fields of law and legislation.

(b): Based on the Memorandum of Understanding (MoU) between the Ministry of Law & Justice of the Republic of India and the Ministry of Justice of the Kingdom of Morocco, the Government is promoting legal modernization through structured cooperation in several key areas: The MoU facilitates exchange of experiences, legislation, and expertise between the two countries, in civil and criminal justice systems.

Additionally, the MoU promotes the exchange of legal publications, bulletins, and research, MoU provides for mutual visits and delegation exchanges to study each other's legal institutions and administrative frameworks and also the training opportunities for lawyers through mutual exchange of legal experts.

(c): The Memorandum of Understanding (MoU) facilitates exchange of legal and judicial expertise between the two countries, enhancing diplomatic relations through mutual understanding and capacity building in the legal field. It promotes joint organization of symposiums, conferences, and training programs, allowing both nations to learn from each other's civil and criminal justice systems and legal reforms.

From a technological perspective, the agreement emphasizes exchange of national information systems related to judicial and legal areas, fostering development through shared digital practices and tools in justice delivery. These exchanges contribute to institutional strengthening, capacity development, and modernization of legal frameworks, ultimately promoting rule of law and justice cooperation at a bilateral level.

AVAILABILITY AND DISTRIBUTION OF FERTILIZERS

***191. SHRIMATI POONAMBEN MAADAM:**

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

- (a) whether the Government has taken steps to ensure timely availability and distribution of fertilizers during the 2025 Kharif season;
- (b) if so, details thereof
- (c) the details of the current domestic production level of key fertilizers such as DAP; and
- (d) whether the Government is bridging supply gaps through international procurement agreements, if so, the details thereof?

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

(a) and (b): Yes Sir, the following steps have been taken by the Government during ongoing Kharif-2025 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 & month-wise requirement of fertilizers.
- ii. On the basis of requirement projected, D/o 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.
- (c): The production data of all key fertilizers i.e. Urea, DAP and NPKS during the last five years and in the current year is as under:

Production (Fig. in LMT)			
Year	Urea	DAP	NPKs
2020-21	246.05	37.74	100.54
2021-22	250.72	42.22	89.67
2022-23	284.94	43.47	100.40
2023-24	314.09	42.93	101.85
2024-25	306.67	37.69	121.05
2025-26 (Up to 30.07.2025)	92.81	13.56	36.96

(d): In case of Urea, the imports are done on Government account through 3 designated STEs namely Indian Potash Ltd. (IPL), Rashtriya Chemicals & Fertilizers Ltd. (RCF) & National Fertilizers Ltd. (NFL).

Further, 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 Licenses (OGL) and companies are free to import these fertilizers as per their business dynamics. Besides, the Government actively engages with resource-rich countries through bilateral cooperation in order to enhance imports of essential fertilizers and raw materials. Government facilitates signing of Long-Term Agreements (LTAs) and Memoranda of Understanding (MoUs) between Indian companies and international suppliers, to ensure a steady and reliable supply of these fertilizers in the country. For DAP/NPK, Fertilizer companies have Long-Term Agreements (LTAs) for annual quantity of 77.10 LMT sourced from Saudi Arabia, Morocco and Russia. For MOP, LTAs are in place for annual quantity of 20.25 LMT from Russia, Israel, Belarus and Jordan.

BENEFITS UNDER AYUSHMAN CARD

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

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

- (a) whether the Government plans to introduce any new health schemes specifically for senior citizens or enhance the insurance coverage under existing schemes like the Pradhan Mantri Jan Arogya Yojana (PMJAY) and if so, the details thereof;

- (b) whether the Government has reviewed the premium rates and benefits under the Ayushman Card, including the criteria for enrolment under PMJAY, if so, the details thereof;
- (c) whether steps have been taken by the Government to ensure that all eligible citizens in the country particularly in Kerala, join the scheme without any obstacles, if so, the details thereof; and
- (d) whether the Government proposes to open or upgrade online portals to facilitate the enrolment of new beneficiaries under PMJAY and if so, the details thereof?

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

(a) to (d): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a flagship scheme of the Government which provides health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 12 crore families constituting economically vulnerable bottom 40% of India's population. In October 2024, the scheme has been expanded to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families, irrespective of their socio-economic status, through Vay Vandana card.

Under AB-PMJAY, the health benefit packages have been revised and rationalized since the launch of the scheme. Health Benefit Package (HBP) 2022 comprises of 1,961 procedures across 27 medical specialties.

The eligibility criteria under AB-PMJAY have evolved over time. Since January 2022, the beneficiary base of AB-PMJAY has been expanded from 10.74 crore families to 12 crore families, and provided the flexibility to States/UTs to use other aadhaar-seeded databases of similar socio-economic profile. In March 2024, the eligibility criteria under the scheme were expanded to include 37 lakh Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs), Anganwadi Helpers (AWHs) and their families.

Under AB-PMJAY, Ayushman Vay Vandana cards provide a form of Universal Health Coverage wherein all senior citizens aged 70 Years and above, irrespective of their socio-economic status, are provided free health benefits of up to ₹5 lakh per year. State Health Authorities of the implementing States/UTs are the nodal agencies responsible for onboarding and implementation of the scheme in their respective States/UTs.

A dedicated Ayushman App and web portal (beneficiary.nha.gov.in) have been created to enable beneficiaries to enroll in the scheme. A national helpline number (14555) also provides assistance and addresses all the queries related to the scheme. Beneficiaries can also create their cards at any empanelled hospital.

Pradhan Mantri Arogya Mitras (PMAMs) are deployed at empanelled hospitals to guide the scheme beneficiaries. PMJAY kiosks have also been installed at hospitals as the first point of contact for facilitating awareness and

overall support of beneficiaries, assistance with card creation and ensuring efficient delivery of benefits.

As on date, more than 41 crore Ayushman cards have been created under the scheme across the country, including 83.75 lakh Ayushman cards created in the State of Kerala.

सिकल सेल रोग

*193. श्री राजकुमार रोटः

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

- (क) सिकल सेल रोग के लिए अब तक कुल कितनी जांचें की गई हैं और वर्तमान में देश भर में सिकल सेल रोगियों की कुल संख्या का श्रेणी-वार, वर्ष-वार और राज्य-वार ब्यौरा क्या है;
- (ख) ऐसे रोगियों के उपचार के लिए केन्द्र सरकार और राज्य सरकारों द्वारा चलाए जा रहे कार्यक्रमों का राज्य/संघ राज्यक्षेत्र-वार, विशेषकर राजस्थान में, जिला/श्रेणी और वर्ष-वार ब्यौरा क्या है;
- (ग) देश भर में आनुवांशिक परामर्श कार्ड, दवाओं और टीकों के वितरण के साथ-साथ सिकल सेल से प्रभावित लोगों की सामाजिक-आर्थिक स्थिति, मृत्यु दर का आकलन करने, विवाह-पूर्व परामर्श प्रदान करने और रोकथाम के लिए जागरूकता पैदा करने के लिए राज्य/संघ राज्यक्षेत्र-वार विशेषकर बांसवाड़ा के लोक सभा निर्वाचन क्षेत्र में क्या प्रयास किए जा रहे हैं;
- (घ) इसके अंतर्गत विशेषकर राजस्थान के लिए आवंटित और उपयोग की गई धनराशि का जिला-वार ब्यौरा क्या है; और
- (ङ) क्या सरकार का विचार गरीब और जनजातीय परिवारों को स्वास्थ्य और वित्तीय सहायता सुनिश्चित करने के लिए अनुसूचित क्षेत्रों में शत-प्रतिशत जांच, निःशुल्क उपचार, विवाह-पूर्व

परामर्श और टीकों के वितरण हेतु कोई विशेष योजना शुरू करने का है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

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

(क) से (ड): माननीय प्रधान मंत्री द्वारा सिकल सेल रोग (एससीडी) के उन्मूलन के लिए, राष्ट्रीय सिकल सेल एनीमिया उन्मूलन मिशन (एनएससीईएम) को 1 जुलाई, 2023 को मध्य प्रदेश से शुरू किया गया है। इस मिशन का उद्देश्य सिकल सेल रोग से ग्रसित सभी रोगियों को सस्ती, आसान एवं अच्छी परिचर्या का प्रावधान करना तथा केंद्रीय मंत्रालयों एवं राज्य सरकारों के सहकारी प्रयासों, जागरूकता सृजन, जनजातीय क्षेत्रों के प्रभावित जिलों में 0-40 वर्ष के आयु वर्ग में वर्ष 2025-26 तक 7 करोड़ लोगों की लक्षित स्क्रीनिंग तथा उन्हें परामर्श देना है। एनएससीईएम के तहत, जिला अस्पतालों से लेकर आयुष्मान आरोग्य मंदिर (एएएम) स्तर तक सभी स्वास्थ्य सुविधाकेंद्रों में जांच की जाती है। दिनांक 28.07.2025 की स्थिति के अनुसार, चिन्हित क्षेत्रों सहित 17 चिन्हित जनजातीय बहुल राज्यों में कुल 6,04,50,683 लोगों की जांच की गई है। प्रभावित राज्यों में जांच के माध्यम से पहचाने गए रोगियों का राज्य-वार और श्रेणी-वार ब्यौरा संलग्न **विवरण-I** में दिया गया है।

एनएससीईएम के अंतर्गत, बांसवाड़ा लोकसभा क्षेत्र सहित देश भर में जिला अस्पतालों से लेकर आयुष्मान आरोग्य मंदिर (एएएम) स्तर तक सभी स्वास्थ्य सुविधाकेंद्रों में जांच की जाती है। एससीडी से ग्रसित रोगियों को एएएम के माध्यम से उनके जीवन स्तर में सुधार हेतु निम्नलिखित सेवाएँ/सुविधाएँ प्रदान की जाती हैं;

- नियमित अंतराल पर रोगग्रस्त व्यक्तियों का अनुवर्ती निदान
- जीवनशैली प्रबंधन, विवाह-पूर्व और प्रसव-पूर्व निर्णयों के संबंध में परामर्श देना।
- फोलिक एसिड की गोलियों के वितरण के जरिए पोषण संबंधी पूरक सहायता प्रदान करना।
- योग और आरोग्य सत्र आयोजित करना।

- संकटकालीन लक्षणों का प्रबंधन और उच्चतर स्वास्थ्य सुविधाकेंद्रों के लिए रेफर करना।

दिनांक 28.07.2025 की स्थिति के अनुसार, राजस्थान में 16,97,638 कार्ड सहित देश में कुल 2,62,67,997 जेनेटिक काउंसलिंग आईडी कार्ड वितरित किए गए हैं।

हाइड्रोक्सीयूरिया दवा की उपलब्धता सुनिश्चित करने हेतु इसे उप-स्वास्थ्य केंद्रों, प्राथमिक स्वास्थ्य केंद्रों (पीएचसी)/शहरी पीएचसी, सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों में राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) की अनिवार्य औषधि सूची में शामिल किया गया है। एनएचएम के अंतर्गत, सिकल सेल एनीमिया के रोगियों द्वारा जेबी खर्च को कम करने के लिए हाइड्रोक्सीयूरिया के अधिप्रापण हेतु वित्तीय सहायता प्रदान की जाती है।

जनजातीय कार्य मंत्रालय (एमओटीए) के माध्यम से, जागरूकता और परामर्श सामग्री तैयार की गई हैं और राज्यों/संघ राज्य क्षेत्रों में वितरित की गई है।

यह मंत्रालय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर, सिकल सेल एनीमिया की जाँच और दवाओं की खरीद के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। वित्त वर्ष 2023-24 से वित्त वर्ष 2025-26 तक राजस्थान के प्रभावित जिलों में एनएससीआईएम के अंतर्गत जिले-वार निधि आवंटन और उपयोग का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

विवरण-I

दिनांक 28.07.2025 तक की स्थिति के अनुसार प्रभावित राज्यों में जांच के माध्यम से पहचाने गए रोगियों की कुल संख्या

राज्यों के नाम	कराई गई कुल जांच	कुल रोगियों की संख्या				
		पीवीटीजी सहित एसटी	एससी	ओबीसी	अन्य	कुल
आंध्र प्रदेश	13,22,033	1,541	409	109	110	2,169

असम	10,73,410	25	34	130	97	286
बिहार	2,18,316	-	-	7	1	8
छत्तीसगढ़	1,54,40,569	3,207	1,929	6,087	14,937	26,160
गुजरात	77,34,861	25,282	465	1,809	622	28,178
झारखंड	26,86,659	707	327	895	216	2,145
कर्नाटक	3,49,319	531	28	12	8	579
केरल	1,76,690	1,162	22	154	131	1,469
मध्य प्रदेश	1,12,42,861	16,688	4,264	7,521	2,289	30,762
महाराष्ट्र	72,02,439	6,028	4,674	2,154	10,402	23,258
ओडिशा	45,46,309	15,525	21,284	21,180	38,495	96,484
राजस्थान	37,06,003	2,401	88	93	153	2,735
तमिलनाडु	3,76,357	278	36	37	125	476
तेलंगाना	10,71,585	327	120	21	20	488
उत्तर प्रदेश	7,63,236	9	3	12	8	32
उत्तराखंड	1,53,171	5	-	-	1	6
पश्चिम बंगाल	23,86,865	94	296	43	450	883
कुल	6,04,50,683	73,810	33,979	40,264	68,065	2,16,118

विवरण-II

वित्त वर्ष 2023-24 से वित्त वर्ष 2025-26 तक राजस्थान में एनएससीईएम के तहत निधि अनुमोदन (जांच, जेनेटिक काउंसलिंग आईडी कार्ड और उपचार) और उपयोग का जिला-वार ब्यौरा
(राशि रुपये में)

क्र.सं.	जिलों का नाम	कुल अनुमोदन	कुल उपयोग
●	बांसवाड़ा	9,41,74,400	8,03,18,400
●	डूंगरपुर	7,57,48,000	6,31,29,200
●	प्रतापगढ़	3,80,48,200	3,36,47,200
●	उदयपुर	10,01,89,500	8,94,23,800
●	सिरोही	1,45,94,800	1,33,05,300

●	राजसमंद	10,70,100	9,57,300
●	चित्तौड़गढ़	11,16,000	9,65,300
●	पाली	36,56,000	33,61,500
●	बारां	84,23,000	58,62,500

AWARENESS ON MAFLD

***194. SHRI ASADUDDIN OWAISI:**

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

- (a) whether the Government is aware of recent research published in Nature which found that 84% of Information Technology Sector employees surveyed in Hyderabad had Metabolic Dysfunction-Associated Fatty Liver Disease (MAFLD), and 71% were obese and if so, the details thereof;
- (b) whether the Government has conducted/plans to conduct any nationwide health survey or screening focused on the prevalence of MAFLD and related lifestyle disorders and if so, the details thereof;
- (c) the steps taken/proposed to be taken by the Government to raise awareness about MAFLD, promote healthy lifestyle interventions and improve nutritional standards in corporate settings;
- (d) whether the Government proposes to issue any workplace health guidelines or advisories for urban corporate offices to address life style disorders and if so, the details thereof; and

- (e) whether any inter-ministerial collaboration is being planned to address this emerging public health issue and if so, the details thereof?

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

(a): As per the study published in Nature Scientific Reports Journal in 2025 titled “Prevalence of Metabolic Dysfunction-Associated Fatty Liver Disease among Information Technology Employees in India” involving 345 IT employees in Hyderabad, Metabolic Syndrome (MetS) was present in 118 (34.20%) of the employees. A total of 290 (84.06%) employees had increased liver fat accumulation which indicates high prevalence of MAFLD among IT employees.

(b): An ICMR study with Institute of Liver and Biliary Science, Delhi conducted on Indian Metabolic and Liver Disease (IMELD) Phase I was an initiative focused on understanding regional risk factors for Fatty Liver Disease (FLD), Metabolic Syndrome (MetS) Diabetes Mellitus (DM), and Hypertension (HTN) in various villages of three tehsils of Jaipur, Rajasthan. The key findings of the study are that 37.19% of participants had FLD, with males showing a higher prevalence. Those consuming fast-food weekly (76.3%) were at higher risk.

(c) to (e): The Ministry of Health & Family Welfare has issued Operational guidelines for Non-Alcoholic Fatty Liver Disease (NAFLD) under National Programme for Prevention and Control of Non-Communicable Diseases which provides for healthy diet, regular physical activity, weight management, and

reduced sugar/saturated fat consumption for prevention and management of NAFLD. Further, States and Union Territories have been requested to undertake screening and risk stratification by the health care providers as per the guidelines and guide appropriate referrals.

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 & International Health Days and use of print, electronic and social media for continued community awareness.

The Government of India provides financial support under NHM for awareness generation activities for NCDs to be undertaken by the States and Union Territories. Health promotion messages on fatty liver are being disseminated through IEC materials and public campaigns under NP-NCD.

The Food Safety & Standards Authority of India (FSSAI) has carried out an awareness campaign across its social media platforms to raise awareness about liver health. As a part of this campaign, a wide range of creative, videos, and reels have been disseminated to engage audiences and convey critical messages on liver health in a relatable and impactful manner.

Fit India movement is implemented by Ministry of Youth Affairs and Sports and various Yoga related activities are carried out by Ministry of AYUSH. The

Ministry of Ayush has developed a 5-minute yoga protocol called Yoga Break (Y break) devised with an aim to help professionals to de-stress, refresh and re-focus. It consists of a few 'Light' practices that can be done by taking a few minutes break from work. The protocol comprises few simple Yoga practices which includes Asana (postures), Pranayama (breathing techniques) and Dhyana (meditation). It has been carefully developed by eminent experts and a tested protocol.

Ayush Vertical, Directorate General of Health Services with the support of Research Councils under the Ministry of Ayush, has published Standard Treatment Guidelines (STGs) for Metabolic Disorders in Ayush system of medicine. These guidelines specifically address the prevention and management of NAFLD and represent a coordinated effort to integrate traditional systems of medicine into the national response to metabolic and lifestyle-related health challenges.

ARTIFICIAL INTELLIGENCE IN TRADITIONAL MEDICINE

***195. SHRI RAVINDRA VASANTRAO CHAVAN:**

SHRI MANISH JAISWAL:

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

- (a) whether the World Health Organization (WHO) has recently released a technical brief titled, Mapping the Application of Artificial Intelligence in Traditional Medicine and if so, the details thereof;

- (b) whether the Government has reviewed the key findings and recommendations of the brief and if so, the details thereof;
- (c) the details of the implications of this report for the development and regulation of Artificial Intelligence in the Indian traditional (AYUSH) medicine sector;
- (d) the steps taken/being taken by the Government to integrate Artificial Intelligence in the promotion, research and practice of AYUSH systems in light of this brief; and
- (e) the steps taken by the Government to boost the Traditional Medicine 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): On 11th July 2025, the World Health Organization (WHO) has released a technical brief titled, "Mapping the Application of Artificial Intelligence in Traditional Medicine". This brief explores the current landscape of Artificial Intelligence (AI) applications in traditional medicine, highlighting both the opportunities and challenges. It aims to provide guidance for the responsible and ethical integration of AI into traditional medicine practices worldwide.

The Ministry of Ayush has contributed to this process as a topic driver for Traditional Medicine topic group under the WHO–ITU Focus Group on AI for Health (FG-AI4H),

for conducting global consultation meetings and assisting in finalisation of the document.

(b): The Government has reviewed the key findings and recommendations of the WHO technical brief. The brief emphasises the potential of AI to enhance various aspects of traditional medicine, including diagnosis, treatment, research, and education. It also underscores the importance of addressing ethical considerations, data privacy, regulatory frameworks, and capacity building for the effective and safe adoption of AI in this sector.

(c): The WHO report has significant implications for the development and regulation of Artificial Intelligence in the AYUSH sector. It provides a valuable framework for developing robust policies and guidelines to ensure the responsible integration of AI. The report's findings facilitate:

- i. Establishing ethical guidelines for AI use in AYUSH sector, ensuring patient safety and data privacy.
- ii. Developing standardised protocols for AI-powered diagnostic and therapeutic tools in AYUSH.
- iii. Formulating regulatory mechanisms to govern the development, validation, and deployment of AI applications in the AYUSH sector.
- iv. Promoting research and development in AI for traditional medicine while adhering to international best practices.

(d): In light of the WHO brief, Ministry of Ayush has initiated deliberations on taking several steps viz., capacity building and digitization through Ayush Grid to integrate Artificial Intelligence into the promotion, research, and practice of Ayush systems.

(e): The Ministry of Ayush has implemented multiple initiatives to boost the Traditional Medicine in India as follows:

- i. A Central Sector Scheme for promotion of Information, Education and Communication (IEC) in the Ayush sector has been implemented to create widespread awareness about Ayush systems of medicine. This initiative aims to reach all sections of the population across the country through national/state Arogya Fairs, Yoga Fests/Utsavs, Ayurveda Parvs, and various multimedia and print media campaigns.
- ii. 12 National Institutes and 05 Research Councils under the aegis of Ministry of Ayush are engaged in Outpatient & Indoor patient services, co-ordinating, formulating, developing and promoting research on scientific lines in Ayush systems of healthcare. These Institutes/ Councils organizes Arogya Melas, Awareness Camps, Treatment Camps, Radio & TV talks, outreach programs like Swasthya Rakshan Program (SRP), Schedule Caste Sub Plan (SCSP) Research Program and Tribal Health Care Research Program (THCRP) for creating awareness on Ayush systems of healthcare among the general public. The Councils conducts research in the diverse areas comprising of Clinical Research, The Councils have published journals

which are also available electronically in the public domain to enable dissemination of the outcomes of research among the public. Medicinal Plant Research, Drug Standardization & Quality Control; Pharmacological Research and Literary & Fundamental Research to generate tangible evidence.

- iii. To digitally empower the sector, the Ministry has initiated the “Ayush Grid” project, a comprehensive ICT-based initiative designed to establish a unified digital ecosystem and robust IT infrastructure for the holistic growth of the Ayush sector.
- iv. The Ministry of Ayush is implementing the Ayush Oushadhi Gunavatta evam Utpadan Samvardhan Yojna (AOGUSY) scheme to enhance manufacturing capabilities and exports of traditional medicines, support infrastructure and technology upgrades, strengthen regulatory frameworks, and promote quality standards and collaboration across the sector.
- v. Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H), a subordinate office under Ministry of Ayush, lays down the formulary specifications and pharmacopoeial standards for Ayurveda, Siddha, Unani, and Homoeopathy (ASU&H) drugs. Implementation of these pharmacopoeial standards ensures the optimum quality, purity and strength in the medicines.

विदेशों में भारतीय दूतावासों की भूमिका

*196. श्री बृजमोहन अग्रवाल:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार भारतीय उत्प्रवासियों का रिकार्ड रखती है, यदि हां, तो विभिन्न देशों में रह रहे भारतीय मूल के व्यक्तियों (पीआईओ) का देश-वार ब्यौरा क्या है;
- (ख) भारतीय उत्प्रवासियों के मानवाधिकारों की रक्षा करने में संबंधित दूतावासों और वाणिज्य दूतावासों की क्या भूमिका है;
- (ग) वैसे कौन-कौन से देश हैं, यदि कोई हैं तो, जहां बड़ी संख्या में भारतीय मूल के लोगों के बसे होने के बावजूद भारत का कोई वाणिज्य दूतावास या दूतावास नहीं है और इसके क्या कारण हैं; और
- (घ) क्या सभी भारतीय दूतावासों और वाणिज्य दूतावासों में भारतीय उत्प्रवासियों की धार्मिक और सांस्कृतिक भावनाओं की रक्षा करने के लिए सांस्कृतिक अताशे तैनात किए गए हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

विदेश मंत्री (डॉ. सुब्रह्मण्यम जयशंकर):

(क): पीआईओ/ओसीआई (भारतीय मूल का व्यक्ति/भारत का प्रवासी नागरिक) किसी अन्य देश का नागरिक होता है, जिसका या जिसके पूर्वज का मूल संबंध भारत से है। भारत सरकार ने उनके साथ संबंधों को मजबूत करने के उद्देश्य से कई पहल की हैं। ये प्रयास उन्हें उनकी सांस्कृतिक जड़ों से जोड़ने, उनकी भारत यात्राओं में सहायता प्रदान करने और उन्हें कुछ विशेषाधिकार प्रदान करने पर केंद्रित हैं। नो इंडिया प्रोग्राम (केआईपी) जैसे कार्यक्रम युवा पीआईओ को भारत में 21 दिनों का गहन अनुभव प्रदान करते हैं ताकि वे देश के विकास और विरासत के बारे में जान सकें। विदेशों में स्थित भारतीय मिशन, 'प्रवासी भारतीयों के साथ सांस्कृतिक संबंधों का संवर्धन' (पीसीटीडी) के तहत प्रवासी भारतीयों

के नेतृत्व वाले कार्यक्रमों को सहयोग प्रदान करके सांस्कृतिक जुड़ाव को बढ़ावा देते हैं। पीआईओ और ओसीआई को, विशेषकर संकट के दौरान, कौंसली सहायता भी प्रदान की जाती है।

कल्याणकारी सेवाओं के अलावा, भारत सरकार ओसीआई योजना के तहत कई लाभ प्रदान करती है। ओसीआई को कृषि भूमि स्वामित्व जैसे कुछ अपवादों को छोड़कर आजीवन बहु-प्रवेश वीजा, पुलिस पंजीकरण से छूट, और आर्थिक, वित्तीय एवं शैक्षिक क्षेत्रों में अनिवासी भारतीयों के समान अधिकार प्राप्त हैं। उन्हें भी रोजगार के अवसरों में लाभ मिलता है। उन्हें राष्ट्रीय उद्यानों, स्मारकों और हवाई किरायों पर घरेलू मूल्य निर्धारण का भी लाभ मिलता है। बौद्धिक जुड़ाव को बढ़ावा देने के लिए स्वास्थ्य और परिवार कल्याण मंत्रालय भारत में प्राथमिकता वाले क्षेत्रों में कार्यरत अनिवासी भारतीय, भारतीय मूल के व्यक्ति और ओसीआई विद्वानों के लिए अनुसंधान अनुदान प्रदान करता है। ये सभी पहलें भारत और उसके वैश्विक प्रवासी समुदाय के बीच एक गहरे और स्थायी संबंध को बढ़ावा देने के लिए सरकार की प्रतिबद्धता को रेखांकित करती हैं।

उपलब्ध जानकारी के अनुसार, प्रवासी भारतीयों की जनसंख्या 3,43,56,193 है, जिनमें से 1,71,81,071 भारतीय मूल के व्यक्ति (पीआईओ) और 1,71,75,122 अनिवासी भारतीय हैं। देश-वार ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(ख): सरकार विदेशों में रहने वाले सभी भारतीय नागरिकों की सुरक्षा, संरक्षण और कल्याण को सर्वोच्च प्राथमिकता देती है और ऐसे मुद्दों के समाधान के लिए विभिन्न तंत्र मौजूद हैं। सरकार ने ऐसे तंत्र स्थापित किए हैं ताकि विदेश में रहने वाले भारतीय नागरिक किसी भी सहायता की आवश्यकता होने पर भारतीय मिशनों से संपर्क कर सकें। भारतीय नागरिक वॉक-इन, ईमेल, सोशल मीडिया, बहुभाषी 24x7 आपातकालीन नंबरों जैसे विभिन्न माध्यमों और मदद, सीपीग्राम्स, ई-माइग्रेट आदि शिकायत निवारण पोर्टलों के माध्यम से मिशनों/केंद्रों से संपर्क कर सकते हैं। इसके अतिरिक्त, विदेशों में स्थित भारतीय मिशनों/केंद्रों ने टोल-फ्री हेल्पलाइन, व्हाट्सएप नंबर स्थापित किए हैं और मोबाइल ऐप भी आरंभ किए

हैं ताकि संकट या आपातकालीन स्थिति में भारतीय नागरिक संबंधित भारतीय मिशनों/केंद्रों से संपर्क कर सकें।

भारतीय प्रवासी श्रमिकों के सुरक्षित और व्यवस्थित प्रवासन को सुनिश्चित करने के लिए, ई-माइग्रेट पोर्टल के माध्यम से भर्ती प्रक्रिया की जाती है। यह वेब-आधारित एप्लिकेशन प्रवासन प्रक्रिया को पूरी तरह से डिजिटल, पारदर्शी, सुरक्षित, वैध, मानवीय, कुशल, सुविधाजनक और तीव्र बनाता है। प्रवासियों और अन्य हितधारकों को किसी भी प्रश्न/समस्या के समाधान हेतु सहायता पहुँचाने के लिए एक समर्पित हेल्पलाइन और सहायता प्रणाली भी उपलब्ध है।

इसके अलावा, संकट में फंसे भारतीय नागरिकों को सहायता, मार्गदर्शन और परामर्श प्रदान करने के लिए नई दिल्ली, दुबई (यूएई), रियाद और जेद्दा (सऊदी अरब) और कुआलालंपुर (मलेशिया) में प्रवासी भारतीय सहायता केंद्र (पीबीएसके) और कोच्चि, हैदराबाद, चेन्नई, लखनऊ, पटना और चंडीगढ़ में क्षेत्रीय प्रवासी सहायता केंद्र (केपीएसके) स्थापित किए गए हैं।

विदेश स्थित हमारे मिशन/केंद्र भी संकटग्रस्त भारतीय नागरिकों को साधन-परीक्षण के आधार पर निम्नलिखित सहायता प्रदान करने के लिए भारतीय समुदाय कल्याण निधि (आईसीडब्ल्यूएफ) का उपयोग करते हैं:

- (i) पार्थिव शरीर को भारत लाना या परिवार की सहमति से अंतिम संस्कार करना;
- (ii) आपातकालीन चिकित्सा देखभाल;
- (iii) कानूनी सहायता;
- (iv) भोजन और आवास; और
- (v) फंसे हुए भारतीयों के लिए हवाई यात्रा।

इसके अलावा, खाड़ी देशों में स्थित मिशनों में संकटग्रस्त भारतीय महिलाओं की सहायता के लिए आश्रय गृहों की व्यवस्था है, जहाँ उनके लिए भोजन, आवास, चिकित्सा और स्वदेश वापसी की व्यवस्था

की जाती है। जो महिलाएँ फँसी हुई हैं और संकट में हैं, वे दिन के किसी भी समय दूतावासों से संपर्क कर सकती हैं और उन्हें भारत वापस भेजे जाने तक आवास और सभी सुविधाएँ प्रदान की जाती हैं। इसके अलावा, सरकार ने प्रवासी भारतीय बीमा योजना (पीबीबीवाई) और प्रस्थान-पूर्व अभिविन्यास प्रशिक्षण (पीडीओटी) जैसी कई पहल की हैं, ताकि यह सुनिश्चित किया जा सके कि भारतीय प्रवासी कामगार सुरक्षित प्रवास करें, गंतव्य देशों में उन्हें अच्छे कार्य और रहने की स्थिति मिले, वे अपने अधिकारों के प्रति जागरूक हों और सरकार की विभिन्न कल्याणकारी योजनाओं तक उनकी पहुँच हो सके।

खाड़ी सहयोग परिषद (जीसीसी) देशों के साथ हस्ताक्षरित समझौता ज्ञापनों के आधार पर, संबंधित देशों के साथ संयुक्त कार्य समूहों की नियमित बैठकों में श्रमिकों के कल्याण और सुरक्षा से संबंधित मामलों पर विचार किया जाता है। इसके अतिरिक्त, ऐसे मामलों को राजनयिक माध्यमों से संबंधित मेजबान सरकारों के साथ भी नियमित रूप से उठाया जाता है। इसके अलावा, सात देशों के साथ प्रवासन और आवाजाही साझेदारी करारों पर हस्ताक्षर किए गए हैं, जिनका उद्देश्य भारतीय श्रमिकों के लिए वैश्विक रोजगार के अवसरों को बढ़ाना, और इसके साथ-साथ उनके श्रम अधिकारों की रक्षा करना, अनियमित प्रवासन को रोकना और कौशल विकास को बढ़ावा देना है।

(ग): वर्तमान में भारत के विदेशों में 219 मिशन और केंद्र हैं। इनमें वे सभी देश शामिल हैं जहाँ बड़ी संख्या में भारतीय प्रवासी रहते हैं।

(घ): भारतीय संस्कृति का संवर्धन और मेजबान देश के साथ सांस्कृतिक संपर्क का विकास, विदेशों में स्थित सभी भारतीय मिशनों के कार्यकलापों का एक अभिन्न अंग है। विदेशों में स्थित सभी भारतीय मिशनों और केन्द्रों के प्रमुख अपने मेजबान देशों में भारतीय संस्कृति के बारे में जागरूकता को सक्रिय रूप से बढ़ावा देते हैं। भारतीय सांस्कृतिक संबंध परिषद (आईसीसीआर) के 38 सांस्कृतिक केंद्र हैं (सूची **विवरण-II** के रूप में संलग्न है)। ये केंद्र प्रवासी भारतीयों के साथ जुड़ते हैं, उनमें सामुदायिक

भावना को बढ़ावा देते हैं और विदेशों में रहने वालों में भारतीय संस्कृति का प्रचार करते हैं। अन्य मिशनों और केन्द्रों में, जहाँ आईसीसीआर के तत्वावधान में कोई सांस्कृतिक केंद्र नहीं हैं, मिशनों और केन्द्रों के अधिकारियों को विदेशों में भारतीय संस्कृति के संवर्धन की देखरेख के लिए नियुक्त किया जाता है और वे प्रवासी भारतीयों के साथ सांस्कृतिक जुड़ाव बनाए रखते हैं।

विवरण-I

विदेशों में भारतीय प्रवासियों से संबंधित डाटा

(जनवरी 2025 तक)

क्र.सं.	देश/क्षेत्र	भारतीय मूल के व्यक्ति	एनआरआई	कुल प्रवासी भारतीय
1	अफ़ग़ानिस्तान	158	0	158
2	अल्बानिया	7	450	457
3	एलजीरिया	27	4024	4051
4	एंडोरा	200	50	250
5	अंगोला	59	71	130
6	एंटीगुआ और बारबुडा	200	300	500
7	अर्जेंटीना	1800	800	2600
8	आर्मीनिया	19	5430	5449
9	अरूबा	400	600	1000
10	ऑस्ट्रेलिया	626000	350000	976000
11	ऑस्ट्रिया	18500	14400	32900
12	अज़रबैजान	83	672	755
13	बहामा	20	280	300
14	बहरीन	4506	342350	346856
15	बांग्लादेश	10	7000	7010
16	बारबाडोस	2500	600	3100

17	बेलारूस	150	1266	1416
18	बेल्जियम	13204	23343	36547
19	बेलीज़	1300	200	1500
20	बेनिन	4	996	1000
21	भूटान	0	60000	60,000
22	बोलीविया	15	47	62
23	बोनेयर और छोटे द्वीप	12	54	66
24	बोस्निया और हर्जगोविना	7	20	27
25	बोत्सवाना	3000	9500	12500
26	ब्राज़ील	863	2460	3323
27	ब्रिटिश वर्जिन आइसलैण्ड्स	20	80	100
28	ब्रूनेई दारएस्सलाम	240	14500	14740
29	बुल्गारिया	1077	949	2026
30	बुर्किना फासो	350	150	500
31	बुरुंडी	35	700	735
32	कंबोडिया	100	4400	4500
33	कैमरून	0	1500	1500
34	कनाडा	1859680	1751610	3611290
35	केप वर्ड	1	39	40
36	केमन द्वीपसमूह	100	900	1000
37	सेंट्रल अफ्रीकन रिपब्लिक	0	70	70
38	चाड	0	250	250
39	चिली	2100	2000	4100
40	चीन	59787	43683	103470
41	कोलंबिया	252	758	1010
42	कॉमन वेल्थ ऑफ डोमिनिका	500	40	540

43	कोमोरोस	200	20	220
44	कांगो (लोकतांत्रिक गणराज्य)	5000	30000	35000
45	कांगो गणराज्य	0	875	875
46	कुक आइलैंड्स	5	0	5
47	कोस्टा रिका	39	1011	1050
48	कोटे डी आइवरी	44	6532	6576
49	क्रोएशिया	82	17139	17221
50	क्यूबा	0	0	0
51	कुराकाओ	800	700	1500
52	साइप्रस	398	11119	11517
53	चेक रिपब्लिक	600	10124	10724
54	डेनमार्क	3499	18958	22457
55	ज़िबूटी	8	1000	1008
56	डोमिनिका गणराज्य	2	75	77
57	इक्वेडोर	82	269	351
58	मिस्र	366	5134	5500
59	अल साल्वाडोर	1	20	21
60	इक्वेटोरियल गिनी	0	400	400
61	इरिट्रिया	0	140	140
62	एस्तोनिया	40	1928	1968
63	एस्वातिनी	0	3184	3184
64	इथियोपिया	105	5900	6,005
65	फिजी	313818	2290	316108
66	फिनलैंड	15989	13068	29057
67	फ्रांस	90000	29000	119000
68	फ्रांस (रीयूनियन द्वीप)	300000	159	300159
69	फ्रांस (गुआदेलूप)	57000	180	57180
70	फ्रांस (मार्टिनिक)	8000	90	8090

71	फ्रांस (सेंट मार्टिन)	1800	150	1950
72	गैबॉन	10	800	810
73	गाम्बिया	20	2100	2120
74	जॉर्जिया	5	250	255
75	जर्मनी	176500	273890	450390
76	घाना	321	15000	15321
77	ग्रीस	158	11333	11491
78	ग्रेनेडा	4511	189	4700
79	ग्वाटेमाला	16	126	142
80	गिनी (गणराज्य)	51	1390	1441
81	गिनी-बिसाऊ	0	300	300
82	गुयाना	320000	2700	322700
83	हैती	0	36	36
84	होली सी	30	15	45
85	होंडुरस	277	8457	8734
86	हंगरी	2200	6800	9000
87	आइसलैंड	237	509	746
88	इंडोनेशिया	120000	14817	134817
89	ईरान	445	10320	10765
90	इराक	0	17100	17100
91	आयरलैंड	37,812	45,000	82,812
92	इज़राइल	85,000	38,000	123,000
93	इटली	डेटा उपलब्ध नहीं	170880	170880
94	जमैका	70000	5000	75000
95	जापान	1597	51345	52942
96	जॉर्डन	153	16897	17050
97	कजाखस्तान	423	1095	1518
98	केन्या	60,000	20,000	80,000

99	किरबाती	50	2	52
100	कोरिया (डीपीआर)	1	15	16
101	कोरिया (आरओके)	444	16816	17260
102	कुवैत	2,356	10,07,961	10,10,317
103	किर्गिस्तान	61	200	261
104	लाओस	119	600	719
105	लातविया	डेटा उपलब्ध नहीं	4766	4766
106	लेबनान	41	2000	2041
107	लेसोथो (अधिराज्य)	1500	1500	3000
108	लाइबेरिया	2	3000	3002
109	लीबिया	0	3000	3000
110	लिकटेस्टाइन	0	35	35
111	लिथुआनिया	डेटा उपलब्ध नहीं	7227	7227
112	लक्समबर्ग	813	4508	5321
113	मेडागास्कर	15000	2500	17500
114	मलावी	6000	9000	15000
115	मलेशिया	2750000	185000	2935000
116	मालदीव	140	30000	30140
117	माली	13	600	613
118	माल्टा	250	18000	18250
119	मार्शल द्वीप	2	7	9
120	मॉरिटानिया	0	150	150
121	मॉरीशस	871140	26357	897497
122	माइक्रोनेशिया	0	35	35
123	मेक्सिको	1500	6500	8000
124	मोलदोवा	9	950	959
125	मोनाको	43	10	53

126	मंगोलिया	11	92	103
127	मोंटेसेराट	200	15	215
128	मोरक्को	116	438	554
129	मोजाम्बिक	22000	3000	25000
130	म्यांमार	23	354	377
131	नामीबिया	50	450	500
132	नाउरु	0	20	20
133	नेपाल	0	700000	700000
134	नीदरलैंड	178000	55613	233613
135	न्यूजीलैंड	143000	157000	300000
136	निकारागुआ	1	39	40
137	नाइजर	240	10	250
138	नाइजीरिया	8	150	158
139	उत्तर मैसोडोनिया	52	43	95
140	नॉर्वे	12436	11593	24029
141	ओमान	1754	660299	662053
142	पाकिस्तान	0	0	0
143	पलाउ	0	29	29
144	फिलिस्तीन	0	7	7
145	पनामा	11000	4000	15000
146	पापुआ न्यू गिनी	74	4000	4074
147	पराग्वे	200	400	600
148	पेरू	154	346	500
149	फिलिपींस	2570	67430	70000
150	पोलैंड	1300	30000	31300
151	पुर्तगाल	13682	90000	103682
152	कतर	डेटा उपलब्ध नहीं	8,30,491	8,30,491
153	रोमानिया	362	10797	11159

154	रूस	2742	70000	72742
155	रवांडा	5	3000	3005
156	सेंट किट्स और नेविस	100	500	600
157	सेंट लूसिया	18600	550	19150
158	सेंट विंसेंट और ग्रेनेडाइंस	6600	50	6650
159	समोआ	50	0	50
160	सैन मारिनो	0	0	0
161	साओ टोम	0	32	32
162	सऊदी अरब	0	2747551	2747551
163	सेनेगल	5	35	40
164	सर्बिया	20	10000	10020
165	सेशल्स	5093	8245	13338
166	सियरा लिओन	30	4500	4530
167	सिंगापुर	107180	350000	457180
168	सिंट मार्टेन	3000	2170	5170
169	स्लोवाक गणराज्य	60	5940	6000
170	स्लोवेनिया	86	822	908
171	सोलोमन द्वीप	0	20	20
172	सोमोलिया	0	100	100
173	दक्षिण अफ्रीका	1318431	74057	1392488
174	दक्षिण सूडान	0	980	980
175	स्पेन	16635	51606	68241
176	श्रीलंका	1600000	7500	1607500
177	सूडान	55	85	140
178	सूरीनाम	187700	1350	189050
179	स्वीडन	93180	22680	115860
180	स्विट्जरलैंड	9400	19,200	28,600
181	सीरिया	0	39	39
182	ताइवान	408	4641	5049

183	तजाकिस्तान	0	400	400
184	तंजानिया	40,000	15,000	55,000
185	थाईलैंड	135179	30236	165415
186	तिमोर लेस्ते	300	डेटा उपलब्ध नहीं	300
187	टोगो	10	1300	1310
188	टोंगा	50	5	55
189	ट्रिनिडाड और टोबैगो	548286	1259	549545
190	ट्यूनीशिया	9	80	89
191	तुर्किये	386	3635	4021
192	तुर्कमेनिस्तान	4	105	109
193	तुर्क और कैकोस द्वीप समूह	50	200	250
194	तुवालू	20	0	20
195	युगांडा	9000	30000	39000
196	यूक्रेन	739	1952	2691
197	संयुक्त अरब अमीरात	6614	38,90,953	3897567
198	यूके	970969	369000	1339969
199	यूएसए	3775194	1918415	5693609
200	उरुग्वे	50	950	1000
201	उज़्बेकिस्तान	61	16080	16141
202	वानुअतु	15	0	15
203	वेनेज़ुएला	21	38	59
204	वियतनाम	817	7200	8017
205	यमन	420	700	1120
206	जाम्बिया	5000	25000	30000
207	ज़िम्बाब्वे	9000	1000	10000
कुल		17181071	17175122	34356193

विवरण-II**विदेशों में आईसीसीआर के सांस्कृतिक केंद्रों की सूची**

क्रम सं.	देश	शहर
1.	अफ़ग़ानिस्तान	काबुल
2.	ऑस्ट्रेलिया	सिडनी
3.	बांग्लादेश	ढाका
4.	भूटान	थिम्पू
5.	ब्राज़ील	साओ पाउलो
6.	चीन	बीजिंग
7.	चेक गणराज्य	प्राहा
8.	मिस्र	काहिरा
9.	फिजी	सुवा
10.	जर्मनी	बर्लिन
11.	गुयाना	जॉर्ज टाउन
12.	हंगरी	बुडापेस्ट
13.	इंडोनेशिया	बाली*
14.	इंडोनेशिया	जकार्ता*
15.	ईरान	तेहरान
16.	इज़राइल	टेल अवीव
17.	जापान	टोक्यो
18.	कजाखस्तान	अस्ताना
19.	मलेशिया	क्वालालंपुर
20.	मालदीव	पुरुष
21.	मॉरीशस	पोर्ट लुइस

22.	मेक्सिको	मेक्सिको सिटी
23.	म्यांमार	यांगून
24.	नेपाल	काठमांडू
25.	नीदरलैंड	हेग
26.	कोरिया गणराज्य	सोल
27.	रूस	मास्को
28.	दक्षिण अफ्रीका	डरबन*
29.	दक्षिण अफ्रीका	जोहान्सबर्ग*
30.	श्रीलंका	कोलंबो
31.	सूरीनाम	पारामरिबो
32.	तजाकिस्तान	दुशांबे
33.	तंजानिया	दार-एस-सलाम
34.	थाईलैंड	बैंकाक
35.	त्रिनिदाद और टोबैगो	पोर्ट ऑफ स्पेन
36.	यूनाइटेड किंगडम	लंदन
37.	उज़्बेकिस्तान	ताशकंद
38.	वियतनाम	हनोई

*इंडोनेशिया और दक्षिण अफ्रीका में दो-दो सांस्कृतिक केंद्र हैं।

SOCIAL DIVERSITY IN JUDICIARY

*197. SHRI SACHITHANANTHAM R.:

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

- (a) the present position regarding social diversity in Judiciary in the background of recent SC decision to implement reservation in the staff appointments;

- (b) whether the Government has taken up the issue of Reservation in the appointments of Judges in SC and HCs in light of the remark by Hon'ble Chief Justice of India, if so, the action taken in this regard and if not, the reasons therefor; and
- (c) whether the appointment of 78% of judges to HCs since 2018 from Upper castes warrant an urgent need to overhaul the system of judicial appointments for SC and HCs, if so, the reaction of the Government in this regard?

**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): Appointment of Judges to the Supreme Court and High Courts is made under Articles 124, 217 and 224 of the Constitution of India, which do not provide for reservation for any caste or class of persons. Therefore, category-wise data pertaining to representation of any caste or class of persons among the Judges of Supreme Court and the High Courts is not centrally available. Since 2018, the recommendees for the post of High Court Judges are required to provide details regarding their social background in the prescribed format (prepared in consultation with the Supreme Court). As per the information provided by the recommendees, out of 753 Judges appointed from 2018 till 28.07.2025, 24 belong to SC category, 17 belong to ST category, 93 belong to OBC category and 42 belong to the minority

category. 117 women were appointed as Judges in various High Courts during the same period.

As per the Memorandum of Procedure (MoP), the responsibility for initiation of proposals for appointment of Judges in the Supreme Court vests with the Chief Justice of India, while the responsibility for initiation of proposals for appointment of Judges in the High Courts vests with the Chief Justice of the concerned High Court. However, the Government is committed to enhancing social diversity in judiciary and has been requesting the Chief Justices of High Courts that while sending proposals for appointment of Judges, due consideration be given to suitable candidates belonging to Scheduled Castes, Scheduled Tribes, Other Backward Classes, Minorities and Women to ensure social diversity in the appointment of Judges in High Courts. Only those persons who are recommended by the Supreme Court Collegium, are appointed as Judges of the Supreme Court and High Courts.

The staff of the High Courts are to be appointed as per Rules made by the High Courts in accordance with the powers conferred by Article 229(2) of the Constitution, which provides that *“the conditions of service of officers and servants of a High Court shall be such as may be prescribed by rules made by the Chief Justice of the Court or by some other Judge or officer of the Court authorised by the Chief Justice to make rules for the purpose”*.

मानसून के दौरान मलेरिया, डेंगू और चिकनगुनिया का प्रकोप

*198. श्री राम शिरोमणि वर्मा:

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

- (क) क्या उत्तर प्रदेश के बाढ़ प्रवण श्रावस्ती और बलरामपुर आकांक्षी जिलों को हर वर्ष मानसून के दौरान मलेरिया, डेंगू और चिकनगुनिया जैसी बीमारियों का प्रकोप झेलना पड़ता है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार उक्त बीमारियों की रोकथाम के लिए बड़े पैमाने पर दवा वितरण, फॉगिंग, जागरूकता अभियान और स्वास्थ्य शिविर आयोजित करती है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या उक्त जिलों में पर्याप्त जांच किट, दवाइयां और आईसीयू सुविधाएं उपलब्ध हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या उक्त प्रयोजनार्थ कोई जिला स्तरीय कार्य योजना या आपदा प्रबंधन प्रणाली तैयार की गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं; और
- (ङ) क्या सरकार का विचार भविष्य में इन बीमारियों को रोकने के लिए उक्त जिलों को प्राथमिकता देने का है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क): उत्तर प्रदेश के श्रावस्ती और बलरामपुर जिलों में मानसून के दौरान मलेरिया, डेंगू और चिकनगुनिया के प्रकोप की कोई सूचना नहीं मिली है। तथापि, पिछले तीन वर्षों के दौरान श्रावस्ती और बलरामपुर जिलों में मलेरिया, डेंगू और चिकनगुनिया के नैदानिक मामलों की संख्या इस प्रकार है:

जिले	मलेरिया के मामले			डेंगू के मामले			चिकनगुनिया के नैदानिक मामले		
वर्ष	2022	2023	2024	2022	2023	2024	2022	2023	2024

श्रावस्ती	2	5	6	17	19	7	0	12	2
बलरामपुर	0	4	1	14	25	24	0	20	3

(ख) से (ड): जन स्वास्थ्य और अस्पताल राज्य का विषय है और स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ बनाने की जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की है। तथापि, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत, भारत सरकार का स्वास्थ्य और परिवार कल्याण मंत्रालय, राज्यों/ संघ राज्य क्षेत्रों को मलेरिया, डेंगू और चिकनगुनिया नियंत्रण कार्यकलापों सहित वेक्टर जनित रोगों के नियंत्रण के लिए एकीकृत तरीके से वित्तीय और तकनीकी सहायता प्रदान करता है, जैसे कि केस प्रबंधन, वेक्टर नियंत्रण कार्यकलाप, प्रशिक्षण सहायता, जागरूकता कार्यकलाप आदि, जो राज्यों/संघ राज्य क्षेत्रों द्वारा उनके समग्र संसाधनों की सीमा के भीतर प्रस्तुत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) पर आधारित होते हैं।

स्वास्थ्य और परिवार कल्याण मंत्रालय के अंतर्गत राष्ट्रीय वेक्टर जनित रोग नियंत्रण केंद्र (एनसीवीबीडीसी) मलेरिया, जापानी इंसेफेलाइटिस, डेंगू, चिकनगुनिया, कालाजार और लिम्फैटिक फाइलेरिया जैसे वेक्टर जनित रोगों की रोकथाम और नियंत्रण के लिए एक व्यापक कार्यक्रम, राष्ट्रीय वेक्टर जनित रोग नियंत्रण कार्यक्रम (एनवीबीडीसीपी) का संचालन करता है। यह कार्यक्रम अनुमोदित वार्षिक कार्यक्रम कार्यान्वयन योजना (पीआईपी) के अनुसार राज्यों/संघ राज्य क्षेत्रों को नीतिगत कार्यान्वयन योजना, दिशानिर्देश, तकनीकी मार्गदर्शन और वित्तीय सहायता प्रदान करता है।

मंत्रालय उत्तर प्रदेश राज्य सहित देश में नियमित समीक्षा और राज्यों/संघ राज्य क्षेत्रों से क्षेत्रीय दौरों के माध्यम से प्रस्तुत रिपोर्टों द्वारा वेक्टर जनित रोगों की वृद्धि की नियमित निगरानी करता है।

चूँकि मानसून और मानसून के बाद की अवधि में वेक्टर जनित रोगों का खतरा बढ़ जाता है, इसलिए भारत सरकार मानसून ऋतु से काफी पहले तैयारी कार्यक्रमलाप शुरू कर देती है और उत्तर प्रदेश सहित पूरे देश में मलेरिया, डेंगू और चिकनगुनिया जैसे वेक्टर जनित रोगों के प्रसार को रोकने और नियंत्रित करने के लिए निम्नलिखित उपाय किए जा रहे हैं:

- रोग प्रबंधन में सक्रिय, निष्क्रिय और प्रहरी निगरानी के साथ मामले का शीघ्र पता लगाना, उसके बाद पूर्ण और प्रभावी उपचार, रेफरल सेवाओं को सुदृढ़ करना, महामारी के विरुद्ध तैयारी और त्वरित अनुक्रिया शामिल है।
- चयनित उच्च जोखिम वाले क्षेत्रों में इनडोर अवशिष्ट स्त्रे सहित एकीकृत वेक्टर प्रबंधन, मलेरिया से अत्यधिक प्रभावित क्षेत्रों में लंबे समय तक चलने वाले कीटनाशक जाल, लार्वाभक्षी मछलियों का उपयोग, शहरी क्षेत्रों में जैव-लार्विनाशकों सहित लार्वा-रोधी उपाय और लघु पर्यावरण इंजीनियरिंग एवं प्रजनन की रोकथाम के लिए स्रोत में कमी।
- संबद्ध मंत्रालयों के साथ उच्च-स्तरीय सहयोग सहित अंतर-क्षेत्रीय समन्वय, क्षमता निर्माण और नीति विकास के माध्यम से मानव संसाधन विकास।
- व्यवहार परिवर्तन संप्रेषण के उद्देश्य से सहायक अंतर्क्षेप और सोशल मीडिया, रेडियो, समाचार पत्रों और इलेक्ट्रॉनिक मीडिया सहित विभिन्न मीडिया प्लेटफार्मों के माध्यम से जन स्वास्थ्य संदेशों का संचार और प्रसार।
- दिनांक 16 मई को 'राष्ट्रीय डेंगू दिवस' और जुलाई में डेंगू रोधी माह का आयोजन, जिसमें आईईसी/बीसीसी कार्यक्रमलापों और सहयोग पर ध्यान केंद्रित किया जाता है।
- जन सहभागिता और रोग निवारण जागरूकता को बढ़ावा देने के लिए विश्व मलेरिया दिवस और मलेरिया रोधी माह (जून) का आयोजन।

- रियल टाइम निगरानी के लिए, राज्यों को एकीकृत स्वास्थ्य सूचना पोर्टल-वेक्टर जनित रोग (आईएचआईपी-वीबीडी) पोर्टल पर डेटा दर्ज करने के लिए प्रशिक्षित करना।
- सरकार स्वच्छता बढ़ाने, मच्छर नियंत्रण संबंधी उपायों को सुदृढ़ करने और मलेरिया तथा अन्य वेक्टर जनित रोगों (वीबीडी) की रोकथाम और नियंत्रण के लिए जन जागरूकता बढ़ाने हेतु राज्य के स्वास्थ्य विभागों और शहरी स्थानीय निकायों के साथ सक्रिय रूप से सहयोग कर रही है।
- अंतर-विभागीय समन्वय, जिसमें पंचायती राज संस्थाओं (पीआरआई), स्व-सहायता समूहों (एसएचजी), सार्वजनिक वितरण प्रणाली (पीडीएस) के सदस्यों और धार्मिक/समुदायों के प्रमुखों को शामिल करना ताकि समुदायों को संगठित किया जा सके और निवारक आदतों को बढ़ावा दिया जा सके।
- कार्यान्वयन के लिए राज्यों को केस प्रबंधन, रोकथाम और नियंत्रण हेतु तकनीकी दिशानिर्देश प्रदान करना।
- डेंगू की निगरानी और निःशुल्क निदान के लिए, देश भर में 869 प्रहरी निगरानी अस्पताल (एसएसएच) और 27 शीर्ष रेफरल प्रयोगशालाएँ (एआरएल) चिन्हित की गई हैं। इनमें से 86 एसएसएच और तीन एआरएल उत्तर प्रदेश में हैं। भारत सरकार राष्ट्रीय विषाणु विज्ञान संस्थान (एनआईवी), पुणे के माध्यम से सभी निर्धारित प्रयोगशालाओं को आईजीएम परीक्षण किट प्रदान करती है। इसकी लागत भारत सरकार वहन करती है।
- जमीनी स्तर पर पहुँच बढ़ाने के लिए शिक्षकों, समुदाय प्रमुखों और अग्रिम पंक्ति के कार्यकर्ताओं का क्षमता निर्माण और प्रशिक्षण।
- मलेरिया के प्रकोप से निपटने और इसके आगे प्रसार को रोकने के लिए, सरकार ने देश भर के

सभी स्वास्थ्य केंद्रों और अस्पतालों में डायग्नोस्टिक किट और मलेरिया-रोधी दवाओं का पर्याप्त भंडार सुनिश्चित किया है।

- राज्यों और संघ राज्य क्षेत्रों को नियमित रूप से एडवाइजरी जारी की जाती है ताकि वे प्रकोप की रोकथाम सहित प्रोत्साहन, निवारक और उपचारात्मक उपाय जारी रख सकें।

RURAL HEALTH INFRASTRUCTURE

***199. SHRI LAVU SRIKRISHNA DEVARAYALU:**

SHRI KRISHNA PRASAD TENNETI:

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

- whether the Government has undertaken any study/survey regarding the status of rural health infrastructure across the country over the last five years, if so, the details thereof; State/UT-wise especially in Andhra Pradesh;
- the status of hospitals/dispensaries/PHCs/SHCs and other health establishments proposed, under construction and presently functional across the country, State-wise, districtwise in Andhra Pradesh especially in Palnadu, Prakasam, Eluru and Bapatla Lok Sabha Constituency;
- the details regarding the total amount of funds sanctioned, released and utilised for establishment of medical infrastructure and facilities in rural areas of Andhra Pradesh over the last five years, district-wise particularly for the above locations; and

- (d) whether the Government has any plans of further developing existing rural health infrastructure, if so, the details thereof and the timelines fixed for the same?

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 proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

Health Dynamics of India (HDI) (Infrastructure & Human Resources), 2022-23 is an annual publication, based on Health care administrative data reported by States/UTs. The State/UT-wise status of rural health facilities functioning across the country, including Andhra Pradesh can be accessed at the following link of HDI 2022-23:

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

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.

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 Andhra Pradesh are as under:

(Rs. In Lakhs)

State	2022-23	2023-24	2024-25	2025-26
Andhra Pradesh	674.0	0	15,797.55	15,797.55

Note: Andhra Pradesh did not propose any infrastructure building work in the FY 2023-24.

In addition to the National Health Mission (NHM), Government of India has on-going schemes for developing public healthcare infrastructure:

- **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. 33,081.82 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).

Administrative approvals have been accorded to the State of Andhra Pradesh, for five years (2021-26) for an amount of Rs 1271.80 Cr. for the construction/ strengthening of 1786 Building less-AAM (Sub-Centers - Health & wellness Centers), 45 U-AAMs (HWCs), 26 IPHLs and 24 CCBs, as per the proposal of the State.

The details of projects sanctioned for Andhra Pradesh under PM-ABHIM (Pradhan Mantri Ayushman Bharat Health Infrastructure Mission) for the period FY 2021-22 to 2025-26 is given in the enclosed **Statement-I**.

Funds Released to Andhra Pradesh under PM ABHIM since inception to FY 2024-25 are as under:

(Rs. in Cr.)

Sl. No	States	2021-22	2022-23	2023-24	2024-25
1.	Andhra Pradesh	3.75	15.76	35.78	39.07

Note: The above releases relate to Central Govt. Grants & do not include State share contribution.

- 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.

Under Fifteenth Finance Commission (FC-XV) Health Grants, Rs. 2,600.80 Crore has been approved for Andhra Pradesh for five year period from FY 2021-22 to FY 2025-26 which includes establishment and strengthening of 1558 Building less SHCs, 100 Building less PHCs, 9 Building less CHCs, 436 Block Public Health Units BPHUs, and 191 Urban- AAMs. As on date, Rs. 2,033.40 Cr. has been released.

The details of projects sanctioned for Andhra Pradesh under 15th Finance Commission Health Grants for the period FY 2021-22 to 2025-26 is given in the enclosed **Statement-II**.

STATEMENT-I

Details of projects sanctioned for Andhra Pradesh under PM-ABHIM (Pradhan Mantri Ayushman Bharat Health Infrastructure Mission) for the period FY 2021-22 to 2025-26

I. Integrated Public Health Laboratories (IPHLs):

Sl. No	Year	District	IPHL Facility	Capital Cost
1	2021-22	YSR	DH Proddutur	1.25
2	2022-23	Vizianagaram	AH Rajam	1.25
3	2022-23	West Godavari	AH Tadepalligudem	1.25
4	2022-23	Prakasam	AH Giddalur	1.25
5	2023-24	Krishna	AH Gudivada	1.25
6	2023-24	Guntur	DH Tenali	1.25
7	2023-24	Annamayya	AH Rayachoti	1.25
8	2024-25	Srikakulam	DH Tekkali	1.25
9	2024-25	SPSR Nellore	DH Atmakur	1.25
10	2024-25	Kurnool	AH Yemmiganur	1.25
11	2025-26	Anakapalli	DH Anakapalli	1.25
12	2025-26	Konaseema	AH Ramachandrapuram	1.25
13	2025-26	Sri Satyasai	DH Hindupur	1.25
14	2024-25	Eluru	AH Jangareddygudem	1.25
15	2024-25	Anantapur	AH Guntakal	1.25
16	2024-25	Chittoor	AH Palamaner	1.25
17	2024-25	ASR	AH Araku	1.25

18	2024-25	Kakinada	AH Tuni	1.25
19	2024-25	Palnadu	AH Narasaraopeta	1.25
20	2024-25	PVP Manyam	AH Seethampeta	1.25
21	2024-25	Visakhapatnam	AH Aganampudi	1.25
22	2024-25	Nandyal	AH Banaganapalli	1.25
23	2024-25	East Godavari	AH Anaparthi	1.25
24	2024-25	Bapatla	AH Chirala	1.25
25	2024-25	NTR	AH Nandigama	1.25
26	2024-25	Tirupati	AH Gudur	1.25
	Total			32.50

II. Critical Care Blocks (CCBs):

Sl. No.	Year	District	CCB Facility	No. of Beds	Capital Cost
1	2021-22	YSR	GMC Kadapa	50	23.75
2	2022-23	SPSR Nellore	ACSR GMC Nellore	50	23.75
3	2022-23	Srikakulam	GMC Srikakulam	50	23.75
4	2023-24	Tirupati	Sri Venkateswara MC	50	23.75
5	2023-24	Visakhapatnam	Andhra MC	50	23.75
6	2024-25	Ananthapuram	GMC Anantapur	50	23.75
7	2024-25	Prakasam	GMC Ongole	50	23.75
8	2025-26	East Godavari	GMC Rajamahendravaram	50	23.75
9	2025-26	Kurnool	Kurnool MC	50	23.75
10	2025-26	NTR	Siddhartha MC	50	23.75
11	2025-26	Vizianagaram	GMC Vizianagaram	50	23.75
12	2025-26	Guntur	DH Tenali	100	44.50
13	2025-26	Sri Satyasai	DH Hindupur	50	22.25
14	2025-26	Anakapalli	DH Anakapalli	50	22.25
15	2024-25	A.S.R	GMC Paderu	50	23.75
16	2024-25	Eluru	GMC Eluru	50	23.75
17	2024-25	Krishna	GMC Machilipatnam	50	23.75
18	2024-25	Nandyal	GMC Nandyal	50	23.75

19	2024-25	Palnadu	AH Narasarao peta	75	36.35
20	2024-25	PVP Manyam	AH Palakonda	50	23.75
21	2024-25	West Godavari	AH Bhimavaram	50	23.75
22	2024-25	Annamayya	AH Rayachoty	50	23.75
23	2024-25	Kakinada	Rangaraya MC	50	23.75
24	2024-25	Bapatla	AH Chirala	50	23.75
	Total				600.35

III. Construction of Sub Health Centers (AAMs) in rural areas:

Sl.No.	Details	No. of Units	Total Amount
1	Ayushman Arogya Mandirs (AAMs) in rural areas	1786	535.80 Cr

STATEMENT – II

Details of projects sanctioned for Andhra Pradesh under 15th Finance Commission Health Grants for the period FY 2021-22 to 2025-26

I. Construction of Primary Health Centres:

Sl. No.	Details	No. of Units	Total Amount
1	Primary Health Centers	100	143.00 Cr

Sl. No.	District	Number of Units
1	Alluri Sita Ramaraju	2
2	Anakapalli	2

3	Anantapuramu	5
4	Annamayya	2
5	Bapatla	4
6	Chittoor	4
7	East Godavari	8
8	Eluru	4
9	Guntur	7
10	Kakinada	4
11	Konaseema	1
12	Krishna	1
13	Kurnool	9
14	Nandyal	6
15	NTR	2
16	Palnadu	7
17	Prakasham	5
18	Spsr Nellore	6
19	Sri Satya Sai	4
20	Srikakulam	5
21	Tirupathi	2
22	Visakhapatnam	1
23	Vizianagaram	3
24	West Godavari	4
25	YSR Kadapa	2
	Total	100

II. Construction of Sub Health Centers (AAMs) in rural areas:

Sl. No.	Details	No. of Units	Total Amount
1	Building-less Subcentres	1558	532.04 Cr

Sl. No	District	Number of Units
1	Alluri Sitharama Raju	12
2	Anakapalli	37
3	Anantapur	40
4	Annamayya	49
5	Bapatla	109
6	Chittoor	71
7	East Godavari	47
8	Eluru	63
9	Guntur	67
10	Kakinada	140
11	konaseema	153
12	Krishna	97
13	Kurnool	59
14	Nandyal	69
15	NTR	77
16	Palnadu	63
17	Parvathipuram Manyam	22
18	Prakasam	71
19	SPSR Nellore	98
20	Sri Sathya Sai	25
21	Srikakulam	20

22	Tirupathi	80
23	Visakhapatnam	9
24	Vizianagaram	40
25	West Godavari	34
26	Y.S.R	6
	Total	1558

स्नातक चिकित्सकों के लिए डिप्लोमा कोर्स

*200. डॉ. राजीव भारद्वाज:

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

- (क) क्या सरकार का विचार स्वास्थ्य सेवाओं में सुधार लाने के लिए ग्रामीण और दूरस्थ पहाड़ी क्षेत्रों में विशेषज्ञ चिकित्सकों की तैनाती करने का है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या स्नातक चिकित्सकों के लिए कोई डिप्लोमा पाठ्यक्रम शुरू किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या उक्त डिप्लोमा पाठ्यक्रम में प्रवेश भी एनईईटी परीक्षा के माध्यम से होने की संभावना है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ) क्या उक्त डिप्लोमा पाठ्यक्रम केवल जिला अस्पतालों में कार्यरत स्नातक चिकित्सकों तक ही सीमित 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 (ङ): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत, स्वास्थ्य और परिवार कल्याण मंत्रालय, कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर, जन स्वास्थ्य सेवा

प्रणाली को सुदृढ़ करने के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है।

एनएचएम के अंतर्गत, देश में स्वास्थ्य सेवाओं में सुधार हेतु ग्रामीण और दूरदराज के क्षेत्रों में विशेषज्ञ डॉक्टरों को प्रैक्टिस करने के लिए प्रोत्साहित करने हेतु निम्नलिखित प्रकार के प्रोत्साहन और मानदेय प्रदान किए जाते हैं:

- ग्रामीण और दूरदराज के क्षेत्रों में सेवा प्रदान करने के लिए विशेषज्ञ डॉक्टरों को दुर्गम क्षेत्र भत्ता और आवासीय सुविधा दी जाती है, ताकि उन्हें ऐसे क्षेत्रों में जन स्वास्थ्य सुविधा केंद्रों में कार्य करना आकर्षक लगे।
- ग्रामीण और दूरदराज के क्षेत्रों में सिजेरियन सेक्शन करने के लिए विशेषज्ञों की उपलब्धता बढ़ाने के लिए स्त्री रोग विशेषज्ञों/आपातकालीन प्रसूति देखभाल (ईएमओसी) प्रशिक्षित, बाल रोग विशेषज्ञों और एनेस्थेसिस्ट/जीवन रक्षक एनेस्थीसिया कौशल (एलएसएस) प्रशिक्षित डॉक्टरों को मानदेय भी प्रदान किया जाता है।
- राज्यों को विशेषज्ञों को आकर्षित करने के लिए बातचीत से तय वेतन की पेशकश करने की भी छूट है, जिसमें "यू कोट, वी पे" जैसी कार्यनीतियों में नम्यता भी शामिल है।
- एनएचएम के तहत दुर्गम क्षेत्रों में कार्यरत कर्मचारियों के लिए स्नातकोत्तर पाठ्यक्रमों में प्रवेश में वरीयता और ग्रामीण क्षेत्रों में आवास व्यवस्था में सुधार जैसे गैर-मौद्रिक प्रोत्साहन भी शुरू किए गए हैं।
- विशेषज्ञों की कमी को दूर करने के लिए एनएचएम के तहत डॉक्टरों के बहु-कौशल विकास को बढ़ावा दिया जाता है। स्वास्थ्य परिणामों में सुधार के लिए एनएचएम के तहत मौजूदा मानव संसाधन (एचआर) का कौशल उन्नयन एक अन्य प्रमुख कार्यनीति है।

इसके अलावा, राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा अधिसूचित जिला रेजीडेंसी कार्यक्रम (डीआरपी) पाठ्यक्रम में जिला अस्पतालों में पाठ्यक्रम के एक भाग के रूप में पीजी मेडिकल छात्रों के लिए अनिवार्य तीन महीने की पोस्टिंग सह-प्रशिक्षण प्रदान करने का प्रावधान है। डीआरपी ग्रामीण और अल्पसेवित क्षेत्रों में स्वास्थ्य सेवा प्रदायगी को सुदृढ़ करके आम जनता को लाभान्वित करता है।

राष्ट्रीय आयुर्विज्ञान परीक्षा बोर्ड (एनबीईएमएस) और राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा एमबीबीएस पूरा कर चुके अभ्यर्थियों के लिए विभिन्न चिकित्सा विशेषज्ञताओं में डिप्लोमा पाठ्यक्रम प्रदान किए जाते हैं। इन डिप्लोमा कार्यक्रमों में प्रवेश नीट-पीजी परीक्षा के माध्यम से दिया जाता है।

राष्ट्रीय आयुर्विज्ञान परीक्षा बोर्ड (एनबीईएमएस) द्वारा प्रदान की गई जानकारी के अनुसार, इसने 2020 से 9 पोस्ट एमबीबीएस डिप्लोमा पाठ्यक्रम शुरू किए हैं। इन डिप्लोमा पाठ्यक्रमों में प्रवेश नीट-पीजी के माध्यम से होता है। देश का कोई भी एमबीबीएस डॉक्टर डिप्लोमा पाठ्यक्रमों में प्रवेश के लिए पात्र है, बशर्ते वह नीट-पीजी सूचना बुलेटिन में उल्लिखित पात्रता मानदंडों को पूरा करता हो। डिप्लोमा पाठ्यक्रम केवल जिला अस्पतालों में कार्यरत स्नातक डॉक्टरों तक ही सीमित नहीं हैं।

(ii) Unstarred Question Nos. 2071 to 2300

STATUS OF POK ON INDIAN MAP

2071. SHRI ANIL YESHWANT DESAI:

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

- (a) whether some part of our Kashmir which is called Pakistan occupied Kashmir (PoK) is still in the illegal occupation of Pakistan, if so, the efforts being made to push back Pakistan from PoK; and
- (b) whether in view of the Government stand in the Parliament about India's legal right over full territory of Kashmir, full Kashmir – including PoK is shown as an integral part of India in the Map, if not, the reasons therefor?

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

(a) and (b): Pakistan has been in illegal occupation of parts of Indian Union Territories of Jammu and Kashmir and Ladakh. Government of India has consistently called upon Pakistan to immediately vacate all areas under its illegal and forcible occupation. Government of India has lodged strong protests with the Government of Pakistan and rejects all attempts by it to bring material change in these occupied territories.

It has been India's consistent and principled position that the entire Union Territories of Jammu & Kashmir and Ladakh have been, are and will always remain

integral parts of India. This was enunciated in the unanimously adopted 1994 Resolution of the Indian Parliament. The official maps published by the Government of India unambiguously represent entire Union Territories of Jammu & Kashmir and Ladakh, including the territories illegally occupied by Pakistan, as parts of the Union of India.

सरकारी अस्पतालों के लिए दवाओं की खरीद

2072. श्री चन्द्र प्रकाश चौधरी:

श्री सनातन पांडेय:

श्री चंदन चौहान:

श्री जुगल किशोर:

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

- (क) देश में सरकारी अस्पतालों के लिए दवाओं की खरीद हेतु सरकार द्वारा निर्धारित मानदंड क्या हैं और विगत तीन वर्षों तथा वर्तमान वर्ष के दौरान उक्त मानदंडों में वर्ष-वार किए गए संशोधन का ब्यौरा क्या है;
- (ख) उक्त अवधि के दौरान सरकारी अस्पतालों को आपूर्ति हेतु राष्ट्रीय और अंतर्राष्ट्रीय कंपनियों से अलग-अलग खरीदी गई दवाओं की कुल लागत कितनी है;
- (ग) क्या दवाओं की खरीद हेतु कुछ दवा कंपनियों को अग्रिम भुगतान भी किया गया था और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (घ) उक्त अवधि के दौरान देश में उपयोग के लिए तैयार दवाओं के आयात की अनुमति के संबंध में ब्यौरा क्या है;

- (ड) क्या ऐसी दवाओं के आयात की भी अनुमति दी गई थी जो देश में कम कीमतों पर उपलब्ध थीं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और इसके क्या कारण हैं; और
- (च) सरकारी अस्पतालों के लिए दवाओं की खरीद प्रक्रिया को सुव्यवस्थित करने हेतु सरकार द्वारा क्या कदम उठाए गए/उठाए जाने का प्रस्ताव है?

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

(क): केंद्र सरकार के अस्पताल नामतः सफदरजंग अस्पताल, डॉ. राम मनोहर लोहिया अस्पताल, लेडी हार्डिंग अस्पताल और ग्रामीण स्वास्थ्य प्रशिक्षण केंद्र सामान्य वित्तीय नियम, 2017 (जीएफआर 2017), वस्तुओं की खरीद के लिए मैनुअल और दवाओं की खरीद के लिए समय-समय पर संशोधित भारत सरकार द्वारा जारी अन्य मौजूदा दिशा-निर्देशों/अनुदेशों का अनुपालन करते हैं।

(ख): पिछले तीन वर्षों के दौरान उपर्युक्त अस्पतालों द्वारा राष्ट्रीय और अंतर्राष्ट्रीय कंपनियों से खरीदी गई दवाओं की कुल लागत निम्नानुसार है:

अस्पताल का नाम	राष्ट्रीय कंपनियों से खरीद (करोड़ रुपये में)	अंतर्राष्ट्रीय कंपनियों से खरीद (करोड़ रुपये में)	कुल खरीद (करोड़ रुपये में)
सफदरजंग अस्पताल	194.92	30.6	225.52
डॉ. राम मनोहर लोहिया अस्पताल	100.89	शून्य	100.89
लेडी हार्डिंग अस्पताल	34.12	4.43	38.56
ग्रामीण स्वास्थ्य प्रशिक्षण केंद्र	8.85	शून्य	8.85

(ग): दवाओं की खरीद सरकारी नियमों के अनुसार की जाती है तथा दवाओं की आपूर्ति और आवश्यक सत्यापन के बाद ही भुगतान किया जाता है।

(घ) और (ङ): सीडीएससीओ के सुगम डाटाबेस में उपलब्ध आंकड़ों के अनुसार, विभिन्न श्रेणियों में उपयोग के लिए तैयार दवाओं हेतु आयात लाइसेंस जारी किए गए हैं, जिनमें रोगाणुरोधी, हृदय, श्वसन, जठरांत्र, अंतःस्त्रावी और हार्मोनल दवाएं, इम्यूनोमॉड्युलेटर, नेत्र संबंधी तैयारी, पोषण संबंधी पूरक, कीमोथेरेपी और रेडियो डायग्नोस्टिक एजेंट शामिल हैं।

पिछले तीन वित्तीय वर्षों के दौरान जारी किए गए आयात लाइसेंसों का विवरण इस प्रकार है:

वित्त वर्ष	जारी किए गए आयात लाइसेंसों की संख्या
2022-23	141
2023-24	226
2024-25	113

(च): स्वास्थ्य और परिवार कल्याण विभाग के अंतर्गत केंद्रीय सरकारी अस्पतालों सहित सभी खरीद संस्थाओं को पारदर्शिता, दक्षता और निर्बाध आपूर्ति सुनिश्चित करने के लिए दवाओं की खरीद में सरकारी नियमों/दिशानिर्देशों/निर्देशों का कड़ाई से अनुपालन करने का निर्देश दिया गया है।

LINKING OF AADHAAR AND VOTER ID

2073. SHRI M. K. RAGHAVAN:

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

- (a) whether the Government has data on the number and percentage of voters who have linked their Aadhaar with Voter ID cards as per the latest available figures, State-wise and Union Territory-wise;

- (b) if so, the details thereof;
- (c) whether the Government proposes to make the linking of Aadhaar with Voter ID mandatory, in view of rising concerns over voter list; and
- (d) if so, the details thereof?

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

(a) to (d): The Election Commission of India (ECI) has informed that the Election Laws (Amendment) Act, 2021, allows Electoral Registration Officers to require the existing or prospective elector to provide the Aadhaar number for the purpose of establishing identity on a voluntary basis. The ECI has further stated that it has *vide* its instruction dated 4th July, 2022, has launched the programme to collect the Aadhaar number of existing and prospective electors on a voluntary basis from 1st August, 2022 in all States and Union territories.

PMBJAKs AT RAILWAY STATIONS

2074. SHRI Y. S. AVINASH REDDY:

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

- (a) the manner in which the new Pradhan Mantri Bhartiya Janaushadhi Kendras (PMBJAKs) ensure the availability of quality, affordable medicines for passengers at railway stations;

- (b) whether these Kendras ensure availability of medicines, especially in rural and remote areas where access to healthcare facilities is limited; and
- (c) if so, the details thereof?

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

(a): Under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana scheme, a total of 106 Jan Aushadhi Kendras (JAKs) have been opened at railway stations across the country till 30.6.2025 to ensure availability of quality, affordable medicines to public, including passengers, at railway stations.

(b) and (c): A total of 16,912 JAKs have been opened till 30.6.2025 across the country, of which 8,660 JAKs have been opened in rural areas. To increase access in rural areas, the scheme has partnered with the Ministry of Cooperation for the opening of JAKs by Primary Agricultural Credit Societies and other cooperative societies.

On the average, about 10 to 12 lakh persons visit these Kendras daily and avail of quality medicines at affordable prices across the country, including in rural and remote areas. 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, across the country, including in rural and remote areas.

For smooth supply and product availability at JAKs across the country, including in rural and remote areas, an end-to-end IT-enabled supply chain system has been established, which comprises one central warehouse, four regional warehouses and 39 distributors appointed. Further, 400 fast-moving Janaushadhi products are monitored regularly to ensure their availability. In addition, a minimum stocking mandate has been implemented for 200 Janaushadhi products consisting of the 100 top-selling Janaushadhi products in the scheme product basket and 100 fast-selling Janaushadhi products in the market. Under the stocking mandate, JAK owners become eligible for claiming incentive based on stocks of the said 200 products maintained by them.

JUVENILE JUSTICE ACT

2075. SHRI HANUMAN BENIWAL:

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

- (a) whether the Government is considering amendments to Juvenile Justice Act/other laws to mandate stricter action against employers of child labour, if so, the details thereof;
- (b) the number of challans issued and convictions achieved under existing laws in 2024-25;
- (c) whether the Government has identified any gaps in coordination among child welfare committees, police and judiciary; and

- (d) if so, the details thereof and the measures being taken to ensure that rescued children are not re-trafficked/employed?

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

(a) to (d) : The Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015), as amended in 2021 is the primary legislation for ensuring safety, security, dignity and well-being of Children in Need of Care and Protection (CNCP) as well as Children in Conflict with Law (CCL). It caters to their basic needs, care, protection, development, treatment, rehabilitation and social re-integration. The Act creates statutory structures at the State and District levels which include State Child Protection Society, Child Welfare Committees, Juvenile Justice Boards (JJBs), District Child Protection Units. It also provides for establishment of Child Care Institutions. The JJ Act was amended last in 2021 and further amendments are not under consideration at present.

As per Section 2 (14) (ii) and (ix) of Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act) as amended in 2021, a child who is found working in contravention of the provisions of this act or labour laws for the time being in force or is found begging, or living on the street and who is found vulnerable is included as a “child in need of care and protection”, among others.

The Government of India has taken several steps to prevent child labour including enactment of the Child and Adolescent Labour (Prohibition &

Regulation) Act, 1986. The Act inter-alia covers complete prohibition of work or employment of children below 14 years of age in any occupation or process and prohibition of adolescents in the age group of 14 to 18 years in hazardous occupations and processes. It also provides for stricter punishment for employers for violation of the Act and made the offence as cognizable.

Ministry of Home Affairs has issued an advisory dated 17.10.2022 to State Governments/UT Administrations regarding appointment of Child Welfare Police Officers and Special Juvenile Police Units under the Juvenile Justice (Care and Protection) Act, 2015 as these play a critical role in dealing with crime against children. Further, MHA has also issued another advisory dated 30.04.2024 to all State Governments/UT Administration to take pro-active steps to eliminate child labour including registration of FIRs, ensuring better coordination between law enforcement agencies and other stakeholders like NGOs; Anti-Human Trafficking Units; District Child Protection Units; Railway Protection Force; Labour factories etc., sensitizing the law enforcement agencies about gravity of child labour by way of training/workshops/seminars etc.

Section 143 of BNS defines trafficking as recruiting, transporting, harbouring, transferring, or receiving a person for exploitation using various coercive means. The section outlines severe punishments for trafficking, with higher penalties for trafficking multiple persons or children. Further, Section 144 of BNS, 2023, deals

with the exploitation of trafficked persons, including sexual exploitation. The section outlines different punishments for exploiting trafficked children and adults, with distinct terms of imprisonment and fines. Section 95 of BNS related to hiring, employing or engaging a child etc.to commit an offence, Section 99 of BNS related to buying a child for the purposes of prostitution are also relevant in the context of human trafficking. Additionally, the Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023 also recognizes trafficking as a cognizable and non-bailable offence.

Further, Ministry of Women and Child Development is implementing Centrally Sponsored Scheme namely Mission Vatsalya through the State/ UT Governments on pre-defined cost sharing basis between the Centre and the State Governments to deliver various services for children in difficult circumstances, which include both institutional and non-institutional care services. The Child Care Institutions (CCIs) established under the Mission Vatsalya scheme support, inter-alia, age-appropriate education, access to vocational training, recreation, health care, counselling etc. Support under non-institutional care is provided by way of sponsorship, foster care and after care to children in need of care and protection. Also, the Ministry of Women and Child Development regularly follows up with the State/ UT Governments so as to ensure better implementation of the processes and procedures mandated under the JJ Act and Rules.

Further, 'Police' and 'Public Order' are the "State" subjects under the Seventh Schedule to the Constitution of India. The responsibility for preventing and

countering the crime of human trafficking, therefore, primarily vests with respective States/ Union Territories, who are competent to deal with such offences under extant provisions of law.

National Crime Records Bureau (NCRB) compiles and publishes information on crime in its publication "Crime in India". The latest published report pertains to the year 2022.

खाद्य पदार्थों में मिलावट

2076. श्री भाऊसाहेब राजाराम वाकचौरे:

श्री अरविंद गणपत सावंत:

श्री बजरंग मनोहर सोनवणे:

श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकर:

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

- (क) क्या सरकार ने खाद्य पदार्थों में मिलावट का संज्ञान लिया है क्योंकि देश में ऐसे कई मामले सामने आए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है और विशेषकर महाराष्ट्र सहित देश में राज्य/संघ राज्य क्षेत्र-वार ऐसे मामलों की संख्या कितनी है;
- (ख) क्या सरकार ने इस संबंध में कोई जांच कराई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और दोषी पाए गए व्यक्तियों की संख्या कितनी है और उन पर क्या कार्रवाई की गई है;
- (ग) क्या सरकार देश में शुद्ध पनीर के उत्पादन, प्रसंस्करण, गुणवत्ता और बिक्री को नियंत्रित करने के लिए एक सख्त और पारदर्शी कानून लाने पर विचार कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

- (घ) क्या खाद्य पदार्थों में मिलावट लोगों के स्वास्थ्य पर प्रतिकूल प्रभाव डाल रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और मक्खन, दूध में पाम ऑयल की मिलावट के कितने मामले प्रकाश में आए हैं;
- (ङ) क्या सरकार का विचार इस संबंध में दोषियों को कठोर दंड देने के लिए मौजूदा अधिनियम में संशोधन करने का है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (च) क्या सरकार ने नियमित निगरानी, त्वरित कार्रवाई और त्वरित न्यायालयों के माध्यम से ऐसे मामलों को रोकने के लिए ठोस योजना तैयार की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (छ) क्या सरकार का विचार इस संबंध में राज्य सरकारों को अधिक शक्तियां और संसाधन प्रदान करने का है और यदि हां, तो राज्य/संघ राज्य क्षेत्र-वार 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): भारतीय खाद्य सुरक्षा और मानक प्राधिकरण (एफएसएसआई) को यह जिम्मेदारी दी गई है कि वह खाद्य पदार्थों के लिए वैज्ञानिक आधार पर मानक निर्धारित करे और उनके उत्पादन, भंडारण, वितरण, बिक्री और आयात को नियंत्रित करे ताकि मानव उपभोग के लिए सुरक्षित और पौष्टिक खाद्य की उपलब्धता सुनिश्चित की जा सके।

खाद्य सुरक्षा और मानक (एफएसएस) अधिनियम, 2006 और खाद्य सुरक्षा और मानक विनियम (एफएसएसआर) के तहत निर्धारित मानकों, सीमाओं और अन्य वैधानिक आवश्यकताओं का अनुपालन सुनिश्चित करने के लिए, एफएसएसआई, अपने चार क्षेत्रीय कार्यालयों और राज्य / संघ राज्य क्षेत्र खाद्य सुरक्षा प्राधिकरणों के माध्यम से, देशभर में नियमित रूप से निगरानी, निरीक्षण, नमूनाकरण और प्रवर्तन का कार्य करता है। यदि कहीं भी मानकों से विचलन या एफएसएसआर के उल्लंघन पाए जाते हैं, तो

संबंधित खाद्य व्यवसाय संचालकों (एफबीओ) के खिलाफ नियामक कार्रवाई की जाती है, जिसमें दंडात्मक उपाय भी शामिल हैं, जैसा कि एफएसएस अधिनियम, 2006 और उससे संबंधित नियमों में निर्दिष्ट है। एफएसएसएआई खाद्य मिलावट से संबंधित शिकायतों की शीघ्र जाँच भी करता है ताकि खाद्य सुरक्षा और जन स्वास्थ्य की संरक्षा की जा सके।

वित्तीय वर्ष 2024-25 में देश भर में और महाराष्ट्र राज्य में अनुपालन न करने वाले एफबीओ के विरुद्ध एफएसएसएआई द्वारा की गई कार्रवाई से संबंधित आंकड़े **विवरण** में संलग्न हैं।

खाद्य व्यवसाय संचालकों (एफबीओ) को खाद्य व्यवसाय शुरू करने से पहले एफएसएस विनियमों के तहत निर्धारित पात्रता मानदंड के अनुसार लाइसेंस या पंजीकरण प्रमाण-पत्र प्राप्त करना अनिवार्य है। कोई भी व्यक्ति वैध लाइसेंस/पंजीकरण प्रमाण-पत्र के बिना खाद्य व्यवसाय का संचालन नहीं कर सकता। इसके अलावा, दूध और दूध उत्पादों (जैसे पनीर) के निर्माण/प्रसंस्करण में लगे एफबीओ को लाइसेंस जारी करने से पहले पूर्व-लाइसेंस निरीक्षण अनिवार्य है।

पनीर की गुणवत्ता और सुरक्षा मानकों को एफएसएस (खाद्य उत्पाद मानक और खाद्य योजक) विनियमन, 2011 के अंतर्गत निर्धारित किए गए हैं। एफएसएसएआई के पास जोखिम आधारित निरीक्षण प्रणाली (आरबीआईएस) है, जिसमें खाद्य व्यवसायों से जुड़े जोखिम के आधार पर निरीक्षण की आवृत्ति तय की जाती है। इसी के अंतर्गत, दूध और दूध उत्पादों को उच्च जोखिम श्रेणी में रखा गया है और इसके तहत वार्षिक निरीक्षण अनिवार्य है। निरीक्षण के दौरान नमूनाकरण भी अनिवार्य रूप से किया जाता है। सभी केंद्रीय लाइसेंसधारी खाद्य निर्माता, जिनमें पनीर निर्माता भी शामिल हैं, को एफएसएसएआई द्वारा सूचीबद्ध एजेंसियों से वर्ष में एक बार अन्य पक्ष से परीक्षण कराना आवश्यक है। यदि कहीं कोई उल्लंघन पाया जाता है, तो उसका समाधान सुधारात्मक कार्रवाई, जुर्माने और मार्गदर्शन के माध्यम से किया जाता है ताकि खाद्य सुरक्षा मानकों का पालन सुनिश्चित किया जा सके।

(छ): खाद्य सुरक्षा और मानक अधिनियम, 2006 का कार्यान्वयन और प्रवर्तन केंद्र और राज्य सरकारों की संयुक्त जिम्मेदारी है। जहाँ एफएसएसएआई वैज्ञानिक आधारित मानक निर्धारित करने और समग्र समन्वय के लिए जिम्मेदार है, वहीं राज्य खाद्य सुरक्षा प्राधिकरण मुख्य रूप से क्षेत्रीय स्तर पर प्रवर्तन के लिए जिम्मेदार होते हैं। तथापि, राज्य खाद्य सुरक्षा प्राधिकरण फील्ड स्तर पर प्रवर्तन के लिए प्राथमिक रूप से उत्तरदायी हैं। इसके अलावा, एफएसएसएआई ने राज्यों और संघ राज्य क्षेत्रों में खाद्य परीक्षण बुनियादी ढांचे को मजबूत करने के लिए तकनीकी और वित्तीय सहायता प्रदान की है।

इसके अलावा, एफएसएसएआई ने राज्यों और संघ राज्य क्षेत्रों में खाद्य परीक्षण बुनियादी ढांचे को मजबूत करने के लिए, "मोबाइल खाद्य परीक्षण प्रयोगशालाओं के प्रावधान सहित देश में खाद्य परीक्षण प्रणाली का सुदृढ़ीकरण" (एसओएफटीईएल) योजना के तहत राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान की है। इस योजना के तहत, 47 राज्य खाद्य परीक्षण प्रयोगशालाओं का उन्नयन किया गया है और 34 सूक्ष्मजीव प्रयोगशालाएँ खाद्य सुरक्षा और गुणवत्ता मानकों के क्षेत्र में स्थापित की गई हैं। इसके अतिरिक्त, राज्यों/संघ राज्य क्षेत्रों से प्राप्त आवश्यकताओं के आधार पर, एफएसएसएआई राज्यों और संघ राज्य क्षेत्रों को उनके खाद्य परीक्षण बुनियादी ढांचे को मजबूत करने के लिए भी सहायता कर रहा है।

परीक्षण क्षमताओं में अंतर को पाटने और दूरस्थ क्षेत्रों, जहां प्रयोगशाला अवसंरचना की कमी है, को मौके पर खाद्य परीक्षण की सुविधा मुहैया कराने तथा बढ़ाने के लिए राज्यों/संघ राज्य क्षेत्रों द्वारा मोबाइल खाद्य परीक्षण प्रयोगशालाओं (एमएफटीएल) की स्थापना की गई है। राज्यों/संघ राज्य क्षेत्रों से प्राप्त अनुमानों के आधार पर, एफएसएसएआई एमएफटीएल की खरीद और परिचालन व्यय के लिए संबंधित राज्यों/संघ राज्य क्षेत्रों को वित्तीय सहायता प्रदान करता है। एफएसएसएआई ने देशभर में राज्यों/संघ राज्य क्षेत्रों के लिए 541 एमएफटीएल के लिए निधि संस्वीकृत की है।

विवरण

देश भर में अनुपालन न करने वाले एफबीओ के खिलाफ एफएसएसएआई द्वारा की गई कार्रवाई का ब्यौरा

वित्तीय वर्ष	लिए गये/ विश्लेषित नमूनों की संख्या	मानदंडों के विरुद्ध पाए गए नमूनों की संख्या	शुरू किए गए मामलों की संख्या
2024-25	1,94,116	34,388	31,407

महाराष्ट्र राज्य में अनुपालन न करने वाले एफ.बी.ओज के खिलाफ एफ.एस.एस.ए.आई द्वारा की गई कार्रवाई का ब्यौरा

राज्य/संघ राज्य क्षेत्र	लिए गये/ विश्लेषित नमूनों की संख्या	मानदंडों के विरुद्ध पाए गए नमूनों की संख्या	शुरू किए गए मामलों की संख्या
महाराष्ट्र	8,788	1,250	1,147

राजस्थान में आयुष मोबाइल स्वास्थ्य इकाइयां

2077. श्री मुरारी लाल मीना:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या राजस्थान के ग्रामीण क्षेत्रों में आयुष मोबाइल स्वास्थ्य इकाइयाँ सुनिश्चित करने का कोई प्रस्ताव है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या इस संबंध में राजस्थान सरकार द्वारा जन जागरूकता शिविर आयोजित किए जा रहे हैं और यदि हाँ, तो दौसा सहित जिलेवार तत्संबंधी ब्यौरा क्या है;
- (ग) क्या राजस्थान में पंचकर्म केंद्र स्थापित करने का कोई प्रस्ताव है और यदि हाँ, तो दौसा सहित

जिलेवार तत्संबंधी ब्यौरा क्या है;

- (घ) क्या सरकार ने राजस्थान में आयुष चिकित्सकों को प्रशिक्षित करने के लिए कोई विशिष्ट कार्यक्रम तैयार किया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ङ) क्या सरकार ने राजस्थान में आयुष आधारित पर्यटन को बढ़ावा देने के लिए कोई योजना तैयार की है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (च) क्या सरकार राजस्थान के दौसा जिले में एक आयुष फार्मसी कॉलेज खोलने पर विचार कर रही 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): वर्ष 2025-26 के लिए राज्य वार्षिक कार्य योजना के माध्यम से राजस्थान राज्य सरकार से प्राप्त प्रस्ताव के अनुसार, 14 आयुष मोबाइल चिकित्सा इकाइयों को समर्थन दिया गया है।

(ख): जन स्वास्थ्य राज्य का विषय होने के कारण, जन जागरूकता शिविरों के आयोजन की प्राथमिक जिम्मेदारी संबंधित राज्य सरकारों की है। हालाँकि, राष्ट्रीय आयुष मिशन के अंतर्गत, राजस्थान राज्य सरकार को बीसीसी/आईईसी गतिविधियों के माध्यम से राज्य के विभिन्न जिलों में विभिन्न प्रकार के जागरूकता शिविर आयोजित करने के लिए समेकित वित्तीय सहायता प्रदान की गई है।

(ग): सार्वजनिक स्वास्थ्य राज्य का विषय होने के कारण, राजस्थान में पंचकर्म केंद्र की स्थापना करने की प्राथमिक जिम्मेदारी संबंधित राज्य सरकार के अधीन है। इसके अलावा, राजस्थान सरकार द्वारा दी गई जानकारी के अनुसार, 82 आयुर्वेद अस्पताल पंचकर्म सुविधा प्रदान कर रहे हैं और उन सुविधाओं का ब्यौरा संलग्न **विवरण** में दिया गया है।

(घ): एनएएम के अंतर्गत, राजस्थान राज्य सरकार द्वारा प्रस्तुत प्रस्तावों के अनुसार, आयुष चिकित्सकों को प्रशिक्षण प्रदान करने संबंधी गतिविधियों के लिए सहायता दी गई है। इसके अतिरिक्त, राज्य सरकार

द्वारा दी गई सूचना के अनुसार, आयुष्मान आरोग्य मंदिर (आयुष) में सामुदायिक स्वास्थ्य अधिकारी के रूप में कार्यरत आयुष चिकित्सकों के कौशल और क्षमता निर्माण को बढ़ावा देने के लिए समय-समय पर पुनश्चर्या प्रशिक्षण प्रदान किया गया है।

(ड): ऐसी कोई योजना उपलब्ध नहीं है। हालाँकि, एनएएम के अंतर्गत, राजस्थान राज्य सरकार, राजस्थान राज्य में आयुष आधारित पर्यटन को बढ़ावा देने के लिए किसी भी नवीन/रचनात्मक गतिविधि हेतु उपयुक्त प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त कर सकती है।

(च) : जन स्वास्थ्य राज्य का विषय होने के कारण, राजस्थान के दौसा जिले में आयुष फार्मसी कॉलेज खोलना संबंधित राज्य सरकार के अधिकार क्षेत्र में आता है।

विवरण

राजस्थान में पंचकर्म केन्द्रों का ब्यौरा

क्र.सं.	पंचकर्म केंद्र का नाम
1	राजकीय आयुर्वेदिक चिकित्सालय, माउंट आबू- सिरोही
2	राजकीय आयुर्वेदिक औषधालय, रेण-नागौर
3	राजकीय जिला आयुर्वेदिक चिकित्सालय, दौसा
4	राजकीय प्राकृतिक चिकित्सालय, हनुमानगढ़
5	राजकीय जिला आयुर्वेदिक चिकित्सालय, लोंगिया-अजमेर
6	राजकीय जिला आयुर्वेदिक चिकित्सालय, बीकानेर
7	राजकीय जिला आयुर्वेदिक चिकित्सालय, कोटा
8	राजकीय जिला आयुर्वेदिक चिकित्सालय, लक्ष्मीनारायणपुरी-जयपुर 'ए' जोन
9	राजकीय जिला आयुर्वेदिक चिकित्सालय, खण्डपालसा-जोधपुर
10	राजकीय जिला आयुर्वेदिक चिकित्सालय, झालावाड़
11	राजकीय जिला आयुर्वेदिक चिकित्सालय, डूंगरपुर
12	राजकीय जिला आयुर्वेदिक चिकित्सालय, बांसवाड़ा
13	राजकीय जिला आयुर्वेदिक चिकित्सालय, प्रतापगढ़
14	राजकीय जिला आयुर्वेदिक चिकित्सालय, चित्तौड़गढ़

15	राजकीय जिला आयुर्वेदिक चिकित्सालय, अलवर
16	राजकीय आयुर्वेदिक चिकित्सालय, छबड़ा-बारन
17	डीबी राजकीय आयुर्वेदिक चिकित्सालय, चूरू
18	सरकारी सार्वजनिक अस्पताल, एक छत , इन्द्रा कॉलोनी, श्री गंगानगर
19	राजकीय जिला आयुर्वेदिक चिकित्सालय, पाली
20	बीडीके राजकीय आयुर्वेदिक चिकित्सालय, एक छत के नीचे - झुंझुनू
21	राजकीय जिला आयुर्वेदिक चिकित्सालय, सीकर
22	राजकीय आयुर्वेदिक चिकित्सालय, बरकत नगर-जयपुर 'ए' जोन
23	राजकीय जिला आयुर्वेदिक चिकित्सालय, सवाई माधोपुर
24	राजकीय आयुर्वेदिक औषधालय, सिंधी बाजार-उदयपुर
25	राजकीय आयुर्वेदिक औषधालय, कांकरोली-राजसमंद
26	राजकीय आयुर्वेदिक चिकित्सालय, एक छत-बाड़मेर
27	राजकीय जिला आयुर्वेदिक चिकित्सालय, भीलवाड़ा
28	राजकीय आयुर्वेदिक 'ए' श्रेणी चिकित्सालय, शहर- भरतपुर
29	राजकीय आयुर्वेदिक चिकित्सालय, बालचंद का पाड़ा-बूंदी
30	राजकीय जिला आयुर्वेदिक चिकित्सालय, जैसलमेर
31	राजकीय जिला आयुर्वेदिक चिकित्सालय, जालोर
32	राजकीय जिला आयुर्वेदिक चिकित्सालय, करौली
33	राजकीय आयुर्वेदिक चिकित्सालय, आवा- टोंक
34	राजकीय जिला आयुर्वेदिक चिकित्सालय, धौलपुर
35	राजकीय जिला आयुर्वेदिक चिकित्सालय, प्रतापनगर - जयपुर 'बी' जोन
36	राजकीय आयुर्वेदिक चिकित्सालय, सावर -अजमेर
37	राजकीय आयुर्वेदिक चिकित्सालय, ब्यावर, अजमेर
38	राजकीय आयुर्वेदिक चिकित्सालय, डीग-भरतपुर
39	राजकीय जिला आयुर्वेदिक चिकित्सालय, चूरू
40	राजकीय आयुर्वेदिक चिकित्सालय, खैरथल-अलवर
41	राजकीय आयुर्वेदिक चिकित्सालय, पिलानी-झुंझुनू

42	राजकीय आयुर्वेदिक चिकित्सालय, चोमू - जयपुर 'ए' जोन
43	राजकीय आयुर्वेदिक चिकित्सालय, महिला -जयपुर 'बी' जोन
44	राजकीय आयुर्वेदिक चिकित्सालय, नगरसादड़ी-पाली
45	राजकीय जिला आयुर्वेदिक चिकित्सालय, बारन
46	राजकीय आयुर्वेदिक चिकित्सालय, नाथद्वारा-राजसमंद
47	राजकीय आयुर्वेदिक चिकित्सालय, भावी , जोधपुर
48	राजकीय आयुर्वेदिक चिकित्सालय, जगदम्बा-मसूरिया, जोधपुर
49	राजकीय आयुर्वेदिक चिकित्सालय, मगरा-पूँजला, जोधपुर
50	राजकीय आयुर्वेदिक चिकित्सालय, भुसावर, भरतपुर
51	राजकीय आयुर्वेदिक चिकित्सालय, कुम्हेर, भरतपुर
52	राजकीय आयुर्वेदिक चिकित्सालय, नगर, भरतपुर
53	राजकीय आयुर्वेदिक चिकित्सालय, खोडन, बांसवाड़ा
54	राजकीय आयुर्वेदिक चिकित्सालय, भादसोड़ा, चित्तौड़गढ़
55	राजकीय आयुर्वेदिक चिकित्सालय, किशनमानपुरा, जयपुर 'ए' जोन
56	राजकीय आयुर्वेदिक चिकित्सालय, शाहपुरा, जयपुर 'ए' जोन
57	राजकीय आयुर्वेदिक चिकित्सालय, बड़ौदामेव, अलवर
58	राजकीय आयुर्वेदिक चिकित्सालय, हरसोली, अलवर
59	राजकीय आयुर्वेदिक चिकित्सालय, राजगढ़, अलवर
60	राजकीय आयुर्वेदिक जिला चिकित्सालय, नागौर
61	राजकीय आयुर्वेदिक चिकित्सालय, कुचामन सिटी, नागौर
62	राजकीय आयुर्वेदिक चिकित्सालय, लाडनूं, नागौर
63	राजकीय आयुर्वेदिक चिकित्सालय, घाणेराव, पाली
64	राजकीय आयुर्वेदिक चिकित्सालय, गुढ़ा एंडला, पाली
65	राजकीय आयुर्वेदिक चिकित्सालय, झिलाय, टोंक
66	राजकीय आयुर्वेदिक चिकित्सालय, मालपुरा, टोंक
67	राजकीय आयुर्वेदिक चिकित्सालय, नृसिंहपुरी, सीकर
68	राजकीय आयुर्वेदिक चिकित्सालय, रींगस, सीकर

69	राजकीय आयुर्वेदिक जिला चिकित्सालय, सिरोही
70	राजकीय आयुर्वेदिक चिकित्सालय, खड़गदा, डूंगरपुर
71	राजकीय आयुर्वेदिक चिकित्सालय, सागवाड़ा, डूंगरपुर
72	राजकीय आयुर्वेदिक चिकित्सालय, सूरतगढ़, श्री गंगानगर
73	राजकीय आयुर्वेदिक चिकित्सालय, जहाजपुर, भीलवाड़ा
74	राजकीय आयुर्वेदिक चिकित्सालय, शाहपुरा, भीलवाड़ा
75	राजकीय आयुर्वेदिक चिकित्सालय, मावली, उदयपुर
76	राजकीय आयुर्वेदिक चिकित्सालय, सायरा, उदयपुर
77	राजकीय आयुर्वेदिक चिकित्सालय, केकड़ी, अजमेर
78	राजकीय आयुर्वेदिक चिकित्सालय, मदनगंज-किशनगढ़, अजमेर
79	राजकीय आयुर्वेदिक चिकित्सालय, सालासर, चूरू
80	राजकीय आयुर्वेदिक चिकित्सालय, सुजानगढ़, चूरू
81	राजकीय आयुर्वेदिक चिकित्सालय, भवानीमंडी, झालावाड़
82	राजकीय आयुर्वेदिक चिकित्सालय, गंगापुर सिटी, सवाई माधोपुर

पेट्रोरसायनों की कीमतों में वृद्धि

2078. श्री जुगल किशोर:

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

- (क) क्या विगत तीन वर्षों और वर्तमान वर्ष के दौरान पेट्रोरसायनों की कीमतों में उल्लेखनीय वृद्धि हुई है और यदि हाँ, तो तत्संबंधी वर्ष-वार ब्यौरा क्या है;
- (ख) क्या सरकार ने उक्त अवधि के दौरान पेट्रोरसायनों की कीमतों में हुई इस वृद्धि का विभिन्न उत्पादों, क्षेत्रों और उपभोक्ता वस्तुओं की पैकेजिंग लागत पर पड़ने वाले प्रभाव का आकलन किया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(ग) पेट्रोरसायनों की कीमतों में हुई इस वृद्धि से विभिन्न क्षेत्रों और आम आदमी के हितों की रक्षा के लिए सरकार द्वारा क्या सुधारात्मक उपाय अपनाए गए हैं?

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

(क) से (ग): पेट्रोरसायन क्षेत्र लाइसेंस-मुक्त और नियंत्रण-मुक्त क्षेत्र है और पेट्रोरसायनों की घरेलू कीमतें नियंत्रित नहीं होती हैं। कीमतें बाजार की गतिशीलता द्वारा निर्धारित होती हैं। उद्योग घरेलू कीमतों को आयात कीमतों के अनुसार निर्धारित करता है। पिछले तीन वर्षों के दौरान आयात कीमतों के विश्लेषण के आधार पर, यह देखा गया है कि प्रमुख पेट्रोरसायनों की कीमतों में उल्लेखनीय वृद्धि नहीं हुई है। पिछले तीन वर्षों और चालू वर्ष में प्रमुख पेट्रोरसायनों की आयात कीमतों में आमतौर पर गिरावट का रुख रहा है। प्रतिस्पर्धी बाजार वातावरण, मूल्य निर्धारण में मदद करता है और कृत्रिम मूल्य वृद्धि को रोकता है।

सुरक्षा संबंधी कानूनों का दुरुपयोग

2079. श्री कुलदीप इंदौरा:

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

- (क) क्या यह सच है कि राष्ट्रीय सुरक्षा अधिनियम (एनएसए), विधिविरुद्ध क्रियाकलाप निवारण अधिनियम (यूएपीए) और नागरिक सुरक्षा अधिनियम (पीएसए) जैसे कठोर कानूनों का इस्तेमाल आजकल छात्रों, पत्रकारों, सामाजिक कार्यकर्ताओं और शांतिपूर्ण प्रदर्शनकारियों के खिलाफ किया जा रहा है, जिससे देश की न्यायिक व्यवस्था पर सवाल उठ रहे हैं ;
- (ख) क्या इन कानूनों के तहत कई लोगों को बिना सुनवाई के वर्षों तक जेल में रखा जाता है, जिससे संविधान द्वारा प्रदत्त स्वतंत्रता और निष्पक्ष सुनवाई का अधिकार प्रभावित होता है ;

- (ग) यदि हाँ, तो उक्त कानूनों के तहत बिना दोषसिद्धि के विभिन्न जेलों में बंद लोगों की संख्या कितनी है; और
- (घ) क्या सरकार का इन कानूनों की समय-समय पर समीक्षा करने और केवल अत्यंत गंभीर मामलों में ही इनका उपयोग करने के लिए कोई ठोस नीति या दिशानिर्देश बनाने का विचार है?

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

(क) से (घ): गृह मंत्रालय द्वारा उपलब्ध कराई गई जानकारी के अनुसार, राष्ट्रीय सुरक्षा अधिनियम (एनएसए), 1980 कतिपय मामलों में निवारक निरोध का उपबंध करता है और केंद्रीय सरकार तथा राज्य सरकारों को कतिपय व्यक्तियों को निरुद्ध करने के आदेश देने का अधिकार देता है, यदि वे संतुष्ट हों कि ऐसी निरोध भारत की रक्षा, भारत की सुरक्षा, राज्य की सुरक्षा, लोक व्यवस्था बनाए रखने या समुदाय के लिए आवश्यक आपूर्ति और सेवाओं के रखरखाव के लिए हानिकारक कृत्यों को रोकने के लिए आवश्यक है।

जम्मू और कश्मीर नागरिक सुरक्षा अधिनियम (पीएसए), 1978 कतिपय मामलों में निवारक निरोध का उपबंध करता है। प्रत्येक निरोध उक्त अधिनियम के उपबंधों के अनुसार उचित और भौतिक आधार पर आधारित होना अपेक्षित है। पुनर्विलोकन के लिए उक्त अधिनियम के अधीन समीक्षा के लिए पर्याप्त सुरक्षा उपाय प्रदान किए गए हैं।

इसके अतिरिक्त, विधि विरुद्ध क्रियाकलाप (निवारण) अधिनियम (यूएपीए), 1967 देश में आतंकवाद और विधि विरुद्ध क्रियाकलाप से संबंधित मामलों से निपटने के लिए प्रमुख विधिक व्यवस्था है और यह मुख्य रूप से राष्ट्र की संप्रभुता, सुरक्षा और अखंडता की रक्षा के लिए आवश्यक है। यह विधि प्रवर्तन अभिकरणों को आतंकवाद और विरुद्ध क्रियाकलाप में शामिल या उनका समर्थन करने वाले व्यक्तियों

और संगठनों की जांच करने और उन पर मुकदमा चलाने का अधिकार देता है। अधिनियम की धारा 45 के अधीन, यथास्थिति, कोई भी न्यायालय केंद्रीय या राज्य सरकार की पूर्व मंजूरी के बिना किसी भी अपराध का संज्ञान नहीं ले सकती है।

राष्ट्रीय सुरक्षा अधिनियम, 1980 के अधीन निरुद्ध की अधिकतम अवधि निरुद्ध किए जाने की तारीख से बारह महीने है। यूएपीए मामलों के संबंध में, दोषसिद्धि न्यायिक प्रक्रिया का एक परिणाम है जो मुकदमे की अवधि, साक्ष्य के मूल्यांकन और साक्षियों की परीक्षा जैसे कारकों पर निर्भर करती है।

राष्ट्रीय सुरक्षा अधिनियम, 1980 और नागरिक सुरक्षा अधिनियम (पीएसए), 1978 के अधीन वर्तमान में निरुद्ध किए गए व्यक्तियों की संख्या से संबंधित डेटा केंद्रीय रूप से नहीं रखा जाता है। इसके अतिरिक्त, राष्ट्रीय अपराध रिकॉर्ड ब्यूरो (एनसीआरबी) राज्यों और संघ राज्यक्षेत्र द्वारा रिपोर्ट किए गए अपराध के आंकड़ों को संकलित करता है और उसे अपने वार्षिक प्रकाशन क्राइम इन इंडिया में प्रकाशित करता है।

नर्मदापुरम जिले में ब्लड बैंक

2080. श्री दर्शन सिंह चौधरी:

श्री मुकेश राजपूत:

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

(क) क्या मध्य प्रदेश के नर्मदापुरम जिले के पिपरिया में ब्लड बैंक स्थापित करने का प्रस्ताव है;

(ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या प्रधानमंत्री आयुष्मान भारत कार्ड आयुर्वेदिक संस्थानों में मान्य है; और

(घ) 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): एसबीटीसी मध्यप्रदेश द्वारा दी गई सूचना के अनुसार, पिपरिया, नर्मदापुरम जिले की एक तहसील है, जहाँ 2000 यूनिट से कम वार्षिक रक्त की आवश्यकता के अनुसार एक क्रियाशील रक्त भंडारण वाला सिविल अस्पताल है। मध्य प्रदेश के नर्मदापुरम जिले के पिपरिया में ब्लड बैंक स्थापित करने का कोई प्रस्ताव नहीं है।

(ग) और (घ): राष्ट्रीय स्वास्थ्य प्राधिकरण, स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा दी गई सूचना के अनुसार, एबी पीएम-जेएवाई लाभार्थी 31,400 से अधिक अस्पतालों के नेटवर्क के माध्यम से इस योजना का लाभ पाने के पात्र हैं, जिनमें 14,194 निजी अस्पताल हैं।

FILLING UP OF VACANT POSTS

2081. SHRI GOVIND MAKTHAPPA KARJOL:

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

- (a) the number of posts lying vacant in Supreme court, High Courts, District Courts and allied offices, including backlog vacancies;
- (b) the details of the posts vacant in High Courts and District Courts in Karnataka including backlog vacancies;
- (c) whether the Government has taken adequate steps to fill up the vacancies including backlog vacancies; and
- (d) if so, the details thereof?

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

(a) to (d): The numbers of posts vacant in Supreme Court, High Courts and District and Subordinate Courts are as under:

S. No.	Name of Court	Vacancy as on 25.07.2025
1.	Supreme Court	01
2.	High Courts	362
3.	District and Subordinate Courts*	4,721 (as on 28.07.2025)

**As per MIS Portal of Department of Justice*

Further, the details of existing vacancies in the High Courts (High Court wise) and the District & Subordinate Courts (State/UT wise) are given in the enclosed **Statement-I** and **Statement-II** respectively.

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 was 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
28.07.2025	25,843	21,122

Source: MIS Portal of the Department of Justice

Filling up of vacant positions of the judicial officers in District and Subordinate courts is the responsibility of the State Governments and the concerned High Courts. As per the Constitutional framework, in exercise of powers conferred under proviso to Article 309 read with Articles 233 and 234 of the Constitution, the respective State Government in consultation with the High Court frames the rules and regulations regarding the appointment and recruitment of Judicial Officers. Hon'ble Supreme Court vide order passed in January 2007 in the Malik Mazhar Sultan case, has inter-alia, stipulated certain timelines, which are to be followed by the States and the respective High Courts for recruitment of judges in District and Subordinate Courts.

STATEMENT-I

Sanctioned strength, working strength and vacancies of Judges in the High Courts (As on 25.07.2025)

	High Courts	Sanctioned Strength	Working Strength	Vacancy
1	Allahabad	160	80	80
2	Andhra Pradesh	37	28	9
3	Bombay	94	67	27
4	Calcutta	72	48	24
5	Chhattisgarh	22	16	6
6	Delhi	60	43	17
7	Gauhati	30	21	9
8	Gujarat	52	39	13
9	Himachal Pradesh	17	11	6
10	J & K and Ladakh	25	15	10
11	Jharkhand	25	15	10

12	Karnataka	62	47	15
13	Kerala	47	43	4
14	Madhya Pradesh	53	33	20
15	Madras	75	57	18
16	Manipur	5	3	2
17	Meghalaya	4	4	0
18	Orissa	33	20	13
19	Patna	53	36	17
20	Punjab & Haryana	85	49	36
21	Rajasthan	50	43	7
22	Sikkim	3	3	0
23	Telangana	42	26	16
24	Tripura	5	4	1
25	Uttarakhand	11	9	2
	Total	1122	760	362

STATEMENT-II

Posts of Judicial Officer in District and Subordinate Courts (As on 28.07.2025)

Sl. NO.	State/UTs	Sanctioned Strength	Working Strength	Vacancy
1.	Andhra Pradesh	639	574	65
2.	Arunachal Pradesh	44	39	5
3.	Assam	485	461	24
4.	Bihar	2022	1679	343
5.	Chandigarh	30	30	0
6.	Chhattisgarh	663	465	198
7.	D & N Haveli and Daman & Diu	7	6	1
8.	Delhi	897	788	109
9.	Goa	50	40	10
10.	Gujarat	1720	1185	535

11.	Haryana	781	661	120
12.	Himachal Pradesh	179	160	19
13.	Jammu and Kashmir	322	272	50
14.	Jharkhand	707	501	206
15.	Karnataka	1394	1167	227
16.	Kerala	614	579	35
17.	Ladakh	17	10	7
18.	Lakshadweep	4	4	0
19.	Madhya Pradesh	2028	1669	359
20.	Maharashtra	2190	1940	250
21.	Manipur	62	49	13
22.	Meghalaya	99	57	42
23.	Mizoram	74	45	29
24.	Nagaland	34	24	10
25.	Odisha	1043	835	208
26.	Puducherry	38	26	12
27.	Punjab	811	716	95
28.	Rajasthan	1683	1506	177
29.	Sikkim	35	23	12
30.	Tamil Nadu	1375	1240	135
31.	Telangana	560	445	115
32.	Tripura	133	106	27
33.	Uttar Pradesh	3700	2675	1025
34.	Uttarakhand	298	270	28
35.	West Bengal	1105	875	230
36.	Andaman and Nicobar			
TOTAL		25,843	21,122	4,721

Source: MIS portal of Department of Justice (DoJ)

SOCIAL SECURITY TO AWWs

2082. SHRI YUSUF PATHAN:

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

- (a) whether the Government has taken steps for upliftment and development of Anganwadi Workers (AWWs), if so, the details of the schemes therefor;
- (b) whether the Government has received such demands for increasing the wages and social security of AWWs in West Bengal, if so, the details thereof; and
- (c) whether the Government is considering to release additional Grant-in-aid to Government of West Bengal to meet the demand of Anganwadi workers and development of these workers, if so, the details thereof?

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

(a) to (c): 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/UT Administrations are responsible for day-to-day program implementation. 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. 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 & States/UTs.

Besides, performance linked incentive of Rs.500/- is 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. 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.

- ii. Leave: 20 days annual leave and paid maternity absence of 180 days, paid absence on abortion/ miscarriage once for 45 days.
- iii. 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.
- 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.

THREATS FROM ABANDONED SHIPS

2083. DR. SHASHI THAROOR:

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

- (a) whether the ministry is aware of the recent sinking of the MSC ELSA 3 off the Kerala coast and the potential environmental and economic risks posed by abandoned vessels;
- (b) if so, the details thereof, including any investigations launched into the incident and accountability measures in place;
- (c) whether the Government has identified any other abandoned or derelict vessels in Indian waters posing similar threats to coastal safety, environment or shipping routes;
- (d) whether the Government has taken any measures to enhance maritime monitoring and ensure the prompt removal or safe anchorage of abandoned ships in Indian territorial waters; and
- (e) if so, the details thereof and if not, the reasons therefor?

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

(a) to (e): The Government of India is aware of the maritime incident involving the foreign-flagged vessel MSC ELSA 3. Due to proactive measures taken by the Indian Coast Guard, Directorate General of Shipping, and the Salvors appointed by the ship owners, Oil spill from the sunken vessel was prevented. All the fuel tank

openings have been sealed by the divers. Directorate General of Shipping has been monitoring developments closely and coordinating the salvage operations and has also issued necessary directions to ensure appropriate response actions, including wreck removal for MSC Elsa 3 and containment of potential pollution.

A statutory inquiry and investigation into the incident, under the Merchant Shipping Act, 1958, is presently being undertaken by the Mercantile Marine Department (MMD), Kochi, to ascertain the causal factors leading to the incident. Further, the Central Government has ordered to conduct formal investigation into the incident in accordance with Section 360 of the Merchant Shipping Act 1958.

The details of other abandoned or derelict vessels in Indian waters in 2025 are as follows:

Sr.No.	Ship Name	Incident category / Month - Year	Location
1	Wan Hai 503	Fire and Explosion / June - 2025	44 Nautical Miles off Azhikkal, Kerala Coast.
2	Essar Tug VIII	Grounded / June - 2025	Off Kasaragod, Kerala.
3	MV Interasia Tenacity	Fire onboard/ June - 2025	50 miles west of Kochi, Kerala
4	Chemical Tanker Fulda	Explosion / July -2025	Off Kandla Port

The Government of India, through Directorate General of Shipping issued notices under the Merchant Shipping Act to the owners and the Protection and Indemnity (P&I) Clubs of the vessels for removal of wrecks and abandoned vessels. The Government ensures that such abandoned vessels / wrecks are removed from the location in accordance the provisions of the Merchant Shipping Act.

A Maritime Standard Operating Procedure (SOP), Vol 10/2024 dated 24.02.2024 on 'Handling of Derelict Vessels in/near Indian Waters' has also been formulated.

सैन्य सहायता के संबंध में अमेरिका के साथ संबंध

2084. श्री बलवंत बसवंत वानखडे:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या फरवरी में अमेरिकी राष्ट्रपति द्वारा की गई घोषणा के बाद भारत को एफ-35 लड़ाकू विमानों की बिक्री के संबंध में संयुक्त राज्य अमेरिका से कोई आधिकारिक प्रस्ताव प्राप्त हुआ था;
- (ख) भारत और पाकिस्तान के बीच शत्रुता रोकने में अमेरिकी राजनयिकों की भूमिका क्या है; और
- (ग) क्या सरकार ने रणनीतिक निहितार्थों, विशेष रूप से तीसरे पक्ष की मध्यस्थता वाली संघर्ष की स्थिति में, भारत की विदेश नीति की स्वायत्तता और अमेरिकी सैन्य सहायता प्रस्ताव के बीच संबंध की समीक्षा की है?

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

(क): 13 फ़रवरी 2025 को अमेरिकी राष्ट्रपति डोनाल्ड ट्रंप के साथ प्रधानमंत्री की बैठक के बाद जारी भारत-अमेरिका संयुक्त वक्तव्य में उल्लेख किया गया है कि अमेरिका भारत को पाँचवीं पीढ़ी के लड़ाकू विमान (जैसे एफ-35) और समुद्री प्रणालियाँ प्रदान करने के संबंध में अपनी नीति की समीक्षा करेगा। इस मुद्दे पर अभी तक कोई औपचारिक चर्चा नहीं हुई है।

(ख) और (ग): 22 अप्रैल, जब पहलगाम में आतंकवादी हमला हुआ, से लेकर 10 मई तक, विभिन्न देशों के साथ, विभिन्न स्तरों पर अनेक कूटनीतिक वार्ताएं हुईं, जिनमें संयुक्त राज्य अमेरिका भी शामिल था। हमारे सभी वार्ताकारों को एक ही संदेश दिया गया कि भारत का दृष्टिकोण केंद्रित, संतुलित और तनाव न बढ़ाने वाला है। संयुक्त राज्य अमेरिका के विशेष संदर्भ में, 9 मई को उपराष्ट्रपति जेडी वेंस को बताया गया कि यदि पाकिस्तान कोई बड़ा हमला करता है तो भारत उसका उचित जवाब देगा। सैन्य कार्रवाई रोकने के संबंध में चर्चा दोनों सशस्त्र बलों के बीच मौजूदा संचार माध्यमों के माध्यम से सीधे भारत और पाकिस्तान के बीच हुई, और इसकी शुरुआत पाकिस्तान के अनुरोध पर हुई।

जहाँ तक किसी तीसरे पक्ष की मध्यस्थता के प्रस्ताव का प्रश्न है, हमारी दीर्घकालिक स्थिति यही रही है कि पाकिस्तान के साथ किसी भी लंबित मुद्दे पर केवल द्विपक्षीय रूप से ही चर्चा की जाएगी। इसे सभी देशों को स्पष्ट कर दिया गया है और प्रधानमंत्री द्वारा अमेरिकी राष्ट्रपति को भी इससे अवगत करा दिया गया है।

भारत-अमेरिका व्यापक वैश्विक रणनीतिक साझेदारी हमारे नागरिकों के बीच आपसी विश्वास, साझा हितों, सद्भावना और मज़बूत संबंधों पर आधारित है। इस साझेदारी को बढ़ती रणनीतिक सहभागिता और सहयोग से भी लाभ हुआ है। भारत सरकार, भारत के राष्ट्रीय हित और रणनीतिक स्वायत्तता के प्रति प्रतिबद्धता के दृष्टिकोण से, रक्षा और रणनीतिक क्षेत्रों सहित अपनी सभी बाह्य साझेदारियों का बारीकी से मूल्यांकन करती है।

सीकर में पासपोर्ट कार्यालय का उन्नयन

2085. श्री अमरा राम:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार का विचार सीकर पासपोर्ट कार्यालय को उन्नत करने का है और इसके कब तक पूरा होने की संभावना है और यदि नहीं, तो इसके क्या कारण हैं; और

(ख) क्या शेखावटी क्षेत्र से बड़ी संख्या में लोग खाड़ी देशों में जा रहे हैं और यदि हां, तो उनके लिए उपलब्ध सुविधाओं के विस्तार हेतु कार्य योजना का ब्यौरा क्या है?

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

(क): पासपोर्ट सेवा केंद्र (पीएसके) सीकर, क्षेत्रीय पासपोर्ट कार्यालय, जयपुर की एक विस्तारित शाखा के रूप में कार्य कर रहा है। सामान्य पासपोर्ट के लिए 440 अपॉइंटमेंट, तत्काल पासपोर्ट के लिए 110 अपॉइंटमेंट और पुलिस अनापत्ति प्रमाणपत्र के लिए 100 अपॉइंटमेंट प्रतिदिन जारी किए जाते हैं। सामान्य पासपोर्ट के लिए 6 कार्यदिवसों में, तत्काल पासपोर्ट के लिए अगले कार्यदिवस और पीसीसी के लिए अगले कार्यदिवस में अपॉइंटमेंट उपलब्ध हैं। इस तथ्य को ध्यान में रखते हुए कि पीएसके सीकर पहले से ही क्षेत्रीय पासपोर्ट कार्यालय, जयपुर के अधीन कार्य कर रहा है, सरकार पासपोर्ट कार्यालय के रूप में इसका उन्नयन करना आवश्यक नहीं समझती है।

(ख): इस मंत्रालय के पास आंकड़े उपलब्ध नहीं हैं।

FERTILIZERS MANUFACTURING UNITS IN AMRITSAR

2086: SHRI GURJEET SINGH AUJLA:

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

- (a) whether the Union Government is considering to support the establishment of fertilizer unit in Amritsar to provide relief to farmers and reduce import dependency, if so, the details thereof;
- (b) whether it is true that such a unit would not only reduce transportation costs/import dependency, but also generate massive employment opportunities for local youth, support agriculture, boost rural economy and reduce the burden of excessive subsidy by enabling cheaper domestic production, if so, the details thereof; and
- (c) whether the proposal of such units under relevant schemes promotes self-reliance in agri-inputs and prioritise border areas like Amritsar for such strategic investment, 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): 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 thereby reducing import dependency of Urea. However, as of now, there is no proposal for consideration for establishment of fertilizer unit in Amritsar. At present, there are two operational Urea plants of National Fertilizers Limited (NFL) at Nangal and Bhatinda with annual production capacity of 4.78 LMT and 5.11 LMT respectively.

FREE HEALTH INSURANCE TO BPL PEOPLE

2087. SHRI P. V. MIDHUN REDDY:

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

- (a) whether the Government is considering any policy measures to provide free health insurance to categories of people Below Poverty Line (BPL) given that almost 28 percent of the population in India is below the poverty line;
- (b) if so, the details thereof and if not, the reasons therefor;
- (c) whether the Government is raising awareness about health insurance and counteract misconceptions surrounding it so that more people may take it up;
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) and (b): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a flagship scheme of the Government which provides health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 12 crore families constituting economically vulnerable bottom 40% of India's population.

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 expanded to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families, irrespective of their socio-economic status, through Vay Vandana card.

The key features of AB-PMJAY are as under:

- Provides ₹5 lakh annual health cover per eligible family for 1,961 procedures across 27 specialties.
- Fully cashless and paperless.
- Entitlement-based, covering all eligible families from day one without enrolment.
- Benefits are portable across the country.
- No cap on family size, age, or gender.

- Implemented through a three-tier model—National Health Authority, State Health Agencies, and District Implementation Units.
- Funded by the Government with cost-sharing between Centre and States/UTs as per the extant directives issued by Ministry of Finance, from time to time.
- States/UTs have flexibility in operational models—Insurance, Trust or Mixed mode.
- Under AB-PMJAY, regular updation such as inclusion of new procedures, empanelment of new hospitals, inclusion of new beneficiaries and other improvements are done as per requirements from time to time.

(c) and (d): Insurance Regulatory and Development Authority of India (IRDAI) has informed that insurers are mandated to have in place a board approved policy for protection of policyholders' interests which interalia shall include establishing a mechanism to create Insurance Awareness on an ongoing basis so as to educate prospects and policyholders about insurance products, benefits and their rights and responsibilities. The insurers are required to review the policy annually.

Further, in order to enhance the awareness of the prospects/policyholders about the coverage, features, benefits of the products, insurers are mandated for the following:

- i. to issue the prospectus for every retail product including riders or add-ons, explaining all the benefits, features, terms and conditions of the product, and make available such prospectus on their website.

- ii. to put in appropriate framework to ensure that the features, benefits along with terms and conditions of the products being sold are represented correctly and fully and that the products are not mis-stated or misrepresented to prospects or policyholders;
- iii. to have in place well defined service parameters, turnaround times, procedure for expeditious resolution of complaints, steps to prevent mis-selling and un fair business practice;
- iv. to issue of a concise and updated Customer Information Sheet (CIS) to the policyholders with a view to enhance the awareness of policyholder about the benefits covered, terms and conditions of the policy.

स्मार्ट पोषण आंगनवाड़ी प्रमाणन

2088. श्री चिन्तामणि महाराज:

श्री अनुराग शर्मा:

श्री दुलू महतो:

डॉ. राजेश मिश्रा:

डॉ. मन्ना लाल रावत:

श्री पी.पी. चौधरी:

श्रीमती विजयलक्ष्मी देवी:

श्रीमती संध्या राय:

श्री विश्वेश्वर हेगड़े कागेरी:

श्रीमती रूपकुमारी चौधरी:

श्री सुखजिंदर सिंह रंधावा:

श्रीमती कमलजीत सहरावत:

श्री जसवंतसिंह सुमनभाई भाभोर:

श्री भोजराज नाग:

श्रीमती स्मिता उदय वाघ:

सुश्री बाँसुरी स्वराज:

श्री आलोक शर्मा:

सुश्री कंगना रनौत:

श्रीमती कमलेश जांगड़े:

श्री जगदम्बिका पाल:

श्री विनोद लखमशी चावड़ा:

श्री राजकुमार चाहर:

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

- (क) क्या देश में 'स्मार्ट पोषण आंगनवाड़ी प्रमाणन' लागू किया गया है और यदि हां, तो इनकी स्थिति क्या है और राज्यवार, संघ राज्य क्षेत्र-वार और जिलावार प्रमाणित आंगनवाड़ी केंद्रों की संख्या कितनी है;
- (ख) क्या पोषण पखवाड़ा के दौरान आयोजित जागरूकता सत्रों की प्रभावशीलता के संबंध में आंगनवाड़ी और आशा कार्यकर्ताओं से जानकारी प्राप्त हुई है;

- (ग) यदि हां, तो इन मूल्यांकनों से प्राप्त प्रमुख निष्कर्षों का ब्यौरा क्या है और कार्यक्रम की प्रभावशीलता बढ़ाने के लिए विशेष रूप से राज्यवार और जिलावार क्या उपाय किए जा रहे हैं;
- (घ) क्या स्मार्ट पोषण आंगनवाड़ी के लिए आंगनवाड़ी कार्यकर्ताओं को प्रशिक्षित किया गया है और यदि हां, तो गुजरात के दाहोद सहित राज्यवार तत्संबंधी ब्यौरा क्या है; और
- (ङ) क्या दाहोद में आंगनवाड़ी के लिए कोई नई योजना प्रस्तावित की गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या ?

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

(क) से (ङ): मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत अभी तक, बेहतर पोषण प्रदायगी और प्रारंभिक बाल्यावस्था देखभाल और शिक्षा प्रदान करने के लिए 2 लाख आंगनवाड़ी केंद्रों को सक्षम आंगनवाड़ियों के रूप में उन्नयन करने की स्वीकृति दी जा चुकी है। सक्षम आंगनवाड़ियों को पारंपरिक आंगनवाड़ियों की तुलना में बेहतर बुनियादी ढाँचा प्रदान किया जाता है जिसमें इंटरनेट/वाई-फाई कनेक्टिविटी, एलईडी स्क्रीन, वाटर प्यूरीफायर/आरओ मशीन की स्थापना और स्मार्ट लर्निंग उपकरण शामिल हैं।

सक्षम आंगनवाड़ी के रूप में उन्नत किए जाने के लिए अनुमोदित आंगनवाड़ी केंद्रों की राज्यवार सूची **विवरण-I** में दी गई है।

सरकार ने सभी मिनी आंगनवाड़ी केंद्रों को पूर्ण आंगनवाड़ी केंद्रों में उन्नयन करने का नीतिगत निर्णय भी लिया है जिनमें प्रत्येक में एक कार्यकर्त्री और एक सहायिका होगी जो मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत विभिन्न जिम्मेदारियों को पूरा करने में सहायता करेगी, जिसमें प्रारंभिक बाल्यावस्था देखभाल और शिक्षा से संबंधित जिम्मेदारियां भी शामिल हैं। 08.07.2025 तक 1,11,363 लघु-आंगनवाड़ी केन्द्रों को मुख्य आंगनवाड़ी केन्द्रों में उन्नयन करने की स्वीकृति जारी कर दी गई है।

इस मिशन के अंतर्गत, प्रमुख गतिविधियों में से एक सामुदायिक जुटाव और जागरूकता अभियान है, जिसका उद्देश्य लोगों को पोषण संबंधी पहलुओं के बारे में शिक्षित करना है, क्योंकि अच्छी पोषण संबंधी आदतों को अपनाने के लिए व्यवहार परिवर्तन हेतु निरंतर प्रयासों की आवश्यकता होती है। समुदाय-आधारित कार्यक्रम (सीबीई) पोषण संबंधी आदतों में बदलाव लाने में एक महत्वपूर्ण रणनीति के रूप में कार्य कर रहे हैं, और सभी आंगनवाड़ी कार्यकर्ताओं को प्रति माह दो सीबीई आयोजित करने की आवश्यकता होती है। जन आंदोलन के अंतर्गत, 2018 से पोषण पखवाड़ा और राष्ट्रीय पोषण माह क्रमशः मार्च-अप्रैल और सितंबर में प्रतिवर्ष मनाया जाता है। अब तक कुल 7 पोषण माह और 7 पोषण पखवाड़ा आयोजित किए जा चुके हैं। राज्यों/संघ राज्य क्षेत्रों ने 18 से अधिक साझेदार मंत्रालयों/विभागों के साथ समन्वय में मातृ पोषण के महत्व, स्तनपान की उपयुक्त तकनीक, पूरक आहार की समय पर शुरुआत का महत्व, जीवन के पहले 1000 दिन, पोषण के पंच सूत्र, एनीमिया, जनजातीय संवेदीकरण, मिलेट (श्री अन्न) संवर्धन, पर्यावरण संरक्षण, ईसीसीई इत्यादि सहित विभिन्न विषयगत क्षेत्रों के आसपास 140 करोड़ से अधिक आउटरीच गतिविधियों की सूचना दी है। इसके अलावा, 2021 में, विश्व बैंक ने कार्यक्रम के तहत पोषण सेवाओं की प्रदायगी का आकलन करने के लिए 11 प्राथमिकता वाले राज्यों में सर्वेक्षण किया। निष्कर्षों से पता चला कि पोषण अभियान के माध्यम से प्रदान की गई सेवाएं - प्रासंगिक संदेशों की प्राप्ति, आंगनवाड़ी कार्यकर्ता द्वारा गृह दौरे, और समुदाय-आधारित कार्यक्रमों में उपस्थिति - बेहतर पोषण व्यवहार के साथ सह-संबंधित थीं। सर्वेक्षण में यह भी पाया गया कि कार्यक्रम के पोषण संदेश 80% से अधिक महिलाओं तक पहुँचे और 81% महिलाओं ने पहले छह महीनों तक केवल

स्तनपान कराया।

पोषण भी पढ़ाई भी (पीबीपीबी) पहल के अंतर्गत, मंत्रालय राज्यों/संघ राज्य क्षेत्रों के सभी अधिकारियों और क्षेत्रीय कार्यकर्ताओं को प्रशिक्षण के व्यापक मॉडल के माध्यम से प्रशिक्षण प्रदान कर

रहा है जिसमें मास्टर प्रशिक्षकों (अर्थात्, जिला अधिकारी, ब्लॉक समन्वयक और पर्यवेक्षक) को प्रशिक्षित किया जाता है और मास्टर प्रशिक्षक आगे सभी आंगनवाड़ी कार्यकर्त्रियों को क्षेत्रीय स्तर पर प्रशिक्षित करते हैं। 28 जुलाई 2025 तक, देश भर में 5,71,667 आंगनवाड़ी कार्यकर्त्रियों को प्रशिक्षित किया जा चुका है। गुजरात राज्य में, "पोषण भी पढ़ाई भी" पहल के अंतर्गत 4122 आंगनवाड़ी कार्यकर्त्रियों को प्रशिक्षित किया गया है।

पीबीपीबी के अंतर्गत प्रशिक्षित आंगनवाड़ी कार्यकर्त्रियों की राज्य और संघ राज्य क्षेत्रवार संख्या का ब्यौरा **विवरण-II** में दिया गया है।

विवरण-I

सक्षम आंगनवाड़ी के रूप में उन्नयन किए जाने के लिए अनुमोदित आंगनवाड़ी केंद्रों की राज्यवार सूची इस प्रकार है:

क्र.सं.	राज्य/संघ राज्य क्षेत्र	अभी तक उन्नयन के लिए अनुमोदित आंगनवाड़ी केंद्रों की कुल संख्या
1	आंध्र प्रदेश	9958
2	बिहार	11529
3	छत्तीसगढ़	11490
4	गुजरात	13147
5	हरियाणा	2804
6	हिमाचल प्रदेश	1030
7	जम्मू और कश्मीर	338
8	झारखंड	16775
9	कर्नाटक	17732
10	केरल	4152
11	मध्य प्रदेश	24662
12	महाराष्ट्र	14745
13	ओडिशा	12140

14	पंजाब	353
15	राजस्थान	3514
16	तमिलनाडु	11972
17	तेलंगाना	5008
18	उत्तर प्रदेश	23697
19	उत्तराखंड	827
20	पश्चिम बंगाल	5359
21	अरुणाचल प्रदेश	152
22	असम	5407
23	मणिपुर	30
24	मेघालय	121
25	मिजोरम	1600
26	नागालैंड	149
27	सिक्किम	435
28	त्रिपुरा	474
29	अंडमान और निकोबार द्वीप समूह	140
30	गोवा	24
31	पुद्दुचेरी	135
32	चंडीगढ़	69
33	लद्दाख	14
34	दिल्ली	0
35	दादरा और नगर हवेली और दमन और दीव	0
36	लक्षद्वीप	18
	कुल	200000

विवरण-II

28 जुलाई 2025 तक पीबीपीबी के तहत प्रशिक्षित आंगनवाड़ी कार्यकर्ताओं की राज्य/संघ राज्य क्षेत्रवार संख्या का ब्यौरा इस प्रकार है:

राज्यों/संघ राज्य क्षेत्रों के नाम	प्रशिक्षित आंगनवाड़ी कार्यकर्त्रियों की संख्या
भारत	5,71,667
अंडमान और निकोबार द्वीप समूह	733
आंध्र प्रदेश	53328
अरुणाचल प्रदेश	1377
असम	23180
बिहार	90264
चंडीगढ़	548
छत्तीसगढ़	11071
दादरा और नगर हवेली और दमन और दीव	240
दिल्ली	10412
गोवा	1148
गुजरात	4122
हरियाणा	8044
हिमाचल प्रदेश	0
जम्मू और कश्मीर	24931
झारखंड	11760
कर्नाटक	426
केरल	15198
लद्दाख	1153
लक्षद्वीप	0
मध्य प्रदेश	91458
महाराष्ट्र	36132
मणिपुर	4576
मेघालय	2122

मिजोरम	2357
नागालैंड	3729
ओडिशा	8722
पुद्दुचेरी	616
पंजाब	7922
राजस्थान	57948
सिक्किम	387
तमिलनाडु	445
तेलंगाना	0
त्रिपुरा	3192
उत्तर प्रदेश	46432
उत्तराखंड	5171
पश्चिम बंगाल	42522
कुल	5,71,667

UPGRADATION OF PHCs INTO CPHCs

2089. PROF. VARSHA EKNATH GAIKWAD:

SHRIMATI SUPRIYA SULE:

SHRI SANJAY DINA PATIL:

SHRI BHASKAR MURLIDHAR BHAGARE:

SHRI DHAIRYASHEEL RAJSINH MOHITE-PATIL:

DR. AMOL RAMSING KOLHE:

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

- (a) whether the Government has planned to upgrade 1.5 lakh sub-centres and Primary Healthcare Centres (PHCs) into Comprehensive Primary Healthcare Centres (CPHCs);
- (b) if so, the current status of such transformation and the timeline fixed for its completion;
- (c) whether these CPHCs are likely to address both communicable and non-communicable diseases in the country and if so, the details thereof;
- (d) the steps being taken to ensure trained manpower and adequate resources at these centres;
- (e) the details of the proposed diagnostic services to be made available at Comprehensive Primary Healthcare Centres in States across the country, State-wise especially Maharashtra;
- (f) the specific measures being undertaken by the Government to promote disease prevention and healthy behaviours through the CPHC model;
- (g) whether the Government plans integration of electronic medical records between public and private healthcare institutions and if so, the details thereof along with the safeguards for data privacy and security; and
- (h) the total budget allocation and estimated cost for the establishment and maintenance of the CPHCs under Health and Wellness Centres (HWCs) 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): As reported by States/UTs on AAM portal, a total of 1,78,154 Ayushman Arogya Mandirs (AAMs) [erstwhile Ayushman Bharat Health and Wellness Centres (AB-HWCs)] have been operationalized in India, till 15.07.2025.

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

(d): AAMs are equipped with the required resources including upgraded infrastructure, additional human resource, essential drugs & diagnostics, IT systems, etc. to provide twelve packages of primary health care services. The primary health care team at AAMs are trained to deliver comprehensive primary health care services closer to the homes of people.

(e): Ministry of Health and Family Welfare, Government of India has launched the 'Free Diagnostics Service Initiative' (FDSI) programme under National Health Mission (NHM) in 2015 with an objective to provide accessible and affordable pathological and radiological diagnostics services closer to the community. The

objective of FDSI is to provide expanded range of diagnostics, free of cost at all levels of public health facilities including 14 tests at Sub Centers and 63 at Primary Health Centers.

(f): Beyond the management of illnesses, promotive and preventive health is an integral part of comprehensive primary health care. Wellness-related activities like Yoga, cycling, and meditation are conducted in AAMs. As on 30.06.2025, a total of 5.73 crore wellness sessions have been conducted at AAMs.

(g): Ayushman Bharat Digital Mission (ABDM) aims to create an online platform enabling interoperability of health data within the health ecosystem to create longitudinal electronic health record of every citizen, make healthcare accessible for citizens including reducing the cost of care and enabling greater efficiencies in health service delivery between public and private Health care institutions. The digital health ecosystem created by ABDM supports continuity of care across primary, secondary and tertiary healthcare in a seamless manner. 79.75 crore ABHA (Ayushman Bharat Health Accounts) IDs have been created and 65.34 crore EHR (Electronic Health Records) have been linked so far in various health portals.

(h): The estimated cost for the establishment and maintenance of AAM is about Rs.17.03 lakhs including one-time cost and recurring cost for a year. The total budget for the establishment and maintenance of the AAMs under NHM is approved under NHM ROP (Record of Proceedings) as per PIP (Program Implementation Plan) submitted by the State/UTs.

USE OF INSECTICIDES

2090. SHRI ESWARASAMY K.:

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

- (a) whether the use of insecticides on foodgrains, vegetables and fruits etc. renders them harmful for health;
- (b) if so, the details thereof and the adverse effects caused on human health;
- (c) whether the number of all species of birds is slowly decreasing due to eating of foodgrains containing insecticides and water and air are getting polluted due to it, if so, the details thereof;
- (d) whether the Government has adopted any innovative idea to remedy this situation; and
- (e) if so, the details thereof and if not, the reasons therefor?

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

(a) and (b): Pesticides are allowed for use in the country only after they are granted approval in the form of Registration Certificate by the Registration Committee (RC) under Ministry of Agriculture and Farmers Welfare. The registration is granted only after ensuring the efficacy and safety of the pesticides to prevent risk to human beings or animals or environment and for matters connected therewith. Based on the studies and field trials conducted at approved Universities/institutes, Ministry of

Agriculture and Farmers Welfare through the RC, approves the details of doses, crops, precautionary measures, antidotes etc., which are duly published on label and leaflets of the pesticides. The registered pesticides if used as per instruction on the label and leaflets, do not pose any harm to human beings, animals and environment.

(c): No specific information is available about the number of species of birds which are slowly decreasing due to eating of food grains and water contaminated with insecticides.

(d) and (e): Ministry of Agriculture and Farmers Welfare through its Central Integrated Pest Management Centres (CIPMCs), Krishi Vigyan Kendras (KVKs) and State Agriculture Departments conduct various training programs to create awareness amongst farmers about use of alternate to chemicals like Bio-pesticide, Bio-stimulants, and alternate farming practices such as organic farming, mix farming to increase their production. In the year 2024–25, a total of 720 training programs were conducted across the country, benefiting 21,271 farmers. Also, to prevent the excessive use of chemical pesticide Government of India promotes the strategy of Integrated Pest Management (IPM) which envisages pest management through traditional and biological methods.

EXPANSION OF MARITIME INFRASTRUCTURE AND INLAND NAVIGATION

2091. SHRI RAJMOHAN UNNITHAN:

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

- (a) the details of the new port projects proposed or initiated under the Sagarmala programme for the fiscal year 2025-26;
- (b) whether lighthouses across the coastline are being modernised for improved maritime navigation and safety and if so, the scope of such initiatives; and
- (c) the measures taken to promote inland water transport, including cargo movement through national waterways and multimodal logistics integration?

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

(a): The details of new projects initiated for partial funding under Sagarmala Scheme for the fiscal year 2025-26 till date is given in the enclosed **Statement**.

(b): Yes, lighthouses along the Indian coastline are modernized to enhance maritime navigation and safety. Aids to navigation are provided in compliance to guidelines and recommendations of International Organization of Marine Aids to Navigation (IALA).

(c): The measures taken by the Government to promote Inland Water Transport (IWT), including cargo movement through National Waterways and multimodal logistics integration includes (i) infrastructure development such as community jetties and tourist jetties, floating terminals, permanent IWT terminals, fairway maintenance work and (ii) policy measures such as Cargo Promotion Scheme, shift of cargo by PSUs and integration with Ports.

STATEMENT

The details of new projects initiated for partial funding under Sagarmala Scheme for the fiscal year 2025-26 till date:

S. No.	Name of the Project	Implementing Agency	Total project cost (in Cr.)
1.	Augmentation of Firefighting facilities at Berth no. 8 of MgPA on Turnkey basis	Mormugao Port Authority	17.76
2.	Installation of a 3 MWp Solar Power Plant at Mormugao Port	Mormugao Port Authority	18.09

मिशन वात्सल्य का कार्यान्वयन

2092. श्री बाल्या मामा सुरेश गोपीनाथ म्हात्रे :

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

- (क) मिशन वात्सल्य के अंतर्गत भिवंडी शहर में आज तक कितने बच्चे लाभान्वित हुए हैं;
- (ख) उक्त मिशन के कार्यान्वयन हेतु स्थानीय स्तर पर कार्यरत गैर-सरकारी संगठनों (एनजीओ) का ब्यौरा क्या है;
- (ग) वित्तीय वर्ष 2023-24 में उक्त मिशन के अंतर्गत उक्त शहर को कितनी धनराशि आवंटित की गई है तथा उसमें से कितना व्यय हुआ है;
- (घ) क्या उक्त धनराशि के संवितरण और उपयोग में कोई अनियमितता पाई गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ड) उक्त मिशन के लिए स्थापित निगरानी तंत्र का ब्यौरा क्या है; और

(च) क्या जिला स्तर पर बाल कल्याण समितियां सक्रिय रूप से कार्य कर रही हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

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

(क): मिशन वात्सल्य योजना के अंतर्गत संस्थागत और गैर-संस्थागत देखभाल सेवाओं के अंतर्गत महाराष्ट्र राज्य के सहायता प्राप्त बच्चों की संख्या निम्नानुसार है:

संस्थागत देखभाल के अंतर्गत सहायता प्राप्त बच्चे	गैर-संस्थागत देखभाल (प्रायोजन/पालन पोषण देखभाल/पश्चात देखभाल) के अंतर्गत सहायता प्राप्त बच्चे
3667	32520

(31.03.2025 तक)

केंद्र स्तर पर बच्चों की संख्या आंकड़ा नहीं रखा जाता है।

(ख) से (घ): महिला और बाल विकास मंत्रालय कठिन परिस्थितियों में बच्चों को सेवाएं प्रदान करने के लिए केंद्र और राज्य सरकारों के बीच पूर्व-निर्धारित लागत साझाकरण के आधार पर राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से 'मिशन वात्सल्य' नामक एक केंद्र प्रायोजित योजना का कार्यान्वयन कर रहा है। योजना का कार्यान्वयन राज्य/संघ राज्य क्षेत्र द्वारा राज्य स्तर पर एजेंसियों और गैर-सरकारी संगठनों के माध्यम से किया जाता है। जहाँ तक निधियों के वितरण और उपयोग में अनियमितताओं का संबंध है, मंत्रालय में ऐसी कोई जानकारी प्राप्त नहीं हुई है।

(ड.) और (च): मिशन वात्सल्य योजना के दिशानिर्देशों में राज्य और जिला स्तर पर निगरानी तंत्र की परिकल्पना की गई है। योजना की निगरानी और कार्यान्वयन के लिए जिम्मेदार एजेंसियों में राज्य बाल संरक्षण सोसायटी, राज्य दत्तक ग्रहण संसाधन एजेंसी, राज्य स्तर पर राज्य बाल कल्याण और संरक्षण समिति और जिला स्तर पर जिला बाल संरक्षण इकाई, जिला बाल कल्याण और संरक्षण समिति और

बाल कल्याण समिति शामिल हैं। देखभाल और संरक्षण की आवश्यकता वाले बच्चों के कल्याण के लिए जिला मजिस्ट्रेटों को अधिकार देकर जिला स्तर पर नोडल प्राधिकारी बनाया गया है। इसके अलावा, राष्ट्रीय स्तर पर राष्ट्रीय बाल अधिकार संरक्षण आयोग (एनसीपीसीआर) और राज्य स्तर पर राज्य बाल अधिकार संरक्षण आयोग (एससीपीसीआर) क्रमशः किशोर न्याय (बच्चों की देखरेख और संरक्षण) अधिनियम, 2015 (धारा 109) के कार्यान्वयन की निगरानी करते हैं।

प्रत्येक ज़िले के लिए परिकल्पित बाल कल्याण समिति (सीडब्ल्यूसी) को बच्चों के सर्वोत्तम हित को ध्यान में रखते हुए, देखभाल और संरक्षण की आवश्यकता वाले बच्चों (सीएनसीपी) के संबंध में निर्णय लेने का अधिकार है। उन्हें बाल देखभाल संस्थानों (सीसीआई) (जेजे अधिनियम की धारा 27-30) के कामकाज की निगरानी करने का भी अधिकार है। दिनांक 31.03.2025 तक, राज्यों/संघ राज्य क्षेत्रों में कुल 783 सीडब्ल्यूसी कार्यरत हैं।

MISSION SHAKTI

2093. SHRI SHRIRANG APPA CHANDU BARNE:

SHRI BHAUSAHEB RAJARAM WAKCHAURE:

SHRIMATI BHARTI PARDHI:

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

- (a) the detail of the overall impact of Mission Shakti in achieving safety, security and empowerment of women across the country since its launch, particularly in the Lok Sabha Constituencies of Maharashtra;

- (b) the manner in which the Government is ensuring effective convergence of its various components like 'Sambal' and 'Samarthya' at the ground level in collaboration with other Ministries and the State Government;
- (c) whether any specific mechanism is in place to monitor actual benefits reaching the most vulnerable women, including those residing in rural areas and those with disabilities, if so, the details thereof;
- (d) the details of the funds released and utilised for 'Sambal' and 'Samarthya' components, State and components-wise particularly in Maharashtra and Madhya Pradesh during the last three financial years along with the reasons for any significant non-utilisation of funds; and
- (e) the details of the steps being taken to ensure timely disbursement of funds to States/ UTs for effective implementation of the said schemes?

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

(a): The Central Government gives highest priority for ensuring safety, security and empowerment of women in the country and has undertaken various legislative and schematic/ policy interventions including in the States of Maharashtra and Madhya Pradesh. These include legislations such as “Bharatiya Nyaya Sanhita”, “Bharatiya Nagarik Suraksha Sanhita”, “Bharatiya Sakshya Adhiniyam”, “the Protection of Women from Domestic Violence Act, 2005”, “The Dowry Prohibition Act, 1961”,

“The Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act 2013” etc.

The Ministry of Women and Child Development during the 15th Finance Commission period, with effect from the financial year 2022-23, implements Centrally Sponsored Schemes in the country for the welfare of women and children, which are placed under three verticals, viz. (1) Mission Shakti, for safety, protection and empowerment of women; (2) Saksham Anganwadi & Poshan 2.0 for improving nutrition & health indicators in the country; and (3) Mission Vatsalya, for protection and welfare of children in difficult circumstances. The details of the scheme under Mission Shakti are as follows:

(i) Mission Shakti: The ‘Mission Shakti’ aims at strengthening interventions for safety, security and empowerment of women. It comprises of two verticals ‘Sambal’ and ‘Samarthya’. The “Sambal” vertical is for safety and security of women and its key component include, One Stop Centres (OSCs) which is an institution located at district level offering under one roof immediate help to women in distress such as temporary shelter, medical & police assistance, counselling and legal support. As on date, 843 OSCs are operational. The OSCs have assisted 11.94 lakh women till 30.06.2025. The Women Helpline (WHL) 181 component provides toll-free 24-hours telecom service to women seeking support and information. Women Helplines have handled over 2.30 crore calls and assisted over 88.24 lakh women till 31.05.2025. The Beti Bachao Beti Padhao component is mainly for interventions

at grassroots level for bringing a positive shift in the mind-set towards valuing the girl child.

The “Samarthya” vertical is for the empowerment of women. The Ministry implements the component of Pradhan Mantri Matru Vandana Yojana (PMMVY) across the country since 01.01.2017, under which Rs. 5,000/- is provided in Direct Benefit Transfer (DBT) mode for first child and Rs. 6,000/- for second child if the child is a girl, to the eligible women beneficiaries. The incentive aims to promote health-seeking behaviour and partial compensation for wage loss, as well as for positive behavioral change towards valuing the girl child. Shakti Sadan is an Integrated Relief and Rehabilitation Home for women in distressful situations including trafficked women. It aims to create a safe and enabling environment for the women in such difficult situations to enable them to overcome the adverse circumstances. Sakhi Niwas (Working Women Hostel) aims to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and even rural areas where employment opportunity for women exists. The SANKALP: Hub for Empowerment of Women (HEW) serves as a vehicle to bridge the information and knowledge gap regarding schemes and facilities available for women.

The facilities under the above components of Mission Shakti are available for the citizens in the Lok Sabha Constituencies of Maharashtra also.

(ii) For the safety and security of women and children, several Projects/ Schemes under Nirbhaya Fund have been implemented/ being implemented across the country including the Lok Sabha Constituencies of Maharashtra. These include Emergency Response Support System (ERSS)-112, Setting-up/ Strengthening Women Help Desk (WHDs) in police stations, Cyber Crime Prevention against Women & Children (CCPWC), under which a national cyber crime reporting portal (www.cybercrime.gov.in) has been established, Cyber forensic and related facilities in State Forensic Science Laboratories (SFSLs), One Stop Centers, Universalisation of Women Helpline (WHL)-181, State-wise Vehicle Tracking Platform (VTP), Training of Investigating Officers (IOs)/ Prosecution Officers (POs)/ Medical Officers (MOs) in Forensic Evidence collection, Setting up Fast Track Special Courts (FTSCs) to dispose of cases pending trial under rape and POCSO Act, Setting-up/ Strengthening Anti-Human Trafficking Units (AHTU), Safe City Project in 8 major cities including Mumbai etc.

The Government, through institutions like the National Commission for Women (NCW) and their counterparts in States have been spreading awareness through seminars, workshops, audio- visual, print and electronic media etc. to sensitize the people about the safety and security of women and girls and also about various provisions of law. In addition, Ministry of Women and Child Development and Ministry of Home Affairs have issued advisories to States/ UTs

from time to time on various issues pertaining to safety and security of women and children.

(b) and (c): Effective convergence under Mission Shakti is ensured through coordination of activities at the grassroots level with the institutions/ field formations of relevant Union Ministries/ Departments and State Governments/ UT Administrations. The Ministry has instituted dedicated physical and digital monitoring mechanisms to ensure that actual benefits reach the most vulnerable women, including those residing in rural areas and the women with disabilities. At the Central level, there is a Programme Approval Board (PAB), which approves the new proposals of the States/ UTs under various components of Mission Shakti and also reviews the implementation of the schemes/ projects and takes appropriate measures for course correction. Similarly, the States/ UTs at the Department level as well as District Administrations at their level review the implementation of the projects from time to time. The Ministry, at various levels, monitors the progress of the scheme, from time to time, with States/ UTs through video conferencing, physical meetings and field visits by the officials. The Ministry of Women and Child Development has launched Mission Shakti portal that captures complete details of services provided to the beneficiaries through various components of Mission Shakti. Also, a PMMVY Soft application has been put in place to facilitate easy filing and processing of applications for availing benefits under the scheme.

The SANKALP: Hub for Empowerment of Women (HEW) is the major component of Mission Shakti that facilitates inter-sectoral convergence by acting as a single-window coordination platform, integrating resources and services from various ministries and departments to address women's empowerment needs comprehensively. District-level SANKALP hubs collaborate closely with Gram Panchayats, utilizing frontline workers, enabling direct interaction with beneficiaries and effective last-mile service delivery. This approach improves awareness generation and access to government schemes by ensuring the dissemination of targeted IEC materials, organizing local awareness campaigns, and conducting gender sensitization programs across schools, colleges, and public forums. Under *Palna* component, nutritional support, health and cognitive development of children, growth monitoring & immunization etc is provided in convergence with the functionaries of Anganwadi centers and the Health Department. Similarly, the OSC and Shakti Sadan work closely with the Police Department, District Legal Services Authority, Health Department/ Hospitals and other stakeholders as per need. Under Beti Bachao Beti Padhao component, activities are organised in coordination with the Education, Health, Skill Development and other relevant Departments at State/ District level.

(d): The details of the funds released and Utilization Certificates (UCs) received under 'Sambal' and 'Samarthya' components, State-wise and components-wise as

well as in respect of the State of Maharashtra and Madhya Pradesh during the last three financial years is given in the enclosed **Statement**.

(e): In order to ensure timely disbursement of funds to States/ UTs for effective implementation of the Scheme, SNA SPARSH model has been introduced by the Government for release of funds 'Just-in-time' to improve the efficiency of financial management system. All States and UTs with legislature are covered under the SNA SPARSH model in phased manner. In respect of all the States, who have on-boarded on SNA SPARSH platform and complied with the prescribed conditions, mother sanction has already been issued in the current financial year. The new model implemented by the Government allows raising bills as per requirement, thereby facilitating timely and need based fund flow.

STATEMENT

Year-wise and Component-wise released of funds under Mission Shakti

(Rs. In lakhs)

Component of Mission Shakti	2022-23		2023-24		2024-25	
	Released	UC received	Released	UC received	Released	UC received
Sambal						
One Stop Center	6572.61	4430.38	18972.89	16609.08	15681.22	20493.72
Women Helpline	3744.00	68.37	7525.00	1273.24	1089.00	1187.02
Beti Bachao Beti Padhao	9015	1929.70	8748.59	10877.28	3147.5	10214.9

Nari Adalat	0.00	0.00	42.00	0.00	9.00	0.00
Samarthya						
PMMVY	198824	186950	85642	67948	144494	185067
HUB for Empowerment of Women	4990.20	3759.19	7203.78	4486.60	3735.94	0.00
Palna	468.31	468.31	6415.54	4024.00	4517.35	0.00
Sakhi Niwas	1762.79	832.08	452.24	272.03	813.66	357.46
Shakti Sadan	1544.83	1412.45	11897.97	10763.73	8497.76	1408.78

Year-wise and component-wise release of funds to Maharashtra under Mission Shakti

(Rs. In lakhs)

Component of Mission Shakti	2022-23		2023-24		2024-25	
	Released	UC received	Released	UC received	Released	UC received
Sambal						
One Stop Center	69.37	325.91	1539.69	1239.09	0.00	1081.85
#Women Helpline	0.00	0.00	0.00	0.00	37.80	100.57
Beti Bachao Beti Padhao	0.00	5.07	0.00	270.3	265.0	0.00
Samarthya						
PMMVY	24083	15286	0	2684	14117	12594

HUB for Empowerment of Women	0.00	0.00	921.66	0.00	0.00	0.00
Palna	0.00	0.00	232.15	0.00	0.00	0.00
Sakhi Niwas	0.00	0.00	0.00	0.00	25.55	0.00
Shakti Sadan	0.00	0.00	338.19	338.19	1016.77	214.66

#The grant of Rs.62.70 lakh released during 2015-16 was lying unspent with the State. Hence, the State was not eligible for further grant during the year.

Year-wise and component-wise release of funds to Madhya Pradesh under Mission Shakti

(Rs. In Lakhs)

Component of Mission Shakti	2022-23		2023-24		2024-25	
	Released	UC received	Released	UC received	Released	UC received
Sambal						
One Stop Center	261.54	328.45	820.48	1120.32	2225.83	1521.55
Women Helpline	54.09	0.00	38.30	84.89	56.70	68.55
Beti Bachao Beti Padhao	570	424.88	1368.60	652.3	0.00	949.7
Samarthya						
PMMVY	20402	10121	10521	9527	25700	26464
HUB for Empowerment of Women	0.00	0.00	495.52	0.00	0.00	0.00

Palna	0.00	0.00	0.00	0.00	0.00	0.00
Sakhi Niwas	0.00	0.00	0.00	0.00	0.00	0.00
Shakti Sadan	23.17	23.17	341.52	124.66	0.00	0.00

वन हर्ब, वन स्टैंडर्ड पहल

2094. श्री नलिन सोरेन:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) "वन हर्ब, वन स्टैंडर्ड" पहल को बढ़ावा देने और उसे सरल बनाने के लिए अंतर-मंत्रालयी सहयोग हेतु सरकार द्वारा कौन-कौन सी आयुष योजनाएं तैयार की गई हैं/तैयार की जा रही हैं;
- (ख) क्या इस पहल से हर्बल औषधियों के मानकीकरण का मार्ग प्रशस्त होने की संभावना है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ग) इससे देश में हर्बल क्षेत्र में व्यापार करने में किस प्रकार सुगमता में वृद्धि होने की संभावना है?

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

(क) : 'एक जड़ी-बूटी, एक मानक' के अंतर्गत आयुष मंत्रालय ने आयुर्वेदिक फार्माकोपिया ऑफ इंडिया (एपीआई), सिद्ध फार्माकोपिया ऑफ इंडिया (एसपीआई), यूनानी फार्माकोपिया ऑफ इंडिया (यूपीआई), होम्योपैथिक फार्माकोपिया ऑफ इंडिया (एचपीआई) और भारतीय फार्माकोपिया (आईपी) के माध्यम से प्रकाशित/प्रकाशित होने वाले सभी मोनोग्राफों को एक समान बनाने का कार्य शुरू किया है।

इस संबंध में, आयुष मंत्रालय के तहत भारतीय चिकित्सा और होम्योपैथी भेषजसंहिता आयोग (पीसीआईएम एंड एच) और स्वास्थ्य और परिवार कल्याण मंत्रालय के तहत भारतीय फार्माकोपिया आयोग (आईपीसी) ने दिनांक 30 अगस्त, 2022 को एक समझौता ज्ञापन पर हस्ताक्षर किए थे, जिसे

“एक जड़ी-बूटी-एक मानक” के प्रचार और उसे सुविधाजनक बनाने के लिए दिनांक 6 अगस्त, 2024 को नवीनीकृत किया गया था।

(ख): जी हां, एक जड़ी-बूटी-एक मानक का मुख्य उद्देश्य आयुर्वेदिक फार्माकोपिया ऑफ इंडिया (एपीआई), सिद्ध फार्माकोपिया ऑफ इंडिया (एसपीआई), यूनानी फार्माकोपिया ऑफ इंडिया (यूपीआई), होम्योपैथिक फार्माकोपिया ऑफ इंडिया (एचपीआई) और भारतीय फार्माकोपिया (आईपी) में प्रकाशित, एक जड़ी-बूटी के लिए अलग-अलग मानकों को किसी एक सामंजस्यपूर्ण एकल मोनोग्राफ में एक समान बनाना है ताकि “एक जड़ी-बूटी, एक मानक” के विचार को साकार किया जा सके।

(ग): इससे व्यापार में सुधार होगा और वृद्धि होगी, क्योंकि एक मानक जड़ी-बूटी, गुणवत्ता में भिन्नता के बिना उपलब्ध होगी।

INADEQUATE INFRASTRUCTURE IN LOWER COURTS OF TELANGANA

2095. SHRI KUNDURU RAGHUVeer:

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

- (a) whether the Government has assessed the condition of judicial infrastructure including basic amenities such as parking, waiting areas, washrooms and courtroom capacity in lower courts across Telangana, if so, the details thereof;
- (b) whether it is a fact that several subordinate courts in Telangana, including in districts like Nalgonda, lack designated parking areas, proper building space and public convenience facilities for litigants, lawyers and staff, if so, the details thereof;

- (c) whether the Government has received any proposals from the State Government of Telangana or High Court seeking Central assistance for upgrading infrastructure in such court complexes; and
- (d) if so, the details of projects approved or pending under the Centrally Sponsored Scheme for Development of Infrastructure Facilities in District and Subordinate Courts and the timeline for addressing these deficiencies?

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

(a) to (d): The Government of India has been implementing a Centrally Sponsored Scheme (CSS) for the Development of Infrastructure Facilities since 1993-94. Through this Scheme, the Government of India supplements the resources of the State Governments, who have the primary responsibility for the development of judicial infrastructure. There are five components covered under the scheme, viz., court halls, residential units, lawyers' halls, digital computer rooms and toilet complexes. The specifications of these infrastructure units have been prepared as per recommendations of the National Court Management System (NCMS) Committee of the Supreme Court of India, existing norms and practices being followed by different State Governments and certain norms followed by the Central Public Works Department (CPWD).

A sum of Rs. 60.21 crore has been released to the State of Telangana since 2018-19 (after separation from Andhra Pradesh). During the financial year 2025-26, an amount of Rs. 39.82 crore has been tentatively earmarked to the State. A proposal for eight (08) ongoing projects and one (01) new project costing Rs.26.33 Crore and Rs.9.30 Crore respectively has been received from the State of Telangana for the F.Y. 2025-26. Accordingly, first instalment of 25% of the earmarked amount has been released to the State. Issuance of next instalments will be contingent upon the pace of expenditure.

As per information provided by the High Court of Telangana, a new court complex comprising five courts has been inaugurated on 27.04.2024 in the premises of the district court complex at Nalgonda. The court complex is equipped with facilities like Bar Association Hall, washroom for litigants, staff and lawyers, and parking space. With the bifurcation of erstwhile 10 judicial districts into 33 judicial districts (co-terminus with revenue districts), certain court complexes are functioning in rented premises for want of permanent accommodation. In order to address the shortage, the High Court has approved the proposal for construction of 12 court complexes (including POSCO Court and Family Court building) in 13 judicial districts of Jangaon, Jayashankar, Bhupalapally, Jogulamba Gadwal, Karimnagar, Mahabubnagar, Mancherial, Mulugu, Nirmal, Peddapally, Sircilla, Vikarabad, Wanaparthy and Yadari-Bhuvanagiri.

AVAILABILITY OF UG AND PG MEDICAL SEATS**2096. SHRI GURMEET SINGH MEET HAYER:**

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

- (a) whether the Government maintains data on the current doctor-to-population ratio in the country and the manner in which this ratio has changed during the last five years and if so, the details thereof;
- (b) whether the Government has records on the per capita availability of undergraduate (MBBS) and postgraduate (MD/MS/DNB) medical seats and the manner in which these have improved during the same period;
- (c) the details of the specific measures taken by the Government to expand the number of medical colleges and seats across States, particularly in underserved or rural areas;
- (d) whether the Government has reviewed international benchmarks on doctor-patient ratios and if so, the manner in which India compares with countries like the US, Germany and Australia; and
- (e) whether the Government has data on doctors trained in India who have left India for better opportunities overseas during the last five years 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): There are 13,86,157 registered allopathic doctors and 7,51,768 registered practitioners in the AYUSH system of medicine. The World Health Organisation (WHO) recommends a doctor to population ratio of 1:1000. 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 which was 1:845 in the year 2020.

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.

To expand the number of medical colleges, the Government is implementing following schemes with preference to underserved areas:

1. 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.
2. Centrally Sponsored Scheme for strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS and PG seats.
3. Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) scheme has a component related to “Upgradation of Government Medical Colleges by construction of Super Specialty Blocks/Trauma care centres, etc.” Out of 75

projects, 71 projects are complete under this component. The other component is for setting up of new AIIMS, 22 AIIMS have been approved.

Further, National Medical Commission (NMC) has relaxed infrastructure/faculty norms for establishment of new medical colleges and/or increase of Under Graduate (UG)/Post Graduate (PG) seats, which includes:

- Mandatory land requirement for setting up a medical college has been removed.
- The number of subjects in the MBBS curriculum has been reduced from twenty three (23) to twenty (20).
- Stepwise and need based approach has been permitted for increase in infrastructure, equipment and manpower.
- PG courses can now be started with two (2) seats with a minimum number of twenty (20) beds and only two faculty without the need for senior resident as against the previous requirement of three faculty and a senior resident.
- Medical institutions have been allowed to apply for starting of PG courses after one year of starting UG courses.
- DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.
- Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/Dean/Principal/ Director in medical colleges upto

70 years.

- Non-medical graduates with MSc and PhD (relevant medical) qualifications from NMC-recognized/accredited Medical Colleges/Institutes can be appointed as faculty.
- Non-teaching Consultants/Specialists /Medical Officers and Diploma holders have been made eligible for Assistant Professor.

ELEVATION AND TRANSFER OF HIGH COURT JUDGES

2097. SHRI MATHESWARAN V.S.:

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

- (a) the list of names proposed by Supreme Court Collegium for elevation as High Court Judges pending with the Government for more than one year; and
- (b) the list of names proposed by Supreme Court Collegium for transfer of High Court Judges pending with the Government for more than one year?

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

(a) and (b): As on 29.07.2025, against the sanctioned strength of 1122 Judges, 779 Judges are working and 343 posts of Judges are vacant in various High Courts. Against these vacancies, 139 proposals for appointment of High Court Judges are at various stages of processing between the Government and the Supreme Court

Collegium. The recommendations against 204 vacancies are yet to be received from the High Court Collegiums.

Appointment of Judges to High Courts is made under Articles 217 and 224 of the Constitution of India and according to the procedure laid down in the Memorandum of Procedure (MoP) prepared in 1998 pursuant to the Supreme Court Judgment of October 6, 1993 (Second Judges case) read with their Advisory Opinion of October 28, 1998 (Third Judges case). As per the MoP, the responsibility for initiation of proposals for appointment of Judges in the Supreme Court vests with the Chief Justice of India, while the responsibility for initiation of proposals for appointment of Judges in the High Courts vests with the Chief Justice of the concerned High Court, in consultation with two senior-most puisne Judges of the High Court. As per the MoP, the High Courts are required to make recommendations at least 06 months before the occurrence of a vacancy. However, this time limit is rarely observed. For appointments to the High Courts, the views of concerned State Government are obtained in accordance with the MoP. The recommendations also have to be considered in the light of such other reports as may be available to the Government in respect of the names under consideration. The recommendations of the High Court Collegium, the State Governments and the Government of India are then forwarded to the Supreme Court Collegium (SCC) for advice.

Appointment of Judges in the higher judiciary is a continuous, integrated and collaborative process between the executive and the judiciary. It requires consultation and approval from various Constitutional Authorities both at State and Central level. Only those persons whose names have been recommended by the SCC are appointed as Judges of the High Courts.

As per the Memorandum of Procedure (MoP) for appointment and transfer of High Court Judges, the proposal for transfer of High Court Judges is initiated by the Chief Justice of India in consultation with four senior most puisne Judges of the Supreme Court. The MoP further provides that the Chief Justice of India is also expected to take into account the views of the Chief Justice of High Court from which the judge is to be transferred, as also the Chief Justice of the High Court to which the transfer is to be effected, besides taking into account the views of one or more Supreme Court judges who are in position to offer views. The personal factors relating to the concerned Judge, including the Chief Justice, and his response to the proposal, including his preference of places, should invariably be taken into account by the Chief Justice of India and the first four puisne Judges of the Supreme Court before arriving at conclusion on the proposal. All transfers are to be made in public interest i.e. for promoting better administration of justice throughout the country. No timeline has been prescribed in the MoP for transfer of judges from one High Court to another.

यूरिया की निर्बाध आपूर्ति

2098. डॉ. राजकुमार सांगवान:

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

- (क) देशभर में विशेषकर उत्तर प्रदेश के बागपत जिले में रबी और खरीफ मौसम के दौरान यूरिया, डीएपी और अन्य आवश्यक उर्वरकों की निर्बाध आपूर्ति सुनिश्चित करने के लिए सरकार द्वारा की गई व्यवस्थाओं का राज्य-वार ब्यौरा क्या है;
- (ख) क्या नीमलेपित यूरिया के उपयोग से किसानों को लाभ हुआ है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ग) क्या 'नीमलेपित यूरिया' के उपयोग से यूरिया की कालाबाजारी और दुरुप्रयोग में उल्लेखनीय कमी आई है, और यदि हां, तो सूचित की गई कमी 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 प्रदेश राज्य सहित देश में उर्वरकों की समय पर और पर्याप्त आपूर्ति सुनिश्चित करने के लिए सरकार द्वारा प्रत्येक मौसम में निम्नलिखित उपाय किए जाते हैं:

- i. प्रत्येक फसल मौसम के शुरू होने से पूर्व कृषि और 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 का पर्याप्त मात्रा में 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 और किसान कल्याण विभाग 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।

तथापि, राज्य के भीतर जिला स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकार द्वारा किया जाता है।

(ख): वर्ष 2015 के दौरान, सरकार ने यूरिया के सभी घरेलू उत्पादकों और आयातकों के लिए 100% नीम लेपित यूरिया की आपूर्ति अनिवार्य कर दी थी। नीम लेपित यूरिया (एनसीयू) की शुरुआत के बाद, नीम लेपन का एक प्रमुख लाभ इसका धीमी गति से अवशोषित होना है, जिससे सामान्य यूरिया की तुलना में एनसीयू की खपत कम हो जाती है। कृषि विकास और ग्रामीण परिवर्तन केंद्र (एडीआरटीसी), बेंगलुरु द्वारा जून 2017 में नीम लेपित यूरिया के प्रभाव पर तैयार की गई एक अध्ययन रिपोर्ट से पता चलता है कि एनसीयू के प्रयोग से मृदा की गुणवत्ता में सुधार, कीट और रोग नियंत्रण और खरपतवार प्रबंधन की लागत में कमी, सभी फसलों और उनके उप-उत्पादों की उपज में सुधार और अरहर दाल के मामले में उच्च वृद्धिशील आय हुई है, इसके बाद गन्ना, सोयाबीन, धान, जूट और मक्का की फसलों के उत्पादन में भी वृद्धि हुई है। मेसर्स सेंटर फॉर मार्केट रिसर्च एंड सोशल डेवलपमेंट (सीएमएसडी) द्वारा तैयार की गई एक अन्य अध्ययन रिपोर्ट में पाया गया है कि यूरिया के नीम लेपन से मृदा की उर्वरता में वृद्धि हुई है, फसलों का उत्पादन बढ़ा है और सामान्य यूरिया की तुलना में एनसीयू की खपत में कमी आई है।

(ग): उर्वरक को एक आवश्यक वस्तु के रूप में घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 और उर्वरक (संचलन नियंत्रण) आदेश, 1973 के तहत अधिसूचित किया गया है। उर्वरकों की कालाबाजारी रोकने तथा आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 (एफसीओ) के उपबंधों का उल्लंघन करते हुए उर्वरकों की कालाबाजारी में संलिप्त किसी व्यक्ति/उर्वरक कंपनी के विरुद्ध दंडात्मक कार्रवाई करने के लिए एफसीओ के अंतर्गत राज्य सरकारों को पर्याप्त शक्तियां प्रदान की गई हैं।

FREE DRUGS AND DIAGNOSTICS SERVICE INITIATIVE UNDER NHM

2099. SHRI G. SELVAM:

SHRI C. N. ANNADURAI:

SHRI NAVASKANI K.:

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

- (a) whether the Government is implementing the Free Drugs Service Initiative and Free Diagnostics Service Initiative under the National Health Mission (NHM) across the country, if so, the details thereof, State-wise including Tamil Nadu;
- (b) the number of essential drugs and diagnostic tests mandated to be provided free of cost at different levels of public health facilities under these initiatives;
- (c) the extent to which the State of Tamil Nadu has implemented these initiatives at SubHealth Centres (SHCs), Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-District Hospitals (SDHs) and District Hospitals;

- (d) whether the Union Government has any monitoring mechanism in place to ensure uninterrupted availability of essential drugs and timely delivery of diagnostic services in public health facilities in Tamil Nadu and if so, the details thereof; and
- (e) the steps being taken by the Union Government to further reduce the Out-Of-Pocket Expenditure of patients in Tamil Nadu through enhanced coverage of free drugs and diagnostics?

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 NHM, financial support is provided to all States / UTs including Tamil Nadu for provision of free essential medicines & free essential diagnostics in public health facilities based on the requirements posed by States/UTs in their Programme Implementation Plans (PIPs) within their overall resource envelope. Under Free Drugs Service Initiative, Ministry has recommended facility wise Essential Drugs List (EDL) to be made available at the public healthcare facilities in the country including Tamil Nadu to ensure widespread access to essential medicines.

The Ministry of Health and Family Welfare, Government of India supports 'Free Diagnostics Service Initiative' (FDSI) programme under National Health Mission. The programme was launched with the aim to provide accessible and

affordable pathological and radiological diagnostics services closer to the community which in turn reduces the Out-of-Pocket Expenditure (OOPE). The number of medicine and Diagnostics services recommended at these health facilities in the country including Tamil Nadu are given as below. However, States have the flexibility to add more.

Sr. No.	Name of Facilities	No. of essential Medicine	No. of Diagnostics
1	District Hospitals (DHs)	381	134
2	Sub-District Hospitals(SDHs)	318	111
3	Community Health Centres (CHCs)	300	97
4	Ayushman Arogya Mandir (AAM) - Primary Health Centres (PHCs)	172	63
5	AAM-Sub Health Centre (SHCs)	106	14

As informed by the State Govt. of Tamil Nadu, total 482 essential drugs are provided at PHC, CHC, SDH and DHQ level and 484 specialty drugs at DH and Tertiary level. Total 134 test at DH, 111 at SDH, 97 at CHC, 63 at PHC and 14 test at Sub-Health Centres are provided in Tamil Nadu.

The Ministry has adopted a multi-layered monitoring approach to identify and address gaps in procurement, supply chain, and stock management. Many States have adopted digital platforms like Drugs and Vaccine Distribution Management System (DVDMS) to track procurement, consumption, and replenishment of the drugs. Through Open Data Kit (ODK) tool the various parameters of health facilities are assessed by States which include availability of essential drugs as well as diagnostics. Field visits by senior officials of Union Government as well as State Government also monitor the availability and utilisation of these services.

LEGAL AID TO WEAKER SECTIONS

2100. SHRI C. N. ANNADURAI:

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

- (a) the details of the authorities and institutions established by the Government to provide free legal aid to the poor and weaker sections of society, particularly members of SC, ST, women, and other marginalized communities, including the current status in Tamil Nadu;
- (b) whether the Government has undertaken awareness initiatives to inform the poor and weaker sections, especially SCs and STs, about their entitlement to free legal aid, and if so, the details thereof including outreach activities conducted in Tamil Nadu;

- (c) the number of cases taken up and legal aid provided by the National Legal Services Authority (NALSA) during last three years; and
- (d) whether Government has put in place a mechanism to monitor and assess the performance and functioning of Legal Services Authorities including NALSA, and if so, the details thereof along with the steps taken to strengthen the delivery of free legal aid across the Country, particularly in Tamil Nadu?

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

(a): The following Authorities/Institutions are established to provide free legal aid to the poor and weaker sections of the society including those belonging to SC/ST and women:-

- i. National Legal Services Authority (NALSA) at National level
- ii. Supreme Court Legal Services Committee (SCLSC) at Supreme Court level
- iii. 38 High Court Legal Services Committees (HCLSCs) at High Court level
- iv. 37 State Legal Services Authorities (SLSAs) at State level
- v. 708 (including 32 in Tamil Nadu) District Legal Services Authorities (DLSAs) at District level
- vi. 2440 (including 193 in Tamil Nadu) Taluk Legal Services Committees (TLSCs) at Taluk level

(b): The legal awareness programmes are held across the country by Legal Service Authorities in regard to entitlement to free legal aid and 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 Tamil Nadu) during the last three years are as under:

Year	Tamil Nadu		Across the country (including Tamil Nadu)	
	Legal Awareness programs	Persons attended	Legal Awareness programs	Persons attended
2022-23	10,814	13,27,379	4,90,055	6,75,17,665
2023-24	4,408	7,12,534	4,30,306	4,49,22,092
2024-25	6,284	10,10,195	4,62,988	3,72,32,850
Total	21,506	30,50,108	13,83,349	14,96,72,607

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

Year	Persons benefited through Legal aid and advice
2022-23	12,14,769
2023-24	15,50,164
2024-25	16,57,527
Total	44,22,460

(d): In order to monitor the performance of the legal services authorities, NALSA receives monthly activity reports from all the SLSAs highlighting all the activities carried out in a particular month. Thereafter, a final activity report on monthly basis is sent by NALSA to the Government which is reviewed and compiled. Apart from monthly activity reports, NALSA also receives Annual Reports from all the SLSAs and prepares its own Annual Report, which is laid before both Houses of the Parliament by the Government.

Periodical reviews on different issues are also carried out by the Department-related Parliamentary Standing Committee on Personnel, Public Grievances, Law and Justice to assess the working of Legal Aid under the Legal Services Authorities Act, 1987. Further, All India Meets and Regional Meets are frequently organized by NALSA to monitor the performance of Legal Services Authorities. In addition, regular meetings are also held between the representatives of NALSA and Department of Justice on various important matters.

STRATEGIC ROLE OF CIPET IN PETROCHEMICAL INDUSTRIES

2101. DR. VINOD KUMAR BIND:

SHRI BHARATSINHJI SHANKARJI DABHI:

SHRI MANOJ TIWARI:

DR. BHOLA SINGH:

SHRI YOGENDER CHANDOLIA:

SHRI ALOK SHARMA:

SHRI PRAVEEN PATEL:

MS. BANSURI SWARAJ:

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

- (a) the current role and future roadmap envisioned by the Ministry for Central Institute of Petrochemicals Engineering & Technology (CIPET) in supporting the national petrochemical and plastic industries;
- (b) the infrastructure and training capacity of CIPET to meet the skilled manpower requirements projected under key Government initiatives like 'Make in India' and 'Atmanirbhar Bharat';
- (c) whether the Government has assessed the regional demand for skill centres and R&D in the Plastics and Petrochemical sector; and
- (d) if so, the steps being taken to expand CIPET's presence and capabilities in underserved regions?

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): Central Institute of Petrochemicals Engineering & Technology (CIPET), an Autonomous Body under the Department of Chemicals & Petrochemicals, Government of India, supports the petrochemicals and plastics industry by

imparting sector-specific Skill Development, Technology Support Services to the industry and providing Diploma and Degree Courses in petrochemicals, plastics and allied fields. CIPET also has specialized Research & Development centres dedicated to various activities for the growth of Petrochemicals & allied industries in the country.

(b): CIPET plays a vital role in developing the skilled workforce required to power this transformation. Currently, various skill development and skill upgradation programs in specialized technical domains like polymers and petrochemicals are offered by CIPET. Through the years, CIPET has increased its capacity to provide training through its academic and skill development programs. The details for the last 5 years have been tabulated below:

Academic Year	Total no. of student trained (Academic and Skill training)
2020-21	33846
2021-22	38814
2022-23	59986
2023-24	65583
2024-25	74964

(c) and (d): New CIPET Centres are established based on the assessment of the regional demand for skill and development, technical support and research and development (R&D) in the petrochemical sector by the Central Government, State Governments and CIPET. As far as national presence is concerned, CIPET currently has 48 functional centres spread across the country which includes 09

Institutes of Petrochemicals Technology (IPTs), 32 Centres for Skilling & Technical Support (CSTS), 03 School for Advanced Research in Petrochemicals (SARP) and 04 Sub-Centres. In the last 10 years, 16 new CIPET centers have been established.

DIALYSIS CENTRES UNDER PMNDP

2102. SHRI ARVIND DHARMAPURI:

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

- (a) the number of operational dialysis centres under Pradhan Mantri National Dialysis Programme (PMNDP) in the country including in Telangana;
- (b) the total dialysis sessions conducted during the last three years in the said State, year-wise;
- (c) the current capacity available at the dialysis centres under the said programme in Telangana;
- (d) the detailed plan of the Government to meet the increasing demand for dialysis in the said State; and
- (e) the steps taken/proposed to be taken by the Government to ensure that dialysis centres are accessible in remote and tribal districts?

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): Pradhan Mantri National Dialysis Program (PMNDP) is implemented in all the 36 States/UTs in 751 districts in the country. There are a total of 1,704 centres operational as on 30th June 2025.

In Telangana, Dialysis services are available in all the 33 districts with 99 Haemodialysis centres.

(b): The details of total dialysis sessions conducted in the last three years in the State of Telangana are as follows:

Year	Total Dialysis Session conducted
FY 2022-23	6.44 lakh
FY 2023-24	4.97 lakh
FY 2024-25	5.86 lakh

(c): Under PMNDP, there are 678 Haemodialysis machines at dialysis centres in Telangana.

(d) and (e): Government of India (GoI) has recommended setting up of Haemodialysis centres in all the district hospitals initially and on saturation scale down till the Community Health Centres (CHCs) at the taluka level. This is done by the States/Union Territories (UTs) as per the dialysis demand and gap assessment. National Health Mission (NHM) supports States/UTs in implementation of Haemodialysis (HD) and Peritoneal Dialysis (PD) services under PMNDP program based on the gap assessment done by the State/UTs through the annual

Programme Implementation Plans (PIP). States/UTs are financially supported for establishing dialysis services to all the population of the States/UTs including in remote and tribal areas.

RISK INSURANCE COVER IN SHIPBUILDING FINANCE

2103. SHRI G. M. HARISH BALAYOGI:

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

- (a) whether the Government is aware that in several major shipbuilding nations, banks and financial institutions are provided with state-backed risk insurance cover through national agencies to mitigate financial risks in shipbuilding finance, if so, the details thereof;
- (b) whether the absence of such risk mitigation mechanisms in the country has affected the willingness of banks to extend credit for shipbuilding projects or resulted in higher interest rates, if so, the details thereof;
- (c) whether the Government has assessed the feasibility of introducing a similar risk insurance scheme in the country to protect lenders and reduce the cost of capital for the shipbuilding sector;
- (d) if so, the details thereof and timeline by which the said scheme is expected to be implemented;
- (e) the impact of such a mechanism on the competitiveness of Indian shipyards and the overall cost of shipbuilding finance; and

- (f) the steps undertaken by the Government to make shipbuilding finance more accessible and affordable in the country?

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

- (a) to (f): Yes Sir, in several major shipbuilding nations, leading state-backed financial institutions provide risk insurance for the shipbuilding sector. In India, such a policy is yet to be approved.

बच्चों के लिए टीकाकरण अभियान

2104. श्री बृजेन्द्र सिंह ओला:

डॉ. राजकुमार सांगवान:

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

- (क) देश में, उत्तर प्रदेश के बागपत लोक सभा क्षेत्र और राजस्थान के झुंझनू लोक सभा क्षेत्र सहित, टीकाकरण अभियान के अंतर्गत बच्चों को दिए जा रहे टीकों के नाम राज्य/संघ राज्य क्षेत्र-वार क्या हैं;
- (ख) क्या कई ग्रामीण क्षेत्रों में स्वास्थ्य जागरूकता के अभाव में बच्चों का टीकाकरण नहीं हो पाता है और यदि हाँ, तो इस संबंध में सरकार द्वारा क्या प्रयास किए जा रहे हैं;
- (ग) क्या यह सच है कि कई बार विभागीय लापरवाही के कारण बच्चों का टीकाकरण अधूरा रह जाता है और यदि हाँ, तो इसमें सुधार के लिए क्या प्रयास किए जा रहे हैं; और

(घ) पिछले पाँच वर्षों के दौरान टीकाकरण अभियान और स्वास्थ्य जागरूकता कार्यक्रम को और अधिक प्रभावी बनाने के लिए सरकार द्वारा उत्तर प्रदेश के बागपत लोक सभा क्षेत्र और राजस्थान के झुंझुनू लोक सभा क्षेत्र सहित राज्य/संघ राज्य क्षेत्र-वार क्या प्रयास किए जा रहे हैं?

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

(क): देश में टीकाकरण अभियान के तहत, उत्तर प्रदेश के बागपत लोक सभा निर्वाचन क्षेत्र और राजस्थान के झुंझुनू लोक सभा निर्वाचन क्षेत्र सहित बच्चों को 11 टीके निःशुल्क प्रदान किए जाते हैं। इन टीकों के नाम निम्नलिखित हैं:

- हेपेटाइटिस बी वैक्सीन
- ओरल पोलियो वैक्सीन (ओपीवी)
- बैसिलस काल्मेट-गुएरिन टीका (बीसीजी)
- इंजेक्टेबल पोलियो वैक्सीन (आईपीवी)
- पेंटावैलेन्ट वैक्सीन
- रोटोवायरस वैक्सीन (आरवीवी)
- न्यूमोकोकल कनजुगेट वैक्सीन (पीसीवी)
- खसरा और रूबेला वैक्सीन (एमआर)
- डिप्थीरिया, पर्टुसिस, टेटनस वैक्सीन (डीपीटी)
- टेटनस और वयस्क डिप्थीरिया वैक्सीन (टीडी)
- जापानी एन्सेफेलाइटिस वैक्सीन (जेई)

(ख) और (ग): जिलों के ग्रामीण और शहरी क्षेत्रों में बच्चों और गर्भवती महिलाओं के टीकाकरण हेतु साप्ताहिक रूप से नियमित टीकाकरण सत्र आयोजित किए जाते हैं। प्रत्येक सत्र से पूर्व, संबंधित क्षेत्र की आशा कार्यकर्ता घर-घर जाकर लाभार्थियों को टीकाकरण सत्र के स्थल की जानकारी देती हैं और बच्चों तथा गर्भवती महिलाओं को टीकाकरण दिवस पर उपस्थित होने और टीका लगवाने के लिए प्रेरित करती हैं। देश में टीकाकरण की अधिकतम पहुँच सुनिश्चित करने के लिए, सूचना, शिक्षा और संचार गतिविधियाँ पूरे देश में लागू की जा रही हैं। इन गतिविधियों का प्रसार दूरदर्शन जैसे सरकारी प्रसारकों के माध्यम से किया जाता है, जिसमें मीडिया हस्तियों, रेडियो जिंगल्स, तथा यूट्यूब पॉडकास्ट का उपयोग किया जाता है। इसके अतिरिक्त, 'X', इंस्टाग्राम और फेसबुक जैसे सोशल मीडिया प्लेटफॉर्म का भी उपयोग किया जाता है। स्थानीय स्तर पर माइकिंग, पोस्टर लगाना, और समूह बैठकों जैसे सामुदायिक कार्यक्रम भी आयोजित किए जाते हैं।

(घ): पिछले पाँच वर्षों के दौरान, देश में, जिसमें उत्तर प्रदेश के बागपत लोकसभा निर्वाचन क्षेत्र तथा राजस्थान के झुंझनू लोकसभा निर्वाचन क्षेत्र भी शामिल हैं, टीकाकरण अभियान और स्वास्थ्य जागरूकता कार्यक्रमों को अधिक प्रभावी बनाने हेतु सरकार द्वारा निम्नलिखित प्रयास किए गए हैं:

- राज्य टीकाकरण कार्यबल, जिला टीकाकरण कार्यबल तथा ब्लॉक टीकाकरण कार्यबल के माध्यम से टीकाकरण अभियानों का सुनियोजित और प्रभावी क्रियान्वयन सुनिश्चित किया जाता है, जिन्हें नियमित रूप से आयोजित किया जाता है।
- टीकाकरण कवरेज में सुधार के लिए महत्वपूर्ण हस्तक्षेप किए गए हैं, जिनमें समर्थन, सामाजिक जागरूकता, परिवार स्तर पर व्यक्तिगत संवाद तथा मीडिया की सहभागिता शामिल है।
- सार्वभौमिक टीकाकरण कार्यक्रम के तहत कम टीकाकरण कवरेज वाले क्षेत्रों में सघन अभियान इंद्रधनुष जैसे विशेष कैच-अप टीकाकरण अभियान चलाए गए, ताकि छोटे हुए और बीच में टीकाकरण छोड़ चुके बच्चों और गर्भवती महिलाओं को टीका लगाया जा सके।

- हर वर्ष पल्स पोलियो कार्यक्रम के अंतर्गत राष्ट्रीय टीकाकरण दिवस जैसे विशेष टीकाकरण अभियान आयोजित किए जाते हैं।
- गाँव स्वास्थ्य और पोषण दिवस निर्धारित तिथियों पर आयोजित किए जाते हैं, जिनके दौरान टीकाकरण संबंधी कार्यकलाप आयोजित किए जाते हैं।
- स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा पोर्टल की शुरुआत की गई है, जिसके माध्यम से बच्चों और गर्भवती महिलाओं के सभी टीकाकरण कार्यक्रमों का डिजिटल पंजीकरण और अभिलेखन किया जा रहा है।

DEVELOPMENT OF NATIONAL WATERWAY-48

2105. SHRI RAO RAJENDRA SINGH:

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

- (a) whether the Government has made any headway in the development of National Waterway-48, if so, the details thereof;
- (b) whether there is any deadline for the completion of the NW-48 project, if so, the details thereof;
- (c) whether any progress has been made in the scheme to develop a port by constructing an artificial canal at Bakhasar in Barmer district of Rajasthan under the National Waterway-48 project, if so, the details thereof; and
- (d) the strategic and economic importance of the aforementioned port?

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

(a) to (d): Inland Waterways Authority of India (IWAI), an autonomous organisation under the Ministry of Ports, Shipping & Waterways, has engaged National Technology Center for Ports, Waterways & Coasts (NTCPWC), IIT Madras for carrying out mathematical modelling of the National Waterway-48 (NW-48) (Jawai Luni-Rann of Kutch River System). Further course of action will be based on the outcome of the mathematical modelling.

नागरिक सेवाओं की प्रभावी सेवा प्रदायगी

2106. श्री भरतसिंहजी शंकरजी डाभी:

श्री विनोद लखमशी चावड़ा:

श्री प्रभुभाई नागरभाई वसावा:

श्री सुखजिंदर सिंह रंधावा:

श्री छत्रपाल सिंह गंगवार:

सुश्री कंगना रनौत:

श्री गोडम नागेश:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) नागरिक सेवाओं के उत्तरदायी और प्रभावी सेवा प्रदायगी हेतु मंत्रालय द्वारा क्या प्रयास किए गए हैं;

(ख) ई-वीजा सुविधा प्रदान करने वाले देशों की संख्या बढ़ाने के लिए सरकार द्वारा क्या कदम उठाए गए हैं;

- (ग) वर्ष 2014 से जारी किए गए ई-वीज़ा की कुल संख्या कितनी है और ई-बीज़ा सुविधा के अंतर्गत आने वाले देशों की संख्या में कितनी वृद्धि हुई है;
- (घ) अंतर्राष्ट्रीय तीर्थ यात्रियों को सहायता प्रदान करने में मंत्रालय की भूमिका क्या है; और
- (ङ) हज और सिख तीर्थ यात्रियों को दी जाने वाली सहायता का ब्यौरा क्या है?

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

(क): सरकार ने विदेश में भारतीय मिशनों के माध्यम से प्राथमिकता के आधार पर, भारतीय नागरिकों के लिए कौंसली सेवाओं की उत्तरदायी और कुशल आपूर्ति सुनिश्चित करने के लिए कई कदम उठाए हैं। शिकायतों का समाधान कॉल, वॉक-इन, ईमेल, सोशल मीडिया, 24x7 हेल्पलाइन और ओपन हाउस जैसे विभिन्न माध्यमों से किया जाता है। विदेशों में भारतीय श्रमिकों को सहायता प्रदान करने के लिए दुबई, शारजाह, रियाद, जेद्दा और कुआलालंपुर में प्रवासी भारतीय सहायता केंद्र (पीबीएसके) स्थापित किए गए हैं। कुछ मिशनों/केंद्रों में संकटग्रस्त भारतीय नागरिकों के लिए आश्रय गृह भी स्थापित किए गए हैं। मिशन के अधिकारी भारतीय श्रमिकों की शिकायतों का समाधान करने के लिए आप्रवासन कार्यालयों और श्रमिक शिविरों का दौरा करते हैं। संकटग्रस्त भारतीयों को, यदि आवश्यक हो, भारतीय समुदाय कल्याण कोष (आईसीडब्ल्यूएफ) के माध्यम से वित्तीय सहायता प्रदान की जाती है। आपातकालीन या संकट की स्थिति में, विदेश स्थित हमारे मिशन/केंद्र संकटग्रस्त/फंसे हुए भारतीय नागरिकों को भोजन, आश्रय, दवा उपलब्ध कराने और भारत वापसी में उनकी मदद करने के मामले में सक्रिय रूप से सहायता करते हैं।

(ख): वीज़ा संबंधी नीतियों का निर्माण संबंधित देश का संप्रभु मामला है। तथापि, वीज़ा संबंधी मामलों, विशेष रूप से भारतीय नागरिकों की यात्रा को आसान बनाने के उद्देश्य से बनाई गई वीज़ा नीतियों को

सरकार द्विपक्षीय तंत्रों के माध्यम से उठाती है जिसमें विदेशों के साथ कोंसली वार्ता और उच्च स्तरीय यात्राएँ शामिल हैं।

(ग): 2014 से 20.07.2025 तक कुल 1,86,31,599 ई-वीज़ा जारी किए गए। ई-वीज़ा प्राप्त करने वाले देशों की संख्या 2014 में 43 से बढ़कर 2025 में 181 हो गई है।

(घ): सरकार ने विदेश यात्रा करने वाले भारतीय तीर्थयात्रियों की सहायता के लिए विभिन्न उपाय लागू किए हैं। इन पहलों के प्रमुख घटकों में प्रशासनिक निगरानी, कोंसली सहायता, स्थानीय अधिकारियों के साथ समन्वय और चिकित्सा सुविधाएँ शामिल हैं।

(ङ): (i) **हज यात्रा**: सरकार भारतीय नागरिकों के लिए हज यात्रा के सुचारु कार्यान्वयन को सुनिश्चित करने में महत्वपूर्ण भूमिका निभाती है। यात्रा के सभी चरणों में व्यापक सहायता प्रदान करने के लिए, यह अल्पसंख्यक कार्य मंत्रालय (एमओएमए) और भारतीय हज समिति (एचसीओएल) तथा सऊदी प्राधिकारियों के साथ घनिष्ठ समन्वय में कार्य करती है। इसमें जेद्दा स्थित इसके कोंसलावास के माध्यम से चिकित्सा सहायता, आवास, परिवहन, खानपान, स्वच्छता और उपयोगिताओं जैसी विभिन्न सेवाएँ प्रदान करना शामिल है। कोंसलावास तीर्थयात्रियों के सुचारु आगमन और प्रस्थान का समन्वय करता है तथा सऊदी प्राधिकारियों के साथ समन्वय में सऊदी अरब में उनके प्रवास के दौरान भारतीय हज यात्रियों को कोंसली सहायता भी प्रदान करता है। प्रति वर्ष, सऊदी प्राधिकारी भारत के लिए हज कोटे की घोषणा करते हैं। हाल के वर्षों में, यह कोटा औसतन 1,75,025 भारतीय हज यात्रियों पर निर्धारित किया गया है।

(ii) **सिख तीर्थयात्री**: धार्मिक स्थलों की यात्रा संबंधी भारत-पाकिस्तान प्रोटोकॉल- 1974 के अंतर्गत, सरकार दोनों देशों के बीच तीर्थयात्रियों की यात्राओं को सुगम बनाती है।

पाकिस्तान के नारोवाल स्थित गुरुद्वारा दरबार साहिब करतारपुर की यात्रा के लिए तीर्थयात्रियों की सुविधा हेतु भारत गणराज्य सरकार और पाकिस्तान इस्लामी गणराज्य सरकार के बीच 24 अक्टूबर

2019 को एक करार पर हस्ताक्षर किए गए जिसका उद्देश्य पवित्र गुरुद्वारे तक आसान और सुचारु पहुंच बनाना तथा गुरु नानक देव जी की 550वीं जयंती के लिए कॉरिडोर को चालू करने की तीर्थयात्रियों की लंबे समय से चली आ रही मांग को पूरा करना था।

इस करार में, अन्य बातों के अलावा, भारतीय तीर्थयात्रियों के साथ-साथ भारत के प्रवासी नागरिक (ओसीआई) कार्डधारकों को भारत से पाकिस्तान स्थित पवित्र गुरुद्वारा दरबार साहिब करतारपुर तक पूरे वर्ष प्रतिदिन वीजा-मुक्त यात्रा का प्रावधान किया गया है। तीर्थयात्रियों की यात्रा को सुविधाजनक बनाने के लिए, भारत की ओर डेरा बाबा नानक शहर से ज़ीरो पॉइंट तक एक राजमार्ग और एक एकीकृत चेक पोस्ट (आईसीपी) सहित एक अत्याधुनिक अवसंरचना निर्मित की गई है। श्री करतारपुर साहिब कॉरिडोर का उद्घाटन 9 नवंबर 2019 को हुआ था। इसके उद्घाटन के बाद से, 4,00,000 से अधिक तीर्थयात्रियों द्वारा इस कॉरिडोर का उपयोग पाकिस्तान स्थित पवित्र गुरुद्वारे के दर्शन के लिए किया जा चुका है।

भारत सरकार ने पाकिस्तान सरकार से लगातार आग्रह किया है कि वह तीर्थयात्रियों की इच्छा का सम्मान करते हुए, श्री करतारपुर साहिब कॉरिडोर के माध्यम से गुरुद्वारा दरबार साहिब करतारपुर जाने वाले तीर्थयात्रियों पर कोई शुल्क या प्रभार न लगाए। तथापि, पाकिस्तान प्रत्येक तीर्थयात्री से प्रति यात्रा 20 अमेरिकी डॉलर वसूलना जारी रखे हुए है। इस करार की वैधता अक्टूबर 2024 में 5 वर्षों के लिए बढ़ा दी गई थी।

ऑपरेशन सिंदूर के बाद से करतारपुर कॉरिडोर का संचालन रोक दिया गया है।

AYUSH WELLNESS CENTRE IN RURAL AND BACKWARD AREAS

2107. SHRI ZIA UR REHMAN:

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

- (a) whether the Government is aware that in various parts of the country, particularly in rural and backward regions, AYUSH wellness centres, dispensaries, and hospitals are either nonfunctional, severely understaffed or lacking in basic medicines and infrastructure, thereby failing to provide proper healthcare to the general public;
- (b) if so, the details thereof;
- (c) whether any steps are being taken by the Government to strengthen AYUSH infrastructure, ensure adequate availability of doctors, medicines, and paramedical staff in such centres, and make traditional systems of medicine more accessible and reliable for the rural population, under schemes like the National AYUSH Mission (NAM); 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) to (d): Public Health being a State Subject, the primary responsibility regarding deployment of manpower, strengthening of infrastructure, operationalization of AYUSH wellness centres, dispensaries and hospitals in various parts of the country, including rural and backward regions, lies with the respective State/UT Government. However, under Centrally Sponsored Scheme i.e. National Ayush Mission (NAM), Ministry of Ayush is supporting the efforts of State/UT Governments

for overall development & promotion of Ayush system in the country by providing financial assistance to them for different activities proposed through State Annual Action Plans (SAAPs) as per the provisions of NAM guideline. The Mission inter-alia makes provision for following activities:

- i. Operationalization of Ayush Health & Wellness Centres (AHWCs), 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
- v. Setting up of 10/30/50 bedded integrated Ayush Hospitals
- vi. Supply of essential drugs to Government Ayush Hospitals, Government Dispensaries and Government/Government aided Teaching Institutional Ayush Hospitals
- vii. Ayush Public Health Programs
- viii. Establishment of new Ayush colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector.

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

ESTABLISHMENT OF CGHS DENTAL UNIT IN CHANDIGARH

2108. SHRI CHARANJIT SINGH CHANNI:

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

- (a) whether the Government is aware that CGHS wellness centres in Chandigarh and major cities of Punjab (Amritsar, Jalandhar, Ludhiana, Patiala) lack dental units, causing difficulties for Government employees and pensioners, if so, the details thereof;
- (b) whether there is any plan to establish a CGHS dental unit in Chandigarh, if so, the details thereof along with the timeline fixed for its implementation;
- (c) whether new CGHS dental units are likely to be set up in other major cities of Punjab, if so, the details thereof;
- (d) whether the Government is taking steps to equip CGHS centres with modern dental equipment and qualified dentists, if so, the details thereof; and
- (e) whether the Government has any plans to expand CGHS dental services in Punjab, 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): CGHS Wellness Centres provide primary healthcare services including consultation, treatment, and dispensing of medicines to CGHS beneficiaries. They manage chronic illnesses, offer preventive care, and conduct routine health check-ups. Centres also issue referrals for specialist consultations and hospitalizations in empanelled facilities. The beneficiaries are referred to empanelled hospitals and diagnostic centres for specialist consultation, investigations, or hospitalization when needed. There is no proposal to establish CGHS Dental Unit in State of Punjab and UT of Chandigarh.

Ministry of Health & Family Welfare is striving towards achieving Universal Health Coverage including Dental treatment, for all citizens, as per National Health Policy, through its various programs like Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (ABPMJAY), Ayushman Arogya Mandir (erstwhile Ayushman Bharat Health & Wellness Centre), Ayushman Bharat Health Infrastructure Mission (ABHIM), Ayushman Bharat Digital Mission (ABDM), and National Health Mission (NHM) through its Rural and Urban components. In addition, All India Institute of Medical Sciences, Bathinda, Postgraduate Institute of Medical Education and Research, Chandigarh, Government Medical Colleges and District Hospitals are also functioning in the state of Punjab and UT of Chandigarh to cater all the medical related including Dental care needs. Central Government employees are permitted to avail treatment from any Government Hospital (Central/State Government), as per MoHFW OM No. Z15025/18/2020/DIR/CGHS dated 09.10.2020 and claim

reimbursement as per CGHS package rates or actual, whichever is lower. The copy of OM is given in the enclosed **Statement-I**.

In the State of Punjab and UT of Chandigarh, 155 Private Health Care Organizations (HCOs) are empanelled under CGHS and CS(MA) Rules, 1944, for medical treatment of central government employees and pensioners. Out of these empanelled HCOs, Dental treatment may be obtained from 16 such HCOs. The detail is given in the enclosed **Statement-II**.

STATEMENT-I
Copy of Office Memorandum



Z15025/18/2020/DIR/CGHS
 Government of India
 Min. of Health & Family Welfare
 Department of Health
 Directorate General of CGHS

545-A Nirman Bhawan, New Delhi.
 Dated the 9th October , 2020

OFFICE MEMORANDUM

**Subject: Clarification regarding treatment of CGHS beneficiaries at government hospitals
 - regarding**

With reference to the above subject the undersigned is directed to state that this Ministry is in receipt of several representations seeking clarifications about treatment at government hospitals. In this regard attention is drawn to Office memorandum No. S-11012/1/91-CGHS(P) (Vol.I) dt 18.03.1992 vide which guidelines regarding settlement of Claims were issued and to convey the approval of competent authority for issue of the following clarifications regarding treatment at government hospitals:

- i. CGHS beneficiaries have the option to avail Consultation from Specialists/ Investigations / treatment procedures from any Government Hospital Central /State)
- ii. The definition of "Government hospital" would include any hospital of Central Government /State Government/Government Departments such as Railways. Atomic Energy Commission, etc., as also hospitals of Public Sector Undertakings (such as those of the Steel Authority of India Limited/Coal India Limited, hospitals under Municipalities etc.
- iii. Normally, many services at government hospitals are free. However, in case any government hospital charges for certain treatments , the same can be availed by way of reimbursement from the authorities concerned as per CGHS approved rates.
- iv. CGHS beneficiaries shall be eligible for reimbursement as per the ward entitlement he/ she is entitled as per the criteria prescribed in case of AIIMS. In other government hospitals, where only General ward and Nursing home facility are available, CGHS beneficiaries, who are eligible eligible for semi-private ward and higher are eligible for treatment in Nursing Home wards.
- v. Reimbursement for Implants shall be limited to CGHS prescribed ceiling rates. The other treatment charges are applicable item wise as per eligible ward entitlement.

X

- vi. In case of treatment at ILBS , New Delhi , NIMS Hyderabad the reimbursement shall be as per CGHS rates.
- vii. Medical claims are to be submitted through concerned CGHS Wellness Centre in case of Pensioners, ex-MPs , etc., and to the concerned Ministry /department /Office in case of serving employees and to the Rajya Sabha Secretariat / Lok Sabha Secretariat in case of Members of Parliament and to the concerned Autonomous body in case of CGHS beneficiaries of Autonomous Bodies for reimbursement



(Sanjay Jain)
Director, CGHS

To

1. All Ministries / Departments, Government of India
2. Director, CGHS, Nirman Bhawan, New Delhi
3. Estt.I/ Estt.II/ Estt.III/ Estt.IV Sections, Ministry of Health & Family Welfare
4. Admn.I / Admn.II Sections of Dte.GHS
5. Addl. Director, CGHS(HQ) / Addl.DDG(HQ)/Addl. Directors Directors of CGHS Cities
6. Rajya Sabha / Lok Sabha Secretariat
7. Registrar, Supreme Court of India /Punjab & Haryana High Court, Chandigarh
8. Under Secretary, U.P.S.C.
9. Under Secretary Finance Division
10. Deputy Secretary (Civil Service News), Department of Personnel & Training, 5th Floor Saradar Patel Bhawan, Sansad Marg , New Delhi
- 11.PPS to AS&MD, NRHM / AS (H) /DGHS
12. Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi
- 13.Office of the Comptroller & Auditor General of India, 10 Bahadur Shah Zafar Marg, New Delhi
- 14.All Offices / Sections / Desks in the Ministry
- 15.UTI Infrastructure Technology And Services Limited, UTI-ITSL Tower, Plot No3 Sector - 11, CBD Belapur, Navi Mumbai-400614
- 16.Nodal Officer, MCTC, CGHS with a request to upload a copy of OM on CGHS Web-site
- 17.All Hospitals empanelled under CGHS through Addl. Director, CGHS of concerned city.
- 18.Office Order folder

Copy to

- PPS to Secretary, HFW
- PPS to AS&DG, CGHS, MoHFW
- PPS to JS(AS), MoHFW
- PS to Director,CGHS
- US, EHS , MoHFW

Copy for information to

- PPS to Hon'ble HFM
- PPS to Hon'ble MOS

STATEMENT-II

List of Health Care Organizations (HCOs) empanelled under CGHS, in State of Punjab and UT of Chandigarh, where dental treatment can be taken:

Chandigarh (04):

- Dr. Kochar's House of Smiles
- Gupta Hospital
- Indus Speciality Health (Indus Hygiea)
- Khullar Dental Hospital

Amritsar (03):

- Corporate Hospital
- Ranjit Hospital
- Lifecure Hospital

Jalandhar (03):

- Global Hospital (U O Sood Hospital Pvt. Ltd.)
- Johal Multispecialty Hospital
- Capitol Hospital

List of Health Care Organizations (HCOs) empanelled under CS(MA) Rules, 1944, in State of Punjab, where dental treatment can be taken

Mohali (02):

- Mehar Hospital, Zirakpur Mohali, Punjab_

- JP Hospital, Zirakpur, Mohali_

Ludhiana (02):

- Mohandai Oswal Hospital, Ludhiana, Punjab
- Satguru Partap Singh Hospital Ludhiana Punjab_

Ropar (01):

- Gurdev Hospital Kangar Road Nurpur Bedi Distt. Ropar Punjab_

Shaheed Bhagat Singh Nagar (01):

- Guru Nanak Mission Hospital, Shaheed Bhagat Singh Nagar, Punjab_

SINKING OF MSC ELSA-3

2109. SHRI SELVARAJ V.:

SHRI SUBBARAYAN K.:

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

- (a) whether the Government has taken note of the sinking of a Liberian-flagged ship MSC Elsa-3 Thottappally (Alappuzha) spillway enroute from Vizhinjam port to Kochi on May 25, if so, the details thereof;
- (b) whether any study was conducted as to the environmental and economic fall out from this incident, if so, the details and conclusion thereof; and
- (c) the steps being taken to secure compensation from the shipping company for the environmental and maritime damages and losses caused thereby?

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

(a) to (c): The Government of India is aware of sinking of Liberian-flagged ship MSC ELSA-3 sank approximately 13 nautical miles off the Alappuzha coast on 25.05.2025. The Government of Kerala informed that high-level meeting was convened with the scientists of ICAR-Central Institute of Fisheries Technology (CIFT), ICAR-Central Marine Fisheries Research Institute (CMFRI), Kerala University of Fisheries and Ocean Studies (KUFOS) and representatives of fishermen on 28th May, 2025 to discuss the possible ecological impact and necessary actions to be taken for protection of fishery resources and livelihood of fishermen. Accordingly, on 19.06.2025, a Joint Coordination Committee was constituted by the State Government of Kerala with representatives from KUFOS, CMFRI, CIFT, State Pollution Control Board, Food Safety, National Health Mission, and Coastal Police to review the scenario and to conduct necessary sampling, testing of water, and fish in accordance with the standard protocols. The test reports revealed that the fish samples were all in good condition, and no objectionable smell or flavour was observed, and the pH, salinity and the conductivity of water samples were within the normal range. The preliminary analysis of water and fish samples revealed that there was no trace or the presence of oil content, no direct evidence to prove the presence of hazardous chemicals, and that the fish samples from the coasts of Ernakulam, Alappuzha, and Kollam, etc. were safe for

consumption. It has also been informed that the National Institute of Oceanography (NIO) has been entrusted through the Environment Department of Kerala to undertake multi-sectoral loss assessment and impact study both short term and long term.

The claim Desks have been established by the vessel owner through the vessel's Protection and Indemnity (P&I) insurer, M/s. North Standard P&I Club, to facilitate the collection and processing of claims.

AYUSHMAN BHARAT DIGITAL MISSION IN RURAL AREAS

2110. SHRI PRADYUT BORDOLOI:

SHRI IMRAN MASOOD:

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

- (a) the current implementation status of the Ayushman Bharat Digital Mission (ABDM) in rural and underserved regions, including the number of districts and healthcare facilities integrated into the system;
- (b) the challenges faced in ensuring access to digital health services in rural areas, particularly with regard to infrastructure deficits, internet connectivity and technical literacy among healthcare providers in the country;
- (c) whether the Government has conducted any assessments to measure the impact of ABDM on improving rural healthcare delivery, and if so, the key findings of such assessments; and

- (d) the steps taken/proposed to be taken by the Government to expand digital health coverage in regions with low connectivity and healthcare infrastructure, including the role of telemedicine platforms like e-Sanjeevani?

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 Digital Mission (ABDM) has been launched with an aim to create an online platform enabling interoperability of health data within the health ecosystem to create longitudinal electronic health record of every citizen. As on 28th July 2025, a total of 79,71,02,258 (~79.71 Cr) Ayushman Bharat Health Account (ABHA) have been created, 4,17,047 (~4.17 Lakh) health facilities have been registered on health facility registry (HFR), 6,76,685 (~6.76 Lakh) healthcare professionals have been registered on health professionals registry (HPR) and 65,09,37,500 (~65.09 Cr) health records have been linked with ABHA. Rural/urban area details are not captured during the registration process of health facility registry (HFR). However total number of healthcare facilities having ABDM enabled software is 3,20,973, and number of districts with ABDM enabled facilities is 771.

(b) to (d): ABDM has provisions for assisted mode in places where internet connectivity might be poor. For instance, offline mode for creation of ABHA has been enabled to meet deficiencies like internet connectivity/unavailability of

hardware. National Health Authority, the implementing body of ABDM, is working in close coordination with the states to implement ABDM. A public dashboard [dashboard.abdm.gov.in] has been setup to see the progress of the different KPIs [key performance indicators] related to ABDM. This dashboard has drill-downs till state, district and hospital level and therefore, helps in assessment of the implementation of ABDM.

Government has taken various steps to ensure that the benefits of the mission reach every citizen. The digital health ecosystem created by ABDM supports continuity of care across primary, secondary and tertiary healthcare in a seamless manner. It aids availability of health care services particularly in remote and rural areas through various technology interventions like telemedicine etc.

eSanjeevani is a national telemedicine service operational in 36 states and union territories (UTs), aimed at achieving universal health coverage (UHC). It is implemented in two variants: (i) eSanjeevani AB-HWC / Ayushman Arogya Mandir – a provider-to-provider telemedicine platform (ii) eSanjeevani OPD – a patient-to-provider telemedicine platform and operates on hub and spoke model.

As on 28 July 2025 eSanjeevani has served over 39 crores patients. The service has been operationalized through 1,34,029 Ayushman Arogya Mandirs (erstwhile health & wellness centres) acting as spokes, which are served by 17,568 hubs and more than 719 online OPDs serviced by a team of over 2,24,528 doctors,

medical specialists, super-specialists and health workers as telemedicine practitioners.

Further, to address the network connectivity issues, state governments are collaborating with telecom providers to extend broadband coverage upto the Ayushman Arogya Mandir sub-health centre level.

AYUSH HEALTH AND WELLNESS CENTRES

2111. DR. M. K. VISHNU PRASAD:

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

- (a) the number of AYUSH Health and Wellness centres in the State of Tamil Nadu, district-wise;
- (b) the total number of such centres operational and non-operational in the said State; and
- (c) the total number of personnel's employed at those centres?

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

(a) to (c): As per the proposals received from the State Government of Tamil Nadu through State Annual Action Plan (SAAP), 650 AYUSH Health and Wellness Centres [now known as Ayushman Arogya Mandir (Ayush)] have been approved for operationalization by the Ministry of Ayush. Further, as reported by the State

Government of Tamil Nadu, all 650 Ayushman Arogya Mandirs (Ayush) are operational. Further, Public Health being a State Subject, deployment of personnels at these centres comes under the purview of respective State Government. However, as reported by the State Government of Tamil Nadu, Community Health Officers (CHOs)/ Doctors have been deployed on regular basis at 650 centres. The district-wise number of Ayushman Arogya Mandir (Ayush) in the State of Tamil Nadu are given in the enclosed **Statement**.

STATEMENT

The district-wise number of Ayushman Arogya Mandir (Ayush) in the State of Tamil Nadu:

S. No.	Name of District in Tamil Nadu	No. of Approved AAM (Ayush)
1.	Coimbatore	25
2.	Ramanathapuram	16
3.	Sivagangai	21
4.	Thanjavur	22
5.	Kanchipuram	8
6.	Chengalpet	8
7.	Thiruvallur	18
8.	Virudhunagar	34
9.	Dharmapuri	20
10.	Erode	34
11.	Madurai	23
12.	Theni	14
13.	Nilgiris	6
14.	Nagapattinam	12

15.	Villupuram	18
16.	Salem	37
17.	Tirunelveli	17
18.	Cuddalore	18
19.	Trichy	22
20.	Karur	12
21.	Ariyalur	7
22.	Pudukottai	14
23.	Dindigul	24
24.	Kanyakumari	25
25.	Tenkasi	21
26.	Thiruvavarur	19
27.	Thiruvannamalai	25
28.	Vellore	11
29.	Kallakurichi	13
30.	Krishnagiri	13
31.	Mayiladudurai	16
32.	Nammakkal	13
33.	Perambalur	4
34.	Ranipet	11
35.	Thirupattur	8
36.	Thoothukudi	29
37.	Tiruppur	12
Total		650

INDIA-MAURITIUS STRATEGIC DIALOGUE

2112. DR. MALLU RAVI:

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

- (a) the outcome of the recent telephonic dialogue with Prime Minister of Mauritius; and
- (b) the key areas for further cooperation under the Enhanced Strategic Partnership?

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): Prime Minister spoke to the Prime Minister of Mauritius on telephone on 24 June, 2025. Both leaders emphasized the special and unique ties between India and Mauritius, and reaffirmed their shared commitment to further deepen the Enhanced Strategic Partnership between the two countries. They discussed the ongoing cooperation across a broad range of areas, including development partnership, capacity building, defence, maritime security, digital infrastructure, and people-to-people ties. Prime Minister reiterated India's steadfast commitment to the development priorities of Mauritius in line with Vision MAHASAGAR and India's 'Neighbourhood First' policy, and extended an invitation to PM Ramgoolam for an early visit to India.

(b): The key areas for further cooperation under the Enhanced Strategic Partnership are development partnership, capacity building, human resource development, space, climate change, health, education, economic and trade

cooperation, digital cooperation, defence, maritime security, cultural, and people-to-people ties.

आयुर्वेदिक चिकित्सा संस्थानों हेतु पीएम आयुष्मान कार्ड

2113. श्री मुकेश राजपूत:

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

(क) क्या प्रधानमंत्री आयुष्मान कार्ड देश के आयुर्वेद चिकित्सा संस्थानों में मान्य है; और

(ख) यदि हाँ, 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) और (ख): आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के लाभार्थी, इस योजना के अंतर्गत पैनलबद्ध 31,466 से अधिक अस्पताल, जिनमें से 14,194 निजी अस्पताल हैं, के नेटवर्क के माध्यम से योजना के स्वास्थ्य परिचर्या सेवाओं के लिए लाभ के पात्र हैं।

AWWs AND AWHs UNDER POSHAN SCHEME

2114. DR. RICKY A. J. SYNGKON:

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

- (a) whether the Government is considering a proposal to increase the honorarium of Anganwadi workers and helpers engaged under the POSHAN scheme;
- (b) if so, the details thereof, including the proposed amount and timeline for implementation;

- (c) whether the Government has received representations from states or worker associations demanding wage revision in view of rising cost of living and workload, if so, the details thereof; and
- (d) the measures being taken to improve the working conditions, ensure timely payment and extend social security benefits such as health insurance, pension and maternity benefits to POSHAN workers?

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

(a) to (d): Currently no such proposal is under consideration. 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/UT Administrations are responsible for day-to-day program implementation. 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. 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 & States/UTs. Besides, performance linked

incentive of Rs.500/- is 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) 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.
- (ii) Leave: 20 days annual leave and paid maternity absence of 180 days, paid absence on abortion/ miscarriage once for 45 days.
- (iii) 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.

(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.

MARITIME BOUNDARY MANAGEMENT

2115. SHRI B. MANICKAM TAGORE:

SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:

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

- (a) whether the Government has prepared any long-term bilateral agreement with neighbouring countries to prevent the arrest or harassment of Indian fishermen near maritime boundaries, if so, the details thereof;
- (b) the details of recent diplomatic engagements aimed at strengthening peaceful and cooperative relations with neighbouring countries;
- (c) whether the Government has issued any diplomatic protest or demarche in recent months against territorial violations or aggressive actions near India's borders;
- (d) the strategy of the Government to safeguard India's territorial sovereignty while promoting regional peace and stability;
- (e) the number of Indian fishermen currently imprisoned in foreign jails, particularly in Sri Lanka, Pakistan or Bangladesh and the efforts being made for their release;
- (f) whether the Government has proposed any joint Maritime Boundary Management Mechanisms with neighbouring countries to avoid cross-border fishing conflicts, if so, the details thereof; and
- (g) the measures being taken by the Government to ensure that border or maritime disputes do not harm India's long-standing ties with friendly neighbouring nations?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA
MARGHERITA):**

(a) and (f): India and Myanmar have signed an MoU on Maritime Security Cooperation in September 2017, to address legal and policy issues related to illegal activities at sea. Similarly, India and Bangladesh have signed an MoU on Maritime Cooperation and Blue Economy in June 2024, which includes cooperation in addressing the issue of inadvertent crossing of the International Maritime Boundary by fishermen and facilitating their early release. Bilateral discussions are held regularly under various joint mechanisms with respective authorities of Bangladesh and Myanmar to improve cooperation in the sector of maritime and land boundary management. With regard to Sri Lanka, these issues are dealt with through the regular meetings of the India Sri Lanka 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.

(b) and (g): The Government of India has taken measures to advance effective border management and maintenance of peace and tranquillity at the border. In relation to China, such measures have been discussed in several meetings since the October 2024 disengagement, including the 23rd meeting of Special Representatives in December 2024, 33rd meeting and 34th Meeting of the Working Mechanism for Consultation and Coordination on India-China Border Affairs

(WMCC) in March 2025 and July 2025 respectively. With regard to Pakistan, the Government has been raising the issue of cross-border terrorism, ceasefire violations, and any attempts of violation of India's sovereignty and territorial integrity, through diplomatic channels.

(c): Government of India has expressed serious concerns over continuing instances of illegal crossing of the international border between India and Bangladesh by Bangladeshi nationals. In December 2024, the Government of India had strongly condemned and protested against the social media post by an Adviser of the Interim Government portraying an erroneous map of Bangladesh which was violative of India's sovereignty and territorial integrity. Further, Government of India raised an instance of inadvertent air violation by a Bangladesh domestic airlines in June 2025, so that appropriate steps are taken to prevent recurrence of such instances.

(d): The Government of India maintains a constant watch on all developments having a bearing on India's national interest and takes all necessary measures to safeguard them. With a focus on self-reliance, from defence production to technological innovation, India has been strengthening its sovereignty and territorial integrity.

(e): Government of India attaches the highest priority to the safety, security and welfare of Indian fishermen. The Government has been taking up all fishermen related issues, including the early release and repatriation of Indian fishermen and

fishing boats, with respective governments through diplomatic channels, various official interactions and established bilateral mechanisms. In all our interactions, it has been conveyed that this issue may be considered purely on humanitarian and livelihood grounds and that the use of force should be avoided in all circumstances.

Further, our Missions and Consulates in respective countries make regular visits to local jails and detention centers to ascertain the condition of Indian fishermen and provide requisite support and legal assistance. Missions also provide necessary travel documents to facilitate repatriation of released fishermen to India.

The details of the fishermen imprisoned in foreign jails, particularly in Sri Lanka, Pakistan or Bangladesh are as under:-

- Sri Lanka – 56 Indian fishermen
- Bangladesh – 34 Indian fishermen
- Pakistan – According to the lists exchanged on 1 July 2025, Pakistan acknowledged the custody of 193 Indian/believed-to-be-Indian fishermen. As per the 'India-Pakistan Agreement on Consular Access' signed on 21 May 2008, the lists of civilian prisoners and fishermen of each country, lodged in the jails of the other, are exchanged on 1 January and 1 July of every year.

सऊदी अरब की रियाद जेल में भारतीय

2116. श्री राकेश राठौर:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) सरकार द्वारा उन भारतीयों को वापस लाने के लिए क्या कदम उठाए जा रहे हैं जो काम करने के लिए विदेश गए हैं और विदेशी जेलों में बंद हैं;
- (ख) क्या सरकार को इस मामले की जानकारी है कि सीतापुर संसदीय निर्वाचन क्षेत्र के निवासी श्री धर्मेन्द्र कुमार पिछले दो महीनों से सऊदी अरब की रियाद जेल में कैद हैं; और
- (ग) यदि हाँ, तो मंत्रालय द्वारा उक्त मामले में क्या कार्रवाई की गई है?

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

(क): सरकार विदेशी जेलों में बंद भारतीय नागरिकों सहित विदेशों में मौजूद भारतीय नागरिकों की सुरक्षा, संरक्षा और कल्याण को उच्च प्राथमिकता देती है। विदेश स्थित भारतीय मिशन/केंद्र सतर्क रहते हैं और स्थानीय कानूनों के उल्लंघन/कथित उल्लंघन के लिए अन्य देशों में भारतीय नागरिकों को जेल में डाले जाने की घटनाओं पर कड़ी निगरानी रखते हैं। जैसे ही किसी भारतीय मिशन/केंद्र को किसी भारतीय नागरिक की हिरासत/गिरफ्तारी की सूचना प्राप्त होती है, दूतावास/कोंसलावास के अधिकारी स्थानीय विदेश कार्यालय और अन्य संबंधित स्थानीय प्राधिकारियों से तुरंत संपर्क करते हैं ताकि हिरासत में लिए गए/गिरफ्तार भारतीय नागरिक को कोंसली सहायता प्रदान की जा सके, मामले के तथ्यों, उसकी भारतीय राष्ट्रियता का पता लगाया जा सके और उसका कल्याण सुनिश्चित किया जा सके। मिशन/केंद्र यह सुनिश्चित करने के लिए सतर्क रहते हैं कि विदेशी जेलों में बंद भारतीय कैदियों के अधिकारों की रक्षा की जाए।

विदेशी जेलों में बंद भारतीय नागरिकों की रिहाई और स्वदेश वापसी का मुद्दा विदेश स्थित भारतीय मिशनो और केन्द्रों द्वारा संबंधित स्थानीय प्राधिकारियों के साथ नियमित रूप से उठाया जाता है। विदेश स्थित मिशन/केन्द्र जाँच और न्यायिक कार्यवाही यथाशीघ्र पूरी करने के लिए कानून प्रवर्तन एजेंसियों से भी संपर्क में रहते हैं। सरकार अन्य देशों के साथ कोंसली और अन्य परामर्शों के दौरान भी इस मुद्दे पर अनुवर्ती कार्रवाई करती है। इसके अतिरिक्त, सरकार विदेश स्थित अपने मिशनो/केन्द्रों के माध्यम से और उच्च स्तरीय यात्राओं के दौरान विदेशों में मौजूद भारतीय कैदियों को क्षमादान प्रदान करने/ सजा में कटौती के लिए भी प्रयास करती है। भारत ने अनेक देशों के साथ कैदी स्थानांतरण संधियाँ भी संपन्न की हैं जो किसी अपराध के लिए दोषी ठहराए गए व्यक्ति को जेल की सजा काटने के लिए उसके गृह देश में स्थानांतरित करने की अनुमति देती हैं।

विदेशों में कैद भारतीय नागरिकों को हर संभव कोंसली सहायता प्रदान करने के अलावा, भारतीय मिशन और केंद्र आवश्यकतानुसार कानूनी सहायता भी प्रदान करते हैं। जहाँ भारतीय समुदाय की बड़ी संख्या मौजूद है, वहाँ मिशन और केन्द्रों में वकीलों का एक स्थानीय पैनल भी होता है। संबंधित भारतीय दूतावास द्वारा किसी भारतीय कैदी को सुविधाएँ प्रदान करने के लिए कोई शुल्क नहीं लिया जाता है। विदेश स्थित भारतीय मिशनो और केंद्रों में भारतीय समुदायिक कल्याण निधि (आईसीडब्ल्यूएफ) की स्थापना की गई है, जो संकटग्रस्त प्रवासी भारतीय नागरिकों को योग्य मामलों में साधन परीक्षण के आधार पर सहायता प्रदान करती है। आईसीडब्ल्यूएफ के तहत प्रदान की जाने वाली सहायता में भारतीय कैदियों को कानूनी सहायता के साथ-साथ स्वदेश वापसी के लिए यात्रा दस्तावेज़/हवाई टिकट संबंधी वित्तीय सहायता भी शामिल है।

(ख) और (ग): श्री धर्मेन्द्र कुमार राम दीन को 24.04.2025 को गिरफ्तार किया गया था। भारतीय दूतावास, रियाद के अधिकारियों ने रियाद सेंट्रल जेल का दौरा किया और श्री धर्मेन्द्र कुमार को कोंसली सहायता प्रदान की है। उन्हें 14.07.2025 को जेल से रिहा कर दिया गया। उनकी रिहाई के बाद,

दूतावास के अधिकारियों ने उनके प्रायोजक से संपर्क किया और अंतिम निकासी पत्र प्राप्त किया, जो उनकी भारत वापसी के लिए अनिवार्य था। श्री धर्मेन्द्र कुमार 18.07.2025 को सुरक्षित भारत पहुँच गए। दूतावास के अधिकारी हर संभव सहायता प्रदान करने के लिए उनके परिवार के साथ नियमित संपर्क में रहे।

SPECIAL MEASURES FOR WOMEN

2117. SHRIMATI MAHIMA KUMARI MEWAR:

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

- (a) whether the Government has taken any steps to promote solar-based livelihoods for women in tribal intensive districts like Rajsamand, Jaisalmer; and
- (b) if so, the details of outcomes achieved under such initiatives during the last three years?

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

(a) and (b): The Central Government implements various schemes to promote and accelerate solar energy capacity in the country that has also created new livelihood opportunities, including for women in various job roles. The major schemes/ programmes in this regard are as follows:

The Ministry of New & Renewable Energy (MNRE) implements New Solar Power Scheme for Tribal and Particularly Vulnerable Tribal Groups (PVTG)

Habitations/ Villages under Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM JANMAN) and Dharti Aabha Janjatiya Gram Utkarsh Abhiyan (DA JGUA). Under this scheme, off-grid systems (Solar Home Lighting Systems/ Solar Mini Grids) are provided to tribal and PVTG households including women, multi-purpose centres and public institutions in Tribal and PVTG areas where grid-connected electrification is not techno-economically feasible. PM- Surya Ghar: Muft Bijli Yojana (PMSGMBY) is the world's largest domestic rooftop solar initiative for installing rooftop solar and to provide free electricity up to 300 units every month for one crore households. Since the launch of the scheme in February 2024, as of 14.07.2025, a total of 15.45 lakh households in the country have benefitted from rooftop solar installation including that of rural areas. Under the "Model Solar Village" component of the scheme, the focus is on establishing one Model Solar Village per district throughout India. This initiative aims to promote solar energy adoption and empower village communities to achieve energy self-reliance. Another scheme Pradhan Mantri Kisan Urja Suraksha evam Utthan Mahabhiyan (PM-KUSUM) is for de-dieselisation of farm sector and enhancing the income of farmers. This scheme is being implemented by the designated departments of the State Governments.

MNRE is developing qualified and skilled human resources including women through Suryamitra (Solar PV Technician) and Varunmitra (Solar Water Pumping Technician) Skill Development Programmes under Human Resource Development

Scheme and Solar Roof top Technician and helper programmes under PM Surya Ghar Muft Bijli Yojna (PMSGMBY) for installation, operation and maintenance of Solar projects/ systems on pan India basis including Rajasthan. The details of trained human resources including women in Rajasthan are as under:

S.No.	Category	Number
1	Trained Suryamitra	10599
2	Trained Solar Rooftop Technician & Solar Helper	5815
3	Rooftop Solar Technicians trained in Rajsamand district (in 2024-25)	38
4	Rooftop Solar Technicians trained in Jaisalmer district	NIL
5	Suryamitra (Solar PV Technician) trained in Jaisalmer district	615 (111 in Last three years)
6	Suryamitra (Solar PV Technician) trained in Rajsamand district	NIL

IMMUNISATION OF CHILDREN

2118. SHRI KAMAKHYA PRASAD TASA:

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

- (a) whether it is a fact that immunisation of children across the country is a big challenge and if so, the details thereof;

- (b) whether the Government has any data about the percentage of children fully immunised against diseases in the country and if so, the details thereof;
- (c) the details of the steps being taken by the Government to further improve the position in this regard;
- (d) whether the Government has any plans to encourage States for having model immunisation centres, evening immunisation camps among other measures for this purpose; and
- (e) if so, the details thereof and if not, the reasons therefor?

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

(a) and (b): Universal Immunization Program is one of the largest public health initiative in the world. Nationally, it provides immunization services to estimated 2.57 crore children and 2.9 crore pregnant women every year. Universal Immunization Program provides 11 vaccines for 12 vaccine preventable diseases. The Full Immunization coverage of the country is around 98% for the FY 2024-25.

(c): Various steps taken by the Government to improve the vaccination coverage are:

- State Task Force on Immunization (STFI), District Task Force on Immunization (DTFI) and Block Task Force on Immunization (BTFI) ensure effective implementation of the program which are regularly undertaken.
- Strategic interventions like advocacy, social mobilization, inter personal communication at family level and media engagement are undertaken to improve immunization coverage.
- Supplementary immunization campaigns are conducted in areas of low immunization coverage to vaccinate left out and dropped out children and pregnant women.
- Special vaccination campaigns such as National Immunization Days (NIDs) as a part of the Pulse Polio programme are carried out every year.
- Hosting of Village Health and Nutrition Days (VHND) on designated days for immunization activities.
- Ministry of Health and Family Welfare has rolled out the UWIN portal for the digital registration and recording of all vaccination events of children and pregnant women.

(d) and (e): Government of India encourages States/UTs for establishing model immunization centers as per their need. The model immunization centers are

presently operational in Uttar Pradesh, Bihar, Madhya Pradesh, Karnataka, Chandigarh and Ladakh.

REGIONAL LANGUAGES IN COURT PROCEEDINGS

2119. SHRI ROBERT BRUCE C.:

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

- (a) the details of High Courts in the country that are using regional languages in their proceedings;
- (b) whether the Government has received any request/representation from different High Courts for use of regional languages in their respective High Courts;
- (c) if so, the details thereof and the response of the Government in this regard;
- (d) whether the Government has held any meeting with the Bar Councils in various States to develop a mechanism to facilitate the people in court proceedings/cases, if so, the outcome thereof; and
- (e) whether Government has prepared a common legal dictionary for the use of courts in legal system of regional languages, if so, the details thereof?

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

(a) to (c): Article 348(1)(a) of the Constitution of India states that all proceedings in the Supreme Court and in every High Court, shall be in English language. Clause (2) of the Article 348 of the Constitution states that notwithstanding anything in sub-clause (a) of clause (1), the Governor of a State may, with the previous consent of the President, authorize the use of Hindi Language, or any other language used for any official purposes of the State, in proceedings in the High Court having its principal seat in that State.

The Cabinet Committee's decision dated 21.05.1965 has stipulated that consent of the Hon'ble Chief Justice of India be obtained on any proposal relating to use of a language other than English in the High Court.

The use of Hindi in the proceedings of High Court of Rajasthan was authorized under clause (2) of Article 348 of the constitution in 1950. After the Cabinet Committee's decision dated 21.05.1965 as mentioned above, the use of Hindi was authorized in the High Courts of Uttar Pradesh (1969), Madhya Pradesh (1971) and Bihar (1972) in consultation with the Chief Justice of India.

Government of India had received proposals from the Government of Tamil Nadu, Gujarat, Chhattisgarh, West Bengal and Karnataka to permit use of Tamil, Gujarati, Hindi, Bengali and Kannada in the proceedings of the Madras High Court, Gujarat High Court, Chhattisgarh High Court, Calcutta High Court and Karnataka High Court respectively. The advice of Chief Justice of India was sought on these

proposals and it was intimated that the Full Court of the Supreme Court after due deliberations, decided not to accept the proposals.

Based on another request from the Government of Tamil Nadu, the Government requested the Chief Justice of India to review the earlier decisions in this regard and convey the consent of the Supreme Court of India. The Chief Justice of India conveyed that the Full Court, after extensive deliberations decided not to approve the proposal and reiterated the earlier decisions of the Hon'ble Court.

(d) and (e): Under the aegis of the Ministry of Law and Justice, the Bar Council of India has constituted 'Bharatiya Bhasha Samiti' chaired by former Chief Justice of India, Hon'ble Mr. Justice S.A. Bobde for the purpose of translating legal material into regional languages by developing a Common Core Vocabulary close to all Indian Languages. In addition, Legislative Department of Ministry of Law and Justice has prepared a legal glossary of 65,000 words in Hindi for digitization and making available in public domain in searchable format for the usage of all.

ADOPTION OF QR CODES FOR ALL MEDICINES BY PHARMACEUTICAL COMPANIES

2120. SHRIMATI RACHNA BANERJEE:

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

- (a) the number of pharmaceutical companies that have adopted QR codes under Drugs and Cosmetics Act, 1940 alongwith the steps taken/proposed to be taken by the Government to ensure compliance from others;
- (b) whether the Government plans to extend the mandatory QR code to all categories of medicine in the country and if so, the details thereof; and
- (c) whether the Government is planning public awareness campaigns to educate consumers on using QR codes to verify medicine authenticity 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): On 17.11.2022, the Drugs Rules, 1945 were amended vide G.S.R. 823(E) which has come into force from 1st of August, 2023 providing that the manufacturers of top 300 brands of drug formulation products, as specified in Schedule H2, shall print or affix Bar Code or Quick Response Code on its primary packaging label or, in case of inadequate space in primary package label, on the secondary package label that store data or information legible with software application to facilitate authentication.

State Licencing Authorities (SLAs) are empowered under the said Drugs Rules for its effective implementation and monitoring and in case of non-

compliance, SLAs can take action as per the rules. SLAs have also been requested to keep a strong vigil to check the compliance of the said requirement.

(b): The proposal for affixing bar code or quick response code on other drug formulation products was deliberated in the 90th Drugs Technical Advisory Board (DTAB) meeting held on 25.01.2024. The Board has agreed to the proposal to extend the provision of QR code to all vaccine products and to all antimicrobials, narcotic & psychotropic substances in a phase wise manner.

(c): The Central Drugs Standard Control Organisation has made the said requirements regarding QR Codes available to the general public by publishing the notification in this regard on its website (<https://cdsco.gov.in/opencms/opencms/en/Notifications/Gazette-Notifications>) and has also advised industry stakeholders for public awareness campaigns in this regard.

Further, the guidance for identification and verification of spurious drugs have also been provided on the website of CDSCO describing the process flow for verifying the authenticity of the drugs by reading the bar code or quick response code.

पालना योजना

2121. श्री सतपाल ब्रह्मचारी:

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

- (क) क्या हरियाणा के सोनीपत लोक सभा निर्वाचन क्षेत्र के विभिन्न अस्पतालों और स्वास्थ्य केंद्रों से पालना योजना के अंतर्गत नवजात बालिकाओं को पालना किट के वितरण में कोई अनियमितता की सूचना मिली है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार ने योजना के कार्यान्वयन में पारदर्शिता सुनिश्चित करने तथा इसकी निगरानी के लिए कोई दिशानिर्देश जारी किया है/लेखापरीक्षा तंत्र स्थापित किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या कुछ लाभार्थियों को योजना के बारे में जानकारी नहीं है, जिसके कारण पात्र माताएं लाभ प्राप्त करने में असमर्थ हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) जन जागरूकता और शिकायत निवारण सहित उक्त योजना के प्रभावी कार्यान्वयन के लिए सरकार द्वारा उठाए गए कदमों का ब्यौरा क्या है?

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

(क) से (घ): महिला और बाल विकास मंत्रालय ने बच्चों को डे केयर सुविधाएं और सुरक्षा प्रदान करने के उद्देश्य से दिनांक 01 अप्रैल 2022 से सभी राज्यों और संघ राज्य क्षेत्रों के लिए, व्यापक मिशन शक्ति के सामर्थ्य वर्टिकल के अंतर्गत पालना योजना आरंभ की है। पालना योजना के अंतर्गत नवजात बालिकाओं को पालना किट वितरित करने का कोई प्रावधान नहीं है।

पालना योजना का उद्देश्य बच्चों (6 माह से 6 वर्ष तक) के लिए सुरक्षित और संरक्षित परिवेश में गुणवत्तापूर्ण डे केयर क्रेच सुविधा, पोषण सहायता, बच्चों के स्वास्थ्य और संज्ञानात्मक विकास, शारीरिक विकास की निगरानी और टीकाकरण करना है। पालना के अंतर्गत क्रेच की सुविधा सभी माताओं को प्रदान की जाती है, चाहे उनकी रोजगार स्थिति कुछ भी हो।

पालना योजना के आंगनवाड़ी-सह-क्रेच घटक के अंतर्गत प्रदान की जाने वाली सुविधाएं, केन्द्र और राज्य स्तर पर बहु-स्तरीय निगरानी और समीक्षा ढांचे के अधीन हैं। मंत्रालय ने पालना योजना के

लिए मानक संचालन प्रक्रियाएं (एसओपी) और राष्ट्रीय न्यूनतम मानक और प्रोटोकॉल जारी किए हैं, जिनमें आंगनवाड़ी-सह-क्रेच में आवश्यक वस्तुओं की सांकेतिक सूची, विभिन्न स्तरों पर भूमिकाएं और जिम्मेदारियां और राष्ट्रीय और राज्य स्तर पर नियमित समीक्षा तथा योजना के तहत क्रेचों की स्थापना और संचालन के लिए आवश्यक मानदंड और गुणवत्ता पैरामीटर भी शामिल हैं।

केंद्रीकृत लोक शिकायत निवारण और निगरानी प्रणाली (सीपीजीआरएएमएस) सभी नागरिकों के लिए 24x7x365 उपलब्ध एक ऑनलाइन प्लेटफॉर्म है, जहाँ वे सेवा वितरण से संबंधित किसी भी विषय पर लोक प्राधिकारियों को अपनी शिकायतें दर्ज करा सकते हैं। यह भारत सरकार और राज्यों के सभी मंत्रालयों/विभागों से जुड़ा एकल पोर्टल है। प्रत्येक मंत्रालय और राज्य की इस प्रणाली तक भूमिका-आधारित पहुँच है। सीपीजीआरएएमएस नागरिकों के लिए गूगल प्ले स्टोर से डाउनलोड किए जा सकने वाले स्टैंडअलोन मोबाइल एप्लिकेशन और उमंग के साथ एकीकृत मोबाइल एप्लिकेशन के माध्यम से भी उपलब्ध है।

सीपीजीआरएएमएस में दर्ज शिकायत की स्थिति को शिकायतकर्ता के पंजीकरण के समय प्रदान की गई विशिष्ट पंजीकरण आईडी से ट्रैक किया जा सकता है। सीपीजीआरएएमएस, नागरिकों को शिकायत अधिकारी द्वारा किए गए समाधान से संतुष्ट न होने पर अपील की सुविधा भी प्रदान करता है। शिकायत निपटान के बाद, यदि शिकायतकर्ता समाधान से संतुष्ट नहीं है, तो वह फीडबैक भी दे सकता है। उपयुक्त प्राधिकारी, यदि आवश्यक हो, तो आगे की सुधारात्मक कार्रवाई के लिए नियमित आधार पर शिकायतों की स्थिति की समीक्षा करते हैं।

रसायन संवर्धन विकास योजना

2122. श्री संजय हरिभाऊ जाधव:

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

- (क) विगत तीन वर्षों और चालू वर्ष के दौरान रसायन संवर्धन विकास योजना (सीपीडीएस) के अंतर्गत विशेषकर मध्य प्रदेश और महाराष्ट्र सहित राज्य-वार और घटक-वार शुरू की गई परियोजनाओं का ब्यौरा क्या है;
- (ख) विगत तीन वर्षों के दौरान विशेषकर महाराष्ट्र के परभणी लोक सभा निर्वाचन क्षेत्र सहित राज्य-वार और घटक-वार कितनी धनराशि आवंटित और उपयोग की गई है;
- (ग) सीपीडीएस के प्रभावी कार्यान्वयन में सरकार को किन प्रमुख चुनौतियों का सामना करना पड़ा है और इन चुनौतियों से निपटने हेतु क्या रणनीतियाँ अपनाई जा रही हैं;
- (घ) क्या आगामी वित्तीय वर्षों में उभरती चुनौतियों का सामना करने के लिए सीपीडीएस के दायरे का विस्तार करने, बजट बढ़ाने या घटकों को संशोधित करने का कोई प्रस्ताव है; और
- (ङ) 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): रसायन और पेट्रोरसायन क्षेत्र के विकास को बढ़ावा देने के लिए रसायन और पेट्रोरसायन विभाग द्वारा रसायन संवर्धन विकास योजना (सीपीडीएस) तैयार की गई है। यह योजना पूरे देश में लागू है और यह किसी राज्य विशेष की योजना नहीं है। पिछले तीन वर्षों और चालू वर्ष के दौरान सीपीडीएस के अंतर्गत आयोजित कार्यक्रमों का ब्यौरा **विवरण** में संलग्न है। पिछले तीन वर्षों और चालू वर्ष में मध्य प्रदेश और महाराष्ट्र में आयोजित कार्यक्रमों का विवरण इस प्रकार है:

राज्य का नाम	वित्तीय वर्ष	आयोजित कार्यक्रम का विवरण	जगह
मध्य प्रदेश	2022-23	कीटनाशकों के सुरक्षित और विवेकपूर्ण उपयोग तथा एकीकृत कीट प्रबंधन अपनाने के संबंध में 04 किसान प्रशिक्षण कार्यक्रम	मोरेन, सतना, बड़वानी और इंदौर
	2023-24	क) कीटनाशकों के सुरक्षित और विवेकपूर्ण उपयोग तथा एकीकृत कीट प्रबंधन अपनाने के संबंध में 01 किसान प्रशिक्षण कार्यक्रम	क) उज्जैन
		ख) फसल संरक्षण और फसल उत्पादकता बढ़ाने के लिए शून्य बजट जैविक खेती में स्थानीय रूप से उपलब्ध संसाधनों/प्लांटों पर आधारित वनस्पति कीटनाशकों के उपयोग को बढ़ावा देना।	ग) जबलपुर और मंडला
	2024-25	01 कीटनाशकों के सुरक्षित और विवेकपूर्ण उपयोग तथा एकीकृत कीट प्रबंधन को अपनाने के संबंध में किसान प्रशिक्षण कार्यक्रम।	जबलपुर
महाराष्ट्र	2022-23	क) कीटनाशकों के सुरक्षित और विवेकपूर्ण उपयोग तथा एकीकृत कीट प्रबंधन को अपनाने के संबंध में 2 किसान प्रशिक्षण कार्यक्रम। ख) फसल संरक्षण सब्जी फसल के लिए कीटनाशकों का सुरक्षित और विवेकपूर्ण उपयोग और नई पीढ़ी के फॉर्मूलेशन का अनुप्रयोग।	क) लातूर और रायगढ़ ख) रत्नागिरि
	2023-24	क) रासायनिक क्षेत्र में एमएसएमई इकाई के लिए सुरक्षा और पर्यावरण पर प्रशिक्षण।	क) मुंबई ख) मुंबई

		ख) 7वां औद्योगिक हरित रसायन विश्व (आईजीसीडब्ल्यू-2023) सम्मेलन और पारिस्थितिकी तंत्र। ग) कीटनाशकों के सुरक्षित और विवेकपूर्ण उपयोग तथा एकीकृत कीट प्रबंधन को अपनाने के संबंध में 01 किसान प्रशिक्षण कार्यक्रम।	ग) मुंबई
	2024-25	क) कीटनाशकों के सुरक्षित और विवेकपूर्ण उपयोग तथा एकीकृत कीट प्रबंधन अपनाने के संबंध में 03 किसान प्रशिक्षण कार्यक्रम ख) इंडिया केम 2024	क) अमरावती, मालेगांव, धुले और सांगली ख) मुंबई

(ख) पिछले तीन वर्षों के दौरान इस योजना के लिए बजट आवंटन निम्नानुसार है:

वित्तीय वर्ष	आवंटित बजट (रुपये करोड़ में)	उपयोग की गई राशि (रुपये करोड़ में)
2022-23	3.00	2.99
2023-24	3.75	3.75
2024-25	4.69	4.69

(ग) से (ड): सीपीडीएस के कार्यान्वयन में कोई बड़ी चुनौती नहीं आई है। वित्तीय वर्ष 2024-25 से, देश भर के रासायनिक क्षेत्र में सबसे अधिक दुर्घटना के जोखिम वाले खतरनाक उद्योगों के लिए सुरक्षा प्रशिक्षण कार्यक्रम प्रदान करने हेतु, इस योजना के अंतर्गत एक नया घटक जोड़ा गया है। अब तक ऐसे कुल 13 सुरक्षा प्रशिक्षण कार्यक्रम आयोजित किए जा चुके हैं।

विवरण

2022-23 से 2025-26 के दौरान रसायन संवर्धन विकास योजना (सीपीडीएस) के अंतर्गत आयोजित कार्यक्रमों का ब्यौरा

वित्तीय वर्ष	आयोजित किए गए कार्यक्रम	कार्यक्रमों की संख्या
2022-23	कीटनाशकों के सुरक्षित और विवेकपूर्ण उपयोग पर किसान प्रशिक्षण कार्यक्रम	41
	रसायन और पेट्रोरसायन क्षेत्र को बढ़ावा देने के लिए कार्यक्रम	3
	उद्योग के विभिन्न उप-क्षेत्रों पर केंद्रित कार्यक्रम	14
	कुल	58
2023-24	कीटनाशकों के सुरक्षित और विवेकपूर्ण उपयोग पर किसान प्रशिक्षण कार्यक्रम	52
	रसायन और पेट्रोरसायन क्षेत्र को बढ़ावा देने के लिए कार्यक्रम	3
	शोध अध्ययन	1
	उद्योग के विभिन्न उप-क्षेत्रों पर केंद्रित कार्यक्रम	5
	सुरक्षा प्रशिक्षण कार्यक्रम	5
	कुल	66
2024-25	कीटनाशकों के सुरक्षित और विवेकपूर्ण उपयोग पर किसान प्रशिक्षण कार्यक्रम	60

	रसायन और पेट्रोरसायन क्षेत्र को बढ़ावा देने के लिए कार्यक्रम	3
	उद्योग के विभिन्न उप-क्षेत्रों पर केंद्रित कार्यक्रम	3
	सुरक्षा प्रशिक्षण कार्यक्रम	11
	कुल	77
2025-26	कीटनाशकों के सुरक्षित और विवेकपूर्ण उपयोग पर किसान प्रशिक्षण कार्यक्रम	2
	सुरक्षा प्रशिक्षण कार्यक्रम	5

PROMOTION OF AYUSH SYSTEM OF MEDICINE

2123. SHRI RAJEEV RAI:

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

- whether the Government has undertaken measures to promote and propagate AYUSH system of medicine among common people in the country including rural areas;
- if so, the details thereof including the measures taken by the Government in Mau and Ballia districts of Uttar Pradesh in this regard;
- whether the Government has established any dedicated educational institute for AYUSH system of medicines during the last five years; and
- 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) and (b): Yes, with the view to fulfil the mandate of propagation of Ayush System of Healthcare, the Ministry implements a Central Sector Scheme for promotion of Information, Education and Communication (IEC). This aims to reach out to all sections of the population across the country including the rural areas. Under this Scheme, the Ministry organises National/State level Arogya Fairs, Yoga Fests/Utsavs, Ayurveda Parvs, celebrate important days, Participate in Health fairs/melas, Exhibitions, etc., Provide financial assistance for organising seminars, workshops, conferences and conduct multimedia, print media campaigns, etc., to create awareness among citizens regarding Ayush systems of medicine.

Under the IEC Scheme, the proposals are received on Ayush NGO portal from organisations for conducting the events as per components of the Scheme. With regard to Mau District and Ballia District of Uttar Pradesh, no proposal has been received in the Ministry from any organisation under IEC Scheme. The activities undertaken in the State of Uttar Pradesh in the last three years are as follows:

- i. Participation in Expo: Rise in UP at Ghaziabad from 22nd-24th November 2022
- ii. State Level Arogya Fair at Varanasi from 24th -27th February 2023

- iii. Ayurveda Parv at Meerut from 11th -13th March 2023
- iv. Participation in Expo: Rise in India at Ghaziabad from 21st -23rd December 2023
- v. Participation in Expo: Rise in India at Ghaziabad from 20th -22nd February 2025
- vi. Participation in Expo: World Wetland Day at Gonda on 2nd February 2025

(c) and (d): The Government has established 06 Nos of dedicated educational institutes for Ayush Systems of medicine during the last five years. The details are as under: -

New Institute

- i. National Institute of Sowa Rigpa, Leh

Satellite Institute

- i. National Institute of Ayurveda, Panchkula (Satellite Institute of National Institute of Ayurveda, Jaipur)
- ii. National Institute of Homoeopathy, Narela (Satellite Institute of National Institute of Homoeopathy, Kolkata)
- iii. National Institute of Unani Medicine, Ghaziabad (Satellite Institute of National Institute of Unani Medicine, Bangalore)
- iv. All India Institute of Ayurveda, Goa (Satellite Institute of All India Institute of Ayurveda, Delhi)

Additional Centre

- i. NISARG GRAM, an additional centre of National Institute of Naturopathy, Pune

ESTABLISHMENT OF AIIMS IN KARNATAKA

2124. SHRI E. TUKARAM:

SHRI G. KUMAR NAIK:

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

- (a) the list of AIIMS institutions across the country alongwith their operational status, State-wise and district-wise;
- (b) whether the Government is aware that the State of Karnataka does not have an AIIMS institute, if so, the reasons therefor;
- (c) whether the Government has any plans to establish an All India Institute of Medical Sciences (AIIMS) in the State of Karnataka; and
- (d) if so, the details thereof including the proposed location(s), current status of the proposal and the expected timeline for its approval, commencement of construction and operationalization?

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

(a) to (d): Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), till date establishment of 22 All India Institute of Medical Sciences(AIIMS) has been approved in various States/UTs in the country. The details and status of AIIMS is given in the enclosed **Statement**. In current phase of PMSSY establishment of an AIIMS in Karnataka has not been approved.

STATEMENT

Details of AIIMS, Location wise/State wise approved under PMSSY

Sl. No.	State/ UT	Location of AIIMS	Status
1	Andhra Pradesh	AIIMS Mangalagiri	Functional
2	Assam	AIIMS Guwahati	Functional
3	Bihar	AIIMS Darbhanga	Pre-Investment work is Progress
4		AIIMS Patna	Functional
5	Chhattisgarh	AIIMS Raipur	Functional
6	Gujarat	AIIMS Rajkot	Functional
7	Haryana	AIIMS Majra (Rewari)	Under Construction
8	Himachal Pradesh	AIIMS Bilaspur	Functional
9	Jammu & Kashmir	AIIMS Vijaypur, Samba, Jammu	Functional
10		AIIMS Awantipora, Kashmir	Under Construction
11	Jharkhand	AIIMS Deoghar	Functional
12	Madhya Pradesh	AIIMS Bhopal	Functional
13	Maharashtra	AIIMS Nagpur	Functional
14	Odisha	AIIMS Bhubaneswar	Functional

15	Punjab	AIIMS Bathinda	Functional
16	Rajasthan	AIIMS Jodhpur	Functional
17	Tamil Nadu	AIIMS Madurai	Under Construction
18	Telangana	AIIMS Bibinagar	Functional
19	Uttar Pradesh	AIIMS Raebareli	Functional
20		AIIMS Gorakhpur	Functional
21	Uttarakhand	AIIMS Rishikesh	Functional
22	West Bengal	AIIMS, Kalyani	Functional

TRAINING OF EMERGENCY MEDICAL TECHNICIANS

2125. SHRI MAGUNTA SREENIVASULU REDDY:

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

- (a) whether there exists a national standard curriculum and certification framework for the training of Emergency Medical Technicians (EMTs) and other paramedical personnel in the country;
- (b) If so, the details thereof including regulatory bodies, curriculum norms, certification processes and minimum qualifications prescribed for such personnel;
- (c) whether the Government has taken steps under the National Commission for Allied and Healthcare Professions Act, 2021 to regulate institutions,

standardize training and ensure uniform recruitment practices across States/UTs;

- (d) if so, the status of implementation of these measures including the establishment and functioning of State Councils and the reasons for any delay or non-compliance by States in this regard; and
- (e) whether the Government has laid down guidelines for staffing ambulances with certified EMTs/paramedics and the mechanisms in place to monitor adherence to these standards in both public and private ambulance services 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) and (b): The National Commission for Allied and Healthcare Profession (NCAHP) has been constituted, inter-alia, for regulation and maintenance of standards of education and services by allied and healthcare professionals listed under the Schedule of NCAHP Act, 2021. The Professional Council members along with the taskforce members under the Commission, have been assigned the task of drafting the curriculum for Advance Care Paramedic and Emergency Medical Technologist.

(c) and (d): Regulations for recognition of Allied and Healthcare institutions are under process in the Commission. Further, responsibility of constitution of State

Allied and Healthcare Council lies with the respective State Government. Twenty-five States/UTs have already constituted their respective State Council for Allied and Healthcare Professions under NCAHP Act, 2021.

(e): Public Health is a state subject and State Governments are primarily responsible for healthcare delivery, including ambulance services. Under the National Health Mission (NHM) – implementation, regulation and quality enforcement lie with the States. This includes ambulance standards, staffing, equipment and response time.

MEDICAL DEVICES

2126. SHRI SRIBHARAT MATHUKUMILLI:

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

- (a) current number of licensed medical device manufacturers in the country alongwith production and export data for the past five years, year-wise, category-wise (Class A to D) and State/UT-wise;
- (b) the investment inflow (domestic and FDI) in the medical devices sector since 2018, yearwise;
- (c) the details of incentives, capital grants and approvals provided under PLI Scheme and the Promotion of Medical Device Parks Scheme, including the number of units supported and fund utilisation thereunder;

- (d) whether the Government has undertaken any assessment of India's self-reliance ratio in critical medical devices (e.g., ventilators, stents, implants) and if so, the findings thereof;
- (e) the steps taken to improve R&D, quality certification infrastructure and MSME participation in the medical devices sector, including collaborations with academic or research institutions; and
- (f) whether the Government plans to introduce new medical device clusters or technology platforms, 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): According to the Department of Health and Family Welfare, as per data available on the online portal of the Central Drugs Standard Control Organisation, currently 3,351 medical device manufacturers are licensed in the country, out of which 1,721 are licensed for manufacture of Class A devices, 2,099 for Class B devices, 971 for Class C devices and 304 for Class D devices. Production data of all the licensed medical devices manufacturers, risk-class-wise export data and State- and Union territory-wise export data is not available.

Details of medical devices exported to various countries during the last five years, as per data maintained by the Directorate General of Commercial Intelligence and Statistics, is as follows:

(In million US\$)

S. No.	Segment	Financial year (FY) 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
1	Consumables and disposables	1,290	1,378	1,605	1,752	1,863
2	Surgical instruments	54	71	72	79	86
3	Electromedical equipment	985	1,163	1,335	1,472	1,483
4	Implants	99	135	188	266	350
5	<i>In vitro</i> diagnostic reagents	104	176	191	216	232
	Total	2,532	2,923	3,391	3,785	4,014

(b): The financial-year-wise inflow of foreign direct investment (FDI) into the medical device sector for the period since FY2018-19, as per data from the Department for Promotion of Industry and Internal Trade, is as under:

Financial year	FDI inflows (in crore ₹)
2018-19	1,108
2019-20	2,196
2020-21	511
2021-22	1,545
2022-23	3,123
2023-24	3,978
2024-25	5,253
Total	17,714

(c): The Production Linked Incentive (PLI) Scheme for Promoting Domestic Manufacturing of Medical Devices aims to promote domestic manufacturing of

medical devices by attracting large investments for creation of domestic manufacturing capacity and 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. A total of 31 applicants have been approved and total incentive amount of ₹133.95 crore has been disbursed to seven applicants, till June 2025. 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 import-dependent, such as linear accelerators, MRI, Ultrasound, CT scans, Mammograms, C-Arm and X-ray machines. Till March 2025, cumulative eligible sales ₹10,413.40 crore have been achieved under the scheme, including exports worth ₹5,002 crore.

The Scheme for Promotion of Medical Devices Parks 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 the scheme, 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). The total project cost of these parks 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. Till June 2025, a total amount of ₹180 crore has been disbursed to said three parks as grant-in-aid by the Government of India, out of which an amount of ₹127.87 crore has been utilised.

(d) and (e): No data regarding such a ratio is maintained by the Government. However, in line with the vision of Atmanirbhar Bharat, Government from time to time has assessed dependence on imports in the medical device sector and has taken steps to improve R&D, quality certification infrastructure and MSME participation in the medical devices sector, including collaborations with academic and research institutions.

In 2020, assessing that the domestic medical devices market was heavily dependent on imports, which contributed to more than 85% of the market, Government launched the PLI Scheme for Promoting Domestic Manufacturing of Medical Devices and the Scheme for Promotion of Medical Devices Parks, details of which are given in the reply to part (c).

Subsequently, Government announced the National Medical Devices Policy, 2023 as a holistic policy framework to accelerate growth of the sector with a patient-

centric approach to meet the evolving healthcare needs of patients. Pursuant to the policy, the following actions, among others, have been undertaken:

- (i) Domestic manufacturing of medical devices has been promoted under the PLI Scheme for Promoting Domestic Manufacturing of Medical Devices.
- (ii) Common infrastructure and testing facilities have been approved and are at various stages of implementation under the Scheme for Promotion of Medical Devices Parks.
- (iii) The Promotion of Research and Innovation in Pharma MedTech Sector (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 that include medical devices. Under this, a Centre for Excellence in medical devices has been established at the National Institute of Pharmaceutical Education and Research, Ahmedabad with an outlay of ₹100 crore. Further, the scheme also provides financial assistance to industry, startups and micro, small and medium enterprises (MSMEs) for research and development in identified priority areas, which include medical devices. The medical device priority area includes, among other medical devices, artificial intelligence / machine learning based medical devices with software development, software as medical device, software in medical device, medical diagnostics and

screening devices with genetic technology, robotic medical devices for surgical procedures and medical devices with telemedicine facilities. Such medical devices may also use new technology platforms. The financial outlay for this component is ₹ 4,250 crore.

- (iv) The Scheme for Strengthening Medical Device Industry has been launched with a financial outlay of ₹500 crore to provide support in manufacturing of key components and accessories, skill development, support for clinical studies, development of common infrastructure and industry promotion. Under its Common Facilities for Medical Devices Clusters sub-scheme, financial assistance of up to ₹20 crore is provided for creating common infrastructure facilities and up to ₹5 crore for establishing testing facilities.
- (v) Action is being pursued in respect of the six focus areas of the policy, namely, regulatory streamlining, enabling of infrastructure, facilitating of research and development and innovation, attracting investments in the sector, human resources development and brand positioning and awareness creation.

In November 2024, assessing that the dependence on imports continues to be about 70%, Government has launched the Scheme for Strengthening Medical Device Industry, with financial outlay of ₹500 crore and provision for support in critical areas as aforesaid.

(f): No plan is currently under consideration to introduce new medical device clusters. With regard to technology platforms, clause (iv) of the reply to parts (d) and (e) may be referred to.

प्रमुख समुद्री परियोजनाओं का विकास

2127. श्री विनोद लखमशी चावड़ा:

श्री प्रवीण पटेल:

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

- (क) क्या वधावन पोत पत्तन परियोजना के लिए भूमि अधिग्रहण और पर्यावरणीय मंजूरी प्राप्त कर ली गई है;
- (ख) विझिंजम अंतर्राष्ट्रीय पोत पत्तन के बनने से माल परिवहन के लिए अन्य अंतर्राष्ट्रीय पोत पत्तनों पर भारत की निर्भरता किस प्रकार कम होने की संभावना है;
- (ग) क्या सरकार का चाबहार और सितवे पोत पत्तनों के माध्यम से भारतीय माल यातायात बढ़ाने का विचार है;
- (घ) क्या गुजरात के लोथल में बनने वाले समुद्री विरासत परिसर के पूरा होने के लिए कोई समय-सीमा निर्धारित की गई है; और
- (ङ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क): पर्यावरणीय अनापत्ति प्राप्त कर ली गई है और सड़क और रेल संपर्कता के संबंध में भूमि अधिग्रहण हेतु 3डी अधिसूचना प्राप्त की गई है।

(ख): विझिंजम पत्तन के विकास से वर्तमान में विदेशी पत्तनों पर संचालित भारतीय कार्गो ट्रांसशिपमेंट का एक महत्वपूर्ण हिस्सा वापस लाया जाना अपेक्षित है। पूर्णतः विकसित होने पर, ट्रांसशिपमेंट उद्योग नौवहन और नौचालन लागतों की बचत द्वारा महत्वपूर्ण उपभोक्ता अधिशेष उत्पन्न करने के लिए तैयार है। मेनलाइन जलयानों को आकर्षित कर और स्वयं को एक प्रतिस्पर्धी ट्रांसशिपमेंट हब के रूप में स्थापित कर, विझिंजम अंतर्राष्ट्रीय पत्तन, भारत की विदेशी पत्तनों पर निर्भरता कम करने और राष्ट्रीय पत्तन प्रयोगितात्मकता को सुदृढ़ बनाने के लिए तत्पर है।

(ग) : जी हाँ। मंत्रालय निरंतर रूप से कुछ उपाय जैसे पत्तन अवसंरचना में निवेश, हितधारक परामर्श और जागरूकता अभियान आयोजित करना और व्यापार तथा यातायात बढ़ाने के लिए विभिन्न प्रकार के प्रोत्साहन प्रदान कर रही है।

(घ) और (ङ): “राष्ट्रीय समुद्री विरासत परिसर (एनएमएससी), लोथल, गुजरात”, परियोजना के चरण 1(क) के विकास के लक्ष्य पूरा होने की तिथि सितंबर, 2025 की है।

आयुष डॉक्टरों की कमी

2128. श्रीमती कलाबेन मोहनभाई देलकर:

श्री ज्ञानेश्वर पाटील:

श्री संदिपनराव आसाराम भुमरे:

डॉ. शिवाजी बंडाप्पा कालगे:

श्री निलेश ज्ञानदेव लंके:

डॉ. राजेश मिश्रा:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या देश में आयुष डॉक्टरों की कमी है और यदि हाँ, तो तत्संबंधी राज्य-वार ब्यौरा क्या है और

- वर्तमान में डॉक्टरों की अनुमानित कमी कितनी है;
- (ख) उक्त कमी को दूर करने और आयुष डॉक्टरों की संख्या बढ़ाने के लिए सरकार द्वारा क्या कदम उठाए जा रहे हैं;
- (ग) छत्रपति संभाजीनगर जिले, दादरा और नगर हवेली तथा मध्य प्रदेश सहित महाराष्ट्र के ग्रामीण और वंचित क्षेत्रों में वर्तमान में कितने आयुष डॉक्टर कार्यरत हैं;
- (घ) क्या सरकार का विचार भविष्य में आयुष डॉक्टरों के प्रशिक्षण, भर्ती और उनके प्रतिधारण में सुधार के लिए कोई उपाय करने का है; और
- (ङ) क्या आयुष डॉक्टरों को प्रशिक्षण प्रदान करने के बाद उन्हें ग्रामीण क्षेत्रों में तैनात करने की कोई योजना है?

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

- (क) से (ग): देश में आयुष चिकित्सकों की संख्या बढ़ाने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के कार्यक्षेत्र में आती है क्योंकि जन स्वास्थ्य राज्य का विषय है। हालाँकि, राज्य/संघ राज्य क्षेत्र बोर्डों/परिषदों द्वारा दी गई जानकारी के अनुसार, दिनांक 01.01.2023 तक देश में राज्य/संघ राज्य क्षेत्र-वार आयुष पंजीकृत चिकित्सकों (डॉक्टरों) की कुल संख्या संलग्न **विवरण** में दी गई है।
- (घ) और (ङ): जन स्वास्थ्य राज्य का विषय है, इसलिए आयुष चिकित्सकों के प्रशिक्षण, भर्ती, प्रतिधारण और तैनाती में सुधार हेतु उपाय लागू करने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के कार्यक्षेत्र में आती है। आयुष मंत्रालय, आयुर्ज्ञान नामक एक केंद्रीय क्षेत्र योजना के माध्यम से व्यावसायिक दक्षता उन्नयन के उद्देश्य का समर्थन करता है, जिसके अंतर्गत आयुष में क्षमता वर्धन और सतत चिकित्सा शिक्षा (सीएमई) के लिए धनराशि उपलब्ध कराई जाती है।

विवरण

दिनांक 01.01.2023 तक आयुष पंजीकृत चिकित्सकों (डॉक्टरों) की राज्य/संघ राज्य क्षेत्र-वार
कुल संख्या

क्र.सं.	राज्य/संघ राज्य क्षेत्र	कुल
(1)	(2)	(3)
1	आंध्र प्रदेश	6173
2	अरुणाचल प्रदेश	551
3	असम	3377
4	बिहार	74223
5	छत्तीसगढ़	7496
6	दिल्ली	11863
7	गोवा	1634
8	गुजरात	60998
9	हरियाणा	12595
10	हिमाचल प्रदेश	7676
11	जम्मू-कश्मीर	5447
12	झारखंड	1180
13	कर्नाटक	33374
14	केरल	49014

15	मध्य प्रदेश	45481
16	महाराष्ट्र	178162
17	मणिपुर	0
18	मेघालय	552
19	मिजोरम	273
20	नागालैंड	183
21	ओडिशा	15577
22	पंजाब	16835
23	राजस्थान	22723
24	सिक्किम	0
25	तमिलनाडु	19332
26	तेलंगाना	23863
27	त्रिपुरा	796
28	उत्तर प्रदेश	96619
29	उत्तराखंड	4526
30	पश्चिम बंगाल	51048
31	अंडमान और निकोबार द्वीप	0
32	चंडीगढ़	197
33	दादरा व नगर हवेली और दमन व दीव	0

34	लद्दाख	0
35	लक्षद्वीप	0
36	पुडुचेरी	0
	कुल	751768

स्रोत: राज्य/संघ राज्य क्षेत्र बोर्ड/परिषदे

FUNDS TO SAAP OF BIHAR

2129. DR. ALOK KUMAR SUMAN:

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

- (a) whether it is a fact that State Annual Action Plan (SAAP) of State Government of Bihar submitted during the year 2023-24 has been approved for an amount of Rs.7743.746 lakhs for different activities including establishment of 3 units of 50 bedded Integrated AYUSH Hospitals one each at Gopalganj, Darbhanga & Khagaria districts of Bihar with an allocation of Rs. 500.00 lakhs to each unit;
- (b) if so, the details thereof along with the action taken thereon;
- (c) whether only one instalment of Rs 1161.06 lakhs (Central Share of 25% of total approved amount of SAAP) has been released to State Government of Bihar and subsequent instalments have not been released due to non-fulfilment of preconditions for releasing grants, as indicated in issued Guidelines of Department of Expenditure; 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, Under National Ayush Mission (NAM), during year 2023-24 State Government of Bihar sought assistance for Rs. 8023.336 lakh for various activities including proposal to establish 50 bedded Integrated Ayush Hospitals one each at Gopalganj, Darbhanga & Khagaria districts through submitted State Annual Action Plan (SAAP). After due considerations and deliberations by the Project Appraisal Committee (PAC) & Mission Directorate (MD) under NAM Scheme, Rs. 7743.746 lakhs (Centre Share – Rs.4646.247 lakhs and State Share – Rs.3097.499 lakhs) were approved for different activities proposed in SAAP including 50 bedded Integrated AYUSH Hospitals one each at Gopalganj, Darbhanga & Khagaria districts with an amount of Rs. 500.00 Lakhs to each unit. However, as reported by State Government through Physical & Financial progress report no funds were allocated to the above said approved Integrated AYUSH Hospitals during 2023-24.

(c) and (d): Yes, as per existing guidelines at that time the approved amount could be released in 4 instalments to those states which fulfilled certain criteria/preconditions as prescribed by prevalent guidelines of department of Expenditure in the year 2023-24. After release of first instalment subsequent instalments could not be released due to non-fulfillment of following conditions, (i)

Achievement of 75% of expenditure, (ii) Submission of at least 75% of utilization certificates.

IMPLEMENTATION OF COASTAL COMMUNITY DEVELOPMENT INITIATIVES

2130. CAPTAIN BRIJESH CHOWTA:

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

- (a) the objectives and key components of the Coastal Community Development initiative under the Sagarmala Programme, particularly in the areas of skill development, fisheries infrastructure and coastal tourism;
- (b) the number of projects sanctioned and implemented under this component across various coastal States, including Karnataka;
- (c) whether any projects have been approved or implemented in Dakshina Kannada district and if so, the details thereof including project type, location and funding allocated;
- (d) whether the Government proposes to establish any skill development centres, marine clusters or fishing harbour upgrades in Dakshina Kannada under Sagarmala; and
- (e) the mechanism put in place to coordinate with State Governments and coastal communities to ensure effective implementation of this component?

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

(a): The Coastal Community Development initiative under the Sagarmala Programme aims to improve the socio-economic well-being of coastal communities through value addition in fisheries, aquaculture, cold chain development, skill development, local tourism and recreational facilities. This initiative seeks to create sustainable livelihood, reduce poverty, and improve the overall quality of life for those living in coastal areas and also aims to empower coastal communities by providing them with the skills, infrastructure, and opportunities to thrive in a changing economic landscape.

(b): Under Sagarmala Scheme, a total of 45 projects have been sanctioned under this component across various coastal States / UTs including 6 projects in Karnataka. The list of projects, state-wise is given in the enclosed **Statement-I**.

(c) and (d): The details of projects in Dakshina Kannada District of Karnataka are given in the enclosed **Statement-II**.

(e): At the top of the Sagarmala framework, a National Sagarmala Apex Committee (NSAC) has been constituted for overall policy guidance and high-level coordination, and to review aspect of planning and implementation of the plan and projects. Ministry from time to time holds Maritime States Development Council (MSDC) meetings for creating synergy among various stakeholders such as Central Government Department / Ministries and State Governments. The Ministry has also facilitated formulation of the State Maritime and Waterways Transport

Committees (SMWTC) in all Coastal states/ UTs with the object to facilitate execution of projects under Sagarmala Programme.

STATEMENT-I

Details of Coastal Community Development projects under Sagarmala scheme

S. No.	Name of Project	State/UT	Project Cost (in Rs. Cr.)
1	Third stage expansion including modernisation of the existing fishing harbour of Malpe in Udupi	Karnataka	50.00
2	Modernisation of the existing fishing harbour at Amadalli in Uttara Kannada	Karnataka	19.00
3	Coastal Districts Skill Development Program - Phase I - Karnataka	Karnataka	1.53
4	Development of Fishing Harbour at Kulai	Karnataka	196.51
5	Development of Hejamadi Kodi Fishing Harbour in Udupi	Karnataka	139
6	Coastal Districts Skill Development Program - Phase II - Karnataka	Karnataka	2.18
7	Coastal Districts Skill Development Program - Phase 2 - Andaman	Andaman & Nicobar Islands	7.09
8	Coastal Districts Skill Development Program - Phase I - Andhra Pradesh	Andhra Pradesh	0.28
9	Centre of Excellence in Maritime and Shipbuilding (CEMS) 18 Labs in AP	Andhra Pradesh	574.00
10	Development of Fishing Harbour in Juvvaladinne in SPSR Nellore	Andhra Pradesh	288.00
11	Coastal Districts Skill Development Program - Phase 2 - Andhra Pradesh	Andhra Pradesh	5.98
12	Fishing harbor at Budugatlapalem	Andhra Pradesh	386.20

13	Fishing harbor at Kothapatnam	Andhra Pradesh	364.00
14	Fishing harbor at Pudimadaka	Andhra Pradesh	387.00
15	Modernisation of Visakhapatnam Fishing Harbour	Andhra Pradesh	151.81
16	Skill development of workers involved in ship recycling activities at Alang	Gujarat	30.00
17	National Maritime Heritage Museum Complex at Lothal	Gujarat	1238.05
18	Fishing harbour Phase-3 at Mangrol- District Junagadh	Gujarat	158.00
19	Coastal Districts Skill Development Program - Phase 2 - Gujarat	Gujarat	10.85
20	Construction of Fishing Harbour at Thalai in Kannur District	Kerala	35.00
21	Construction of Mini Fishing Harbour Chettuva, Thrissur	Kerala	30.00
22	Coastal Districts Skill Development Program - Phase 2 - Kerala	Kerala	25.46
23	Fisheries Harbour at Cochin Port	Kerala	113.32
24	Stage II expansion of Mirkawada Fishing Harbour in Ratnagiri	Maharashtra	75.00
25	Modernisation of Sassoon Dock Fishing Harbour	Maharashtra	92.52
26	Coastal Districts Skill Development Program - Phase I - Maharashtra	Maharashtra	5.50
27	Centre of Excellence in Maritime and Shipbuilding (CEMS) - 6 Labs in Maharashtra	Maharashtra	191.00
28	Development of Fishing Harbour at Karanja in Raigad	Maharashtra	149.80
29	Development of Fishing Harbour in Anandwadi-Sindhudurg	Maharashtra	88.44
30	Development of Mallet Bunder Mazgaon Fishing Harbour	Maharashtra	96.60
31	Coastal Districts Skill Development Program - Phase 2 - Maharashtra	Maharashtra	15.11
32	Coastal Districts Skill Development Program - Phase I - Odisha	Odisha	3.72
33	Construction of fishing harbour at Chandipur	Odisha	49.94

34	Upgradation and modernization of Fishing Harbour at Paradip	Odisha	99.75
35	Coastal Districts Skill Development Program - Phase II - Odisha	Odisha	22.87
36	Coastal Districts Skill Development Program - Phase 2 - Puducherry	Puducherry	2.22
37	Construction of a fishing harbour at Poompuhar in Nagapattinam	Tamil Nadu	148.00
38	Expansion of fishing harbour at Chinnamuttomin Kanyakumari	Tamil Nadu	74.00
39	Coastal Districts Skill Development Program - Phase I - Tamil Nadu	Tamil Nadu	2.94
40	National Technology Center for Ports- Waterways and Coasts -New Campus	Tamil Nadu	77.03
41	Coastal Districts Skill Development Program - Phase 2 - Tamil Nadu	Tamil Nadu	10.67
42	Fishing harbor at Mookaiyur in Ramanathapuram	Tamil Nadu	113.90
43	Fishing harbour at Kuthakal, Kunthukul -TN	Tamil Nadu	74.00
44	Modernisation of Chennai Fishing Harbour Project	Tamil Nadu	97.95
45	Setting up of Centre for Inland and Coastal Maritime Technology (CICMT) at IIT Kharagpur	West Bengal	69.20

STATEMENT-II

Details of projects in Dakshina Kannada District of Karnataka

Sl. No.	Project Name	Project Type	Project Location	Total Estimated Cost (in Rs. Cr.)
1.	Implementation of phase II of Sagarmala-DDU GKY convergence skill development program in	Skill Development	Dakshina Kannada	2.18

	port and maritime sector in the state of Karnataka			
2.	Modernization and Upgradation of Mangalore Fishing Harbour	Fishing Harbour	Dakshina Kannada	37.47
3	Development of Kulai Fishing Harbour	Fishing Harbour	Mangaluru, Dakshina Kannada	196.51

DIPLOMATIC RESPONSE TO GEOPOLITICAL TENSION

2131. ADV. GOWAAL KAGADA PADAVI

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

- (a) whether the Government has reviewed India's diplomatic response to recent geopolitical tensions in neighbouring regions, including the evolving situation in the Indo-Pacific, if so, the details thereof;
- (b) the steps taken to safeguard India's strategic interests and the security of Indian citizens abroad;
- (c) whether there have been any recent high-level engagements or bilateral meetings with major global powers to address these challenges, if so, the details thereof;
- (d) the measures taken to strengthen position of India in multilateral forums like the United Nations, G20 and BRICS;

- (e) the steps being taken to ensure the welfare and safety of Indian students and diaspora in conflict-affected or politically unstable countries; and
- (f) whether the Government proposes any new initiatives to boost India's global image and expand its diplomatic outreach in the coming year, if so, the details thereof?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA
MARGHERITA):**

(a): The Government calibrates its diplomatic approach with the evolving regional and geopolitical developments, to safeguard and promote India's national interests, by deepening defence & security cooperation, furthering economic & commerce ties, developmental assistance and productive collaboration with various countries. India's "Neighbourhood First Policy", and the broader MAHASAGAR vision serve as the guiding principles in the neighborhood. India envisages a free, open, inclusive, peaceful and prosperous Indo-Pacific region built on a rules-based world order, respect for sovereignty and territorial integrity, freedom of navigation and over-flight, unimpeded lawful commerce, peaceful resolution of disputes, as well as equality of all nations.

(b) and (e): To safeguard its strategic interests, India has entered into multifaceted partnerships with the several countries with the broad objective of enhancing political ties, furthering diplomatic interests, strengthening national security, greater

economic and investments growth, securing energy resources, SDGs, deepening people-to-people ties, expanding cooperation in technology & innovation, infrastructure development and increased global influence.

The Government accords utmost priority to the welfare and safety of Indian nationals including Indian students, particularly in conflict-affected or politically unstable countries. As such, we have established mechanisms like walk-ins, emails, multilingual 24x7 emergency numbers, grievance redressal portals like MADAD, CPGRAMS, eMigrate and social media etc to address the concerns. Further, there are bilateral agreements in place with the Gulf countries to address some specific issues of labour and manpower, and also to promote welfare and protection of Indian workers. The Government actively monitors developments and issues advisories. During emergency or crisis situations, our Missions/Posts abroad proactively help distressed/stranded Indian nationals by providing consular assistance, food, shelter, medicine and return passage to India. The Government is always prepared to take additional steps, including arranging flights for rescue operations. Some of the recent evacuation missions are Vande Bharat Mission, Operation Devi Shakti, Operation Ganga, Operation Kaveri, Operation Ajay, Operation Indravati etc.

(c): The details of high-level visits in last four months are given in the enclosed **Statement**. 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 interests, safeguards its strategic interests, implements foreign policy objectives as well as strives for promoting safety, security and welfare of Indian citizens abroad.

(d): India is committed to multilateralism and strategically utilizes various multilateral forums to secure its national interest. At the **UN**, India furthers its areas of interest in a proactive manner, including through its leadership role in realizing several landmark initiatives. These efforts have resulted in greater collaboration and closer engagement with partner countries. India's **G20** Presidency from 1 December 2022 to 30 November 2023 provided an opportunity for highlighting its development initiatives and to focus on the developmental priorities and concerns of the Global South at G20. The G20 New Delhi Leaders' Declaration reflected ambitious and action-oriented outcomes, including accelerating progress on SDGs, green development and Lifestyle for Environment (LiFE) initiative, promoting accelerated and inclusive growth, reforming multilateral institutions, technological transformation through deployment of digital public infrastructure and women-led development. India's participation at **BRICS**, provides it with the advantage of furthering India's strategic goals and initiatives including reform of global governance and strengthening of multilateralism. In the recently concluded 17th BRICS Summit in Rio de Janeiro, Brazil, BRICS countries have called for reform of the Bretton Woods institutions including IMF and WTO and comprehensive reform

of the UN including its Security Council with a view to making it more democratic, representative, effective and efficient.

(f) : India will continue enhancing its global standing through diplomatic outreach in key areas including a human-centric approach to development, reform of global governance structures, climate and environmental action etc. in line with its vision of “One Earth, One Family, One Future”.

STATEMENT

Visits by foreign dignitaries to 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	04 th to 07 th March 2025
2	H.E Christopher Luxon Prime Minister of New Zealand	16 th to 20 th March 2025
3	H.E. Xavier Bettel, Deputy Prime Minister, Minister for Foreign Affairs and Foreign Trade of Luxembourg	17 th to 19 th March 2025
4	H.E. Mihai Popsoi, Deputy Prime Minister & Minister of Foreign Affairs of the Republic of Moldova	17 th to 19 th March 2025
5	H.E. Dr. Eduardo Martinez Diaz, Deputy Prime Minister of Cuba	17 th to 19 th March 2025
6	H.E Gabriel Boric Font	01 st to 05 th April 2025

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

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

Sl. No.	Country	Period of Visit
1	Mauritius	11 th to 12 th March 2025
2	Thailand and Sri Lanka	03 rd to 06 th April 2025
3	Saudi Arabia	22 nd April 2025
4	Cyprus, Canada and Croatia	15 th to 18 th June 2025
5	Ghana, Trinidad & Tobago, Argentina, Brazil and Namibia	02 nd to 09 th July 2025
6	United Kingdom and Maldives	23 rd to 26 th July 2025

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	04 th to 09 th March 2025
2	Netherlands, Denmark, Germany	19 th to 24 th May 2025
3	France, European Union and Belgium	08 th to 14 th June 2025
4	USA	30 th June to 02 nd July 2025
5	Singapore and China	13 th to 15 th July 2025

AYUSH ACTIVITIES IN TIRUPATI**2132. SHRI MADDILA GURUMOORTHY:**

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

- (a) the details of AYUSH developmental activities undertaken by the Government in the State of Andhra Pradesh, particularly in Tirupati district during the last five years;
- (b) whether the Government has established or proposed to establish any AYUSH educational or research institutions, wellness centres or hospitals in Andhra Pradesh and Tirupati district under Central Sector or Centrally Sponsored Schemes and if so, the details thereof;
- (c) the details of financial assistance provided to the State and specifically to Tirupati district under the National AYUSH Mission (NAM) and other schemes during the said period.
- (d) whether the Government is promoting cultivation and value-addition of medicinal plants in Andhra Pradesh and Tirupati district through support to farmers and entrepreneurs and if so, the details thereof; and
- (e) the number of beneficiaries and areas covered under such initiatives and the steps being taken to strengthen AYUSH services in rural and tribal pockets of Tirupati district in Andhra Pradesh?

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

(a) to (c): Public Health being a State subject, development of Ayush related activities and establishment of Ayush educational institutions/wellness centres/hospitals in Andhra Pradesh including Tirupati district comes under the purview of respective State Government. However, under Centrally Sponsored Scheme of National Ayush Mission (NAM), Ministry is supporting the efforts of State Government for overall development & promotion of Ayush systems in the State including Tirupati District by providing financial assistance under different activities as per the proposals received from State through State Annual Action Plans (SAAPs) within the existing provisions of NAM guidelines. Under NAM, as per the proposals received from State through SAAPs, consolidated grant in aid of Rs.2882.592 lakhs released to Andhra Pradesh during last 05 years. The major activities supported in Andhra Pradesh during last 05 years is given in the enclosed **Statement-I** and details of funds allocated to Tirupati District as reported by the State Government is given in the enclosed **Statement-II**.

(d) : As per the information furnished by the State Government of Andhra Pradesh, The A.P. Medicinal and Aromatic Plants Board (APMAPB) conducted a Training Programme on “Nannari- Cultivation, Post Harvest Management and Marketing

Opportunities” at RASS- KVK, Tirupati District of Andhra Pradesh on 25th February-2025. About 60 farmers have been benefitted through the programme.

Further the National Medicinal Plant Board (NMPB), under the Ministry of Ayush, implements a Central Sector Scheme for "Conservation, Development and Sustainable Management of Medicinal Plants". This scheme provides financial support for establishing various types of Herbal Gardens and for Medicinal Plant Species Specific Campaigns. The NMPB has supported projects in Andhra Pradesh, specifically in the Tirupati District, including: One project for establishing an Herbal Garden, with financial support of ₹10.80 Lakhs. One project for an Ashwagandha Campaign, with financial support of ₹18.90 Lakhs in the state of Andhra Pradesh especially in the Tirupati District.

In past Ministry of Ayush, Government of India had implemented the medicinal plants component Centrally Sponsored Scheme of the National AYUSH Mission (NAM) during the financial year 2015-16 to 2020-21 to promote the cultivation of Medicinal Plants throughout the country. As per the scheme guidelines, the support was provided for:

- (i) Cultivation of prioritized medicinal plants on farmer's land.
- (ii) Establishment of nurseries with backward linkages for raising and supply of quality planting material.
- (iii) Post-harvest management with forwarding linkages.
- (iv) Primary processing, marketing infrastructure etc.

The detail of fund approved to Andhra Pradesh Medicinal and Aromatic Plants Board (APMAPB), Andhra Pradesh under Medicinal Plants component of National Ayush Mission Scheme is given in the enclosed **Statement-III**.

Further as per the provision of NMPB's Central Sector Scheme for Conservation, Development and Sustainable Management of Medicinal Plants, Nucleus Centre Maintenance Grant is provided to SMPBs on annual basis. The Nucleus Centre Maintenance Grant is released to State Medicinal Plants Board (SMPB) Andhra Pradesh since F.Y. 2020-21 to till date is given in the enclosed **Statement-IV**.

National Medicinal Plant Board, Ministry of Ayush also supports various institutes/organization to organise awareness Capacity Building program, Exposure Visits, Education and Capacity Building of Stakeholders through Information Education and Communication (IEC) and encouraging farmers or entrepreneurs to grow medicinal plants under Central Sector Scheme (CSS) for conservation, development and sustainable management of medicinal plants. Details of project supported under IEC activities from the financial year 2020-21 to 2024-25. The details of support under IEC of NMPB is given in the enclosed **Statement-V**.

(e) As reported by the State Government of Andhra Pradesh, the number of beneficiaries and areas covered under such initiatives and the steps being taken to strengthen AYUSH services in rural and tribal pockets of Tirupati district in Andhra Pradesh are given in the enclosed **Statement-VI**.

STATEMENT-I

Major initiatives/activities supported in Andhra Pradesh as per the proposals received from State through SAAPs during last five years including current year:

- (i) 02 units of 50-bedded Integrated Ayush Hospitals (IAHs) at Kakinada & Visakhapatnam have been approved in Andhra Pradesh.
- (ii) 4 Ayush Hospitals have been supported for Up-gradation of infrastructure in Andhra Pradesh.
- (iii) 05 Ayush Public Health Programmes have been supported in Andhra Pradesh during last 05 years.
- (iv) 126 Ayushman Arogya Mandir (Ayush) and 92 Co-located Ayush facilities have been supported for supply of essential Ayush medicines on an average in each year in Andhra Pradesh.
- (v) 01 unit supported for establishment of New Ayush Educational in Andhra Pradesh.
- (vi) 02 post-graduate have been supported for Upgradation of infrastructure, Library and other things in Andhra Pradesh.
- (vii) out of total 12500 Ayushman Arogya Mandir (Ayush) 126 AAM (Ayush) have been approved in Andhra Pradesh.

STATEMENT-II

Details of funds allocated to Tirupati District as reported by the State Government

Sl. No.	Name of District	Name of Approved Ayushman Arogya Mandir	Amount Released in Rs/-	Expenditure in Rs/-
1	Tirupathi	Chenganagunta	908507	908507
2		Kurugonda	862329	862329
3		Momidi	801721	801721
4		Mangalam Project	829848	829848
Total:			3402405	3402405

STATEMENT-III

Details of funds approved to Andhra Pradesh under National AYUSH Mission (2015-16 to 2020-21) for Cultivation of Medicinal Plants, Infrastructure (Post-harvest managements Units, Nurseries, Collection Centres, Primary Processing Units etc.

Year	Fund approved (including state share (Rs. in Lakhs)
2015-16	133.780
2016-17	455.88
2017-18	211.872
2018-19	128.586
2019-20	314.9084
Total	1245.0264

STATEMENT-IV

The Nucleus Centre Maintenance Grant released to State Medicinal Plants Board (SMPB) Andhra Pradesh since F.Y. 2020-21 to till date

(Rs. in Lakhs)

S. No.	Name of SMPB	2020-21	2021-22	2022-23	2023-24	2024-25
1.	Andhra Pradesh	31.38	21.78	-	35.00	35.00

STATEMENT-V

Details of project supported under IEC activities, NMPB from the financial year 2020-21 to 2024-25.

S.no.	Details of Project	Title of project	Organization	Sanction Amount (in Lakhs)	Fund released (in Lakh)
1	IEC/AP-01/2021-22-NMPB	National Seminar on Cultivation and Preservation of Medicinal Plants for Economic Growth of Rural Farmers	Sai Radha Krishna Education Society, Tirupati, Chittoor, Andhra Pradesh	5.00	5.00
2	IEC/AP-02/2024-25-NMPB	National Conference on Prospects and Challenges in Medicinal Plants Sector in India.	Sai Radha Krishna Education Society, Tirupati, Chittoor, Andhra Pradesh	5.00	5.00

STATEMENT-VI**Beneficiaries details at Ayushman Arogya Mandir (Ayush) from April 24 to June 25**

Sl. No.	Name of District	Name of Approved Ayushman Arogya Mandir (Ayush)	Beneficiaries of Tirupathi District as reported by State Government
1	Tirupathi	Chenganagunta	6814
2		Kurugonda	4372
3		Momidi	2613
4		Mangalam Project	11374
Total:			25173

MATERNAL AND CHILD HEALTH INDICATORS IN TAMIL NADU**2133. SHRI A. MANI:**Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the steps taken under National Health Mission (NHM) to improve maternal and child health indicators in Tamil Nadu, including institutional deliveries, immunization coverage and nutrition related interventions;
- (b) whether any specific interventions have been taken under NHM in tribal or backward districts like Dharmapuri of Tamil Nadu and if so, the details thereof; and
- (c) the initiatives undertaken under NHM to strengthen Non-communicable disease (NCD) screening and mental health services in Tamil Nadu?

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 Government of India under National Health Mission (NHM) has taken various steps to improve maternal and child health indicators including institutional deliveries, immunization coverage and nutrition related interventions across the country including Tamil Nadu, key amongst which are as follows:

- **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 women delivering in public health institutions to have free and no-expense delivery, including caesarean section. The entitlements include free drugs and consumables, free diet during the stay, free diagnostics, free transportation and free blood transfusion, if required. Similar entitlements are also in place for sick infants.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost, assured and quality antenatal checkup by a Specialist/Medical Officer on the 9th day of every month.

Extended PMSMA strategy focuses on quality antenatal care (ANC) for pregnant women, especially high-risk pregnant (HRP) women and individual HRP tracking with financial incentivization for the identified high-risk pregnant

women and accompanying Accredited Social Health Activists (ASHAs) for extra 3 visits over and above the PMSMA visit.

- **LaQshya – Quality Improvement Initiative** 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)** aims to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting a public health facility, 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 ASHAs for prompt detection, referral & treatment of such high-risk postpartum mothers.
- **Monthly Village Health, Sanitation and Nutrition Day** is an outreach activity at Anganwadi centers for provision of maternal and child care including nutrition in convergence with the Integrated Child Development Scheme (ICDS).
- **Birth Waiting Homes (BWH)** are established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities.

- **Outreach camps** are provisioned to improve the reach of health care services, especially in tribal and hard-to-reach areas. This platform is used to increase awareness for Maternal and Child health services and community mobilization as well as to track high-risk pregnancies.
- Under **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.
- Under **Community Based care of Newborn and Young Children**, Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) programs are in place under which, home visits are performed by ASHAs to improve child-rearing practices and to identify sick newborn and young children in the community.
- **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative is implemented since 2019 for the 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.

- **Mothers' Absolute Affection (MAA)** Program is implemented to promote breastfeeding practices, emphasizing the importance of early initiation of breastfeeding and exclusive breastfeeding for first six months.
- **Anemia Mukta Bharat (AMB)** strategy is implemented to reduce anemia among six beneficiary age groups - children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant and lactating women and women of reproductive age group (15-49 years) in life cycle approach through implementation of six interventions via robust institutional mechanisms.
- 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.
- **Nutrition Rehabilitation centres (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years suffering from Severe Acute Malnourishment (SAM) with medical complications.
- **Comprehensive Lactation Management Centres (CLMC)** are established to 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.

- **UWIN**, the digital platform for name-based digital recording, tracking and monitoring of all the eligible beneficiaries across the country, has been rolled out across the country.
- **Mission Indradhanush** is special catch-up vaccination campaign under the Universal Immunization Programme conducted in areas of low immunization coverage to vaccinate left out and dropped out children and pregnant women including remote and underserved areas.
- **Special vaccination campaigns** such as National Immunization Days (NIDs), as part of the Pulse Polio programme are carried out every year.
- Strategic interventions like advocacy, social mobilization, community engagement, interpersonal communication at family level and media engagement are undertaken to improve immunization coverage.
- The State Task Force on Immunization (STFI) and the District Task Force on Immunization (DTFI) enable effective implementation of the program.

(b): Under National Health Mission (NHM) support is provided for healthcare interventions to the States/UTs including Tamil Nadu. The following strategies are in place:

- Relaxed population norms for setting up public health facility in tribal and hilly areas.
- Flexibility of relaxing the norm of one ASHA per 1000 population to one ASHA per habitation in tribal/ hilly and difficult areas for the State/UT.
- Provision of 2 MMUs per district in plain areas is relaxed to 4 MMUs per district in tribal/ hilly/inaccessible/ remote and hard to reach areas. There is further relaxation of up to 10 MMUs per district in Particularly Vulnerable Tribal Groups (PVTGs) area under Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM JANMAN).
- Additional ANM in Multi-Purpose Centre (MPC) with basic drugs and diagnostics facilities under PM JANMAN.
- Under PM JANMAN, total 105 MMUs are operational in PVTG areas of Tamil Nadu.

The specific interventions undertaken under NHM in Dharmapuri district of Tamil Nadu are as under:

- One Neonatal Intensive Care Unit (NICU), 1 Special Newborn Care Unit (SNCU), 3 Newborn Stabilization Unit (NBSU) and 1 Paediatric Resuscitation & Emergency Medicine (PREM) unit functional, to provide care to sick and critically ill children in the district.

- Nine MMUs are deployed in for providing basic healthcare services to PVTG areas.
- Tribal Birth Waiting Rooms are established at Theerthamalai, where pregnant mother can stay with one attender from one week prior to expected date of delivery and get institutional care.
- Screening for Hemoglobinopathies of pregnant mothers and School children in Harur and Papireddipatti blocks of the district.
- The National Mission to Eliminate Sickle Cell Anaemia by 2047 is operational in the select districts of Tamil Nadu including Dharampuri under Ministry of Tribal Affair (MoTA). The awareness regarding the Sickle Cell Disease (SCD) is done along with the honorarium to ASHA for follow-up visit and counselling of sickle cell anaemia patients.

(c): The various initiatives undertaken by the Government of India under NHM to strengthen Non-communicable disease (NCD) screening and mental health services in Tamil Nadu are as under:

- The National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) focuses on strengthening infrastructure, human resource development, and early diagnosis, referral to an appropriate level of healthcare facility for treatment, management, health promotion and

awareness generation for prevention of Non Communicable Disease (NCDs).

- Under Comprehensive Primary Health Care (CPHC) initiative, persons more than 30 years of age are targeted for their screening for common NCDs. To achieve universal screening of individuals age 30 years and above, the Government has also conducted NCD screening campaign.
- As per the information provided by the State, Complication Management Programs for Diabetic Patients for the specialized screening including Retinopathy and Nephropathy is done.
- To address the burden of mental disorders, the Government of India is implementing the National Mental Health Programme (NMHP) in the country. The District Mental Health Programme (DMHP) component of the NMHP has been sanctioned for implementation in 767 districts for which support is provided to States/UTs including Tamil Nadu through NHM. 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 by upgrading Sub Health Centres (SHCs) and Primary Health Centres (PHCs) to Ayushman Arogya Mandirs (AAM). Mental health services have been added in the packages of services under Comprehensive Primary Health Care provided at these AAM.
- The DMHP is established in all the 38 districts in the State of Tamil Nadu. Tele MANAS-2 state cells are established and implemented across the state.

PROJECTS SANCTIONED UNDER PMSSY

2134. SHRI B. K. PARTHASARATHI:

SHRI MOHIBBULLAH:

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

- (a) the total number of projects sanctioned under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), till date, State-wise;
- (b) the details of the approved outlay of the projects, along with the amount of Central and State share released till date;
- (c) whether the Government has any details regarding the physical progress of the approved projects; and
- (d) if so, the details thereof, State-wise and district-wise for the State of Andhra Pradesh?

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

(a) to (d): Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) was launched in 2006 with the objectives of correcting regional imbalances in the availability of affordable/ reliable tertiary healthcare services and also to augment facilities for quality medical education in the country. There are two components of PMSSY- (I) setting up of new All India Institute of Medical Sciences (AIIMS) & (II) upgradation of existing Government Medical Colleges/Institutions (GMCIs) on Centre-State cost sharing basis by way of setting up Super Speciality Blocks/ Trauma Centres/ procurement of medical equipment.

Details of 22 AIIMS and 75 upgradation projects of GMCIs approved under the PMSSY scheme is given in the enclosed **Statement-I** and **Statement-II** respectively.

STATEMENT -I

Details of AIIMS under PMSSY

Sl. No.	State/ UT	Location of AIIMS	Sanctioned Cost/ Approved outlay (Rs. in crore)	Status
1	Andhra Pradesh	AIIMS Mangalagiri	1618.00	Functional
2	Assam	AIIMS Guwahati	1123.00	Functional

3	Bihar	AIIMS Darbhanga	1264.00	Pre-investment work in Progress
4		AIIMS Patna	820.00	Functional
5	Chhattisgarh	AIIMS Raipur	820.00	Functional
6	Gujarat	AIIMS Rajkot	1195.00	Functional
7	Haryana	AIIMS Majra (Rewari)	1646.43	Under Construction
8	Himachal Pradesh	AIIMS Bilaspur	1521.04	Functional
9	Jammu & Kashmir	AIIMS Vijaypur, Jammu	1963.54	Functional
10		AIIMS Awantipora, Kashmir	2160.84	Under Construction
11	Jharkhand	AIIMS Deoghar	1103.00	Functional
12	Madhya Pradesh	AIIMS Bhopal	820.00	Functional
13	Maharashtra	AIIMS Nagpur	1577.00	Functional
14	Odisha	AIIMS Bhubaneswar	820.00	Functional
15	Punjab	AIIMS Bathinda	925.00	Functional
16	Rajasthan	AIIMS Jodhpur	820.00	Functional
17	Tamil Nadu	AIIMS Madurai	2021.51	Under Construction
18	Telangana	AIIMS Bibinagar	1365.95	Functional
19	Uttar Pradesh	AIIMS Raebareli	823.00	Functional
20		AIIMS Gorakhpur	1011.00	Functional
21	Uttarakhand	AIIMS Rishikesh	820.00	Functional
22	West Bengal	AIIMS, Kalyani	1754.00	Functional

STATEMENT -II**Government Medical Colleges/Institutions (GMCIs) approved for upgradation under PMSSY:**

Sl. No.	State	No.	Name of GMC/ Institute	Approved Infra-structure	Approved outlay (Rs. in crore)			Central Fund released (Rs. in crore)	Status (%)
					Central Share	State/ Institute Share	Total		
1	Andhra Pradesh	1	Sri Venkateshwara Institute of Medical Sciences, Tirupati	Procurement of Equipment	60.00	60.00	120.00	59.18	Completed
		2	Siddhartha Medical College, Vijayawada	Super Speciality Block	120.00	30.00	150.00	108.88	Completed
		3	Govt. Medical College, Anantpur	Super Speciality Block	120.00	30.00	150.00	112.50	Completed
2	Assam	4	Guwahati Medical College, Guwahati	Super Speciality Block	120.00	30.00	150.00	108.32	Completed
		5	Assam Medical College, Dibrugarh	Super Speciality Block	120.00	30.00	150.00	116.39	Completed
3	Bihar	6	Sri Krishna Medical College, Muzaffarpur	Super Speciality Block	138.78	30.00	168.78	112.76	Completed
		7	Darbhanga Medical College & Hospital, Darbhanga	Super Speciality Block	120.00	30.00	150.00	109.14	Completed
		8	Patna Medical College & Hospital, Patna	Super Speciality Block	120.00	80.00	200.00	107.40	Under construction
		9	Government Medical College, Bhagalpur	Super Speciality Block	120.00	80.00	200.00	114.88	Completed
		10	Government Medical College, Gaya	Super Speciality Block	120.00	80.00	200.00	114.94	Completed
		11	IGIMS, Patna	Regional Institute of Ophthalmology	106.81	81.07	187.88	90.98	Completed
4	Chhattisgarh	12	Government Medical College, Bilaspur	Super Speciality Block	120.00	80.00	200.00	114.01	Completed
		13	Government Medical College, Jagdalpur	Super Speciality Block	120.00	80.00	200.00	114.17	Completed
5	Delhi	14	UCMS-GTB Hospital	-	120.00	80.00	200.00	0	Details awaited from State Govt.
6	Goa	15	Goa Medical College, Panaji	Super Speciality Block	120	266.35	386.35	110.28	Completed
7	Gujarat	16	BJ Medical College, Ahmedabad	Procurement of Medical Equipment	100.00	20.00	120.00	92.50	Completed
		17	Govt. Medical College, Rajkot	Super Speciality Block	120.00	30.00	150.00	110.36	Completed
		18	Government Medical College, Surat	Super Speciality Block	120.00	174.00	294.00	43.19	Under Construction

		19	Government Medical College, Bhavnagar	Super Speciality Block	120.00	80.00	200.00	94.39	Completed
8	Haryana	20	Pandit BD Sharma Postgraduate Institute of Medical Sciences, Rohtak	Service Block & OT Complex	125.00	25.00	150.00	107.58	Completed
9	Himachal Pradesh	21	Government Medical College, Tanda	Super Speciality Block	125.00	25.00	150.00	117.89	Completed
		22	Indira Gandhi Govt. Medical College, Shimla	Super Speciality Block	120.00	78.91	198.91	95.90	Completed
10	Jammu & Kashmir	23	Government Medical College, Jammu	Super Speciality Block	115.00	20.00	135.00	114.33	Completed
		24	Government Medical College, Srinagar	Institute of Traumatology	115.00	20.00	135.00	112.26	Completed
11	Jharkhand	25	Rajendra Institute of Medical Sciences (RIMS), Ranchi	Super Speciality & Oncology Block	100.00	20.00	120.00	95.365	Completed
		26	Patliputra Medical College, Dhanbad	Super Speciality Block	120.00	45.71	165.71	112.40	Completed
12	Karnataka	27	Bangalore Medical College, Bangalore	Super Speciality Block	100.00	26.69	126.69	99.48	Completed
		28	Vijayanagar Institute of Medical Sciences, Bellary	Trauma Care Block	120.00	30.00	150.00	105.92	Completed
		29	Karnataka Institute of Medical Sciences, Hubli	Super Speciality Block	120.00	30.00	150.00	113.92	Completed
13	Kerala	30	Medical College, Thiruvananthapuram	Super Speciality Block	100.00	20.00	120.00	96.26	Completed
		31	Kozhikode Medical College	Trauma Care Centre with Super Speciality Block	120.00	75.93	195.93	90.90	Completed
		32	T.D. Medical College, Alappuzha	Super Speciality Block	120.00	53.18	173.18	99.53	Completed
		33	SCTIMST, Trivandrum	Super Speciality Block	126.12	116.12	242.24	86.40	Completed
14	Madhya Pradesh	34	Govt. Medical College, Rewa	Super Speciality Block	120.00	30.00	150.00	108.20	Completed
		35	Netaji Subhash Chandra Bose Medical College, Jabalpur	Super Speciality Block	120.00	30.00	150.00	111.03	Completed
		36	GR Medical College, Gwalior	Super Speciality Block	120.00	30.00	150.00	101.01	Completed
		37	Government Medical College, Indore	Super Speciality Block	120.00	117.00	237.00	112.86	Completed
15	Maharashtra	38	Grant Medical College & Sir JJ Group of Hospitals, Mumbai	Procurement of Medical Equipment	100.00	20.00	120.00	93.87	Completed
		39	Government Medical College, Nagpur	Procurement of Medical Equipment	125.00	25.00	150.00	120.25	Completed
		40	Govt. Medical College, Aurangabad	Super Speciality Block	120.00	30.00	150.00	105.13	Completed
		41	Govt. Medical College, Latur	Super Speciality Block	120.00	30.00	150.00	101.93	Completed
		42	Govt. Medical College, Akola	Super Speciality Block	120.00	30.00	150.00	98.01	Completed

		43	Shri Vasantnaik Govt. Medical College, Yavatmal	Super Speciality Block	120.00	30.00	150.00	103.09	Completed
16	Odisha	44	MKCG Medical College, Berhampur	Super Speciality Block	120.00	30.00	150.00	112.99	Completed
		45	VSS Medical College, Burla	Super Speciality Block	120.00	30.00	150.00	97.47	Completed
		46	Government Medical College, Cuttack	Super Speciality Block	120.00	140.00	260	21.83	Details awaited from State Govt.
17	Punjab	47	Government Medical College, Amritsar	Super Speciality Block	125.00	25.00	150.00	91.86	Completed
		48	Govt. Medical College, Patiala	Super Speciality Block	120.00	30.00	150.00	103.03	Completed
18	Rajasthan	49	SP Medical College, Bikaner	Super Speciality Block	120.00	30.00	150.00	108.81	Completed
		50	RNT Medical College, Udaipur	Super Speciality Block	120.00	39.00	159.00	102.13	Completed
		51	Govt. Medical College, Kota	Super Speciality Block	120.00	30.00	150.00	105.11	Completed
		52	Government Medical College, Jaipur	Super Speciality Block	120.00	80.00	200.00	97.26	Completed
19	Tamil Nadu	53	Government Medical College, Salem	Super Speciality Block and Trauma Centre	100.00	39.31	139.31	94.545	Completed
		54	Government Medical College, Madurai	Super Speciality Block	125.00	25.00	150.00	101.60	Completed
		55	Thanjavur Medical College, Thanjavur	Super Speciality Block	120.00	30.00	150.00	116.81	Completed
		56	Tirunelveli Medical College, Tirunelveli	Super Speciality Block	120.00	30.00	150.00	118.84	Completed
20	Telangana	57	Nizam Institute of Medical Sciences, Hyderabad	Super Speciality Block and Trauma Centre	100.00	96.26	196.26	94.93	Completed
		58	Rajiv Gandhi Institute of Medical Sciences, Adilabad	Super Speciality Block	120.00	30.00	150.00	113.23	Completed
		59	Kakatiya Medical College, Warangal	Super Speciality Block	120.00	30.00	150.00	116.04	Completed
21	Tripura	60	Agartala Govt. Medical College, Agartala	Super Speciality Block	120.00	30.00	150.00	113.08	Completed
22	Uttar Pradesh	61	SGPGIMS, Lucknow	Super Speciality Block	100.00	20.00	120.00	91.64	Completed
		62	Trauma Centre (TC) in IMS, BHU, Varanasi	Trauma Centre and Nursing College	100.00	47.00	147.00	98.85	Completed
		63	Jawaharlal Nehru Medical College of Aligarh Muslim University (AMU), Aligarh	Trauma Care Centre and OBG Block	125.00	25.00	150.00	105.78	Completed
		64	Govt. Medical College, Jhansi	Super Speciality Block	120.00	30.00	150.00	106.15	Completed

		65	BRD Medical College, Gorakhpur	Super Speciality Block	120.00	30.00	150.00	119.24	Completed
		66	MLN Medical College, Allahabad	Super Speciality Block	120.00	30.00	150.00	104.95	Completed
		67	LLRM Medical College, Meerut	Super Speciality Block	122.00	30.00	152.00	118.10	Completed
		68	Government Medical College, Agra	Super Speciality Block	120.00	80.00	200.00	90.94	Completed
		69	Government Medical College, Kanpur	Super Speciality Block	120.00	80.00	200.00	100.88	Completed
		70	SSB at Institute of Medical Sciences (IMS), BHU, Varanasi	Super Speciality Block	120.00	80.00	200.00	112.85	Completed
		71	RIO, IMS, BHU, Varanasi	Regional Institute of Ophthalmology (RIO)	46.09	0.00	46.09	41.02	Completed
23	West Bengal	72	Kolkata Medical College, Kolkata	Super Speciality Block	100.00	60.73	160.73	91.08	Completed
		73	BS Medical College, Bankura	Super Speciality Block	120.00	30.00	150.00	126.55	Completed
		74	Govt. Medical College, Malda	Trauma Care Centre and Emergency Medical Block	120.00	30.00	150.00	100.57	Completed
		75	North Bengal Medical College, Darjeeling	Super Speciality Block	120.00	30.00	150.00	107.22	Completed

TRAINING UNDER BETI BACHAO BETI PADHAO

2135. SHRI SANJAY DINA PATIL:

SHRI BHASKAR MURLIDHAR BHAGARE:

SHRI DHAIRYASHEEL RAJSINH MOHITE-PATIL:

DR. AMOL RAMSING KOLHE:

PROF. VARSHA EKNATH GAIKWAD:

SHRIMATI SUPRIYA SULE:

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

- (a) whether the Government has operationalized multi-sectoral District Action Plans under the Beti Bachao Beti Padhao (BBBP) scheme in the country including Maharashtra;
- (b) If so, the number of districts in which said Plans have been implemented since its inception, State/UT-wise;
- (c) the number and nature of capacity-building programmes / training sessions conducted for district-level officials and frontline workers since the inception of the scheme;
- (d) whether the Ministry had conducted nine sets of such trainings during April to October 2015, if so, the details thereof, State/UT-wise;
- (e) the details of the mechanisms put in place to monitor the effectiveness of these trainings at the ground level; and
- (f) whether the Government has undertaken any third-party evaluation to assess the outcomes of these capacity-building efforts under the BBBP scheme, if so, the details thereof?

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

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

engaging, and empowering various stakeholders. The scheme has been expanded to cover all the districts of the country including Maharashtra through multi-sectoral interventions. Training and capacity-building sessions have been regularly organised for district and State/UT-level officials and frontline workers since the inception of the scheme.

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

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

Evaluation of the schemes of the Ministry of Women and Child Development was conducted during the Financial Year 2020-21 by NITI Aayog. The study found the relevance, effectiveness, and sustainability of the various schemes as satisfactory including Beti Bachao Beti Padhao. Based on the report Ministry has launched Mission Shakti guidelines for implementation during the 15th Finance

Commission up to FY 2025-26. Mission Shakti has two sub-schemes namely "Sambal" for safety and security of women and "Samarthya" for empowerment of women.

PROGRAMMES TO COMBAT NIPAH VIRUS

2136. SHRI K. C. VENUGOPAL:

ADV. DEAN KURIAKOSE:

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

- (a) whether any programmes/schemes are currently supported by the Union Government to mitigate the threat of emerging diseases like Nipah Virus and One Health programme in the country including Kerala and if so, the details thereof; and
- (b) the funds allocated and expenditure to such programmes/schemes for setting up infrastructure and implementation of programmes aimed at improving the surveillance of viral disease and One Health programmes during the last five years, year-wise?

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

(a) and (b): The Integrated Disease Surveillance Programme (IDSP) under National Health Mission (NHM) is implemented in all 36 States/UTs through Central, State

and District level Surveillance Units for surveillance of 50 plus epidemic prone diseases. Various outbreaks of Nipah virus have been detected and responded under IDSP. In India, Nipah outbreaks have been reported in West Bengal in the years 2001 & 2007 and in Kerala in 2018, 2019, 2021, 2023, 2024 and 2025.

The National Centre for Disease Control (NCDC), Ministry of Health & Family Welfare is implementing the National One Health Programme for Prevention and Control of Zoonotic Diseases (NOHP-PCZ) to strengthen prevention, detection, and response capacities for zoonotic diseases in India, including Nipah Virus Disease (NiV).

Year-wise details of total fund allocation and expenditure for setting up infrastructure and implementation of programmes aimed at improving the surveillance of various diseases including viral diseases under NHM may be accessed at following link:

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>

Year-wise fund allocation and expenditure under National One Health Programme for Prevention and Control of Zoonotic Diseases (NOHP-PCZ) is as under:

(Rs. in Lakhs)

Budget	2020-21	2021-22	2022-23	2023-24	2024-25
Allocated	340	284	1,494	1,511	1,573
Expenditure	243	261	993	664	1,017

NATIONAL WATERWAYS IN KERALA

2137. SHRI KODIKUNNIL SURESH:

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

- (a) the total length and number of notified National Waterways (NWs) in the State of Kerala;
- (b) the current operational status of each of these waterways, including passenger and cargo traffic handled during the last three years;
- (c) the details of developmental works undertaken on these waterways—such as dredging, terminal development, night navigation facilities and modernization projects in the State along with their physical and financial progress;
- (d) the action taken by the Union Government in this regard based on the requests from the Member of Parliament and the State Government;
- (e) whether there are any delays or bottlenecks in implementation of such works due to environmental clearance, land acquisition or coordination with the State Government and if so, the measures taken to resolve them; and
- (f) the steps being taken to improve multimodal connectivity and promote eco-friendly and cost-effective water transport systems under the Sagarmala or Jal Marg Vikas Project in Kerala?

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

(a): There are 5 National Waterways (NWs) in the State of Kerala as detailed below and the total length of these 5 NWs is 465.89 km:-

- i. NW-3 (West Coast Canal including Champakkara and Udyogmandal Canal).
- ii. NW-8 (Alappuzha – Changanassery Canal).
- iii. NW-9 (Alappuzha – Kottayam Canal).
- iv. NW-13 (AVM Canal).
- v. NW-59 (Vechoor – Athirampuzha Canal).

(b) and (c): Three NWs namely NW-3, NW-8 and NW-9 are operational and the details of passenger/cargo movement during the last three years is as under:

Year	Passenger	Cargo (Lakh Tonne)
2022-23	95,79,806	32.07
2023-24	1,10,78,569	33.25
2024-25	1,12,76,234	35.59

Details of developmental works undertaken on these waterways with Physical & Financial progress is given in the enclosed **Statement-I**.

(d): Government of Kerala requested the Ministry of Ports, Shipping & Waterways for initiating steps to declare the Kovalam to Kollam and Kozhikode to Bekal stretches of West Coast Canal as appropriate class (Class-I/Class-III) of NW according to the standards available. NW-3 stretch from Kottapuram to Kozhikode in Kerala vide National Waterways Act, 2016 has already been extended. Thus, NW-3 covers a total feasible stretch from Kozhikode in the north to Kollam in the south, out of entire waterway stretch from Bekal to Kovalam. The remaining stretch

from Bekal to Kozhikode in north and Kollam to Kovalam in south could not be considered for declaration as National Waterway as per findings of the studies completed by National Transport Planning & Research Centre, Thiruvananthapuram.

(e): There are issues pertaining to non availability of dumping grounds for dredged material required for fairway development and removal of fishing nets from the navigation channel earmarked by Inland Waterways Authority of India (IWAI), an autonomous organisation under Ministry of Ports, Shipping & Waterways, which are regularly taken up with the Government of Kerala for resolution.

(f): Details of steps taken by IWAI to improve multimodal connectivity and promote eco-friendly and cost effective water transport system in the country including Kerala are given in the enclosed **Statement-II**. Jal Marg Vikas Project is for augmentation of navigation capability of NW-1 (Ganga River) from Varanasi to Haldia.

STATEMENT-I

Details of developmental works undertaken on these waterways with Physical & Financial progress

Inland Waterways Authority of India (IWAI), an autonomous body under the Ministry of Ports, Shipping & Waterways has constructed nine (9) terminals in NW-3 and has provided Ro-Ro service between Willingdon Island and Bolghatty Island. Additionally, IWAI funded the work for modernization of Navigation lock at

Thrikunnapuzha and the construction of Kovilthottam foot over bridge through Government of Kerala on deposit basis. IWAI also undertakes bank protection works in NWs in Kerala at vulnerable locations. The status of various ongoing activities is as follows:

S.N.	Name of Development work	Physical Progress	Financial Progress
1.	Fairway Development Works (carried out annually)	15 %	11.78%
2.	Operation & Maintenance of Terminals (carried out annually)	25%	17.50%
3.	Modernization of Thrikunnapuzha Lock Gate	41%	100%
4.	Reconstruction of Kovilthottam Foot over Bridge (50 : 50 share of IWAI and the Government of Kerala)	78%	50%

STATEMENT-II

Details of steps taken by Inland Waterways Authority of India (IWAI), an autonomous organisation under Ministry of Ports, Shipping & Waterways to improve multimodal connectivity and promote eco-friendly and cost effective water transport system

- (i) Fairway maintenance works (river training, maintenance dredging, channel marking and regular hydrographic surveys) are taken up in various National Waterways (NWs) for providing a navigation channel of 35/45 m width and 2.0 / 2.2 / 2.5 / 3.0 m least available depth (LAD) for operation of vessels.

- (ii) 53 community jetties, 20 floating terminals, 3 Multi-Modal Terminals (MMTs) and 1 Inter-Modal Terminal (IMT) have been constructed on NW-1 (River Ganga) in addition to 5 pre-existing permanent terminals.
- (iii) 13 floating terminals provided on NW-2 (River Brahmaputra) along with MMTs at Pandu, Jogighopa and terminals at Bogibeel and Dhubri. Four dedicated Jetties for cruise vessels have been provided at Jogighopa, Pandu, Biswanath Ghat and Neamati. In addition to this, Jetties for cruise and passengers have been constructed at Sadiya, Lyka and Orium Ghat in Assam.
- (iv) 9 Permanent Inland Water Transport terminals with godowns and 2 Ro-Ro/Ro-Pax terminals have been constructed on NW-3 (West Coast Canal in Kerala).
- (v) 04 floating concrete jetties were provided to Govt. of Goa and installed in Mandovi River (NW-68).
- (vi) 04 Tourist Jetties on NW-4 (River Krishna) in Andhra Pradesh have been commissioned and 12 Nos. floating jetties on NW-110 (River Yamuna) in Mathura-Vrindavan stretch in Uttar Pradesh, 2 Jetties on NW-73 (River Narmada) & 2 Jetties on NW-37 (River Gandak) in Bihar are under execution.

- (vii) A new Navigation Lock at Farakka and 2 Nos. Quick Pontoon Opening Mechanisms (QPOMs) have been constructed on NW-1 to facilitate smooth & faster movement of vessels.

IMPLEMENTATION OF ONE RANK ONE PENSION

2138. SHRI K. E. PRAKASH:

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

- (a) the current status of implementation of One Rank One Pension (OROP) including the number of cases pending for resolution;
- (b) the details of technological/administrative improvements made in the SPARSH portal during the last two years to facilitate timely pension disbursement; and
- (c) the extent of pension arrears owed to ex-servicemen particularly in rural districts of Tamil Nadu such as Erode, Tiruppur and Namakkal?

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

(a): Revision of Pension of Armed Forces Personnel has been done in every five years w.e.f 01.07.2014 under One Rank One Pension (OROP) Scheme. Accordingly, second and third revision under OROP has been done w.e.f 01.07.2019 and 01.07.2024 respectively. Arrears on account of OROP-I and OROP-II have already been paid to all eligible beneficiaries of Defence Forces

Personnel. The revision of pension and arrears thereof have been paid to 25.20 lakh eligible pensioners under OROP-III.

(b): Details of technological and administrative improvements made in the SPARSH portal during the last two years are as under: -

- (i) SPARSH (System for Pension Administration-Raksha), launched in October 2020, is a “Digital India” initiative of the Government of India that aims to provide a comprehensive, transparent and efficient solution for managing Defence pensions, including sanctioning and disbursing pensions to Armed Forces Personnel and Defence Civilians across India.
- (ii) At present, more than 31 lakh Defence Pensioners (Including Service and Defence Civilian pensioners) are onboarded on SPARSH and their pensions are directly credited into their bank accounts by SPARSH.
- (iii) The modules developed during last two years in SPARSH are (a) Reservist Pension, (b) Invalid Pension, (c) Pro-rata Pension for PBOR, (d) LTA (Life Time Arrears), (e) Fixed Medical Allowance (FMA) updation, (f) IT saving for Jeevan Raksha Padak and (g) Integration with TRACES for generation of Form-16, etc.
- (iv) SPARSH has been enabled to make payment of pension to Nepal-Domiciled Gorakhas (NDGs) pensioners. NDG pensioners can now

draw their pension from Nepal SBI Bank and Everest Bank Ltd. In order to extend services of SPARSH to NDG / NRI pensioners, a dedicated email id has been created.

- (v) Tech Improvements in SPARSH portal include improvement in bandwidth to 256 MBPS and increase in storage from 600 GB to 200 TB. The Mobile Application has been also improved.

(c): Pension arrears owed to ex-servicemen residing in rural districts of Tamil Nadu is not maintained. However, the extent of pension arrears (OROP II & OROP III) paid to ex-servicemen, particularly in rural districts of Tamil Nadu such as Erode, Tiruppur and Namakkal is as under:

OROP-II Data in r/o districts of Tamil Nadu State				
Name	Total No. of eligible pensioners	Total No. of beneficiary pensioners	Total No. of Non-beneficiary pensioners	Amount of Arrear paid (in Rs.)
Erode	821	728	93	70856122
Triuppur	5	2	3	89742
Namakkal	757	647	110	59166060

OROP-III Data in r/o districts of Tamil Nadu State				
Name	Total No. of eligible pensioners	Total No. of beneficiary pensioners	Total No. of Non-beneficiary pensioners	Amount of Arrear paid (in Rs.)
Erode	1389	1128	261	7353054

Triuppur	18	15	3	106426
Namakkal	1186	985	201	5115264

महिलाओं का प्रतिनिधित्व

2139. श्री धर्मेन्द्र यादव:

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

- (क) दिनांक 1 जुलाई, 2025 की स्थिति के अनुसार, महिला और बाल विकास मंत्रालय में, इसके संबद्ध और अधीनस्थ कार्यालयों सहित, सभी स्तरों (समूह क, ख, ग और घ) पर अनारक्षित, अन्य पिछड़ा वर्ग, अनुसूचित जाति और अनुसूचित जनजाति श्रेणियों से संबंधित व्यक्तियों के प्रतिनिधित्व का विस्तृत ब्यौरा क्या है;
- (ख) अनुसूचित जाति, अनुसूचित जनजाति और अन्य पिछड़ा वर्ग के लिए अधिकारियों, विशेषकर निर्णय लेने वाले वरिष्ठ स्तरों पर अधिकारियों का पर्याप्त प्रतिनिधित्व सुनिश्चित करने के लिए सरकार द्वारा क्या विशिष्ट उपाय किए जा रहे हैं;
- (ग) सरकार में अनुसूचित जाति, अनुसूचित जनजाति और अन्य पिछड़ा वर्ग के लिए निर्धारित बैकलॉग रिक्तियों की वर्तमान स्थिति क्या है; और
- (घ) क्या उक्त रिक्तियों को भरने के लिए विगत तीन वर्षों के दौरान कोई विशेष भर्ती अभियान/पहल शुरू की गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

- (क) : ब्यौरा संलग्न **विवरण** में दिया गया है।
- (ख) : निर्णय लेने वाले स्तरों पर वरिष्ठ अधिकारियों को मंत्रिमंडल की नियुक्ति समिति (एसीसी) और संवर्ग (कैडर) नियंत्रण प्राधिकरणों, जैसा भी मामला हो, द्वारा मंत्रालय में तैनात किया जाता है।

(ग) और (घ) : मंत्रालय ने सावित्रीबाई फुले राष्ट्रीय महिला और बाल विकास संस्थान (एसपीएनआईडब्ल्यूसीडी) में 53 पदों को भरने की स्वीकृति प्रदान की है, जिनमें आरक्षित पद भी शामिल हैं।

विवरण

दिनांक 01.07.2025 की स्थिति के अनुसार कार्मिकों के समूह-वार और श्रेणी-वार पद:

क्र.सं.	मंत्रालय और उसके संगठन	समूह	पदस्थ कर्मचारी			
			अनारक्षित	अनुसूचित जाति	अनुसूचित जनजाति	अन्य पिछड़ा वर्ग
1.	एमडब्ल्यूसीडी (मुख्य सचिवालय)	क	38	11	5	12
		ख	37	27	2	22
		ग	14	12	2	21
		घ	-	-	-	-
2.	केंद्रीय दत्तक ग्रहण संसाधन प्राधिकरण (कारा)	क	10	4	-	2
		ख	2	-	-	-
		ग	3	1	1	1
		घ	-	-	-	-
3.	राष्ट्रीय बाल अधिकार संरक्षण आयोग (एनसीपीसीआर)	क	1	1	-	-
		ख	1	-	-	-
		ग	-	-	-	-
		घ	-	-	-	-
4.	सावित्रीबाई फुले राष्ट्रीय महिला और बाल विकास संस्थान (एसपीएनआईडब्ल्यूसीडी)	क	27	10	2	11
		ख	20	9	3	10
		ग	22	9	1	9
		घ	7	10	3	4

5. राष्ट्रीय महिला आयोग (एनसीडब्ल्यू) में श्रेणीवार विवरण उपलब्ध नहीं है, क्योंकि सभी अधिकारी प्रतिनियुक्ति पर तैनात हैं और उनकी सेवा पुस्तिकाएं संबंधित संवर्ग (कैडर) नियंत्रण प्राधिकारियों द्वारा रखी जाती हैं।

NATIONAL HEALTH MISSION IN MEGHALYA

2140. SHRI SALENG A. SANGMA:

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

- (a) the details of projects and funds, specifically related to the health sector and the National Health Mission (NHM), sanctioned for the State of Meghalaya during the last five years; and
- (b) the total amount of funds, if any, that were returned or reverted by the State Government of Meghalaya to the Union Government during the said period?

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): Health is a state subject; hence, the responsibility for improving the healthcare facilities lies with the respective State/UT Governments. The Ministry of Health and Family Welfare (MoHFW) supplements the efforts of all States / UTs in the healthcare sector through various Central Schemes. Under National Health Mission, Ministry of Health & Family Welfare provides financial and technical support to States/UTs to strengthen their healthcare systems based on the

requirements posed by them in their Programme Implementation Plans (PIPs). Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources. NHM supports initiatives/projects under RCH, Health System Strengthening, Disease control programmes and Infrastructure maintenance. The details of various health projects approved for the State of Meghalaya are available in public domain at:

<https://nhm.gov.in/index4.php?lang=1&level=0&linkid=53&lid=66>

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

- **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. 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.
- **The 15th Finance Commission (XV-FC)** health grants complement existing budgets by providing ₹70,051 crore for 2021-26 to strengthen primary healthcare services. These grants empower local governments to upgrade Sub-Centers(SHCs), PHCs, and Urban Ayushman Arogya Mandir.

- **India COVID-19 Emergency Response & Health System Preparedness Package (ECRP-I & II)** : These packages, launched during the pandemic, aimed to build a resilient health system and provide free COVID-19 testing, treatment, and vaccination. This reduced OOPE for pandemic-related healthcare expenses.
- **Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)** offers cashless healthcare coverage of up to ₹5 lakh per eligible family per year for secondary and tertiary hospitalization. AB PM-JAY beneficiaries are eligible to take the benefits of the scheme through a network of over 31,466 hospitals in which 14,194 are private hospitals.

(b): Details of funds, specifically related to the health sector and the National Health Mission (NHM), sanctioned for the State of Meghalaya during the last five years are given in the enclosed **Statement**.

No funds were returned or reverted by the State Government of Meghalaya to the Union Government.

STATEMENT

Details of funds sanctioned/released to the State Government of Meghalaya during last five years

I. NHM and PM-ABHIM

(Rs. in cr.)

Financial Year	NHM		PM-ABHIM	
	Central Release	Expenditure	Central Release	Expenditure
2020-21	202.63	213.36	-	-
2021-22	282.46	227.08	9.65	0.00
2022-23	261.56	319.08	43.28	8.80
2023-24	261.39	305.83	4.42	28.02
2024-25	297.95	393.01	10.50	27.34

Note:

- (i) The above releases relate to Central Govt. Grants & do not include State share contribution.
- (ii) Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year. Expenditure is as per FMRs submitted by States/UTs and is provisional.

II. ECRP-I and ECRP-II

(Rs. in cr.)

ECRP-I	ECRP-II
15.61	104.12

Note:

- (i) Release under ECRP-Phase I and is 100% Centrally funded.
- (ii) Release under ECRP-Phase II and is as per funding pattern under NHM.

III. 15th Finance Commission Grants

(Rs. in cr.)

Year	Allocation	Approved Amount (As per NLC)	Release
2021-22 to 2025-26	310.95	299.1	117.16

IV. Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)

(Rs. in cr.)

Financial Year	Funds Released
2020-21	49.52
2021-22	22.28
2022-23	47.31
2023-24	49.74
2024-25	40.09

AWCS UNDER PM JANMAN

2141. DR. C. M. RAMESH:

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

- (a) whether the Government has sanctioned 260 AWCs under PM JANMAN for areas with Particularly Vulnerable Tribal Groups (PVTGs) population in Andhra Pradesh, district-wise, if so, the details thereof;
- (b) the total number of operational AWCs, in the said State, district-wise;
- (c) whether the progress of implementation is as per schedule since the Mission period is going to be over in 2026, if so, the details thereof; and
- (d) if not, the steps being taken to quicken the process and achieve the target before the end of the Mission period?

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

(a) to (d): The PM JANMAN Mission launched by Ministry of Tribal Affairs, is aimed at targeted development of 75 Particularly Vulnerable Tribal Groups (PVTGs) residing in 18 States and a UT. This Mission focuses on 11 critical interventions related to 9 Ministries including Ministry of Women and Child Development. A total of 2500 Anganwadi Centres are sanctioned for construction @ Rs 12 lakh per AWC in the three Financial Years i.e FY 2023-24, 2024-25 and 2025-26.

Out of the 2500 sanctioned AWCs, 1968 AWCs have become operational wherein 70,561 beneficiaries (including children aged 0-6 years and pregnant and lactating mothers) are registered. Construction process initiated in 1,030 AWCs and completed in 148 AWCs.

The status of implementation of PM JANMAN scheme in the State of Andhra Pradesh is as below:

S.No.	Name of the Districts	Total no. of AWCs sanctioned	Total no. operational AWCs
1	Alluri Sitharama Raju (ASR)	155	40
2	Srikakulam	25	25
3	Manyam	10	7
4	Prakasam	1	0
5	Vizianagaram	1	0
	Total	192	72

लंबित मामलों का बैकलॉग

2142. श्री ज्ञानेश्वर पाटील:

श्री संदिपनराव आसाराम भुमरे:

डॉ. शिवाजी बंडाप्पा कालगे:

श्री निलेश ज्ञानदेव लंके:

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

- (क) क्या सरकार को इस बात की जानकारी है कि स्थानीय न्यायालय से लेकर उच्चतम न्यायालय तक लंबित मामलों के बड़े बैकलॉग के कारण हमारी न्यायिक प्रणाली में लोगों का विश्वास कम हुआ है ;
- (ख) यदि हों, तो तत्संबंधी राज्य-वार ब्यौरा क्या है ;
- (ग) मध्य प्रदेश और महाराष्ट्र सहित देश के विभिन्न न्यायालयों में लंबित मामलों की राज्य-वार संख्या कितनी है ; और

(घ) इस संबंध में सरकार द्वारा क्या कार्रवाई की गई है ?

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

(क) से (घ) : राष्ट्रीय न्यायिक डेटा ग्रिड (एनजेडीजी) पर उपलब्ध जानकारी के अनुसार, 28.07.2025 तक उच्चतम न्यायालय, उच्च न्यायालयों और अधीनस्थ न्यायालयों में लंबित मामलों का विवरण निम्नानुसार है:

क्रम सं.	न्यायालय का नाम	लंबित मामले
1.	उच्चतम न्यायालय	86,844
2.	उच्च न्यायालयों	63,32,256
3.	जिला और अधीनस्थ न्यायालय	4,66,69,624

जिला और अधीनस्थ न्यायालयों तथा उच्च न्यायालयों (मध्य प्रदेश और महाराष्ट्र सहित) में लंबित मामलों का राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्रमशः **विवरण-I** और **विवरण-II** में दिया गया है।

सरकार न्यायपालिका के विभिन्न स्तरों पर लंबित मामलों के मुद्दे से अवगत है। हालांकि लंबित मामलों का मुद्दा न्यायपालिका के अधिकार क्षेत्र में आता है, फिर भी सरकार आवश्यक संसाधन, अवसंरचनात्मक सहायता और नीतिगत हस्तक्षेप प्रदान करके न्याय परिदान प्रणाली को सुदृढ़ बनाने की अपनी प्रतिबद्धता पर अडिग है। न्यायिक दक्षता की आवश्यकता को समझते हुए, सरकार ने संविधान के अनुच्छेद 21 के अधीन मामलों के त्वरित निपटारे और न्यायालयों के समग्र कामकाज को बेहतर बनाने के लिए कई सक्रिय कदम उठाए हैं। इस उद्देश्य से, सरकार ने न्यायपालिका द्वारा मामलों के त्वरित निपटारे के लिए एक सक्षम पारिस्थितिकी तंत्र बनाने हेतु कई पहल की हैं, जिनमें निम्नलिखित सम्मिलित हैं:

- i. न्याय प्रदान करने और विधिक सुधारों के लिए राष्ट्रीय मिशन की स्थापना अगस्त, 2011 में की गई थी, जिसके दो उद्देश्य थे: व्यवस्था में देरी को कम करके न्याय तक पहुंच बढ़ाना और

संरचनात्मक परिवर्तनों तथा कार्य-निष्पादन मानकों और क्षमताओं को निर्धारित करके जवाबदेही बढ़ाना। यह मिशन न्यायिक प्रशासन में लंबित मामलों और लंबित मामलों के चरणबद्ध समाधान के लिए एक समन्वयित दृष्टिकोण अपना रहा है, जिसमें, अन्य बातों के साथ-साथ, कम्प्यूटरीकरण सहित न्यायालयों के लिए बेहतर बुनियादी ढांचा, जिला और अधीनस्थ न्यायालयों की स्वीकृत संख्या में वृद्धि, अत्यधिक मुकदमेबाजी वाले क्षेत्रों में नीतिगत और विधायी उपाय, मामलों के शीघ्र निपटान के लिए न्यायालयी प्रक्रिया का पुनर्गठन और मानव संसाधन विकास पर ज़ोर सम्मिलित है।

- ii. न्यायिक अवसंरचना के विकास के लिए केंद्र प्रायोजित स्कीम के अधीन, राज्यों/संघ राज्यक्षेत्रों को न्यायालय कक्षों, न्यायिक अधिकारियों के लिए आवासीय क्वार्टरों, वकीलों के हॉल, शौचालय परिसरों और डिजिटल कंप्यूटर कक्षों के निर्माण के लिए धनराशि जारी की जा रही है, जिससे वादियों सहित विभिन्न हितधारकों का जीवन आसान हो सके और न्याय प्रदान करने में सहायता मिले। 1993-94 में इस स्कीम के आरंभ होने के बाद से 30.06.2025 तक 12,101.89 करोड़ रुपये जारी किए जा चुके हैं। इस स्कीम के अधीन न्यायालय कक्षों की संख्या 15,818 (30.06.2014 तक) से बढ़कर 22,372 (30.06.2025 तक) हो गई है और आवासीय इकाइयों की संख्या 10,211 (30.06.2014 तक) से बढ़कर 19,851 (30.06.2025 तक) हो गई है।
- iii. ई-न्यायालय मिशन मोड परियोजना के चरण-1 और चरण-2 के अधीन, जिला और अधीनस्थ न्यायालयों को आईटी सक्षम बनाने के लिए सूचना और संचार प्रौद्योगिकी (आईसीटी) का लाभ उठाया गया और 2023 तक 18,735 जिला और अधीनस्थ न्यायालयों को कंप्यूटरीकृत किया गया। 2977 स्थलों को वॉन कनेक्टिविटी प्रदान की गई। 3,240 न्यायालय परिसरों और 1,272 संबंधित जेलों के बीच वीडियो कॉन्फ्रेंसिंग सुविधा उपलब्ध कराई गई। वकीलों और वादियों को नागरिक केंद्रित सेवाएं प्रदान करके डिजिटल खाई को पाटने के लिए 778 ई-सेवा केंद्र (सुविधा केंद्र)

स्थापित किए गए। 17 राज्यों/संघ राज्यक्षेत्रों में 21 आभासी न्यायालय स्थापित किए गए, जिनमें मार्च 2023 तक 2.78 करोड़ से अधिक मामलों का निपटारा किया गया और 384.14 करोड़ रुपये से अधिक का जुर्माना वसूला गया।

ई-न्यायालय परियोजना के चरण-3 (2023-2027) को 13.09.2023 को 7,210 करोड़ रुपये के परिव्यय के साथ मंजूरी दी गई थी, जिसका उद्देश्य डिजिटल, ऑनलाइन और पेपरलेस न्यायालयों की ओर बढ़कर न्याय में आसानी की व्यवस्था लाना है। इसका उद्देश्य न्याय प्रदान करने की प्रक्रिया को उत्तरोत्तर अधिक मजबूत, आसान और सुलभ बनाने के लिए आर्टिफिशियल इंटेलिजेंस (एआई) जैसी नवीनतम तकनीक को सम्मिलित करना है। अब तक उच्च न्यायालयों और जिला न्यायालयों में न्यायालय अभिलेख के 506.05 करोड़ पृष्ठों का डिजिटलीकरण किया जा चुका है। वीडियो कॉन्फ्रेंसिंग के माध्यम से 3.65 करोड़ से अधिक सुनवाई हुई है और 11 उच्च न्यायालयों में लाइव स्ट्रीमिंग कार्यात्मक है। उच्च न्यायालयों और जिला न्यायालयों में ई-सेवा केंद्रों (सुविधा केंद्रों) की संख्या बढ़कर 1814 हो गई है।

- iv. सरकार समय-समय पर भारत के उच्चतम न्यायालय और उच्च न्यायालयों में न्यायाधीशों के रिक्त पदों को भरती रही है। 01.05.2014 से 21.07.2025 तक, उच्चतम न्यायालय में 70 न्यायाधीशों की नियुक्ति की गई है। इसी अवधि के दौरान उच्च न्यायालयों में 1058 नए न्यायाधीश नियुक्त किए गए और 794 अतिरिक्त न्यायाधीशों को स्थायी किया गया। उच्च न्यायालयों में न्यायाधीशों की स्वीकृत संख्या मई 2014 में 906 से बढ़कर आज 1122 हो गई है। जिला और अधीनस्थ न्यायालयों में न्यायिक अधिकारियों की स्वीकृत और कार्यरत संख्या में निम्नलिखित वृद्धि हुई है:

तारीख को	स्वीकृत पद	कार्यरत पद
31.12.2013	19,518	15,115
28.07.2025	25,843	21,122

स्रोत: न्याय विभाग का एमआईएस पोर्टल

तथापि, जिला और अधीनस्थ न्यायपालिका में रिक्तियों को भरना संबंधित राज्य/संघ राज्यक्षेत्र सरकारों और उच्च न्यायालयों के अधिकार क्षेत्र में आता है।

- v. अप्रैल 2015 में आयोजित मुख्य न्यायाधीशों के सम्मेलन में पारित प्रस्ताव के अनुसरण में, सभी 25 उच्च न्यायालयों में पांच वर्ष से अधिक समय से लंबित मामलों के निपटारे के लिए बकाया समितियां गठित की गई हैं। अब जिला न्यायालयों में भी बकाया समितियां गठित की गई हैं।
- vi. चौदहवें वित्त आयोग के तत्वावधान में जघन्य अपराधों, वरिष्ठ नागरिकों, महिलाओं, बालकों आदि से जुड़े मामलों से निपटने के लिए फास्ट ट्रैक न्यायालय की स्थापना की गई है। 30.06.2025 तक, देश भर में 865 फास्ट ट्रैक न्यायालय कार्यरत हैं। निर्वाचित सांसदों/विधायकों से जुड़े आपराधिक मामलों को फास्ट ट्रैक करने के उद्देश्य से, नौ (9) राज्यों/संघ राज्यक्षेत्रों में दस (10) विशेष न्यायालय कार्यरत हैं। इसके अलावा, केंद्रीय सरकार ने ब्लात्संग और पोक्सो अधिनियम के लंबित मामलों के शीघ्र निपटारे के लिए देश भर में फास्ट ट्रैक विशेष न्यायालय (एफटीएससी) स्थापित करने के लिए एक केंद्र प्रायोजित स्कीम को मंजूरी दी थी। 30.06.2025 तक, 392 अनन्य पोक्सो (ईपोक्सो) न्यायालयों सहित 725 एफटीएससी 29 राज्यों/संघ राज्यक्षेत्रों में कार्यरत हैं, जिन्होंने अपनी स्थापना के बाद से 3,34,000 से अधिक मामलों का निपटारा किया है।
- vii. न्यायालयों में लंबित मामलों को कम करने और कामकाज को सुचारू करने के उद्देश्य से सरकार ने विभिन्न विधियों जैसे कि परक्राम्य लिखत (संशोधन) अधिनियम, 2018, वाणिज्यिक न्यायालय (संशोधन) अधिनियम, 2018, विनिर्दिष्ट अनुतोष (संशोधन) अधिनियम, 2018, माध्यस्थम् और सुलह (संशोधन) अधिनियम, 2019 और दांडिक विधि (संशोधन) अधिनियम, 2018 में संशोधन किया है।

viii. वैकल्पिक विवाद समाधान विधियों को उत्तरोत्तर बढ़ावा दिया गया है। तदनुसार, अगस्त, 2018 में, वाणिज्यिक न्यायालय अधिनियम, 2015 में संशोधन किया गया, जिससे वाणिज्यिक विवादों के मामले में संस्थान-पूर्व मध्यस्थता और निपटान (पीआईएमएस) आज्ञापक हो गया। पीआईएमएस तंत्र की दक्षता को और बढ़ाने के लिए, सरकार ने मध्यस्थता अधिनियम, 2023 के माध्यम से वाणिज्यिक न्यायालय अधिनियम, 2015 में और संशोधन किया है। विवादों के शीघ्र समाधान हेतु माध्यस्थता और सुलह अधिनियम, 1996 में वर्ष 2015, 2019 और 2021 में संशोधन किए गए हैं।

वाणिज्यिक न्यायालय अधिनियम, 2015 के अधीन, मामला प्रबंधन सुनवाई का उपबंध है, जो किसी मामले के कुशल, प्रभावी और उद्देश्यपूर्ण न्यायिक प्रबंधन का उपबंध करता है जिससे विवाद का समय पर और गुणवत्तापूर्ण समाधान प्राप्त किया जा सके। यह तथ्यों और विधि के विवादित मुद्दों की शीघ्र पहचान, मामले की अवधि के लिए प्रक्रियात्मक कैलेंडर की स्थापना और विवाद के समाधान की संभावनाओं की खोज में सहायता करता है।

वाणिज्यिक न्यायालयों के लिए प्रारंभ की गई एक अन्य नवीन विशेषता कलर बैंडिंग की प्रणाली है, जो किसी भी वाणिज्यिक मामले में दी जा सकने वाली स्थगन की संख्या को तीन तक सीमित करती है और न्यायाधीशों को लंबित मामलों के चरण के अनुसार मामलों को सूचीबद्ध करने के बारे में सचेत करती है।

ix. लोक अदालत आम लोगों के लिए उपलब्ध एक महत्वपूर्ण वैकल्पिक विवाद समाधान तंत्र है, जहां न्यायालय में या मुकदमे-पूर्व चरण में लंबित विवादों/मामलों का सौहार्दपूर्ण ढंग से निपटारा/समझौता किया जाता है। विधिक सेवा प्राधिकरण (एलएसए) अधिनियम, 1987 के अधीन, लोक अदालत द्वारा दिया गया पंचाट सिविल न्यायालय का आदेश माना जाता है और यह अंतिम होता है तथा सभी पक्षों पर बाध्यकारी होता है तथा इसके विरुद्ध किसी भी न्यायालय में

अपील नहीं की जा सकती। राष्ट्रीय लोक अदालतें सभी तालुकों, जिलों और उच्च न्यायालयों में एक पूर्व-निर्धारित तारीख पर एक साथ आयोजित की जाती हैं।

पिछले चार वर्षों के दौरान राष्ट्रीय लोक न्यायालयों में निपटाए गए मामलों का विवरण निम्नानुसार है: -

वर्ष	मुकदमे-पूर्व मामले	लंबित मामले	कुल योग
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 (मार्च तक)	2,58,28,368	50,82,181	3,09,10,549
कुल	22,21,01,916	5,33,91,016	27,54,92,932

- x. सरकार ने 2017 में टेली-लॉ कार्यक्रम प्रारंभ किया, जो ग्राम पंचायतों में स्थित सामान्य सेवा केंद्र (सीएससी) पर उपलब्ध वीडियो कॉन्फ्रेंसिंग, टेलीफोन और चैट सुविधाओं और टेली-लॉ मोबाइल ऐप के माध्यम से पैनल वकीलों के साथ विधिक सलाह और परामर्श चाहने वाले जरूरतमंद और वंचित वर्गों को जोड़ने वाला एक प्रभावी और विश्वसनीय ई-इंटरफेस प्लेटफॉर्म प्रदान करता है।

*टेली-लॉ डेटा का प्रतिशतवार ब्यौरा

30 जून, 2025 तक	दर्ज मामले	% वार ब्रेक अप	सलाह सक्षम	% वार ब्रेक अप
लिंग-वार				
महिला	44,81,170	39.58%	44,21,450	39.55%
पुरुष	68,39,728	60.42%	67,58,085	60.45%
जाति श्रेणीवार				
सामान्य	26,89,371	23.76%	26,48,100	23.69%
अन्य पिछड़ा वर्ग	35,64,430	31.49%	35,16,236	31.45%
अनुसूचित जाति	35,27,303	31.16%	34,90,737	31.22%
अनुसूचित जनजाति	15,39,794	13.60%	15,24,462	13.64%
कुल	1,13,20,898		1,11,79,535	

- xi. देश में प्रो बोनो संस्कृति और प्रो बोनो वकालत को संस्थागत बनाने के प्रयास किए गए हैं। एक तकनीकी ढांचा तैयार किया गया है जहां प्रो बोनो कार्य के लिए स्वेच्छा से अपना समय और सेवाएं देने वाले अधिवक्ता न्याय बंधु (एंड्रॉइड, आईओएस और ऐप्स) पर प्रो बोनो अधिवक्ता के रूप में रजिस्ट्रीकरण करा सकते हैं। न्याय बंधु सेवाएं उमंग प्लेटफॉर्म पर भी उपलब्ध हैं। राज्य/संघ राज्यक्षेत्र स्तर पर 23 उच्च न्यायालयों में अधिवक्ताओं का प्रो बोनो पैनल प्रारंभ किया गया है। नवोदित वकीलों में प्रो बोनो संस्कृति का संचार करने के लिए 109 विधि विद्यालयों में प्रो बोनो क्लब प्रारंभ किए गए हैं।

विवरण-I

28.07.2025 तक जिला और अधीनस्थ न्यायालयों में लंबित मामले

क्र.सं.	राज्य/संघ राज्यक्षेत्र	लंबित मामले
1.	आंध्र प्रदेश	8,99,526
2.	तेलंगाना	9,54,794
3.	अंदमान और निकोबार	8,299
4.	अरुणाचल प्रदेश	10,263
5.	असम	5,46,047
6.	बिहार	36,58,281
7.	चंडीगढ़	1,03,495
8.	छत्तीसगढ़	4,33,967
9.	दिल्ली	15,58,494
10.	दादरा और नागर हवेली तथा दीव और दमण	8,298
11.	गोवा	59,962
12.	गुजरात	16,48,509
13.	हरियाणा	15,06,784
14.	हिमाचल प्रदेश	6,73,692
15.	जम्मू-कश्मीर	3,35,513
16.	झारखंड	5,54,553
17.	कर्नाटक	22,10,048

18.	केरल	17,45,154
19.	लद्दाख	1,417
20.	मध्य प्रदेश	20,37,995
21.	महाराष्ट्र	58,03,555
22.	मणिपुर	13,785
23.	मेघालय	15,632
24.	मिजोरम	6,645
25.	नागालैंड	3,583
26.	उड़ीसा	16,93,114
27.	पुडुचेरी	35,406
28.	पंजाब	8,91,601
29.	राजस्थान	23,24,222
30.	सिक्किम	1,797
31.	तमिलनाडु	15,73,944
32.	त्रिपुरा	55,999
33.	संघ राज्यक्षेत्र लक्षद्वीप	521
34.	उत्तर प्रदेश	1,13,94,105
35.	उत्तराखंड	3,24,441
36.	पश्चिमी बंगाल	35,76,183
कुल		4,66,69,624

स्रोत: राष्ट्रीय न्यायिक डेटा ग्रिड (एनजेडीजी)

विवरण-II

28.07.2025 तक उच्च न्यायालयों में लंबित मामले

क्र. सं.	उच्च न्यायालय का नाम	लंबित मामले
1.	इलाहाबाद	11,88,704
2.	बंबई	6,67,629
3.	कलकत्ता	1,94,800
4.	गुवाहाटी	62,670
5.	तेलंगाना	2,34,823

6.	आंध्र प्रदेश	2,48,292
7.	छत्तीसगढ़	80,755
8.	दिल्ली	1,37,411
9.	गुजरात	1,74,820
10.	हिमाचल प्रदेश	1,00,268
11.	जम्मू-कश्मीर और लद्दाख	45,296
12.	झारखंड	73,671
13.	कर्नाटक	3,18,580
14.	केरल	2,57,721
15.	मध्य प्रदेश	4,86,974
16.	मणिपुर	5,615
17.	मेघालय	1,369
18.	पंजाब और हरियाणा	4,34,073
19.	राजस्थान	6,61,083
20.	सिक्किम	255
21.	त्रिपुरा	1,214
22.	उत्तराखंड	57,293
23.	मद्रास	5,31,992
24.	उड़ीसा	1,53,477
25.	पटना	2,13,471
कुल		63,32,256

स्रोत: राष्ट्रीय न्यायिक डेटा ग्रिड (एनजेडीजी)

ANOMALIES IN ONE RANK ONE PENSION

2143. SHRI TANUJ PUNIA:

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

- (a) whether the Government has taken any steps to address anomalies/grievances arising from the implementation of the One Rank One Pension (OROP) scheme;
- (b) if so, the details thereof; and
- (c) the manner in which the Government ensure that adjustments adequately reflect the inflationary pressures faced by veterans as the increase in inflation-adjusted allowances for employees and pensioners by 4% in 2024?

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

(a) and (b): Yes Sir, Government in consultation with the concerned authorities issues clarifications on the anomalies/grievances arising from the implementation of OROP scheme on time to time basis. Further, the following measures are in place to address grievances arising from implementation of the OROP scheme.

- (i) SPARSH Service Centre: 202 departmental SPARSH Service Centres (SSCs), branches of 16 Banks and 4.63 lakh Common Service Centres (CSCs) located across India are addressing the grievances of pensioners including grievances related to implementation of OROP and resolving the issue in coordination with SPARSH/PDAs.
- (ii) Pension Call Centre: The Pension Call Centre of PCDA(P) addresses the issues pertaining to OROP. Executives of the Call Centre are conversant with the policy and provisions of Government of India,

Ministry of Defence on OROP for resolving the issues raised by the pensioners in consultation with SPARSH and PDAs concerned.

(iii) Centralised Public Grievances and Monitoring System (CPGRAMS):

Anomalies or grievances received through Centralised Public Grievances and Monitoring System (CPGRAMS) are addressed as per the policy of the Government on OROP within the stipulated time frame.

(iv) Raksha Pension Samadhan Aayojan (RPSA) are conducted at various locations across the country from time to time for the redressal of grievances of the pensioners.

(c): Dearness Relief (DR) is paid in addition to the salary/pension. The Government has addressed the inflationary pressure faced by the veterans by increasing the rate of Dearness Relief by 4% w.e.f. 01.01.2024.

NATIONAL NUTRITION MISSION – POSHAN ABHIYAAN

2144. SHRI TEJASVI SURYA:

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

- (a) the details of reduction in malnutrition rates among children under age five as measured by the National Family Health Survey-6, State-wise;

- (b) the current status of monitoring of the scheme as well as the policy directives received from the National Council on India's Nutrition Challenges constituted under Poshan Abhiyaan; and
- (c) the details of the effectiveness of the Poshan tracker application in enabling the collection of real-time data and intervention?

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

(a): The data of Sixth round of National Family Health Survey (NFHS-6) is yet to be published. The percentage of malnutrition among children under age 5 years State/UTs wise as per June 2025 data of Poshan Tracker is given in the enclosed **Statement.**

(b) and (c): Poshan Abhiyaan was launched in March 2018 to achieve improvement in nutritional status of Children from 0-6 years, Adolescent Girls, Pregnant Women and Lactating Mothers by adopting a synergised and result oriented approach.

Under the 15th Finance Commission, Poshan Abhiyaan has been re-aligned as part of Mission Saksham Anganwadi and Poshan 2.0, an integrated nutrition support programme that seeks to strengthen nutritional content, delivery, outreach and outcomes with focus on developing practices that nurture health, wellness and immunity from malnutrition. This Mission is a Centrally Sponsored Scheme implemented across all States/UTs.

The 'Poshan Tracker' application, launched on 1st March 2021, acts as a key governance tool under Mission Poshan 2.0 to facilitate real-time monitoring of infrastructure and service delivery at Anganwadi Centers (AWCs). It captures data on daily attendance, Early Childhood Care Education (ECCE) activities, growth measurements, and the provision of Hot Cooked Meal (HCM) and Take-Home Ration (THR). The Tracker also enables dynamic identification of stunting, wasting, and underweight prevalence, improving program effectiveness through data-based decision-making. Beneficiaries receive SMS alerts, and the recently introduced Facial Recognition System (FRS) ensures last-mile tracking and transparency in THR distribution.

To strengthen on-ground implementation, a supportive supervision module has been launched for supervisors to monitor the working of Anganwadi centres under them. Dashboards with heat maps and analytics are available at block, district, state, and national levels. These tools support timely decision-making, allow targeted interventions, and highlight data anomalies for correction.

In addition to digital systems, other monitoring mechanism include regular reviews and consultations such as Chintan Shivir, zonal meetings, APIP meetings, video conferences, and field visits by officials are conducted from time to time to assess and improve implementation. Training workshops and on-ground support by Block and District Coordinators further reinforce the monitoring and accountability framework under Mission Poshan 2.0.

STATEMENT

The details of percentage of malnutrition among children under age 5 years

State/UTs wise as per June 2025 data of Poshan Tracker 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

अनुसूचित जाति और अनुसूचित जनजाति (अत्याचार निवारण) अधिनियम, 1989

2145. डॉ. मन्ना लाल रावत:

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

- (क) अनुसूचित जाति और अनुसूचित जनजाति (अत्याचार निवारण) अधिनियम, 1989 में गैर-जमानती अपराधों के लिए क्या प्रावधान हैं ;
- (ख) क्या वर्ष 2014 के बाद इसमें कोई नए प्रावधान जोड़े गए हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है ;
- (ग) अनुसूचित जाति वर्ग से धर्मांतरित होने वाले ईसाई/मुस्लिम द्वारा अनुसूचित जातियों के विरुद्ध किए गए अपराध के मामलों में उक्त अधिनियम के अंतर्गत दंड के क्या प्रावधान हैं ;

(घ) क्या अनुसूचित जनजाति वर्ग से धर्मांतरित ईसाई/मुस्लिम द्वारा अनुसूचित जनजातियों के विरुद्ध किए गए उक्त अपराध में दंड के प्रावधानों में कोई विसंगति है ; और

(ङ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और उक्त विसंगति का क्या समाधान है ?

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

(क) से (ङ) : अनुसूचित जातियां और अनुसूचित जनजातियां (अत्याचार निवारण) अधिनियम, 1989 के अध्याय 2 में अपराधों और उनके दंड के उपबंध विनिर्दिष्ट किए गए हैं। जो अपराध 3 वर्ष से कम कारावास या केवल जुर्माने से दंडनीय हैं, वे जमानती हैं और जो 3 वर्ष और उससे अधिक के कारावास या मृत्युदंड, आजीवन कारावास या 7 वर्ष से अधिक कारावास से दंडनीय हैं वे गैर-जमानती अपराध हैं। अनुसूचित जातियों और अनुसूचित जनजातियों के सदस्यों को बेहतर न्याय दिलाने के उद्देश्य से, अनुसूचित जातियों और अनुसूचित जनजातियों (अत्याचार निवारण) अधिनियम, 1989 को अनुसूचित जातियों और अनुसूचित जनजातियों (अत्याचार निवारण) संशोधन अधिनियम, 2015 (2016 का संख्या 1) के माध्यम से संशोधित किया गया है, जिसे 26.01.2016 को लागू किया गया था।

संशोधनों में अन्य बातों के साथ-साथ अत्याचार के मामलों की त्वरित सुनवाई के लिए विशेष न्यायालयों की स्थापना, विशेष न्यायालयों में अपराधों के विचारण के लिए विशेष लोक अभियोजकों को विनिर्दिष्ट या नियुक्त करना, कुछ पुराने अपराधों का पुनः नामकरण और विस्तार करना तथा अत्याचार के कई नए अपराधों को जोड़ना, पीड़ितों और साक्षियों के अधिकारों से संबंधित एक नया अध्याय जोड़ना शामिल है।

अनुसूचित जातियां और अनुसूचित जनजातियां (अत्याचार निवारण) अधिनियम, 1989 को अनुसूचित जातियां और अनुसूचित जनजातियां (अत्याचार निवारण) संशोधन अधिनियम, 2018

(2018 की संख्या 27) द्वारा पुनः संशोधित किया गया है, और धारा 18 के पश्चात्, एक नई धारा 18क अंतःस्थापित की गई है जो निम्नानुसार है: -

"18क. (1) इस अधिनियम के प्रयोजनों के लिए, -

- (क) किसी व्यक्ति के विरुद्ध प्रथम सूचना रिपोर्ट संस्थित करने के लिए प्रारंभिक जांच की आवश्यकता नहीं होगी; या
- (ख) अन्वेषण अधिकारी से ऐसे किसी व्यक्ति जिसके विरुद्ध इस अधिनियम के अधीन अपराध किए जाने का आरोप है, की गिरफ्तारी यदि कोई हो, के अनुमोदन की अपेक्षा नहीं की जाएगी और इस अधिनियम या संहिता के अधीन उपबंधित प्रक्रिया से भिन्न कोई प्रक्रिया लागू नहीं होगी।

(2) संहिता की धारा 438 के उपबंध किसी भी न्यायालय के किसी निर्णय या आदेश या निदेश के किसी बात के सिवाय, इस अधिनियम के अधीन किसी मामले पर लागू नहीं होंगे।

अनुसूचित जातियां और अनुसूचित जनजातियां (अत्याचार निवारण) संशोधन अधिनियम, 2018 को भारत के राजपत्र, असाधारण में 17.08.2018 को अधिसूचित किया गया था और 20.08.2018 को लागू किया गया था।

संविधान के अनुच्छेद 341 और अनुच्छेद 342 के अधीन क्रमशः अनुसूचित जातियों और अनुसूचित जनजातियों के सदस्यों के संबंध में राष्ट्रपति के आदेश जारी किए गए हैं। संविधान (अनुसूचित जनजातियाँ) आदेश, 1950 (सीओ22) अनुसूचित जनजातियों के लिए उपबंध करता है, जिसमें अन्य बातों के साथ-साथ यह निर्धारित किया गया है कि इस आदेश की अनुसूची के भाग 1 से भाग 22 में विनिर्दिष्ट जनजातियाँ या जनजातीय समुदाय, अथवा जनजातियों या जनजातीय समुदायों के भाग या उनके समूह, उन राज्यों के संबंध में जिनसे वे भाग क्रमशः संबंधित हैं, अनुसूचित जनजातियाँ समझी

जाएँगी जहाँ तक उनके सदस्यों का संबंध उस अनुसूची के उन भागों में क्रमशः उनके संबंध में विनिर्दिष्ट स्थानों में रहने से है।

संविधान (अनुसूचित जनजाति) आदेश, 1950 के अधीन दिए गए उपबंध के विपरीत, संविधान (अनुसूचित जाति) आदेश, 1950 (सीओ19) अन्य बातों के साथ-साथ अनुसूचित जातियों के लिए पहचान का उपबंध करता है और यह निर्धारित करता है कि कोई भी व्यक्ति जो हिंदू, सिख या बौद्ध धर्म से अलग धर्म को मानता है उसे अनुसूचित जाति का सदस्य नहीं माना जाएगा। इसलिए, अनुसूचित जातियों के सदस्य जो ईसाई या इस्लाम में परिवर्तित हो जाते हैं, वे अनुसूचित जाति के सदस्य नहीं रह जाते हैं। इसके अतिरिक्त, अधिनियम की धारा 3 के अनुसार जो कोई भी अनुसूचित जाति या अनुसूचित जनजाति का सदस्य नहीं होते हुए भी परिभाषित अत्याचार करता है, वह इस अधिनियम के अधीन दंड के लिए उत्तरदायी है। इसके अतिरिक्त, उक्त अधिनियम की धारा 2 के खंड (ग) के अनुसार, अनुसूचित जातियों और अनुसूचित जनजातियों के पास संविधान के अनुच्छेद 366 के खंड (24) और खंड (25) के अधीन क्रमशः उन्हें दिए गए अर्थ होंगे।

NUTRITION AND HEALTH OUTCOMES

2146. DR. KALYAN VAIJINATHRAO KALE:

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

- (a) the number of children aged 0-6 years currently enrolled in Integrated Child Development Services (ICDS) along with the number of children receiving supplementary nutrition daily, State-wise and gender-wise;
- (b) the number of pregnant and lactating women receiving full Take-Home Ration (THR) entitlements at least 80% of the time; and

- (c) the percentage of underweight and wasted children (as per WHO growth standards) tracked through Poshan Tracker or Integrated Child Development Services- Common Application Software (ICDS-CAS) during the last five years?

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

(a) to (c): Under the 15th Finance Commission, various components like Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) to address the challenge of malnutrition. It is a Centrally Sponsored mission, where the responsibility for implementation of various activities lies with the States and UTs. This mission is a universal self-selecting umbrella scheme where there are no entry barriers for any beneficiary to register and receive services.

The details of number of children aged 0-6 currently registered under Saksham Anganwadi and Mission Poshan 2.0 State-wise and gender-wise, for June 2025, as per Poshan Tracker data are given in the enclosed **Statement-I**.

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. The details of the number of children, pregnant women and lactating mothers, for whom Supplementary nutrition is being provided for first quarter of FY 25-26 to the States and UTs are given in the enclosed **Statement-II**. The number of beneficiaries is based on the number of Aadhaar-verified beneficiaries minus opt-out beneficiaries reported on the Poshan Tracker on the last day of the first month of the preceding quarter.

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. The State/UT wise

data on wasting and underweight of June, 2025 as per Poshan Tracker data is given in the enclosed **Statement-III**.

STATEMENT-I

The details of the number of children aged 0-6 years currently registered under Saksham Anganwadi and Mission Poshan 2.0, State-wise and gender-wise, for June 2025, as per Poshan Tracker data are as below:

State/UTs	Male	Female
Andaman & Nicobar Islands	5177	5214
Andhra Pradesh	1248364	1184544
Arunachal Pradesh	43114	42953
Assam	1330018	1300011
Bihar	4887451	4488619
Chhattisgarh	1088543	1080736
Dadra & Nagar Haveli - Daman & Diu	16096	15340
Delhi	264432	259593
Goa	21603	21409
Gujarat	1489002	1410711
Haryana	898982	845256
Himachal Pradesh	238740	225076
J&K	393562	389381
Jharkhand	1425494	1326232
Karnataka	1783251	1737055
Kerala	908417	884969
Ladakh	8382	8252
Lakshadweep	1832	1698
Madhya Pradesh	3299905	3173155
Maharashtra	2997129	2782614
Manipur	135070	130408
Meghalaya	198878	196327
Mizoram	50522	49360
Nagaland	52063	50422

Odisha	1668062	1582746
Puducherry	14331	14368
Punjab	746492	694334
Rajasthan	1830291	1757517
Sikkim	14854	14380
Tamil Nadu	1905176	1802364
Telangana	952444	884528
Tripura	143640	140833
UT-Chandigarh	16262	15894
Uttar Pradesh	10177900	9197301
Uttarakhand	311082	298449
West Bengal	3876127	3693851

STATEMENT-II

The details of the number of children, pregnant women and lactating mothers, for whom Supplementary nutrition is being provided for first quarter of FY 25-26 to the States and UTs are as below:

S.No.	State/UT	Children (6M to 6 years) along with SAM and SUW	Pregnant Women and Lactating Mothers
1	Andhra Pradesh	2265268	457921
2	Bihar	9748727	1303166
3	Chhattisgarh	2058585	340451
4	Goa	47981	8685
5	Gujarat	2914466	457810
6	Haryana	1045481	256160
7	Jharkhand	2673987	352302
8	Karnataka	3433879	669253
9	Kerala	1401671	226788

10	Madhya Pradesh	6110914	954001
11	Maharashtra	5449195	754318
12	Odisha	3100626	554701
13	Punjab	1069507	204284
14	Rajasthan	3382644	673563
15	Tamil Nadu	2367566	610932
16	Telangana	1623580	293402
17	Uttar Pradesh	19179628	2850060
18	West Bengal	7129078	1138312
19	Delhi	525234	141263
20	Puducherry	32554	7691
21	Himachal Pradesh	284334	75635
22	J&K	748029	112432
23	Uttarakhand	625923	131129
24	Andaman & Nicobar Islands	10190	1783
25	UT-Chandigarh	22016	7311
26	Dadra & Nagar Haveli - Daman & Diu	23587	5959
27	Ladakh	16577	2422
28	Lakshadweep	3936	795
29	Arunachal Pradesh	70284	4818
30	Assam	2598489	309595
31	Manipur	259280	20767
32	Meghalaya	359214	39865
33	Mizoram	99058	12192
34	Nagaland	75205	3591
35	Sikkim	23751	3489
36	Tripura	276613	33620

STATEMENT-III

State-wise detail of malnutrition indicators of children (0-5 years) in the country for June, 2025 from Poshan Tracker data are as follows:

S. No.	State	Wasting%	Underweight%
1	Andhra Pradesh	4.97	7.68
2	Arunachal Pradesh	5.18	11.65
3	Assam	4.50	16.88
4	Bihar	9.31	20.98
5	Chhattisgarh	7.77	14.23
6	Goa	0.78	1.96
7	Gujarat	7.28	18.41
8	Haryana	3.83	7.85
9	Himachal Pradesh	2.41	6.88
10	Jharkhand	6.68	19.13
11	Karnataka	3.18	16.50
12	Kerala	3.20	10.18
13	Madhya Pradesh	8.19	24.82
14	Maharashtra	4.01	14.80
15	Manipur	0.67	2.69
16	Meghalaya	1.11	5.14
17	Mizoram	2.98	6.33
18	Nagaland	6.08	7.00
19	Odisha	3.21	11.63
20	Punjab	2.95	5.12
21	Rajasthan	6.49	17.57
22	Sikkim	1.95	1.69
23	Tamil Nadu	3.54	6.29
24	Telangana	5.93	17.00
25	Tripura	7.68	18.01

26	Uttar Pradesh	5.04	19.96
27	Uttarakhand	2.47	6.31
28	West Bengal	4.75	9.00
29	Andaman & Nicobar Islands	1.66	2.93
30	Dadra & Nagar Haveli - Daman & Diu	3.56	17.45
31	Delhi	3.81	15.35
32	J&K	1.55	4.05
33	Ladakh	0.25	1.98
34	Lakshadweep	11.62	22.54
35	Puducherry	6.40	12.20
36	UT-Chandigarh	5.34	14.69

REGULATION AND EXPANSION OF ONLINE PHARMACIES

2147. SHRI AMRINDER SINGH RAJA WARRING:

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

- (a) whether the Government has framed clear regulatory guidelines for online pharmacies and medicine delivery platforms and if so, the details thereof;
- (b) whether there are any quality and authenticity audits being conducted for medicines sold through e-pharmacies and if so, the details thereof;
- (c) whether the Government has developed telemedicine standards for tier-2 and tier-3 towns under Ayushman Bharat Digital Mission and if so, the details thereof; and

(d) the measures being taken to train rural health workers in using digital diagnostic or consultation platforms?

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

(a): In order to regulate the online sale of medicines comprehensively, the Government of India has published draft rules vide G.S.R. 817 (E) dated 28th August 2018 for inviting comments from public/stakeholders for amendment to the Drugs Rules, 1945 for incorporating provisions relating to regulation of sale and distribution of drugs through e- pharmacy.

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

(b): Sale and distribution of drugs are regulated by the State Licencing Authorities appointed by State Government under Drugs and Cosmetics Act and rules made thereunder.

State Licencing Authorities (SLAs) are empowered under the said Act and rules for its implementation and monitoring and in case of non-compliance, SLAs can take action as per the said Act and rules.

(c): There is no such categorisation of towns under e-Sanjeevani. However, telemedicine services are provided in both urban and rural areas across the country with the available digital infrastructure like laptop/desktops, e-Sanjeevani application, and internet connectivity

(d): The Ayushman Bharat Digital Mission (ABDM) is implemented in all states as a Central Sector Scheme under which states are provided funds for supporting the human resources deployed for implementation of ABDM, IEC (information, education & communication) and capacity building of various stakeholders, including front line workers.

Besides, under e-Sanjeevani on request from state nodal officers, C-DAC Mohali conducts training sessions of the eSanjeevani platform for healthcare staff, including practitioners and providers, to ensure continuity and keep them updated on platform enhancements. Master trainers are also trained at both state and district levels to facilitate cascading training for spoke-level health workers, enabling scalable implementation and support in local languages.

INLAND VESSEL MANNING RULES 2022

2148. SHRI SHAFI PARAMBIL:

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

- (a) whether the extensive training under the Inland Vessel Manning Rules 2022 applies to the drivers of small houseboats generally used for tourism purpose, if so, the details thereof;
- (b) whether the Government is aware of the constraints caused by the mandatory training rules on the livelihood of the small houseboat drivers in Kerala, if so, the details thereof;
- (c) whether the Government has revised the Inland Vessel Manning Rules, 2022 by incorporating special short-term training for the small houseboat drivers; and
- (d) if so, the details thereof and if not, the reasons therefor?

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

(a): In exercise of the powers conferred under section 34 of the Inland Vessels Act 2021 (24 of 2021) and the Inland Vessels (Manning) Rules, 2022 framed thereunder, the requirements for training, qualification and certification of crews for mechanically propelled vessels operating in inland waters through out India have been provided.

(b) to (d): After discussions with stakeholders, Maritime Boards, Inland Water Transport Departments in States/UTs including representatives from Kerala, draft pleasure craft and canal cruise boats (houseboats) rules for these two categories of vessels are under finalization.

AYURVEDIC DOCTORS IN PHCs**2149. DR. MOHAMMAD JAWED:**

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

- (a) the total number of sanctioned posts for Ayurvedic doctors at Primary Health Centres (PHCs) in the country State/UT-wise and district-wise, particularly in the State of Bihar;
- (b) the current strength of Ayurvedic doctors serving in various healthcare facilities across the country, State/UT-wise;
- (c) whether the demand for Ayurvedic treatment has increased in the country during the last five years and if so, the details thereof; and
- (d) the initiatives/measures being undertaken by the Government to promote and popularise Ayurvedic treatment among the general public?

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

(a) and (b): Public Health being a State subject, the primary responsibility for sanctioning of posts of Ayurvedic doctors in all categories comes under the purview of respective State/UT Governments and accordingly, no such data is maintained by Central Government.

Further, 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 contractual 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-wise status of co-located Ayush facilities at PHCs, is given in the enclosed **Statement**.

Under Central Government Health Scheme (CGHS), 119 Ayurveda Medical Officers are posted against 121 sanctioned posts.

(c) and (d): Yes. Ministry of Ayush is implementing Centrally Sponsored Scheme of National Ayush Mission (NAM) since 2014-15 through State/UT Governments for development, promotion and popularise Ayush systems including Ayurveda to create awareness among people about the strength of Ayush system of medicines for the treatment of common ailments. 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). After implementation of NAM Scheme, the scale of achievement for development of Ayush system of medicine including Ayurveda in the State/UT has increased significantly. Accordingly, budget allocation of NAM enhanced gradually during last five years from Rs. 705.00 Crore (in 2020-21) to

Rs.1200.00 Crore (in 2024-25) for different activities of NAM Scheme. The Mission *inter-alia* makes provision for the following activities: -

- (i) Operationalization of Ayushman Arogya Mandir (Ayush) by upgrading existing Ayush Dispensaries and Sub Health Centers.
- (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 50/30/10 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) Behaviour Change Communication (BCC).
- (ix) Establishment of new Ayush colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector.

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

Further, the Ministry of Ayush also implements a Central Sector Scheme for Promotion of Information, Education and Communication (IEC) in Ayush to create awareness regarding Ayush Systems of Medicine. This scheme aims to reach out to all sections of the population across the country and under this Scheme, Ministry organizes National/State level Arogya Fairs, Yoga Fests/Utsavs, Ayurveda Parvs, Celebrate Important Days of Ayush Systems including Ayurveda day, Participate in Health Fairs/ Melas & Exhibitions, Provide financial assistance for organizing seminars, workshops, conferences and conduct multimedia campaigns etc.

STATEMENT

The State/UT-wise status of co-located Ayush facilities at PHCs

Sl. No.	Name of the State/UT	PHC
1	Bihar	0
2	Chhattisgarh	454
3	Himachal Pradesh	0
4	Jammu & Kashmir	373
5	Jharkhand	97
6	Madhya Pradesh	275
7	Odisha	886
8	Rajasthan	144
9	Uttar Pradesh	627
10	Uttarakhand	44
11	Arunachal Pradesh	50

12	Assam	71
13	Manipur	78
14	Meghalaya	54
15	Mizoram	10
16	Nagaland	9
17	Sikkim	4
18	Tripura	84
19	Andhra Pradesh	273
20	Goa	22
21	Gujarat	868
22	Haryana	106
23	Karnataka	366
24	Kerala	0
25	Maharashtra	20
26	Punjab	88
27	Tamil Nadu	475
28	Telangana	352
29	West Bengal	387
30	Andaman & Nicobar Islands	20
31	Chandigarh	28
32	Dadra & Nagar Haveli and Daman & Diu	9
33	Delhi	0
34	Ladakh	32
35	Lakshadweep	4
36	Puducherry	39
Total		6349

Source: as per NHM-MIS database as on 31.12.2024

महाराष्ट्र में आयुष चिकित्सा सुविधाएं

2150. श्री श्यामकुमार दौलत बर्वे:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार ने आयुष स्वास्थ्य और कल्याण केंद्रों का नाम बदलकर "आयुष्मान आरोग्य मंदिर" कर दिया है और यदि हाँ, तो इसके उद्देश्य और लाभ सहित तत्संबंधी ब्यौरा क्या है;
- (ख) क्या रामटेक लोक सभा निर्वाचन क्षेत्र के अंतर्गत प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों में आयुष चिकित्सा सुविधाएँ स्थापित की गई हैं और यदि हाँ, तो उक्त संस्थानों के नाम क्या हैं जहाँ उक्त सुविधाएँ शुरू की गई हैं;
- (ग) क्या सरकार 10, 30 और 50 बिस्तरों वाले एकीकृत आयुष अस्पताल स्थापित कर रही है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और रामटेक लोक सभा निर्वाचन क्षेत्र में स्थापित किए जाने के लिए प्रस्तावित ऐसे अस्पतालों का ब्यौरा क्या है;
- (घ) क्या विभिन्न राज्यों में नए आयुष कॉलेज स्थापित किए जा रहे हैं और यदि हाँ, तो राज्य/संघ राज्यक्षेत्र-वार, विशेषकर नागपुर जिले के संबंध में तत्संबंधी ब्यौरा क्या है; और
- (ङ) नागपुर जिले में स्थापित किए जाने वाले प्रस्तावित आयुष महाविद्यालयों का ब्यौरा क्या है और विगत पांच वर्षों में आयुष जन स्वास्थ्य कार्यक्रम के अंतर्गत दी गई वित्तीय सहायता का वर्ष-वार ब्यौरा क्या है, जिसमें इस संबंध में महाराष्ट्र सहित राज्य/संघ राज्यक्षेत्र-वार प्राप्त वित्तीय सहायता भी शामिल है?

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

(क) : जी हाँ। आयुष स्वास्थ्य और कल्याण केंद्रों (जिन्हें अब आयुष्मान आरोग्य मंदिर (आयुष) नाम दिया गया है) का मुख्य उद्देश्य और लाभ आयुष सिद्धांतों और प्रथाओं पर आधारित एक समग्र कल्याण मॉडल स्थापित करना, लोगों को "स्व-देखभाल" के लिए सशक्त बनाना, बीमारी का बोझ कम करना, जेब से होने वाले खर्च को कम करना और जरूरतमंद लोगों को सूचित विकल्प प्रदान करना है।

(ख) : जी हाँ। महाराष्ट्र राज्य सरकार द्वारा दी गई सूचना के अनुसार, रामटेक लोकसभा क्षेत्र में सामुदायिक स्वास्थ्य केंद्रों और जिला अस्पतालों में निम्नलिखित 08 आयुष चिकित्सा सुविधाएं स्थापित की गई हैं:

- i. महिला अस्पताल, डागा
- ii. उप जिला अस्पताल, रामटेक
- iii. उप जिला अस्पताल, कैम्पटी
- iv. ग्रामीण अस्पताल, कलमेश्वर
- v. ग्रामीण अस्पताल, उमरेड
- vi. ग्रामीण अस्पताल, काटोल
- vii. ग्रामीण अस्पताल, नरखेड़
- viii. ग्रामीण अस्पताल, हिंगाना

(ग) : जन स्वास्थ्य राज्य का विषय होने के कारण, रामटेक संसदीय क्षेत्र सहित देश भर में एकीकृत आयुष अस्पतालों की स्थापना संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के अधिकार क्षेत्र में आती है। हालाँकि, राष्ट्रीय आयुष मिशन (एनएएम) के अंतर्गत, राज्य/संघ राज्य क्षेत्र सरकारों को 50/30/10 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना के लिए वित्तीय सहायता का प्रावधान है। महाराष्ट्र राज्य सरकार द्वारा दी गई सूचना के अनुसार, रामटेक लोकसभा क्षेत्र में राष्ट्रीय आयुष मिशन (एनएएम) के अंतर्गत नागपुर में 50 बिस्तरों वाला एक एकीकृत आयुष अस्पताल स्वीकृत है।

(घ): जन स्वास्थ्य राज्य का विषय होने के कारण, नए आयुष शिक्षण संस्थानों की स्थापना की प्राथमिक जिम्मेदारी संबंधित राज्य/ संघ राज्य क्षेत्र सरकारों की है। राज्य सरकार द्वारा दी गई जानकारी के अनुसार, महाराष्ट्र सरकार के चिकित्सा शिक्षा और औषधि विभाग ने महाराष्ट्र में निम्नलिखित 05 नए सरकारी आयुष महाविद्यालयों को मंजूरी दे दी है:

- i. राजकीय यूनानी कॉलेज और संबद्ध अस्पताल, म्हसाला, जिला रायगढ़
- ii. राजकीय आयुर्वेद कॉलेज और संबद्ध अस्पताल, कागल, जिला कोल्हापुर
- iii. राजकीय योग और प्राकृतिक चिकित्सा कॉलेज और संबद्ध अस्पताल, उत्तर अजरा, जिला कोल्हापुर
- iv. राजकीय होम्योपैथी कॉलेज और संबद्ध अस्पताल, कागल, जिला कोल्हापुर
- v. राजकीय आयुर्वेद कॉलेज और संबद्ध अस्पताल, जलगांव जामोद, जिला बुलढाणा

राज्य सरकार ने यह भी बताया कि नागपुर जिले में कोई नया सरकारी आयुष कॉलेज प्रस्तावित नहीं है।

(ङ): इसके अलावा, जैसा कि राज्य सरकार द्वारा बताया गया है, पिछले पाँच वर्षों में महाराष्ट्र राज्य राजकीय को सरकारी आयुष कॉलेजों के लिए आयुष जन स्वास्थ्य कार्यक्रम के अंतर्गत वित्तीय सहायता नहीं मिली है।

FREE SKIN HEALTH CAMPS

2151. SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:

SHRI MANISH JAISWAL:

SHRI RAVINDRA VASANTRAO CHAVAN:

SHRI SUDHEER GUPTA:

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

- (a) whether Indian Association of Dermatologists, Venereologists and Leprologists (IADVL) has organised skin health awareness camps at various locations across the country making it the largest number of free skin health camps and if so, the details thereof, location-wise;
- (b) whether the Government proposes to organise more such health camps in rural and far flung areas with connectivity issue to sustain and expand such community health programmes to improve dermatological care across the country and if so, the details thereof; and
- (c) the steps taken/proposed to be taken by the Government to spread awareness among common people regarding dermatological care which is often not taken seriously by the 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): Ministry of Health and Family Welfare does not maintain the details of the camps organized by Indian Association of Dermatologists, Venereologists and Leprologists (IADVL).

(b) and (c): The National Leprosy Eradication Programme (NLEP) is a centrally sponsored scheme under the overarching umbrella of National Health Mission (NHM). Funds are allocated to the programme activities under NHM on the basis of State/UT specific Programme Implementation Plans and States/UTs are required

to utilize funds as per their need, priority and on the basis of their absorption capacity. Following activities are carried out for leprosy related case detection at block and district levels across all States and Union Territories:

- **Leprosy Case Detection Campaign (LCDC)** : House to house case detection in high-risk and inaccessible zones.
- **Focused Leprosy campaign (FLC)**: FLC are conducted to actively detect Grade 2 Disability (G2D) cases.
- ASHA based Surveillance in low-endemic and remote blocks.
- **Hard to Reach area** -Special outreach plans: Community-led case search in difficult terrains.

Under NLEP, following activities are done to generate awareness in order to reduce stigma and discrimination associated with leprosy:

- a. **IEC/BCC Activities**: Regular awareness through radio, TV, newspapers, street plays, and community events in local languages.
- b. **State Level Awareness Campaign (SLAC)** : Annual campaigns around Anti-Leprosy Day to reduce stigma and promote early detection.
- c. **ASHAs and Health Workers**: Trained to identify and refer suspected leprosy skin lesions in the community.
- d. **Health centres** provide education regarding identification of leprosy cases among contacts and the dermatological care needed in persons affected with leprosy.

**PROMOTION OF AYUSH SYSTEM UNDER THE CENTRAL SECTOR
SCHEME**

2152. SHRI KOTA SRINIVASA POOJARY:

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

- (a) whether the Government has recently taken any special initiative for promotion of AYUSH systems of medicine in Karnataka under the 'Central Sector Scheme;
- (b) if so, the details thereof along with the objectives of the scheme and the major initiatives taken under the scheme;
- (c) whether the Government has planned to establish AYUSH Chairs abroad and if so, the details thereof along with the benefits and process of implementation;
- (d) whether the Government has entered into any partnership to promote exchange of experts and information under the Central Sector Scheme; 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) and (b) : No Sir, the Ministry of Ayush has recently not taken any special initiative for promotion of Ayush systems of medicine in Karnataka under the 'Central Sector Scheme'. However, with the view to fulfil the mandate of propagation of Ayush System of Healthcare, the Ministry of Ayush is implementing

a Central Sector Scheme namely Promotion of Information Education and Communication (IEC) in Ayush with the following objectives:

- Pursue activities in the areas of Information, Education and Communication to fulfill the mandate of “propagation of Ayush” Systems of Healthcare, assigned to the Ministry in the Government of India (Allocation of Business) Rules 1961. Creation of awareness amongst the citizens about the efficacy of the Ayush systems, their cost effectiveness and the availability of Ayurveda, Siddha, Unani and Homoeopathy drugs services and other solutions.
- Utilizing various communication channels for this purpose, and produce IEC material including digital and audio-video publicity material to achieve the objective of health for all;
- Dissemination of information on proven results of Research and Development work conducted in Ayush Systems at National/ State level through Fairs, Exhibitions, Seminars, Workshops, Symposiums and educational platforms. Planning and organizing the observation of important Days;
- Providing information and communication forums where horizontal and vertical interaction among stakeholders of Ayush Systems can take place through Digital events, Conferences, Seminars and Fairs/ Melas at State and National levels and encourage stakeholders to participate in them.

However, the Ministry of Ayush will not co-sponsor any event organized by a private agency and will not provide “Logo” support without examining the proposal in detail; and

- Organising events for the propagation and promotion of Ayush Systems, like Seminars, Conferences, Symposiums and Workshops (including in digital mode) on Ayush Systems and providing information to shareholders relating to recent development in Ayush sector.

Under this Scheme, Ministry organises Arogya Fairs at National Level & State Level, Ayurveda Parvs, Yoga Fests/ Utsavs, participates in Health Fairs/Melas/Exhibitions, celebrate important days of Ayush System, provides financial assistance for organising Seminars, Conferences, Symposiums, Workshops and conduct multimedia campaigns etc. to create awareness among citizens regarding Ayush System of health care. Ministry has recently organized the following events in the state of Karnataka:-

- i. National Level Arogya Fair from 27-31 July 2022
- ii. Celebration of International Day of Yoga on 21 June 2022
- iii. Celebration of Unani Day from 10-11 February 2023
- iv. Celebration of Unani Day from 11-12 February 2025

The Ministry of Ayush is also implementing a Central Sector Scheme namely Ayurswasthya Yojana, since FY 2021-22. The Scheme has 02 components viz. (i) Ayush and Public Health (ii) Centre of Excellence (CoE). The primary objective of

the Ayush and Public Health component (PHI) is to roll out of authentic classical Ayush interventions with following objectives: -

- To promote Ayush intervention for community health care.
- To demonstrate advantages of Ayush health care in public health.
- To support for implementing Sustainable Development Goal-2 (SDG2) and Sustainable Development Goal -3 (SDG 3) through integrating Ayush system.
- Documentation of the efficacy of Ayush Systems through Ayush interventions in various public health issues which can be taken up in larger scale for implementation in national health programmes.

(c): The Ayush Chair Programme is an initiative by the Ministry of Ayush, Government of India, to promote and strengthen traditional Indian medicine systems (Ayurveda, Yoga, Unani, Siddha, and Homoeopathy) globally. Under this program, Ayush Chairs are established in foreign universities and institutions to facilitate academic collaboration, research, and awareness about Ayush Systems. Currently 15 Ayush Chair MoUs have been signed between the Ministry of Ayush and different countries across the globe. The followings are the main benefits of deputing Ayush Chair abroad: -

- i. Creation of a platform for acceptance and recognition of Ayush Systems in foreign countries

- ii. Propagation of authentic and credible Ayush education in foreign countries.
- iii. Encouraging collaboration research initiatives.
- iv. To pave way recognition of Ayush systems, Ayush education and Ayush products in foreign countries.

Implementation of Ayush Chair Abroad: - The establishment of the Ayush Chair will be governed by the terms outlined in the Ayush Chair guidelines. It will be set up initially for one year, extendable up to three years, at an institute or university identified by the host country. The final selection of the Indian faculty to be deputed will be made in mutual consultation with the foreign university or institute.

(d): The Ministry of Ayush developed the Central Sector Scheme for Promotion of International Cooperation for Ayush. Under this scheme the Ministry 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 and exchange of experts. Currently, one officer is deputed as

Ayurveda Expert, at Yoga and Traditional Medicine Centre, Ashgabat, Turkmenistan since October 04, 2022.

WELFARE OF TAMIL DIASPORA

2153. SHRI THARANIVENTHAN M. S.:

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

- (a) the steps taken by the Government to safeguard the interests and welfare of the Tamil diaspora living in countries such as Sri Lanka, Malaysia, and the Middle East;
- (b) whether the Ministry consults or coordinates with the Government of Tamil Nadu on matters affecting the Tamil diaspora or cultural exchanges abroad, if so, the details thereof;
- (c) the initiatives taken to promote trade, investment and cultural ties between Tamil Nadu and foreign countries, particularly in sectors like textiles, IT and manufacturing;
- (d) the measures adopted to address concerns related to the repatriation of Tamil workers facing distress abroad; and
- (e) whether the Government plans to establish a dedicated Tamil diaspora cell within the Ministry to better address the specific needs and issues of Tamils overseas?

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): Safeguarding the interest and welfare of Indian diaspora living overseas is a top priority for the Government of India. The Government has a robust policy framework to engage with the vast Indian diaspora spread across the globe and protect their interests and welfare, irrespective of the Indian state that they hail from.

Government of India closely monitors developments affecting the Tamil diaspora, particularly in regions with high concentration of Tamil diaspora, such as Sri Lanka, Malaysia, and West Asia, and responds to their welfare concerns through Indian Embassies and Consulates. Consular assistance, particularly to address legal, labour, and immigration issues, is extended to affected persons on a priority basis. Indian Embassies and Consulates in these countries also closely coordinate with local authorities and the Tamil community associations to address the specific grievances of the Tamil diaspora.

(b): The Government of India coordinates with all State Governments of India on matters pertaining to its Diaspora engagement policies across the globe. It regularly conducts Videsh Sampark Programme (VSP) with the State Governments of India and regularly engages with them to promote Cooperative Federalism. Such interactions enable the Government of India to consult and coordinate with the State governments to promote safety and welfare of the Indian diaspora. Requests

received from State Governments, including that from Tamil Nadu, are examined and acted upon in coordination with the concerned Indian Embassies and Consulates abroad.

(c): During the interactions of the Government of India with the State Governments under the VSP, several trade and investment opportunities for commercial enterprises from the State in foreign lands are presented. Moreover, Indian Embassies and Consulates abroad assist the State Governments, including that of Tamil Nadu, to organize special events to promote trade, investment and cultural ties between the Indian states and the respective foreign countries. This Ministry also supports visits of business and official delegations from Indian States, B2B meetings in foreign countries, cultural events, and Investor Summits, particularly in focus sectors such as Textiles, IT, and Manufacturing.

(d): Government of India has established institutional mechanisms to assist Indians in distress in foreign countries. Indian Missions and Posts pro-actively help distressed/stranded Indians by providing food, shelter, medicine and evacuation to India, if necessary, irrespective of the State to which they belong. Operation Devi Shakti, Operation Ganga, Operation Kaveri, Operation Ajay and Operation Sindhu are some of the operations launched during recent years through which Government of India evacuated Indian nationals stranded in Afghanistan, Ukraine, Sudan, Israel and Iran, respectively.

(e): While this Ministry has not established State/region specific Diaspora Cell, matters concerning the Indian diaspora are promptly addressed through its concerned Divisions and Embassies/Consulates. This Ministry has also deployed dedicated and well-trained Community Welfare Officers in Indian Embassies and Consulates in countries with high concentration of Indian diaspora to handle issues concerning the diaspora while factoring in their linguistic and cultural sensitivities.

WORKING WOMEN'S HOSTELS SCHEMES IN ODISHA

2154. SHRI BAIJAYANT PANDA:

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

- (a) the details of funds allocated and spent under the Working Women's Hostels scheme from 2014 to 2024, State/UT-wise;
- (b) the details of the working women's hostels functioning across the country, especially in Odisha;
- (c) whether the Government is planning to expand the number of working women's hostels in every district, if so, the details thereof;
- (d) the number of applications received/sanctioned under the Scheme in Odisha from 2024 onwards; and
- (e) the details of the advertisements/publicity/promotion of the scheme carried out by the Government?

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

(a) to (c): Sakhi Niwas Scheme (Working Women Hostel) under the overarching Mission Shakti, is a demand driven Centrally Sponsored Scheme, under which funds are directly released to the States and UTs for its implementation. The Scheme aims to promote availability of safe and conveniently located accommodations for working women, with day care facility for their children in urban, semi urban and also in rural areas where employment opportunities for women exist. The States and UTs assess their requirement as per local needs and proposals are approved by the Programme Approval Board (PAB) after discussion with States and UTs. In this Scheme, financial assistance is provided for running of Sakhi Niwas in rented premises and construction component has been discontinued.

State/UT-wise details of funds released under Sakhi Niwas Scheme (Working Women Hostel) from Financial Year 2014-15 to 2024-2025 are given in the enclosed **Statement-I**.

Presently, 538 Sakhi Niwas (Working Women Hostel) are functional across the country including Odisha. Details of functional Sakhi Niwas (WWH) across the country are given in the enclosed **Statement-II**.

(d) to (e): The State Government of Odisha had submitted 22 and 06 new proposals for setting up Sakhi Niwas on rental mode for consideration in the PAB meeting

during Financial Years 2024-25 and 2025-26 respectively. These proposals have been approved by PAB.

Ministry of Finance (MoF), Department of Expenditure (DoE) in August, 2024 has also allocated Rs.5,000/- crores to 28 States under Part (X) (Construction of Working Women Hostels) of Special Assistance to States for Capital Investment (SASCI) Scheme for construction of working women hostel. Under this Scheme, Rs.189.00 crore has been allocated to the State of Odisha. The State Government of Odisha has submitted proposal for construction of one hostel of 4000 bed at the total cost of Rs.189.00 crore. This proposal has been approved by DoE and 1st instalment of Rs.124.74 crore has been released by DoE to the State Government of Odisha during 2024-25.

The State Government has informed that they have taken several steps to publicize the Working Women's Hostels (WWH) scheme across the State i.e. awareness created through community outreach, awareness camps, and workshops at the District and Block levels, in collaboration with local bodies and women's organizations.

STATEMENT-I

State/UT-wise details of fund released under Sakhi Niwas Scheme (Working Women Hostel) from Financial Year 2014-15 to 2024-2025

(Amount Rupees in Lakhs)

States/UTs	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Andhra Pradesh	326.47	181.08	247.88	0.00	476.93	146.49	0.00	0.00	0.00	21.52	0.00
Arunachal Pradesh	88.48	268.42	192.54	193.46	116.76	0.00	0.00	0.00	0.00	0.00	147.02
Assam	0.00	0.00	0.00	8.83	7.77	0.00	7.76	0.00	0.00	61.47	54.84
Bihar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	90.00
Chhattisgarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.46	0.00	26.68	4.98
Gujarat	0.00	0.00	0.00	183.76	0.00	0.00	0.00	69.70	0.00	46.46	0.00
Himachal Pradesh	0.00	0.00	0.00	265.83	0.00	111.86	0.00	0.00	0.00	9.29	4.65
J&K	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.80	37.24
Karnataka	46.57	0.00	0.00	973.66	0.00	482.5	0.00	0.00	0.00	0.00	0.00
Kerala	20.66	244.80	932.17	0.00	252.56	901.5	0.00	273.97	384.00	48.00	102.12
Madhya Pradesh	0.00	0.00	347.99	0.00	244.03	0.00	0.00	191.19	0.00	0.00	0.00
Maharashtra	0.00	251.76	0.00	7.17	161.43	0.00	36.38	0.00	0.00	0.00	25.55
Mizoram	0.00	0.00	0.00	0.00	170.62	136.50	0.00	40.88	0.00	0.00	49.67
Manipur	35.32	92.08	149.74	462.28	915.51	169.49	990.61	164.70	784.85	58.87	81.55

Nagaland	58.53	181.03	442.48	600.56	419.58	244.24	223.67	96.09	0.00	175.15	27.87
Odisha	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24.99
Punjab	0.00	0.00	0.00	0.00	0.00	136.50	0.00	0.00	0.00	0.00	0.00
Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.14
Tamil Nadu	0.00	0.00	0.00	0.00	0.00	0.00	392.18	350.25	593.94	0.00	108.31
Telangana	322.89	0.00	0.00	0.00	268.91	746.10	0.00	0.00	0.00	0.00	0.00
U.P.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39.71
Delhi*	6.05	0.00	0.00	0.00	0.00	179.58	300.18	11.52	0.00	0.00	3.02
Total	904.97	1219.17	2312.80	2695.55	3034.10	3254.76	1950.78	1203.76	1762.79	452.24	813.66

* Funds released to UT of Delhi in r/o Tax and repairing work of Jasola Hostel

except FY 2024-25.

STATEMENT-II

Details of functional Sakhi Niwas (WWH)

S. No	States/UTs	Number of Functional Sakhi Niwas (WWH)
1.	Andhra Pradesh	23
2.	Arunachal Pradesh	05
3.	A&N Islands	00
4.	Assam	10
5.	Bihar	00
6.	Chandigarh	06
7.	Chhattisgarh	06
8.	Daman & Diu and Dadra & N H	00
9.	Delhi	15
10.	Goa	00
11.	Gujarat	14

12.	Haryana	07
13.	Himachal Pradesh	06
14.	Jammu & Kashmir	01
15.	Jharkhand	02
16.	Karnataka	62
17.	Kerala	138
18.	Ladakh	00
19.	Lakshadweep	00
20.	Madhya Pradesh	02
21.	Maharashtra	85
22.	Manipur	18
23.	Meghalaya	03
24.	Mizoram	03
25.	Nagaland	16
26.	Odisha	11
27.	Puducherry	04
28.	Punjab	00
29.	Rajasthan	15
30.	Sikkim	01
31.	Tamil Nadu	60
32.	Telangana	17
33.	Tripura	00
34.	Uttarakhand	00
35.	Uttar Pradesh	08
36.	West Bengal	00
Total*		538

* As per information received from States/UTs.

STANDARDISATION OF AYUSH MEDICINE AND PRODUCTS**2155. SHRI NAVEEN JINDAL:****SHRIMATI PRATIMA MONDAL:**

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

- (a) the measures being taken by the Government to ensure the quality and standardisation of AYUSH medicines and products including quality control measures and the implementation of standards like the Ayurvedic Pharmacopoeia of India;
- (b) the quantifiable results of such measures towards ensuring standardisation and quality control of AYUSH medicines, State/UT-wise;
- (c) the efforts made by the Government to enhance the acceptability of AYUSH medicines globally through quality control and standardisation during last five years;
- (d) the corrective measures taken by the Government to prevent the use of adulterated or sub-standard AYUSH medicines during each of the last five years, year-wise, State/UT-wise along with the results thereof;
- (e) the details of the initiatives launched by the Government to promote international cooperation and recognition of AYUSH systems, particularly in the context of export promotion and regulatory harmonization with other countries; and

- (f) the steps taken by the Government to strengthen evidence-based research and validation of AYUSH treatments and the manner in which Government is collaborating with scientific institutions to enhance clinical credibility of AYUSH treatments in the country?

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

(a) and (b): The Drugs & Cosmetics Act, 1940 and Drugs Rules, 1945 have exclusive regulatory provisions for Ayurvedic, Siddha, Sowa-Rigpa, Unani, and Homoeopathy drugs. Rule 158-B and Rule 85 (A to I) of the Drugs Rules, 1945 provides the regulatory guidelines for issue of license to manufacture Ayurvedic, Siddha, Sowa-Rigpa, Unani and Homoeopathy medicines respectively. It is mandatory for the manufacturers to adhere to the prescribed requirements for licensing of manufacturing units & medicines including proof of safety & effectiveness, compliance with the Good Manufacturing Practices (GMP) as per Schedule T & Schedule M-I of the Drugs Rules, 1945 for Ayurveda, Siddha, Unani drugs and Homoeopathy drugs respectively and also to follow the quality standards of drugs as prescribed in the respective pharmacopoeia.

1. Drug Inspectors collect medicine samples regularly from manufacturing firms or sale shops within their jurisdiction and send them to Drug Testing Laboratory under Drug Control department for quality testing and if any

sample is found to be 'Not of Standard Quality', appropriate action is initiated such as preventing the sale of the products from the market and appropriate legal actions as per Drugs and Cosmetics Act 1940 and Rules made thereunder

2. Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H), subordinate office under 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. Details in this regard are given in the enclosed **Statement-I**.
3. PCIM&H also acts as the Central Drugs Laboratory for Indian Medicine and Homoeopathy for the purpose of testing or analysis of ASU&H Drugs. Further, it imparts Capacity Building Trainings at regular interval for standardization/quality control/ testing or analysis of ASU&H drugs to Drug Regulatory Authorities, State Drug Testing Laboratories (Drug Analyst) and other stakeholders on quality control of ASU&H drugs on laboratory techniques and methods used to maintain the quality of ASU&H drugs.
4. Drug Testing Laboratories are being recognized under Rule 160 A to J of the Drugs Rules, 1945 for carrying out such tests of identity, purity, quality and strength of Ayurvedic, Siddha, Sowa-Rigpa, Unani and Homoeopathy drugs. As on date, 108 private laboratories are approved or licensed under the

provisions of Drugs Rules, 1945 for manufacturers. 34 Drug Testing Laboratories of State/UTs are testing quality of Ayurvedic, Siddha, Sowa-Rigpa, Unani and Homoeopathy drugs and raw materials for legal samples.

5. Ministry of Ayush has implemented Central Sector Scheme Ayush Oushadhi Gunvatta Evam Utpadan Samvardhan Yojana (AOGUSY) to support Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards under one of the components. The total financial allocation to this scheme is Rs. 122.00 crores for five years.
6. Further Ministry of Ayush encourages following certifications of Ayush products as per details below:-
 - 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.
 - Quality Certifications Scheme implemented by the Quality Council of India (QCI) for grant of AYUSH standard and premium mark to Ayurvedic, Siddha and Unani products on the basis of third-party evaluation of quality in accordance with the status of compliance to domestic and international standards.

(c) to (e): The Ministry of Ayush, developed the central sector scheme for Promotion of International Cooperation for AYUSH (IC Scheme). Under this scheme the Ministry 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.

As per the information received from State/UT the details of the corrective measures taken by the Government to prevent the use of adulterated or substandard Ayush medicines during each of the last five years, year-wise, State/UT-wise along with the results thereof are given in the enclosed **Statement-II.**

Under the CSS IC Scheme 25 Country to Country MoUs, 15 Ayush Chair MoUs and 52 Institute to Institute level MoUs have been signed.

(f): Ministry of Ayush undertakes various research initiatives through its various Research Councils and National Institutes which includes pre-clinical & clinical research, drug standardization research, Fundamental Research, literary research,

survey etc. Mo Ayush is also collaborating with various scientific institutions such as ICMR, DBT, DST, IITs, AIIMS, NIPER, ICAR etc. through MoUs.

STATEMENT-I

So far, 2269 quality standards on raw materials (Single Drugs of plant/animal/Mineral/metal/ Chemical origin) used in ASU&H has been published, the details as follows:

Name of Pharmacopoeia	Published quality standards of single drugs
Ayurvedic Pharmacopoeia on India (Part I, Vol. I to X)	665
Siddha Pharmacopoeia on India (Part I Vol. I to II)	139
Unani Pharmacopoeia on India (Part I Vol. I to VII)	338
Homoeopathic Pharmacopoeia on India (Vol. I to XI)	1127

426 quality standards of ASU formulations also been published in respective Pharmacopoeias. The details as follows:

Name of Pharmacopoeia	Published quality standards of formulations
Ayurvedic Pharmacopoeia on India (Part II, Vol. I to V)	223 and 01 standalone quality standard
Siddha Pharmacopoeia on India (Part II)	01 standalone quality standard
Unani Pharmacopoeia on India (Part II Vol. I to IV)	200 and 01 standalone quality standard

Further, **2799** formulary specifications of ASU drugs also published in Formularies of respective system. The details as follows:

Formulary	Specifications
Ayurvedic Formulary of India	1035 (Part I to IV) and 01 standalone formulary specification
Siddha Formulary of India	532 (Part I to II) and 01 standalone formulary specification
National Formulary of Unani Medicine	1229 (Part I to VI) and 01 standalone formulary specification

In addition to above, supporting documents in the form of Macro-Microscopic & TLC Atlas on 392 single drugs incorporated in API also published.

STATEMENT-II

State/ UT-wise details of the corrective measures taken by the Government to prevent the use of adulterated or substandard Ayush medicines during each of the last five years, year-wise, State/UT-wise along with the results thereof are as follows –

S.No.	Name of the State/ UT	Details
1.	Puducherry	Directorate of AYUSH is involved in conducting IEC activities and sensitizing the public to prevent the use of adulterated or substandard Ayush medicines.
2.	Delhi	Routine inspections by the Drugs Control Officials and lifting of samples of Ayurvedic and Unani medicines for test/analysis from government approved laboratories.
3.	Lakshadweep	This U.T does not have any Manufacturing Units and Drugs Testing Laboratories for ASU&H Drugs.

4.	Tripura (Agartala)	One State Drug Testing Laboratory (Ayush) has been established for quality testing of Ayush drugs in the state of Tripura. <table border="1"> <thead> <tr> <th>Year wise report</th><th>Misbranded Ayush Medicines</th><th>Not of standard Ayush Medicines</th></tr> </thead> <tbody> <tr> <td>2020-2021</td><td>04</td><td>-</td></tr> <tr> <td>2021-2022</td><td>-</td><td>-</td></tr> <tr> <td>2022-2023</td><td>62</td><td>03-</td></tr> <tr> <td>2023-2024</td><td>07</td><td>-</td></tr> <tr> <td>2024-2025</td><td>36</td><td>-</td></tr> <tr> <td>2025-till date</td><td>-</td><td>01</td></tr> </tbody> </table> Recently state government has been notified State Licensing Authority (ASU Drugs) and Inspecting Officers of Drugs (ASU drugs) to enforce and regulate Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 which prohibits misleading advertisements for Ayush drugs.	Year wise report	Misbranded Ayush Medicines	Not of standard Ayush Medicines	2020-2021	04	-	2021-2022	-	-	2022-2023	62	03-	2023-2024	07	-	2024-2025	36	-	2025-till date	-	01
Year wise report	Misbranded Ayush Medicines	Not of standard Ayush Medicines																					
2020-2021	04	-																					
2021-2022	-	-																					
2022-2023	62	03-																					
2023-2024	07	-																					
2024-2025	36	-																					
2025-till date	-	01																					
5.	Uttarakhand	The Government has taken stringent corrective measures to prevent the use of adulterated or substandard Ayush medicines. Those measures, along with their results, over the last five years include: - Regular Inspections: Regular inspections are being diligently carried out by drug inspectors on a continuous basis to monitor manufacturing units and market products • Systematic Sample Testing: Over the last two years, more than 390 samples of Ayush medicines were rigorously tested in state laboratories to ascertain their quality and compliance with prescribed standards Any instances of non-compliance lead to immediate regulatory action. - Training Programs: Regular training is being conducted for drug inspectors and for Pharmacies,																					

		making them aware of the acts' provisions and ensuring compliance.
6.	Manipur	Inspections are conducted at the Ayush retail/wholesale outlets by the Drug Inspectors along with the staffs. Ayush medicines were tested at Government approved Laboratory outside state to check the quality and genuineness. i. 2020-21 - 26 (Twenty Six) samples of Ayush medicines were tested, ii. 2021-22 – 23 (Twenty Three) samples of Ayush medicines were tested. iii. 2022-23 – NIL iv. 2023-24 – NIL v. 2024-25 - NIL
7.	Kerala	Department initiate action, filed FIR against not of standard quality Ayush medicines and suspend the products.
8.	Haryana	NIL
9.	Arunachal Pradesh	NIL

CONSTRUCTION OF EMBARKATION JETTIES

2156. SHRI HAMDULLAH SAYEED:

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

- (a) whether the Government has received any proposal for the construction of embarkation jetties on the eastern side of Chetlat and Kiltan islands in the Union Territory of Lakshadweep;

- (b) if so, the details of the proposal and the current status of its consideration or approval;
- (c) whether the absence of such jetties is causing difficulties and safety concerns during the embarkation and dis-embarkation of passengers from ships, especially during adverse weather conditions, if so, the details thereof;
- (d) whether the Government proposes to take immediate steps to sanction and construct these jetties to ensure safe and reliable maritime connectivity for the residents of these islands; and
- (e) if so, the expected timeline for commencement and completion of the project?

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

(a) and (b): Union Territory of Lakshadweep Administration (UTLA) submitted Detailed Project Report (DPR) for construction of jetties on eastern & western side of the islands of Kiltan & Chetlat vide their letter dated 29.06.2024 to Ministry of Ports, Shipping & Waterways (MoPSW). MoPSW advised UTLA to conduct certain studies before these projects could be taken up. Based on the request received from UTLA, an amount of Rs.13.99 Crore was sanctioned under Sagarmala Scheme on 17.09.2024 to conduct these studies.

(c): UTLA has informed that the existing jetties in these islands are quite old and designed to handle small boats. Hence, passengers/ cargo arriving on large ships/ vessels are transported to the islands through smaller boats, which is of concern when sea condition is rough.

(d) and (e): Question does not arise in view of answer to part (a) & (b) above.

EMPLOYMENT OF EX-SERVICEMEN IN RAJASTHAN

2157. SHRI RAHUL KASWAN:

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

- (a) the number of Ex-servicemen residing in Rajasthan along with the number of them who are currently unemployed/underemployed, district-wise;
- (b) whether any region-specific skilling/entrepreneurship support has been provided under the Directorate General Resettlement (DGR) and if so, the details thereof;
- (c) whether the Government has partnered with Defence PSUs/Private firms to offer remote work/contract opportunities for veterans in non-metro areas and if so, the details thereof;
- (d) whether the Government proposes any roadmap to bridge the urban-rural disparity in post-retirement welfare schemes for soldiers; and
- (e) if so, the details thereof?

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

(a): As per the Data of Ex-Servicemen (ESMs) as on 30.06.2024, the total number of ex-servicemen residing in Rajasthan is 2,12,415. District wise data is given in the enclosed **Statement**. No data is being maintained regarding the status of unemployment and underemployment of ex-servicemen.

(b): Yes Sir, region-specific skilling and entrepreneurship are aimed at empowering Ex-Servicemen (ESM) with relevant industry-aligned skills to support their transition into second careers. In Rajasthan, a total of 32 courses have been organized in the cities viz. Jaipur, Jodhpur, Kota and Beawer for the FY 2025-26.

(c): As per the Department of Public Enterprises (DPE) Office Memorandum dated 13 September 2018, all PSUs have been advised to undertake provisioning of security services through Directorate General Resettlement (DGR) empanelled Security Agencies under MoD/DESW/DGR Security Agency Scheme. Further, Department of Ex-Servicemen Welfare (DESW) Tech Services Scheme also provides the provision to all PSUs, Private Sector, Industry and Department of Central & State Government for fulfilling their requirements of outsourcing technical manpower through State Ex-Servicemen Corporations.

(d) and (e): To bridge the urban-rural disparity in post-retirement welfare for soldiers, various schemes/programmes run by the Government are class & area agnostic such as Coal Loading & Transportation Scheme, Coal Tipper Attachment

Scheme, Security Agency Scheme, Common Service Centres (CSC) Scheme, Village Level Entrepreneurship, Agriculture, Management of Company Owned Company Operated (COCO) Outlets, Mother Dairy Milk Booths and Safal Shops, Company Owned Retail Outlet Dealerships and Reservation in Central Government Posts to live a dignified life post-retirement.

STATEMENT

Employment of Ex-Servicemen in Rajasthan

As per Data of ESM as on 30.06.2024					
S.No.	Name of the District	Army	Navy	Air Force	Total
1.	Ajmer	9,924	660	284	10,868
2.	Alwar	9,293	414	289	9,996
3.	Behror	19,150	185	126	19,461
4.	Jalore	144	12	16	172
5.	Barmer	2,017	38	124	2,179
6.	Bharatpur	8,616	290	136	9,042
7.	Dholpur	680	08	05	693
8.	Bhilwara	2,427	52	79	2,558
9.	Chittorgarh	256	09	44	309
10.	Bikaner	3,854	54	557	4,465
11.	Churu	9,519	154	132	9,805
12.	Jaipur	11,870	734	1,223	13,827
13.	Dausa	1,532	18	30	1,580
14.	Jaisalmer	1,752	17	89	1,858
15.	Jhunjhunu	20,471	496	422	21,389
16.	Chirawa	21,383	477	348	22,208

17.	Jodhpur	10,304	2,620	673	13,597
18.	Sheragarh	3,599	63	59	3,721
19.	Phalodi	2,045	65	35	2,145
20.	Kota	2,551	112	136	2,799
21.	Bundi	1,131	11	12	1,154
22.	Baran	314	08	03	325
23.	Jhalwar	477	06	11	494
24.	Nagaur	5,239	73	155	5,467
25.	Didwana	11,718	232	326	12,276
26.	Pali	1,664	98	189	1,951
27.	Beawer	831	70	53	954
28.	Sirohi	352	75	81	508
29.	Karauli	5,756	17	26	5,799
30.	Sawaimadhopur	1,284	10	14	1,308
31.	Sikar	10,300	399	775	11,474
32.	Neem ka Thana	5,875	159	182	6,216
33.	Sri Ganganager	1,389	19	117	1,525
34.	Hanumangarh	3,040	34	133	3,207
35.	Tonk	1,327	26	14	1,367
36.	Udaipur	1,332	274	324	1,930
37.	Salumber	99	03	02	104
38.	Dungarpur	228	32	40	300
39.	Banswara	71	04	11	86
40.	Pratapgarh	54	02	09	65
41.	Rajsamand	2,481	393	359	3,233
		1,96,349	8,423	7,643	2,12,415

Source: Rajya Sainik Board, Rajasthan thorough DGR.

MODERNIZATION OF PORTS

2158. DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN:

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

- (a) whether the Government has plans to develop the Chennai-Kamarajar-Cuddalore cluster as one among the six port clusters as mega ports cluster by 2047, if so, the details thereof;
- (b) whether it is a fact that the modernization of Indian ports under Sagarmala, 234 projects at cost of Rs. 2,91,622 cr. have been undertaken for implementation and out of the total 234 projects, 94 projects worth Rs. 31,517 cr. have been completed and 65 projects worth Rs. 79,958 cr. are under implementation, if so, the details thereof; and
- (c) whether effective steps have been taken by the Government to make the eastern coast in Tamil Nadu as a Port and Shipping hub in Asia, if so, the details thereof and if not, reasons therefor?

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

- (a): Maritime India Vision 2030 envisions Chennai-Kamarajar-Cuddalore cluster to become Mega Port in the eastern coast by 2047. This cluster is targeted to achieve a cargo handling capacity of over 300 million tonners per annum by the year 2047.
- (b): Under the Port Modernization pillar of Sagarmala Programme, a total of 234 projects at cost of Rs. 2,91,279Cr. have been undertaken for implementation and

out of 234 projects, 104 projects worth Rs. 32,654Cr. have been completed and 55 projects worth Rs. 74,725 Cr. are under implementation

(c): The key initiative of Government includes Port Modernisation of Chennai, Ennore (Kamarajar), and Tuticorin (VO Chidambaranar) ports, and investment in infrastructure connectivity such as rail and road linkages. Further, strategic location, deep-draft ports, and policy support aim to position Tamil Nadu as a key maritime hub in Asia.

ARTIFICIAL INTELLIGENCE IN JUDICIARY

2159. DR. NAMDEO KIRSAN:

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

- (a) whether the Government has taken appropriate measures to evaluate the effectiveness of AI tools in legal research and translation, if so, the details thereof;
- (b) the details of training provided to judicial staff regarding the use of AI technologies;
- (c) the manner in which the Government plans to address concerns regarding data privacy in relation to AI usage;
- (d) whether there is any tool or application for recording the day to day proceedings of courts; and
- (e) if so, the scope and effectiveness of said tool or application?

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

(a) to (e): As per the information provided by the Supreme Court of India, under e-Courts Project Phase III, an attempt is being made to integrate modern technologies for smoother user experience. To create an efficient and futuristic system, the latest technologies like Artificial Intelligence (AI) and its subsets Machine Learning (ML), Optical Character Recognition (OCR), Natural Language Processing (NLP), etc., are being used in the e-Courts software applications. AI is being used in areas such as translation, prediction and forecast, improving administrative efficiency, Natural Language Processing (NLP), automated filing, intelligent scheduling, enhancing the case information system and communicating with the litigants through chatbots.

The AI Translation Committees of the High Courts are monitoring the entire work relating to translation of the Supreme Court and High Court Judgments into vernacular languages. Digital legal platforms such as e-HCR/e-ILR provide online access to judgments in the various vernacular languages. The Supreme Court judgments are available on the e-SCR portal: (<https://judgments.ecourts.gov.in/pdfsearch/index.php>).

The details of the training programs conducted by the eCommittee, SCI covering various stakeholders, like, courts staff, advocates, Judges, etc., are

available in the public domain at eCommittee, SCI web portal link:
<https://ecommitteesci.gov.in/document-category/training-and-awareness-programmes/>.

A Sub-Committee consisting of six judges of the various High Courts, assisted by technical working group members consisting of domain experts was constituted by the Chairperson of the eCommittee of the Supreme Court of India to suggest/recommend secure connectivity and authentication mechanisms for data protection in order to preserve the right to privacy. The Sub-Committee is mandated to critically assess and examine the digital infrastructure, network and service delivery solutions created under the eCourts project for giving solutions for strengthening data security and for protecting the privacy of citizens.

The daily proceedings of each case is entered in Case Information System (CIS) and the litigant is made aware of the same from the eCourts service platforms like website and Mobile Applications. Apart from this, there are Model Rules in place for Live-Streaming and Recording of Court Proceedings. These are available at the following portal:

<https://cdnbbsr.s3waas.gov.in/s388ef51f0bf911e452e8dbb1d807a81ab/uploads/2021/06/2022091599.pdf>.

एम्स रायपुर में स्वास्थ्य सेवा पेशेवर और बिस्तर

2160. श्री संतोष पांडेय:

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

- (क) क्या एम्स, रायपुर से अन्य अस्पतालों में रेफर किए जाने वाले रोगियों की संख्या में वृद्धि हुई है,
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार ने इस संबंध में किसी समिति के माध्यम से जांच के आदेश दिए हैं;
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ङ) क्या सरकार ने एम्स, रायपुर में चिकित्सकों, स्वास्थ्य सेवा पेशेवरों और बिस्तरों की संख्या बढ़ाने के लिए कोई उपाय किए हैं; और
- (च) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के अंतर्गत स्थापित अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), रायपुर 1098 बिस्तरों के साथ संचालित हैं। वर्ष 2024-25 में, संस्थान ने ओपीडी (बहिरंग विभाग) में 9,64,671 रोगियों और आईपीडी (अंतरंग विभाग) में 50,459 रोगियों का उपचार किया। इसी अवधि के दौरान संस्थान ने 47,073 रोगियों को आपातकालीन परिचर्या प्रदान की और मरीज सुरक्षा को प्राथमिकता देने वाले मानक मेडिकल प्रोटोकॉल के अनुरूप तथा परिचर्या की निरंतरता सुनिश्चित करने के उद्देश्य से इनमें से 6006 रोगियों को नैदानिक मूल्यांकन, बिस्तर की उपलब्धता, विशेषज्ञ अंतःक्षेप की आवश्यकता के आधार पर स्थानांतरित किया गया।

(ङ) और (च): नए सुविधा केंद्रों के लिए पदों का सृजन एक सतत प्रक्रिया है। हाल ही में प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एभीआईएम) योजना के अंतर्गत एम्स रायपुर के लिए 150 बिस्तरों वाले क्रिटिकल केयर अस्पताल ब्लॉक और 29 बिस्तरों वाली बर्न यूनिट की स्थापना को मंजूरी दी गई है।

मध्य प्रदेश के जनजातीय जिले में चिकित्सा महाविद्यालय

2161. श्री गजेन्द्र सिंह पटेल:

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

- (क) क्या सरकार का मध्य प्रदेश के जनजातीय आकांक्षी जिलों और विशेषकर बड़वानी जिले में चिकित्सा महाविद्यालय स्थापित करने का कोई विचार है;
- (ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (ग) यदि नहीं, तो इसके क्या कारण हैं?

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

(क) से (ग): 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 अल्पसेवित क्षेत्रों और आकांक्षी जिलों, जहाँ कोई मौजूदा सरकारी या निजी मेडिकल कॉलेज नहीं है, को प्राथमिकता दी जाती है। इसमें केंद्र और राज्य सरकारों के बीच निधि का साझाकरण पूर्वोत्तर और विशेष श्रेणी के राज्यों के लिए 90:10 के अनुपात में और अन्य के लिए 60:40 के अनुपात में होता है। इस योजना के तहत, तीन चरणों में 157 सरकारी मेडिकल कॉलेजों को मंजूरी दी गई है, जिनमें मध्य प्रदेश के 14 मेडिकल कॉलेज शामिल हैं, जिनमें से 6 मेडिकल कॉलेज राज्य के आदिवासी जिलों, अर्थात् मंडला, शहडोल, छिंदवाड़ा, सिंगरौली, रतलाम और खंडवा (पूर्वी निमाड़) में स्वीकृत किए गए हैं।

ESTABLISHMENT OF NATIONAL INSTITUTE OF AYURVEDIC MEDICINE**2162. ADV. ADOOR PRAKASH:**

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

- (a) whether the Government has any active plans to establish a National Institute of Ayurvedic medicine in the State of Kerala;
- (b) if so, the details thereof and if not, the reasons therefor;
- (c) whether the Government proposes to establish a National Institute of Ayurveda in the State with a proven record and legacy in Ayurvedic treatment; 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) to (d): There is no proposal under consideration to establish a National Institute of Ayurvedic medicine in the State of Kerala. However, Central Council for Research in Ayurvedic Sciences (CCRAS), headquartered in New Delhi, comprises a network of 30 Institutes across various regions of India, including the National Ayurveda Research Institute for Panchakarma at Cheruthuruthy and Regional Ayurveda Research Institute at Thiruvananthapuram, both Institutes located in the State of Kerala.

VACANCY IN LOWER JUDICIARY**2163. SHRI MANISH TEWARI:**

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

- (a) the total number of sanctioned posts for judicial officers in District and Sub-ordinate Courts across the country, State/UT-wise;
- (b) the total number of vacancies of judges in District and Sub-ordinate Courts, State/UT-wise;
- (c) the total number of sanctioned posts for grade three and grade four employees separately in District & Sub-ordinate Courts and High courts, respectively, State/UT-wise;
- (d) the total number of vacancies of said employees separately in District & Sub-ordinate Courts and High courts, State/UT-wise; and
- (e) the total number of pending cases in District Courts during the last five years, State/UT-wise and year-wise?

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

(a) to (d): The details of sanctioned strength, working strength and vacancy position of judicial officers in District and Subordinate Courts, as on 28.07.2025 are given in the enclosed **Statement-I**.

As regards details of sanctioned strength and vacancies against the posts of grade three and grade four employees in District and Sub-ordinate Courts and High courts, this data is not maintained centrally.

(e): The detail of cases pending in District Courts across the country during the last five years, State/UT-wise and year-wise are given in the enclosed **Statement-II**.

STATEMENT-I

Posts of Judicial Officer in District and Subordinate Courts as on 28.07.2025

Sl. NO.	State/UTs	Sanctioned Strength	Working Strength	Total Vacancy
1.	Andhra Pradesh	639	574	65
2.	Arunachal Pradesh	44	39	5
3.	Assam	485	461	24
4.	Bihar	2022	1679	343
5.	Chandigarh	30	30	0
6.	Chhattisgarh	663	465	198
7.	D & N Haveli and Daman & Diu	7	6	1
8.	Delhi	897	788	109
9.	Goa	50	40	10
10.	Gujarat	1720	1185	535
11.	Haryana	781	661	120
12.	Himachal Pradesh	179	160	19
13.	Jammu and Kashmir	322	272	50
14.	Jharkhand	707	501	206
15.	Karnataka	1394	1167	227
16.	Kerala	614	579	35
17.	Ladakh	17	10	7
18.	Lakshadweep	4	4	0
19.	Madhya Pradesh	2028	1669	359
20.	Maharashtra	2190	1940	250
21.	Manipur	62	49	13

22.	Meghalaya	99	57	42
23.	Mizoram	74	45	29
24.	Nagaland	34	24	10
25.	Odisha	1043	835	208
26.	Puducherry	38	26	12
27.	Punjab	811	716	95
28.	Rajasthan	1683	1506	177
29.	Sikkim	35	23	12
30.	Tamil Nadu	1375	1240	135
31.	Telangana	560	445	115
32.	Tripura	133	106	27
33.	Uttar Pradesh	3700	2675	1025
34.	Uttarakhand	298	270	28
35.	West Bengal	1105	875	230
36.	Andaman and Nicobar			
TOTAL		25,843	21,122	4,721

Source: MIS portal of Department of Justice (DoJ)

STATEMENT-II

Pending Cases in District and Subordinate Courts

Sl. No	States	Pendency of Cases as on 31.12.2020	Pendency of Cases as on 31.12.2021	Pendency of Cases as on 31.12.2022	Pendency of Cases as on 31.12.2023	Pendency of Cases as on 31.12.2024	*Pendency of Cases as on 28.07.2025
1	Andhra Pradesh	649157	785379	841998	876689	893993	899526
2	Telangana	691646	790360	841405	873848	907392	954794
3	Andaman & Nicobar	9839	9321	9234	9950	10407	8299
4	Arunachal Pradesh	12651	14318	15923	16556	15335	10263
5	Assam	360753	415024	485455	445759	491720	546047
6	Bihar	3016743	3276696	3464725	3609527	3716100	3658281
7	Chandigarh	70633	72384	89254	104116	120210	103495
8	Chhattisgarh	331849	381984	414839	414463	417325	433967
9	Delhi	1018642	1231373	1440549	1359103	1527969	1558494

10	Dadra & Nagar Haveli and Daman & Diu	6281	6523	6733	7305	7740	8298
11	Goa	58967	59414	56319	57195	59190	59962
12	Gujarat	1917992	1952262	1725939	1547276	1528794	1648509
13	Haryana	1101330	1313881	1496883	1533521	1489585	1506784
14	Himachal Pradesh	420891	464892	483642	578246	631442	673692
15	Jammu& Kashmir	198771	216245	272543	247244	266146	335513
16	Ladakh						1417
17	Jharkhand	427130	490905	504697	524241	521274	554553
18	Karnataka	1709220	1780802	1864827	1925330	2060206	2210048
19	Kerala	2089289	2089147	1991193	1851414	1750373	1745154
20	Madhya Pradesh	1727293	1920613	2008566	2023950	2052363	2037995
21	Maharashtra	4504573	4800895	4953521	5131895	5510544	5803555
22	Manipur	6957	8183	7590	8125	7615	13785
23	Meghalaya	15830	16010	15014	14136	13227	15632
24	Mizoram	6338	6304	5620	6113	6480	6645
25	Nagaland	4206	4569	4443	3923	3881	3583
26	Orissa	1592250	1789677	1826100	1873312	1920825	1693114
27	Puducherry	33470	32998	31868	32086	33352	35406
28	Punjab	843791	945609	923581	875009	863867	891601
29	Rajasthan	1947688	2162774	2272463	2422125	2455623	2324222
30	Sikkim	1455	1616	1696	1523	1659	1797
31	Tamil Nadu	1263758	1331944	1387919	1375098	1386582	1573944
32	Tripura	44654	43096	40661	43526	43098	55999
33	U.T of Lakshadweep	453	470	540	512	535	521
34	Uttar Pradesh	8781104	9966606	10986875	11147755	11486655	11394105
35	Uttarakhand	249350	287204	308694	331002	328911	324441
36	West Bengal	2170788	2384020	2512418	2698188	2923585	3576183
Total		37285742	41053498	43293727	43970061	45454003	66669624

*National Judicial Data Grid (NJDG)

मंथन शिविर की सिफारिशों का कार्यान्वयन

2164. श्री विजय बघेल:

श्री बिभु प्रसाद तराई:

श्री गोडम नागेश:

श्री खगेन मुर्मु:

श्री जगदम्बिका पाल:

श्री रवीन्द्र शुक्ला उर्फ रवि किशन:

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

- (क) क्या सरकार ने मंत्रालय द्वारा 17 अप्रैल 2025 को आयोजित 'मंथन शिविर' की प्रमुख सिफारिशों को कार्यान्वित करने के लिए कोई कार्य योजना तैयार की है;
- (ख) यदि हाँ, तो शिविर के दौरान चर्चा किए गए छह विषयगत क्षेत्रों पर ध्यान देने के लिए क्या विशिष्ट पहल की गई हैं;
- (ग) क्या सरकार ने इन पहलों को कार्यान्वित करने में समग्र दृष्टिकोण सुनिश्चित करने के लिए अंतर-मंत्रालयी समन्वय तंत्र के लिए कोई प्रणाली स्थापित की है; और
- (घ) 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 (घ): मंथन शिविर का आयोजन भारतीय रसायन और पेट्रोरसायन क्षेत्र को मजबूत बनाने तथा विकसित भारत@2047 के समग्र उद्देश्य को प्राप्त करने में इसकी भूमिका को समझने के उद्देश्य से किया गया था। रसायन और पेट्रोरसायन विभाग ने मंथन शिविर के एक भाग के रूप में इस क्षेत्र में विचार-विमर्श करने के लिए छह प्रमुख विषयगत क्षेत्रों की पहचान की है।

'समग्र सरकारी' दृष्टिकोण के अनुरूप और अंतर-मंत्रालयी समन्वय तंत्र के एक भाग के रूप में, विभिन्न मंत्रालयों/विभागों के प्रतिनिधियों को इन विचार-विमर्शों में भाग लेने के लिए आमंत्रित

किया गया था। रसायन और पेट्रोरसायन विभाग के तत्वाधान में राजस्व विभाग, उद्योग संवर्धन और आंतरिक व्यापार विभाग, औषध विभाग, कौशल विकास और उद्यमिता मंत्रालय, विज्ञान और प्रौद्योगिकी मंत्रालय, वस्त्र मंत्रालय, सूक्ष्म, लघु और मध्यम उद्यम मंत्रालय (एमएसएमई), पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय, इलेक्ट्रॉनिक्स और सूचना प्रौद्योगिकी मंत्रालय, नीति आयोग जैसे मंत्रालयों/विभागों के साथ-साथ सीएसआईआर, भारतीय मानक ब्यूरो, केंद्रीय प्रदूषण नियंत्रण बोर्ड जैसे संगठन और सार्वजनिक क्षेत्र के उपक्रम और स्वायत्त संगठन इस विचार-विमर्श में शामिल हुए।

इन विचार-विमर्शों के दौरान, कई इनपुट प्राप्त हुए हैं, जिनकी जाँच की जा रही है। विभिन्न सरकारी विभागों और विभिन्न उद्योग संघों के साथ हितधारक परामर्श भी किया जा रहा है।

TRIAL OF DENGUE VACCINE

2165. DR. M. P. ABDUSSAMAD SAMADANI:

SHRIMATI D. K. ARUNA:

SHRI EATALA RAJENDER:

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

- (a) whether enrolment of participants in third phase clinical trials led by Indian Council of Medical Research (ICMR) for India's first dengue vaccine is nearly complete and if so, the details thereof;
- (b) whether dengue is a major public health concern in the country which ranks among the top 30 countries with the highest incidence of the disease and if so, the details thereof along with the corrective steps being taken by the Government in this regard;

- (c) whether there is currently no antiviral treatment or licensed vaccine for dengue in the country and if so, details thereof;
- (d) whether the trial is likely to be rolled across 20 centres in the country;
- (e) if so, the results yielded till date along with the funds sanctioned, spent for Telangana and Karnataka;
- (f) whether all four serotypes of the dengue virus are known to circulate or co-circulate in many regions across the country; and
- (g) if so, the details thereof along with the measures undertaken by the Government to ensure that we have an effective vaccine that achieves good efficacy for all four serotypes of the said virus?

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), (d) and (e): Indian Council of Medical Research (ICMR) has informed that it has undertaken a clinical trial titled “A Phase III, Multicenter, Randomized, Double-Blind, Placebo Controlled Study to Evaluate the Efficacy, Immunogenicity and Safety of Single dose of Dengue Tetravalent Vaccine, Live Attenuated (Recombinant, Lyophilized) – “DengiAll”. The trial involves over 10,000 participants, out of which more than 70 per cent enrolment has been completed. The trial has been implemented in 20 sites across India. There are two sites in Karnataka and one site in Telangana. These sites are: JSS Medical college and hospital, Mysore (Karnataka), Bangalore Medical College & Research Institute, Bengaluru (Karnataka) and All India Institute of Medical

Sciences Bibinagar (Telangana). The approximate budget is 1.3 to 1.5 crore Rupees per site for the trial.

(b), (c), (f) and (g): As per the information provided by National Centre for Disease Control (NCDC), a total of 5,73,563 Laboratory confirmed (L form) Dengue cases were reported through Integrated Health Information Platform (IHIP) in the year 2024.

According to ICMR, all four serotypes of the dengue virus (DENV-1, DENV-2, DENV-3, and DENV-4) are known to circulate and co-circulate in India. Multiple serotypes can be present in the same geographical region and can even infect the same individual at the same time. Hence, participants have been enrolled in the ICMR vaccine trial from the different zones where these four serotypes circulate in order to test the efficacy of the vaccine against all four serotypes.

The Ministry of Health and Family Welfare, Director General of Health Services and National Center for Vector Borne Disease Control (NCVBDC) regularly monitor the situation of Dengue outbreaks across the country for assessing the disease situation, preparedness, technical guidance and to sensitize and forewarn the States. Under National Health Mission, adequate budgetary support is provided to States and Union Territories for Dengue control activities like epidemic preparedness, monitoring, case management, vector control (provision of domestic breeding checkers, ASHA involvement, insecticide, fogging machines), training, intersectoral convergence, awareness activities, etc. For surveillance and free of cost diagnosis of Dengue, Sentinel

Surveillance Hospitals with laboratory facility and Apex Referral laboratories with advance diagnostic facilities have been identified across the country. As per Indian Council of Medical Research (ICMR), there is no specific antiviral treatment or licensed vaccines for dengue and the treatment is supportive in nature. Government of India has developed National guidelines on Dengue case treatment/management, in consultation with experts and shared with all States/UTs for implementation. The guidelines emphasize on the preparedness of hospitals for case treatment/management. In addition, advisories have been issued from time to time to States/UTs for prevention and control of dengue including case management.

STRATEGIC PARTNERSHIP WITH AFRICA

2166. SHRIMATI SANGEETA KUMARI SINGH DEO:

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

- (a) whether the Government proposes to align India's Africa engagement strategy with the goals of the African Continental Free Trade Area (AfCFTA) and Agenda 2063 and if so, the key areas identified for long-term collaboration;
- (b) the extent to which India's bilateral or trilateral cooperation frameworks with African countries support regional trade integration, connectivity infrastructure and transport corridor development in alignment with AfCFTA objectives;

- (c) whether India is providing targeted support in agricultural value chains, including agri-tech and climate-resilient practices, especially for smallholder farmers across Africa and the manner in which this aligns with India's development cooperation programmes such as ITEC or LOCs; and
- (d) the steps taken or proposed to strengthen India's trade and investment footprint in Africa's emerging manufacturing, digital economy and energy sectors, particularly in nations where India is among the top three trading partners?

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 partnership with Africa is based on the needs and priorities of the African countries. In this regard, alignment with AfCFTA and Agenda 2063 is essential for our bilateral engagements with African countries. The key areas identified for long term collaboration are Energy, Agriculture, Healthcare, Infrastructure, Capacity Building and Digital Public Infrastructure.

(b): India's development partnership initiatives in Africa especially in the field of infrastructure include projects in varied sectors such as power, hydroelectricity, transmission & distribution networks, dams, roads, railways, agriculture & irrigation, industrial units, skills development, civil construction, defence, etc. This has contributed to African efforts to support regional trade facilitation by improving connectivity through infrastructure development.

(c): The Government has undertaken a number of development projects in Agriculture Sector through supply of Agri-machinery and equipments for setting up of Food Processing Industries, commissioning irrigation projects, increasing agricultural productivity through soil conditioning, farm mechanisation and fertiliser support.

(d): India will continue to collaborate with African countries in areas such as pharmaceuticals, healthcare infrastructure, education and vocational training, skill development, critical minerals, agriculture and allied sectors, digital public infrastructure and energy sector through increased interaction between Indian Industry and Africa to facilitate project and business opportunities.

एनएफएचएस डेटा में विलंब

2167. श्री इमरान मसूद:

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

- (क) नवीनतम राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएचएस) के 2024 तक आंकड़े और मातृत्व मृत्यु अनुपात (एमएमआर) जैसे प्रमुख स्वास्थ्य संकेतक जारी करने में विलंब के क्या कारण हैं;
- (ख) सरकार द्वारा ऐसे महत्वपूर्ण आंकड़ों का समय पर और पारदर्शी रूप से जारी किया जाना सुनिश्चित करने हेतु साक्ष्य-आधारित नीति और सार्वजनिक स्वास्थ्य पहल तैयार करने के लिए क्या कदम उठाए जा रहे हैं;
- (ग) प्रजनन, मातृ, नवजात शिशु, किशोर स्वास्थ्य और पोषण (आरएमएनसीएच+एन) जैसी महत्वपूर्ण स्वास्थ्य पहलों पर इस आंकड़े को जारी करने में विलंब का क्या प्रभाव होगा; और
- (घ) सरकार द्वारा इस मुद्दे के समाधान के लिए क्या उपाय किए जा रहे हैं?

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

(क) से (घ): स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचएफडब्लू) लगभग तीन वर्षों की अवधि में राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएचएस) नामक एक एकीकृत सर्वेक्षण आयोजित करता है। यह सर्वेक्षण स्वास्थ्य और परिवार कल्याण और संबंधित क्षेत्रों जैसे जनसंख्या की विशेषताएँ; प्रजनन क्षमता और प्रजनन संबंधी प्राथमिकताएँ; परिवार नियोजन; शिशु और बाल मृत्यु दर; मातृ और शिशु स्वास्थ्य; पोषण; रुग्णता और स्वास्थ्य सेवा; महिला सशक्तिकरण आदि संबंधी आँकड़े प्रदान करता है। यह भारत सरकार के स्वास्थ्य कार्यक्रम योजनाओं के प्रदर्शन की निगरानी के उद्देश्य से राष्ट्रीय महत्व का डाटा स्रोत है। एन. एफ. एच. एस.-5 का आयोजन वर्ष 2019 से 2021 के दौरान किया गया था और इसकी रिपोर्ट वर्ष 2022 में जारी की गई थी। एन. एफ. एच. एस.-6 को समय पर शुरू किया गया है। मातृ मृत्यु अनुपात (एमएमआर) उन संकेतकों में से एक है जो नमूना पंजीकरण प्रणाली (एसआरएस) के परिणामस्वरूप होता है। नमूना पंजीकरण प्रणाली (एस. आर. एस.) दुनिया के सबसे बड़े जनसांख्यिकीय सर्वेक्षणों में से एक है जिसमें देश के 36 राज्यों/संघ राज्य क्षेत्रों में फैली लगभग 84 लाख जनसंख्या शामिल है। नवीनतम प्रकाशन वर्ष 2020 से 2022 की अवधि के लिए है और इसे <https://censusindia.gov.in/census.website/data/SRSMMB> लिंक पर देखा जा सकता है।

मंत्रालय नोडल एजेंसी के साथ नियमित अनुवर्ती कार्रवाई और प्रगति की निगरानी तथा मध्यवर्ती कार्रवाइयों की देखरेख के लिए उच्च स्तर पर नियमित समीक्षा बैठकें आयोजित करके एनएफएचएस डेटा का समय पर और पारदर्शी प्रसार सुनिश्चित करता है। पारदर्शी प्रसार सुनिश्चित करने के लिए, एनएफएचएस के अलग-अलग आंकड़े आमतौर पर फैक्टशीट और रिपोर्ट में इकाई स्तर के आंकड़ों के साथ जारी किए जाते हैं। नीति निर्माताओं के लिए आंकड़ों का समय पर और पारदर्शी प्रसार सुनिश्चित करके, मंत्रालय ने इन जनसांख्यिकी में स्वास्थ्य परिणामों को बढ़ाने के लिए प्रजनन, मातृ, नवजात, बाल, किशोर स्वास्थ्य और पोषण (आरएमएनसीएच + एन) रणनीति के तहत कई पहलों

को लागू किया है। प्रमुख कार्यक्रमों/पहलों में जननी सुरक्षा योजना (जेएसवाई), जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके), प्रधानमंत्री सुरक्षित मातृत्व अभियान (पीएमएसएमए), एनीमिया मुक्त भारत (एएमबी), लक्ष्य कार्यक्रम, वितरण केंद्र, प्रजनन और बाल स्वास्थ्य (आरसीएच) पोर्टल, सार्वभौमिक टीकाकरण कार्यक्रम (यूआईपी), दाई सेवा पहल (मिडवाइफरी सर्विसेज इनिशिएटिव), पोषण अभियान आदि शामिल हैं।

AMBULANCES SERVICES IN TEA ESTATES OF ASSAM

2168. SHRI GAURAV GOGOI:

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

- (a) whether the Government has data on the number of ambulances currently deployed in hospitals and primary health units located in the tea estates of Assam, if so, the details thereof;
- (b) whether it is a fact that a significant proportion of these ambulances are non-functional or lack essential medical equipment, as indicated by recent field assessments conducted by health authorities and civil society organisations, if so, the details thereof;
- (c) the steps taken by the Government to ensure functional and well-equipped ambulance services in tea estate hospitals and health units across Assam;
- (d) whether the Central or State Government conducts regular audits or inspections of ambulances and medical equipment available in tea estate health facilities; and
- (e) if so, the details of such audits, including the frequency, findings and corrective measures taken in this regard?

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

(a) and (b): The Primary responsibility of strengthening public healthcare system, including efforts to have required numbers of ambulances lies with the respective States/UTs. 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 posed by States/UTs.

As per information provided by Government of Assam, a total of 649 Patient Transport Vehicles (PTVs) have been deployed specifically in tea garden hospitals across the State of Assam part of a targeted intervention to strengthen the healthcare infrastructure in tea garden areas, where access to medical transport has traditionally been limited. These vehicles have been provided to improve referral transport facilities and ensure timely access to healthcare for tea garden workers and their families. All the PTVs deployed in tea garden hospitals are presently in proper working condition.

(c): The Ministry supports States/UTs each year for improving their emergency ecosystem through State Programme Implementation Plan (SPIP) duly apprised by the National Programme Coordination Committee (NPCC). The Ministry has also urged State authorities to ensure strict compliance to Automotive Industry Standard (AIS-125) during procurement and registration of ambulances to standardize emergency medical response services across the country.

(d) and (e): The Ministry supports a robust framework for periodic audits and assessments of ambulances and their equipment, encouraging high standards of operational readiness and service quality. Since Health is State Subject, the primary responsibility of strengthening public healthcare system, including efforts to have required number of functional ambulances adapted to local contexts so that rural, remote, and underserved populations receive sustained attention, lies with the respective State/UT Governments. The implementation progress and performance of ambulances are regularly monitored and inspected by State authorities.

सागरमाला के अंतर्गत पत्तन विकास परियोजनाएँ

2169. श्री अनिल फिरोजिया:

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

- (क) सरकार द्वारा "सागरमाला परियोजना" के अंतर्गत पूरी की गई पत्तन विकास परियोजनाओं की संख्या कितनी है;
- (ख) उक्त परियोजना के सामाजिक और पर्यावरणीय प्रभाव का मूल्यांकन किस प्रकार किया गया है;
- (ग) सरकार द्वारा भारतमाला परियोजना समर्पित मालवहन गलियारा (डीएफसी), अंतर्देशीय जलमार्ग और रेल मंत्रालय के समन्वय से "मल्टी मॉडल कनेक्टिविटी" को बढ़ावा देने के लिए क्या कार्यनीतिक कदम उठाए गए हैं;
- (घ) सरकार द्वारा पत्तनों पर कार्बन उत्सर्जन को कम करने के लिए क्या हरित पहल की गई है; और
- (ङ) क्या उक्त पहल वैश्विक मानकों के अनुरूप है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) : सागरमाला, पत्तन, पोत परिवहन और जलमार्ग मंत्रालय की प्रमुख केंद्रीय क्षेत्रक योजना है जिसके अंतर्गत भारत की 7,500 किलोमीटर लंबी तटरेखा और 14,500 किलोमीटर लंबे संभावित रूप से नौचालन योग्य जलमार्गों का उपयोग करके देश में पत्तन-आधारित विकास को बढ़ाया जाएगा। सागरमाला योजना के अंतर्गत, मंत्रालय, राज्य/संघ राज्य क्षेत्र सरकारों को पत्तन अवसंरचना परियोजनाओं, तटीय बर्थ परियोजनाओं, सड़क और रेल परियोजनाओं, मत्स्यन बंदरगाहों, कौशल विकास परियोजनाओं, तटीय सामुदायिक विकास, क्रूज टर्मिनल और रो-पैक्स नौका सेवाओं जैसी परियोजनाओं के लिए वित्तीय सहायता प्रदान करता है। अब तक मंत्रालय ने सागरमाला योजना के अंतर्गत आंशिक वित्तपोषण हेतु 9415 करोड़ रुपए की कुल लागत से 121 परियोजनाएँ शुरू की हैं। इनमें से अब तक 77 परियोजनाएँ पूरी की गई हैं।

(ख): वित्त मंत्रालय के दिशा-निर्देशों के अनुसार, वित्त आयोग चक्र के अंत में स्वतंत्र तृतीय पक्ष मूल्यांकनकर्ता द्वारा योजना के प्रभाव मूल्यांकन का प्रावधान है।

(ग): सरकार ने पीएम गति शक्ति नेशनल मास्टर प्लान (एनएमपी) के अंतर्गत कार्यनीति की दृष्टि से महत्वपूर्ण दृष्टिकोण अपनाया है। इस मास्टर प्लान को विभिन्न मंत्रालयों/विभागों/राज्य सरकारों में अवसंरचना के योजना, मंजूरी और निष्पादन संबंधी कार्यों को एकीकृत करने के लिए अक्टूबर, 2021 में शुरू किया गया था।

(घ) और (ङ): सरकार ने 'हरित सागर; हरित पत्तन दिशा-निर्देश' जारी किए हैं जिसमें महापत्तनों के लिए कार्बन तीव्रता को कम करने और वैश्विक मानकों के अनुरूप महापत्तनों में पर्यावरण के अनुकूल पारिस्थितिकी तंत्र विकसित करने के लिए विभिन्न हरित पहल करने हेतु रूपरेखा निर्धारित की गई है।

ब्रांडेड दवाओं का लिखा जाना

2170. श्री बाबू सिंह कुशवाहा:

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

- (क) क्या सरकार को पता है कि चिकित्सक सामान्यतः साल्ट या फॉर्मूला का नाम बताने के बजाय ब्रांडेड दवाएं लिखते हैं, जिसके कारण देश में मरीजों के पास ब्रांडेड कंपनियों से महंगी दवाएं खरीदने के अलावा कोई विकल्प नहीं होता है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ख) सरकार द्वारा चिकित्सक का ब्रांडेड दवाओं के बजाय जेनेरिक दवाएं लिखना या साल्ट का नाम बताना सुनिश्चित करने के लिए क्या ठोस कदम उठाए गए हैं/उठाए जाने का विचार है?

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

(क) और (ख): भारतीय चिकित्सा परिषद (व्यावसायिक आचरण, शिष्टाचार और नैतिकता) विनियम, 2002 के खंड 1.5 में प्रावधान है कि प्रत्येक चिकित्सक को दवाओं के जेनेरिक नाम स्पष्ट रूप से और खास तौर पर बड़े अक्षरों में लिखना चाहिए और उसे यह सुनिश्चित करना चाहिए कि दवा का निर्धारण और प्रयोग तर्कसंगत हो। इसके अलावा, पूर्ववर्ती भारतीय चिकित्सा परिषद (एमसीआई) द्वारा परिपत्र जारी कर सभी पंजीकृत चिकित्सा व्यवसायियों को उपर्युक्त प्रावधानों का पालन सुनिश्चित करने के निर्देश दिए गए हैं।

स्वास्थ्य सेवा महानिदेशालय ने सभी केंद्र सरकार के अस्पतालों को केवल जेनेरिक दवाएं लिखने का निर्देश दिया है। इसी तरह के निर्देश सभी केंद्रीय सरकार स्वास्थ्य योजना (सीजीएचएस) के चिकित्सकों और आरोग्य केंद्रों को भी दवाओं का जेनेरिक नाम स्पष्ट रूप से लिखने के निर्देश जारी किए गए हैं।

राष्ट्रीय चिकित्सा आयोग अधिनियम, 2019 के अंतर्गत उपयुक्त राज्य चिकित्सा परिषदों या राष्ट्रीय चिकित्सा आयोग के नैतिकता और चिकित्सा पंजीकरण बोर्ड (ईएमआरबी) को यह अधिकार प्रदान किया गया है कि वे उपरोक्त विनियमों के प्रावधानों के उल्लंघन की स्थिति में चिकित्सकों के विरुद्ध अनुशासनात्मक कार्रवाई कर सकें। साथ ही, राज्यों को भी यह सलाह दी गई है कि वे जन स्वास्थ्य सुविधाओं में जेनेरिक दवाओं का निर्धारण(प्रिसक्रिप्शन) सुनिश्चित करें और नियमित रूप से प्रिसक्रिप्शन का ऑडिट कराएं।

AYUSH HOSPITALS AND DISPENSARIES IN ANDHRA PRADESH**2171. DR. BYREDDY SHABARI:**

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

- (a) the total number of AYUSH hospitals and dispensaries established across the country under National AYUSH Mission (NAM) during the last five years, State/UT-wise and district-wise of Andhra Pradesh.
- (b) whether the Government is aware that Andhra Pradesh has significantly fewer AYUSH hospitals as compared to other States in the country and if so, the reasons for this gap;
- (c) the details of existing AYUSH hospitals and dispensaries in Andhra Pradesh, including their current functional status, services provided and average annual patient load, district-wise;
- (d) the details of vacancies in medical, paramedical, and administrative posts in AYUSH hospitals and dispensaries in the country, hospital and district-wise in the State of Andhra Pradesh;
- (e) whether any proposals have been received from the State Government of Andhra Pradesh for new AYUSH hospitals or dispensaries in underserved districts such as Nandyal and if so, the details thereof; and
- (f) the amount of funds allocated, released and utilised for AYUSH healthcare infrastructure in Andhra Pradesh under NAM during the last five years, year-wise?

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

(a): Ministry of Ayush is supporting efforts of States/UTs for overall growth and promotion of Ayush Systems by providing financial assistance to them. Accordingly, as per the proposals received through State Annual Action Plans (SAAPs) the total number of Integrated Ayush hospitals State/UT-wise and dispensaries established across the country under National Ayush Mission (NAM) during the last five years is given in the enclosed **Statement-I**, and **Statement-II** respectively.

(b): Public health being a State subject, establishment of new Ayush hospitals particularly in underserved areas comes under the purview of respective State Government. However, under Centrally Sponsored Scheme of National Ayush Mission (NAM) there is a provision of financial assistance for Setting up of 50/30/10 Bedded Integrated AYUSH Hospitals, construction of building to establish new Ayush dispensary in the area where there are no Ayush facilities available and for upgradation of Government/Panchayat/Government aided Ayush Dispensaries. However, in this regard suitable proposal is required to be submitted by the State/UT Governments through their State Annual Action Plan (SAAP) as per the provisions of NAM guideline.

(c): Public Health being a State subject the actual status of available Ayush Health Facilities and their status of functionality w.r.t to services and annual

patient load is being maintained by the respective State Government and no such data is being maintained by the Ministry.

(d): Public Health being a state subject the primary responsibility for sanctioning of posts and filling up of vacant posts in all categories including medical, paramedical and administrative posts comes under the purview of respective States/UT Governments and accordingly no such data is maintained by Central Government.

(e): Under NAM as per the proposal received from State 05 existing Ayush Dispensaries have been upgraded to Ayushman Arogya Mandir (Ayush) and 01 Ayush Dispensary to Specialty Wellness Centre in Nandyal District. However, no proposal for Ayush hospital has been received from State Government of Andhra Pradesh. The details of Dispensaries upgraded as Ayushman Arogya Mandir (Ayush) and Specialty Wellness Centre is given in the enclosed **Statement-III**.

(f): As per the proposals received through SAAPs Ministry of Ayush under NAM has supported for infrastructural support of two 50 bedded Integrated Ayush Hospitals, 01 Ayush Education Institute and 126 existing Ayush Dispensaries upgraded as Ayushman Arogya Mandir (Ayush) Details of funds allocated, released and utilized for these Ayush healthcare infrastructure during last five years is given in the enclosed **Statement-IV**.

STATEMENT I

State/UT-wise details of Integrated AYUSH hospitals established across the country under National AYUSH Mission (NAM) during the last five years.

State/UT	Location	Bedded
Arunachal Pradesh	Bhalukpong (West Kameng)	50
	Likabali (Lower Siang)	50
	Yingkiong (Upper Siang)	10
	Seppa (East Kameng)	10
	Ziro (Lower Subansiri)	10
Assam	Kokrajhar	50
	Baksa	50
	Morigaon	50
	Kaliabor (Nagaon)	50
	Diphu (Karbi Anglong)	30
	Bajali	10
Chhattisgarh	Janjgir-Champa	10
	Mahasamund	10
	Koria	10
	Korba	10
	Kanker (Uttar Bastar Kanker)	10
	Narayanpur	10
	Bijapur	10
	Dantewada(Dakshin Bastar)	10
	Dalli Rajhara (Balod)	30
	Surajpur	10
Dadra Nagar Haveli and Daman & Diu	Silvasa (Dadra and Nagar Haveli)	50

Goa	Velguem (North Goa)	50
Gujarat	Surat	50
	Atkot	30
Himachal Pradesh	Dharamshala	50
Jammu & Kashmir	Samba	50
	Gadi Garh	10
	Bandipayeen	10
Jharkhand	Gumla	10
	Bokaro	10
	Deoghar	10
	Palamu	10
	Dumka	10
	Jamshedpur	50
Karnataka	Thrithahalli	10
Kerala	Adoor, Pathanamthitta	10
	Attapadi	50
	Kottarakara-Kollam	30
	Wayanad	30
	Idukki	30
	Aranmula, Ranni, Pathanamthitta	30
	Varkala	50
	Kappukad, Thiruvanthapuram	50
Maharashtra	Dharashiv, (Osmanabad)	50
	Jalgaon	30
	Jalna	50
	Thane	50
	Nagpur	50
	Gondia	50
	Chhatrapati Sambhaji Nagar	50
	Buldhana	50

	Gadchiroli	30
	Wardha	30
Manipur	Chandel	10
	Jiribam	10
	Kangpokpi	10
	Bishnupur	10
	Noney	10
	Thoubal	10
	Senapati	10
Madhya Pradesh	Balaghat	50
	Sehore	50
	Gunna	50
	Panna	50
	Bhind	50
	Barwani	30
	Sujalpur	50
	Sheopur	50
Meghalaya	Jowai, West Jaintia Hills Dist)	30
Mizoram	Aizawl	50
	Saitul	10
Nagaland	Kiphire	30
	Tizit,	30
	Akuhaito, Zunheboto	30
Puducherry	Karaikal	30
Rajasthan	Sawaimadhopur	50
	Bharatpur	50
	Kithana	30
	Bhilwara (Asind)	10
	Bhilwara (Bijoliya)	10

	Karuli (Mandrayal)	10
	Alwar (Behror)	10
	Alwar (Neemrana)	10
	Jodhpur (Shekhala)	10
	Dausa (Nangal Raja Watan)	10
	Jaipur - A (Paota)	10
	Sikar (Dhod)	10
	Sikar (Shreemadhopur)	10
	Barmer (Gira)	10
	Jalore (Bagoda)	10
	Baran (Kishanganj)	10
	Jhalawar (Bakani)	10
	Kota (Sultanpur)	10
	Pali (Rohat)	10
	Ajmer (Masuda)	10
	Ajmer (Peesangan)	10
	Dholpur (Sepau)	10
	Bharatpur (Sewer)	10
	Nagaur (Kheenvasar)	10
	Sri Ganganagar (Rai Singh Nagar)	10

	Dungarpur (Dovra)	10
	Pratapgarh (Arnod)	10
Sikkim	NIT, Deorali	30
Tamil Nadu	Namakkal	50
	AAGHIM Campus, Chennai	50
	Kottar, Nagercoil	30
Telangana	Siddipet	50
	Vikarabad	50
	JayashankarBhupalapally,	50
Uttar Pradesh	Jaunpur	30
	Shravasti	50
	Unnao	50
	Hardoi	50
	Gorakhpur	50
	Sambhal	50
	Mirzapur	50
Uttrakhand	Kotdwar, Pauri	50
	Pathri ,Haridwar	10
	Bheemtal, Nainital	10
	Piran Kaliya, Haridwar	50

STATEMENT-II

Establishment of New Ayush Dispensary approved under National Ayush Mission (NAM) During last 5 years

Sl. No.	State/UT	Unit Allocated
1	Arunachal Pradesh	2
2	Assam	100
3	Jammu & Kashmir	11

4	Maharashtra	1
5	Manipur	8
6	Meghalaya	10
7	Tamil Nadu	2
8	Uttar Pradesh	250
Total		384

STATEMENT-III

Dispensaries upgraded as Ayushman Arogya Mandir (Ayush) and Speciality Wellness Centre in Nandyal District

Location	Stream	District	Facility type supported under NAM
Nandyal	Ayurveda	Nandyal	Speciality Wellness Centre
Ahobilam	Ayurveda	Nandyal	Ayushman Arogya Mandir
Pamulapadu	Ayurveda	Nandyal	Ayushman Arogya Mandir
Dronachalam	Ayurveda	Nandyal	Ayushman Arogya Mandir
Banaganapalli	Unani	Nandyal	Ayushman Arogya Mandir
Bandiatmakur	Ayurveda	Nandyal	Ayushman Arogya Mandir

STATEMENT-IV

I. Last 05 years Ayush Infrastructure Support to Ayushman Arogya Mandir (Ayush).

Year	Funds allocated/released	Funds Utilized /Expenditure reported by the State (Rs in lakhs)
2019-20	202.63	202.63
2020-21	294.2	268.3138
2021-22	0	0
2022-23	0	0

2023-24	0	0
TOTAL	496.83	470.94380

II. Infrastructure Support to Integrated Ayush Hospitals (IAH) of Andhra Pradesh

State name	Location (District)	System of medicine	No. of Beds	Funds Sanctioned Allocated (Rs. In Lakhs)	Funds Utilized /Expenditure reported by the State (Rs in lakhs)
Andhra Pradesh	Kakinada	Ayurveda, Homoeopathy, Yoga & Naturopathy	50	1500.00	608.40
	Visakhapatnam	Ayurveda, Homoeopathy, Yoga & Naturopathy	50	749.97	384.32

III. Infrastructure Support to Ayush Education Institute of Andhra during last 05 years

Name of State/ UT	Name of the Institutions	UG/PG	Funds Sanctioned Allocated (Rs. In Lakhs)	Funds Utilized /Expenditure reported by the State (Rs in lakhs)
Andhra Pradesh	Govt. Naturopathy & Yoga Medical College (New) at Vishakhapatnam	UG	408.80	245.28

HONORARIUM TO AWWs AND AWHs

2172. SHRI BALASHOWRY VALLABHANENI:

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

- (a) the performance of Anganwadi Centres in Andhra Pradesh;
- (b) whether the honorarium for Anganwadi Workers and Anganwadi Helpers was last revised in 2018, if so, the constraints being faced by the Government to further revise their honorarium; and
- (c) whether the Government is considering to link their honorarium to inflation as being done in case of MGNREGA workers, 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): As per Poshan Tracker data improvement in malnutrition indicators has been observed in children across India. Malnutrition indicators of children (0-5 years) in the State of Andhra Pradesh as on June 2025 and June 2024 are as under:

Month	Total Active Children (0-5 years) measured during the month	Measuring Efficiency (%)	Stunting%	Wasting%	Underweight%
June, 2025	21,83,364	98.56	18.43	4.97	7.68
June 2024	23,98,832	96.45	20.68	5.61	9.75

Details of home visits undertaken by Anganwadi Workers in the State of Andhra Pradesh:

Month	Total Targeted Visits	Total visits made	% of visits made
June, 2025	7,31,668	7,23,133	98.83
June 2024	6,62,577	6,55,995	99.01

(b): 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. 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 & States/UTs.

Besides, performance linked incentive of Rs.500/- is 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.

(c): Currently no such proposal is under consideration.

IMPORT OF DAP**2173. SHRI PRABHAKAR REDDY VEMIREDDY:**

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

- (a) whether it is true that DAP imports from China have fallen from 23 lakh tons in 2023-24 to 8.4 lakh tons in 2024-25, if so, the details thereof;
- (b) whether it is also true that not a single ton of DAP has come from China since January, 2025, if so, the reasons therefor;
- (c) whether it is true that China imposed export curbs on DAP and if so, the reasons therefor;
- (d) whether it is true that due to China's restrictions price of DAP has gone up to as much as US\$ 800 per ton of finished DAP, if so, the details thereof; and
- (e) the extent to which Ammonium Phosphate Sulphate can be alternative to DAP?

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): Phosphatic & Potassic (P&K) fertilizers including Di-Ammonium Phosphate (DAP) are under Open General License (OGL). The fertilizer companies are free to import / manufacture these fertilizers as per their business dynamics. As reported by fertilizer companies, DAP import from China has declined from approximately 22.28

LMT in 2023-24 to about 8.47 LMT in 2024-25. In July 2025, approximately 0.97 LMT of DAP has been imported from China.

(c): In October 2021 China amended its catalogue of commodities requiring mandatory additional inspection prior to export of fertilizer-related items, including DAP.

(d): The CFR (Cost and Freight) price of DAP for India rose from USD 542/MT in April 2024 to approximately USD 800/MT in July 2025.

(e): Ammonium Phosphate Sulphate (APS) may serve as a partial alternative to DAP, particularly in sulphur-deficient soils and for sulphur-demanding crops. APS supplies nitrogen, phosphorus, and sulphur, but contains lower phosphorus 'P' content of 20% as compared to 46% in DAP. Thus, APS is a crop- and soil-specific supplement.

उत्तर प्रदेश में आंगनवाड़ी केन्द्र

2174. श्रीमती रुचि वीरा:

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

- (क) उत्तर प्रदेश में सक्षम आंगनवाड़ी और पोषण मिशन के अंतर्गत कितने आंगनवाड़ी केंद्र कार्यशील हैं;
- (ख) क्या विगत पांच वर्षों के दौरान उत्तर प्रदेश में कोई नया आंगनवाड़ी केंद्र नहीं खोला गया है;
- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसके क्या कारण हैं; और
- (घ) उत्तर प्रदेश के मुरादाबाद और बिजनौर जिलों में कितने आंगनवाड़ी केंद्र कार्यशील हैं और विगत पांच वर्षों में स्थापित किए गए नए आंगनवाड़ी केंद्रों का ब्यौरा क्या है?

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

(क) से (घ): पोषण ट्रैकर के आंकड़ों के अनुसार, जून 2025 तक उत्तर प्रदेश राज्य में कुल 1,89,373 आंगनवाड़ी केंद्र कार्यशील हैं। वित्तीय वर्ष 2023-24 के दौरान, प्रधानमंत्री जनमन योजना के अंतर्गत बिजनौर जिले के लिए एक नए आंगनवाड़ी केंद्र को स्वीकृति दी गई है। उत्तर प्रदेश के मुरादाबाद और बिजनौर जिले में कार्यशील आंगनवाड़ी केंद्रों की संख्या इस प्रकार है:

क्र.सं.	जिले का नाम	कार्यशील आंगनवाड़ी केन्द्रों की संख्या (पोषण ट्रैकर के जून 2025 के आंकड़ों के अनुसार)
1	मुरादाबाद	2770
2	बिजनौर	3237

INCLUSIVITY IN THE HIGHER JUDICIARY

2175. SHRI RAHUL GANDHI:

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

- (a) the initiatives that are being taken to promote diversity and inclusivity in the Higher Judiciary;
- (b) the details of SC, ST, OBC, Minorities and Women Judges appointed in the High Courts since 2019;
- (c) whether any proposal to provide reservation in the appointment and promotion of judicial staff in the High Courts is being considered; and
- (d) if so, the details thereof?

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

(a) and (b): Appointment of Judges to the Supreme Court and High Courts is made under Articles 124, 217 and 224 of the Constitution of India, which do not provide for reservation for any caste or class of persons. Therefore, category-wise data pertaining to representation of any caste or class of persons among the Judges of Supreme Court and the High Courts is not centrally available. Since 2018, the recommendees for the post of High Court Judges are required to provide details regarding their social background in the prescribed format (prepared in consultation with the Supreme Court). As per the information provided by the recommendees, out of 753 Judges appointed from 2018 till 28.07.2025, 24 belong to SC category, 17 belong to ST category, 93 belong to OBC category and 42 belong to the minority category. 117 women were appointed as Judges in various High Courts during the same period.

As per the Memorandum of Procedure (MoP), the responsibility for initiation of proposals for appointment of Judges in the Supreme Court vests with the Chief Justice of India, while the responsibility for initiation of proposals for appointment of Judges in the High Courts vests with the Chief Justice of the concerned High Court. However, the Government is committed to enhancing social diversity in judiciary and has been requesting the Chief Justices of High Courts that while sending proposals for appointment of Judges, due consideration be given to suitable candidates belonging to Scheduled Castes, Scheduled Tribes, Other Backward Classes, Minorities and Women to ensure social diversity in the appointment of Judges in High Courts. Only those persons

who are recommended by the Supreme Court Collegium, are appointed as Judges of the Supreme Court and High Courts.

(c) and (d): The staff of the High Courts are to be appointed as per Rules made by the High Courts in accordance with the powers conferred by Article 229(2) of the Constitution, which provides that *“the conditions of service of officers and servants of a High Court shall be such as may be prescribed by rules made by the Chief Justice of the Court or by some other Judge or officer of the Court authorised by the Chief Justice to make rules for the purpose”*.

ANGANWADI INFRASTRUCTURE IN REMOTE AND RURAL AREAS

2176. ADV. PRIYA SAROJ:

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

- (a) the details of the fund allocation/actual expenditure under major schemes such as Beti Bachao Beti Padhao, POSHAN Abhiyaan and One Stop Centres in Uttar Pradesh during the last three years;
- (b) the details of funds utilisation, district-wise including Jaunpur, particularly for Scheduled Castes/Scheduled Tribes beneficiaries;
- (c) whether any funds remained unutilized during the said period and if so, the details thereof along with the reasons therefor;
- (d) the details of malnutrition rates among children (0–6 years) and pregnant/lactating women in said district;
- (e) the number of cases reported specifically among SC/ST communities; and

- (f) whether there is any plan to expand Anganwadi infrastructure in remote and rural areas and if so, the details thereof?

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

(a) and (b): The details of funds released to and utilised by State Government of Uttar Pradesh, including for Scheduled Castes and Scheduled Tribes beneficiaries, under the schemes of the Ministry during the last three years are given in the enclosed **Statement**. District-wise details of utilisation of funds are not maintained under the schemes of the Ministry.

(c): The reasons for underutilization, inter alia, include not meeting the minimum conditions of Single Nodal Agency/SNA SPARSH on the Public Financial Management System, low recruitment of manpower resources leading to savings, delay in completion of construction activities and delay in settlement of Utilization Certificates.

(d) to (f): The details of malnutrition rates among children (0-6 years) and pregnant and lactating women in Jaunpur district (Uttar Pradesh) as on 30 June 2025:

Malnutritional data (0-6 Years) as per Poshan Tracker		
SI No.	Category	Percentage (%)
1.	Stunting	53.98%
2.	Underweight	22.64%
3.	Wasting (0-5 Years)*	5.63%

*Data of wasting is maintained on Poshan Tracker for children of age group 0-5 years.

Separate malnutrition data for SC and ST communities is not maintained on Poshan Tracker.

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, 1 AWC has been approved for construction under PM JANMAN in Uttar Pradesh.

STATEMENT

Details of funds released to/ utilised by State Government of Uttar Pradesh under the schemes of the Ministry during the last three years

(Rs. in crores)

S.No	Mission	Scheme	FY 2022-23		FY 2023-24		FY 2024-25	
			Released	Utilised	Released	Utilised	Released	Utilised
1.	Mission Saksham Anganwadi & POSHAN 2.0	Anganwadi Services Scheme, POSHAN Abhiyaan and Scheme for Adolescent Girls	2721.87	2622.64	2668.69	2510.27	2694.62	Certificate/Statement of Expenditure for financial year 2024-25 is not due.
2.	Mission Vatsalya (erstwhile Integrated Child Protection Scheme)		66.05	49.40	103.57	76.06	92.05	Certificate/Statement of Expenditure for financial year 2024-25 is not due.
3.		Beti Bachao Beti Padhao	0.00	8.11	20.93	12.02	0.00	16.88

	Mission Shakti – Sambal	One Stop Centre	3.47	7.29	18.13	20.43	18.01	20.53
		Women Help Line	0.17	0.00	0.96	0.77	0.76	0.85
4.	Mission Shakti – Samarthya	Pradhan Mantri Matru Vandhana Yojana	500.68	384.53	0.00	74.79	0	82.55
		Shakti Sadan (erstwhile Swadhar Greh and Ujjawala)	1.58	1.58	0.00	0.00	7.84	1.35
		Sakhi Niwas (erstwhile Working Women Hostel)	0.00	0.00	0.00	0.00	0.40	0.00
		Hub for Empowerment of Women	5.90	-	0.00	-	7.80	-

SHIPBUILDING AND SHIPBREAKING UNITS

2177. SHRI BASTIPATI NAGARAJU:

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

- (a) whether the Government has identified any specific zones for establishing shipbuilding and shipbreaking units under the extended Shipbuilding Financial Assistance Policy;
- (b) if so, the details regarding the locations identified, along with projected capacity of such shipbuilding and shipbreaking units in Gross Tonnage and their expected timeline for operationalization, State-wise;

- (c) the details regarding the amount of direct subsidy disbursed and the number of beneficiary entities under the said scheme for the State of Andhra Pradesh;
- (d) the details of projects supported under the Shipbreaking Credit Note Scheme, including the quantity of scrap processed, the value of credit notes issued and the number of new vessels procured, year and State-wise; and
- (e) the total number of employment opportunities generated through shipbuilding and shipbreaking activities, classified into skilled, semi-skilled and unskilled categories during the last five years in the State of Andhra Pradesh?

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

(a) to (e): No such policy has been approved, as yet.

STATUS OF CIPET CENTERS IN ANDHRA PRADESH

2178: SHRI G. LAKSHMINARAYANA:

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

- (a) the number and details of Central Institute of Petrochemicals Engineering and Technology (CIPET) centres sanctioned in Andhra Pradesh, including their district-wise location, year of Sanction and operational status;

- (b) the total funds allocated, released and utilized for each of these centres since inception, year-wise and under key expenditure heads;
- (c) whether the Government proposes to establish new CIPET centres in backward or aspirational districts such as Anantapur, Vizianagaram and Srikakulam and if so, the status thereof;
- (d) the number of students trained at each CIPET centre along with the placement outcomes in Andhra Pradesh annually during the past five years; and
- (e) whether any evaluation has been conducted to assess the industrial impact, MSME linkages and employment generation from these centres and if so, the major findings and follow-up actions taken thereon?

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): CIPET has a Centre for Skilling and Technical Support (CSTS) Centre at Vijayawada in Andhra Pradesh, which was sanctioned in 2015. Presently, the Centre offers 03 long-term courses, namely Postgraduate Diploma in Plastics Processing & Testing, Diploma in Plastics Technology and Diploma in Plastics Mould Technology. The Centre also imparts short-term Skill Development Training Courses and provides Technical support services to the plastic industries.

(b): The Department had approved the proposal for establishment of CIPET: CSTS, Vijayawada for a total project cost of Rs. 40.10 crore which was shared

between the Centre and the State Government on 50:50 basis. The details of the total funds allocated, released by the Central Government and utilized for CIPET: CSTS, Vijayawada is as under:

Sl. No.	Financial Year	Funds allocated and released by the Govt. of India for the establishment of CIPET : CSTS vijayawada
1	2015-16	6.17
2	2016-17	7.00
3	2017-18	1.04
4	2018-19	2.86
5	2019-20	2.98
TOTAL		20.05

All the funds (i.e. Rs. 20.05 crore) released by the Central Government have been utilized.

(c): No, Sir. Currently, no such proposal is under consideration.

(d): The number of students trained at CIPET: CSTS, Vijayawada, along with placement outcomes during the past five years, is as follows:

Years	Long-Term Programmes (PGD-PPT, DPMT and DPT)		Employment-linked Skill Development Training Programmes	
	No. of students trained	No. of students got placement (including higher studies)	No. of candidates Trained	No. of candidates Placed
2020-21	11	11	40	33
2021-22	143	121	82	73
2022-23	139	137	130	124

2023-24	83	81	390	385
2024-25	55	50	110	110

(e): CIPET: CSTS, Vijayawada has contributed to employment generation by offering diploma and skill development training programs tailored to industry needs. Over the past five years, the centre has trained 1183 students, with 1125 achieving successful placement. Additionally, CIPET's Technical Support Services (TSS) continue to significantly contribute to the advancement of the local plastics industry, fostering innovation and industrial growth.

IMPACT OF THE E-MIGRATE PORTAL ON EMIGRATION PROCESSES

2179. SHRI SHASHANK MANI:

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

- (a) whether the Government has implemented the e-Migrate portal to simplify, organize and humanize the emigration process, if so, the details thereof including the key benefits of the project; and
- (b) whether the Government has the data on the total number of people granted Emigration Clearance since the launch of the portal till date, along with the number of active recruiting agents and registered employers on the portal, 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 eMigrate portal facilitates emigration process of Indian nationals holding Emigration Check Required (ECR) passports and emigrating to any of the 18 notified ECR countries for employment purpose and was rolled out in 2014. The web-based application makes the process of emigration fully digital, transparent, safe, legal, humane, efficient, convenient, and faster. It seamlessly brings all stakeholders, including Foreign Employers (FEs), registered Recruiting Agents (RAs) and the prospective emigrants on a common platform and enables MEA to capture comprehensive and online database. A dedicated helpline and support system is also available to assist emigrants and other stakeholders to address any query/issue. The advisories/alerts on fake job offers and fraudulent/illegal recruitment agencies are also hosted on the portal.

An updated, revamped and user friendly eMigrate-V2.0 portal was inaugurated on 14 October 2024. The revamped portal has been integrated with DigiLocker to provide for storage and access by users of documents across the world; Common Services Centers (CSC) to enable delivery of emigration related services through its network of over 5 lakh centers across the country; UMANG for providing access to pan-India e-Gov services; BHASHINI to enable access to information in regional languages; SBlePay for provisioning of an additional digital payment gateway with zero transaction charges; Bureau of Immigration for seamless and hassle free travel of emigrants; Passport Seva Portal for e-verification of Passports, insurance companies for procurement of mandatory PBBY policy etc., among others. The eMigrate Mobile App has also been developed for the first time which allows the stakeholders to have easy access

to major services available on the portal, including tracking of application status, obtaining list of registered as well as unregistered recruiting agents, filing grievances etc.

(b): As on July 25, 2025, over 48 lakh Emigration Clearances (ECs) have been issued through the portal and there are 2358 active RAs and 2,93,738 FEs registered on the portal.

NIRBHAYA FUND

2180. DR. AMAR SINGH:

SHRI SAPTAGIRI SANKAR ULAKA:

SHRI BALWANT BASWANT WANKHADE:

SHRI BENNY BEHANAN:

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

- (a) the details of the fund utilization rate under Nirbhaya Fund schemes in the country, State-wise during the last five years;
- (b) the number of sanctioned/operational One Stop Centres (OSCs), Anti-Human Trafficking Units (AHTUs) and Child Welfare Committees (CWCs), State-wise; and
- (c) the details of the projects withdrawn, delayed/stopped midway under the said fund?

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

(a): Under the Nirbhaya Fund, upto the financial year 2024-25, a total amount of Rs 7712.85 Crore has been allocated. The total amount released and utilized out of the Nirbhaya fund is Rs 6232.83 Crore which is nearly 81% of the total allocation.

The projects/ schemes under Nirbhaya Fund are demand driven. The projects/ schemes initially appraised by Empowered Committee (EC) under Framework for Nirbhaya Fund generally have a staggered implementation schedule. Some of the appraised projects are directly implemented by Central Ministries/ Departments. However, majority of the projects are implemented through State Governments and Union Territory (UT) Administrations, in which Central Government releases funds to States/ UTs after approval of Competent Financial Authority (CFA), as per prescribed fund sharing pattern of respective States/ UTs. Implementation on the ground is done by the Implementing Agencies (IAs) of States or UTs as per the approved timelines. State/ UT-wise details of utilisation of fund are given in the enclosed **Statement-I**.

(b): State/ UT-wise list of sanctioned/ operational One Stop Centres (OSCs), Anti-Human Trafficking Units (AHTUs) and Child Welfare Committees (CWCs) is given in the enclosed **Statement-II**.

(c): Till now, a total of 50 projects have been appraised by the Empowered Committee of officers (EC) constituted under the framework for Nirbhaya Fund. The details are as under:

I.	Number of projects appraised by EC	= 50
II.	Number of projects approved by CFA [out of (I)]	= 40
III.	Number of Projects appraised but awaiting approval of CFA [out of (i)]	= 10

IV.	Number of ongoing projects [out of (II)]	= 21
V.	Number of Completed projects [out of (II)]	= 16
VI.	Number of Closed Projects* [out of (II)]	= 03

**(where the Projects could not be completed by the IAs despite extension of timelines).*

The 02 projects namely (i) CHIRALI: Friends Forever (ii) Smart and safe cities free from violence against Women and Girls programme of Department of Women and Child Development, Government of Rajasthan and Government of Madhya Pradesh, respectively were closed at the request of the State Governments. The Mahila Police Volunteers (MPV) scheme was discontinued under Mission Shakti based on the recommendation made in a Third Party evaluation, while suitably incorporating its features under other components of Mission Shakti.

STATEMENT-I

State/ UT-wise details of utilisation of Nirbhaya Fund

Sl.no	States/ UTs	Fund released and utilised to States/UTs
		(Rs. In crore)
1	Andhra Pradesh	133.07
2	Arunachal Pradesh	53.27
3	Assam	120.90
4	Bihar	148.80
5	Chhattisgarh	117.02
6	Goa	28.74
7	Gujarat	225.50
8	Haryana	118.05
9	Himachal Pradesh	63.70
10	Jammu and Kashmir	52.52

11	Jharkhand	69.20
12	Karnataka	490.71
13	Kerala	134.32
14	Madhya Pradesh	206.88
15	Maharashtra	372.89
16	Manipur	73.38
17	Meghalaya	51.05
18	Mizoram	49.45
19	Nagaland	60.89
20	Odisha	139.52
21	Punjab	64.27
22	Rajasthan	189.59
23	Sikkim	57.66
24	Tamil Nadu	347.55
25	Telangana	298.49
26	Tripura	30.11
27	Uttar Pradesh	699.12
28	Uttarakhand	64.50
29	West Bengal	136.07
30	A&N Islands	16.63
31	Chandigarh	80.93
32	DNH & DD	17.32
33	Delhi	538.31
34	Ladakh	20.03
35	Lakshadweep	10.19
36	Puducherry	66.17

STATEMENT-II

State/ UT-wise list of sanctioned/ operational One Stop Centres (OSCs), Anti-Human Trafficking Units (AHTUs) and Child Welfare Committees (CWCs)

SI No.	State/ UTs	Number of OSCs		No. of AHTUs*	No. of CWCs
		Approved	Operational		
1	Andaman and Nicobar Islands	3	3	1	3
2	Andhra Pradesh	26	26	13	26
3	Arunachal Pradesh	27	25	25	26
4	Assam	36	36	38	36
5	Bihar	65	39	44	38
6	Chandigarh	1	1	1	1
7	Chhattisgarh	42	29	27	33
8	DNH & DD	3	3	3	3
9	Delhi	22	11	17	10
10	Goa	2	2	2	2
11	Gujarat	36	35	40	33
12	Haryana	22	22	22	22
13	Himachal Pradesh	13	13	12	12
14	Jammu and Kashmir	23	20	21	20
15	Jharkhand	35	24	24	24
16	Karnataka	40	40	35	39
17	Kerala	16	14	22	14
18	Ladakh	2	2	2	2
19	Lakshadweep	1	1	1	1
20	Madhya Pradesh	65	57	52	51
21	Maharashtra	55	55	45	39
22	Manipur	16	16	16	16
23	Meghalaya	13	12	11	12
24	Mizoram	13	13	8	11

25	Nagaland	17	11	11	16
26	Odisha	32	30	36	31
27	Puducherry	4	4	4	2
28	Punjab	23	23	29	23
29	Rajasthan	52	43	43	34
30	Sikkim	6	6	5	6
31	Tamil Nadu	59	49	32	40
32	Telangana	36	36	30	36
33	Tripura	10	8	8	8
34	Uttar Pradesh	121	96	75	75
35	Uttarakhand	14	14	13	13
36	West Bengal	24	24	39	25
	Total	975	843	807	783

* In addition to 807 AHTUs in States/ UTs, 20 AHTUs have been set up by the Border Guarding Forces (BSF and SSB).

PENDENCY OF PROMOTIONS

2181. SHRI SUDAMA PRASAD:

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

- whether any action has been taken by the Government for restructuring of Pharmaceuticals (Allopathic) Cadre under CGHS Delhi and if so, the details thereof;
- whether the ministry has taken cognizance on the order issued under which the promotion mandated has not been implemented under the order, if so, the details thereof;
- the details of promotions pending under the order along with the reasons for pendency of promotions despite office order being passed; and

(d) the action taken by the Government on the same along with the action taken reports regarding the office order?

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): With the approval of Department of Expenditure on 06.04.2023, the Pharmacist (Allopathic) cadre under CGHS has been restructured as under:

Name of the post	Status	Sanctioned strength
Pharmacist	Existing post	722
Senior Pharmacist	Newly created	270
Assistant Depot Manager	Newly created	44
Depot Manager	Newly created	04

The recruitment/promotion to any post under Government of India is done as per the notified recruitment rules for the respective posts. Subsequent to the approval of Department of Expenditure for restructuring of Pharmacist (Allopathic) cadre under CGHS, recruitment rules for the entry level (direct recruitment) post of Pharmacist have already been notified on 24.06.2024.

Further, the approval of recruitment rules for the newly created promotional posts of Senior Pharmacist, Assistant Depot Manager and Depot Manager are under the purview of DoPT, UPSC and Department of Legal Affairs.

UPGRADATION OF ANGANWADI CENTRES

2182. SHRIMATI MALVIKA DEVI:

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

- (a) the number of Anganwadi Centres (AWCs) upgraded under the Saksham Anganwadi and Poshan 2.0 scheme, State and district-wise including Kalahandi Lok Sabha Constituency of Odisha;
- (b) the total number of AWCs which are functioning without pucca buildings, toilets or water supply in these regions;
- (c) the timeline for completing the infrastructure upgrade in the aspirational districts; and
- (d) the monitoring mechanism to ensure quality service delivery post-upgrade?

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

(a) to (d): During the 15th Finance Commission cycle, 2 lakh Government owned Anganwadi Centres (AWCs) @ 40,000 AWCs per year are strengthened and upgraded as Saksham Anganwadis for improved nutrition delivery and for early childhood care and development under Mission Saksham Anganwadi and Poshan 2.0. Saksham Anganwadis are equipped with infrastructure better than the conventional Anganwadi Centres by providing LED screens, water purifier/installation of RO Machine, Poshan Vatika, ECCE and BALA Paintings. Prerequisites for an Anganwadi Centre to be considered for upgradation to Saksham Anganwadi Centre includes Government owned building, availability of Electricity/ power supply, drinking water facility, functional toilet and kitchen.

As on date, a total of 2 Lakh AWCs have been approved for upgradation as Saksham AWCs including 794 in Kalahandi District of Odisha. The State wise / district wise details of approved AWCs for upgradation to Saksham AWCs including Kalahandi District of Odisha are given in the enclosed **Statement**.

The total number of AWCs functioning in Kalahandi District of Odisha are 2377 out of which 23 AWCs are functioning without pucca buildings, 6 are functioning without drinking water facility and 1254 are functioning without toilet as per data available on Poshan Tracker for June 2025.

STATEMENT

State wise / district wise details of approved AWCs for upgradation to Saksham AWCs including Kalahandi District of Odisha

Sr.No.	State/UTs	District	Total
1	Maharashtra	Ahmednagar	495
2		Akola	64
3		Amravati	333
4		Beed	211
5		Bhandara	214
6		Buldana	101
7		Chandrapur	354
8		Chhatrapati Sambhajinagar	29
9		Dharashiv	121
10		Dhule	130
11		Gadchiroli	802
12		Gondia	185
13		Hingoli	156
14		Jalgaon	145
15		Jalna	62
16		Kolhapur	526
17		Latur	719
18		Mumbai Suburban	1

19		Nagpur	834
20		Nanded	80
21		Nandurbar	190
22		Nashik	493
23		Osmanabad	400
24		Palghar	617
25		Parbhani	53
26		Pune	1511
27		Raigad	759
28		Ratnagiri	701
29		Sangli	350
30		Satara	1482
31		Sindhudurg	399
32		Solapur	415
33		Thane	209
34		Wardha	755
35		Washim	389
		Yavatmal	460
36		Total	14745
37	Andhra Pradesh	Anantapuram	185
38		Alluri Sitarama Raju (Asr)	181
39		Annamayya	174
40		Bapatla	261
41		Chittoor	814
42		East Godavari	704
43		Eluru	855
44		Guntur	204
45		KAKINADA	488
46		Konaseema	340
47		Krishna	743
48		Kurnool	146
49		Nandyal	101
50		NTR	440
51		Pvp Manyam	516
52		Palnadu	67
53		Prakasam	242
54		SPSR NELLORE	401

55		Sri Sathya Sai	154
56		SRIKAKULAM	153
57		Tirupati	475
58		West Godavari	489
59		Ysr Kadapa	720
60		Vishakhapatnam	400
61		VIZIANAGARAM	400
		KADAPA	305
62		Total	9958
63	Assam	BAKSA	200
64		BARPETA	700
65		DARRANG	350
66		DHUBRI	425
67		GOALPARA	600
68		HAILAKANDI	100
69		UDALGURI	200
70		Biswanath	100
71		Bongaigaon	80
72		Cachar	66
73		Dibrugarh	174
74		Golaghat	210
75		Hojai	75
76		Karbi- Anglong	86
77		Lakhimpur	100
78		Majuli	91
79		Morigaon	132
80		Nagaon	125
81		Kamrup	104
82		Kamrup Metro	191
83		Nalbari	15
84		Sivasagar	52
85		West Karbi Anglong	35
86		Tinsukia	410
87		Jorhat	175
88		Lakhimpur	102
89		CHARAIDEO	30
90		Nalbari	113

91		SONITPURA	326
		TITABOR	40
92		total	5407
93	Arunachal Pradesh	NAMSAI	103
94		Anjaw	1
95		Changlang	4
96		East Kameng	4
97		East Siang	3
98		Kamle	1
99		Kra Dadi	1
100		Kurung Kumey	2
101		Lepararada	1
102		Lohit	1
103		Longding	3
104		Lower Dibang Valley	2
105		Lower Siang	2
106		Lower Subansiri	2
107		Papum Pare	3
108		Shi Yomi	1
109		Siang	2
110		Tawang	3
111		Tirap	3
112		Upper Siang	2
113		Upper Subansiri	2
114		West Kameng	4
		West Siang	2
115		Total	152
116	Bihar	ARARIA	275
117		AURANGABAD	365
118		BANKA	1002
119		BEGUSARAI	293
120		GAYA	1488
121		JAMUI	558
122		KATIHAR	427
123		KHAGARIA	183
124		MUZAFFARPUR	575
125		NAWADA	1017

126		PURNIA	372
127		SHEIKHPURA	141
128		SITAMARHI	223
129		Arwal	15
130		Bhagalpur	672
131		Bhojpur	75
132		Buxar	192
133		Darbhanga	297
134		East Champaran	90
135		Gopalganj	291
136		Jahanabad	261
137		Kishanganj	274
138		Lakhisarai	100
139		Madhepura	117
140		Muger	184
141		Nalanda	60
142		Rohtas	53
143		Saharsa	26
144		Samastipur	162
145		Saran	467
146		Sheohar	28
147		Siwan	711
148		Supaul	151
149		VAISHALI	113
150		w.champaran	125
		Kaimur	146
151		Total	11529
152	Chhattisgarh	BASTAR	600
153		BIJAPUR	200
154		DANTEWADA	311
155		KANKER	684
156		KONDAGAON	523
157		KORBA	777
158		MAHASAMUND	600
159		NARAYANPUR	103
160		RAJNANDGAON	900
161		SUKMA	291

162		Balrampur	361
163		Bastar	14
164		Dantewada	0
165		Gariaband	138
166		Gaurela-Pendra-Marwahi (GPM)	4
167		Kabirdham	130
168		Kanker	0
169		Kondagaon	0
170		Korba	0
171		Korea	208
172		Mahasamund	629
173		Mohla Manpur Ambagarh Chowki	182
174		Narayanpur	0
175		Sukma	0
176		Surajpur	214
177		Surguja	21
178		Balod	350
179		Balodabazar-Bhatapara	350
180		Bemetara	250
181		Bilaspur	450
182		Dhamtari	250
183		Durg	250
184		GARIYABAND	300
185		Gaurela Pendra Marwahi	50
186		Janjgir-Champa	250
187		Jashpur	500
188		Korea	0
189		Manendragarh-Chirimiri-Bharatpur	150
190		Mungeli	250
191		Raigarh	500
192		Raipur	250
193		Sakti	50
194		Sarangarh-Bilaigarh	150
		Surguja	250
195		Total	11490
196	Gujarat	DAHOD	1570
197		NARMADA	511

198		AHMADABAD	525
199		AHMADABAD URBAN	412
200		AMRELI	219
201		ANAND	332
202		ARAVALLI	411
203		BANASKANTHA	718
204		BHARUCH	480
205		BHAVNAGAR	537
206		CHHOTA UDEPUR	565
207		DANGS	252
208		DEVBHUMI DWARKA	263
209		GANDHINAGAR	596
210		GANDHINAGAR URBAN	49
211		JAMNAGAR	36
212		JAMNAGAR URBAN	59
213		KACHCHH	119
214		KHEDA	437
215		MAHESANA	512
216		MAHISAGAR	166
217		MORBI	51
218		PANCHMAHALS	693
219		PATAN	235
220		RAJKOT	20
221		RAJKOT URBAN	89
222		SABARKANTHA	996
223		SURAT	226
224		SURAT URBAN	360
225		SURENDRANAGAR	298
226		TAPI	482
227		VADODARA	226
228		VADODARA URBAN	73
		VALSAD	629
229		Total	13147
230	Haryana	Ambala	159
231		Ateli	1
232		Bhiwani	200
233		Ch. Dadri	63

234		Faridabad	40
235		Fatehabad	217
236		Gurugram	118
237		Hisar	172
238		Jhajjar	112
239		Jind	167
240		KAITHAL	122
241		Kaithal R	8
242		Kanina	13
243		Karnal	181
244		KURUKSHETRA	141
245		Mahendragarh	146
246		Nuh	20
247		NNL-R	4
248		PALWAL	35
249		Panchkula	74
250		Panipat	58
251		Rewari	173
252		REWARI(JATUSANA)	7
253		ROHTAK	123
254		Sirsa	167
255		Sonipat	141
256		YNR	132
		MEWAT	10
257		Total	2804
258	Himachal Pradesh	CHAMBA	100
259		Bilaspur	59
260		Hamirpur	91
261		kangra	37
262		Kullu	61
263		Lahaul & Spiti	5
264		Mandi	150
265		Shimla	93
266		Sirmaur	233
267		Solan	134
268		Una	66
		Kinnaur	1

269		Total	1030
270	Jammu & Kashmir	BARAMULLA	43
271		KUPWARA	100
272		Anantnag	62
273		Bandipora	1
274		BUDGAM	35
275		Ganderbal	10
276		Kulgam	1
277		Poonch	45
278		Pulwama	1
279		Rajouri	20
280		Ramban	1
281		Reasi	1
		Udhampur	18
282		total	338
283	Jharkhand	BOKARO	721
284		CHATRA	588
285		DUMKA	1204
286		EAST SINGHBUM	708
287		GARHWA	280
288		GIRIDIH	1337
289		GODDA	803
290		GUMLA	1379
291		HAZARIBAGH	916
292		KHUNTI	476
293		LATEHAR	628
294		LOHARDAGA	524
295		PAKUR	399
296		PALAMU	756
297		RAMGARH	518
298		RANCHI	767
299		SAHEBGANJ	1138
300		SIMDEGA	339
301		WEST SINGHBHUM	1016
302		Deoghar	582
303		Dhanbad	958
304		Jamtara	149

305		Koderma	289
		Seraikella-Kharsawan	300
306		Total	16775
307	Karnataka	RAICHUR	220
308		YADGIR	171
309		Bellari	341
310		Bidar	122
311		Uttarakannada	256
312		Vijayapur	723
313		Bagalkote	340
314		Bangalore Rural	938
315		Belagavi	795
316		Bengaluru Urban	226
317		Chamarajanagara	290
318		Chikkaballapura	516
319		Chikkamagaluru	266
320		Chitradurga	240
321		Dakshina kannada	1384
322		Davanagere	637
323		Dharwad	71
324		Gadag	808
325		Hassan	701
326		Haveri	1483
327		Kalburgi	542
328		Kodagu	73
329		Kolar	655
330		koppal	276
331		Mandya	515
332		Mysore	2458
333		Ramanagara	477
334		Shimoga	997
335		Tumkur	338
336		Udupi	135
		Vijayanagara	738
337		Total	17732
338	Kerala	WAYANAD	685
339		Idukki	408

340		Kasaragod	257
341		Palakkad	502
342		Alappuzha	189
343		Ernakulam	246
344		Kannur	224
345		Kollam	169
346		Kottayam	201
347		Kozhikode	229
348		Malappuram	272
349		Pathanamthitta	163
350		Thiruvananthapuram	333
		Thrissur	274
351		Total	4152
352	Madhya Pradesh	BARWANI	1738
353		CHHATARPUR	626
354		DAMOH	523
355		EAST NIMAR	300
356		GUNA	458
357		RAJGARH	860
358		SINGRAULI	700
359		VIDISHA	478
360		Agar Malwa	160
361		Alirajpur	271
362		Anuppur	180
363		Ashok Nagar	288
364		Balaghat	870
365		Betul	620
366		Bhind	446
367		Bhopal	419
368		Burhanpur	497
369		Chindwada	165
370		Datia	342
371		Dindori	485
372		Harda	242
373		Indore	540
374		Jabalpur	359
375		Jhabua	447

376		Katni	530
377		Khargone	432
378		Mandla	636
379		Mandsaur	556
380		Morena	353
381		Naramdapuram	90
382		Narsinghpur	328
383		Neemuch	326
384		Niwari	55
385		Raisen	294
386		Ratlam	506
387		Rewa	538
388		Sagar	447
389		Sehore	463
390		Seoni	587
391		Shahdol	793
392		Shajapur	242
393		Shivpuri	484
394		Sidhi	413
395		Tikamgarh	315
396		Ujjain	596
397		Umaria	201
398		Gwalior	254
399		Sheopur	192
400		Satna	294
401		Panna	139
402		Dhar	431
403		Khandwa	479
404		Anooppur	230
405		Chindwara	414
406		Dewas	273
407		Khargon	0
408		Maihar	112
409		Mauganj	56
410		Morena	0
411		Narmadapuram	386
412		Niwadi	40

413		Padurna	103
		Singhroli	60
414		Total	24662
415	MANIPUR	CHANDEL	30
416	Meghalaya	RI BHOI	107
417		North Goro Hills	1
		Umsning, Jirang	13
418		Total	151
419	MIZORAM	MAMIT	286
420		Lunglei	247
421		Mamit	0
422		Saitual	120
423		Aizawl	274
424		Champhai	150
425		Khawzawl	18
426		Kolasib	134
427		Lawngtlai	153
428		Serchhip	97
429		Siaha	64
430		Aizawl	0
431		Champhai	0
432		Hnahthial	30
433		Khawzawl	0
434		Khawzawl District	26
435		Kolasib	0
436		Lawngtlai	0
437		Lunglei	0
438		MAMIT	0
439		Ngopa	1
440		Saitual	0
441		Serchhip	0
		Siaha	0
442		Total	1600
443	Nagaland	KIPHIRE	107
444		Zunheboto	25
		Noklak	17
445		Total	149

446	Odisha	Balangir	719
447		Dhenkanal	779
448		Gajapati	703
449		Kalahandi	794
450		Kandhamal	865
451		Koraput	1136
452		Malkangiri	489
453		Nabarangpur	875
454		Nuapada	593
455		Rayagada	673
456		Bargarh	295
457		Keonjhar	53
458		Mayurbhanj	103
459		Nayagarh	255
460		Nuapada	0
461		Sambalpur	52
462		Sundargarh	24
463		Angul	53
464		Bhadak	25
465		Bhadrak	475
466		Bolangir	76
467		Cuttack	528
468		Ganjam	745
469		Jagatsinghpur	507
470		Jharsuguda	367
471		Khordha	484
472		Puri	374
473		Subarnapur	98
474		Total	12140
475	PUNJAB	FIROZEPUR	59
476		MOGA	50
477		Amritsar	6
478		Gurdaspur	197
479		Jalandhar	7
480		Kapurthala	9
		SANGRUR	25
481		Total	353

482	Rajasthan	BARAN	302
483		DHOLPUR	55
484		KARAU LI	6
485		Udaipur	106
486		Jodhpur	27
487		Churu	342
488		Pratapgarh	103
489		Jhunjhunu	77
490		Ajmer	37
491		ALWAR	24
492		Anupgarh	23
493		BALOTARA	74
494		Banswara	49
495		Barmer	161
496		Beawar	55
497		BHARATPUR	27
498		Bhilwara	41
499		BIKANER	120
500		BUNDI	62
501		CHITTORGARH	186
502		DAUSA	41
503		Deeg	71
504		DIDWANA-KUCHAMAN	220
505		Dungarpur	234
506		GANGANGAR	20
507		GANGAPUR CITY	2
508		HANUMANGARH	126
509		Jhalawar	210
510		KHAIRTHAL TIJARA	7
511		KOTA	23
512		KOTPUTLI-BEHROR	28
513		Nagaur	63
514		Neemkathana	76
515		pali	60
516		PHALODI	3
517		SALUMBAR	21
518		SAWAI MADHOPUR	13

519		SIKAR	88
520		SIROHI	86
		TONK	121
		Rajsamand	124
521		Total	3514
523	Sikkim	WEST DISTRICT	100
524		Soreng	25
525		Gangtok	106
526		Gyalshing	15
527		Mangan	75
528		Namchi	78
		Pakyong	36
529		Total	435
530	Tamil Nadu	RAMANATHAPURAM	615
531		VIRUDHUNAGAR	585
532		Ariyalur	346
533		Karur	248
534		Perambalur	143
535		Kallakurichi	223
536		Pudukkottai	310
537		Ranipet	88
538		Sivagangai	251
539		Tenkasi	164
540		Thrichirapalli	150
541		Tirunelveli	175
542		Thiruvannamalai	515
543		Vellore	224
544		Villupuram	219
545		Chengalpattu	123
546		Chennai	362
547		Coimbatore	357
548		Cuddalore	643
549		Dharmapuri	207
550		Dindigul	601
551		Erode	166
552		Kanchipuram	223
553		Kanniyakumari	255

554		Krishnagiri	317
555		Madurai	221
556		Nagapattinam	103
557		Namakkal	409
558		Salem	433
559		Thanjavur	298
560		The Nilgiris	233
561		Theni	213
562		Tirupathur	26
563		Thiruppur	161
564		Thiruvallur	542
565		Thiruvarur	422
566		Thoothukudi	280
567		Chengalpet	186
568		Dindugal	319
569		Kancheepuram	28
570		Mayiladuthurai	24
571		Nagapattinam	37
572		Thirunelveli	84
573		Thirupattur	206
574		Tiruppur	101
		Trichy	136
575		Total	11972
576	Telangana	JAYASHANKAR BHUPALAPALLY	50
577		BHADRADRI KOTHAGUDEM/KHAMMAM	509
578		KOMARAMBHEEM ASIFABAD	105
579		Adilabad	29
580		Bayyaram	47
581		Hanumakonda	65
582		Hyderabad	10
583		Jagityal	107
584		Jangaon	278
585		Jogulamba Gadwal	15
586		Kamareddy	226
587		Karimnagar	365
588		Mahabubnagar	130
589		Medak	130

590		Medchal Malkajgiri	948
591		Mulugu	17
592		Nagarkurnool	51
593		Nalgonda	156
594		Narayanpet	232
595		Peddapally	66
596		Rajanna Siricilla	171
597		Rangareddy	176
598		Sangareddy	298
599		Siddipet	238
600		Suryapet	180
601		Vikarabad	90
602		Wanaparthy	153
603		Warangal	54
604		Yadadri Bhuvanagiri	18
605		Mahabubabad	3
606		Mancherial	2
607		Nirmal	9
		Nizamabad	80
608		Total	5008
609	TRIPURA	DHALAI	200
610		Gomati	14
611		Khowai	17
612		Sepahijala	8
613		South Tripura	21
614		Unakoti	39
615		West Tripura	174
		Sepahijala	1
616		Total	474
617	UTTAR PRADESH	BAHRAICH	725
618		BALRAMPUR	341
619		CHANDAULI	300
620		CHITRAKOOT	166
621		FATEHPUR	652
622		SHRAVASTI	150
623		SIDDHARTH NAGAR	258
624		SONBHADRA	363

625		Ambedkar Nagar	650
626		Amroha	408
627		Azamgarh	711
628		Aligarh	239
629		Auraiya	299
630		Ayodhya	417
631		Agra	212
632		Amethi	224
633		Baghpat	194
634		Ballia	269
635		Banda	148
636		Barabanki	539
637		Bareilly	450
638		Basti	589
639		Bhadohi	50
640		Bijnor	1082
641		Bulandshahr	441
642		Buadaun	48
643		Chandaulli	198
644		Deoria	224
645		Etawah	341
646		Etah	145
647		Farrukhabad	142
648		Ghaziabad	206
649		Ghazipur	253
650		Gonda	328
651		Gorakhpur	373
652		Hamirpur	245
653		Hapur	157
654		Hardoi	554
655		Hathras	33
656		Jalaun	255
657		Jhansi	352
658		Jaunpur	505
659		Kasganj	9
660		Kannauj	78
661		Kanpur Dehat	161

662		Kanpur Nagar	293
663		Kaushambi	519
664		Kheri	613
665		Kushinagar	133
666		Lucknow	310
667		Lalitpur	330
668		Maharajganj	398
669		Mainpuri	209
670		Mathura	43
671		Mau	173
672		Meerut	577
673		Mahoba	360
674		Moradabad	203
675		Muzaffarnagar	24
676		Mirzapur	82
677		Pilibhit	790
678		Prayagraj	346
679		Pratapgarh	128
680		Raibareli	343
681		Rampur	412
682		Sambhal	435
683		Sanr Kabir Nagar	114
684		Shrawasti	279
685		Saharanpur	96
686		Sitapur	141
687		Shahjanpur	533
688		Shamli	241
689		Unnao	324
690		Varanasi	418
691		Bahraich	143
692		Balrampur	16
693		Chitrakoot	37
694		FATEHPUR	20
695		FEROZABAD	47
		G.B Nagar	83
696		Total	23697
697	Uttarakhand	HARIDWAR	294

698		UDAM SINGH NAGAR	270
699		Bageshwar	141
700		ALMORA	34
701		DEHRADUN	25
702		Pauri Garhwal	1
703		Pithoragarah	20
704		Rudraprayag	1
705		T.G.	5
		U.S NAGAR	36
706		Total	827
707	West Bengal	BIRBHUM	1300
708		DINAJPUR DAKSHIN	700
709		MALDAH	650
710		MURSHIDABAD	1501
711		NADIA	600
712		Bankura	47
713		Uttar Dinajpur	9
714		Jhargram	2
715		Purulia	4
716		Cooch Behar	98
717		Darjeeling	1
718		Hooghly	30
719		Howrah	23
720		North 24 Parganas	30
721		Paschim Bardhaman	102
722		Paschim Medinipur	17
723		Purba Burdwan	104
724		Purba Medinipur	118
		South 24 Parganas	23
725		Total	5359
726	Andaman & Nicobar	N/M ANDAMAN	58
727		NICOBAR	33
		South Andaman	49
728		Total	140
729	Goa	North Goa	10
		South Goa	14
730		Total	24

731	Puducherry	Puducherry	118
		Karaikal	17
732		Total	135
733	Chandigarh	Chandigarh	69
734	Ladakh	Kargil	12
		Leh	2
735		Total	14
736	Lakshadweep	Lakshadweep	18
	GRAND TOTAL		200000

AMBULANCES UNDER NHM

2183. SUSHRI PRANITI SUSHILKUMAR SHINDE:

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

- (a) whether the Government has issued any direction to integrate all ambulance numbers like 102, 108 and others into 112 as mandated by the Ministry of Home Affairs;
- (b) if so, the details thereof and if not, the reasons therefor; and
- (c) the deadline fixed for all Central and State Government agencies to integrate emergency response numbers to 112?

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 Ministry of Health & Family Welfare provides technical and financial support to States/UTs for strengthening the National Ambulance Services across the nation. "Public Health and Hospitals" is State subject, the primary responsibility of strengthening public healthcare system, including efforts

to have required number of ambulances ensuring their functionality and operationality lies with the respective State/UT Governments. Call centres for 102 and 108 are maintained by State/UT Governments.

The Ministry of Home Affairs (MHA) issued the Nationwide Emergency Response System (NERS) Guidelines in August 2015, which include a clear mandate that “other services like fire, medical, and helplines are to be integrated with the ‘112’ system”. Further, Department of Telecommunication vide their letter dated 20.8.2020 issued instruction to all service providers regarding implementation of single number based Emergency Response Support System that “Single Emergency Number ‘112’ shall be accessible on STD also which will allow a person staying outside the State to call the State 112 for seeking assistance for another person in distress in the state.

घरेलू हिंसा

2184. श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकर:

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

- (क) पिछले पांच वर्षों के दौरान देश में दर्ज घरेलू हिंसा के मामलों का ब्यौरा क्या है;
- (ख) क्या सरकार ने घरेलू हिंसा से संबंधित कोई सर्वेक्षण कराया है;
- (ग) यदि हाँ, तो राज्य/संघ राज्यक्षेत्र-वार तत्संबंधी ब्यौरा क्या है और उसके क्या परिणाम रहे हैं;
- (घ) महाराष्ट्र में दर्ज घरेलू हिंसा के मामलों की संख्या कितनी है और उक्त अवधि के दौरान सरकार द्वारा इस संबंध में लिंग-वार क्या सुधारात्मक कदम उठाए गए हैं; और
- (ङ) महिलाओं के सशक्तीकरण के लिए सरकार द्वारा उठाए गए कदमों का ब्यौरा क्या है?

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

(क) से (घ) : राष्ट्रीय अपराध रिकॉर्ड ब्यूरो (एनसीआरबी) महिलाओं के विरुद्ध अपराध सहित अन्य अपराधों पर आंकड़ा संकलित करता है और अपने प्रकाशन “भारत में अपराध”(क्राइम इन इंडिया) में और प्रकाशित करता है, जो कि एनसीआरबी की वेबसाइट <https://ncrb.gov.in> पर उपलब्ध है। उक्त रिपोर्ट वर्ष 2022 तक की उपलब्ध है। एनसीआरबी की रिपोर्ट के अनुसार, पिछले पांच वर्षों अर्थात् 2018, 2019, 2020, 2021 और 2022 के दौरान ‘घरेलू हिंसा से महिलाओं का संरक्षण अधिनियम, 2005’ (पीडब्ल्यूडीवीए) के तहत दर्ज मामलों की संख्या क्रमशः 579, 553, 446, 507 और 468 है। महाराष्ट्र में वर्ष 2018, 2019, 2020, 2021 और 2022 के दौरान पीडब्ल्यूडीवी अधिनियम, 2005 के तहत दर्ज मामलों की संख्या क्रमशः 9, 11, 3, 5 और 1 है।

“पुलिस “और “लोक व्यवस्था” भारत के संविधान की सातवीं अनुसूची के तहत राज्य के विषय हैं। कानून -व्यवस्था बनाए रखने, नागरिकों के जीवन और संपत्ति की सुरक्षा जिसमें महिलाओं तथा बच्चों के विरुद्ध अपराध की जांच और अभियोजन भी शामिल है, की जिम्मेदारी मुख्य रूप से संबंधित राज्य सरकारों की है और वे इससे निपटने में सक्षम हैं। घरेलू हिंसा से महिलाओं का संरक्षण अधिनियम (पीडब्ल्यूडीवीए), 2005 की धारा 8 में राज्यों/संघ राज्य क्षेत्रों को प्रत्येक जिले में उतनी संख्या में संरक्षण अधिकारी नियुक्त करने का आदेश है, जितनी वे आवश्यक समझें और साथ ही उस क्षेत्र या क्षेत्रों को अधिसूचित करने का भी निर्देश है, जिसमें संरक्षण अधिकारी प्रदत्त शक्तियों का प्रयोग और कर्तव्यों का निर्वाह करेगा। संरक्षण अधिकारी का कर्तव्य है कि वह घरेलू हिंसा के मामलों की शिकायत प्राप्त होने पर मजिस्ट्रेट को रिपोर्ट करे और मजिस्ट्रेट को उसके कार्यों के निर्वहन में सहायता करे। हालाँकि, किसी आरोपी व्यक्ति को कानून के प्रावधानों के अनुसार तथ्यात्मक स्थिति, साक्ष्य और सभी संबंधित कानूनी पहलुओं पर सावधानीपूर्वक विचार करने के बाद ही सक्षम न्यायालय द्वारा दोषी ठहराया जाता है। पीडब्ल्यूडीवीए में महिलाओं के लिए संरक्षण आदेश, निवास आदेश, अभिरक्षा आदेश, मौद्रिक राहत, मुआवजा आदेश इत्यादि जैसे उपचार उपायों का प्रावधान प्रदान करता है।

फिर भी, केंद्र सरकार महिलाओं की सुरक्षा और संरक्षा सुनिश्चित करने को सर्वोच्च प्राथमिकता देती है और इस संबंध में विभिन्न विधायी और योजनाबद्ध कार्यक्रम चलाए गए हैं। इनमें "भारतीय न्याय संहिता", "भारतीय नागरिक सुरक्षा संहिता", "घरेलू हिंसा से महिलाओं का संरक्षण अधिनियम, 2006", "दहेज निषेध अधिनियम, 1961", "यौन अपराधों से बच्चों का संरक्षण अधिनियम, 2012", और कार्यस्थल पर महिलाओं का यौन उत्पीड़न (निषेध प्रतितोष और निवारण) अधिनियम, 2013 जैसे कानून शामिल हैं। इन कानूनी प्रावधानों के अलावा सरकार द्वारा अनेक योजनाएं और परियोजनाएं क्रियान्वित की गई हैं, जिनमें वन स्टॉप सेंटर (ओएससी); महिला हेल्पलाइनों का सार्वभौमिकरण (डब्ल्यूएचएल), आपातकालीन प्रतिक्रिया सहायता प्रणाली (ईआरएसएस) जो आपात स्थितियों के लिए अखिल भारतीय एकल नंबर (112)/मोबाइल ऐप आधारित प्रणाली है; जागरूकता कार्यक्रमों के माध्यम से समुदाय में क्षमता निर्माण, पुलिस स्टेशनों में महिला सहायता डेस्क (डब्ल्यूएचडी) की स्थापना/सुदृढ़ीकरण इत्यादि शामिल हैं।

वन स्टॉप सेंटर (ओएससी) योजना, जो पूर्णतः केन्द्र सरकार द्वारा वित्तपोषित है, दिनांक 1 अप्रैल, 2015 से पूरे देश में कार्यान्वित की जा रही है। यह निजी और सार्वजनिक दोनों जगहों पर हिंसा से प्रभावित महिलाओं और संकटग्रस्त महिलाओं को एक ही स्थान पर एकीकृत सहायता और सहयोग प्रदान करता है। यह जरूरतमंद महिलाओं को चिकित्सा सहायता, कानूनी सहायता और सलाह, अस्थायी आश्रय, पुलिस सहायता, मनोवैज्ञानिक-सामाजिक परामर्श सहित कई तरह की सेवाएं भी प्रदान करता है। देश भर में 843 ओएससी (महाराष्ट्र में 55 ओएससी सहित) कार्यशील हैं और दिनांक 30 जून, 2025 तक 11.94 लाख से अधिक महिलाओं को (महाराष्ट्र में सहायता प्राप्त 38,734 महिलाओं सहित) सहायता प्रदान की गई है।

निर्भया कोष के तहत, पुलिस अनुसंधान और विकास ब्यूरो (बीपीआरएंडडी) ने भी कई पहलें की हैं, जिनमें अन्य बातों के साथ-साथ, जांच अधिकारियों, अभियोजन अधिकारियों और चिकित्सा अधिकारियों के लिए प्रशिक्षण और कौशल विकास कार्यक्रम शामिल हैं। बीपीआरएंडडी ने "पुलिस स्टेशनों पर महिला सहायता डेस्क" के लिए मानक संचालन प्रक्रिया (एसओपी) भी तैयार की है

जिनका सुचारु संचालन सुनिश्चित करने के लिए चार महत्वपूर्ण घटकों अर्थात् बुनियादी ढांचे, प्रशिक्षण, मानव संसाधन विकास और प्रतिक्रिया तंत्र पर ध्यान केंद्रित किया है। यौन उत्पीड़न के अपराध के विशेष संदर्भ में जांच, पीड़ित को मुआवजा और पुनर्वास महिलाओं के विरुद्ध अपराध की रोकथाम तथा जांच के उद्देश्य से "महिला सुरक्षा और संरक्षा-पुलिस में प्रथम प्रतिक्रियाकर्ताओं और जांचकर्ताओं के लिए एक पुस्तिका" नामक एक पुस्तक भी तैयार की गई हैं जिसका उद्देश्य यौन हिंसा अपराध के विशिष्ट संदर्भ में महिलाओं के खिलाफ अपराध की रोकथाम और जाँच करना है जिसमें जाँच, पीड़ित को मुआवजा और पुनर्वास शामिल है। महिलाओं और बच्चों के खिलाफ अपराधों की रोकथाम और पता लगाने तथा अपराध के पीड़ितों के साथ समुचित बातचीत के लिए पुलिस बल में उचित व्यवहार और मनोवृत्ति कौशल विकसित करने पर जोर दिया गया है। बीपीआरएंडडी ने संवेदनशीलता के साथ महिला सुरक्षा, पुलिस कर्मियों का लैंगिक संवेदीकरण इत्यादि विषय पर वेबिनार भी आयोजित किए हैं।

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, 14,658 महिला सहायता डेस्क (डब्ल्यूएचडी) स्थापित किए गए हैं, जिनमें से 13,743 का नेतृत्व महिला पुलिस अधिकारी कर रही हैं। जरूरतमंद महिलाओं तथा संकटग्रस्त महिलाओं को सहायता और सहयोग प्रदान करने के लिए सभी 36 राज्यों और संघ राज्य क्षेत्रों में आपातकालीन प्रतिक्रिया सहायता प्रणाली (ईआरएसएस-112) स्थापित की गई है जिसमें क्षेत्र/पुलिस संसाधनों का कंप्यूटर की सहायता से प्रेषण शामिल है। इसके शुरुआत होने के बाद से अब तक 43 करोड़ से ज़्यादा कॉलों पर अपेक्षित कार्रवाई की जा चुकी है। ईआरएसएस के अलावा, पश्चिम बंगाल को छोड़कर 35 राज्यों/ संघ राज्य क्षेत्रों में पूरी तरह से काम करने विशिष्ट महिला हेल्पलाइन (डब्ल्यूएचएल -181) कार्यशील है। डब्ल्यूएचएल को भी ईआरएसएस के साथ भी एकीकृत किया गया है। अब तक महिला हेल्पलाइनों ने 2.10 करोड़ से अधिक कॉलों पर कार्रवाई की गई है और 84.43 लाख से अधिक महिलाओं को सहायता प्रदान की है।

यह सुनिश्चित करने के लिए कि जघन्य यौन अपराधों की पीड़ित दुर्भाग्यपूर्ण महिलाओं और किशोरियों को न्याय मिले, सरकार वर्ष 2019 से राज्यों/संघ राज्य क्षेत्रों को फास्ट ट्रैक विशेष न्यायालय (एफटीएससी) स्थापित करने के लिए वित्तीय सहायता प्रदान कर रही है। दिनांक 30 मई, 2025 तक, 406 विशिष्ट पॉक्सो (ई- पॉक्सो) न्यायालयों सहित कुल 747 एफटीएससी, 30 राज्यों/ संघ राज्य क्षेत्रों में कार्यशील हैं, जिन्होंने देश भर में बलात्कार और पॉक्सो अधिनियम के तहत अपराधों के 3.30 लाख से अधिक मामलों का निपटान किया है।

मंत्रालय महिलाओं और बच्चों की सुरक्षा और संरक्षा के लिए समय-समय पर जागरूकता अभियान भी चलाता है। इसके अलावा, सरकार राष्ट्रीय महिला आयोग (एनसीडब्ल्यू), राष्ट्रीय बाल अधिकार संरक्षण आयोग (एनसीपीसीआर) और राज्यों में उनके जैसे संस्थानों के माध्यम से महिलाओं और बच्चों की सुरक्षा और कानून के विभिन्न प्रावधानों के बारे में लोगों को जागरूक करने के लिए सेमिनारों, कार्यशालाओं, ऑडियो-विजुअल, प्रिंट और इलेक्ट्रॉनिक मीडिया आदि के माध्यम से जागरूकता फैला रही है। इसके अतिरिक्त, महिला और बाल विकास मंत्रालय और गृह मंत्रालय ने महिलाओं और बच्चों की सुरक्षा से संबंधित विभिन्न मुद्दों पर राज्यों/संघ राज्य क्षेत्रों को समय-समय पर परामर्श जारी किए हैं।

महिलाओं के लिए कानूनी सहायता को और अधिक सुलभ बनाने के लिए, राष्ट्रीय महिला आयोग (एनसीडब्ल्यू) ने दिल्ली राज्य विधिक सेवा प्राधिकरण (डीएसएलएसए) के सहयोग से कानूनी सहायता क्लिनिक शुरू किया है, जो मुफ्त कानूनी सहायता प्रदान करके महिलाओं की शिकायतों के समाधान के लिए एकल-खिड़की सुविधा है। 17 राज्यों में ऐसे ही कानूनी सहायता क्लिनिक स्थापित किए गए हैं।

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 और विभिन्न योजनाओं और कानूनों के तहत पदाधिकारियों और कर्तव्य धारकों की क्षमता का निर्माण करना है।

इसके अलावा, सेंटर फॉर डेवलपमेंट ऑफ़ एडवांस्ड कंप्यूटिंग (सी-डैक) द्वारा महिला हेल्पलाइन को कार्यान्वित करने वाले सभी राज्यों/संघ राज्य क्षेत्रों में कॉल की निगरानी के लिए एक राष्ट्रीय डैशबोर्ड तैयार किया गया है। यह डैशबोर्ड प्राप्त कॉल और सहायता प्राप्त महिलाओं की तात्कालिक निगरानी करने की सुविधा प्रदान करता है। इस प्रणाली के माध्यम से, केंद्र सरकार पूरे भारत में महिलाओं द्वारा सामना की जाने वाली हिंसा पर केंद्रीकृत डेटा रख पाएगी, जिसे घरेलू हिंसा के मामलों सहित मामलों के प्रकार के अनुसार वर्गीकृत किया जाएगा।

(ड.) : सरकार देश भर में महिलाओं की सुरक्षा, संरक्षा और सशक्तीकरण को सर्वोच्च प्राथमिकता देती है। सरकार ने महिलाओं के शैक्षिक, सामाजिक, आर्थिक और राजनीतिक सशक्तीकरण के मुद्दों को हल करने के उद्देश्य से जीवन-चक्र सातत्य के आधार पर बहुआयामी दृष्टिकोण अपनाया है ताकि वे भारत के विकास की प्रक्रिया का नेतृत्व कर सकें। पिछले कुछ वर्षों में, देश में महिलाओं के समग्र विकास और सशक्तीकरण के लिए कई पहल की गई हैं।

महिला और बाल विकास मंत्रालय 15वें वित्त आयोग की अवधि के दौरान अर्थात वित्तीय वर्ष 2022-23 से 'मिशन शक्ति' नामक एक व्यापक योजना का क्रियान्वयन कर रहा है। इसका उद्देश्य महिलाओं की सुरक्षा, संरक्षा और सशक्तीकरण के लिए कार्यकलापों को सुदृढ़ बनाना है। इसमें जीवन-चक्र के आधार पर महिलाओं को प्रभावित करने वाले मुद्दों का समाधान करके "महिला-नेतृत्व वाले विकास" (वूमेन-लेड-डेवलपमेंट) के लिए सरकार की प्रतिबद्धता को साकार करना है। इसमें मंत्रालयों/विभागों और शासन के विभिन्न स्तरों पर तालमेल में सुधार की कार्यनीतियों पर विशेष ध्यान दिया जाता है। इसमें डिजिटल अवसंरचना सहायता, अंतिम लाभार्थी तक ट्रेकिंग और जन-सहभागिता को मजबूत करने के अलावा, पंचायतों और अन्य स्थानीय स्तर की शासन निकायों की अधिक भागीदारी और सहयोग को बढ़ावा देना है। मिशन शक्ति की दो उप-योजनाएँ 'संबल' और 'सामर्थ्य' हैं।

"संबल" उप-योजना महिलाओं की सुरक्षा और संरक्षण के लिए है। इसमें वन स्टॉप सेंटर (ओएससी), महिला हेल्पलाइन (डब्ल्यूएचएल), बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) और नारी अदालत का एक नया घटक शामिल है।

"सामर्थ्य" उप-योजना महिला सशक्तीकरण के लिए है। इसमें प्रधान मंत्री मातृ वंदना योजना (पीएमएमवीवाई), शक्ति सदन, सखी निवास, पालना और आर्थिक सशक्तीकरण के लिए पूरक वित्त पोषण (गैप फंडिंग) का एक नया घटक अर्थात् संकल्प: महिला सशक्तीकरण केंद्र (एचईडब्ल्यू) शामिल है, जिसका उद्देश्य केंद्र, राज्य/संघ राज्य क्षेत्र और जिला स्तर पर महिलाओं के लिए बनाई गई विभिन्न क्षेत्रों की योजनाओं और कार्यक्रमों के बीच तालमेल को सुगम बनाना है ताकि एक ऐसा वातावरण तैयार किया जा सके जिसमें महिलाएं अपनी पूरी क्षमता का उपयोग कर सकें। एचईडब्ल्यू के तहत सहायता महिलाओं को उनके सशक्तीकरण और विकास के लिए विभिन्न संस्थागत और योजनाबद्ध व्यवस्थाओं से जोड़ने, मार्गदर्शन करने और सहयोग देने के उद्देश्य से प्रदान की जाती है, जिसमें स्वास्थ्य सेवा, गुणवत्तापूर्ण शिक्षा, करियर और व्यावसायिक परामर्श/प्रशिक्षण तक पहुंच वित्तीय समावेशन, उद्यमिता, बैकवर्ड और फॉरवर्ड लिंकेज, कामगारों का स्वास्थ्य और सुरक्षा, सामाजिक सुरक्षा और डिजिटल साक्षरता शामिल है।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत आंगनवाड़ी सेवाएं एक सार्वभौमिक, प्रवेश की बाधा रहित योजना है जिसके तहत गर्भवती महिलाएं और स्तनपान कराने वाली माताएं पूरक पोषण कार्यक्रम (एसएनपी) सहित सेवाओं के लिए पात्र हैं। सरकार ने प्रधान मंत्री मातृ वंदना योजना (पीएमएमवीवाई) भी कार्यान्वित किया है जिसका उद्देश्य गर्भवती महिलाओं तथा स्तनपान कराने वाली माताओं (पीडब्लू एंड एलएम) को मजदूरी के नुकसान की आंशिक भरपाई के लिए प्रत्यक्ष लाभ अंतरण (डीबीटी) मोड के माध्यम से नकद प्रोत्साहन प्रदान करना है ताकि महिला प्रसव से पहले और बाद में पर्याप्त आराम कर सकें और स्वास्थ्य संबंधी व्यवहार में सुधार हो सके। इस योजना में दूसरे बच्चे के लिए अतिरिक्त नकद प्रोत्साहन प्रदान करके बालिकाओं के प्रति सकारात्मक व्यवहार परिवर्तन को बढ़ावा दिया जाता है, बशर्ते दूसरा बच्चा लड़की हो। इस योजना के माध्यम से 3.44

करोड़ से अधिक महिलाओं को लाभ दिया गया है। इसके अलावा, सभी राज्यों/संघ राज्य क्षेत्रों में बच्चों को डे-केयर सुविधाएँ और सुरक्षा प्रदान करने के लिए पालना नामक एक उप-योजना कार्यान्वित की गई है। आंगनवाड़ी-सह-क्रेच (एडब्ल्यूसीसी) के माध्यम से बाल देखरेख सेवाओं का विस्तार किया गया है ताकि अधिक से अधिक माताओं को काम करने और देखरेख करने वालों को कार्यबल में भाग लेने में समर्थ बनाया जा सके।

वर्ष 2017 में पहले दो बच्चों के लिए सवेतन मातृत्व अवकाश को 12 सप्ताह से बढ़ाकर 26 सप्ताह करने के लिए मातृत्व लाभ अधिनियम में संशोधन किया गया था। इस अधिनियम में महिला कर्मचारियों को सवेतन मातृत्व अवकाश और पचास या अधिक कर्मचारियों वाले सभी संस्थानों में निर्धारित दूरी के भीतर शिशु-गृह सुविधा का भी प्रावधान है। किसी महिला को सौंपे गए कार्य की प्रकृति के आधार पर इस अधिनियम की धारा 5(5) में मातृत्व लाभ प्राप्त करने के बाद महिला के लिए घर से काम करने का भी प्रावधान है, जिसका नियोक्ता अवधि और शर्तों तथा महिला द्वारा आपसी सहमति से किया जाता है।

इसके अलावा, विज्ञान, प्रौद्योगिकी, इंजीनियरिंग और गणित (स्टेम) में महिलाओं की भागीदारी बढ़ाने के लिए भी कई पहल शुरू की गई हैं। 9वीं से 12वीं कक्षा तक विज्ञान और प्रौद्योगिकी के विभिन्न संकाय में लड़कियों के कम प्रतिनिधित्व को संतुलित करने के लिए वर्ष 2020 में विज्ञान ज्योति की शुरुआत की गई थी। ओवरसीज फेलोशिप योजना वर्ष 2017-18 में शुरू की गई थी। यह भारतीय महिला वैज्ञानिकों और प्रौद्योगिकीविदों को स्टेम में अंतर्राष्ट्रीय सहयोगात्मक अनुसंधान करने के अवसर प्रदान करता है। कई महिला वैज्ञानिकों ने भारत के पहले मंगल ऑर्बिटर मिशन (एमओएम), या मंगलयान में महत्वपूर्ण भूमिका निभाई है, जिसमें अंतरिक्ष अनुप्रयोग केंद्र में वैज्ञानिक उपकरणों का निर्माण और परीक्षण भी शामिल है।

उच्च शिक्षा विभाग, शिक्षा मंत्रालय देश भर के छात्रों के लिए ई-लर्निंग के माध्यम से गुणवत्तापूर्ण शिक्षा सुनिश्चित करने के उद्देश्य से 'सूचना और संचार प्रौद्योगिकी योजना के माध्यम से राष्ट्रीय शिक्षा मिशन' (एनएमईआईसीटी) स्वयं (स्टूडी वेब ऑफ एक्टिव लर्निंग फॉर यंग एस्पायरिंग

माइंड्स), स्वयं प्रभा, राष्ट्रीय डिजिटल लाइब्रेरी (एनडीएल), वर्चुअल लैब, ई-यंत्र, एनईएटी (नैशनल एजुकेशन एलायंस फॉर टेक्नॉलोजी) इत्यादि संचालित कर रहा है। प्रधानमंत्री विद्या लक्ष्मी कार्यक्रम के तहत, सरकार द्वारा विद्या लक्ष्मी पोर्टल (वीएलपी) शुरू किया गया है ताकि छात्रों को बैंकों की एकल खिड़की प्रणाली के माध्यम से आसानी से शिक्षा ऋण मिल सके। सार्वजनिक क्षेत्र के सभी बैंकों (पीएसबी) को इस पोर्टल से जोड़ दिया गया है।

प्रधानमंत्री आवास योजना - ग्रामीण (पीएमएवाई-जी) योजना में मकानों का स्वामित्व महिलाओं को देने पर विशेष ध्यान दिया जाता है और यह निर्णय लिया गया है कि विधुर/अविवाहित/पृथक व्यक्ति/ट्रांसजेंडर के मामले को छोड़कर मकान का आवंटन महिला के नाम पर या पति और पत्नी के नाम पर संयुक्त रूप से किया जाएगा।

‘स्वच्छ भारत मिशन’ के अंतर्गत 11.8 करोड़ से अधिक शौचालयों का निर्माण, ‘उज्ज्वला योजना’ के अंतर्गत, गरीबी रेखा से नीचे रहने वाली 10.3 करोड़ महिलाओं को स्वच्छ रसोई गैस कनेक्शन और ‘जल जीवन मिशन’ के अंतर्गत, लगभग 15.6 करोड़ ग्रामीण परिवारों को पेयजल नल कनेक्शन उपलब्ध कराने से महिलाओं का काम और देखभाल का बोझ कम हुआ है जिसके परिणामस्वरूप महिलाओं के जीवन में बदलाव आया है।

महिला कामगारों की रोजगार क्षमता बढ़ाने के उद्देश्य से सरकार महिला औद्योगिक प्रशिक्षण संस्थानों, राष्ट्रीय व्यावसायिक प्रशिक्षण संस्थानों और क्षेत्रीय व्यावसायिक प्रशिक्षण संस्थानों के ट्वर्क के माध्यम से उन्हें प्रशिक्षण प्रदान कर रही है। महिला कामगारों के लिए अनुकूल कार्य वातावरण बनाने हेतु श्रम संहिताओं जैसे वेतन संहिता, 2019, औद्योगिक संबंध संहिता, 2020, व्यावसायिक सुरक्षा, स्वास्थ्य और कार्यदशा संहिता, 2020 और सामाजिक सुरक्षा संहिता, 2020 में कई सामर्थ्यकारी प्रावधान शामिल किए गए हैं। महात्मा गांधी राष्ट्रीय ग्रामीण रोजगार गारंटी अधिनियम, 2005 (मनरेगा) में यह अनिवार्य किया गया है कि इस योजना के तहत कम-से-कम एक तिहाई रोजगार महिलाओं को दिए जाएँ।

दीनदयाल अंत्योदय योजना - राष्ट्रीय ग्रामीण आजीविका मिशन (डीएवाई-एनआरएलएम) के अंतर्गत, 10 करोड़ से अधिक महिलाएं लगभग 91 लाख महिला स्वयं-सहायता समूहों से जुड़ी हैं, जो कई नवीन और सामाजिक तथा पारिस्थितिक रूप से जिम्मेदार तरीकों से ग्रामीण सामाजिक-आर्थिक परिदृश्य को बदल रहे हैं, साथ ही वे बिना किसी गारंटी के ऋण सहित सरकारी सहायता भी प्राप्त कर रहे हैं।

कौशल विकास और व्यावसायिक प्रशिक्षण के माध्यम से महिलाओं की आर्थिक स्वतंत्रता सुनिश्चित करने के उद्देश्य से सरकार ने कौशल भारत मिशन शुरू किया है। राष्ट्रीय कौशल विकास नीति समावेशी कौशल विकास पर केंद्रित है, जिसका उद्देश्य बेहतर आर्थिक उत्पादकता के लिए महिलाओं की भागीदारी बढ़ाना है।

सरकार ने प्रधान मंत्री कौशल विकास योजना के अंतर्गत देश भर में प्रधानमंत्री कौशल केंद्र भी स्थापित किए हैं। महिलाओं के प्रशिक्षण और शिक्षता, दोनों के लिए अतिरिक्त बुनियादी ढांचा तैयार करने, मोबाइल प्रशिक्षण इकाइयों जैसी फ्लेक्सिबल प्रशिक्षण व्यवस्था, महिलाओं के लिए स्थानीय आवश्यकता-आधारित प्रशिक्षण के साथ-साथ फ्लेक्सिबल दोपहर के बैच बनाने, सुरक्षित और लैंगिक रूप से संवेदनशील प्रशिक्षण वातावरण सुनिश्चित करने, महिला प्रशिक्षकों को रोजगार देने, पारिश्रमिक में समानता और शिकायत निवारण तंत्र पर जोर दिया गया है।

राष्ट्रीय कृषि बाजार या ई-नाम, कृषि वस्तुओं के लिए एक ऑनलाइन व्यापार मंच है जो महिलाओं को बाजारों तक पहुँचने में आने वाली बाधाओं को दूर करने या उन बाधाओं के कारण होने वाले नुकसान की भरपाई करने में मदद कर रहा है। राष्ट्रीय सहकारी विकास निगम (एनसीडीसी) महिला सहकारी समितियों के उत्थान में महत्वपूर्ण भूमिका निभा रहा है क्योंकि बड़ी संख्या में महिलाएँ खाद्यान्न प्रसंस्करण, बागानी फसलों, तिलहन प्रसंस्करण, मत्स्य पालन, डेयरी और पशुधन पालन, कताई मिलों, हथकरघा और पावरलूम बुनाई, एकीकृत सहकारी विकास परियोजनाओं इत्यादि से संबंधित क्रियाकलापों से जुड़ी सहकारी समितियों में कार्यरत हैं। अन्य योजनाओं में बेंटी बचाओ, बेंटी पढ़ाओ (बीबीबीपी), समग्र शिक्षा, बाबू जगजीवन राम छात्रावास

योजना, स्वच्छ विद्यालय मिशन, स्वच्छ भारत मिशन इत्यादि शामिल हैं। महिला कामगारों की रोजगार क्षमता बढ़ाने के लिए, सरकार महिला औद्योगिक प्रशिक्षण संस्थानों, राष्ट्रीय व्यावसायिक प्रशिक्षण संस्थानों और क्षेत्रीय व्यावसायिक प्रशिक्षण संस्थानों के नेटवर्क के माध्यम से उन्हें प्रशिक्षण प्रदान कर रही है। कौशल विकास और व्यावसायिक प्रशिक्षण के माध्यम से महिलाओं की आर्थिक स्वतंत्रता सुनिश्चित करने के लिए, सरकार ने कौशल भारत मिशन भी शुरू किया है।

भारत, सशस्त्र बलों में बालिकाओं की भूमिका को और अधिक बढ़ाने के लिए प्रयासरत है। सरकार ने गैर-पारंपरिक क्षेत्रों, जैसे भारतीय वायु सेना में लड़ाकू पायलट, कमांडो, केंद्रीय पुलिस बल, सैनिक स्कूलों में भर्ती, एनडीए में बालिकाओं का प्रवेश इत्यादि में महिलाओं की भागीदारी के लिए प्रावधान भी किए हैं। सरकार ने नागरिक उड्डयन क्षेत्र में महिलाओं की भागीदारी बढ़ाने के लिए भी पहल की है, जिसमें किशोरियों, विशेषरूप से कम आय वाले परिवारों की बालिकाओं पर विशेष ध्यान देकर महिला विमानन पेशेवर तैयार किए जा रहे हैं। इंटरनेशनल सोसाइटी ऑफ वूमेन एयरलाइन पायलट्स के अनुसार, वैश्विक स्तर पर लगभग 5 प्रतिशत पायलट महिलाएं हैं। भारत में, महिला पायलटों की हिस्सेदारी काफी अधिक है।

महिलाओं को अपना उद्यम स्थापित करने में मदद के लिए प्रधानमंत्री मुद्रा योजना, स्टैंड-अप इंडिया और प्रधानमंत्री रोजगार सृजन कार्यक्रम (पीएमईजीपी) जैसी कई योजनाएँ शुरू की गई हैं। महिलाओं को आर्थिक रूप से सशक्त बनाने के लिए, सरकार द्वारा 'स्टैंड-अप इंडिया' के तहत दस लाख रुपये से लेकर एक करोड़ रुपये तक के 84% ऋण महिलाओं को उपलब्ध कराए गए हैं।

उद्यमिता पर विशेष ध्यान देते हुए, भारत सरकार ने महिलाओं के नेतृत्व वाले छोटे उद्यमों को बड़ी संख्या में ऋण की सुविधा और संवितरण में महत्वपूर्ण भूमिका निभाई है, जिससे महिलाएं स्टार्ट-अप इंडिया के तहत समर्थित देश के उभरते स्टार्ट-अप व्यवस्था तंत्र में एक महत्वपूर्ण शक्ति बन रही हैं।

जमीनी स्तर पर महिलाओं को राजनीतिक नेतृत्व की मुख्यधारा में लाने के उद्देश्य से सरकार ने संविधान के 73वें संशोधन के माध्यम से पंचायती राज संस्थाओं (पीआरआई) में महिलाओं के

लिए कम-से-कम 33% सीटें आरक्षित की हैं। आज, पंचायती राज संस्थाओं में 14.50 लाख से अधिक निर्वाचित महिला प्रतिनिधि (ईडब्ल्यूआर) हैं, जो कुल निर्वाचित प्रतिनिधियों का लगभग 46% है। सरकार समय-समय पर ईडब्ल्यूआर को प्रशिक्षण प्रदान कर रही है ताकि उनकी क्षमता का विकास हो सके और महिलाओं को शासन प्रक्रियाओं में प्रभावी रूप से भाग लेने के लिए सशक्त बनाया जा सके।

महिला सशक्तीकरण और देश में सर्वोच्च राजनीतिक पदों पर महिलाओं के प्रतिनिधित्व की दिशा में सबसे बड़ा कदम सरकार द्वारा 28 सितंबर, 2023 को नारी शक्ति वंदन अधिनियम, 2023 (एक सौ छठा संविधान संशोधन) अधिनियम, 2023 की अधिसूचना जारी की जाना है, जिसके तहत लोक सभा और दिल्ली राष्ट्रीय राजधानी क्षेत्र की विधानसभा सहित राज्य विधानसभाओं में महिलाओं के लिए एक तिहाई सीटें आरक्षित की गई हैं।

सांख्यिकी और कार्यक्रम कार्यान्वयन मंत्रालय द्वारा किए गए आवधिक श्रम बल सर्वेक्षण के अनुसार, महिला श्रम बल भागीदारी दर (सामान्य स्थिति, आयु 15 वर्ष और उससे अधिक) 2017-18 में 23.3% से लगातार बढ़कर 2023-24 में 41.7% हो गई है। यह उल्लेखनीय वृद्धि देश में महिलाओं के दीर्घकालिक सामाजिक-आर्थिक विकास के उद्देश्य से नीतिगत पहलों के माध्यम से उनका सशक्तीकरण सुनिश्चित करने के सरकार के संकल्प का परिणाम है।

AIIMS PROJECTS IN INDIA

2185. SHRI ANUP SANJAY DHOTRE:

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

- (a) the number of All India Institute of Medical Sciences (AIIMS) under construction in the country, State/UT-wise;
- (b) the date of sanctioning/launching of each project along with the current status of these projects;

- (c) the time period within which these projects are proposed to be completed;
- (d) the number of ICU beds available in the country, State/UT-wise; and
- (e) the number of ventilator ambulances available in the country, 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) to (e): Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), till date establishment of 22 All India Institute of Medical Sciences (AIIMS) has been approved in various States/UTs in the country. The details and status of AIIMS, number of ICU beds available and number of ventilator ambulances in these AIIMS is given in the enclosed **Statement**.

STATEMENT

Details and status of AIIMS, number of ICU beds available and number of ventilator ambulances

Sl. No.	State/ UT	Name of AIIMS	Approved In	Status/ Physical progress	Sanctioned/ Functional ICU beds	No. of Ventilator Ambulance*
1	Andhra Pradesh	AIIMS, Mangalagiri	07.10.2015	Functional	100	01
2	Assam	AIIMS, Guwahati	24.05.2017	Functional	93	01
3	Bihar	AIIMS, Patna	March-2006	Functional	115	NIL
4		AIIMS, Darbhanga	15.09.2020	Pre-Investment work is in progress	-	-

5	Chhattisgarh	AIIMS, Raipur	March-2006	Functional	120	02
6	Gujarat	AIIMS, Rajkot	10.01.2019	Functional	75	NIL
7	Haryana	AIIMS, Rewari	27.02.2019	Under Construction	-	-
8	Himachal Pradesh	AIIMS, Bilaspur	03.01.2018	Functional	85	01
9	Jammu & Kashmir	AIIMS, Vijaypur, Jammu	10.01.2019	Functional	32	01
10		AIIMS, Awantipora, Kashmir	10.01.2019	Under Construction	-	-
11	Jharkhand	AIIMS, Deoghar	16.05.2018	Functional	50	01
12	Madhya Pradesh	AIIMS, Bhopal	March-2006	Functional	120	01
13	Maharashtra	AIIMS, Nagpur	07.10.2015	Functional	125	01
14	Odisha	AIIMS, Bhubaneswar	March-2006	Functional	130	01
15	Punjab	AIIMS, Bathinda	27.07.2016	Functional	80	01
16	Rajasthan	AIIMS, Jodhpur	March-2006	Functional	148	01
17	Tamil Nadu	AIIMS, Madurai	17.12.2018	Under Construction	-	-
18	Telangana	AIIMS, Bibinagar	17.12.2018	Functional	75	01
19	Uttar Pradesh	AIIMS, Raebareli	05.02.2009 [RCE was approved by EFC on 22.06.2017]	Functional	49	NIL
20		AIIMS, Gorakhpur	20.07.2016	Functional	75	NIL
21	Uttarakhand	AIIMS, Rishikesh	March-2006	Functional	163	02
22	West Bengal	AIIMS, Kalyani	07.10.2015	Functional	103	NIL

* National Ambulance Services (NAS) is operated under the National Health Mission (NHM) including Basic life support ambulances (BLS), Advanced life support ambulances (ALS) and patient transport vehicles (PTVs). All BLS and ALS ambulances are running with centralised call centres which are presently functioning in States/UTs with the numbers 102 and 108.

मदद पोर्टल

2186. श्रीमती विजयलक्ष्मी देवी:

श्रीमती कमलेश जांगड़े:

श्री छत्रपाल सिंह गंगवार:

श्री चन्द्र प्रकाश जोशी:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) पर्यटकों, छात्रों, प्रवासी कामगारों और अन्य लोगों द्वारा भारतीय दूतावासों/उच्चायोगों में

कितनी शिकायतें दर्ज कराई गई हैं;

(ख) क्या भारतीय दूतावासों/उच्चायोगों ने अवैध हिरासत और भेदभाव से संबंधित मामलों में भारतीय नागरिकों को सहायता प्रदान की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) विभिन्न दूतावासों/वाणिज्य दूतावासों के आपातकालीन हेल्पलाइन नंबरों पर कितनी कॉल आई हैं और प्रदान की गई सहायता का ब्यौरा क्या है; और

(घ) सरकार द्वारा प्रवासी कामगारों के बीच 'मदद' पोर्टल की सुलभता बढ़ाने के लिए उठाए गए कदमों का ब्यौरा क्या है?

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

(क): वर्ष 2024 के दौरान मदद और सीपीग्राम पोर्टल पर पंजीकृत और निपटाई गई शिकायतों का विवरण नीचे दिया गया है:

मदद पोर्टल

वर्ष	प्राप्त शिकायतें	निपटाई गई शिकायतें	लंबित	निपटान %
2024	5704	5467	237	96

सीपीग्राम्स पोर्टल

वर्ष	प्राप्त शिकायतें	निपटाई गई शिकायतें	लंबित	निपटान %
2024	2603	2503	100	96

(ख): भारत सरकार, विदेशी जेलों में बंद भारतीयों सहित विदेशों में निवास करने वाले भारतीयों की सुरक्षा, संरक्षा और कल्याण को सर्वोच्च प्राथमिकता देती है। भारतीय मिशन/केंद्र सतर्क रहते हैं और स्थानीय कानूनों के उल्लंघन/कथित उल्लंघन के लिए अन्य देशों में भारतीय नागरिकों के साथ भेदभाव किए जाने या उन्हें जेल में डाले जाने की घटनाओं पर कड़ी नजर रखते हैं।

जैसे ही किसी भारतीय मिशन/केंद्र को किसी भारतीय नागरिक के साथ भेदभाव/हिरासत में लिए जाने की सूचना प्राप्त होती है, तो वह तुरंत स्थानीय विदेश कार्यालय और अन्य संबंधित स्थानीय प्राधिकारियों से संपर्क करता है ताकि पीड़ित भारतीय नागरिक को कौंसली सहायता प्रदान की जा सके और मामले के तथ्यों का पता लगाया जा सके, उसकी भारतीय राष्ट्रियता की पुष्टि की जा सके और उसका कल्याण सुनिश्चित किया जा सके। उन्हें हर संभव कौंसली सहायता प्रदान करने के अलावा, भारतीय मिशन और केंद्र आवश्यकतानुसार कानूनी सहायता भी प्रदान करते हैं। मिशन और केंद्र के पास ऐसे स्थानों पर वकीलों का एक स्थानीय पैनल भी होता है, जहाँ भारतीय समुदाय की बड़ी संख्या निवास करती है।

भारतीय नागरिकों से जुड़े इन मुद्दों पर विदेशों में स्थित भारतीय मिशन और केंद्र, संबंधित स्थानीय प्राधिकारियों के साथ नियमित रूप से चर्चा करते हैं। सरकार अन्य देशों के साथ कोंसली और अन्य परामर्शों के दौरान भी इस मुद्दे पर चर्चा करती है। इसके अतिरिक्त, भारत सरकार, विदेश स्थित अपने मिशनों/केंद्रों के माध्यम से और उच्च-स्तरीय यात्राओं के दौरान, विदेशों में भारतीय कैदियों की सजा में छूट/माफी दिलाने के लिए भी प्रयास करती है।

(ग): विश्व भर में भारतीय दूतावास और कोंसलावास अपनी आपातकालीन हेल्पलाइनों के माध्यम से प्राप्त शिकायतों का तुरंत संज्ञान लेते हैं और विदेशों में भारतीय नागरिकों की सुरक्षा और कल्याण को प्राथमिकता देते हैं। हालाँकि कॉलों की संख्या या प्रदान की गई सहायता की प्रकृति के बारे में विशिष्ट आँकड़े सार्वजनिक रूप से उपलब्ध नहीं हैं, फिर भी ये हेल्पलाइनें चिकित्सा आपात स्थिति, कानूनी मुद्दों या स्वदेश वापसी जैसी आपातकालीन स्थितियों से निपटने के लिए 24/7 चालू रहती हैं। प्रत्येक मिशन/केंद्र पहुँच सुलभ करने के लिए अपनी आधिकारिक वेबसाइटों पर आपातकालीन नंबरों सहित अद्यतन संपर्क जानकारी रखता है। भारतीय नागरिकों को किसी भी संकट की स्थिति में संबंधित दूतावास या कोंसलावास से संपर्क करने के लिए प्रोत्साहित किया जाता है ताकि समय पर कोंसली सहायता और मार्गदर्शन सुनिश्चित किया जा सके।

(घ): मंत्रालय विदेश स्थित अपने मिशनों/केंद्रों के माध्यम से प्रवासी कामगारों सहित भारतीय नागरिकों से मदद पोर्टल पर विवरण दर्ज करने के लिए नियमित रूप से चर्चा कर रहा है और सोशल मीडिया प्लेटफॉर्म के माध्यम से भारतीय प्रवासी संगठनों और भारतीय सामुदायिक संघों को भी इसके लिए प्रोत्साहित कर रहा है।

मंत्रालय, विदेश मंत्रालय की वेबसाइट और मिशन घोषणाओं जैसे आधिकारिक माध्यमों से मदद ऐप का प्रचार करके भी इस अभियान को बढ़ावा दे रहा है, जिसका उद्देश्य भारतीय प्रवासी कामगारों तक पहुँच सुलभ करके उन्हें इसे अपनाने के लिए प्रोत्साहित करना है। प्रवासी कामगारों सहित भारतीय नागरिकों के लिए भारतीय मिशनों/केंद्रों द्वारा नियमित परामर्श जारी करके मदद पर

ऑनलाइन पंजीकरण को प्रोत्साहित किया जा रहा है ताकि सहायता प्रदान की जा सके और इस प्रकार एक प्रमुख जनसांख्यिकीय समूह को सीधे लक्षित किया जा सके।

विदेश मंत्रालय ने संकटकालीन कॉल की प्रतिक्रिया देने और मदद को बढ़ावा देने के लिए ट्विटर (@एमईएंडिया, @एमईएमदद) जैसे सोशल नेटवर्किंग प्लेटफॉर्म, ईमेल ((मदद@एमईए.जीओवी.इन) जैसे इलेक्ट्रॉनिक संचार माध्यम, और 24x7 हेल्पलाइन (1800-11-3090) का भी उपयोग किया है। खाड़ी देशों में कामगारों को दी जाने वाली सहायता को प्रचारित किया गया है ताकि इस पोर्टल की उपयोगिता को प्रदर्शित किया जा सके, जिससे अप्रत्यक्ष रूप से उन प्रवासी समुदायों के बीच जागरूकता बढ़ी है जो इन चैनलों का अनुसरण करते हैं या इनके बारे में दूसरे लोगों से सुनते हैं। जैसा कि 2016 की विदेश मंत्रालय की रिपोर्टों में उल्लेख किया गया है, संकटग्रस्त कामगारों की सहायता के लिए स्थापित रियाद और जेद्दा जैसे शहरों में भारतीय कामगार संसाधन केंद्रों (आईडब्ल्यूआरसी) को मदद के तंत्र से जोड़ना वास्तविक संपर्क बिंदु के रूप में काम करता है, जहाँ कर्मचारी परामर्श या सहायता सत्रों के दौरान कामगारों को पोर्टल के बारे में अवगत कराते हैं। विदेश मंत्रालय प्रवासी भारतीय दिवस या प्रवासी संपर्कता जैसे कार्यक्रमों की मेजबानी से, प्रवासी भारतीय कामगारों को विशेष रूप से मदद पोर्टल के बारे में जागरूक कर रहा है। ये उच्च दृश्यता वाले प्लेटफॉर्म मेजबान देशों में प्रवासी कामगारों तक पहुंचने के कुछ प्रयास हैं, जो पोर्टल की भूमिका को मजबूत बनाते हैं।

PROMOTION OF AYURVEDA

2187. DR. NISHIKANT DUBEY:

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

- (a) the details of efforts made by the Government to promote Ayurveda and other systems of AYUSH in the regions of the country, where a large chunk of population depends on traditional medical practices; and

(b) the number of Institutes and training centres related to Yoga, Naturopathy, Unani etc. proposed to be set up in the country, State/UT-wise, especially in Jharkhand?

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

(a): With the view to fulfil the mandate of promotion and propagation of Ayush System of Healthcare, the Ministry implements a Central Sector Scheme for Promotion of Information Education and Communication (IEC) in Ayush. Under this Scheme, Ministry organises National/State level Arogya Fairs, Yoga Fests/Utsavs, Ayurveda Parvs, Celebrate important days of Ayush system, Participate in Health fairs/melas, Exhibitions etc, Provide financial assistance for organising seminars, workshops, conferences and conduct multimedia campaigns etc. to create awareness among citizens regarding Ayush system of health care and healing.

Besides, the Ministry is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments for development & promotion of Ayush System in the country and providing financial assistance to them as per the proposal received in their State Annual Action Plans (SAAPs). State/UT Governments may avail financial assistance by submitting proposals through State Annual Action Plans (SAAPs) as per NAM guidelines.

Moreover, for the purpose of promotion of Ayurveda and other systems of AYUSH, Ministry of Ayush has established 05 (five) Research Councils of

AYUSH (Ayurveda, Yoga& Naturopathy, Unani, Siddha and Homeopathy) and 12 (twelve) National Institutes, as per details is given in the enclosed **Statement-I**. These Councils/Institutions alongwith their peripheral institutes/units/centres are providing treatment through General Outpatient Department (OPD), Reproductive and Child Health (RCH) OPD, Geriatric OPD, Non-Communicable Disease (NCD) Clinic etc. and also engaged in awareness activities to promote Ayush. The details of activities to promote Ayush by Research Councils and National Institutions under the Ministry of Ayush are given in the enclosed **Statement-II** and **Statement-III** respectively.

(b): At present, no such proposal in the Ministry is under consideration to setup new Institutes and training centres related to Yoga, Naturopathy, Unani etc. in the country.

STATEMENT-I

Details of Research Councils and National Institutes Functioning under the Ministry of Ayush

Research Councils:

Sl. No. Name of Research Council

- 1 Central Council for Research in Ayurvedic Sciences (CCRAS)
- 2 Central Council for Research in Yoga and Naturopathy (CCRYN)
- 3 Central Council for Research in Unani Medicine (CCRUM)
- 4 Central Council for Research in Siddha (CCRS)
- 5 Central Council for Research in Homoeopathy (CCRH)

National Institutes:

Sl. No.	Name of Institute
1	National Institute of Ayurveda (NIA) • <u>Jaipur</u> • <u>Panchkula</u> (Satellite Centre)
2	All India Institute of Ayurveda (AIIA) • <u>New Delhi</u> • <u>Goa</u> (Satellite Centre)
3	<u>Rashtriya Ayurveda Vidyapeeth (RAV), Delhi</u>
4	<u>Institute of Teaching & Research in Ayurveda (ITRA), Jamnagar</u>
5	<u>Morarji Desai National Institute of Yoga (MDNIY), New Delhi</u>
6	<u>National Institute of Naturopathy (NIN), Pune</u>
7	National Institute of Unani Medicine (NIUM) • Bengaluru • Ghaziabad (Satellite Centre)
8	<u>National Institute of Siddha (NIS), Chennai</u>
9	National Institute of Homoeopathy (NIH) • <u>Kolkata</u> • Narela (Satellite Centre)
10	<u>National Institute of Sowa Rigpa (NISR), Leh</u>
11	North Eastern Institute of Ayurveda & Homoeopathy (NEIAH), Shillong
12	North Eastern Institute of Ayurveda and Folk Medicine Research (NEIAFMR), Pasighat

STATEMENT-II**Activities to promote Ayush by Research Councils**

- (1) Central Council for Research in Ayurvedic Sciences (CCRAS) under the aegis of Ministry of Ayush, provides clinical care and engages in awareness activities to promote Ayurveda through its Information

Education and Communication (IEC) Activities through its networks of 30 peripheral Institutes.

CCRAS has been engaged in popularizing the Ayurveda system among the masses through electronic and print media for common people in English, Hindi, and regional languages, which are widely distributed through National/State level Arogya Melas, Health camps, exhibitions, expos, etc., and also through CCRAS outreach programs viz. Schedule Caste Sub Plan (SCSP) Research Program, Tribal Health Care Research Program (THCRP), etc., in different states of the country through its robust 30 peripheral institutes. The Council website is also generally embodied with IEC materials and hyperlinked with other important websites that provide information for wider utility.

The Council has three journals named Journal of Drug Research in Ayurvedic Sciences (JDRAS), Journal of Research in Ayurvedic Sciences (JRAS), and Journal of Indian Medical Heritage (JIMH) which is also available electronically in the public domain free of cost to enable dissemination of the outcomes of research among the public. The CCRAS is also publishing CCRAS Bulletin quarterly for the dissemination of Research outcomes in common languages for the general public. So far, the Council has published books, monographs, and technical reports, and they are being sold or distributed to disseminate research outcomes and merits of Ayurveda at large.

- (2) Central Council for Research in Siddha (CCRS) under Ministry of Ayush is conducting research in Siddha system of medicine and provides health care facilities for various through its 9 Peripheral Institutes / Units of CCRS.
- (3) The Central Council for Research in Unani Medicine (CCRUM) has taken various steps to promote and popularize the Unani Medicine in the country by different methods e.g. providing treatment through General OPD, RCH OPD, Geriatric OPD, NCD Clinic etc. conducted by 21 Clinical Institutes / Units of the Council. The Council is also promoting Unani Medicine through Arogyas, Health Melas, Health Camps, and Exhibitions etc. Besides the school health programme and clinical mobile research programme, Schedule Caste Sub Plan (SCSP) /TSP mobile health program is being carried out by the Council. Under this programme, villages having SC/ST population have been selected to create awareness for preventive aspects of different diseases and to provide treatment to the patients through different centres of the Council.
- (4) Central Council for Research in Homoeopathy (CCRH) is undertaking research in homoeopathy on scientific footing through its 27 institutes/ units and 6 treatment centres across the country which undertake research in the aforementioned fields.

For promotion of Homoeopathy, CCRH has taken initiative to link Homoeopathy along with mainstream healthcare set-up by undertaking various Public Health programmes which are as under:-

- Swasthya Rakshan program (SRP) was undertaken through 11 institutes adopting 55 villages under the Council. In the said program local population are being provided health care at their doorstep.
- Schedule Caste Component plan (SC Component plan) Health camps were undertaken at Schedule Caste dominated villages at 21 centres under CCRH covering 40 villages.
- Central Council for Research in Homoeopathy (CCRH), participates, organizes and coordinates awareness related activities for the promotion of Homoeopathy across the country.
- CCRH is regularly participating in national/ state level Arogya Melas/ Health camps/ exhibition to promote homoeopathy amongst general masses organized by Ministry of AYUSH.
- As part of Information Education and Communication program, Council has developed information and education material for the public which are distributed free to the public in Exhibitions/Health Melas / Seminars etc.
- Health Camps are undertaken at SC dominated villages to popularize homoeopathy in these areas.
- CCRH also promotes Homoeopathy through social media, such as facebook pages, twitter account, etc.

- Participating in poshan maha abhiyan through its centers
- Participating in the activities related to Azadi ka Amrit Mahotsav.
- Providing healthcare services through the OPDs/IPDs of the above institutes/units and treatment centres.

(5) The efforts being made by the Central Council for Research in Yoga & Naturopathy (CCRYN) to promote Yoga & Naturopathy in country is as under:

Central Research Institutes of Yoga and Naturopathy (CRIYN):-

- Andhra Pradesh - 01
- Assam - 01
- Chhattisgarh - 01
- Delhi - 01
- Haryana - 01
- Karnataka - 01
- Kerala - 01
- Odisha - 01

10 Centre for Mind Body Intervention through Yoga: CCRYN has setup Centre for Mind Body Intervention through Yoga (CMBIY)

- AIIMS Delhi - 01
- AIIMS Bhopal - 01
- AIIMS Jodhpur - 01

- AIIMS Raipur, Chhattisgarh - 01
- AIIMS, NCI, Jhajjar, Haryana - 01
- AIIMS Rishikesh, Uttarakhand - 01
- PGI Chandigarh - 01
- S-Vyasa, Bangalore - 01
- NIMHANS, Bangalore - 01
- Bibinagar, Telangana - 01

STATEMENT-III

Details of activities to promote Ayush by National Institutes

The National Institute of Ayurveda (NIA) is an apex Institute of Ayurvedic learning in Ayurveda and is attracted by students all over India because of its huge infrastructure, staff position and other expanded activities. The Hospital is an National Accreditation Board for Hospitals & Healthcare Providers accredited one having more than a dozen specialty Clinics, world class Panchakarma Unit, central Laboratory, fully equipped Operation Theatres, etc. The Hospital services are further expanded for which a multistoried Building is being constructed in the Campus. Various promotional activities are also distribution of IEC materials, conducting trainings, workshops, seminars both National and International, assisting the Ministry of AYUSH in the promotion of Ayurveda globally by deputing its experts to various countries etc.

NIA has a 300 Bedded Hospital with various Specialty Centers like Panchakarma, Kshara Sutra, Diabetic Clinic, De-Addiction Centre, etc. through which treatments, consultations, management etc. for various diseases and disorders are being carried out. Most of the Medicines facilities are also available in the Central Laboratory. The Institute has a Satellite Hospital in which OPD services are provided. A separate Hospital, presently with OPD services, has been started for the benefit of SC population in the state of Rajasthan under SCSP Scheme. All these activities are being strengthened every year with addition of more medicines, diagnostic facilities, equipment's and instruments needed for Hospital, manpower etc. The Institute distributes Handbills, Pamphlets, Information Booklets containing propagation materials on Ayurveda like Do's and Don'ts for managing sound physical and mental health, daily routines, Panchakarma therapies, Lifestyle Managements, De-addictions, Yoga Exercises, etc. and also about various academic, patient care and other activities of the Institute. These IEC Materials are distributed in the Hospitals of the Institute to patients, their attendants and also during the organization of various Arogya Melas in the Country. The Institute also organized various Ayurveda Awareness Camps, Treatment Camps, Melas etc. Frequently in the city and also in remote areas during the course of medical camps. These activities help in creating awareness and increasing popularity on Ayurveda among the general public.

North Eastern Institute of Ayurveda and Homoeopathy (NEIAH) has taken various steps to promote AYUSH system of medicine in Ayurveda, Homeopathy

and Yoga etc. In this connection, the Institute regularly gives free consultation in the Institute Hospitals (both OPD & IPD) and conducting free Medical & Awareness Camps at villages, schools, Govt. Department Military personnel and at community levels. NEIAH organized National Seminars/ workshops, Panel discussions, Doctor se Mileye in All India Radio, Shillong in English, Hindi and Regional Language (Khasi), TV Talks shows on Ayurveda in Doordarshan Kendra, Shillong etc,. NEIAH has also opened a Peripheral OPD in Ayurveda and Homoeopathy OPD at Smit areas, East Khasi Hills district of the State of Meghalaya to promote Ayurveda and Homoeopathy. The Institute also conducted a Health camps under the Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM-JANMAN) programmes. The Institute is also running Bachelor of Ayurvedic Medicine and Surgery (BAMS) and Bachelor of Homeopathic Medicine and Surgery (BHMS) courses, One-year Panchakarma Technician Certificate. Panchakarma Therapy Training to Medical Officers (Ayurveda) of neighbouring States is also undertaken by NEIAH.

Institute of Teaching and Research in Ayurveda (ITRA), Jamnagar is catering to the needs of large population in the city of Jamnagar. The institute runs a well-equipped hospital with all the facilities and good quality medicines. The Institute has National Accreditation Board for Testing and Calibration Laboratories (NABL) accredited laboratories which cater to the needs of the ailing community. This all is done at a nominal cost.

All India Institute of Ayurveda (AIIA), New Delhi has initiated various activities for the promotion of Ayurveda through education, Patient care and Research.

A. Education:

- The institute offers Post graduation and Doctoral degrees in twelve disciplines of Ayurveda.
- The institute periodically organized national conferences to promote intellectual discourse and strategize integration and promotion of Ayurveda nationally and globally.
- The institute has created start-up ecosystem through iCAINE for promoting innovation and entrepreneurship opportunities among scholars.

B. Patient Care:

- The All India Institute of Ayurveda has 200 bedded tertiary care NABH accredited hospital with functional ICU with daily foot fall of approx. 1500 patients.
- The institute has established integrated oncology, chest diseases, metabolic diseases, Lifestyle diseases, Rheumatology, Skin clinics.
- The institute has established 44 specialty outpatient departments, through which integrated treatments are being given.
- Allia has established extension centers at strategically important locations across India, Like in the premises of Supreme courts of India, AT Lal Bahaddur Shastri Academy of Administrative Training, Mussoorie, Statue of Unity at Kevadia, Gujarat, IIT Delhi.

- All India Institute of Ayurveda (All India Institute of Ayurveda) has established functional integrated cancer clinic and research center at All India Institute of Medical Sciences, Jhajjar, and Integrative medicine at Safdarjung Hospital, Vardhman Medical College, New Delhi.

C. Research:

- All India Institute of Ayurveda in its mandate has prioritized to undertake interdisciplinary research focused on establishing the validity of Ayurveda medicine through advanced research methodology at par with the existing national and international standards/ guidelines to generate high quality evidence.

North Eastern Institute of Ayurveda & Folk Medicine Research (NEIAFMR) has started an Ayurveda college with an intake of 30 students in 2024-25. Also various activities like Health Camps, National Events are carried out regularly.

The National Institute of Siddha (NIS), Chennai, actively promotes and popularizes the Siddha system of medicine through a multi-pronged approach, with a strong focus on clinical service delivery, outreach, academic engagement, and integrative collaboration.

Rashtriya Ayurveda Vidyapeeth (RAV) offers a one-year full-time course, Certificate of Rashtriya Ayurveda Vidyapeeth (CRAV) under the Guru-Shishya Parampara traditional methodology of teaching. RAV programme for Ayurvedic doctors and also conducts various training programs on a national level, promoting Ayurveda education and research.

National Institute of Homoeopathy (NIH) has made the following efforts to promote Homoeopathic system of medicine:

- The National Institute of Homoeopathy situated in Block GE, Sector 3, Salt Lake is running 13 OPD with 100 bedded NABH accredited hospital. The intake capacity of NIH, Kolkata in BHMS (UG) course is 126 students and for MD (Hom.) (PG) course is 47 students.
- Further to cater the rural patients, NIH is functioning 10 peripheral OPDs in and around West Bengal.
- National Institute of Homoeopathy, Narela situated at New Delhi which is an extension of NIH, Kolkata for catering for the patients in and around Narela. The intake capacity of NIH, Delhi in MD (Hom.) (PG) course is 49 students.
- NIH participates in Arogya Mela, Gangasagar Mela, School health checkups, etc. to make aware the public of the Homoeopathic system of medicine.
- Distribution of IEC materials on Homoeopathy, Publishing Bulletin and peer-reviewed journals, etc.

NIH, Kolkata provides Homoeopathic consultation every Tuesday at Centenary Hospital, Syama Prasad Mookerjee Port, Kolkata along with main-stream medicine.

National Institute of Unani Medicine (NIUM) Bangalore regularly participates in the programmes initiated by Government for its promotion like Arogya Melas and health awareness camps etc. Co-location of Ayush centres in primary & secondary healthcare. Pharmacopoeia of various systems have been published to ensure quality regulation.

न्यायपालिका हेतु अवसंरचना का विकास

2188. श्रीमती भारती पारधी:

श्री संजय उत्तमराव देशमुख:

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

- (क) न्यायपालिका के लिए अवसंरचना संबंधी सुविधाओं के विकास हेतु केंद्र प्रायोजित योजना (सीएसएस) की प्रगति का ब्यौरा क्या है ;
- (ख) बिगत तीन वित्तीय वर्षों और वर्तमान वित्तीय वर्ष के दौरान राज्यों/संघ राज्यक्षेत्रों को जारी की गई केंद्रीय सहायता का ब्यौरा क्या है ;
- (ग) राज्यों/संघ राज्यक्षेत्रों, विशेषकर महाराष्ट्र में न्यायिक अधिकारियों के लिए न्यायालय कक्षों और आवासीय इकाइयों के निर्माण में उक्त सहायता ने क्या योगदान दिया है और इसका क्या प्रभाव पड़ा है ;
- (घ) सरकार द्वारा विशेषकर दूरदराज और ग्रामीण क्षेत्रों में जिला और अधीनस्थ न्यायालयों में अपर्याप्त न्यायालय कक्षों, कर्मचारियों और डिजिटल कनेक्टिविटी सहित अवसंरचना संबंधी कमियों की समस्या के समाधान के लिए क्या विशिष्ट उपाय किए जा रहे हैं ; और
- (ङ) ई-न्यायालय परियोजना के तीसरे चरण के कार्यान्वयन की वर्तमान स्थिति क्या है ?

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

- (क) से (ङ.): न्याय विभाग द्वारा राज्य सरकारों के संसाधनों में निर्धारित कोष साझाकरण प्रारूप में वृद्धि करने हेतु, वर्ष 1993-94 से न्यायपालिका के लिए आधारभूत अवसंरचना सुविधाओं के विकास हेतु केंद्र प्रायोजित योजना (सीएसएस) कार्यान्वित की जा रही है। इस योजना के अंतर्गत पांच घटक हैं, जो इस प्रकार हैं: न्यायालय हॉल, आवासीय क्वार्टर, अधिवक्ताओं का कक्ष, डिजिटल कंप्यूटर कक्ष तथा शौचालय परिसर।

योजना के आरंभ से अब तक 12,101.89 करोड़ रु. की राशि जारी की गई है, जिसमें से 8,657.59 करोड़ रु. (71.54%) वर्ष 2014-15 से जारी की गई है। पिछले तीन वित्तीय वर्षों में राज्यों / संघ राज्यक्षेत्रों को जारी की गई केंद्रीय सहायता का ब्यौरा **विवरण-I** में संलग्न है। वर्ष 2014 में 15,818 न्यायालय भवन और 10,211 आवासीय इकाइयों से, उपलब्ध न्यायालय भवनों और आवासीय इकाइयों की संख्या क्रमशः 22372 (41.43% वृद्धि) और 19,851 (94.40% वृद्धि) तक बढ़ गई है। इसके अतिरिक्त, 3,128 भवन और 2,772 आवासीय इकाइयां निर्माणाधीन हैं। भवनों और आवासीय इकाइयों की राज्यवार उपलब्धता का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

योजना प्रारंभ होने की तिथि से अब तक महाराष्ट्र राज्य को 1,099.83 करोड़ रुपये की वित्तीय सहायता प्रदान की गई है। उक्त राशि में से 700.17 करोड़ रुपये (63.67%) की धनराशि वर्ष 2014-15 से निर्गत की गई है। वर्तमान वित्तीय वर्ष हेतु 28.06 करोड़ रुपये की राशि महाराष्ट्र राज्य के लिए उद्दिष्ट की गई है। वर्तमान में महाराष्ट्र राज्य में 2503 न्यायालय हॉल तथा 2202 आवासीय इकाइयाँ उपलब्ध हैं। इसके अतिरिक्त, 560 न्यायालय हॉल तथा 144 आवासीय इकाइयों का निर्माण कार्य प्रगति पर है।

राष्ट्रीय ई-गवर्नेंस योजना के अंग के रूप में भारतीय न्यायपालिका के सूचना और संचार प्रौद्योगिकी (आईसीटी) विकास हेतु, ई-न्यायालय परियोजना वर्ष 2007 से एकीकृत मिशन मोड परियोजना के रूप में कार्यान्वित की जा रही है। ई-न्यायालय परियोजना के चरण-III (वर्ष 2023 से 2027 की अवधि हेतु) को सितम्बर 2023 में ₹7,210 करोड़ रुपये के परिव्यय के साथ अनुमोदित किया गया था। चरण-III के अंतर्गत, न्यायालय प्रबंधन प्रक्रियाओं को सुधारने तथा अधिवक्ताओं, वादकारियों और न्यायाधीशों सहित विभिन्न हितधारकों हेतु सेवाओं के डिजिटलीकरण हेतु अनेक कदम उठाए गए हैं।

ई-न्यायालय परियोजना चरण-III का एक घटक मुकदमा अभिलेखों की स्कैनिंग, डिजिटलीकरण और डिजिटल संरक्षण है, जिसके लिए ₹2038.40 करोड़ की धनराशि उद्दिष्ट की गई है। भारत के उच्चतम न्यायालय की ई-समिति द्वारा प्रदत्त जानकारी के अनुसार, 30.06.2025

तक उच्च न्यायालयों में 213.29 करोड़ पृष्ठों, और जिला न्यायालयों में 307.897 करोड़ पृष्ठों का डिजिटलीकरण किया जा चुका है। उच्च न्यायालयों और जिला न्यायालयों के न्यायिक अभिलेखों के संरक्षण हेतु एक सॉफ्टवेयर विकसित किया गया है। इसके अतिरिक्त, डिजिटल न्यायालय 2.1 सॉफ्टवेयर को कागजरहित मोड में कार्य करने के लिए न्यायालयों के सहायतार्थ विकसित किया गया है।

ई-फाइल पद्धति (संस्करण 3.0) को उन्नत सुविधाओं के साथ लागू किया गया है, जिससे अधिवक्ताओं को किसी भी स्थान से प्रकरणों से संबंधित दस्तावेजों तक पहुँच प्राप्त करने तथा उन्हें अपलोड करने की सुविधा प्राप्त हो सके। इसके अतिरिक्त, शुल्क आदि के निर्बाध हस्तांतरण हेतु ई-भुगतान प्रणाली प्रारंभ की गई है। “राष्ट्रीय सेवा और इलेक्ट्रॉनिक प्रक्रियाओं के ट्रैकिंग” (एन एस टी ई पी) प्रौद्योगिकी-सक्षम प्रक्रिया समन जारी करने और समन की तामीली की दिशा में एक महत्वपूर्ण पहल है। साथ ही, एक “निर्णय खोज पोर्टल” का शुभारंभ किया गया है, जिसमें न्यायपीठ मुकदमे के प्रकार, मुकदमा संख्या, वर्ष, वादी / प्रतिवादी के नाम आदि के माध्यम से खोज की सुविधा उपलब्ध है। यह सुविधा सभी को निःशुल्क प्रदान की जा रही है। नागरिक-केन्द्रित सेवाओं तक सरल और सुविधाजनक पहुँच सुनिश्चित करने के उद्देश्य से देश भर में 1814 ई-सेवा केन्द्र (सुविधा केन्द्र) स्थापित किए गए हैं। इसके अतिरिक्त यातायात संबंधी अपराधों के विचारण हेतु 21 राज्यों / संघ राज्यक्षेत्रों में 29 आभासी न्यायालय कार्यरत हैं।

विवरण-I

पिछले तीन वित्तीय वर्षों में राज्यों / संघ राज्यक्षेत्रों को जारी की गई केंद्रीय सहायता का ब्यौरा

(करोड़ रुपये में धनराशि)

क्र.सं.	राज्य / संघ राज्यक्षेत्र	2022-23	2023-24	2024-25	2025-26 (30.06.2025 को यथास्थिति)
1	अंदमान और निकोबार द्वीप	0.00	0.49	0.08	0.00
2	आन्ध्र प्रदेश	22.50	49.82	0.99	5.24

क्र.सं.	राज्य / संघ राज्यक्षेत्र	2022-23	2023-24	2024-25	2025-26 (30.06.2025 को यथास्थिति)
3	अरुणाचल प्रदेश	32.38	0.00	6.24	0.00
4	असम	25.00	40.00	40.75	0.00
5	बिहार	0.00	67.45	107.81	15.14
6	छत्तीसगढ़	60.00	6.69	45.35	7.75
7	चंडीगढ़	0.00	0.00	0.00	0.00
8	दादरा और नागर हवेली और दमण और दीव	0.00	0.00	0.00	0.00
9	दिल्ली	0.00	0.00	16.50	0.00
10	गोवा	25.00	1.53	14.27	0.00
11	गुजरात	6.22	95.62	51.34	0.00
12	हरियाणा	0.00	20.10	0.00	0.00
13	हिमाचल प्रदेश	0.00	6.00	13.62	0.00
14	जम्मू-कश्मीर	12.60	12.00	31.50	0.00
15	झारखंड	16.51	40.81	14.57	3.99
16	कर्नाटक	82.01	133.16	73.92	0.00
17	केरल	0.00	7.00	45.89	0.00
18	लद्दाख	0.00	1.40	6.93	0.00
19	लक्षद्वीप	0.00	0.00	0.00	0.00
20	मध्य प्रदेश	125.00	104.00	42.69	6.14
21	महाराष्ट्र	100.00	119.53	118.36	0.00
22	मणिपुर	12.85	0.00	3.71	0.00
23	मेघालय	50.00	33.72	35.79	0.00
24	मिजोरम	0.00	8.86	13.57	0.00
25	नागालैंड	0.00	4.39	4.00	0.00
26	ओडिशा	31.49	30.88	51.48	0.00
27	पुदुचेरी	9.55	0.00	0.00	0.00
28	पंजाब	12.50	18.42	0.00	0.00
29	राजस्थान	71.66	80.41	58.35	12.22
30	सिक्किम	2.27	2.70	0.00	0.00
31	तमिलनाडु	133.85	0.00	61.27	0.00

क्र.सं.	राज्य / संघ राज्यक्षेत्र	2022-23	2023-24	2024-25	2025-26 (30.06.2025 को यथास्थिति)
32	तेलंगाना	26.61	0.00	1.96	0.00
33	त्रिपुरा	0.00	40.49	20.00	0.00
34	उत्तराखंड	0.00	13.75	46.14	0.00
35	उत्तर प्रदेश	0.00	102.96	174.12	0.00
36	पश्चिमी बंगाल	0.00	18.00	22.22	0.00
	योग	858.00	1,060.17	1,123.40	50.48

पीएफएमएस पोर्टल के अनुसार

विवरण-II

क्र.सं.	राज्य / संघ राज्यक्षेत्र	न्यायालय हॉल की कुल संख्या	निर्माणाधीन न्यायालय हॉल की कुल संख्या *	आवासीय इकाइयों की कुल संख्या	निर्माणाधीन आवासीय इकाइयों की कुल संख्या *
1	अंदमान और निकोबार द्वीप	15	0	11	0
2	आन्ध्र प्रदेश	661	97	661	13
3	अरुणाचल प्रदेश	34	6	32	3
4	असम	422	83	381	20
5	बिहार	1667	207	1242	296
6	चंडीगढ़	31	1	30	0
7	छत्तीसगढ़	495	74	473	776
8	दादरा और नागर हवेली एवं दमण और दीव	8	3	8	0
9	दिल्ली	739	0	331	70
10	गोवा	50	37	20	3
11	गुजरात	1509	106	1360	331
12	हरियाणा	589	75	599	65
13	हिमाचल प्रदेश	178	11	155	7
14	जम्मू-कश्मीर	209	45	146	8
15	झारखंड	652	13	611	24

क्र.सं.	राज्य / संघ राज्यक्षेत्र	न्यायालय हॉल की कुल संख्या	निर्माणाधीन न्यायालय हॉल की कुल संख्या *	आवासीय इकाइयों की कुल संख्या	निर्माणाधीन आवासीय इकाइयों की कुल संख्या *
16	कर्नाटक	1244	185	1198	45
17	केरल	575	111	566	20
18	लद्दाख	11	4	4	2
19	लक्षद्वीप	3	0	3	0
20	मध्य प्रदेश	1656	262	1781	119
21	महाराष्ट्र	2503	560	2202	144
22	मणिपुर	42	12	16	33
23	मेघालय	72	16	140	86
24	मिजोरम	47	32	38	8
25	नागालैंड	30	8	39	0
26	ओडिशा	905	156	769	101
27	पुदुचेरी	34	0	27	0
28	पंजाब	643	21	643	33
29	राजस्थान	1402	351	1180	122
30	सिक्किम	20	5	15	2
31	तमिलनाडु	1256	45	1386	11
32	तेलंगाना	552	23	472	6
33	त्रिपुरा	86	27	74	33
34	उत्तर प्रदेश	2892	366	2553	361
35	उत्तराखंड	253	69	212	4
36	पश्चिमी बंगाल	887	117	473	26
योग		22,372	3,128	19,851	2,772

*न्याय विकास पोर्टल के अनुसार

SHORTAGE OF UREA IN UTTAR PRADESH

2189: SUSHRI IQRA CHOUDHARY:

SHRI PUSHPENDRA SAROJ:

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

- (a) the details of urea demand and allocation during the current Kharif season across the country, State/district-wise particularly in Uttar Pradesh;
- (b) the steps taken by the Government to prevent exclusive or bulk procurement of subsidized urea by private traders and for ensuring fair and timely availability to small and marginal farmers;
- (c) whether any allocation discrepancy has been identified under the Integrated Fertilizer Monitoring System (IFMS) in the State, if so, the corrective measures taken by the Government to address it; and
- (d) whether the Government has taken/plans to take any concrete steps to prevent the diversion of subsidized urea and DAP stocks meant for farmers to unauthorized private traders or bulk consumers and if so, the details thereof?

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

(a): The information regarding demand, allocation/availability and sales of Urea across the States, including the State of Uttar Pradesh, during the ongoing Kharif 2025 season (as on 28.07.2025) is given in the enclosed **Statement**. Further, the mandate of Department of Fertilizers is to ensure adequate availability of fertilizers at State level. However, distribution of fertilizers within the State at district level is done by the State governments.

(b): Allocation of fertilizers to the private traders/cooperative societies/Markfed etc is done by the companies as per State government guidelines, which vary from State to State.

Further, following steps are taken by the Government every season for ensuring timely and adequate availability of fertilizers in the country including small and marginal farmers:

- i. Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the state-wise & month-wise requirement of fertilizers.
- ii. On the basis of requirement projected, D/o 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.

(c): No such case has been highlighted by any State government.

(d): 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 diversion of

fertilizers and to take punitive action against any person / fertilizer company involved in diversion of fertilizers by violating the provisions of Essential Commodities Act, 1955 and Fertilizer Control Order 1985 (FCO).

However, Department of Fertilizers has put a ceiling of 50 bags of subsidized fertilizers per buyer per month i.e. 600 bags of subsidized fertilizers per year. Additionally, a monthly list of 'Top 20 buyers' of each district is made available in the iFMS log-in of respective district magistrates for taking necessary action at their end.

STATEMENT

DEMAND, ALLOCATION/ AVAILABILITY AND SALES OF UREA DURING ONGOING FY 2025-26 (FROM 01.04.25 TO 28.07.25)

fig. in LMT

S.No	State	UREA		
		DEMAND	ALLOCATION/AVAILABILITY	DBT Sales
1	Andaman and Nicobar Islands	0.00	0.01	0.00
2	Andhra Pradesh	2.89	5.69	3.38
3	Arunachal Pradesh	0.00	0.01	0.01
4	Assam	1.02	1.88	1.41
5	Bihar	4.75	7.11	3.58
6	Chandigarh	0.00	0.00	0.00
7	Chhattisgarh	5.85	6.53	5.28
8	Dadra and Nagar Haveli	0.00	0.00	0.00
9	Daman and Diu	0.00	0.00	0.00

10	Delhi	0.08	0.08	0.07
11	Goa	0.01	0.01	0.01
12	Gujarat	7.34	7.34	6.05
13	Haryana	6.78	9.34	8.50
14	Himachal Pradesh	0.17	0.43	0.26
15	Jammu and kashmir	0.67	1.19	0.69
16	Jharkhand	1.01	1.32	0.84
17	Karnataka	6.59	8.90	7.60
18	Kerala	0.35	0.54	0.38
19	Lakshadweep	0.00	0.00	0.00
20	Madhya Pradesh	9.76	13.63	11.56
21	Maharashtra	10.05	14.46	10.94
22	Manipur	0.10	0.09	0.07
23	Meghalaya	0.02	0.02	0.02
24	Mizoram	0.05	0.10	0.09
25	Nagaland	0.00	0.01	0.00
26	Odisha	2.71	4.02	2.36
27	Puducherry	0.04	0.06	0.05
28	Punjab	13.49	15.70	13.10
29	Rajasthan	6.04	9.24	7.20
30	Sikkim	0.00	0.00	0.00
31	Tamil Nadu	2.62	4.48	3.38
32	Telangana	6.45	6.47	4.99
33	Tripura	0.05	0.12	0.05
34	Uttarakhand	0.69	0.98	0.86
35	Uttar Pradesh	22.53	31.87	22.66
36	West Bengal	3.80	6.71	3.09
	All India	115.91	158.34	118.47

1. Primary Indicator of comfortable availability: Allocation/Availability > Demand
2. Secondary Indicator of comfortable availability: Allocation/Availability > Sales

ASSESSMENT OF NARI ADALATS

2190. SHRI RAJA RAM SINGH:

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

- (a) the current status of Nari Adalats in the country, State/UT-wise;
- (b) the details of cases addressed in these adalats along with the representatives operating in the said adalats;
- (c) whether the Ministry has constituted a committee to assess the impact of said adalats in the States where they are already operational, if so, the details thereof;
- (d) whether any further mechanisms are available for women to seek justice if issue remain unresolved at this level, if so, the details thereof;
- (e) whether the Ministry has also set up a grievance redressal office to file complaints about the proceedings of these adalats, if so, the details thereof; and
- (f) the details of stakeholders involved in setting up of the said adalats along with the consultations held with them?

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

(a) to (f): Nari Adalat has been introduced as a pilot initiative under the Sambal vertical of Mission Shakti for 15th Finance Commission period. Nari Adalat are structured through Women Collectives formed at the panchayat level and each collective includes seven to nine members known as Nyaya Sakhis, with one as the Mukhya Nyaya Sakhi to lead and coordinate activities. The concerned

State/District is responsible for the overall management and functioning of the Nari Adalat, including the identification, selection, and nomination of its members. The Gram Panchayat, in a meeting chaired by the Panchayat President/Sarpanch and attended by the BDO/SDM or their representative, selects socially respected and committed women to serve as members, known as Nyaya Sakhis.

The scheme aims to offer services such as alternative dispute resolution, grievance redressal, counselling, and decision-making based on evidence at Gram Panchayat level. However, Nari Adalat is not a formal court and hence any aggrieved woman can and shall always have recourse to legal mechanism as per her need.

Meetings of Nari Adalat are held fortnightly at the Gram Panchayat Office, Government Primary School, Common Service Centres, Anganwadi Centres, or any other place designated by the State Government or Union Territories to address the cases brought to Nari Adalat. However, if the head of the Nari Adalat deems it necessary, meeting may be convened at any time.

The scheme is demand driven and piloted in 50 Gram Panchayats each in the State of Assam and the Union Territory of Jammu & Kashmir from FY 2023-24. As per the proposal received, 10 Gram Panchayats each in 16 States namely Bihar, Uttar Pradesh, Karnataka, Goa, Himachal Pradesh, Jharkhand, Kerala, Manipur, Mizoram, Nagaland, Punjab, Tamil Nadu, Tripura, Uttarakhand, Sikkim, Maharashtra and 5 Gram Panchayats each in 2 UTs namely Andaman

and Nicobar Islands and Dadra Nagar Haveli/Daman& Diu have been approved for implementation of scheme on pilot basis.

Nari Adalat is Centrally Sponsored Scheme with 100 percent Central Share and the overall implementation of scheme lies with the State Governments/UT Administrations. Further, once in a year, the Programme Approval Board monitors with States/UTs, the progress of the overall activities of scheme and review status of achievement of objectives. Apart from this, officials of the Ministry continuously review the scheme through meetings, video conferencing and by making field visits to States/UTs from time to time.

PUNITIVE MEASURE AGAINST PHARMACEUTICAL COMPANIES PRODUCING NSQ DRUGS

2191. SHRI D. M. KATHIR ANAND:

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

- (a) whether any strict punitive measure is being proposed by the Government as a warning against Pharmaceutical companies whose products fail quality parameters and are declared as substandard and if so, the details thereof;
- (b) whether the Government is aware of the mushrooming of Pharma companies producing 'Not of Standard Quality' (NSQ) drugs and if so, the details thereof; and
- (c) whether the Central Drugs Standard Control Organization (CDSCO) has announced immediate suspension of product licences of companies found

producing 'Not of Standard Quality' (NSQ) drugs by Government laboratories 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 (c): As per the provisions of the Drugs and Cosmetics Act, no person shall manufacture, sell, or distribute any drug that is not of standard quality, adulterated, or spurious. Any contravention of this provision constitutes a punishable offence under the said Act and The Act prescribes prosecution and penalty for the same.

Isolated cases of Not of Standard Quality (NSQ) drugs are reported from time to time. The samples failing in quality check are uploaded on the website of Central Drugs Standard Control Organization (CDSCO) under the heading of Drug Alert (www.cdsc.gov.in), as part of the monthly drug alerts to make it available publicly.

In case of drug samples declared as NSQ by the Drugs Testing laboratories under CDSCO, the respective manufacturing firms are asked for immediate recall and stop further distribution of the not of standard quality drugs in the market. Further, based on investigation outcome, actions are taken by the licensing authorities concerned under the provisions of Drugs and Cosmetics Act and Rules made thereunder such as stop production orders, stop testing orders, license suspensions/cancellations, warning letters and showcase notices.

PARTICIPATION OF GOA IN INTERNATIONAL CONFERENCES

2192. CAPTAIN VIRIATO FERNANDES:

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

- (a) the details of international conferences, associations and other bodies in which the State of Goa has participated including the nature and purpose of such participation and the financial expenditure incurred by the State Government of Goa thereon during the last five years;
- (b) the specific decisions, agreements or resolutions adopted at these international conferences, associations or bodies that are relevant to the State of Goa;
- (c) whether the State Government has established any mechanism to monitor and evaluate the outcomes of their participation in such international platforms and if so, the details thereof and if not, the reasons therefor; and
- (d) the measures taken by the State Government of Goa to implement the decisions or recommendations arising from these international engagements, along with the progress made in their implementation?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA
MARGHERITA):**

- (a) and (b): The details are given in the enclosed **Statement**.
- (c) and (d): State Government continuously monitors the progress of such international engagements and implementation of various proposals arising out of it.

STATEMENT

Details of Goa participation in International Conferences, associations and other bodies from 1st January 2020 till date

S.No.	International Conferences / associations etc.	Date	Purpose
1	Annual Conference on Global Food Security in Abu Dhabi UAE	October, 2022	Goa Agriculture delegation participated to explore solutions for achieving food security
2	Bolsa de Turismo Lisbon, Portugal (BTL-2023)	February, 2023	Goa tourism delegation participated in the BTL, Lisbon, Portugal to promote tourism in Goa
3	Arabian Travel Mart (ATM), Dubai, UAE	April, 2023	Goa tourism delegation participated in the ATM-2023 to compete in international market in tourism sector.
4	Special Olympics World Games, Berlin, Germany	June, 2023	Children with special needs from Goa participated in Special Olympics World Games Berlin 2023 at Berlin, Germany
5	Indo-German Energy Programme at Bilbaw Spain and Kassel, Germany	October, 2023	Goa Department of Electricity delegation participated in the Programme on Energy Transition with DISCOMs
6	Agdar-India Business Seminar, Norway	February, 2024	Goa Fisheries delegation participated in Agdar-India Business Seminar at Kristiansand, Norway.
7	Arabian Travel Mart (ATM), Dubai, UAE	May, 2024	Goa tourism delegation participated in ATM, Dubai, 2024 to promote Goa tourism.

8	Cannes Film Festival, Cannes, France	May, 2024	Goa Department of Information and Publicity delegation participated to understand various aspects of festival organisation and also to promote the State of Goa as a film shooting destination.
9	Consultancy Proposal for Coordination of Information Gathering at Singapore	August, 2024	Goa Fisheries delegation participated in the event regarding information gathering on fisheries
10	Tomorrow Building World Congress 2024, Barcelona, Spain	November, 2024	State delegation participated for green and digital transition of buildings and urban infrastructures
11	World Travel Market (WTM), London 2024	November, 2024	Goa tourism delegation participated in WTM, London 2024
12	Global Spiritual Festival at Dubai, UAE	January, 2025	Guest of Honour status accorded to Goa to highlight Goa's spiritual heritage
13	Bolsa de Turismo Lisbon, Portugal (BTL-2025)	March, 2025	Goa tourism delegation participated in the BTL, Lisbon, Portugal to promote tourism in Goa
14	FAO International fisheries law training programme in Busan, South Korea	April, 2025	Fisheries delegate attended International Fisheries Law Training Programme at Busan, South Korea
15	International Exhibition, Mauritius	July, 2025	Goa Department of Handicrafts delegate participated in the International Exhibition, Mauritius

**REPATRIATION AND WELFARE OF INDIAN WORKERS
STRANDED IN SAUDI ARABIA**

2193. SHRI SAPTAGIRI SANKAR ULAKA:

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

- (a) whether the Government is aware of Indian labourers currently stranded in Saudi Arabia due to unpaid wages or loss of legal status, if so, the details of estimated number of such workers, State-wise and sector-wise;
- (b) the immediate relief measures, food, shelter, medical aid and legal assistance, extended by the Indian Embassy and Consulates and the timeline fixed for clearing unpaid dues and securing exit permits;
- (c) the arrangements made for emergency travel documents and cost-sharing with Saudi employers to expedite repatriation and the progress achieved to date; and
- (d) the long-term steps being taken to curb similar incidents, including stricter regulation of recruiting agents, compulsory insurance and enhanced pre-departure orientation for workers bound for Saudi Arabia?

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 Indian Embassy/Consulate in Saudi Arabia, from time to time, receive complaints from Indian workers facing issues related to non-payment of wages, confiscation of passports, loss of legal status due to non-

issuance/renewal of residence card, exit permits not processed by the sponsor/employer, etc.

There are established channels to enable them to reach out to the Embassy/Consulate in case they need any assistance. They can contact the Embassy/Consulate through walk-in, email, multilingual 24x7 emergency numbers, Whatsapp number, grievance redressal portal like MADAD/CPGAMS/eMigrate, and social media etc. There are dedicated Labour Wings for handling such matters. Pravasi Bharatiya Sahayata Kendra has been set up in Riyadh and Jeddah to provide guidance and counselling to the Indian workers. The Embassy/Consulate also organises Consular Camps in remote areas.

On receipt of any complaint or grievance from Indian nationals including labourers, the Embassy/Consulate pro-actively takes it up with the concerned Foreign Employer (FE) and, if needed, the work place of the aggrieved worker is also visited. The issues are also taken up with the local Labour Department and other concerned authority of the host country for redressal.

The Embassy/Consulate also utilizes the Indian Community Welfare Fund (ICWF) from time to time to provide financial and legal assistance to Indian nationals in distress 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.

(d): The Government has taken several initiatives like the Pravasi Bharatiya Bima Yojana (PBBY) and Pre-departure Orientation Training (P-DOT) 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.

PBBY is a mandatory insurance scheme aimed at safeguarding the interests of Indian migrant workers holding Emigration Check Required (ECR) passports, going for employment to ECR countries. The scheme provides an insurance cover of INR. 10 lakh and other benefits in case of accidental death or permanent disability leading to job loss, at a nominal insurance premium of INR 275/- for two years or INR 375/- for three years validity.

ELIMINATION OF TUBERCULOSIS

2194. SHRI G. KUMAR NAIK:

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

- (a) the details of approach method adopted by Government to combat tuberculosis as per the National Tuberculosis Elimination Program;
- (b) the details of target set and target achieved so far under the said programme, State-wise and district-wise in Karnataka;
- (c) whether the Government has conducted/plans to conduct any studies or evaluations regarding TB control strategies and if so, the details thereof;
- (d) the budget allocated and utilised under the said programme during the last three years;

- (e) whether there are any plans to increase funding to intensify TB control efforts, especially in rural districts and Aspirational districts and if so, the details thereof; and
- (f) the specific measures taken/proposed to be taken by the Government to address challenges in TB diagnosis, treatment access and public awareness, especially to reduce stigma and improve treatment adherence to prevent the spread of drug-resistant TB?

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): To address Tuberculosis (TB), the Government has implemented the National TB Elimination Programme (NTEP) under the aegis of the National Health mission with key strategies as under:

- promotion of early diagnosis of TB patients, prompt treatment with quality assured drugs
- involvement of private sector in TB care
- implementation of prevention strategies including TB preventive treatment and contact tracing in high risk/vulnerable population and
- airborne infection control.

The State-wise targets set for notification of TB cases and achievement including the State of Karnataka for the year 2024 is given in the enclosed **Statement-I.**

The Government through Indian Council of Medical Research (ICMR) has conducted the National TB Prevalence Survey in 20 State/Group of States in 2021. In addition, District level Annual Surveys are conducted to monitor the trends of the TB incidence at the State/UTs/District level. Through this methodology, State/UTs/District level estimates of TB disease are derived and measured against the baseline of 2015. Three rounds of this exercise has been conducted in 2020, 2021 and 2022.

To intensify efforts and to achieve national goals for TB elimination, including for aspirational districts and rural areas, in the year 2025-26 an amount of Rs. 3259.26 crores has been allocated excluding a cash grant of Rs 2318.80 crores as part of RCH Flexipool. The budget allocated and utilized under NTEP for the last 3 years is given in the enclosed **Statement-II**.

Further, under NTEP, the key steps taken to ensure diagnosis of TB, treatment and increase public awareness across the country 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 mobile diagnostic units for reaching out to remote and rural areas.
- Decentralization of TB screening and treatment services to the Ayushman Arogya Mandir (AAM).

- Private sector engagement with incentives for notification and management of TB cases.
- Scaling up of molecular diagnostic laboratories in all blocks to facilitate early TB diagnosis.
- Ni-kshay Poshan Yojana of Rs 1,000 per month per patient as nutritional support for the entire duration of treatment.
- Intensified Information, Education and 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 support to TB patients and household contacts under Ni-kshay Mitra initiative.

STATEMENT-I

State wise Targets and Achievement in TB Notification for 2024:

States/UTs	Target for TB Notification	TB Notification achievement
Andaman and Nicobar Islands	500	534
Andhra Pradesh	100000	83960
Arunachal Pradesh	3500	2848
Assam	55000	50456
Bihar	250000	204309
Chandigarh	7000	6960

Chhattisgarh	50000	39593
Dadra and Nagar Haveli and Daman and Diu	1100	1037
Delhi	110000	105343
Goa	2000	2079
Gujarat	145000	137955
Haryana	95000	86635
Himachal Pradesh	15000	15607
Jammu and Kashmir	12000	12200
Jharkhand	63000	63670
Karnataka	90000	78369
Kerala	23000	20843
Ladakh	260	293
Lakshadweep	10	8
Madhya Pradesh	190000	181026
Maharashtra	250000	230163
Manipur	3500	2497
Meghalaya	5500	4564
Mizoram	3000	2312
Nagaland	5000	4059
Odisha	65000	60608
Puducherry	4100	3700
Punjab	70000	59020
Rajasthan	170000	171921
Sikkim	1300	1313
Tamil Nadu	110000	93276
Telangana	82000	76611
Tripura	3000	3320
Uttar Pradesh	650000	681779
Uttarakhand	28000	29334
West Bengal	125000	99721
India	2787770	2617923

Data source: Ni-kshay

STATEMENT-II**Budget Allocation and Utilization under NTEP for last 3 years****(Rs. in crores)**

Sr. No.	Year	Allocation	Utilization
1	2022-23	1666.33*	910.83
2	2023-24	1888.82*	1179.68
3	2024-25	3176.40*	3173.26

** from the year 2022-23 onwards the allocation and utilization is excluding of cash grant to States/UTs which is released by NHM directly to States/ UTs as a common pool i.e. RCH Flexible Pool which includes TB.*

NATIONAL CRECHE SCHEME**2195. MD. RAKIBUL HUSSAIN:**

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

- (a) whether the government is aware that several creches under the Rajiv Gandhi National Creche Scheme (RGNCS) are closing down due to lack of funds;
- (b) if so, the details of funds released under RGNCS along with its utilization during the FY 2018-19, 2019-20, 2020-21 and 2021-22;
- (c) whether the extra funds disbursed to the State councils without any reference to the ground situation regarding the number of creches functioning/children enrolled are to be reconsidered and initiatives for the refund of additional funds to be taken by the Government;

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

(e) the details and number of creches working under the scheme?

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

(a) to (e): Rajiv Gandhi National Crèche Scheme (RGNCS) for the Children of Working Mothers was launched as a central sector scheme w.e.f. 1st January 2006 by merging the National Crèche Fund with the Scheme of Assistance to Voluntary Organizations for crèches for Working/Ailing Women's Children. The Scheme was implemented through the Central Social Welfare Board (CSWB) and two voluntary organizations, namely Indian Council for Child Welfare (ICCW) and Bhartiya Adim Jati Sevak Sangh (BAJSS) in States and UTs. The fund sharing pattern of the scheme between Centre and Implementing Agency was in a ratio of 90:10. State Governments and UT Administrations were not the stakeholders in the scheme, so monitoring and supervision were inadequate. Subsequently, RGNCS was discontinued w.e.f. 31 December 2016.

From 01.01.2017 to 31.03.2022, the Crèche services were provided by the Ministry of Women and Child Development through the erstwhile 'National Crèche Scheme for Children of Working Mothers' (NCS), a Centrally Sponsored Scheme, wherein Stand-alone Crèches were being operated through NGOs as implementing agencies, with the added feature of States' share and UTs' share to ensure better local monitoring.

The Ministry introduced Palna scheme under Samarthya vertical of umbrella Mission Shakti w.e.f. 01 April 2022, to provide quality crèche facility in

safe and secure environment for children (from ages 6 months – 6 years). Palna is a Centrally Sponsored Scheme and is implemented with a funding ratio of 60:40 between Centre and State Governments and UTs with legislature except North East and Special Category States where ratio is 90:10. For UTs without legislature, 100% funding is provided by the central government.

Anganwadi centres are the world's largest childcare institutions dedicated to providing essential care and support to children ensuring delivery of care facilities to the last mile. In a first of its kind approach, Ministry has extended the services of childcare through Anganwadi cum Crèches (AWCCs).

As on 23.07.2025 a total of 14,599 AWCCs have been approved by the Ministry as per proposals received from various States and UTs, out of them 2448 AWCCs have been made operational by 23 States and UTs.

IWAI IN VARANASI

2196. SHRI DUSHYANT SINGH:

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

- (a) the expected economic and logistical benefits of the newly established Inland Waterways Authority of India (IWAI) regional office in Varanasi for the region and its surrounding areas;
- (b) whether any new infrastructure projects are planned in Varanasi on accounting of the presence of this office and if so, the details thereof;
- (c) the manner in which the local industries and businesses are expected to benefit from enhanced inland water transport connectivity;

- (d) the role of Indian ports in advancing India's Blue Economy Vision and contributing to the growth of maritime trade; and
- (e) whether the study conducted by the Indian Port Rail and Ropeway Corporation Limited (IPRCL) for a new rail route linking Jaisalmer, Barmer, Bhavtada via Sanchor to Kandla Port has been completed, if so, the manner in which the Government is planning to integrate this rail link with inland waterways and port infrastructure to enhance cargo transportation and trade connectivity?

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

(a): The establishment of a regional office of Inland Waterways Authority of India (IWAI) in Varanasi is a strategic move aimed at streamlining Inland Water Transport (IWT) projects and enhancing coordination with the State IWT Authority. This office will enable more effective monitoring, execution, and administration of projects on National Waterways in Uttar Pradesh. It will also play a key role in unlocking the potential of water transport in the state, positioning the region as a critical hub for waterway logistics and economic development.

(b): The details of various IWT projects planned/ongoing/completed at Varanasi are:

- i. Multimodal Terminal, Varanasi
- ii. Development of Freight Village, Varanasi
- iii. Establishment of 6 Nos. community jetties

- iv. Establishment of Regional Centre of Excellence, Varanasi
- v. Construction of Ship Repair Facility, Varanasi
- vi. River Cruise Terminal, Varanasi
- vii. Urban Transport Project, Varanasi
- viii. Fairway Development from Varanasi to Ghazipur
- ix. Railways connectivity to Multimodal Terminal Varanasi
- x. Deployment of Hydrogen Vessel and Hybrid Electric Catamaran

(c): Waterways are more fuel-efficient compared to road and rail transport, making them a cost-effective option, particularly for bulk cargo such as coal, cement, food grains, fertilizers, stone chips, and raw materials. As per the study conducted by the World Bank, the operating cost of IWT mode is Rs. 1.2 per Ton Kilometre, Road is Rs. 2.28 per Ton Kilometre and Rail is Rs. 1.4 per Ton Kilometre. IWT provides a supplementary mode of transportation to the Local industries and businesses. IWAI is providing required infrastructure, fairway and navigational aids for efficient movement of vessels from Varanasi to Haldia and then to North Eastern Region (NER) through Indo-Bangladesh Protocol Route. These developmental activities are facilitating cargo and cruise movements on National Waterway -1 (River Ganga) leading to direct and indirect employment along with providing connectivity with the Gateway ports of Haldia and Kolkata. Due to these interventions, cargo movement on NW-1 has increased from 5.05 million tonnes in 2014-15 to 16.4 million tonnes in 2024-25.

(d): Indian ports play a pivotal role in realizing the Blue Economy Vision, which emphasizes sustainable use of ocean resources for economic growth, improved

livelihoods, and environmental protection. As gateways to global trade and maritime infrastructure, ports are at the heart of india's economic and geopolitical strategy in the indian ocean region.

(e): Indian Port Rail and Ropeway Corporation Limited (IPRCL) had conducted feasibility study covering traffic report, financial report and engineering survey report for the proposed new rail connectivity from Jaisalmer to Bhabhar via Barmer with a proposed connection to Deendayal Port, Kandla via Palanpur, Gandhidham in January, 2018 for enhancing cargo transportation and transshipment capacities. In the Report, the estimated cost of the project was Rs. 2177.01 Cr. for diesel traction and Rs. 2555.71 Cr. for electric traction. IPRCL had submitted copies of the Report to the Government of Rajasthan and Deendayal Port Authority (DPA).

OPERATIONS OF CENTRAL PASSPORT ORGANISATION

2197. SHRI K. SUDHAKARAN:

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

- (a) the number of passport applications approved during the last one year;
- (b) the details of passports issuing authority in the Central Passport Organization (CPO);
- (c) whether Regional Passport Officers (RPOs) are designated as Passport Issuing Authorities, if so, the details thereof including the number of applications that were approved by RPOs across the India from 2024 to April 2025 and if not, the reason therefor;

- (d) whether the non-gazetted employees in the CPO can approve or verify passport applications, if so, the details thereof including their designation/job, roles including Rajbhasha and stenographic service and the pay level; and
- (e) the details of the transfer policy that exist for CPO officials and the criteria for transferring officers between head stations?

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): Number of passports granted in the year 2024 is 1,46,53,633. This includes 1,30,76,427 in India and 15,77,206 in Indian Missions and Posts abroad.
- (b): In terms of the Schedule I of the Passports Rules 1980, Passport Officer, Deputy Passport Officer, Assistant Passport Officer, Senior Superintendent and Superintendent are mentioned as Passport Issuing Authorities.
- (c): Yes. There are 37 Regional Passport Officers/ Passport Officers across the country. Total number of passports issued by Regional Passport Offices across the country, during the period from 01.01.2024 till 30.04.2025 is 1,71,02,492.
- (d): Non-Gazetted employees of the Central Passport Organisation can verify the passport applications. In exercise of powers vested in the Central Government by the Section 24 of the Passports Act 1967 read with Rule 3 of the Passport Rules 1980, Non-Gazetted employees of the Central Passport Organisation can also be assigned the work to grant/approve passports in public interest. In addition to this, these Non-Gazetted employees handle other

administrative and passport related functions. Details of designation and pay level of Non-Gazetted employees are as under:

- I. Assistant Superintendent – Pay Level 6
- II. Senior Passport Assistant – Pay Level 4
- III. Junior Passport Assistant – Pay Level 2
- IV. Senior Translation Officer – Pay Level 7
- V. Junior Translation Officer – Pay Level 6
- VI. Stenographer Grade I – Pay Level 6
- VII. Stenographer Grade II – Pay Level 4
- VIII. Office Assistant – Pay Level 1

(e): Transfer Policy Guidelines 2018 issued by the Ministry of External Affairs contain the guidelines for transfer of the employees of the Central Passport Organisation. As per the said guidelines, tenure of all officials is 36 months from the date of joining for all Passport Offices other than those in Jammu and Kashmir, and at Guwahati, where the tenure is 24 months from the date of joining.

ANGANWADI CENTRES IN KARNATAKA

2198. SHRI YADUVEER WADIYAR:

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

- (a) the number of functional Anganwadi Centres currently operating in Karnataka, district-wise;

- (b) whether the Government has assessed gaps in infrastructure, sanitation, or digital access in Anganwadi Centres in rural and tribal areas of Karnataka, if so, the details thereof and if not, the reasons therefor; and
- (c) the specific steps taken under the Saksham Anganwadi and Poshan 2.0 schemes to improve maternal and child nutrition in the said State?

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

(a) and (b): 66098 Anganwadi Centres (AWCs) are operational in the State of Karnataka. During the 15th Finance Commission cycle, 2 lakh Anganwadi Centres (AWCs) located in Government buildings @ 40,000 AWCs per year are to be strengthened and upgraded as Saksham Anganwadis for improved nutrition delivery and for Early Childhood Care and Education under Mission Saksham Anganwadi and Poshan 2.0. Saksham Anganwadis are to be provided with better infrastructure than the conventional Anganwadi Centres including LED screens, water purifier/installation of RO Machine, Poshan Vatika, ECCE related books and learning material etc. As on date, 2 Lakh Anganwadi Centres has been sanctioned for upgradation to Saksham Anganwadi Centres.

Under Mission Saksham Anganwadi and Poshan 2.0, 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 Anganwadi Centres in convergence with MGNREGS is 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.

The unit cost approved for construction of toilet is Rs.36000/- per AWC and for drinking water provisioning the approved cost is Rs. 17000/- per AWC to be shared by Centre and States/UTs as per the cost sharing ratio.

Apart from this, the Government has issued orders for upgradation of all mini AWC to regular AWCs. This would add an Anganwadi Helper in these Anganwadi Centres across the country to share the burden of Anganwadi worker so that the component of ECCE can be strengthened. Out of 1,16,852 Mini-AWCs in 23 States/UTs, sanction for upgradation of 1,11,363 Mini-AWCs has been issued till date. Further, directions have been issued to States/UTs to co-locate Anganwadi Centres, which are running on rent without sufficient infrastructure, at nearby Primary Schools, where space is available.

The PM JANMAN Mission launched by Ministry of Tribal Affairs is aimed at targeted development of 75 Particularly Vulnerable Tribal Groups (PVTGs) residing in 18 States and a UT. This Mission focuses on 11 critical interventions related to 9 key Ministries including Ministry of Women and Child Development. As on date, 2500 AWCs have been sanctioned for construction under PM JANMAN across the country.

In addition to above, 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 to Saksham AWCs from FY 2024-25 to FY 2028-29. As on date, a total of 875 AWCs has been sanctioned for construction under DAJGUA across the country.

(c): Under the 15th Finance Commission, various components like Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) to address the challenge of malnutrition. It is a Centrally Sponsored mission, where the responsibility for implementation of various activities lies with the States and UTs. This mission is a universal self-selecting umbrella scheme where there are no entry barriers for any beneficiary to register and receive services. This mission is being implemented across the country.

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 and 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 micro-nutrients and to control anaemia among women and children. Greater

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

Ministries of Women 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.

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 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.

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 and 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:

- (i) Prophylactic Iron and Folic Acid (IFA) supplementation to all six beneficiaries
- (ii) Deworming
- (iii) 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
- (iv) Testing and treatment of anemia, using digital methods and point of care treatment,
- (v) Mandatory provision of Iron and Folic Acid fortified foods in government funded public health programmes.
- (vi) Intensifying awareness, screening, and treatment of non-nutritional causes of anemia

चिकित्सा क्षेत्र में आयुष का योगदान

2199. श्री संजय उत्तमराव देशमुख:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) देश में चिकित्सा क्षेत्र में आयुष का योगदान संबंधी ब्यौरा क्या है और सरकार द्वारा इसे सुदृढ़ बनाने के लिए क्या कदम उठाए गए हैं;
- (ख) भारत में आयुष मूल्य चिकित्सा यात्रा को वैश्विक केंद्र बनाने के लिए कौन-सी विशिष्ट योजनाएँ और नीतियाँ क्रियान्वित की गई हैं;
- (ग) आयुष क्षेत्र में प्रक्रिया को सुव्यवस्थित करने और विदेशी रोगियों के अनुभव को बेहतर बनाने में सरकार किस प्रकार सहायता प्रदान कर रही है;
- (घ) आयुष क्षेत्र के लिए कुशल कार्यबल को प्रशिक्षित करने हेतु क्रियान्वित कार्यक्रमों का ब्यौरा क्या है; और
- (ङ) सरकार द्वारा घरेलू और अंतर्राष्ट्रीय स्तर पर आयुष सेवाओं की बढ़ती माँग को पूरा करने के लिए क्या कदम उठाए जा रहे हैं?

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

(क): आयुष मंत्रालय (एमओए) ने एक सुस्थापित संस्थागत ढांचे के माध्यम से निवारक, प्रोत्साहक और उपचारात्मक स्वास्थ्य देखभाल सेवा में महत्वपूर्ण योगदान दिया है। शिक्षा और व्यावसायिक व्यवस्था का विनियमन दो सांविधिक आयोगों, आयुर्वेद, सिद्ध, यूनानी और सोवा-रिग्पा हेतु "भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग" और "राष्ट्रीय होम्योपैथी आयोग" के माध्यम से विनियमित किया जाता है। इसके अलावा, एमओए ने 12 राष्ट्रीय स्तर के शिक्षण संस्थानों की स्थापना की है जिन्होंने गुणवत्तापूर्ण शिक्षा, नैदानिक सेवाओं और आउटरीच को एकीकृत करके चिकित्सा क्षेत्र में महत्वपूर्ण योगदान दिया है। ये संस्थान विशेष प्रशिक्षण कार्यक्रमों के साथ स्नातक-पूर्व, स्नातकोत्तर और डॉक्टरेट पाठ्यक्रम प्रदान करते हैं। ये संस्थान एनएबीएच/एनएबीएल (नेशनल एकेडिटेशन बोर्ड फॉर

हॉस्पिटल एंड हेल्थकेयर प्रोवाइडर्स/नेशनल एकेडिटेशन बोर्ड फॉर टेस्टिंग एंड कैलिब्रेशन लैबोरेटरीज) मान्यता प्राप्त अस्पतालों के माध्यम से ओपीडी/आईपीडी (बाह्य-रोगी विभाग/अंतरंग-रोगी विभाग) सेवाएं प्रदान करते हैं और देश भर में स्वास्थ्य शिविर, जागरूकता अभियान आयोजित करते हैं और समुदाय-आधारित पहल करते हैं।

आयुष पद्धतियों के वैज्ञानिक सत्यापन तथा विकास में पांच स्वायत्त अनुसंधान परिषदों अर्थात् केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएस), केंद्रीय होम्योपैथी अनुसंधान परिषद (सीसीआरएच), केंद्रीय यूनानी चिकित्सा अनुसंधान परिषद (सीसीआरयूएम), केंद्रीय सिद्ध अनुसंधान परिषद (सीसीआरएस), और केंद्रीय योग और प्राकृतिक चिकित्सा अनुसंधान परिषद (सीसीआरवाईएन) द्वारा मदद की जाती है।

सीसीआरएस, सीसीआरयूएम और सीसीआरएच अपने व्यापक नेटवर्क - सीसीआरएस के तहत 30 संस्थानों, सीसीआरयूएम के तहत 21, और सीसीआरएच के तहत 6 उपचार केंद्रों के साथ 27 इकाइयों - के माध्यम से ओपीडी तथा आईपीडी सेवाएं प्रदान करते हैं और आउटरीच कार्यक्रम चलाते हैं। इन पहलों में अनुसूचित जाति उप योजना, जनजातीय स्वास्थ्य देखभाल, स्कूल स्वास्थ्य कार्यक्रम और मोबाइल नैदानिक अनुसंधान शामिल हैं, जिनसे देश भर में आयुष स्वास्थ्य देखभाल सेवाओं की पहुंच काफी बढ़ रही है। इसके अलावा, सीसीआरएस 9 परिधीय संस्थानों के माध्यम से स्वास्थ्य देखभाल सेवा प्रदान करती है, जबकि सीसीआरवाईएन 8 संस्थानों, 10 अरोग्य केंद्रों और 10 माइंड-बॉडी इंटरवेंशन केंद्रों का संचालन करता है, जिनसे राष्ट्रव्यापी समग्र स्वास्थ्य सेवाओं को बढ़ावा मिल रहा है।

आयुष मंत्रालय, गुणवत्ता-आश्रित आयुष औषधियों के विनिर्माण हेतु एक सार्वजनिक क्षेत्र के उपक्रम, इंडियन मेडिसिन फार्मास्यूटिकल्स कॉर्पोरेशन लिमिटेड (आईएमपीसीएल) तथा एक अधीनस्थ कार्यालय, भारतीय चिकित्सा और होम्योपैथी भेषजसंहिता आयोग, जो दवा मानकीकरण के लिए जिम्मेदार है और केंद्रीय शीर्ष प्रयोगशाला के रूप में भी कार्य करता है, का प्रशासन करता है।

आयुष मंत्रालय राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की एक केंद्रीय प्रायोजित योजना भी कार्यान्वित कर रहा है और उनके द्वारा प्रस्तुत राज्य वार्षिक कार्य योजनाओं (एसएएपी) में विभिन्न कार्यकलापों के लिए एनएएम के दिशा-निर्देशों के प्रावधान के अनुसार उन्हें वित्तीय सहायता देकर देश में आयुष उपचार सुविधा प्रदान करने के उनके प्रयासों में सहायता कर रहा है।

एएसयू एंड एच (आयुर्वेद, सिद्ध, यूनानी और होम्योपैथी) औषधियों से संबंधित मामले औषधि और प्रसाधन सामग्री अधिनियम, 1940 और उसके तहत बनाए गए नियम, 1945 के अंतर्गत अधिशासित होते हैं।

(ख): आयुष मंत्रालय ने आयुर्वेद और अन्य पारंपरिक चिकित्सा पद्धतियों में चिकित्सा मूल्य यात्रा को बढ़ावा देने हेतु मिलकर काम करने के लिए भारत पर्यटन विकास निगम (आईटीडीसी), पर्यटन मंत्रालय, भारत सरकार के साथ एक समझौता ज्ञापन पर हस्ताक्षर किए। आयुष मंत्रालय ने चिकित्सा मूल्य यात्रा में भारत की स्थिति मजबूत करने के उद्देश्य से देश के पश्चिमी और दक्षिणी क्षेत्र के लिए चिकित्सा मूल्य यात्रा शिखर सम्मेलन भी आयोजित किए। इस शिखर सम्मेलन से आयुष-आधारित चिकित्सा मूल्य यात्रा का विस्तार करने के लिए राज्य सरकारों, उद्योग दिग्गजों तथा स्वास्थ्य सेवा प्रदाताओं के बीच सहयोग को बढ़ावा मिला।

(ग): सरकार ने आयुष चिकित्सा पद्धति के तहत उपचार का लाभ उठाने के लिए भारत आने वाले विदेशियों और उनके परिचारकों (पाकिस्तानी नागरिक को छोड़कर) के लिए दिनांक 27 जुलाई, 2023 को आयुष वीजा की एक अलग श्रेणी शुरू की है।

गृह मंत्रालय द्वारा अधिशासित चिकित्सा और आयुष वीजा पोर्टल को वैध विदेशी रोगियों के प्रवेश को सुव्यवस्थित और विनियमित करने के लिए डिज़ाइन किया गया है ताकि यह सुनिश्चित हो कि केवल अधिकृत अस्पताल ही पूर्व-मान्य मेडिकल वीजा के जरिए वास्तविक रोगियों को उपचार हेतु आमंत्रित किया जाता है। यह पोर्टल, पंजीकृत अस्पतालों/आरोग्य केंद्रों को मेडिकल वीजा, मेडिकल अटेंडेंट वीजा और आयुष अटेंडेंट वीजा हेतु मेडिकल वीजा आमंत्रण पत्र तथा विस्तार पत्र

तैयार करने की अनुमति देता है। भारत में संचालित अस्पताल/आरोग्य केंद्र इस पोर्टल पर पंजीकरण कर सकते हैं और गृह मंत्रालय द्वारा प्रदान की गई लॉगइन आईडी और पासवर्ड का उपयोग करके लॉग इन कर सकते हैं। निम्नलिखित यूआरएल के माध्यम से पोर्टल तक पहुंचा जा सकता है:

<https://indianfrro.gov.in/frro/medicalvaluetravel>.

(घ) और (ङ): आयुष मंत्रालय संरचित क्षमता-वर्धन और प्रशिक्षण कार्यक्रमों के जरिए आयुष क्षेत्र में एक कुशल कार्यबल को सुदृढ़ और प्रशिक्षित करने के साथ-साथ, घरेलू व अंतर्राष्ट्रीय स्तर पर आयुष सेवाओं की बढ़ती आवश्यकता को पूरा करने के लिए कई पहल कर रहा है। इन पहलों का ब्यौरा संलग्न **विवरण** में दिया गया है।

विवरण

आयुष क्षेत्र के लिए कुशल कार्यबल को प्रशिक्षित करने के लिए आयुष मंत्रालय द्वारा की गई पहलों और घरेलू तथा अंतर्राष्ट्रीय स्तर पर आयुष सेवाओं की बढ़ती मांग को पूरा करने के लिए उठाए जा रहे कदमों का ब्यौरा:

क. आयुष मंत्रालय वर्ष 2021-22 से 'आयुर्ज्ञान' नामक एक केंद्रीय क्षेत्रीय योजना कार्यान्वित कर रहा है, जिसमें एक प्रमुख घटक, आयुष में क्षमता वर्धन तथा सतत् चिकित्सा शिक्षा शामिल है। इस घटक के तहत, देश भर के पात्र संगठनों को ऐसे प्रशिक्षण और क्षमता वर्धन कार्यक्रम आयोजित करने के लिए सहायता दी जाती है जो आयुष कर्मियों को आवश्यकता-आधारित पेशेवर प्रशिक्षण दिलाने हेतु प्रोत्साहित करने तथा नैदानिक और तकनीकी क्षेत्रों में ज्ञान की कमी को दूर करने पर लक्षित होते हैं।

ख. आयुष मंत्रालय ने आयुष में अंतर्राष्ट्रीय सहयोग को बढ़ावा देने के लिए केंद्रीय क्षेत्रीय योजना (आईसी योजना) विकसित की है। इस योजना के अंतर्गत मंत्रालय, आयुष उत्पादों और सेवाओं के निर्यात को बढ़ावा देने के लिए भारतीय आयुष औषधि विनिर्माताओं/आयुष सेवा प्रदाताओं को सहायता प्रदान करता है। यह योजना आयुष चिकित्सा पद्धतियों के अंतर्राष्ट्रीय स्तर पर संवर्धन, विकास तथा मान्यकरण हेतु सहायता प्रदान करती है; हितधारकों के बीच बातचीत को

बढ़ावा देती है; और अंतरराष्ट्रीय स्तर पर आयुष के बाजार विकास को बढ़ावा देती है। इसके अलावा, यह योजना विदेशों में आयुष अकादमिक पीठों की स्थापना करके तथा अंतरराष्ट्रीय स्तर पर आयुष चिकित्सा पद्धतियों में जागरूकता और रुचि बढ़ाने के उद्देश्य से प्रशिक्षण कार्यशालाएं/संगोष्ठियां आयोजित करके शिक्षाविदों को तथा अनुसंधान को बढ़ावा देने हेतु सहायता देती है।

ग. **सीसीआरएस** निम्नलिखित विभिन्न पहलों के जरिए आयुष अनुसंधान के क्षेत्र में क्षमता वर्धन में सक्रिय रूप से योगदान दे रहा है:

- **स्नातक-पूर्व आयुर्वेद छात्रों में अनुसंधान योग्यता को बढ़ावा देने के लिए स्पाक (स्टुडेंटशिप प्रोग्राम फॉर आयुर्वेद रिसर्च केन);**
- **पीजी स्टार (स्कीम फॉर ट्रेनिंग इन आयुर्वेद रिसर्च फॉर पोस्ट ग्रेजुएट स्कॉलर)** जिसका मुख्य उद्देश्य स्नातकोत्तर पाठ्यक्रमों का अध्ययन करने वाले आयुर्वेद छात्रों में अच्छे गुणवत्तायुक्त अनुसंधान को बढ़ावा देना है तथा व्यापक स्तर पर अनुसंधान समुदाय के समक्ष उनके शोध कार्यों को लाने और उन तक पहुंच बढ़ाना है;
- उन्नत शैक्षणिक अनुसंधान हेतु सहायता देने के लिए **पीएच.डी. और पोस्ट-डॉक्टरल फेलोशिप कार्यक्रम;**
- प्रयत्न, जिसका उद्देश्य आयुर्वेद के क्षेत्र में स्नातकोत्तर (पीजी) और डॉक्टरेट (पीएचडी) छात्रों में वैज्ञानिक लेखन कौशल का विकास करना और बढ़ाना देना है, और;
- **एआरएमएस (आयुर्वेद रिसर्च मेथडोलॉजी एंड स्टैटिस्टिक्स)** प्रशिक्षण, जिसका उद्देश्य आयुर्वेद छात्रों के लिए अनुसंधान पद्धति और बायोस्टैटिक्स का आधार तैयार करना है।

घ. आयुष चिकित्सकों की क्षमता बढ़ाने के लिए, स्वास्थ्य सेवा महानिदेशालय (डीजीएचएस) के तहत आयुष वर्टिकल ने दिनांक 13-17 मई 2024 के दौरान सभी राज्यों/संघ राज्य क्षेत्रों के लिए मानक उपचार दिशानिर्देशों (एसटीजी) पर केंद्रीय स्वास्थ्य शिक्षा ब्यूरो (सीएचईबी),

डीजीएचएस के सहयोग से राष्ट्रीय स्तर का मास्टर प्रशिक्षण आयोजित किया है, जिससे कि अंतिम उपयोगकर्ताओं तक उनका प्रभावी प्रसार सुनिश्चित किया जा सके।

ड. आयुष मंत्रालय की ओर से भारतीय चिकित्सा और होम्योपैथी भेषजसंहिता आयोग (पीसीआईएम एंड एच), एएसयू एंड एच (आयुर्वेद, सिद्ध, यूनानी और होम्योपैथी) औषधियों की गुणवत्ता सुनिश्चित करने के लिए औषधि नियामक प्राधिकरणों, राज्य औषधि परीक्षण प्रयोगशालाओं (औषधि विश्लेषकों) आदि को आवश्यक प्रयोगशाला तकनीकों और विधियों पर प्रशिक्षण प्रदान कर रहा है।

च. इसके अलावा, विभिन्न क्षेत्रों में आयुष पेशेवरों के ज्ञान तथा कौशल को उन्नत करने के लिए विभिन्न राष्ट्रीय आयुष संस्थानों और अनुसंधान परिषदों में नियमित प्रशिक्षण कार्यक्रम, कार्यशालाएं तथा सेमिनार आयोजित किए जाते हैं।

ENHANCEMENT OF INFRASTRUCTURE ALONG NATIONAL WATERWAYS

2200. SHRI RAJESH VERMA:

SHRI RAVINDRA DATTARAM WAIKAR:

DR. SHRIKANT EKNATH SHINDE:

SHRIMATI SHAMBHAVI:

SHRI NARESH GANPAT MHASKE:

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

(a) whether the Government has announced significant investments to enhance infrastructure along national waterways, and if so, the details of thereof;

- (b) whether these initiatives are expected to improve transportation efficiency and promote economic growth in the regions served by national waterways, if so, the details of these investments;
- (c) whether the Government has initiated the Riverine Community Development Scheme to support coastal communities, and if so, the specific measures included in this scheme;
- (d) whether there are plans to launch new green vessels as part of the Government's commitment to sustainable shipping practices, and if so, the number of vessels planned for launch; and
- (e) whether these efforts are anticipated to create job opportunities and promote skill development in the inland waterways sector, and if so, the initiatives being undertaken to achieve this?

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

- (a) and (b): Government has sanctioned significant investment of Rs. 6833.46 Crore during last 5 years to enhance infrastructure along national waterways as detailed given in the enclosed **Statement**. The development of National Waterways, being an alternate and supplementary mode of transportation, can improve transportation efficiency and promote economic growth in the regions.
- (c): Under the Jal Marg Vikas Project, Inland Waterways Authority of India (IWAI), an autonomous organisation under Ministry of Ports, Shipping and Waterways has taken up construction of 60 Community Jetties for socio-economic benefits of the farmers, fishing and local communities residing along

the river Ganga (National Waterway-1) in the State of Uttar Pradesh, Bihar, Jharkhand and West Bengal. Apart from this, floating jetties/terminals have been constructed along other National Waterways across the country to facilitate the communities living around these rivers.

(d): IWAI has placed order on Cochin Shipyard Limited (CSL) for construction of eight hybrid electric catamaran. In addition, one hydrogen fuelled vessel constructed by CSL has been handed over to IWAI and deployed at Varanasi.

(e): Development of Inland Water Transport (IWT) sector has the potential for creating job opportunities and promote skill development in various areas, including river cruise tourism, vessel design/operations, terminal construction and operation, maintenance dredging, fairway development, navigation aids, river engineering, hydrology etc.

STATEMENT

Details of investment sanctioned on waterways during the last five years:

Sl.	Name of Project	Amount (Crore)
1	Jal Marg Vikas Project (JMVP-I and II) from Varanasi-Haldia stretch on NW-1 (Ganga-Bhagirathi-Hooghly River System) in Uttar Pradesh, Bihar, Jharkhand and West Bengal	5061.15
2	8 Nos. Hybrid Electric Catamaran (Green inland vessels)	144.00
3	Comprehensive Development of NW-2 (River Brahmaputra from Bangladesh Border to Dhubri to Sadiya) in Assam	498.38
4	Development of Approach Road from Pandu Port Terminal to NH-27 and Ship Repair Facility at Pandu, Guwahati	419.00
5	Comprehensive Development of NW-16	134.72
7	Development of 23 NW's (Phase-1)	266.09

8	Central Sector Scheme (CSS) for inland waterway infrastructure projects in NER	100.00
9.	Misc. projects	210.22
Total		6833.56

STATUS OF IMPLEMENTATION OF ABDM

2201. SHRI MALAIYARASAN D.:

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

- (a) the current status of implementation of the Ayushman Bharat Digital Mission (ABDM) across various States in the country, State-wise including Tamil Nadu;
- (b) the total number of citizens registered under the Ayushman Bharat Health Account (ABHA) as on date within the State of Tamil Nadu;
- (c) whether the Government has conducted any assessment of the digital infrastructure readiness of rural health centres and primary healthcare facilities under ABDM;
- (d) if so, the details thereof;
- (e) whether there are concerns raised by experts regarding data privacy, cybersecurity, or misuse of citizens' health data under the ABDM ecosystem; and
- (f) if so, the steps taken/proposed to be taken by the Government to address these concerns and ensure that citizens' data is protected under the framework of ABDM?

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 current status of the Ayushman Bharat Digital Mission (ABDM) across various states including Tamil Nadu is given in the enclosed **Statement**.

(c) and (d): The infrastructure required for development of interoperable digital platform and certain modules under ABDM has broadly been assessed and identified in line with the objectives of ABDM. For administrative support, various policy frameworks such as 'Health Data Management policy', 'Sandbox Guidelines', 'Health Information Provider Guidelines' etc. have been prepared and issued for smooth implementation of ABDM. National Health Authority (NHA) provides necessary support including technical assistance and training for all stakeholders to integrate their solutions under ABDM ecosystem. ABDM is implemented in all States as a Central Sector Scheme under which States are provided funds for supporting the human resources deployed for implementation of ABDM, capacity building of various stakeholders and IEC (information, education and communication).

(e) and (f): ABDM ensures privacy by design so that health data is exchanged between the intended stakeholders on ABDM network only after the patient's consent. Also, there is no centralised repository of health data. Before integrating with ABDM, digital health applications are validated in a sandbox environment and they also undergo security audits like WASA (Web Application Security Audit) ensuring that they are secure, protect sensitive patient data, and

comply with ABDM's Health Data Management policy, 2020. The Health Data Management policy is also in alignment with the provisions of the Digital Personal Data Protection Act, 2023.

STATEMENT

State-wise Number of Ayushman Bharat Health Account (ABHA) created, Health Facility Registry (HFR) and Health Professional Registry (HPR) as on July 28, 2025:

State	ABHA	HFR	HPR
Andaman And Nicobar Islands	4,55,870	250	970
Andhra Pradesh	4,64,67,084	20,982	62,706
Arunachal Pradesh	4,21,833	581	2,787
Assam	2,08,51,933	15,537	23,443
Bihar	5,31,05,029	16,220	37,071
Chandigarh	9,50,254	712	4,455
Chhattisgarh	2,34,52,988	11,418	23,490
Delhi	93,10,693	1,809	16,162
Goa	9,15,048	1,001	3,271
Gujarat	4,85,64,533	17,902	22,348
Haryana	1,64,69,229	5,786	13,294
Himachal Pradesh	62,06,138	4,218	4,227
Jammu And Kashmir	95,17,058	5,349	12,644
Jharkhand	1,46,20,041	5,820	15,209
Karnataka	3,39,47,871	64,446	68,437
Kerala	2,55,50,101	10,253	39,594
Ladakh	3,93,400	391	1,044
Lakshadweep	1,06,388	50	274
Madhya Pradesh	4,97,07,237	17,097	15,168
Maharashtra	6,13,49,257	28,591	68,611
Manipur	11,10,548	650	3,006
Meghalaya	13,98,693	768	2,761
Mizoram	6,64,991	749	2,902
Nagaland	7,63,538	1,303	1,574
Odisha	3,92,06,340	8,560	927
Puducherry	11,65,689	416	3,398

Punjab	1,51,45,804	8,576	15,206
Rajasthan	6,32,96,944	43,516	53,518
Sikkim	4,51,229	238	1,628
Tamil Nadu	1,65,66,212	14,123	11,650
Telangana	2,48,97,951	17,779	24,423
The Dadra And Nagar Haveli And Daman And Diu	8,35,651	483	1,163
Tripura	24,29,127	3,153	5,498
Uttar Pradesh	13,89,72,389	7,639	9,078
Uttarakhand	71,34,607	68,226	95,741
West Bengal	4,88,01,710	12,456	937

Note - It is to mention that the above data does not include 1,19,47,360 ABHA numbers and 5,097 HPR as the state name against these ABHA numbers and HPR has not been populated since state and district were not mandatory fields during ABHA creation through demographic authentication. The state and district fields have been made mandatory since September 2023.

SAFETY OF INDIAN WORKERS IN ISRAEL

2202. DR. GUMMA THANUJA RANI:

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

- (a) the measures undertaken for the safety of Indian workers sent to Israel to meet its labour shortage because of the ensuing conflict;
- (b) the details of such workers including the nature of employment, names of employers and the wages drawn by them;
- (c) whether the Government has a plan to provide safe passage to India for those who do not wish to continue working thereof, if so, the details thereof; and

- (d) whether the Government will continue with the scheme in the future, especially with the recent reports citing concerns regarding labour law violations against such workers, if so, the details thereof and if not, the reasons therefor?

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

(a) to (d): In 2022, India and Israel commenced negotiations on a bilateral framework agreement for Indian nationals to gain access to Israel through safe, orderly, regulated and legal migration. As per the Framework Agreement and Implementation Protocols signed with Israel in November 2023, Indian workers shall enjoy equal treatment, with respect to labour rights, similar to Israeli citizens, and shall be provided with proper lodging, medical insurance, and relevant social security coverage.

Under the bilateral Framework Agreement, 6774 Indian workers had arrived in Israel for work as on 01 July 2025. They have been recruited by Israeli authorities, who then assign selected applicants with 195 Israeli companies to work in Israel. This includes 6730 Indian nationals in construction sector and 44 Indian nationals employed as caregivers. They are paid as per the contract signed and are entitled to the minimum wage, as per Israel government regulations.

Embassy of India in Israel is in contact with the Indian workers and organizes frequent consular visits to ensure their safety and well being. The

Embassy has established a 24-hour helpline for the assistance of Indians in Israel. Some workers had reached out with their grievances for not being placed in the jobs they were assured. These grievances were taken up with relevant authorities in Israel who have resolved the matter. Around 220 Indian workers have returned to India primarily due to skill mismatch and language barriers.

RETENTION OF ELECTION VIDEO FOOTAGE AND PHOTOGRAPHS

2203. SHRI SASIKANTH SENTHIL:

DR. KALANIDHI VEERASWAMY:

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

- (a) whether the Election Commission has revised its guidelines to reduce the retention period of video footage and photographs of the election process to 45 days after the declaration of results, if so, the reasons therefor and the stakeholder consultations undertaken prior to change;
- (b) whether the Government is aware of the concerns raised regarding the impact of this reduced retention period on electoral transparency, verification of procedures and public trust in the election process, if so, the details thereof;
- (c) whether any mechanism exists to preserve such election related video records beyond the 45 day period in cases where election petitions are filed and if so, details thereof;
- (d) whether the Government proposes to reassess the recent amendment to Rule 93(2)(a) of the Conduct of Election Rules, 1961, that restricts

public access to election footage and if so, details of any proposed review or consultative process;

- (e) whether political parties or candidates were consulted before such instructions were issued; and
- (f) the steps being taken to ensure that all election-related electronic records are preserved and made available for independent verification and legal recourse, if required?

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

(a) to (f): The Election Commission of India (ECI) has informed that as per Section 81 of the Representation of the People Act, 1951 election petition can be preferred within 45 days from the date of election of the returned candidate. Therefore, the video footages related to election processes at various stages need to be preserved till the time any election petition is filed and is pending in the High Court of competent jurisdiction. The ECI has further stated that necessary instructions were issued by the ECI, as video footage is akin to giving Form 17A (Register of Voters) live which is restricted under Rule 93(1) of the Conduct of Elections Rules, 1961 and can be given with the order of a competent court only, to prevent misuse. The ECI has also informed that the Government had amended the Rule 93(2)(a) of the Conduct of Elections Rules 1961 by adding the words “as specified in these rules”. The said amendment merely removes the ambiguity in providing the

documents as specified in the statute. No proposal is pending with the Government to reassess the recent amendment to Rule 93 (2) (a).

RESTORATION OF VEMBANAD LAKE PROJECT

2204. SHRI HIBI EDEN:

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

- (a) whether the Government is aware of the alarming shrinkage of Vembanad Lake from 40,000 hectares to 12,000 hectares and its consequences on local biodiversity and livelihoods, if so, the details thereof and if not, the reasons therefor;
- (b) whether Cochin Port Trust is proposed to be designated as the implementing agency for restoration of Vembanad Lake project execution under the Sagarmala Programme, if so, the details thereof and if not, the reasons therefor;
- (c) whether the Government will consider including the restoration of Vembanad Lake under the Sagarmala Programme, if so, the details thereof and if not, the reasons therefor;
- (d) whether the recommendations to restore the lake's depth to 4.2 meters will be considered, if so, the details thereof and if not, the reasons therefor; and
- (e) whether the reduction in the lake's storage capacity due to silt accumulation and subsidence has been assessed for its impact on coastal flooding, if so, the details thereof and if not, the reasons therefor?

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

(a) and (b): Cochin Port is only a conservator of the waterbodies coming under the notified limit of Cochin Port. The Vambanad Lake is outside the notified limit of Cochin Port. Cochin Port has not been designated as the implementing agency for restoration of Vembanad Lake project under the Sagarmala Programme.

(c) to (e): No such proposal has been received for consideration under Sagarmala Programme.

ILLEGAL IMMIGRATION TO UK AND USA

2205. SHRIMATI MALA ROY:

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

the number of Indians caught in UK and USA for illegal immigration during last five years, State/UT-wise and year-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):

Government of India does not have firm data on the number of people who may have entered UK, USA or any other foreign country via illegal means and routes or been caught there. Data on such people is only received from the concerned authorities of the foreign country in the context of consular and deportation exercises from time to time.

The number of Indian nationals deported from the UK in the last five years (2020-2024) is 311. In 2025 (till date), the number of Indians deported from the UK is 131. The actual numbers may vary for two reasons – those illegal Indian immigrants in possession of valid travel documents are deported directly by the Government of UK. Further, the Emergency Travel Documents (ETDs) issued to illegal Indian immigrants may not be fully utilized as the individuals may appeal against their deportation.

The number of Indian nationals deported from the USA in the last five years (2020-2024) is 5541. In 2025 (till date), 1703 Indian nationals have been deported from the U.S. to India.

BILATERAL AGREEMENT WITH NEIGHBOURING COUNTRIES

2206. SHRI SURESH KUMAR SHETKAR:

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

- (a) the details of the diplomatic efforts currently being made to resolve ongoing border tensions with neighbouring countries;
- (b) whether the Government raised the issue of repeated detention of Indian fishermen by neighbouring countries in any recent bilateral meetings, if so, the details thereof;
- (c) the steps taken by the Ministry to secure the release of Indian fishermen and their boats detained by foreign maritime authorities;

- (d) whether the Ministry has prepared any long-term bilateral agreement with neighbouring countries to prevent the arrest or harassment of Indian fishermen near maritime boundaries, if so, the details thereof;
- (e) whether the Government has issued any diplomatic protest or demarche in recent months against territorial violations or aggressive actions near India's borders, if so, the details thereof; and
- (f) the strategy of the Government to safeguard India's territorial sovereignty while promoting regional peace and stability?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA
MARGHERITA):**

(a): The Government of India has taken measures to advance effective border management and maintenance of peace and tranquillity at the border. In relation to China, such measures have been discussed in several meetings since the October 2024 disengagement, including the 23rd meeting of Special Representatives in December 2024, 33rd meeting and 34th Meeting of the Working Mechanism for Consultation and Coordination on India-China Border Affairs (WMCC) in March 2025 and July 2025 respectively. With regard to Pakistan, the Government has been raising the issue of cross-border terrorism, ceasefire violations, and any attempts of violation of India's sovereignty and territorial integrity, through diplomatic channels.

(b) and (c): Government of India attaches the highest priority to the safety, security and welfare of Indian fishermen. The Government has been taking up

all fishermen related issues, including the early release and repatriation of Indian fishermen and fishing boats, with respective governments through diplomatic channels, various official interactions and established bilateral mechanisms. In all our interactions, it has been conveyed that this issue may be considered purely on humanitarian and livelihood grounds and that the use of force should be avoided in all circumstances. Further, our Missions and Consulates in respective countries make regular visits to local jails and detention centers to ascertain the condition of Indian fishermen and provide requisite support and legal assistance. Missions also provide necessary travel documents to facilitate repatriation of released fishermen to India.

(d): India and Myanmar have signed an MoU on Maritime Security Cooperation in September 2017, to address legal and policy issues related to illegal activities at sea. Similarly, India and Bangladesh have signed an MoU on Maritime Cooperation and Blue Economy in June 2024, which includes cooperation in addressing the issue of inadvertent crossing of the International Maritime Boundary by fishermen and facilitating their early release. With regard to Sri Lanka, these issues are dealt with through the regular meetings of the India Sri Lanka 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.

(e): Government of India has expressed serious concerns over continuing instances of illegal crossing of the international border between India and Bangladesh by Bangladeshi nationals. In December 2024, the Government of

India had strongly condemned and protested against the social media post by an Adviser of the Interim Government portraying an erroneous map of Bangladesh which was violative of India's sovereignty and territorial integrity. Further, Government of India raised an instance of inadvertent air violation by a Bangladesh domestic airlines in June 2025, so that appropriate steps are taken to prevent recurrence of such instances.

(f): The Government of India maintains a constant watch on all developments having a bearing on India's national interest and takes all necessary measures to safeguard them. With a focus on self-reliance, from defence production to technological innovation, India has been strengthening its sovereignty and territorial integrity.

FREE DRUGS AND DIAGNOSTICS SERVICE INITIATIVE IN UTTAR PRADESH

2207. SHRI PUSHPENDRA SAROJ:

SUSHRI IQRA CHOUDHARY:

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

(a) the number of Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-District Hospitals (SDHs) and district hospitals in Uttar Pradesh implementing the Free Drugs Service Initiative and Free Diagnostic Service Initiative district-wise along with the amount of funds sanctioned and disbursed to the State under the same;

- (b) the number of operational Ayushman Arogya Mandirs (AAMs) in Uttar Pradesh and the total amount of funds sanctioned and disbursed for their functioning;
- (c) the districts in Uttar Pradesh where Maternal Mortality Ratio (MMR) remains above 87 per lakh, Infant Mortality Rate (IMR) exceeds 22 per thousand and Total Fertility Rate (TFR) is above 2.0; and
- (d) the percentage of adolescent girls who are provided sanitary napkins monthly under Rashtriya Kishor Swasthya Karyakram (RKSK), 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): Under National Health Mission (NHM), financial support is provided to all States / UTs including Uttar Pradesh for provision of free essential medicines and free essential diagnostics in public health facilities based on the requirements posed by States/UTs in their Programme Implementation Plans (PIPs) within their overall resource envelope. Under Free Drugs Service Initiative, Ministry has recommended facility wise Essential Drugs List (EDL) to be made available at the public healthcare facilities in the country to ensure widespread access to essential medicines.

The Ministry of Health and Family Welfare, Government of India supports 'Free Diagnostics Service Initiative' (FDSI) programme under NHM. The programme was launched with the aim to provide accessible and affordable pathological and radiological diagnostics services closer to the community which

in turn reduces the Out-of-Pocket Expenditure (OOPE). The number of medicine and Diagnostics services recommended at these health facilities in the country including Uttar Pradesh are given as below. However, States have the flexibility to add more.

Sr. No.	Name of Facilities	No. of essential Medicine	No. of Diagnostics
1	DHs	381	134
2	SDHs	318	111
3	CHCs	300	97
4	AAM-PHC	172	63
5	AAM-Sub Centre	106	14

The amount of funds sanctioned for free drugs and diagnostics service initiatives are approved under NHM Record of Proceeding (ROP) as per PIP submitted by the State/UTs.

(b): As reported by States/UTs on AAM portal, a total of 22999 Ayushman Arogya Mandirs (AAMs) [erstwhile Ayushman Bharat Health and Wellness Centres (AB-HWCs)] have been operationalized in Uttar Pradesh, till 15.07.2025. The total budget for functioning of the AAMs under NHM is approved under NHM ROP as per PIP submitted by the State/UTs.

(c): As per SRS (Sample Registration system) 2020-22, Maternal Mortality Ratio (MMR) is 141 per lakh live birth, Infant Mortality Rate (IMR) is 38 per 1000 live birth in Uttar Pradesh. Total Fertility rate (TFR) as per NFHS-5 (National Family Health Survey) 2019-21 is 2.4 in Uttar Pradesh.

(d): The Government is implementing the 'Menstrual Hygiene Scheme' (MHS) under the National Health Mission (NHM) to promote menstrual hygiene among adolescent girls aged 10–19 years. Funds are provided to States/UTs based on the proposals in their Annual Programme Implementation Plans. As per reports available on the Health Management Information System (HMIS), during 2024–25, a total of 94,279 adolescent girls received sanitary napkins each month. District-wise data is not maintained at the National level.

आयुष स्पेशियलिटी अस्पताल

2208. श्री उम्मेदा राम बेनीवाल:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) राष्ट्रीय आयुष मिशन) एनएएम (के अंतर्गत स्वीकृत सुपर स्पेशियलिटी आयुष अस्पतालों या स्वास्थ्य देखभाल केंद्रों की संख्या देश में राज्य/संघ राज्यक्षेत्रवार और राजस्थान में जिला-वार कितनी है;
- (ख) बाड़मेर - जैसलमेर लोकसभा निर्वाचन क्षेत्र के अंतर्गत आने वाले क्षेत्रों के लिए राष्ट्रीय आयुष मिशन के अंतर्गत स्वीकृत परियोजनाओं की संख्या कितनी है और स्वीकृत, आवंटित और उपयोग की गई धनराशि क्या है;
- (ग) उक्त केंद्रों की स्थापना और संचालन में आने वाली बाधाओं का ब्यौरा क्या है और सरकार द्वारा इन बाधाओं को दूर करने के लिए क्या कदम उठाए गए हैं;
- (घ) क्या भविष्य में बाड़मेर-जैसलमेर जैसे सीमावर्ती क्षेत्रों में आयुष सुपर स्पेशियलिटी सुविधाओं के विस्तार का कोई प्रस्ताव है; और
- (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) से (ड) : जन स्वास्थ्य राज्य का विषय होने के कारण, सुपर स्पेशियलिटी आयुष अस्पतालों या स्वास्थ्य सेवा केंद्रों की मंजूरी राजस्थान सहित संबंधित राज्य/संघ राज्य क्षेत्र की सरकारों के कार्यक्षेत्र में आती है। हालांकि, आयुष मंत्रालय राजस्थान सहित राज्यों/संघ राज्य क्षेत्रों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना को कार्यान्वित कर रहा है और उनके राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से उनके द्वारा प्रस्तुत प्रस्तावों के अनुसार आयुष पद्धतियों के समग्र विकास और संवर्धन के लिए उन्हें वित्तीय सहायता प्रदान कर रहा है। एनएएम के तहत, बाड़मेर-जैसलमेर लोकसभा क्षेत्र सहित नए 50/30/10 बिस्तरों वाले एकीकृत आयुष अस्पतालों (आईएएच) की स्थापना के लिए राज्य/संघ राज्य क्षेत्र की सरकारों को वित्तीय सहायता का प्रावधान है और तदनुसार राज्य सरकार एसएएपी के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त कर सकती है। राजस्थान सहित राज्य/संघ राज्य क्षेत्र की सरकारों से एसएएपी के माध्यम से प्राप्त प्रस्तावों के अनुसार, आयुष मंत्रालय ने 2014-15 से 2024-25 तक राजस्थान सहित देश भर में 203 आईएएच इकाइयों को मंजूरी दी है। स्वीकृत आईएएच की राज्य/संघ राज्य क्षेत्र-वार और जिला-वार स्थिति, साथ ही स्वीकृत/आवंटित और उपयोग की गई धनराशि का ब्यौरा संलग्न **विवरण** में दिया गया है। इसके अलावा, राजस्थान सरकार से एसएएपी के माध्यम से प्राप्त प्रस्तावों के अनुसार, बाड़मेर जिले के गिर में एक एकीकृत आयुष अस्पताल की स्थापना के लिए सहायता प्रदान की गई है और राजस्थान सरकार द्वारा दी गई सूचना के अनुसार, कुल 45.0 लाख रुपये स्वीकृत किए गए हैं और 18.60 लाख रुपये का उपयोग किया गया है।

इसके अलावा, जन स्वास्थ्य राज्य का विषय होने के कारण, आयुष सुपर स्पेशियलिटी सुविधाओं के विस्तार और इन केंद्रों की स्थापना और संचालन में आने वाली बाधाओं के समाधान की प्राथमिक जिम्मेदारी राजस्थान सहित संबंधित राज्य/संघ राज्य क्षेत्र की सरकारों की है। बाड़मेर-

जैसलमेर जैसे सीमावर्ती क्षेत्रों में, वित्तीय वर्ष 2025-26 में एकीकृत आयुष अस्पतालों (आईएच) की स्थापना हेतु एसएएपी के माध्यम से राजस्थान सरकार से ऐसा कोई प्रस्ताव प्राप्त नहीं हुआ है।

विवरण

स्वीकृत/आवंटित और उपयोग की गई धनराशि का राज्य/संघ राज्य क्षेत्र-वार जिला-वार ब्यौरा

राज्य/संघ राज्य क्षेत्र	ज़िला	स्वीकृत/आवंटित धनराशि (लाखों रुपये में)	उपयोग की गई धनराशि
अंडमान और निकोबार द्वीप	जंगलीघाट, पोर्ट ब्लेयर (दक्षिण अंडमान)	190.28	107.40
आंध्र प्रदेश	काकीनाडा	1500.00	608.40
	विशाखापत्तनम	749.97	384.32
अरुणाचल प्रदेश	भालुकपोंग (पश्चिम कामेंग)	575.00	517.50
	लिकाबाली (निचला सियांग)	475.00	427.50
	यिंगकिओंग (ऊपरी सियांग)	150.00	135.00
	सेप्पा (पूर्वी कामेंग)	30.00	27.00
	जीरो (निचला सुबनसिरी)	30.00	27.00
असम	दुधनोई (गोआलपाड़ा)	1073.80	844.31
	माजुली	1362.93	925.86
	कोकराझार	100.00	0.00
	बक्सा	100.00	0.00
	मोरीगांव	100.00	0.00
	कालियाबोर (नगांव)	100.00	0.00
	दिफू (कार्बी आंगलोंग)	25.00	1.80
	बाजाली	70.00	62.10
बिहार	पटना	902.70	511.92
चंडीगढ़	सेक्टर-34, (चंडीगढ़)	654.00	511.80
छत्तीसगढ़	जांजगीर-चंपा	255.50	85.57
	महासमुंद	255.50	85.57
	कोरिया	255.50	85.57
	कोरबा	255.50	85.57
	कांकेर (उत्तर बस्तर) कांकेर)	255.50	85.57

	नारायणपुर	255.50	85.57
	बीजापुर	255.50	85.57
	दंतेवाड़ा (दक्षिण बस्तर)	255.50	85.57
	दल्ली राजहरा (बालोद)	215.50	83.21
	सूरजपुर	100.00	0.00
दादरा व नगर हवेली और दमन व दीव	सिलवासा (दादरा और नगर हवेली)	726.20	167.45
गोवा	वेलगुण्ड (उत्तरी गोवा)	674.00	0.00
	मडगांव (दक्षिण गोवा)	1343.19	559.39
गुजरात	सूरत	1500.00	510.00
	अटकोट	300.00	0.00
हरियाणा	हिसार	675.34	405.20
हिमाचल प्रदेश	कुल्लू	1409.62	1133.66
	मंडी	25.00	22.50
	धर्मशाला	500.00	0.00
जम्मू-कश्मीर	किश्तवाड़	500.00	360.00
	कुपवाड़ा	729.39	644.62
	बिलावर (कठुआ)	735.21	633.25
	कुलगाम	918.17	554.62
	सांबा	467.05	420.35
	गाड़ीगढ़	100.00	50.00
	बंदीपायीन	75.00	45.62
झारखंड	इटकी, रांची	1500.00	414.51
	गुमला	750.00	0.00
	बोकारो	750.00	31.55
	देवघर	750.00	49.73
	पलामू	750.00	32.46
	दुमका	750.00	91.97
	जमशेदपुर	1500.00	130.91
कर्नाटक	गडग	966.21	420.00
	मंगलौर	909.96	564.60
	त्रिथाहल्ली	135.03	0.00
केरल	चालकुड्डी, त्रिशूर जिला	1050.00	342.38

	मडनूर, कन्नूर	925.00	332.00
	अडूर, पथानामथिट्टा	110.00	6.00
	अट्टापडी	15.00	6.00
	कोट्टाराकारा -कोल्लम	150.00	12.00
	वायनाड	125.00	0.00
	इडुक्की	125.00	0.00
	अरनमुला, रन्नी, पथानामथिट्टा	35.00	0.00
	वर्कला	225.00	0.00
	कप्पुकड़ , तिरुवनंतपुरम	37.50	0.00
लक्षद्वीप	दीन दयाल उपाध्याय, कवारत्ती	227.30	224.55
महाराष्ट्र	नंदुरबार	684.03	304.04
	सिंधुदुर्ग	881.43	268.88
	पुणे	684.03	373.57
	धाराशिव, (उस्मानाबाद)	167.62	6.90
	अहमद नगर	684.03	346.61
	जलगांव	260.05	0.00
	जालना	302.87	60.00
	थाइन	452.87	5.98
	नागपुर	361.37	175.20
	गोंदिया	187.50	0.00
	छत्रपति संभाजी नगर	187.50	0.00
	बुलढाना	187.50	0.00
	गडचिरोली	131.25	0.00
	वर्धा	131.25	0.00
मणिपुर	मोरेह, टेंग्नौपाल	664.50	586.93
	चूड़ाचांदपुर	660.00	585.00
	क्वाकेथेल कोंजेंग लेइकाई	393.59	337.37
	केइराओ एसी, इम्फाल पूर्वी जिला	677.30	600.57
	चंदेल	387.50	127.97
	जिरीबाम	287.50	127.97

	कांगपोकपी	287.50	127.97
	बिश्रुपुर	387.50	127.97
	नोनी	287.50	127.97
	थौबल	387.50	127.97
	सेनापति	237.50	127.97
मध्य प्रदेश	भोपाल	800.00	480.00
	इंदौर	830.00	354.60
	नरसिंहपुर	576.92	344.63
	अमरकंटक	700.00	378.60
	मंडलेश्वर (खरगौन) जिला)	674.75	269.85
	बालाघाट	550.00	306.00
	सीहोर	925.00	421.59
	गुन्ना	250.00	15.00
	पन्ना	250.00	15.00
	भिंड	250.00	105.00
	बड़वानी	125.00	0.00
	सुजालपुर	200.00	120.00
	श्योपुर	200.00	120.00
मेघालय	सोहरा (चेरापुंजी), सीएचसी, पूर्वी खासी हिल्स	1033.44	877.31
	उमटू गांव, रि भोई जिला,	923.63	575.30
	जोवाई, पश्चिम जैतिया हिल्स जिला)	200.00	101.25
मिजोरम	आइजोल	280.72	252.65
	सैतुल	250.00	135.00
नागालैंड	नोकलाक, तुएनसांग जिला	911.04	819.94
	रजा, चेडेमा	925.00	832.50
	सपांग्या (चुंगटिया)	426.68	384.01
	याचेम, लोंगलेंग	275.00	247.50
	किफायर	37.50	27.67
	तिजित,	15.00	11.00
	अकुहैतो, जुन्हेबोटो	15.00	11.33
ओडिशा	ढेंकनाल	800.00	480.00

	बेहरामपुर	800.00	405.60
	बालासोर	400.00	180.00
पुडुचेरी	विलियानूर	1064.57	776.27
	यानम	1047.75	626.32
	कराईकल	200.00	0.00
पंजाब	दयालपुर सोधिन जीरकपुर (प्रारंभ में मोहाली में)	650.00	390.00
	मोगा (प्रारंभ में तरनतारन)	755.00	390.00
राजस्थान	भीलवाड़ा	618.43	293.18
	अजमेर	609.94	290.63
	चुरू	541.16	270.00
	बीकानेर	541.16	270.00
	जयपुर	766.16	319.36
	सीकर	676.16	307.45
	सवाईमाधोपुर	500.00	0.00
	भरतपुर	500.00	0.00
	किथाना	250.00	0.00
	भीलवाड़ा (आसींद)	45.00	0.00
	भीलवाड़ा (बिजोलिया)	45.00	0.00
	करुली (मंडरायल)	45.00	0.00
	अलवर (बहरोड़)	45.00	19.20
	अलवर (नीमराना)	45.00	0.00
	जोधपुर (शेखला)	45.00	10.29
	दौसा (नांगल राजा वतन)	45.00	11.20
	जयपुर - ए (पावटा)	45.00	20.40

	सीकर (धोद)	45.00	21.16
	सीकर (श्रीमाधोपुर)	45.00	25.78
	बाड़मेर (गिरा)	45.00	18.60
	जालौर (बगोडा)	45.00	15.00
	बारां (किशनगंज)	45.00	14.88
	झालावाड़ (बकानी)	45.00	15.27
	कोटा (सुल्तानपुर)	45.00	13.50
	पाली (रोहट)	45.00	0.00
	अजमेर (मसूदा)	45.00	0.00
	अजमेर (पीसांगन)	45.00	0.41
	धौलपुर (सिपाही)	45.00	0.00
	भरतपुर (सेवर)	45.00	0.00
	नागौर (खींवरसर)	45.00	0.00
	श्री गंगानगर (राय सिंह नगर)	45.00	0.00
	डूंगरपुर (डोवरा)	45.00	15.00
	प्रतापगढ़ (अर्नोद)	45.00	15.00
सिक्किम	क्योंगसा, ग्यालशिंग, पश्चिम सिक्किम	959.46	863.52
	एनआईटी, देवराली	410.49	353.09
तमिलनाडु	थेनी	733.33	440.00
	थिरुवन्नमलाई	733.33	440.00
	पुदुक्कोट्टई	400.00	240.00
	नमक्कल	250.00	150.00

	एएजीएचआईएम परिसर, चेन्नई	1000.00	600.00
	कोट्टार, नागरकोइल	525.00	315.00
तेलंगाना	सिद्धीपेट	730.41	438.24
	विकाराबाद	730.41	438.24
	जयशंकर भूपालपल्ली,	730.41	438.24
त्रिपुरा	पैराडाइज चौमुहानी, अगरतला	819.33	737.40
	दक्षिण सबरूम	622.26	560.03
उत्तर प्रदेश	जौनपुर	525.00	315.00
	बुलंदशहर (शुरुआत में कुशीनगर में)	900.00	539.99
	बिल्हौर, कानपुर नगर	900.00	539.99
	पश्चिम कटली, लखनऊ	900.00	539.99
	बदरसी, वाराणसी	900.00	539.99
	नवाब गंज, बरेली	900.00	539.99
	बस्ती	900.00	540.00
	सिराथू कौशाम्बी	900.00	540.00
	सोनभद्र	900.00	540.00
	उरई जालौन	900.00	540.00
	संत कबीर नगर,	900.00	540.00
	देवरिया	900.00	540.00
	ललितपुर	900.00	540.00
	अमेठी	900.00	540.00
	कानपुर देहात	900.00	540.00
	फिरोजपुर, बलिया जिला	900.00	540.00
	रायबरेली	900.00	435.98
	बागपत	900.00	436.41
	फतेहपुर	900.00	465.21
	श्रावस्ती	899.99	559.51
	उन्नाव	899.99	559.51
	हरदोई	1165.00	590.75

	गोरखपुर	1165.00	498.37
	संभल	1165.00	590.75
	मिर्जापुर	900.00	431.75
उत्तराखंड	हल्द्वानी	556.61	500.95
	जाखणीधार, टिहरी	1377.41	1239.66
	टनकपुर, चंपावत	400.00	360.00
	कोटद्वार, पौड़ी	300.00	270.00
	पथरी, हरिद्वार	492.50	270.00
	भीमताल, नैनीताल	307.50	180.00
	पिरान कालिया, हरिद्वार	200.00	0.00
पश्चिम बंगाल	तापसीखाता, जिला अलीपुरद्वार	900.00	630.00
	पश्चिम जिला मिदनापुर	900.00	515.96

MOBILE PASSPORT CENTRE IN GUWAHATI

2209. SHRI JOYANTA BASUMATARY:

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

- whether it is fact that Mobile Passport centre scheme have been launched in Guwahati;
- whether the Government proposes to launch this scheme in other tribal dominated areas also like Bodoland Territorial Region; and
- 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):

- to (c): Mobile Passport Van facility has been recently provided at Regional Passport Office (RPO) Guwahati to increase the outreach of the RPO and

provide passport services at remote locations/ hilly areas/ institutions/ establishments etc., under the jurisdiction of RPO, Guwahati.

RENEWAL OF THE GANGA WATER TREATY

2210. SHRI JAGANNATH SARKAR:

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

- (a) whether the Governments of India and Bangladesh have initiated high-level technical discussions for the renewal of the 1996 Ganga Water Treaty, which is set to expire in 2026;
- (b) if so, the details of the discussions held, including the recent visit of an 11-member Bangladeshi delegation to India in March 2025;
- (c) the outcomes of above said meetings at the Farakka Barrage and subsequent sessions in Kolkata; and
- (d) whether the Government of West Bengal, as a neighbouring State and key stakeholder, has been consulted during these discussions and if so, the nature of their involvement and the inputs provided?

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): With regard to the Ganga/Ganges Water Treaty signed in 1996 between India and Bangladesh, bilateral discussions for its renewal are yet to commence between the two countries.

Under the framework of the Joint Rivers Commission (JRC), technical-level meetings continue to be held with Bangladesh on all water-related issues

of mutual interest. The last such meeting was held in March 2025, providing a structured platform for data sharing and joint monitoring.

The Government of West Bengal is regularly consulted by the Union Government in preparing for the aforementioned discussions. An authorised representative from the Government of West Bengal took part in inter-ministerial discussions held on the matter on 30 October 2023, 15 March 2024, 31 May 2024 and also on 26 March 2025, where a collective view was formulated. Inputs on drinking water and industrial water requirements have also been received from all stakeholders, including from the Government of West Bengal, which have been taken into account while formulating Government's views.

IRREGULAR SUPPLY OF FERTILIZERS

2211: SHRI CHHOTELAL:

SHRI ZIA UR REHMAN:

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

- (a) whether the Government is aware that there is acute shortage or irregular supply of fertilizers, especially during peak sowing seasons, causing distress to farmers and affecting agricultural productivity across the country particularly in rural and agricultural regions;
- (b) if so, the details of the steps being taken by the Government to ensure timely availability of quality fertilizers, prevent black marketing and hoarding and strengthen the distribution and monitoring system through schemes like DBT in fertilizers and others; 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): The availability of fertilizers viz. Urea, DAP, MoP and NPKS has remained adequate in the country during the ongoing Kharif 2025 season.

(b) and (c): 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.
- ii. On the basis of requirement projected, D/o 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.

Moreover, 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 hoarding of fertilizers and to take punitive action against any person / fertilizer company involved in black marketing and hoarding of fertilizers by violating the provisions of Essential Commodities Act, 1955 and Fertilizer Control Order 1985 (FCO).

However, D/o Fertilizers has put a ceiling of 50 bags of subsidized fertilizers per buyer per month i.e. 600 bags of subsidized fertilizers per year. Additionally, a monthly list of Top 20 buyers' of each district is made available in the iFMS log-in of respective district magistrates for taking necessary action at their end.

Besides, D/o Fertilizers has also developed a dashboard which can be accessed by authorized users at <https://urvarak.nic.in>. The dashboard is developed to facilitate easy monitoring by various Stake holders viz. State Agriculture Departments, District Collectors and State Marketing Federations. The State Governments are also monitoring the availability and supply of fertilizers through iFMS and e-Urvarak Dashboard portals.

COUNTERFEIT MEDICINES

2212. SHRI DEEPAK ADHIKARI (DEV):

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

- (a) the number of the counterfeit medicines seized by Central Drugs Standard Control Organization (CDSCO) in the country during the last five years, year-wise; and

(b) the details of action taken/proposed to be taken by the Government against those manufacturers?

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 terminology “Counterfeit Medicines” is not defined under the Drugs and Cosmetics Act, 1940 and Rules made thereunder. However, the Drugs and Cosmetics Act defines spurious, adulterated, misbranded drugs which includes counterfeit drugs.

The information on number of drug samples reported Not of Standard Quality/spurious/adulterated and enforcement action taken by the States/UTs Drugs Controller during last five years of various States/U.T.s is provided below:

Year (April to March)	No. of drugs samples tested	No. of drugs samples declared Not of Standard Quality	No. of drugs samples declared Spurious/ Adulterated	Number of prosecution launched for manufacturing, sale and distribution of spurious/adulterated drugs
2020-21	84,874	2652	263	236
2021-22	88,844	2,545	379	592
2022-23	96,713	3,053	424	663
2023-24	1,06,150	2,988	282	604
2024-25	1,16,323	3,104	245	961

As part of quality monitoring, the samples failing in quality check, as received by CDSCO are uploaded on the website of CDSCO as part of the

monthly drug alerts to make it available publicly. Details of these drugs are available on the CDSCO website under the heading of Drug Alert (www.cdsc.gov.in).

In case of drug samples declared as NSQ by the Drugs Testing laboratories under CDSCO, the respective manufacturing firms are asked for immediate recall and stop further distribution of the not of standard quality drugs in the market. Further, based on investigation outcome, actions are taken by the licensing authorities concerned under the provisions of Drugs and Cosmetics Act and Rules made thereunder such as stop production orders, stop testing orders, license suspensions/cancellations, warning letters and showcase notices.

E-SANJEEVANI TELE-CONSULTATIONS IN GUJARAT

2213. SHRI DHAVAL LAXMANBHAI PATEL:

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

- (a) the total number of e-Sanjeevani tele-consultations held across the State of Gujarat in the year 2024–25;
- (b) whether rural and tribal PHCs in Gujarat have adequate digital infrastructure to support telemedicine, if so, the details thereof; and
- (c) whether the Government has any plans to introduce vernacular language support and AI-based triage in the remote areas, 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 total number of e-Sanjeevani tele-consultations held across the State of Gujarat in the year 2024–25 (01 April 2024 to 31 March 2025) is 24,11,371. Currently, teleconsultations are being provided through 1,737 operational hubs and 9,135 spokes under e-Sanjeevani in Gujarat.

Under the National Health Mission (NHM) and with the State Government initiatives, the primary health centres (PHCs) in Gujarat are provided with digital infrastructure like laptop/desktops, e-Sanjeevani application, and internet connectivity to support the telemedicine services.

(c): eSanjeevani – the national telemedicine service launched by the Ministry of Health and Family Welfare, offers its web platform services in 12 Indian languages in addition to English. The mobile application supports 9 Indian languages along with English, ensuring enhanced accessibility and widespread adoption across

India's diverse linguistic population. Also, under e-Sanjeevani platform, an AI-enabled clinical decision support system (CDSS) has been introduced for supporting doctors in the decision of diagnosing patients' conditions.

बाल दुर्व्यवहार की रोकथाम

2214. श्री अरुण कुमार सागर:

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

- (क) क्या सरकार का विचार बाल दुर्व्यवहार की रोकथाम के लिए कोई कानून बनाने का है;
- (ख) यदि हाँ, तो कानून निर्माण की समय-सीमा क्या है; और
- (ग) यदि नहीं, तो बाल दुर्व्यवहार को रोकने के लिए सरकार द्वारा क्या कदम उठाए जा रहे हैं?

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

(क) और (ख): सरकार बच्चों की सुरक्षा सुनिश्चित करने को सर्वोच्च प्राथमिकता देती है और इस संबंध में विभिन्न पहल की हैं। बच्चों को यौन शोषण और यौन उत्पीड़न से बचाने के उद्देश्य से सरकार ने यौन अपराधों से बच्चों का संरक्षण (पॉक्सो) अधिनियम, 2012 पहले ही लागू कर दिया है। इसमें 18 वर्ष से कम आयु के किसी भी व्यक्ति को बालक के रूप में परिभाषित किया गया है।

(ग): बच्चों के साथ यौन अपराध करने वालों के लिए मृत्युदंड सहित अधिक कठोर दंड लागू करने के उद्देश्य से वर्ष 2019 में पॉक्सो अधिनियम, 2012 में संशोधन किया गया था ताकि अपराधियों को डराया जा सके और ऐसे अपराधों को रोका जा सके। पॉक्सो अधिनियम, 2012 में त्वरित सुनवाई सुनिश्चित करने के उद्देश्य से विशेष न्यायालयों की स्थापना का भी प्रावधान है।

महिला और बाल विकास मंत्रालय किशोर न्याय (बच्चों की देखरेख और संरक्षण) अधिनियम, 2015 (वर्ष 2021 में यथासंशोधित) के लिए नोडल मंत्रालय है, जो बच्चों की सुरक्षा, संरक्षा, सम्मान और कल्याण सुनिश्चित करने के लिए प्राथमिक कानून है। इस अधिनियम में देखरेख तथा संरक्षण की आवश्यकता वाले बच्चों (सीएनसीपी) और विधि का उल्लंघन करने वाले बच्चों (सीसीएल) की देखरेख, संरक्षण, विकास, उपचार और समाज में पुनः एकीकरण करके उनकी मूलभूत आवश्यकताओं को पूरा करते हुए उनकी सुरक्षा का प्रावधान है। यह बच्चों का सर्वोत्तम हित सुनिश्चित करने के लिए देखरेख और सुरक्षा मानकों को परिभाषित करता है। इस अधिनियम के अंतर्गत किशोर न्याय (बच्चों की देखरेख और संरक्षण) नियम और दत्तक ग्रहण विनियम भी लागू किए गए हैं। अन्य बातों के अलावा, किशोर न्याय (बच्चों की देखरेख और संरक्षण) संशोधन अधिनियम, 2021, जिला मजिस्ट्रेट को किशोर न्याय अधिनियम, 2015 के कार्यान्वयन के लिए केंद्र बिंदु के रूप में कार्य करने का अधिकार देता है।

किशोर न्याय (बच्चों की देखरेख और संरक्षण) अधिनियम, 2015 (जेजे अधिनियम) की धारा 2(14) में विस्तृत मानदंड निर्धारित है जिसके अंतर्गत किसी भी बच्चे को देखरेख और संरक्षण की आवश्यकता वाला (सीएनसीपी) माना गया है। किशोर न्याय अधिनियम, 2015 की धारा 3 में बच्चों की देखरेख और संरक्षण के सामान्य सिद्धांत निर्धारित हैं, जो हर समय बच्चों के सर्वोत्तम हितों को प्राथमिकता देते हुए बच्चों की सुरक्षा, देखरेख और संरक्षण सुनिश्चित करने हेतु सभी हितधारकों के लिए मार्गदर्शक सिद्धांतों के रूप में कार्य करते हैं।

इसके अलावा, एक शीर्ष संवैधानिक निकाय के रूप में राष्ट्रीय बाल अधिकार संरक्षण आयोग (एनसीपीसीआर), बच्चों के अधिकारों के उल्लंघन और हनन से संबंधित विभिन्न अधिनियमों और नियमों के प्रभावी कार्यान्वयन की निगरानी करने के लिए अधिकृत है, जिसने बाल दुर्व्यवहार को रोकने के लिए निम्नलिखित उपाय किए हैं:

- i. एनसीपीसीआर अपने अधिदेश के अनुसार और विभिन्न बाल अधिकार कानूनों में निहित प्रावधानों के अनुसार बाल दुर्व्यवहार से संबंधित किसी भी/सभी शिकायतों की जांच करता है या मीडिया (प्रिंट/इलेक्ट्रॉनिक/सोशल मीडिया) में उपलब्ध जानकारी के आधार पर बाल दुर्व्यवहार सहित बाल अधिकारों के उल्लंघन और हनन से संबंधित मामलों का स्वतः संज्ञान लेता है;
- ii. यह आयोग बाल दुर्व्यवहार से संबंधित किसी भी कानून के तहत किए गए सुरक्षा उपायों की जांच और समीक्षा करता है और समय-समय पर उनके प्रभावी कार्यान्वयन के लिए उपायों की सिफारिश करता है;
- iii. यह उन सभी कारकों की जाँच करता है जो बच्चों जिनमें आतंकवाद, सांप्रदायिक हिंसा, प्राकृतिक आपदा, दुर्व्यापार, एचआईवी/एड्स, वेश्यावृत्ति और यातना से प्रभावित बच्चे शामिल हैं के अधिकारों के आनंद को बाधित करते हैं,

- iv. यह विशेष देखरेख और संरक्षण की आवश्यकता वाले बच्चों जैसे कि संकटग्रस्त बच्चे, अपेक्षित और वंचित बच्चे, विधि का उल्लंघन करने वाले बच्चे, परिवारहीन बच्चे और कैदियों के बच्चों के बाल दुर्व्यवहार से संबंधित मामलों की जाँच करता है।
- v. यह सुनिश्चित करने के लिए कि बच्चों के साथ दुर्व्यवहार न हो, आयोग किसी भी किशोर संरक्षण गृह या बच्चों के लिए बनी किसी भी संस्था का निरीक्षण करता है या निरीक्षण करवाता है और उसके लिए उपचारात्मक कार्रवाई की सिफारिश करता है;
- vi. बाल दुर्व्यवहार के बारे में अनुसंधान करना और उसे बढ़ावा देता है, जागरूकता पैदा करता है और जानकारी का प्रसार करता है;

उपर्युक्त के अनुसार, एनसीपीसीआर परामर्श, दिशानिर्देश जारी करना, जागरूकता अभियान चलाना, हितधारकों के साथ सम्मेलन, लंबित शिकायतों की निरंतर निगरानी और उनका त्वरित समाधान इत्यादि जैसे विभिन्न पहल करता है।

महिला और बाल विकास मंत्रालय, केंद्र और राज्यों/संघ राज्य क्षेत्रों के बीच पूर्वनिर्धारित वित्तीय मानदंडों के आधार पर राज्यों/ संघ राज्य क्षेत्रों के माध्यम से 'मिशन वात्सल्य' नामक केंद्र प्रायोजित योजना क्रियान्वित कर रहा है। इस योजना का उद्देश्य सीएनसीपी और सीसीएल के लिए विभिन्न सेवाएँ प्रदान करना है, जिनमें संस्थागत देखरेख और गैर-संस्थागत देखरेख सेवाएँ शामिल हैं। इस योजना के अंतर्गत स्थापित बाल देखरेख संस्थान (सीसीआई) अन्य बातों के साथ-साथ, आयु-अनुकूल शिक्षा, व्यावसायिक प्रशिक्षण तक पहुँच, मनोरंजन, स्वास्थ्य देखरेख और परामर्श प्रदान करते हैं। गैर-संस्थागत देखरेख घटक के अंतर्गत, गोद लेने, पालन-पोषण, पश्चात देखरेख और प्रायोजन के माध्यम से सहायता प्रदान की जाती है।

यह योजना कठिन परिस्थितियों में बच्चों के लिए टोल-फ्री चाइल्ड हेल्पलाइन (1098) के माध्यम से आपातकालीन आउटरीच सेवाएं (24x7x365) भी प्रदान करती है, जिसे गृह मंत्रालय की टोल-फ्री आपातकालीन प्रतिक्रिया सहायता प्रणाली-112 (ईआरएसएस-112) हेल्पलाइन के साथ एकीकृत किया गया है।

महिला और बाल विकास मंत्रालय (एमडब्ल्यूसीडी) ने नाबालिग गर्भवती बालिकाओं के सामने आने वाली चुनौतियों को दूर करने और राज्य/संघ राज्य क्षेत्र सरकारों द्वारा कार्यान्वयन हेतु मौजूदा योजनाओं की कमियों को दूर करने के लिए निर्भया कोष से “पॉक्सो अधिनियम, 2012 की धारा 4 और 6 के तहत पीड़ितों के लिए देखरेख और सहायता योजना” नामक केंद्रीय वित्त पोषित योजना भी शुरू की है। इस योजना का मुख्य उद्देश्य पीड़ित नाबालिग गर्भवती बालिकाओं को एक ही स्थान पर एकीकृत सहायता और सहयोग प्रदान करना है तथा उन्हें दीर्घकालिक पुनर्वास के लिए विभिन्न प्रकार की सेवाओं तक तत्काल, आपातकालीन और गैर-आपातकालीन पहुंच प्रदान करना है, जिसमें एक ही स्थान पर शिक्षा, पुलिस सहायता, चिकित्सा (इसमें मातृत्व, नवजात और शिशु देखरेख भी शामिल है), मनोवैज्ञानिक, मानसिक स्वास्थ्य परामर्श, कानूनी सहायता, गैर-संस्थागत देखरेख सहायता, बाल देखरेख संस्थानों/पश्चात देखरेख सुविधाओं में रहने का स्थान तथा पीड़ित बालिका और उसके नवजात शिशु के लिए स्वास्थ्य बीमा कवर शामिल है।

इसके अलावा, 2023 में बनाया गया नए आपराधिक कानूनों में विभिन्न प्रावधान, अर्थात् भारतीय न्याय संहिता, 2023, जो भारतीय दंड संहिता 1860 को प्रतिस्थापित करती है और भारतीय नागरिक सुरक्षा संहिता, 2023, जो दंड प्रक्रिया संहिता, 1973 को प्रतिस्थापित करती है, बच्चों के यौन शोषण के विरुद्ध प्रभावी रोकथाम प्रदान करते हैं। भारतीय न्याय संहिता में 12 वर्ष से कम आयु की बालिकाओं के साथ बलात्कार के लिए मृत्युदंड और 12 वर्ष से कम आयु की बालिकाओं के साथ बलात्कार के मामलों में व्यक्ति के शेष जीवनकाल के लिए कारावास सहित और भी कठोर दंडात्मक प्रावधान हैं। इसके अतिरिक्त, भारतीय नागरिक सुरक्षा संहिता की धारा 193 में बच्चों के साथ बलात्कार और यौन उत्पीड़न के मामलों में दो महीने के भीतर जाँच पूरी करने तथा दो महीने में मुकदमे की सुनवाई पूरी करने को अनिवार्य बनाया गया है (बीएनएसएस, 2023 की धारा 346)।

इसके अलावा, विधि और न्याय मंत्रालय के न्याय विभाग ने सूचित किया है कि आपराधिक कानून (संशोधन) अधिनियम, 2018 के अनुसरण में, भारत सरकार ने केंद्र प्रायोजित योजना के

अंतर्गत, बलात्कार और पॉक्सो अधिनियम, 2012 से संबंधित मामलों की शीघ्र सुनवाई और समयबद्ध तरीके से निपटान हेतु फास्ट ट्रैक विशेष न्यायालयों (एफटीएससी) की स्थापना हेतु अगस्त, 2019 में योजना को अंतिम रूप दिया। दिनांक 30.04.2025 तक, देश भर के 30 राज्यों/संघ राज्य क्षेत्रों में 405 विशिष्ट पॉक्सो (ई-पॉक्सो) न्यायालयों सहित 746 फास्ट ट्रैक विशेष न्यायालय कार्यरत हैं, जिन्होंने योजना की शुरुआत से लेकर 30.04.2025 तक 3,25,364 मामलों का निपटान किया है। दिनांक 30.04.2025 तक कार्यरत एफटीएससी और एफटीएससी के तहत निपटाए गए मामलों का राज्यवार ब्यौरा **विवरण** में संलग्न है।

विवरण

दिनांक 30.04.2025 तक कार्यरत एफटीएससी और एफटीएससी के तहत निपटाए गए मामलों का राज्यवार ब्यौरा

क्रम सं	राज्य/संघ राज्य क्षेत्र	कार्यरत न्यायालय		योजना की शुरुआत से अब तक संचयी निपटान		
		ई -पॉक्सो सहित एफटीएससी	ई- पॉक्सो	एफटीएससी	ई- पॉक्सो	कुल
1	आंध्र प्रदेश	16	16	0	7183	7183
2	असम	17	17	0	8507	8507
3	बिहार	46	46	0	16232	16232
4	चंडीगढ़	1	0	358	0	358
5	छत्तीसगढ़	15	11	1246	4985	6231
6	दिल्ली	16	11	736	1881	2617
7	गोवा	1	0	76	34	110
8	गुजरात	35	24	3211	12800	16011
9	हरियाणा	16	12	1972	5941	7913
10	हिमाचल प्रदेश	6	3	558	781	1339
11	जम्मू और कश्मीर	4	2	139	163	302
12	झारखंड	22	16	2737	6212	8949

13	कर्नाटक	30	17	5230	8432	13662
14	केरल	55	14	17776	7734	25510
15	मध्य प्रदेश	67	56	4776	26565	31341
16	महाराष्ट्र	4	1	8711	12008	20719
17	मणिपुर	2	0	180	0	180
18	मेघालय	5	5	0	703	703
19	मिजोरम	3	1	196	68	264
20	नागालैंड	1	0	65	3	68
21	ओडिशा	44	23	6968	12652	19620
22	पुदुचेरी*	1	1	0	150	150
23	पंजाब	12	3	2707	2439	5146
24	राजस्थान	45	30	5639	13130	18769
25	तमिलनाडु	14	14	0	9918	9918
26	तेलंगाना	36	0	8344	2731	11075
27	त्रिपुरा	3	1	242	229	471
28	उत्तराखंड	4	0	1891	0	1891
29	उत्तर प्रदेश	218	74	42895	46852	89747
30	पश्चिम बंगाल	7	7	0	378	378
31	अंडमान और निकोबार द्वीप समूह **	0	0	0	0	0
32	अरुणाचल प्रदेश***	0	0	0	0	0
	कुल	746	405	116653	208711	325364

FAST TRACK COURTS

2215. SHRI KESINENI SIVANATH:

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

- (a) the total number of Fast Track Special Courts (FTSCs) set up across the country under the Nirbhaya Fund, State-wise;

- (b) the number of cases that have been filed and resolved through the FTSCs since their inception, State-wise;
- (c) the details regarding the average time taken by these FTSCs to dispose of the cases brought before them;
- (d) the amount of funds allocated, approved and disbursed for setting up and operationalizing these FTSCs, State-wise and year-wise;
- (e) whether the Government has taken any steps to strengthen infrastructure, fill vacancies and ensure the timely disposal of cases in these FTSCs; and
- (f) if so, the details thereof?

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

(a) and (b): The Department of Justice has been implementing a Centrally Sponsored Scheme for the establishment of Fast Track Special Courts (FTSCs), including exclusive POCSO (e-POCSO) Courts for expeditious disposal of rape cases and cases under POCSO Act. The Scheme has been extended twice, with the latest extension up to 31st March 2026, for the establishment of 790 courts, at an outlay of Rs.1952.23 cr. with Rs.1207.24 cr. as Central share to be incurred from Nirbhaya Fund.

As per the information received from the High Courts, 725 FTSCs, including 392 exclusive POCSO (e-POCSO) Courts are functional in 29 States/UTs (as on 30.06.2025). These Courts have disposed of 3,34,213 cases since the inception of the Scheme. The State/UT-wise details of functional

FTSCs, including e-POCSO Courts along with the number of cases instituted and disposed of by these Courts since their inception, are given in the enclosed **Statement-I**.

(c): As per information received from the High Courts, the State/UT-wise details regarding average time taken by FTSCs to dispose of cases are given in the enclosed **Statement-II**. There are several reasons that lead to delay in disposal of cases in courts which, inter-alia, include availability of physical infrastructure, complexity of facts involved, nature of evidence, co-operation of stake holders viz. bar, investigation agencies, witnesses and litigants and proper application of rules and procedures. Other factors that lead to delay in disposal of cases include frequent adjournments and lack of adequate arrangement to monitor, track and bunch cases for hearing.

(d): Under the Scheme, 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 per Court and a Flexi Grant for meeting the day-to-day expenses of the Court. The Department has released a sum of Rs.1034.55 Crore to the States/UTs since inception of the Scheme. The year-wise details of budget allocated and funds released by the Central government are as under:

(Rs.in Crore)

Financial Year	Budget Allocated	Funds released
2019-20	140.00	140.00
2020-21	160.00	160.00
2021-22	180.00	134.55*

2022-23	200.00	200.00
2023-24	200.00	200.00
2024-25	200.00	200.00
2025-26	200.00	-
TOTAL		1034.55
*Less funds were released against budget allocated in 2021-22 due to COVID lockdown and issues related to the implementation of PFMS		

The funds are reimbursed to the States/UTs on the basis of the number of functional courts in the State/UT concerned. The State/UT-wise and year-wise details of Central funds released since the inception of the scheme are given in the enclosed **Statement-III**.

(e) and (f): The Central Government has taken several steps to support infrastructure and improve case disposal in FTSCs:

- i. The Centrally Sponsored Scheme (CSS) for Development of Judicial Infrastructure supplements efforts of the States in building court halls, residential units, lawyers' halls, toilet complexes, and digital computer rooms for District and Subordinate Courts including FTSCs. From 15,818 court halls and 10,211 residential units in the year 2014, the number of available court halls and residential units have increased to 2,2372 (41.43% increase) and 19,851 (94.40% increase) respectively. In addition, 3,128 court halls and 2,772 residential units are under construction.
- ii. In order to strengthen functioning of FTSCs, regular review meetings are held via Video Conferencing with the States/UTs and

the High Courts. The Hon'ble Minister of Law and Justice has written to Hon'ble Chief Ministers and Chief Justices of the High Courts regarding need for timely action and strict compliance with timelines under the POCSO Act and Bharatiya Nagarik Suraksha Sanhita, 2023. In addition, the performance of FTSCs is a regular agenda item in the Inter-State Zonal Council meetings to improve inter-governmental coordination and expedite justice delivery.

As regards the recruitment of judges and staff in FTSCs, filling up of vacant positions of the judicial officers in District and Subordinate courts (including FTSCs) is the responsibility of the State Governments and the concerned High Courts. As per the Constitutional framework, in exercise of powers conferred under proviso to Article 309 read with Articles 233 and 234 of the Constitution, the respective State Government in consultation with the High Court frames the rules and regulations regarding the appointment and recruitment of Judicial Officers. Hon'ble Supreme Court vide order passed in January 2007 in the Malik Mazhar Sultan case, has inter-alia, stipulated certain timelines, which are to be followed by the States and the respective High Courts for recruitment of judges in District and Subordinate Courts.

STATEMENT-I

State/UT-wise details of functional Fast Track Special Courts including exclusive POCSO Courts along with the number of cases instituted and disposed since its inception (As on 30.06.2025)

Sl. No.	State/UT	Functional Courts		Cases Instituted since the inception of the Scheme	Cumulative Disposal since the inception of the Scheme
		FTSCs including exclusive POCSO	Exclusive POCSO		
1	Andhra Pradesh	16	16	13790	7487
2	Assam	17	17	15378	8943
3	Bihar	46	46	35691	17232
4	Chandigarh	1	0	588	374
5	Chhattisgarh	15	11	8167	6428
6	Delhi	16	11	6278	2718
7	Goa	1	0	271	116
8	Gujarat	35	24	21931	16616
9	Haryana	18	14	12507	8087
10	Himachal Pradesh	6	3	2050	1407
11	J&K	4	2	808	311
12	Karnataka	30	17	19251	14031
13	Kerala	55	14	32494	26202
14	Madhya Pradesh	67	56	42826	32113
15	Maharashtra	2	1	21034	20744
16	Manipur	2	0	243	194
17	Meghalaya	5	5	1830	733
18	Mizoram	3	1	344	269
19	Nagaland	1	0	127	68
20	Odisha	44	23	29319	20254
21	Puducherry	1	1	380	162
22	Punjab	12	3	6716	5265

23	Rajasthan	45	30	24324	19432
24	Tamil Nadu	14	14	15433	10199
25	Telangana	36	0	20161	11379
26	Tripura	3	1	713	489
27	Uttarakhand	4	0	3024	1930
28	Uttar Pradesh	218	74	184159	91459
29	West Bengal	8	8	5611	457
30	Jharkhand *	0	0	13324	9114
31	A&N Islands**	0	0	0	0
32	Arunachal Pradesh***	0	0	0	0
	TOTAL	725	392	538772	334213

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 FTSC Scheme vide letter dated 07.07.2025. However, the cumulative disposal of 9,114 cases since the inception of the Scheme up to May 2025 continues to be included in the overall disposal figures reported under the FTSC Scheme.

** 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.

STATEMENT-II

Statement showing the average time taken by Fast Track Special Courts (FTSCs) for disposal of cases related to Rape and the POCSO Act

Sl. No.	State/UT	Average Time taken for Trial in FTSCs (in days)	
		RAPE	POCSO
1	Andhra Pradesh	-	257
2	Assam	-	940
3	Bihar	-	941
4	Chandigarh	760	425
5	Chhattisgarh	365	300
6	Delhi	1562	1717
7	Goa	730	365
8	Gujarat	1716	869
9	Haryana	605	545
10	Himachal Pradesh	407	462
11	Jammu and Kashmir	1095	730
12	Jharkhand	730	545
13	Karnataka	910	724
14	Kerala	999	594
15	Madhya Pradesh	365	395
16	Maharashtra	-	575
17	Manipur	1395	1305
18	Meghalaya	-	910
19	Mizoram	-	1155
20	Nagaland	-	1185
21	Odisha	439	560
22	Puducherry	-	180
23	Punjab	650	530
24	Rajasthan	1028	732
25	Tamil Nadu	-	466
26	Telangana	461	408

27	Tripura	2097	871
28	Uttarakhand	508	517
29	Uttar Pradesh	606.41	1116.27
30	West Bengal	-	910
31	A&N Islands	-	-
32	Arunachal Pradesh	-	-

**Source: As per information received from the High Courts*

STATEMENT-III

The State/UT-wise details of Central Share of funds released since the inception of the FTSCs Scheme

(Rs. in Crore)

Sl. No.	State/UT	Amount released in 2019-20	Amount released in 2020-21	Amount released in 2021-22	Amount released in 2022-23	Amount released in 2023-24	Amount released in 2024-25
1	Andhra Pradesh	1.8	0	0	0	0	0
2	Assam	2.85625	1.86875	3.375	6.7325	5.528655	10.975085
3	Bihar	2.025	15.26255	20.25	11.895	9.874035	11.35878
4	Chandigarh	0.1875	0	0	0	0	0
5	Chhattisgarh	3.375	3.375	4.259	3.93	3.25215	3.70395
6	Delhi	3.6	0	0	4.2225	3.46896	1.97544
7	Goa	0.225	0	0	0.47255	0.21681	0.49386
8	Gujarat	7.875	7.875	0	9.26	7.58835	8.64255
9	Haryana	3.6	3.6	3.6	4.2225	3.46896	7.90176
10	Himachal Pradesh	1.0125	1.51875	0	2.375	1.95129	2.22237
11	Jammu and Kashmir	0.5625	0	2.635	1.58	2.32086	1.48158
12	Jharkhand	4.95	4.95	0	5.825	4.76982	0
13	Karnataka	6.975	0	6.635	7.3925	7.45091	7.65483
14	Kerala	8.4	0	0	7.405	25.39836	13.58115
15	Madhya Pradesh	15.075	15.075	26.175	17.72	15.37627	16.54431
16	Maharashtra	31.05	0	0	8.72	6.59259	1.23465
17	Manipur	0.675	0.675	0.3375	0.785	0.65043	0.74079
18	Meghalaya	1.6875	0	0	1.977	1.626075	1.851975
19	Mizoram	1.0125	1.0125	2.02625	1.18	0.975645	1.111185

20	Nagaland	0.3375	0.3375	0	0.3875	0.325215	0.370395
21	Odisha	5.4	1.3	16.2	11.64	9.52128	10.86492
22	Puducherry	0	0	0.1125	0	0.195975	0.24693
23	Punjab	2.7	0	0	4.312	3.95972	5.92632
24	Rajasthan	5.85	14.4	19.745	11.895	21.1383	22.2237
25	Tamil Nadu	3.15	3.15	2.59	6.6225	6.496035	6.91404
26	Telangana	8.1	0	0	8.9875	7.60671	4.44474
27	Tripura	1.0125	1.0125	0	1.1725	0.975645	1.111185
28	Uttarakhand	2.7	0	2.092	1.53	1.30086	1.48158
29	Uttar Pradesh	13.80625	84.29375	24.525	57.68	47.26458	53.83074
30	West Bengal	0	0	0	0	0.70551	1.111185
31	A&N Islands	0	0	0	0	0	0
32	Arunachal Pradesh	0	0	0	0	0	0
	TOTAL	140.00	159.706	134.5573	199.92155	200.00	200.00
	Third Party Evaluation Cost		0.29		0.07788		
	GRAND TOTAL	140.00	160.00	134.55	200.00	200.00	200.00
Note: For the current FY 2025–26, an allocation of ₹200 crore has been made; however, no funds have been released so far.							

MEDICAL DEVICES REGULATORY AUTHORITY

2216. THIRU DAYANIDHI MARAN:

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

- (a) whether the Government plans to establish an independent medical devices regulatory authority, separate from the drug-centric Central Drugs Standard Control Organization (CDSCO) to ensure sector-specific expertise and faster approvals and if so, the details thereof;
- (b) whether any steps have been taken/proposed to be taken by the Government to strengthen post-market surveillance including the creation of a publicly accessible adverse events database akin to the US FDA's MAUDE or the EU's EUDAMED and if so, the details thereof;

- (c) whether the Government considered implementing a comprehensive regulatory framework for Software as a Medical Device (SaMD) especially AI-based diagnostics and if so, the details thereof;
- (d) whether the Government is likely to adopt value-based procurement and expand Health Technology Assessments to prioritise high-impact, cost-effective devices and if so, the details thereof; and
- (e) whether there is an intent to rationalise GST slabs on medical devices to improve affordability, especially for critical diagnostics and implants 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): A separate medical device vertical has been created under Central Drugs Standard Control Organization (CDSCO) to specifically regulate medical devices in the country.

(b): In order to strengthen the post-market surveillance system and reporting of adverse events/side effects for medical devices in the country, Ministry of Health and Family Welfare has set up Materiovigilance Programme of India (MvPI) to monitor the safety of medical devices in the country in the year 2015. The Indian Pharmacopoeia Commission (IPC) is National Coordination Centre (NCC) for the MvPI. This is a strategic initiative launched by the Ministry of Health and Family Welfare, Government of India. Under the said program there are at present 596 functional Medical Device Adverse Event Monitoring Centres

(MDMCs) all over the country which is entrusted with the responsibility to report adverse events due to the use of medical devices in the country.

MvPI has issued a comprehensive guidance document to assist hospitals, healthcare professionals, and other stakeholders in identifying and reporting adverse events associated with medical devices. IPC has launched indigenously developed Adverse Drug Monitoring System (ADRMS) Online Portal, an electronic tool to report the adverse events with the use of medical device.

Further, there is provision, under the Medical Devices Rules, 2017, stipulating that subsequent to approval of a medical device, the applicant is required to submit Periodic Safety Update Reports (PSURs) to Central Drugs Standard Control Organisation (CDSCO). Post Marketing Surveillance including any suspected unexpected serious adverse event, recall, Periodic Safety Update Report (PSUR) are monitored by the CDSCO as per provisions mentioned in Chapter IV, V, VII, VIII, XI of Medical Devices Rules 2017.

(c): Softwares which fall under medical device definition as per Ministry of Health and Family Welfare notification S.O. 648(E) dated 11.02.2020 are regulated under the provisions of Medical Devices Rules, 2017.

(d): Health Technology Assessment India (HTAI) was approved as an attached office in Department of Health Research in May 2023. The objective is to provide a health technology assessment system that evaluates cost effectiveness and appropriateness of use of the existing and new health technologies in healthcare services by prioritizing high impact and cost effective Devices. It gives recommendation in use of HTA evidence in procurement, introduction of new

technologies, State health programs and Health Benefit packages. 98 studies have been approved.

(e): As informed by Department of Revenue, most medical devices attract a GST rate of 12%. GST rates are prescribed on the recommendations of GST Council, which is a constitutional body comprising members from States/UTs and Centre. In its 45th meeting of the GST Council held on 17th September 2021, the Council constituted a Group of Ministers (GoM) on GST Rate Rationalization. One of the terms of reference for the GoM was review of the current rate slab structure of GST, including special rates, and recommend rationalization measures.

STRENGTHENING ARBITRATION AND MEDIATION INFRASTRUCTURE IN INDIA

2217. SHRIMATI ROOPKUMARI CHOUDHARY:

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

- (a) whether the Central Government has undertaken any comprehensive assessment or mapping of arbitration and mediation centres across the country, including their operational status, caseload capacity and regional distribution, if so, the details thereof;
- (b) the number and location of arbitration and mediation centres established by the Government, including those under institutions such as the India International Arbitration Centre (IIAC), SAMADHAN and other Government sponsored bodies;

- (c) whether any steps have been taken to promote institutional arbitration and mediation in Tier-II and Tier-III cities under the Mediation Act, 2023 and related policy frameworks;
- (d) the total budgetary allocation and actual expenditure in the last five years for the development of arbitration and mediation infrastructure, including capacity building, panel development and technology integration; and
- (e) whether there is any proposal to establish regional or sector-specific arbitration and mediation hubs (e.g., for infrastructure, MSMEs or public procurement disputes) and if so, the details thereof?

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

(a): No such assessment or mapping has been undertaken by the Central Government.

(b): The Government of India has enacted the India International Arbitration Centre Act, 2019, to provide for the establishment of the India International Arbitration Centre for the purpose of creating an independent, autonomous and world class body for facilitating institutional arbitration and to declare the Centre to be an institution of national importance. The Centre aims to inspire confidence amongst parties, by providing a dispute resolution platform for resolution of commercial disputes through arbitration. The Centre is envisaged to become a model arbitral institution in the country, thereby paving the way for enhancing the quality of institutional framework for arbitration. Apart from India International

Arbitration Centre, no other arbitration or mediation centre has been established by the Central Government.

(c): The Mediation Act, 2023 has been enacted with a view to promote mediation, especially institutional mediation in the country. Section 31 of the Act provides for the establishment of Mediation Council of India as a national level body *inter-alia* for promoting mediation as a preferred mode of dispute resolution and for recognising mediation service providers in the country. Further, a national level Mediation Conference was organised by Ld. Attorney General for India in association with Department of Legal Affairs and India International Arbitration Centre on 03.05.2025 at Bharat Mandapam, New Delhi. The aim of the conference was to promote mediation as a primary mode of dispute and conflict resolution across the country. Also, a Conference on Institutional Arbitration: An effective framework for Dispute Resolution was organised by the Government of India on 14.06.2025, with a view to promote the advantages of institutional arbitration including in Tier II and Tier III cities.

(d): In terms of Section 24 of the Indian International Arbitration Centre Act, 2019, the Central Government has been regularly releasing grants to the India International Arbitration Centre. The total budgetary allocation and actual expenditure for India International Arbitration Centre is as under:

FINANCIAL YEAR	BE/RE (Amount in thousands)	EXPENDITURE (Amount in thousands)
2022-23	30000	1500
2023-24	37500	30000

2024-25	45000	37500
2025-26	35600	-

(e): No such proposal is under the consideration of the Government. However, India International Arbitration Centre has framed and notified the India International Arbitration Centre (Conduct of Micro and Small Enterprises Arbitration) Regulations, 2024, for the conduct of arbitrations related to MSME's.

CASES OF COVID-19 IN SINGAPORE AND HONG KONG

2218. SHRI TAMILSELVAN THANGA:

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

- (a) whether it is true that as per the recent media reports of there is a surge in Covid-19 cases in Singapore and Hong Kong and if so, the details thereof;
- (b) whether it is also true that the Ministry of Health and Family Welfare (MoHFW) convened a review meeting recently with experts from National Centre for Disease Control (NCDC), Emergency Medical Relief (EMR) division, Disaster Management Cell, Indian Council of Medical Research (ICMR) and central government hospitals and if so, the details thereof alongwith the outcome of the above meeting;
- (c) the total number of Covid-19 cases that has been reported, registered and being given treatment in various States till date, State/UT-wise; and
- (d) the precautionary measures being taken by the Union Government to control and to stop spread across the country?

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

(a) to (c): 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 increased, particularly from countries in the Eastern Mediterranean, South-East Asia, and Western Pacific regions, including Hong Kong and Singapore.

Ministry of Health and Family Welfare reviewed COVID-19 situation across the country with States/UTs and assessed the public health preparedness for the same. All States/UTs were requested to continue enhanced disease surveillance and preparedness activities, prioritize testing for severe cases, ensure timely reporting of COVID-19 hospitalizations cases, issue advisories to districts as and when required based on trend analysis etc. 'Health' is a State subject. The status of COVID-19 as reported by the States/UTs can be seen at <https://covid19dashboard.mohfw.gov.in/>.

(d): This Ministry under its Integrated Disease Surveillance Programme (IDSP) monitors trends of Influenza Like Illness/ Severe Acute Respiratory Illness (ILI/SARI), including cases of COVID-19 in the country. In addition, the network of Virus Research and Diagnostic Laboratories (VRDLs) under Indian Council of Medical Research (ICMR) undertakes a laboratory based surveillance for major respiratory pathogens, including SARS-CoV-2.

Joint advisories were issued to all States/UTs to undertake review of hospital preparedness with special focus on the availability of diagnostics, COVID-19 testing, essential drugs, Personal Protective Equipment (PPEs), isolation beds, medical oxygen, ICU and ventilator supported beds.

The Ministry 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.

PREPAREDNESS AGAINST MONSOON DISEASES IN MANIPUR

2219: DR. ANGOMCHA BIMOL AKOIJAM:

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

- (a) whether the Government has taken any steps to ensure advanced preparedness for the onset of the monsoon season and the potential outbreak of diseases, particularly in villages and relief camps in Manipur and if so, the details thereof;
- (b) the details of the preventive measures, health infrastructure readiness and awareness campaigns initiated; and

- (c) whether there is any special allocation of resources/deployment of medical teams in vulnerable and high-risk areas, including relief camps 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 (c): 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 (NVBDGP) 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 including villages and relief camps in Manipur, 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 measures are being undertaken to prevent and control spread of Vector Borne Diseases in the Country including Manipur:

- 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 and 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.
- Under National Health Mission, adequate budgetary support provided to States/UTs for program implementation.
- 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.

Public Health and Hospitals is a State Subject and the responsibility for strengthening of healthcare system including deployment of medical teams in vulnerable and high-risk areas, including relief camps, lies with respective State/Union Territory 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), budgetary support is provided to States/UTs to strengthen their healthcare systems based on the Programme Implementation Plans (PIPs) submitted by the States/UTs within their overall resource envelope.

PROMOTION OF AYUSH SYSTEM OF MEDICINES

2220. SHRI JANARDAN SINGH SIGRIWAL:

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

- (a) whether the Government is implementing National AYUSH Mission (NAM) for promotion and development of AYUSH system of medicines in the country;
- (b) if so, the details thereof along with the funds allocated/released/utilized for promotion of Ayurveda and Unani during the last three years, year-wise, State/UT-wise including district-wise for Bihar;

- (c) whether the Government is working on a plan for one Ayurveda hospital/AYUSH dispensary in every district of the country for building a sustainable, effective and affordable healthcare;
- (d) if so, the details thereof, State/UT-wise; and
- (e) the details of such dispensaries opened by the Government in Bihar, 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) and (b): Yes, Ministry of Ayush is implementing Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments and providing financial assistance to them for promotion and development of Ayush system of medicines including Ayurveda and Unani in the country as per the NAM guidelines. The mission *inter-alia* makes provision for following activities:

- (i) Operationlisation of 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.

Under NAM, as per the proposals received from the State/UT Governments through State Annual Action Plans (SAAPs) the year-wise, State/UT-wise, details of the funds allocated/released/utilized during the last three years is given in the enclosed **Statement-I**, further no district wise funds are being released under NAM.

(c) to (e): Since Public Health is a State subject, setting up of the Ayurveda hospital/Ayush dispensary in every district of the country for building a sustainable, effective and affordable healthcare in the country comes under the purview of respective State/UT Governments. However, under Centrally Sponsored Scheme, National Ayush Mission (NAM), there is provision of financial assistance for establishment of 50/30/10 bedded Integrated Ayush

Hospitals and Construction of building to establish new AYUSH dispensary in the area where there are no AYUSH facilities available. 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. The State/UT wise details of 50/30/10 bedded Integrated Ayush Hospitals in the country is given in the enclosed **Statement-II**. Further, no proposal to open new Ayush dispensaries has been sent by State Government of Bihar.

STATEMENT-I

State-wise and Year-wise status of fund allocated/ released and utilized during the last three years

Rs. In Lakhs

Sl. No.	Name of States/UTs	2022-23		2023-24		2024-25	
		Fund allocated/ Released	Utilized (as per Expenditure report submitted by State/UT)	Fund allocated/ Released	Utilized (as per Expenditure report submitted by State/UT)	Fund allocated/ Released	Utilized (as per Expenditure report submitted by State/UT)
1	Andaman and Nicobar Islands	142.386	142.386	407.287	374.419	542.750	316.516
2	Andhra Pradesh	0.000	0.000	0.000	0.000	2497.190	734.715
3	Arunachal Pradesh	402.040	402.040	1186.040	1186.040	1498.840	1448.236
4	Assam	1011.770	908.672	3471.450	3053.913	6511.870	5545.646
5	Bihar	0.000		1161.060	430.443	0.000	
6	Chandigarh	189.735	163.403	226.319	199.989	447.580	128.770
7	Chhattisgarh	0.000	0.000	2151.426	1647.390	3194.060	1023.750
8	Dadra and Nagar Haveli and Daman and Diu	0.000		408.450	369.310	690.730	581.445
9	Delhi	0.000		0.000	0.000	0.000	
10	Goa	142.286	110.917	628.305	602.159	610.670	514.046
11	Gujarat	1908.623	820.006	2961.422	1548.448	2623.103	42.637
12	Haryana	1219.905	1219.905	3026.588	2744.460	1371.900	1322.394
13	Himachal Pradesh	3873.577	3867.048	3659.220	3093.454	2899.089	864.837

14	Jammu and Kashmir	4895.089	4753.485	7510.360	7269.620	4361.600	2909.696
15	Jharkhand	7752.570	7752.570	2390.420	2390.420	3217.057	1445.388
16	Karnataka	1714.086	1571.263	5031.540	4747.418	6067.284	2978.221
17	Kerala	4399.828	4242.000	7989.400	7558.155	11037.960	7280.416
18	Ladakh	72.265	72.265	47.320	41.774	190.287	86.112
19	Lakshadweep	116.322	116.322	332.014	332.014	220.476	136.200
20	Madhya Pradesh	1716.000	1716.000	6120.000	5789.650	8169.590	5091.370
21	Maharashtra	0.000		2235.536	1942.690	2681.157	670.080
22	Manipur	1723.000	1648.032	0.000	0.000	1276.670	115.010
23	Mizoram	117.270	117.270	1057.855	1057.855	1101.480	846.572
24	Meghalaya	796.840	796.840	1722.600	1684.480	1520.480	651.033
25	Nagaland	495.779	495.779	1016.970	1016.970	1342.110	1002.759
26	Odisha	0.000	0.000	0.000	0.000	2369.210	751.290
27	Puducherry	623.952	623.514	197.080	166.379	683.400	101.908
28	Punjab	0.000	0.000	109.850	61.458	1701.100	117.003
29	Rajasthan	0.000	0.000	3731.512	2655.657	15051.797	9929.178
30	Sikkim	626.060	626.060	492.370	492.370	434.780	402.890
31	Tamil Nadu	2428.686	2125.682	6635.763	6431.242	7380.320	2947.911
32	Telangana	0.000	0.000	1225.167	852.397	2491.380	2224.304
33	Tripura	1030.901	1008.400	566.990	470.850	815.770	383.837
34	Uttar Pradesh	14437.596	13903.507	12418.596	11823.370	13903.180	5205.290
35	Uttarakhand	1855.797	1855.797	3234.375	2944.740	2441.121	2249.100
36	West Bengal	1056.581	1040.711	3379.386	2938.263	2308.432	755.530
	Total	54748.944	52099.874	86732.669	77917.797	113654.423	60804.088

STATEMENT-II

The State/UT wise details of 50/30/10 bedded Integrated Ayush Hospitals in the country from 2014-15 to 2024-25

Sl. No	State/UT	Location (District)	System of medicine	No. of Beds
1	Andaman and Nicobar Island	Junglighat, Port Blair (South Andaman)	Ayurveda, Homoeopathy, Yoga and Naturopathy	50
2	Andhra Pradesh	Kakinada	Ayurveda, Homoeopathy, Yoga and Naturopathy	50

		Visakhapatnam	Ayurveda, Homoeopathy, Yoga and Naturopathy	50
3	Arunachal Pradesh	Bhalukpong (West Kameng)	Ayurveda, Homoeopathy, Yoga	50
		Likabali (Lower Siang)	Ayurveda, Homoeopathy, Yoga	50
		Yingkiong (Upper Siang)	Ayurveda, Homoeopathy, Yoga and Naturopathy	10
		Seppa (East Kameng)	Ayurveda, Homoeopathy, Yoga and Naturopathy	10
		Ziro (Lower Subansiri)	Ayurveda, Homoeopathy, Yoga and Naturopathy	10
4	Assam	Dudhnoi (Goalpara)	Ayurveda	50
		Majuli	Ayurveda	50
		Kokrajhar	Ayurveda and Homoeopathy	50
		Baksa	Ayurveda and Homoeopathy	50
		Morigaon	Ayurveda and Homoeopathy	50
		Kaliabor (Nagaon)	Ayurveda and Homoeopathy	50
		Diphu (Karbi Anglong)	Ayurveda and Homoeopathy	30
		Bajali	Ayurveda and Homoeopathy	10
5	Bihar	Patna	Ayurveda, Homoeopathy, Unani and Yoga	50
6	Chandigarh	Sector -34, (Chandigarh)	Ayurveda and Homoeopathy	50
7	Chhattisgarh	Janjgir-Champa	Ayurveda, Homoeopathy, Unani	10
		Mahasamund	Ayurveda, Homoeopathy, Unani	10
		Koria	Ayurveda, Homoeopathy, Unani	10
		Korba	Ayurveda, Homoeopathy, Unani	10
		Kanker (Uttar Bastar Kanker)	Ayurveda, Homoeopathy, Unani	10

		Narayanpur	Ayurveda, Homoeopathy, Unani	10
		Bijapur	Ayurveda, Homoeopathy, Unani	10
		Dantewada (Dakshin Bastar)	Ayurveda, Homoeopathy, Unani	10
		Dalli Rajhara (Balod)	Ayurveda	30
		Surajpur	Ayurveda, Homoeopathy, Unani	10
8	Dadra Nagar Haveli and Daman and Diu	Silvasa (Dadra and Nagar Haveli)	Ayurveda	50
9	Goa	Velguem (North Goa)	Ayurveda, Homoeopathy, Yoga and Naturopathy	50
		Margao (South Goa)	Ayurveda, Homoeopathy, Yoga and Naturopathy	50
10	Gujarat	Surat	Ayurveda, Homoeopathy, Yoga	50
		Atkot	Ayurveda, Homoeopathy, Yoga	30
11	Haryana	Hisar	Ayurveda, Homoeopathy ,Unani and Yoga	50
12	Himachal Pradesh	Kullu	Ayurveda, Sowa Rigpa , Homoeopathy, Yoga and Naturopathy	50
		Mandi	Ayurveda, Sowa Rigpa , Homoeopathy, Yoga and Naturopathy	50
		Dharamshala	Ayurveda, Sowa Rigpa , Homoeopathy, Yoga and Naturopathy	50
13	Jammu and Kashmir	Kishtwar	Ayurveda, Homoeopathy, Unani, Yoga and Naturopathy	50
		Kupwara	Ayurveda, Homoeopathy, Unani, Yoga and Naturopathy	50
		Bilawar (Kathua)	Ayurveda, Homoeopathy, Unani, Yoga and Naturopathy	50

		Kulgam	Ayurveda, Homoeopathy, Unani, Yoga and Naturopathy	50
		Samba	Ayurveda, Homoeopathy, Unani, Yoga and Naturopathy	50
		Gadi Garh	Ayurveda, Homoeopathy, Unani, Yoga and Naturopathy	10
		Bandipayeen	Ayurveda, Homoeopathy, Unani, Yoga and Naturopathy	10
14	Jharkhand	Itki, Ranchi	Ayurveda and Homoeopathy	50
		Gumla	Ayurveda and Homoeopathy	10
		Bokaro	Ayurveda and Homoeopathy	10
		Deoghar	Ayurveda and Homoeopathy	10
		Palamu	Ayurveda and Homoeopathy	10
		Dumka	Ayurveda and Homoeopathy	10
		Jamshedpur	Ayurveda and Homoeopathy	50
15	Karnataka	Gadag	Ayurveda and Homoeopathy	50
		Mangalore	Ayurveda and Homoeopathy	50
		Thrithahalli	Ayurveda and Homoeopathy	10
16	Kerala	Chalakuddy, Thrissur Distt.	Ayurveda, Homoeopathy, Siddha and Yoga and Naturopathy	50
		Mattannur, Kannur	Ayurveda, Homoeopathy, Siddha and Yoga and Naturopathy	50
		Adoor, Pathanamthitta	Homoeopathy, Yoga and Naturopathy	10
		Attapadi	Ayurveda, Homoeopathy, Siddha and Yoga and Naturopathy	50
		Kottarakara-Kollam	Ayurveda, Siddha and Yoga and Naturopathy	30
		Wayanad	Ayurveda and Yoga	30
		Idukki	Homeopathy and Yoga	30
		Aranmula, Ranni, Pathanamthitta	Ayurveda and Yoga	30
		Varkala	Yoga and Naturopathy	50
		Kappukad, Thiruvanthapuram	Ayurveda, Siddha and Yoga	50

17	Lakshadweep	Deen Dayal Upadhyay, Kavaratti	Ayurveda, Homoeopathy and Unani	30
18	Maharashtra	Nandurbar	Ayurveda, Homoeopathy and Unani	30
		Sindhudurg	Ayurveda, Homoeopathy and Unani	30
		Pune	Ayurveda, Homoeopathy and Unani	30
		Dharashiv, (Osmanabad)	Ayurveda, Homoeopathy, Yoga and Unani	50
		Ahmed Nagar	Ayurveda, Homoeopathy and Unani	30
		Jalgaon	Ayurveda, Homoeopathy, Yoga and Unani	30
		Jalna	Ayurveda, Homoeopathy, Yoga and Unani	50
		Thane	Ayurveda, Homoeopathy, Yoga and Unani	50
		Nagpur	Ayurveda, Homoeopathy, Yoga and Unani	50
		Gondia	Ayurveda, Homoeopathy, Yoga and Unani	50
		Chhatrapati Sambhaji Nagar	Ayurveda, Homoeopathy, Yoga and Unani	50
		Buldhana	Ayurveda, Homoeopathy, Yoga and Unani	50
		Gadchiroli	Ayurveda, Homoeopathy, Yoga and Unani	30
		Wardha	Ayurveda, Homoeopathy, Yoga and Unani	30
19	Manipur	Moreh, Tengnoupal	Ayurveda, Homoeopathy and Yoga and Naturopathy	50
		Churancandpur	Ayurveda, Homoeopathy and Yoga and Naturopathy	50
		Kwakeithel Konjeng Leikai	Ayurveda, Homoeopathy and Yoga and Naturopathy	10
		Keirao AC, Imphal East District	Ayurveda, Homoeopathy and Yoga and Naturopathy	50

		Chandel	Ayurveda, Homoeopathy and Yoga and Naturopathy	10
		Jiribam	Ayurveda, Homoeopathy and Yoga and Naturopathy	10
		Kangpokpi	Ayurveda, Homoeopathy and Yoga and Naturopathy	10
		Bishnupur	Ayurveda, Homoeopathy and Yoga and Naturopathy	10
		Noney	Ayurveda, Homoeopathy and Yoga and Naturopathy	10
		Thoubal	Ayurveda, Homoeopathy and Yoga and Naturopathy	10
		Senapati	Ayurveda, Homoeopathy and Yoga and Naturopathy	10
20	Madhya Pradesh	Bhopal	Ayurveda and Yoga	50
		Indore	Ayurveda, Homoeopathy and Yoga	50
		Narsinghpur	Ayurveda, Unani, Homoeopathy and Yoga	50
		Amarkantak	Ayurveda, Unani, Homoeopathy	50
		Mandleshwar (Khargaon Disstt.)	Ayurveda, Unani, Homoeopathy and Yoga	50
		Balaghat	Ayurveda, Unani, and Homoeopathy	50
		Sehore	Ayurveda, Unani, and Homoeopathy	50
		Gunna	Ayurveda, Unani, and Homoeopathy	50
		Panna	Ayurveda, Unani, and Homoeopathy	50
		Bhind	Ayurveda, Unani, and Homoeopathy	50
		Barwani	Ayurveda, Unani, and Homoeopathy	30
		Sujalpur	Ayurveda, Unani, and Homoeopathy	50

		Sheopur	Ayurveda, Unani, and Homoeopathy	50
21	Meghalaya	Sohra (Cherapunje), CHC, East Khasi Hills	Ayurveda, Homoeopathy and Yoga and Naturopathy	50
		Umtrew Village, Rhi Bhoi District,	Ayurveda, Homoeopathy and Yoga and Naturopathy	50
		Jowai, West Jaintia Hills Dist)	Homoeopathy, Yoga, Ayurveda	30
22	Mizoram	Aizawl	Ayurveda, and Homoeopathy	50
		Saitul	Ayurveda, and Homoeopathy	10
23	Nagaland	Noklak, Tuensang District	Ayurveda, Homoeopathy and Yoga	30
		Razha, Chedema	Ayurveda, Homoeopathy and Yoga	50
		Sapangya (Chungtia)	Ayurveda, Homoeopathy and Yoga	50
		Yachem, Longleng	Ayurveda, Homoeopathy and Yoga	30
		Kiphire	Homeopathy	30
		Tizit,	Ayurveda, Homoeopathy	30
		Akuhaito, Zunheboto	Ayurveda, Homoeopathy	30
24	Odisha	Dhenkanal	Ayurveda, Homoeopathy and Yoga and Naturopathy	50
		Behrampur	Ayurveda, Homoeopathy and Yoga and Naturopathy	50
		Balasore	Ayurveda, Homoeopathy and Yoga and Naturopathy	50
25	Puducherry	Villianur	Ayurveda, Homoeopathy and Siddha	50
		Yanam	Ayurveda, Homoeopathy and Siddha	50
		Karaikal	Ayurveda, Homoeopathy and Siddha	30

26	Punjab	Dyalpur Sodhin Zirakpur (Initially at Mohali)	Ayurveda, Homoeopathy and Unani, Yoga and Naturopathy	50
		Moga (Initially at Tarn taran)	Ayurveda, Homoeopathy and Unani, Yoga and Naturopathy	50
27	Rajasthan	Bhilwara	Ayurveda, Homoeopathy and Unani,	50
		Ajmer	Ayurveda, Homoeopathy and Unani,	50
		Churu	Ayurveda, Homoeopathy and Unani,	50
		Bikaner	Ayurveda, Homoeopathy and Unani,	50
		Jaipur	Ayurveda, Homoeopathy and Unani,	50
		Sikar	Ayurveda, Homoeopathy and Unani,	50
		Sawaimadhopur	Ayurveda, Homoeopathy and Unani, Yoga and Naturopathy	50
		Bharatpur	Ayurveda, Homoeopathy and Unani, Yoga and Naturopathy	50
		Kithana	Ayurveda, Homoeopathy and Unani	30
		Bhilwara (Asind)	Ayurveda, Homoeopathy and Unani	10
		Bhilwara (Bijoliya)	Ayurveda, Homoeopathy and Unani	10
		Karuli (Mandrayal)	Ayurveda, Homoeopathy and Unani	10
		Alwar (Behror)	Ayurveda, Homoeopathy and Unani	10
		Alwar (Neemrana)	Ayurveda, Homoeopathy and Unani	10
		Jodhpur (Shekhala)	Ayurveda, Homoeopathy and Unani	10
		Dausa (Nangal Raja Watan)	Ayurveda, Homoeopathy and Unani	10

		Jaipur - A (Paota)	Ayurveda, Homoeopathy and Unani	10
		Sikar (Dhod)	Ayurveda, Homoeopathy and Unani	10
		Sikar (Shreemadhopur)	Ayurveda, Homoeopathy and Unani	10
		Barmer (Gira)	Ayurveda, Homoeopathy and Unani	10
		Jalore (Bagoda)	Ayurveda, Homoeopathy and Unani	10
		Baran (Kishanganj)	Ayurveda, Homoeopathy and Unani	10
		Jhalawar (Bakani)	Ayurveda, Homoeopathy and Unani	10
		Kota (Sultanpur)	Ayurveda, Homoeopathy and Unani	10
		Pali (Rohat)	Ayurveda, Homoeopathy and Unani	10
		Ajmer (Masuda)	Ayurveda, Homoeopathy and Unani	10
		Ajmer (Peesangan)	Ayurveda, Homoeopathy and Unani	10
		Dholpur (Sepau)	Ayurveda, Homoeopathy and Unani	10
		Bharatpur (Sewer)	Ayurveda, Homoeopathy and Unani	10
		Nagaur (Kheenvasar)	Ayurveda, Homoeopathy and Unani	10
		Sri Ganganagar (Rai Singh Nagar)	Ayurveda, Homoeopathy and Unani	10
		Dungarpur (Dovra)	Ayurveda, Homoeopathy and Unani	10
		Pratapgarh (Arnod)	Ayurveda, Homoeopathy and Unani	10
28	Sikkim	Kyongsa, Gyalshing, West Sikkim	Ayurveda and Homoeopathy	50
		NIT,	Sowa-Rigpa	30

		Deorali		
29	Tamil Nadu	Theni	Siddha, Yoga and Naturopathy	50
		Thiruvannamalai	Siddha, Yoga and Naturopathy	50
		Pudukkottai	Ayurveda, Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50
		Namakkal	Ayurveda, Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50
		AAGHIM Campus, Chennai	Ayurveda, Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50
		Kottar, Nagercoil	Ayurveda	30
30	Telangana	Siddipet	Ayurveda, Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50
		Vikarabad	Ayurveda, Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50
		Jayashankar Bhupalapally,	Ayurveda, Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50
31	Tripura	Paradise Chowmuhan, Agartala	Ayurveda, Homoeopathy and Yoga and Naturopathy	50
		South Sabroom	Ayurveda, Homoeopathy and Yoga	50
32	Uttar Pradesh	Jaunpur	Ayurveda, Unani, Homoeopathy and Yoga	30
		Bulandsheher (initially at Kushi Nagar)	Ayurveda, Unani, Homoeopathy and Yoga	50
		Bilhour, Kanpur Nagar	Ayurveda, Unani, Homoeopathy and Yoga	50
		West Katli, Lucknow	Ayurveda, Unani, Homoeopathy and Yoga	50

		Badrasi, Varanasi	Ayurveda, Unani, Homoeopathy and Yoga	50
		Nawab Ganj, Baraily	Ayurveda, Unani, Homoeopathy and Yoga	50
		Basti	Ayurveda, Unani, Homoeopathy and Yoga	50
		Sirathu Koushambi	Ayurveda, Unani, Homoeopathy and Yoga	50
		Sonbhadra	Ayurveda, Unani, Homoeopathy and Yoga	50
		Orai Jalaun	Ayurveda, Unani, Homoeopathy and Yoga	50
		Sant kabir Nagar,	Ayurveda, Unani, Homoeopathy and Yoga	50
		Deoria	Ayurveda, Unani, Homoeopathy and Yoga	50
		Lalitpur	Ayurveda, Unani, Homoeopathy and Yoga	50
		Amethi	Ayurveda, Unani, Homoeopathy and Yoga	50
		Kanpur Dehat	Ayurveda, Unani, Homoeopathy and Yoga	50
		Firozpur, Balua District	Ayurveda, Unani, Homoeopathy and Yoga	50
		Raibareilly	Ayurveda, Unani, Homoeopathy and Yoga	50
		Baghpat	Ayurveda, Unani, Homoeopathy and Yoga	50
		Fatehpur	Ayurveda, Unani, Homoeopathy and Yoga	50
		Shravasti	Ayurveda, Unani, Homoeopathy and Yoga	50
		Unnao	Ayurveda, Unani, Homoeopathy and Yoga	50
		Hardoi	Ayurveda, Unani, Homoeopathy and Yoga	50
		Gorakhpur	Ayurveda, Unani, Homoeopathy and Yoga	50

		Sambhal	Ayurveda, Unani, Homoeopathy and Yoga	50
		Mirzapur	Ayurveda, Unani, Homoeopathy and Yoga	50
33	Uttarakhand	Haldwani	Ayurveda and Homoeopathy	50
		Jakhnidhar, Tehri	Ayurveda and Homoeopathy	50
		Tanakpur, Champawat	Ayurveda and Homoeopathy	50
		Kotdwar, Pauri	Ayurveda, Unani, Homoeopathy and Yoga	50
		Pathri, Haridwar	Ayurveda, Unani, Homoeopathy and Yoga	10
		Bheemtal, Nainital	Ayurveda, Unani, Homoeopathy and Yoga	10
		Piran Kaliya, Haridwar	Unani	50
34	West Bengal	Topsikhata, District Alipurduar	Ayurveda, Unani, Homoeopathy and Yoga	50
		Paschim District Midnapur	Ayurveda, Unani, Homoeopathy and Yoga	50

MARINE RESEARCH

2221. SHRI RAJESHBHAI NARANBHAI CHUDASAMA:

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

- whether the Government has any plans to conduct Marine Research in the country and if so, the details thereof;
- whether National Technology Centre for Ports, Waterways and Toasts (NTCPWC) aimed to do research and studies on sediment transportation, navigation, dredging and siltation, port and coastal engineering, autonomous platforms and vehicles and if so, the details thereof;

- (c) the details of funds allocated for the establishment of NTCPWC; and
- (d) the steps taken by the Government to have tie-up with Industries and Institutions to create solutions towards enabling the modernization of the marine sector in the country?

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

(a): About 35 navigational studies and 120 research and technical support projects have been carried out at National Technology Centre for Ports, Waterways and Coasts (NTCPWC) with focus on numerical modelling, coastal and estuarine flows, sediment transport and morphodynamics, navigation and manoeuvring, dredging and siltation, ports and coastal engineering structures and breakwaters, autonomous survey vessels, and multi hull computational fluid dynamics. Further, Indian Maritime University has been carrying out research projects on synthesis, characterization and bio environmental solutions for marine applications, manoeuvrability of inland vessels, study on underwater noise radiated from port-related activities and mitigation measures, numerical studies on inland waterways hulls.

(b): NTCPWC has developed Sedimentation and Erosion Management Test Basin to cater the challenges faced by ports, waterways and coastal areas in dredging and management of siltation and erosion. A 360-degree projection based Full Mission Ship Handling Simulator has been developed for conducting complex navigation feasibility studies for ports and waterways projects. Modern Field Research Lab (FRL) facility has been developed to carry out various field-

based measurements in coastal, marine and waterways. Additionally, Marine Engineering and ICT lab provide coastal and marine environment sensing, analytics and visualization to support ports and waterways projects. Indigenous Vessel Traffic Management System (VTMS) has been developed under the vision of 'Digital India' and 'Aatma Nirbhar Bharat'.

(c) and (d): Ministry of Ports, Shipping and Waterways and organisations under its administrative control have funded Rs. 70.53 crore for the establishment of NTCPWC. Till date, more than 10 innovative solutions and products have been developed leading to patents and commercialization. Further, skill development and navigational training programs have been conducted for ports, waterways and maritime industry sector. Setting up of labs has encouraged interaction with industry, academia and organisation to promote innovation, research and development.

नारी अदालत योजना

2222. डॉ. संबित पात्रा:

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

- (क) क्या सरकार महिलाओं के अधिकारों के संरक्षण के लिए नारी अदालत नामक परियोजना का कार्यान्वयन कर रही है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार ने नारी अदालत योजना की प्रायोगिक परियोजना के परिणामों की समीक्षा की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

- (ग) क्या सरकार के पास देश के अष्ट लक्ष्मी क्षेत्रों अर्थात् ओडिशा सहित उत्तर पूर्वी राज्यों में नारी अदालत परियोजना को कार्यान्वित करने का कोई प्रस्ताव लंबित है, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) क्या उक्त योजना के कार्यान्वयन के लिए राज्य सरकार को वित्तीय सहायता प्रदान करने का कोई प्रस्ताव है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): नारी अदालत को 15वें वित्त आयोग की अवधि में मिशन शक्ति के संबल वर्टिकल के अंतर्गत प्रायोगिक पहल के रूप में शुरू किया गया है। इस योजना का उद्देश्य ग्राम पंचायत स्तर पर वैकल्पिक विवाद समाधान, शिकायत निवारण, परामर्श और साक्ष्य के आधार पर निर्णय लेने जैसी सेवाएँ प्रदान करना है।

यह योजना मांग आधारित है और वित्तीय वर्ष 2023-24 में असम राज्य और संघ राज्य क्षेत्र जम्मू और कश्मीर की 50-50 ग्राम पंचायतों में प्रायोगिक परियोजना के रूप में शुरू की गई। प्राप्त प्रस्ताव के अनुसार, 16 राज्यों अर्थात् बिहार, उत्तर प्रदेश, कर्नाटक, गोवा, हिमाचल प्रदेश, झारखंड, केरल, मणिपुर, मिजोरम, नागालैंड, पंजाब, तमिलनाडु, त्रिपुरा, उत्तराखंड, सिक्किम और महाराष्ट्र में प्रत्येक में 10 ग्राम पंचायतों और 2 संघ राज्य क्षेत्रों अर्थात् अंडमान और निकोबार द्वीप समूह तथा दादरा और नगर हवेली/दमन व दीव में प्रत्येक में 5 ग्राम पंचायतों को प्रायोगिक परियोजना के रूप में लागू करने की मंजूरी दी गई है। ओडिशा सरकार से अभी तक कोई प्रस्ताव प्राप्त नहीं हुआ है।

नारी अदालत 100 प्रतिशत केंद्रीय अंशदान वाली केंद्र प्रायोजित योजना है। इस घटक के अंतर्गत, बैठकों के आयोजन हेतु और नारी अदालत के सदस्यों के लिए बैज/वर्दी के लिए किए जाने वाले खर्च निधि का प्रावधान किया गया है।

मंत्रालय, महिला और बाल विकास मंत्रालय (एमडब्ल्यूसीडी) के वरिष्ठ अधिकारियों द्वारा राज्यों और संघ राज्य क्षेत्रों के प्रशासनिक सचिवों के साथ समन्वय करके आयोजित नियमित समीक्षा बैठकों के माध्यम से योजना की समीक्षा करता है, जिसमें वार्षिक कार्यक्रम अनुमोदन बोर्ड (पीएबी) की बैठकें

भी शामिल हैं। इसके अलावा, एमडब्ल्यूसीडी अधिकारी विभिन्न राज्यों/ संघ राज्य क्षेत्रों का दौरा भी करते हैं ताकि जमीनी स्तर पर कार्यान्वयन का आकलन किया जा सके, चुनौतियों की पहचान की जा सके और यदि संचालन या अनुपालन संबंधी कोई कमी है तो उसे दूर किया जा सके।

EMPANELMENT HOSPITALS UNDER AB-PMJAY

2223. SUSHRI SAYANI GHOSH:

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

- (a) the total number of hospitals empanelled under Pradhan Mantri Jan Arogya Yojana (PMJAY) during the last three years, year-wise, month-wise;
- (b) whether it is true that the number of empanelled hospitals declined in 2025 as compared to 2024, if so, the reason behind the same;
- (c) whether it is true that the low package rate and delayed payments to the hospitals are demotivating the private hospitals to empanel, if so, the details thereof;
- (d) the total number of hospitals that have opted out of the PM-JAY since its inception; and
- (e) whether the Government has taken note that various hospitals raised that the package rate is lower than the input cost, if so, the details thereof along with the steps taken 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): Year-wise details of total number of hospitals empanelled under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) are as under:

Financial Year	Number of hospitals empanelled
2022-23	3,124
2023-24	4,271
2024-25	2,113

Month-wise and year-wise details of total number of hospitals empanelled under AB-PMJAY are given in the enclosed **Statement**.

(b): As on date, a total of 31,466 hospitals have been empanelled under AB-PMJAY, including 14,194 private hospitals, as compared to 29,220 hospitals (out of which 12,355 were private) as on 31.03.2024.

(c) to (e): Under AB-PMJAY, the health benefit packages have been revised and rationalized five times since the launch of the scheme. Health Benefit Package (HBP) 2022 comprises of 1,961 procedures across 27 medical specialties.

Under 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). Claim settlement is monitored at the highest level and it is ensured that claim is settled within defined turnaround time.

The empanelment of private hospitals is entirely voluntary under the scheme. A total of 609 hospitals have opted out of the scheme since inception till March 2025.

STATEMENT

Month-wise and year-wise details of total number of hospitals empanelled under AB-PMJAY

Month	FY 2022-23	FY 2023-24	FY 2024-25
April	1037	179	147
May	169	211	114
June	217	152	163
July	176	254	198
August	162	219	224
September	206	163	214
October	131	463	337
November	197	205	135
December	166	455	130
January	182	891	162
February	213	848	241
March	268	231	48

PUBLIC AND PRIVATE HOSPITALS EMPANELLED UNDER AYUSHMAN BHARAT

2224. SHRI ARUN BHARTI:

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

- (a) the total number of families and individuals in the Jamui Lok Sabha Constituency who have been issued Ayushman Bharat (PM-JAY) cards and are eligible for benefits under the scheme;

- (b) the number of public and private hospitals empanelled under Ayushman Bharat within the constituency and whether this number meets the prescribed population-to-hospital ratio, if so, the details thereof;
- (c) the total value of claims settled for treatments provided to beneficiaries from Jamui during the last three years along with the major ailments for which treatments were sought; and
- (d) the steps being taken by the Government to increase awareness about the scheme and empanel more specialty hospitals in the region to ensure comprehensive and accessible cashless healthcare?

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

(a): Under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), constituency-wise data is not captured in the scheme, instead, district-wise data is available. As on date, the total number of families and individuals for which Ayushman cards have been created in Jamui District are 2.94 lakhs and 6.63 lakhs respectively.

(b): As on date, a total of 16 hospitals have been empanelled under AB-PMJAY in Jamui District, including 10 public hospitals and 6 private hospitals.

All public hospitals providing in-patient services or day care facilities are deemed empanelled under the scheme. As public health is a State subject, the responsibility of empaneling hospitals under the scheme, lies with the respective State/UT. Further, hospital empanelment is a continuous process and is

undertaken based on the requirements and availability of healthcare providers (meeting AB-PMJAY criteria) within a given State / UT. The Government of India encourages States/UTs to empanel more hospitals under the scheme to ensure access to quality healthcare to all eligible beneficiaries.

(c): Under AB-PMJAY, claims worth Rs 34.38 crore have been settled for treatments provided to beneficiaries from Jamui District during the last three years.

Cataract, Dysentery, Kidney Failure (Acute and Chronic), Acute Febrile Illness, and Neonatal Care are the major ailments for which treatment was sought in the district in the last three years.

(d): AB-PMJAY has a comprehensive media and outreach strategy to spread awareness and empower beneficiaries for their rights and entitlements. 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, beneficiaries can call to 24x7 call centre (14555) for any assistance/queries.

In order to improve the participation of hospitals, following actions have been taken:

- i. NHA (National Health Authority) has released a revised Health Benefit Package (HBP) with increased number of procedures (1961).

- ii. Claim settlement is monitored at the highest level and it is ensured that claim is settled within defined turnaround time.
- iii. NHA has launched an improved version of the Hospital Engagement Module (HEM2.0) for enhancing the empanelment process of the hospitals.
- iv. A hospital-specific call center (14413) has been set-up to address their concern on a real-time basis.
- v. District Implementation Units (DIUs) have been set-up to regularly visit empaneled hospitals to understand the issues faced by beneficiaries and hospitals.

USE OF NON-PERMITTED FRUIT RIPENING AGENT AND SYNTHETIC COATING

2225. SHRI V. K. SREEKANDAN:

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

- (a) whether it is a fact that the Food Safety and Standards Authority of India has directed all States and Union Territories to intensify inspection and carry out targeted enforcement drives to curb the illegal use of non permitted fruit ripening agents and synthetic coatings and if so, the details thereof, State/UT-wise;
- (b) whether it is also a fact that the use of calcium carbide, commonly referred to as masala for artificial ripening has been increased across the country and if so, the details thereof;

- (c) whether it is also true that use of Formalin to preserve fish and extend its shelf life poses serious health risks, including potential carcinogenicity and the same is being widely used across the country and if so, the details thereof; and
- (d) whether the FSSAI has directed all the States and Union Territories to conduct frequent raids in fish markets and if so, the details thereof along with the number of such cases detected during the last two years, year-wise?

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

(a) and (b): Food Safety and Standards Authority of India (FSSAI) through regular surveillance drives, regulatory inspections and random sampling of various food products monitors among other things use of non-permitted fruit ripening agents and synthetic coatings. These drives are conducted by the officials of Food Safety Departments of the respective States/ UTs and Regional offices of FSSAI.

Further, Sub Regulation 2.3.5 of Food Safety and Standards (Prohibition and Restrictions On Sales) Regulations, 2011 Prohibits use of carbide gas in ripening of fruits which states that “No person shall sell or offer or expose for sale or have in his premises for the purpose of sale under any description, fruits which have been artificially ripened by use of acetylene gas, commonly known as carbide gas. Sub regulation 2.3.6 of Food Safety and Standards (Prohibition and Restrictions On Sales) Regulations, 2011 provides for Sale of Fresh Fruits

and Vegetables which states that “The Fresh Fruits and Vegetables shall be free from rotting and free from coating of waxes, mineral oil and colours. Provided that fresh fruits may be coated with bees wax (white and yellow) or carnauba wax or shellac wax at level not exceeding Good Manufacturing Practices under proper label declaration as provided in Regulation 2.4.5 (44) of Food Safety and Standards (Packaging and Labelling) regulations, 2011.”

FSSAI requested all Commissioners of Food Safety of States/UTs and Regional Directors of FSSAI to intensify inspections and maintain strict vigilance over fruit markets/mandis within their respective jurisdictions. In the event of any violations, strict regulatory actions are enforced against the offenders in accordance with the provisions of the Act. Details of Enforcement Samples of Fresh Fruits Including Artificial Ripening analysed, found non-conforming and penal action taken during last 2 years are given in the enclosed **Statement-I**.

(c) and (d): The Department of Fisheries, Ministry of Fisheries, Animal Husbandry and Dairying has informed that to tackle the issue of using formalin in fish and fishery products intended for human consumption, the Department of Fisheries has advised the FSSAI to have joint task forces with the relevant States/UTs agencies and conduct regular inspections and test the fish and fishery products for formalin content using the ICAR-CIFT (Central Institute of Fisheries Technology, Kochi) test kits namely, ‘CIFTst Kit’ or other standards methods.

FSSAI requested all Commissioners of Food Safety of States/UTs and Regional Directors of FSSAI to conduct a nationwide drive on ‘Fish and fish

products' to check compliance with the standards specified under Food Safety and Standards Regulations including adulteration with Formalin within their respective jurisdictions. Details of Enforcement Samples and penal action taken during last 2 years are given in the enclosed **Statement-II**.

STATEMENT I

Report of Enforcement Samples

FRESH FRUITS INCLUDING ARTIFICIAL RIPENING			
F.Y.	No. of Samples Analysed	No. of non-conforming Samples	No. of Cases Launched
2023-24	726	76	25
2024-25	531	48	63

STATEMENT II

Report of Enforcement Samples

FISH AND FISH PRODUCTS INCLUDING FORMALIN			
F.Y.	No. of Samples Analysed	No. of non-conforming Samples	No. of Cases Launched
2023-24	219	58	28
2024-25	126	9	56

COUNTERFEIT DRUGS AND ILLEGAL PHARMACEUTICAL NETWORKS

2226. SHRI P. C. MOHAN:

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

- (a) whether the Government is aware of the growing menace of counterfeit and substandard drugs being sold across the country, including in urban and peri-urban markets, if so, the details thereof;
- (b) the estimated number of drug samples found to be spurious, substandard or misbranded in inspections during the last three years, year-wise with respect to Karnataka and Bengaluru;
- (c) whether the Government has identified any inter-state or international networks involved in the manufacture and distribution of counterfeit drugs, if so, the details thereof;
- (d) the steps taken by the Union Government to strengthen regulatory mechanisms, inter-agency coordination and digital tracking of pharmaceutical supply chains to prevent counterfeiting; and
- (e) whether the Government is planning to implement or expand Track and Trace systems and modernise drug testing laboratories under the Central Drugs Standard Control Organisation (CDSCO), 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 terminology “Counterfeit Medicines” is not defined under the Drugs and Cosmetics Act, 1940 and Rules made thereunder. However, the Drugs and Cosmetics Act defines spurious, adulterated, misbranded drugs which includes counterfeit drugs.

Isolated complaints regarding sale of not of standard quality and spurious drugs have been received. As and when such complaints are received, action is initiated as per the provisions of Drugs and Cosmetics Act, 1940 and Rules, 1945.

(b): In order to assess the regulatory compliance of drug manufacturing premises in the country, the Central Drugs Standard Control Organization (CDSCO), in collaboration with state regulators, initiated risk-based inspections of drug manufacturing and testing firms in December 2022. As of now, 905 units have been inspected, resulting in 694 actions being taken. These actions include Stop Production Orders (SPO), Stop Testing Orders (STO), license suspensions/cancellations, warning letters, and showcause notices, depending on the severity of non-compliance. This initiative has provided valuable insights into the ground reality of manufacturing practices and has led to relevant corrective actions, resulting in noticeable improvements in the regulatory framework.

Out of aforementioned units, 06 firms are situated in Karnataka state and during inspection, 29 numbers of drug sample were collected for test and analysis. Out of these 29 drugs samples, analysis reports of 22 samples have been received and no samples are declared as spurious, substandard or misbranded.

(c): Information of such networks has not been received by CDSCO.

(d) and (e): Central Drugs Standard Control Organization (CDSCO) and Ministry of Health and Family Welfare have taken several measures to strengthen the drug regulatory system in the country.

- (i). Central Government has amended the Drugs Rules 1945 vide G.S.R. 922 (E) dated 28.12.2023 to revise the schedule M to the said rules related to Good Manufacturing Practices and requirements of premises, plant and equipment for pharmaceutical products. Revised Schedule M has become effective for the drug manufacturers with turnover > Rs. 250 crores from 29.06.2024. However, for manufacturers having turnover of less than Rs. 250 Cr, conditional extension up to 31.12.2025 is currently operational for those who submitted their upgradation plan for the extended compliance period.
- (ii). On 17.11.2022, the Drugs Rules, 1945 were amended vide G.S.R. 823(E) which has come into force from 1st of August, 2023 providing that the manufacturers of top 300 brands of drug formulation products, as specified in Schedule H2, shall print or affix Bar Code or Quick Response Code on its primary packaging label or, in case of inadequate space in primary package label, on the secondary package label that store data or information legible with software application to facilitate authentication.
- (iii). On 18.01.2022, the Drugs Rules, 1945 were amended vide G.S.R. 20 (E) providing that every Active Pharmaceutical Ingredient (bulk drug) manufactured or imported in India shall bear Quick Response Code on

its label at each level of packaging that store data or information readable with software application to facilitate tracking and tracing. The stored data or information shall include the minimum particulars including unique product identification code, Batch Number, Manufacturing date, Expiry Date etc.

- (iv). On 11.02.2020, the Drugs Rules, 1945 were amended vide G.S.R. 101 (E), providing that with effect from 01.03.2021, any marketer who sells or distributes any drug shall be responsible for quality of that drug as well as other regulatory compliances along with the manufacturer under these Rules.
- (v). The Drugs and Cosmetics Act, 1940 was amended under Drugs and Cosmetics (Amendment) Act, 2008 to provide stringent penalties for manufacture of spurious and adulterated drugs. Certain offences have also been made cognizable and non-bailable.
- (vi). States/ UTs have set up special Courts for trial of offences under the Drugs and Cosmetics Act for speedy disposal.
- (vii). To ensure efficacy of drugs, the Drugs and Cosmetics Rules, 1945 have been amended providing that applicant shall submit the result of bioequivalence study along with the application for grant of manufacturing license of oral dosage form of some drugs.
- (viii). The Drugs and Cosmetics Rules, 1945 have been amended, making it mandatory that the applicants shall submit evidence of stability, safety

of excipients etc. to the State Licensing Authority before grant of manufacturing license by the Authority.

- (ix). The number of sanctioned posts in Central Drugs Standard Control Organization (CDSCO) has been significantly increased in last 10 years.
- (x). Central regulator coordinates activities of State Drug Control Organisations and provides expert advice through the Drugs Consultative Committee (DCC) meetings held with State Drugs Controllers for uniformity in administration of the Drugs and Cosmetics Act.
- (xi). Central government is providing regular residential, regional training and workshops to officials of CDSCO and State Drug Regulatory Authorities on Good Manufacturing Practices. In the Financial Year 2023-24 CDSCO has trained 22854 persons while in Financial Year 2024-25, 20551 persons have been trained.
- (xii). Further, for strengthening the drug regulatory system in the country, Ministry of Health and Family Welfare is implementing a Centrally Sponsored Scheme 'Strengthening of States' Drug Regulatory System (SSDRS) with an approved outlay of Rs. 850 Crore. The scheme envisages upgrading existing State laboratories, setting up of new drug testing laboratories and upgradation of existing State drug control offices in the country. So far under the SSDRS Scheme, funds totalling Rs. 756.00 Crore has been released to States/UT's as part of the

Central Share and 17 New Drug Testing Labs have been constructed and 24 existing labs have been up-graded in various States/U.T.'s.

INDIGENOUS PRODUCTION OF FERTILIZERS

2227. SHRI RAMASAHAYAM RAGHURAM REDDY:

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

- (a) the steps undertaken by the Government to develop indigenous reserves of potash so as to reduce the dependence on imports;
- (b) the steps taken to ramp up the production of Ammonium Nitrate in order to reduce the dependence on imports;
- (c) whether the Government plans to offer protection in terms of subsidies or import barriers in order to provide support to indigenous manufacturers of Ammonium Nitrate against cheap imports, particularly from Russia, if so details thereof; and
- (d) whether the Government has a blueprint to promote research and development for development of green fertilizers and insecticides, 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): Potash and Glaucinite (Potassic mineral) have been classified as Critical and Strategic Minerals under “The Mines and Minerals (Development and Regulation) Amendment (MMDR) Act, 2023” by Ministry of Mines which aims to

enhance domestic production and achieve self-sufficiency in critical minerals. MMDR Act, 1957 ensures that critical minerals are produced, processed, and recycled by catalyzing investments from governments and the private sector across the full value chain, emphasizing the importance of sustainable and responsible mineral management practices. The Central Government has also commenced the auction of mineral blocks for critical and strategic minerals as per provisions of MMDR Act, 1957. As on 24.07.2025, Ministry of Mines have successfully auctioned 7 mineral blocks of Glauconite (Potassic mineral).

Further, Potash Derived from Molasses (PDM) which is a by-product of sugar industry, has minimum 14.5% potash and can be used by farmers in field as an alternative to MOP (Muriate of Potash with 60% potash content). Thus, PDM can reduce the dependence on imported potash. PDM was notified under Fertilizer Control Order (1985) in 2009, and in order to incentivize the use of PDM, it was inducted under Nutrient Based Subsidy scheme since Rabi, 2022. During 2024-25, Rs. 345 per tonne of subsidy has been fixed for PDM.

(b): Chemical sector is broadly de-regulated and delicensed sector. The manufacturing, import, export, transportation etc. of Ammonium Nitrate are being regulated by Ammonium Nitrate Rules, 2012. Petroleum and Explosives Safety Organisation (PESO) issues licenses for manufacture, storage, transportation, import and export of Ammonium Nitrate under these rules. The licenses for manufacturing of Ammonium Nitrate are issued based on Industrial Licenses issued by Department of Promotion of Industry and Internal Trade (DPIIT).

(c): In Budget 2024-25, Basic Custom Duty (BCD) on Ammonium Nitrate increased from 7.5% to 10% to support existing and new capacities in pipeline. Directorate General of Trade Remedies (DGTR), Department of Commerce provides a level playing platform to the domestic industry against the adverse impact of the unfair trade practices viz. dumping, actionable subsidies, circumvention etc. from any exporting country by using effective Trade Remedial measures such as anti-dumping and safeguard measures. However, currently, there are no pending applications seeking protection in terms of import barriers like anti-dumping duty or countervailing duty/anti-subsidy duty on Ammonium Nitrate.

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

Further, Institute of Pesticides Formulation and Technology works on supporting adoption of greener technologies and development of user and environment friendly new pesticide formulations. UNIDO FARM (Financing

Agrochemical Reduction and Management) Project undertaken by HIL (India) Ltd. to detoxify the agriculture sector by eliminating the use of highly hazardous pesticides and Persistent Organic Pollutants. The project focuses on three types of bio-pesticides: Btk (*Bacillus thuringiensis kurstaki*), Neem, and Trichoderma spp. Btk, a strain of the bacterium *Bacillus thuringiensis*, which is effective for controlling caterpillar pests, while Neem controls a wide range of insect pests. Trichoderma provides effective control against soil-borne fungal diseases and enhances plant growth.

STATUS OF HEALTHCARE INFRASTRUCTURE IN INDIA

2228. SHRI RAJU BISTA:

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

- (a) the current status of healthcare infrastructure in the country, particularly the availability of hospital beds as of July 2025, State-wise;
- (b) the steps taken/proposed to be taken by the Government to improve healthcare under various schemes such as the National Health Mission and Pradhan Mantri Ayushman Bharat Health Infrastructure Mission and related schemes, particularly in Darjeeling and Kalimpong districts of West Bengal;
- (c) the amount of funds allocated specially for improving health infrastructure in Darjeeling and Kalimpong districts; and

- (d) the details of Health and Wellness centres established in Primary Health Centres (PHCs) and Community Health Centres (CHCs), Block Public Health Centres (BPHCs) in the said districts?

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

(a) to (d): As per 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 and Human Resources), formerly known as Rural Health Statistics, based on Health care administrative data reported by States/UTs states that there were 8,18,661 beds at PHC, CHC, Sub District Hospital, District Hospital and Medical Colleges in India as on 31.03.2023.

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 and available resources.

Details of funds approved during the current FY 2025-26 and for the last two FYs i.e 2024-25 and 2023-24 for development of building infrastructure under NHM is as under:

(in Rs. Lakhs)

Sl. No	State/ UT	2025-26	2024-25	2023-24
1	West Bengal	20223.75	8,735.08	10,840.43

The details of health projects approved for the State of West Bengal including districts of Darjeeling and Kalimpong since 2019 are available in public domain at:

<https://nhm.gov.in/index4.php?lang=1&level=0&linkid=62&lid=75>

- **PM-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). Administrative approvals have been accorded to States/UTs for FY 2021-26 for an amount of Rs. 33,081.82 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).

Under the CSS Component of PM-ABHIM, administrative approvals have been accorded to the State of West Bengal for an amount of Rs.1309.32 Crores, for construction/strengthening of 385 Building-less Sub-Health Centers (SHC), 204 Urban-Ayushman Arogya Mandir (U-AAM), 23 Integrated Public Health Lab (IPHL) and 22 Critical Care Blocks(CCBs) during the scheme period of FY 2021-22 to 2025-26.

In the district of Darjeeling, 9 Buildingless Sub Centre AAMs for Rs. 4.99 crores, 1 IPHL for Rs. 1.25 crores and 1 CCB for Rs. 23.75 crores have been approved. Whereas in Kalimpong district, 1 IPHL of Rs. 1.25 crores have been approved.

- **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 Fifteenth Finance Commission (XV-FC) Health Grants, for the State of West Bengal, Rs.4318.63 Crore has been approved for the period of 5 year from FY 2021-22 to FY 2025-26, for establishment/ strengthening of 1551 Building less SHCs, 80 Building less PHCs, 7 Building less CHCs, 341 Block

Public Health Units, and 1584 Urban- AAMs.

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 and Nicobar Islands	230	210	N App	220	700
30	Chandigarh	23	120	100	527	3096
31	Dadra and Nagar Haveli and Daman and Diu	177	132	100	240	589
32	Delhi	12	N App	431	9789	12060
33	Jammu and 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

ALLOCATION AND DISBURSEMENT OF SUBSIDY FOR FERTILIZERS

2229. SHRI K. RADHAKRISHNAN:

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

- (a) the total amount of subsidy allocated and disbursed by the Union Government for fertilizers during the last five years, year-wise;
- (b) the details of the major types of fertilizers for which subsidies have been provided; and
- (c) the steps taken by the Government to ensure timely disbursal and proper targeting of the fertilizer subsidy to benefit farmers across the country, State-wise including Kerala?

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

(a): The details of total amount of subsidy allocated and disbursed by the Union Government for fertilizers during the last five years (2020-21 to 2024-25) are as follows:

(Amount in Crores)

Financial Year	Amount Allocated	Amount Disbursed
2020-21	138527.30	131229.51
2021-22	162072.12	157640.08
2022-23	254798.88	254798.88
2023-24	197457.18	195420.51
2024-25	177129.50	177129.50

(b): Under the relevant policy framework of the Government, subsidy is provided for Urea and various NPK Complex Fertilizers including Di-Ammonium Phosphate (DAP), Muriate of Potash (MOP) and Single Super Phosphate (SSP). Further, subsidy is also provided to Non-Chemical Fertilizers such as Fermented Organic Manure (FOM), Liquid Fermented Organic Manure (LFOM) and Phosphate Rich Organic Manure (PROM).

(c): The Government has implemented a pan-India Direct Benefit Transfer (DBT) system to ensure the timely disbursement and proper targeting of fertilizer subsidy across the country, including in the State of Kerala. The DBT system entails payment of subsidy to the Fertilizers manufacturing/importing companies

(except imported Urea) on the basis of actual sales through PoS machines by the retailer to the beneficiary. The buyer's identity is verified through Aadhar based authentication. Sale of fertilizer is being done on a 'no denial basis'. Any beneficiary can purchase fertilizer on the basis of Aadhaar authentication across the country. Additionally, the Government operates the Integrated Fertilizer Management System (iFMS) to enable real-time monitoring of fertilizer movement, stock positions, and sales across the country. This system ensures effective monitoring and smooth execution of the subsidy mechanism. Fertilizer companies generate weekly subsidy claims based on actual sales through PoS devices, and the claims are processed and settled by the Department on a First-In-First-Out (FIFO) basis, enabling timely settlement and efficient fund management.

These measures ensure timely release and proper targeting of fertilizer subsidies. All farmers, including those in Kerala, are supplied fertilizers at subsidized rates, and any farmer purchasing through authorized retailers directly avails the benefit of the Government subsidy.

GRIEVANCES OF AFHQ CIVILIAN PENSIONERS

2230. SHRI JAI PARKASH:

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

- (a) whether the Government has received a litany of complaints, representations, emails, etc., from AFHQ civilian pensioners seeking correction in dates of restoration of their commuted value of pensions

which have been shown as due three months beyond completion of 15 year of their retirement;

- (b) if so, the details of action taken by the Government in mitigating their grievances;
- (c) whether the Government is contemplating to start a robust mechanism at the PCDA level to avoid recurrence of such inaccuracy; and
- (d) if so, the details thereof?

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

(a) and (b): Requests received from pensioners regarding updation of commutation end date on SPARSH Portal are promptly carried out based on relevant documents provided by them or those available with department.

(c) and (d): PCDA (P) Prayagraj has undertaken a major exercise to update the data of pensioners on SPARSH Portal. In respect of AFHQ Civilian Pensioners, PCDA Pension Office has updated the commutation end date and also refunded excess recovery in around 240 cases.

AYUSH SYSTEM IN ODISHA

2231. SHRI PRADEEP PUROHIT:

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

- (a) whether the Government is aware of the underutilization of funds and infrastructure meant for AYUSH systems in Odisha during the last five years,

particularly in Ayurveda and Panchakarma facilities and if so, the details thereof along with the steps taken to address this issue;

- (b) the total funds allocated, released and utilized by the Government of Odisha under AYUSH-related schemes during the last five years, year-wise, project-wise and the reasons for low utilization, if any;
- (c) whether the Government proposes to set up a State-level AYUSH Development Committee in Odisha, as suggested by the Odisha State Ayurvedic to improve coordination, monitoring and implementation of AYUSH schemes; and
- (d) the specific measures being taken by the Government to promote traditional treatment systems including Panchakarma, Yoga and medicinal plant-based therapy in Odisha and to prevent patients from seeking such treatments outside the 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): Public Health being a State subject, the primary responsibility of utilization of funds and infrastructure meant for AYUSH systems in Odisha during the last five years lies with the respective State Government. However, under Centrally Sponsored Scheme of National Ayush Mission (NAM), Ministry of Ayush is supporting the efforts of State Government of Odisha by providing financial assistance to them under different activities as per the proposals received through State Annual Action Plans (SAAPs) within the existing provisions of

NAM Guidelines. As per the proposals received from State Government of Odisha through SAAPs, Rs. 4161.23 lakhs have been released to the State Government during last five years. Out of which, as reported by the State Government, they have utilized Rs. 2515.669 lakhs. Further, Ministry of AYUSH is conducting review meetings and field visit time to time to monitor the progress of effective implementation of the activities and utilization of funds.

(b): The Year-wise status of total funds allocated/released and utilized by the Government of Odisha under NAM during the last five years is given in the enclosed **Statement**.

(c): Under NAM, State Ayush Society has been formed at State level in the Odisha. Further a dedicated State Programme Management unit has also been established for effective coordination, monitoring and smooth implementation of NAM scheme.

(d): The State Government of Odisha in coordination with the Ministry of Ayush has taken proactive steps to promote traditional treatment systems in Odisha, particularly Panchakarma, Yoga and medicinal plant-based therapies to encourage patients to seek these treatments within the state rather than elsewhere. To support this initiative, the Government of Odisha promoting through the following facilities:

- i) Three Ayurvedic Hospitals attached to Medical Colleges located at Puri, Balangir, and Ankushpur (Ganjam district) where regular Yoga sessions are being conducted.
- ii) Two Standalone Ayurvedic Hospitals Bhubaneswar and Paikamal.

- iii) 690 number of Government Ayurvedic Dispensaries out of which 220 have been upgraded as Ayushman Arogya Mandir (AYUSH) where regular Yoga sessions are being conducted.
- iv) The AYUSH wing (Panchakarma) at District Headquarters Hospital (DHH), Kendrapada is currently functional.
- v) Under the State Annual Action Plan (SAAP) 2025-26, the Government of Odisha has proposed the establishment of 8 Panchakarma units aimed at strengthening traditional healthcare and to meet the local needs.

STATEMENT

YEAR-wise status of funds allocated/released and utilized by State Government of Odisha under NAM during the last five years

(Rs. in lakh)

S.No.	Year	Fund allocated/Released	Utilized (as per expenditure report submitted by State)
1	2020-21	716.64	694.817
2	2021-22	1075.38	1069.562
3	2022-23	0.000	0.000
4	2023-24	0.000	0.000
5	2024-25	2369.210	751.290
	Total	4161.23	2515.669

ADDITIONAL INCENTIVE TO AWWs AND AWHs

2232. SUSHRI S. JOTHIMANI:

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

- (a) whether honorarium paid to Anganwadi workers (AWWs) and Anganwadi Helpers (AWHs) under the centrally sponsored scheme has been any revised during the last three years, if so, the details thereof;
- (b) whether the Government has received demands or representations from Anganwadi unions and workers' associations seeking an increase in wages, pension benefits or regularization of services and if so, the action taken thereon;
- (c) the steps taken by the Government to improve the working conditions, job security and social security benefits of Anganwadi staff, including insurance coverage and maternity entitlements;
- (d) whether any States including Tamil Nadu have announced additional incentives or top-up payments to AWWs and AWHs and if so, the details thereof; and
- (e) whether the Government proposes to bring AWWs and AWHs under a structured pay scale or include them in the formal Government workforce framework and if so, the details and the timeline formulated in this regard?

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

(a) to (e): 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/UT Administrations are responsible for day-to-day program implementation. 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. 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 States/UTs. In addition, States/UTs are also paying additional monetary incentives/top ups to these functionaries from their own resources which vary from State to State. Details of additional top ups provided by States/ UTs are given in the enclosed **Statement**.

Besides, performance linked incentive of Rs.500/- is 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. 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.
- ii. Leave: 20 days annual leave and paid maternity absence of 180 days, paid absence on abortion/ miscarriage once for 45 days.
- iii. 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.
- 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.

STATEMENT

Details of additional top ups provided by States/ UTs as per Annual Programme Implementation Plan (APIP) 2025-26:

Sr. No.	State	Additional Honorarium paid to AWWs (per month)	Additional Honorarium paid to AWHs (per month)
1	Andhra Pradesh	7,000	4,750
2	Bihar	2,500	1,750
3	Chhattisgarh	5,500	2,750
4	Gujarat	5,500	3,250
5	Haryana	10,250	5,650
6	Himachal Pradesh	5,500	3,250
7	Jammu and Kashmir	600	300
8	Jharkhand	5,000	2,500
9	Karnataka	7,000	4,500
10	Kerala	5,700	4,300
11	Madhya Pradesh	8,500	4,250
12	Maharashtra	8,500	5,250
13	Odisha	5,500	2,750
14	Punjab	5,500-6,500	2,750-3,250
15	Rajasthan	5,510	3,674
16	Tamil Nadu	3,200	1,850
17	Telangana	9,150	5,550
18	Uttar Pradesh	1,500	750
19	Uttarakhand	4,800	3,000
20	West Bengal	4,500	4,550
21	Arunachal Pradesh	3,000	3,000
22	Assam	2,000	1,000
23	Manipur	1,000	600

24	Meghalaya	3,000	1,000
25	Mizoram	450	500
26	Nagaland	Nil	Nil
27	Sikkim	7,000	4,500
28	Tripura	3,500-5,946	2,750-4218
29	Andaman and Nicobar	7,500	5,750
30	Goa	5,500 -13,500	3,750 - 6,750
31	Puducherry	1,950	2,125
32	Chandigarh	3,600	1,800
33	Ladakh	1,300	650
34	Delhi	6,720	3,360
35	Dadra and Nagar Haveli and Daman and Diu	3,500	1,750
36	Lakshadweep	5,500	4,750

AGE BASED RESTRICTIONS ON INDIAN FLAGGED VESSELS

2233. SHRI T.M. SELVAGANAPATHI:

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

- (a) whether it is a fact that over 700 Indian flagged vessels, mostly operating in coastal and near shore routes, are expected to retire prematurely on age based restrictions being imposed by the Government, if so, the details thereof;
- (b) whether it is also true that this would render 20,000 seafarers jobless and impact the livelihood of more than one lakh people, if so, the details thereof;
- (c) whether it is also a fact that according to the International Maritime Federation, the blanket ban on age of the ship and disproportionate RPSL

penalties are not only operational hurdles, but also they are existential threats to India's maritime ecosystem, if so, the details thereof; and

- (d) whether it is a fact that a comprehensive global dataset of over 1.3 lakh commercial vessels and 3.7 lakh inspections found older vessels, especially those that have operated sagely during last twenty five years, often demonstrate better safety records than newer ships, if so, the details thereof?

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

(a) to (d): The Government continuously reviews maritime regulations with the objective of enhancing safety, environmental compliance, and alignment with international standards. The Directorate General of Shipping (DGS) had issued Order No. 6 of 2023, introducing age-based cut-off norms for registration into Indian flag, such as 25 years for gas carriers, chemical tankers etc., 20 years for oil tankers, bulk carriers etc. The policy does not mandate scrapping but discourages prolonged operation of aging, less efficient vessels through registration restrictions, with implementation proposed in a phased manner. The Order further allowed continued operation of registered Indian-flagged vessels based on compliance with specified qualitative parameters.

This regulatory measure aims to gradually phase out older, less efficient, and environmentally substandard vessels in alignment with India's commitment to fleet modernization, maritime safety, and global decarbonization goals. The aim of the policy is to improve the efficiency and competitiveness of the Indian

fleet to become sustainable with respect to the global safety and environmental policies, and cannot be treated as threat to maritime ecosystem.

STRENGTHENING OF HEALTHCARE INFRASTRUCTURE IN TAMIL NADU

2234. DR. KALANIDHI VEERASWAMY:

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

- (a) whether the Government has taken steps to strengthen healthcare infrastructure in Tamil Nadu, particularly in rural and underserved areas;
- (b) if so, the details of central schemes and funds allocated to the said State for improving primary, secondary and tertiary healthcare facilities during the last three years;
- (c) the number of new AIIMS, medical colleges, district hospitals or health and wellness centres sanctioned or constructed in the said State under centrally sponsored schemes;
- (d) whether the Government has assessed gaps in critical care capacity, diagnostics and availability of healthcare professionals in the State; and
- (e) the future roadmap or proposals under consideration to further enhance public health infrastructure and emergency preparedness 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) and (b): Public Health and hospital being a state subject, the primary responsibility for planning, implementing, maintaining and to set up adequate

number of healthcare facilities as per requirement is of that State Government. Various initiatives have been taken by Government of India over the years to strengthen public health system and improve the health infrastructure, especially in rural and underserved areas and improving primary, secondary and tertiary healthcare facilities as given below:

- (i) National Health Mission: Under the National Health Mission, financial and technical support is provided to States/UTs to strengthen their healthcare systems including the healthcare infrastructure, based on proposals received from States/UTs in their Programme Implementation Plan within their resource envelop. State-wise fund allocation for strengthening healthcare facilities over the last three years can be accessed at the link below:
<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>.
- (ii) Under PM-ABHIM, provision is made for the State of Tamil Nadu for construction/ strengthening of 708 Urban-Ayushman Arogya Mandir (AAM), 38 Integrated Public Health Lab (IPHL) and 37 Critical Care Blocks (CCBs) during the scheme period of FY 2021-22 to 2025-26 with the total financial out lay of Rs. 1656.32 Crores.
- (iii) Under Fifteenth Finance Commission (FC-XV) for the State of Tamil Nadu, Rs.4249.42 Crore has been approved for the five year period from FY 2021-22 to FY 2025-26 and Rs.3316.35 Cr. has been released so far that also includes capital cost for establishment and strengthening of 842

Building less SHCs, 258 Building less PHCs, 105 Building less CHCs, 386 Block Public Health Units, and 1207 Urban- AAMs.

(iv) Under ECRP-II, support is being provided for Pediatric Care Units, Pediatric Centre of Excellence, Augmentation of additional beds by provision of Prefab Units, Augmentation of ICU beds in public healthcare facilities, 50 and 100 bedded Field Hospitals, Referral Transport and Liquid Medical Oxygen Plant with medical gas pipeline system. The State of Tamil Nadu, a total of Rs. Rs.798.94 crores in the FY 2021-22 which has been fully utilized.

Efforts have been made to ensure connectivity, referral system, and increase access to the public health system in rural and underserved areas by Teleconsultations, Mobile Medical Units (MMUs), National Ambulances Services *etc.*

(c): As per the information provided by the State Government of Tamil Nadu, AIIMS is established at Madurai District, 19 Sub District Hospitals were upgraded to District Hospitals through the National Health Mission funds (NHM). Additionally, 708 Urban Health and Wellness Centres have been established across the State, supported by NHM and the 15th Finance Commission Grants for Health.

(d) and (e): Health being a state subject, the gap assessment and the development of health infrastructure are the primary responsibility of the State. However, the Ministry has undertaken several measures to assess the gaps and strengthen the public health system across the country. Indian Public Health

Standards 2022 has been introduced to enhance health infrastructure and services in public health facilities. Under this Tamil Nadu has done 100% assessment of healthcare facility using ODK tool kit and dashboard to identify the gaps in critical care, diagnostics and human resources. Further, periodic review meetings, Field Visits/ Integrated Monitoring Visits by Ministry and Common Review Missions (CRM) are also helping in assessing the gaps.

Further, 385 BPHU and 38 IPHL have been established to strengthen Diagnostic services 20 facilities have been updated as specialized TAEI centres for strengthening Critical Care capacity. The future road map for Tamil Nadu includes enhancement in Critical Care capacity managing cancer care in mission mode emergency preparedness and infrastructure development through various program to address the gap in primary, secondary and emergency care.

MEDICAL EDUCATION SEAT

2235. SHRI PUTTA MAHESH KUMAR:

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

- (a) the total number of medical education seats available to students during the last five years in the country, State/UT-wise, stream-wise, especially in Andhra Pradesh;
- (b) the total number of seats that were vacant across medical colleges (public and private) in the country during the last five years, State/UT-wise, stream-wise, especially in Andhra Pradesh;

- (c) whether the Government has undertaken any study/survey regarding existing infrastructure available at medical colleges/institutions across the country during the last five years;
- (d) if so, the details thereof; and
- (e) whether the Government has any plans of increasing the number of medical seats/colleges/institutions and 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): The Government has increased number of medical colleges and subsequently the MBBS seats therein. There is an increase of 39% in MBBS seats from 83275 in Academic year 2020-21 to 115900 as of now. The State/UT wise details of MBBS seats in the country including Andhra Pradesh in the year 2020-21 to 2024-25 are given in the enclosed **Statement**.

(b): As informed by National Medical Commission (NMC), the number of vacant seats across medical colleges in the country are as under:

Academic year	Vacant UG seats (Excluding AIIMS and JIPMER)
2021-22	2012
2022-23	4146
2023-24	2959
2024-25	2849

(c) and (d): NMC has framed the *Minimum Standard Requirement Regulations, 2023*, which specify the minimum standards in terms of infrastructure, faculty, clinical material, and other necessary facilities required for establishing and maintaining medical colleges. The key provisions of these regulations include the following:

- A minimum of 220 functional beds is required for medical colleges with an intake of 50 students.
- Mandatory establishment of key facilities such as a Medical Education Unit, Research Centre, Child Care Centre, Museum, Practical Laboratories etc.
- All teaching staff across departments must be full-time and are prohibited from engaging in private practice during official college hours.
- Appointment of visiting faculty to enhance the comprehensiveness and quality of teaching.
- Minimum daily outpatient (OPD) attendance of 8 patients (both old and new) per student intake annually is required in each specialty/subject.
- Mandatory clinical training through structured postings at both urban and rural health training centers, ensuring community-based and hands-on learning.

(e): The measures/steps taken by the Government to increase the number of medical seats/colleges/institutions in the country include: -

- Centrally Sponsored Scheme for establishment of new medical college by upgrading district/ referral hospital with preference to underserved area and aspirational districts, under which 131 new medical colleges are already functional out of 157 approved medical colleges.
- Centrally Sponsored Scheme for strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS and PG seats.
- Under “Upgradation of Government Medical Colleges by construction of Super Specialty Blocks” of Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) scheme, a total of 75 projects have been approved, of which 71 projects are complete.
- Under the Central Sector Scheme for setting up of new AIIMS, 22 AIIMS have been approved. Undergraduate courses have been started in 19 of these.

STATEMENT

State/UT wise details of MBBS seats in the country in the year 2024-25

S. No.	Name of the State/UT	Total Number of MBBS Seats (2020-21)	Total Number of MBBS Seats (2024-25)
1	Andaman and Nicobar Islands	100	114
2	Andhra Pradesh	5210	6585
3	Arunachal Pradesh	50	100
4	Assam	1050	1700
5	Bihar	2140	2995

6	Chandigarh	150	150
7	Chhattisgarh	1345	2105
8	Dadra and Nagar Haveli	150	177
9	Delhi	1422	1346
10	Goa	180	200
11	Gujarat	5700	7000
12	Haryana	1660	2185
13	Himachal Pradesh	920	920
14	Jammu and Kashmir	1135	1385
15	Jharkhand	780	1055
16	Karnataka	9345	12194
17	Kerala	4105	4705
18	Madhya Pradesh	3585	4900
19	Maharashtra	9000	11844
20	Manipur	225	525
21	Meghalaya	50	150
22	Mizoram	100	100
23	Nagaland	0	100
24	Orissa	1950	2675
25	Puducherry	1530	1873
26	Punjab	1425	1699
27	Rajasthan	4200	6279
28	Sikkim	50	150
29	Tamil Nadu	8000	12000
30	Telangana	5240	8915
31	Tripura	225	400
32	Uttar Pradesh	7428	12325
33	Uttarakhand	825	1350
34	West Bengal	4000	5699

मिशन वात्सल्य योजना

2236. श्री देवेश शाक्य:

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

- (क) मिशन वात्सल्य योजना के उद्देश्य क्या हैं और उत्तर प्रदेश में राज्य-वार एवं जिला-वार धनराशि के आवंटन का ब्यौरा क्या है;
- (ख) मिशन वात्सल्य योजना की निगरानी पद्धति का ब्यौरा क्या है;
- (ग) बाल कल्याण एवं संरक्षण समिति (सीपीडब्ल्यू एवं पीसी) द्वारा चिन्हित बच्चों की संख्या कितनी है और उत्तर प्रदेश में उक्त योजना के अंतर्गत जिला-वार प्रायोजित बच्चों की संख्या कितनी है; और
- (घ) वर्तमान में वित्तीय सहायता प्राप्त करने वाले बच्चों की संख्या कितनी है और 18 वर्ष की आयु पूरी करने के बाद दी जाने वाली वित्तीय सहायता का ब्यौरा क्या है?

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

(क) और (ख): महिला और बाल विकास मंत्रालय कठिन परिस्थितियों में बच्चों के लिए विभिन्न सेवाएं प्रदान करने हेतु केंद्र व राज्य सरकारों के बीच पूर्व-निर्धारित लागत साझाकरण के आधार पर राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से 'मिशन वात्सल्य' नामक केंद्र प्रायोजित योजना को कार्यान्वित कर रहा है, जिसमें संस्थागत एवं गैर-संस्थागत दोनों प्रकार की देखभाल सेवाएं शामिल हैं।

मिशन वात्सल्य यह सुनिश्चित करता है कि परियोजनाओं/कार्यक्रमों को डिजाइन करते समय बच्चों के सर्वोत्तम हितों का हमेशा ध्यान रखा जाए। इसमें बच्चों के लिए संस्थागत देखभाल सेवाएं, गैर-संस्थागत देखभाल सेवाएं और आपातकालीन आउटरीच सेवाएं स्थापित करना शामिल है।

मिशन वात्सल्य योजना के दिशा-निर्देशों में राज्य एवं जिला स्तर पर निगरानी तंत्र की परिकल्पना की गई है। योजना की निगरानी और कार्यान्वयन हेतु जिम्मेदार एजेंसियों में राज्य स्तर पर राज्य बाल संरक्षण सोसायटी, राज्य दत्तक ग्रहण संसाधन एजेंसी, राज्य बाल कल्याण एवं संरक्षण समिति

तथा जिला स्तर पर जिला बाल संरक्षण इकाई, जिला बाल कल्याण एवं संरक्षण समिति एवं बाल कल्याण समिति शामिल हैं। देखरेख और संरक्षण की आवश्यकता वाले बच्चों के कल्याण के लिए जिला स्तर पर जिला मजिस्ट्रेटों को नोडल प्राधिकारी के रूप में सशक्त बनाया गया है। इसके अलावा, राष्ट्रीय स्तर पर राष्ट्रीय बाल अधिकार संरक्षण आयोग (एनसीपीसीआर) और राज्य स्तर पर राज्य बाल अधिकार संरक्षण आयोग (एससीपीसीआर) क्रमशः किशोर न्याय (बच्चों की देखभाल एवं संरक्षण) अधिनियम, 2015 (धारा 109) के कार्यान्वयन की निगरानी करते हैं।

मिशन वात्सल्य योजना के कार्यान्वयन हेतु राज्य सरकारों/संघ राज्य क्षेत्र प्रशासनों को निधि जारी की जाती है। वित्तीय वर्ष 2024-25 के दौरान मिशन वात्सल्य योजना के अंतर्गत उत्तर प्रदेश राज्य सहित जारी निधि का राज्य और संघ राज्य क्षेत्र-वार ब्यौरा संलग्न **विवरण** में दिया गया है।

(ग) और (घ): मिशन वात्सल्य योजना के दिशा-निर्देशों में मिशन प्रत्येक जिले में जिला मजिस्ट्रेट की अध्यक्षता में जिला बाल कल्याण और संरक्षण समिति का प्रावधान है, जो मिशन वात्सल्य योजना के अंतर्गत संस्थागत और गैर-संस्थागत देखरेख सेवाओं की निगरानी एवं पर्यवेक्षण करेगी। मिशन वात्सल्य योजना के अंतर्गत अंतर्गत गैर-संस्थागत देखभाल घटकों में प्रायोजन, पालन-पोषण देखभाल और पश्चात देखरेख शामिल हैं।

मिशन वात्सल्य योजना के अंतर्गत उत्तर प्रदेश राज्य में दिनांक 31.03.2025 तक कुल 15,000 बच्चों को गैर-संस्थागत देखरेख हेतु सहायता प्रदान की गई है। जिलावार आँकड़े केंद्रीय स्तर पर नहीं रखे जाते हैं।

विवरण

वित्तीय वर्ष 2024-25 के दौरान मिशन वात्सल्य योजना के अंतर्गत जारी धनराशि का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा

(करोड़ रुपये)

क्रम संख्या	राज्य/संघ राज्य क्षेत्र का नाम	जारी की गई राशि
1	आंध्र प्रदेश	44.03
2	अरुणाचल प्रदेश	5.32
3	असम	31.39

4	बिहार	53.35
5	छत्तीसगढ़	39.10
6	गोवा	5.14
7	गुजरात	19.50
8	हरियाणा	6.40
9	हिमाचल प्रदेश	37.68
10	जम्मू एवं कश्मीर	44.75
11	झारखण्ड	18.73
12	कर्नाटक	86.48
13	केरल	12.03
14	मध्य प्रदेश	117.24
15	महाराष्ट्र	144.97
16	मणिपुर	68.15
17	मेघालय	22.30
18	मिजोरम	37.06
19	नागालैंड	33.92
20	उड़ीसा	68.83
21	पंजाब	14.76
22	राजस्थान	74.98
23	सिक्किम	16.21
24	तमिलनाडु	122.82
25	तेलंगाना	36.97
26	त्रिपुरा	19.23
27	उत्तर प्रदेश	92.05
28	उत्तराखंड	14.49
29	पश्चिम बंगाल	70.18
30	अंडमान एवं निकोबार द्वीप	3.13
31	चंडीगढ़	7.63
32	दादरा और नगर हवेली एवं दमन और दीव	9.91
33	दिल्ली	7.62
34	लक्षद्वीप	0.00
35	लद्दाख	3.81
36	पुद्दुचेरी	4.17
कुल		1394.31

भागलपुर में आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना के अंतर्गत लाभार्थियों की संख्या

2237. श्री अजय कुमार मंडल:

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

- (क) पिछले तीन वर्षों (2022-23, 2023-24 और 2024-25) के दौरान बिहार के भागलपुर जिले में आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (पीएम-जेएवाई) के अंतर्गत उपचार कराने वाले लाभार्थियों की संख्या कितनी है;
- (ख) इन वर्षों के दौरान जारी किए गए गोल्डन कार्डों की कुल संख्या कितनी है;
- (ग) भागलपुर जिले में आयुष्मान भारत योजना के अंतर्गत सूचीबद्ध निजी और सरकारी अस्पतालों की संख्या कितनी है; और
- (घ) क्या सरकार ने उक्त योजना के प्रभाव का कोई आंकलन किया 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): पिछले तीन वर्षों के दौरान बिहार के भागलपुर जिले में आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत उपचार कराने वाले लाभार्थियों की संख्या का विवरण नीचे दिया गया है:

वित्त वर्ष	अस्पताल में भर्ती होने वालों की संख्या
2022-23	5,278
2023-24	9,260
2024-25	32,348

(ख): पिछले तीन वर्षों के दौरान बिहार के भागलपुर जिले में बनाए गए आयुष्मान कार्डों की संख्या का विवरण नीचे दिया गया है:

वित्त वर्ष	बनाए गए आयुष्मान कार्डों की संख्या
2022-23	8,001
2023-24	5,63,216
2024-25	5,03,365

(ग): दिनांक 30.06.2025 तक, भागलपुर जिले में इस योजना के तहत कुल 41 अस्पताल पैनलबद्ध हैं, जिनमें से 28 निजी और 13 सार्वजनिक अस्पताल हैं।

(घ): आर्थिक सर्वेक्षण 2024-25 में सामाजिक सुरक्षा और प्राथमिक स्वास्थ्य संबंधी व्यय में वृद्धि के माध्यम से जेब से होने वाले व्यय (ओओपीई) को कम करने में एबी-पीएमजेएवाई के प्रभाव पर प्रकाश डाला गया है, जिससे 1.25 लाख करोड़ रुपये से अधिक की बचत दर्ज की गई है। वित्त वर्ष 2015 और वित्त वर्ष 2022 के बीच, सरकारी स्वास्थ्य व्यय (जीएचई) 29.0% से बढ़कर 48.0% हो गया, जबकि जेब से होने वाले व्यय (ओओपीई) 62.6% से घटकर 39.4% हो गया।

SAFE DISPOSAL OF HAZARDOUS CHEMICALS

2238. SHRI ADITYA YADAV:

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

- whether the Government has taken note of the need to focus on preventing waste generation, promoting waste minimization encouraging recycling and reuse and ensuring safe disposal of hazardous chemicals;
- if so, the details of the steps taken/proposed to be taken by the Government in this regard considering the fund that it involves implementing stricter

regulations investing in infrastructure, and promoting sustainable practices within the chemical industry; 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):

- (I) The Government of India has notified the Hazardous and Other Wastes (Management and Transboundary Movement) [HOWM] Rules, 2016 to ensure safe storage, treatment and disposal of hazardous and other wastes in an environmentally sound manner without causing adverse effect to environment and human health. For the plastic waste, Government has notified Plastic Waste Management Rules and Extended Producer Responsibility (EPR) framework has been introduced under these rules for dealing with packaging plastic waste. As regards hazardous chemicals such as Petroleum and its derivatives; preventing waste generation, promoting waste minimization, encouraging recycling and reuse and safe handling of Hazardous Chemicals is as per Petroleum Act, 1934, Inflammable Substance Act, 1952 and provisions of rules framed therein. As regards hazardous chemicals such as explosives; preventing waste generation, promoting waste minimization and safe handling of Hazardous Chemicals is as per Explosives Act, 1884 and

provisions of rules framed therein.

- (II) To further improve waste management practices, provisions have been laid down under HOWM Rules, 2016 to follow the waste management hierarchy steps i.e. prevention; minimization; reuse; recycling; recovery; utilization including co-processing and safe disposal through incineration or secured landfilling.
- (III) In order to encourage recycling/utilization of commonly recyclable hazardous wastes (listed under Schedule-IV of HOWM Rules, 2016) in an environmentally sound manner, Central Pollution Control Board (CPCB) has prepared guidelines, titled - "Environmentally sound recycling of hazardous wastes" for 10 types of hazardous wastes. Further, for the utilization of hazardous and other wastes in cement kiln, CPCB has prepared guidelines titled - "Pre-processing and Co-processing of hazardous and other wastes in cement plants".
- (IV) Apart from above, for utilization of hazardous and other wastes as a resource or for any other use, CPCB has developed 118 Standard Operating Procedures (SOPs) for utilization of 83 categories of hazardous wastes, which facilitates utilization of these types of wastes as inputs by downstream industry promoting their reuse/recycling and thereby promoting circular economy.
- (V) Hazardous and Other Wastes (Management and Transboundary Movement) Rules have been amended in 2023, as a result of which, a new initiative has been taken to bring 'Used Oil' under the Extended

Producer Responsibility (EPR) regime. The said Rules promote circular economy and outline the responsibility on producers of Base and Lubrication oil and importers of 'Used Oil' for meeting recycling targets only through registered recyclers to ensure environmentally sound management of 'Used Oil'. The implementation of aforesaid EPR regulation, strengthens circular economy principles by ensuring systematic collection, scrapping, and recycling of Used Oil. It not only facilitates resource conservation but also promotes formalization of the informal sector and business growth for concerned stake holders contributing to a sustainable recycling ecosystem aligning with the Circular Economy Mission.

The said rules also stipulate provisions for payment of Environmental Compensation on part of any Producer, Recycler, Collection agent and Used Oil Importer who fails to comply with the provisions relating to handling and management of Used Oil in an environmentally sound manner in terms of these rules, thereby causing loss, damage or injury to environment or public health.

- (VI) Based on the annual inventory submitted by State Pollution Control Boards/ Pollution Control Committees, about 10.06 million MT of hazardous waste has been recycled/ utilized/co-processed during the year 2023-24.

VACANCIES IN AIIMS AND OTHER PREMIER MEDICAL INSTITUTIONS**2239. SHRI S. JAGATHRATCHAKAN:**

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

- (a) the details of the sanctioned strength and existing vacancies in All India Institute of Medical Sciences and other premier medical institutions such as Jawaharlal Institute of Post Graduate Medical Education and Research (JIPMER), Post Graduate Institute of Medical Education and Research (PGIMER) including both faculty staff and non-faculty staff in all States, State/UT-wise, Institute and category-wise;
- (b) whether these vacancies have had any impact on medical education, research output or quality of healthcare services provided by these institutions;
- (c) if so, the details thereof; and
- (d) the measures taken or proposed by the Government to expedite recruitment and ensure optimal staffing levels including timelines for filling the existing vacancies?

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): All India Institute of Medical Sciences (AIIMS) Delhi, Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, Jawaharlal Institute of Post Graduate Medical Education and Research (JIPMER), Puducherry and new AIIMS set up under the Pradhan Mantri Swasthaya

Suraksha Yojana are providing state-of-the-art facilities in the area of medical education, research and healthcare. For ensuring effective functioning of various departments, in these Institutes, creation of posts and recruitment is a continuous process. The details of sanctioned, filled and vacant faculty and non-faculty positions in AIIMS, JIPMER and PGIMER are placed at Statement.

In order to expeditiously fill vacant sanctioned faculty and non-faculty positions in various Institutes, following measures have been taken:

- (i) Standing Selection Committee has been constituted in each Institute as per the provision of their respective Act to facilitate filling up of vacant faculty positions.
- (ii) Provision has been made for engagement of retired faculty at the level of Professor, Additional Professor and Associate Professor, on contract basis, in new AIIMS, up to the age of 70 years from Institutes of National Importance (INIs) and Government Medical Colleges (GMCs).
- (iii) Visiting Faculty Scheme has been formulated to allow Professors, Additional Professors and Associate Professors, who are holding academic positions in Government Institutions within India or academic institutions outside India, to be the Visiting Faculty in new AIIMS for teaching purposes.
- (iv) Nursing Officer Recruitment Common Eligibility Test (NORCET) is conducted by AIIMS Delhi for recruitment of Nursing Officers for various AIIMS and JIPMER.

(v) Common Recruitment Examination (CRE) is conducted by AIIMS Delhi for recruitment to Group B and C non-faculty positions in various AIIMS and JIPMER.

(vi) AIIMS Delhi also conducts the Institute of National Importance Combined Entrance Test (INI-CET) to select Junior Residents (Academic) and Institute of National Importance Super Speciality (INI-SS) Exam to select Senior Residents (Academic) for various AIIMS, PGIMER and JIPMER.

STATEMENT

Details of Faculty, Non-Faculty positions in AIIMS, PGIMER and JIPMER

Sl. N.	Name of Institutes and State/UT	Faculty position		Vacant	Non-Faculty position		Vacant
		Sanctioned	In-position		Sanctioned	In-position	
1.	AIIMS, New Delhi (Delhi)	1306	844	462	13911	10805	3106
2.	JIPMER (Puducherry)	445	354	91	5812	4354	1458
3.	PGIMER (Chandigarh)	732	601	131	8265	6391	1874
4.	AIIMS, Bhopal (Madhya Pradesh)	305	234	71	3884	2885	999
5.	AIIMS, Bhubaneswar (Odisha)	337	234	103	3963	2975	988
6.	AIIMS, Jodhpur (Rajasthan)	405	219	186	4084	3142	942
7.	AIIMS, Raipur (Chhattisgarh)	305	189	116	3884	2721	1163
8.	AIIMS, Patna (Bihar)	305	221	84	3884	2595	1289
9.	AIIMS, Rishikesh (Uttarakhand)	355	208	147	4095	2938	1157

10.	AIIMS, Mangalagiri (Andhra Pradesh)	309	151	158	1953	1153	800
11.	AIIMS, Nagpur (Maharashtra)	373	234	139	2105	1160	945
12.	AIIMS, Kalyani (West Bengal)	309	170	139	2221	994	1227
13.	AIIMS, Gorakhpur (Uttar Pradesh)	213	115	98	1492	977	515
14.	AIIMS, Bathinda (Punjab)	219	140	79	2090	1140	950
15.	AIIMS, Bilaspur (Himachal Pradesh)	217	126	91	1511	947	564
16.	AIIMS, Guwahati (Assam)	183	115	68	1630	744	886
17.	AIIMS, Deoghar (Jharkhand)	208	129	79	1712	879	833
18.	AIIMS, Bibinagar (Telangana)	183	133	50	1374	902	472
19.	AIIMS, Raebareli (Uttar Pradesh)	201	113	88	1425	1067	358
20.	AIIMS, Rajkot (Gujarat)	183	76	107	1247	535	712
21.	AIIMS, Madurai (Tamil Nadu)	183	49	134	911	43	868
22.	AIIMS, Jammu (Jammu and Kashmir)	183	115	68	1311	818	493
23.	AIIMS, Awantipora (Jammu and Kashmir)	94	-	94	252	2	250
24.	AIIMS, Rewari (Haryana)	-	-	-	7	1	6
25.	AIIMS, Darbhanga (Bihar)	-	-	-	7	1	6

DEATHS DURING COVID-19**2240. SHRI S. VENKATESAN:****SHRI SACHITHANANTHAM R.:**

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

- (a) whether the Government has taken note of the news reports quoting the official data from the Civil Registration System (CRS) that India registered around 25.8 lakh more deaths due to Covid in 2021 as compared to 2019, the last pre-Covid year which is nearly six times the official Covid death tally of 3.3 lakh in that year after accounting for a natural increase in population during the two-year period and if so, the details thereof;
- (b) whether deaths were under reported during the Covid-19 period and if so, the reasons therefor;
- (c) whether the Government has conducted any review of the said report;
- (d) if so, the details of discrepancies if any, found in the death reports during the said period in the country, State-wise;
- (e) whether undercounting of deaths were witnessed in States like Gujarat and Madhya Pradesh which saw 33 times and 18 times more deaths than the States official count; and
- (f) if so, the details thereof?

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

(a) to (f): Under Civil Registration System (CRS), the registration of births and deaths is done under the provisions of the Registration of Births and Deaths (RBD) Act, 1969 (amended in 2023). Registrar General of India (RGI) at the Central level coordinates and unifies the activities of registration throughout the country, while the system is implemented by State Governments/UT Administrations.

The mortality figures under the Civil Registration System (CRS) data, as referred to in some news report, represent number of registered deaths as reported by States/UTs, due to all causes of death.

CASES OF NIPAH VIRUS IN KERALA

2241. SHRI A. RAJA:

PROF. SOUGATA RAY:

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

- (a) whether Nipah virus infection cases were reported again in some parts of the country including Kerala and if so, the details thereof along with the number of persons who are on the Nipah contact list in the country;
- (b) whether any control measures initiated to contain and prevent further infection of Nipah in the country and if so, the details thereof;

- (c) whether the Government ascertained the reasons for such widespread communicable diseases repeatedly at some hotspots in the country and if so, the details thereof;
- (d) whether a decline in the immunity/resistance power caused the widespread diseases in the country and if so, the details thereof; and
- (e) the steps taken/proposed to be taken by the Government to contain such incidents in future?

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

(a) to (e): 3 Cases of Nipah Virus infection have been reported in Malappuram and Palakkad district in Kerala in 2025 and a total of 677 contacts were traced. Control measures initiated and steps taken by the Government to contain Nipah outbreaks is given in the enclosed **Statement**.

Nipah virus disease is an emerging zoonotic infectious disease caused by Nipah virus (NiV). It mainly affects pigs and humans. Nipah cases in humans tend to occur in a cluster or as an outbreak especially in close contacts and care givers. The natural host of the virus is believed to be Pteropid fruit bats (flying foxes). According to the information available fruit bats play a significant role in the transmission of this disease. The NiV infection closely follows the spillover of pathogen from fruit bats to intermediate hosts or human beings. In India majority of

the infections coincide with palm date sap collection times. Due to this Nipah cases occurs again and again at some areas.

STATEMENT

Control measures initiated and steps taken by the Government to contain Nipah Disease Outbreaks;

- Through surveillance mechanism the early warning signals are captured to generate alerts, detect outbreaks in the early rising phase, outbreak investigations are conducted and timely appropriate measures are undertaken by the respective public health agencies to control and prevent the further spread of the disease.
- A National Joint Outbreak Response Team (NJORT), comprising of experts from Department of Animal Husbandry and Dairying, Forest and Wildlife and human health, and Bat survey team were deployed for comprehensive assessment and review of these outbreaks. Malappuram and Palakkad, with Kozhikode, Thrissur, and Wayanad districts were placed on alert.
- Whole genome sequencing was performed on clinical specimens from all positive cases. This genomic surveillance aids in understanding the circulating Nipah virus strain, which belong to similar genotypes of 2019 and 2021 outbreaks in Kerala.
- Beyond the immediate outbreak response, Ministry of Health and Family Welfare (MoHFW) maintained continued support and collaborative engagement

with both Virus Research and Diagnostic Laboratories (VRDLs) throughout the year, ensuring training, a steady supply of Personal protective equipment (PPE) and diagnostic reagents. This sustained effort underscores a commitment to strengthening regional capacities for infectious disease preparedness and response.

- The State and Central Government health officials worked to enhance public and healthcare professional awareness regarding Nipah virus disease. These initiatives ensured that individuals were made aware on the signs and symptoms of the disease and understood the appropriate actions to take if they suspected an infection in themselves or others.

Steps taken by the Government to contain such incidents in future-

- Under the MoHFW, Integrated Disease Surveillance Program (IDSP) is an important programme, which mandates surveillance and response to outbreak prone communicable diseases. IDSP is implemented in all 36 States/UTs. The program is responsible for the surveillance of 50 plus epidemic prone diseases and outbreak investigation. IDSP plays a crucial role in prompt response and surveillance of emerging and re-emerging diseases including Nipah Virus disease in the country.
- Indian Council of Medical Research (ICMR) and ICMR- National Institute of Virology (NIV), Pune, have strengthened Nipah surveillance by enhancing Acute Encephalitis Syndrome (AES) in Kerala state and Severe Acute Respiratory

Illness (SARI) surveillance in West Bengal and Kerala since October-November 2024.

- A comprehensive guideline on Nipah Virus has been prepared which can be accessed on the link <https://ncdc.mohfw.gov.in/nipah-virus-guidelines/>
- Under National One Health Programme for Prevention and Control of Zoonotic Diseases (NOHP-PCZ) various initiatives are taken to strengthen prevention, detection, and response capacities for zoonotic diseases in India, including Nipah Virus Disease (NiV)
- For institutionalization of One Health at National, State and district level – Zoonosis committee have been formed in All States /UTs to review status of all zoonotic diseases including Nipah virus
- Capacity Building of medical and veterinary professional up to frontline health /vet workers is through Regional and state level institutes.
- For understanding burden of priority zoonosis and efficient management 75 Sentinel Surveillance Sites in 28 States/ UTs strengthened under medical colleges/vet colleges.
- Centre for One Health, NCDC has prepared a Technical Guidance on Zoonotic Disease, including Nipah Virus Disease and may be accessed at link below <https://ncdc.mohfw.gov.in/wp-content/uploads/2024/04/Technical-Guidance-on-Zoonotic-Disease.pdf>

- Information, Education, and Communication (IEC) video on Nipah virus disease has been prepared to create awareness in the public and prevent the spread of the disease. The IEC may be accessed at link below <https://ncdc.mohfw.gov.in/iec-material-on-zoonotic-disease-nipah/>

उर्वरकों का घरेलू उत्पादन

2242. श्री नारायण तातू राणे:

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

- देश में उर्वरक के घरेलू उत्पादन का ब्यौरा क्या है और उर्वरकों के घरेलू उत्पादन को बढ़ाने के लिए सरकार द्वारा क्या कदम उठाए गए हैं;
- देश में रासायनिक उर्वरकों की मांग को पूरा करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं;
- क्या सरकार का देश में उर्वरकों के उत्पादन के लिए नए उर्वरक संयंत्र स्थापित करने का विचार है;
- यदि हां, तो तत्संबंधी ब्यौरा क्या है और इन्हें कब तक स्थापित किए जाने की संभावना है और यदि नहीं, तो इसके क्या कारण हैं;
- क्या सरकार का महाराष्ट्र में ऐसा संयंत्र स्थापित करने का विचार है; और
- यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

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

- से (ख) : वित्तीय वर्ष 2024-25 के दौरान देश में प्रमुख उर्वरकों के उत्पादन का ब्यौरा निम्नानुसार है:

वित्तीय वर्ष 2024-25 के दौरान प्रमुख उर्वरकों का उत्पादन (आंकड़े एलएमटी में)					
वर्ष	यूरिया	डीएपी	एनपीके	एसएसपी	कुल - प्रमुख उर्वरक
2024-25	306.67	37.69	121.05	52.44	517.85

देश में यूरिया के स्वदेशी उत्पादन को बढ़ावा देने के लिए, भारत सरकार ने प्रत्येक 12.7 लाख मीट्रिक टन प्रतिवर्ष क्षमता के नए अमोनिया-यूरिया संयंत्रों की स्थापना के लिए नामित पीएसयू की संयुक्त उद्यम कंपनी (जेवीसी) के माध्यम से फर्टिलाइजर कॉर्पोरेशन ऑफ इंडिया लिमिटेड (एफसीआईएल) की रामागुंडम (तेलंगाना), गोरखपुर (उत्तर प्रदेश), सिंदरी (झारखंड) और तालचेर (ओडिशा) इकाइयों तथा हिन्दुस्तान फर्टिलाइजर कॉर्पोरेशन लिमिटेड (एचएफसीएल) की बरौनी (बिहार) इकाई को पुनर्जीवित करने का अधिदेश दिया है। रामागुंडम और गोरखपुर इकाइयों को क्रमशः दिनांक 22.03.2021 और दिनांक 07.12.2021 को शुरू कर दिया गया है। इसके अतिरिक्त, बरौनी और सिंदरी इकाइयों ने क्रमशः दिनांक 18.10.2022 और दिनांक 05.11.2022 को यूरिया उत्पादन शुरू कर दिया है। इन संयंत्रों ने देश में स्वदेशी यूरिया उत्पादन को 50.8 एलएमटी प्रति वर्ष बढ़ाया है। इस परियोजना के

पूरा होने पर, देश में यूरिया का उत्पादन 25.4 एलएमटीपीए तक बढ़ जाएगा तथा इससे यूरिया के स्वदेशी उत्पादन को अधिकतम करने में मदद मिलेगी।

सरकार ने फास्फेटयुक्त और पोटेशयुक्त (पीएण्डके) उर्वरकों के लिए 1.4.2010 से पोषक-तत्व आधारित सब्सिडी (एनबीएस) नीति लागू की है। इस नीति के अंतर्गत, अधिसूचित पीएण्डके उर्वरकों पर उनमें निहित पोषक-तत्वों की मात्रा के आधार पर वार्षिक/द्विवार्षिक आधार पर सब्सिडी की एक नियत राशि उपलब्ध कराई जाती है। एनबीएस स्कीम के तहत, पीएण्डके उर्वरक मुक्त सामान्य लाइसेंस (ओजीएल) के तहत आते हैं और कंपनियां अपने कारोबारी उतार-चढ़ाव के अनुसार पीएण्डके उर्वरकों का आयात/उत्पादन करने के लिए स्वतंत्र हैं।

उर्वरकों के उत्पादन में आत्मनिर्भर बनने के लिए सरकार द्वारा निम्नलिखित उपाय किए गए हैं:

- (i) अनुरोधों के आधार पर, उत्पादन को बढ़ावा देने और देश को उर्वरक उत्पादन में आत्मनिर्भर बनाने के उद्देश्य से एनबीएस सब्सिडी स्कीम के तहत नई उत्पादन इकाइयों अथवा मौजूदा इकाइयों की उत्पादन क्षमता बढ़ाने को अहमियत दी गई/संज्ञान में लिया गया है।
- (ii) उत्पादन को बढ़ावा देने और देश को उर्वरक उत्पादन में आत्मनिर्भर बनाने के उद्देश्य से एनबीएस नीति के तहत शामिल किए गए पीएण्डके उर्वरकों की संख्या को बढ़ाया गया है जो वर्ष 2021 में 22 ग्रेड थी वर्तमान में बढ़ाकर 28 ग्रेड कर दी गई है। जोड़े गए 06 नए ग्रेड एनपीके 08-21-21, एनपीके 09-24-24, शीरे से प्राप्त पोटाश (पीडीएम) (0-0-14.5-0), मैग्नीशियम, जिंक, बोरॉन और सल्फर से संपुष्ट एनपीके 11-30-14, यूरिया-एसएसपी कॉम्प्लेक्स 5-15-0-10 और मैग्नीशियम, जिंक और बोरॉन से संपुष्ट एसएसपी 0-16-0-11 हैं।
- (iii) मृदा को फॉस्फेटयुक्त अथवा 'पी' पोषक तत्व प्रदान करने हेतु एसएसपी, जो एक स्वदेशी रूप से उत्पादित उर्वरक है, के उपयोग को बढ़ावा देने के लिए इस पर मालभाड़ा सब्सिडी, खरीफ, 2022 से लागू है।

(ग) से (च) : वर्तमान में, नीचे दिए गए दो नए यूरिया संयंत्र देश में स्थापित किए जा रहे हैं। इस परियोजना के पूरा होने पर, देश में यूरिया का उत्पादन 25.4 एलएमटीपीए तक बढ़ जाएगा तथा इससे यूरिया के स्वदेशी उत्पादन को अधिकतम करने में मदद मिलेगी।

1. तालचेर, उड़ीसा में 12.7 एलएमटी प्रति वर्ष की क्षमता वाला कोयला-गैसीकरण आधारित नया यूरिया संयंत्र निष्पादन चरण में है।
2. केंद्रीय मंत्रिमंडल ने दिनांक 19.03.2025 को आयोजित अपनी बैठक में नई निवेश नीति, 2012 और 7 अक्टूबर, 2014 के इसके संशोधनों के तहत 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 है। एक संयुक्त उद्यम कंपनी, असम वैली फर्टिलाइजर एंड केमिकल कंपनी लिमिटेड को दिनांक 25.7.2025 को निगमित किया गया है।

आयुष्मान आरोग्य मंदिर

2243. श्री रामवीर सिंह बिधूड़ी:

श्री शशांक मणि:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) अस्पतालों और स्वास्थ्य सेवाप्रदाताओं के लिए राष्ट्रीय प्रत्यायन बोर्ड द्वारा प्रमाणित आयुष्मान आरोग्य मंदिरों की संख्या कितनी है; और
- (ख) क्या आयुष्मान आरोग्य मंदिर राष्ट्रीय आयुष मिशन के अंतर्गत गुणवत्तापूर्ण स्वास्थ्य देखभाल/सेवाएं सुनिश्चित कर रहे हैं 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) : दिनांक 21 जुलाई, 2025 तक, 1536 आयुष्मान आरोग्य मंदिरों (आयुष) को अस्पतालों और स्वास्थ्य देखभाल प्रदाताओं के लिए राष्ट्रीय प्रत्यायन बोर्ड (एनएबीएच) द्वारा एनएबीएच आयुष प्रवेश स्तर प्रमाणन (ईईएलसी) प्रदान किया गया है।
- (ख) : राज्य/संघ राज्य क्षेत्र की सरकारों द्वारा प्रस्तुत रिपोर्टों के अनुसार, रोगी आयुष्मान आरोग्य मंदिर (आयुष) में आ रहे हैं और आयुष सिद्धांतों और प्रथाओं के अनुसार व्यापक प्राथमिक स्वास्थ्य देखभाल प्राप्त कर रहे हैं। इसके अलावा, केंद्रीय टीम द्वारा समय-समय पर आयुष्मान आरोग्य मंदिर (आयुष) के

संचालन संबंधी दिशानिर्देशों में उल्लिखित प्रावधानों के अनुसार विभिन्न मानदंडों पर आयुष्मान आरोग्य मंदिर (आयुष) की कार्यक्षमता का आकलन करने के लिए क्षेत्रीय दौरे किए जाते हैं और राज्य/संघ राज्य क्षेत्र की सरकारों को, आयुष्मान आरोग्य मंदिर (आयुष) में आने वाले लाभार्थियों को मानक गुणवत्ता वाली स्वास्थ्य सेवाएँ प्रदान करना सुनिश्चित करने के लिए उचित सुधारात्मक उपाय अपनाने की सलाह दी जाती है।

गुजरात के दाहोद में सीआईपीईटी केंद्र

2244. श्री जसवंतसिंह सुमनभाई भाभोर:

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

- (क) क्या सरकार का गुजरात के दाहोद में प्लास्टिक और पेट्रोकेमिकल क्षेत्र में युवाओं को प्रशिक्षण देने के लिए सीआईपीईटी केंद्र स्थापित करने का विचार है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार ने गुजरात जैसे औद्योगिक राज्य में सीआईपीईटी के माध्यम से 'मेक इन इंडिया' और 'आत्मनिर्भर भारत' पर ध्यान केंद्रित करने के लिए कोई रणनीति तैयार की है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (ग) क्या गुजरात के दाहोद में कौशल विकास के लिए सीआईपीईटी के माध्यम से युवाओं को छात्रवृत्ति या विशेष प्रशिक्षण प्रदान किया गया है, 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) : जी नहीं। वर्तमान में, गुजरात के दाहोद में सिपेट केंद्र स्थापित करने का कोई प्रस्ताव विचाराधीन नहीं है। तथापि, सिपेट का अहमदाबाद में एक पेट्रोकेमिकल्स तकनीकी संस्थान (आईपीटी) और कौशल और तकनीकी सहायता केंद्र (सीएसटीएस), भावनगर में एक उप-केंद्र और गुजरात के नवसारी में एक

अन्य कौशल और तकनीकी सहायता केंद्र (सीएसटीएस) कार्यशील है। इसके अलावा, साणंद में एक और सीएसटीएस तथा प्लास्टिक अपशिष्ट प्रबंधन केंद्र (पीडब्ल्यूएमसी) निर्माणाधीन हैं। इन केंद्रों से गुजरात राज्य की प्रशिक्षण और तकनीकी सहायता संबंधी आवश्यकताओं के पूरा होने की उम्मीद है।

(ख): सिपेट ने गुजरात में पेट्रोरसायन और प्लास्टिक क्षेत्र के लिए आवश्यक कुशल कार्यबल के विकास में महत्वपूर्ण भूमिका निभाई है। वर्तमान में, गुजरात में सिपेट केंद्रों द्वारा विशिष्ट तकनीकी क्षेत्रों में विभिन्न कौशल विकास और कौशल उन्नयन कार्यक्रम संचालित किए जा रहे हैं। इसके अतिरिक्त, सिपेट की तकनीकी सहायता सेवाएँ (टीएसएस), स्थानीय प्लास्टिक उद्योग के विकास में महत्वपूर्ण योगदान दे रही हैं, जिससे नवाचार और औद्योगिक विकास को बढ़ावा मिल रहा है।

(ग): पिछले 3 वर्षों में दाहोद क्षेत्र के 36 उम्मीदवारों ने सिपेट के अहमदाबाद और नवसारी स्थित केंद्रों से कौशल विकास कार्यक्रमों में प्रशिक्षण प्राप्त किया है।

प्रमुख योजनाओं की निगरानी और प्रभाव मूल्यांकन

2245. श्री गणेश सिंह:

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

- (क) वर्तमान में सरकार द्वारा राष्ट्रीय स्वास्थ्य मिशन (एनएचएम), मिशन इंद्रधनुष, आयुष्मान भारत, राष्ट्रीय क्षय रोग उन्मूलन कार्यक्रम, सुमन योजना आदि जैसी प्रमुख योजनाओं की निगरानी और प्रभाव मूल्यांकन किस प्रकार किया जा रहा है;
- (ख) क्या इन योजनाओं का समय-समय पर, विशेष रूप से वार्षिक आधार पर, निष्पादन मूल्यांकन और बाह्य मूल्यांकन करने के लिए कोई तंत्र मौजूद है;
- (ग) यदि हाँ, तो पिछले पाँच वर्षों के दौरान किए गए मूल्यांकनों के आधार पर प्रमुख निष्कर्षों और की गई सुधारात्मक कार्रवाइयों का ब्यौरा क्या है;

(घ) क्या इन योजनाओं की निगरानी के लिए नागरिक भागीदारी, सामाजिक लेखा परीक्षा या डिजिटल ट्रेकिंग प्लेटफॉर्म जैसे नवाचारों का उपयोग किया जा रहा है; और

(ङ) 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 (ङ): भारत सरकार ने राष्ट्रीय स्वास्थ्य मिशन के तत्वावधान में मिशन इंद्रधनुष, आयुष्मान आरोग्य मंदिर, राष्ट्रीय क्षयरोग उन्मूलन कार्यक्रम और सुमन योजना को लागू किया है। एनएचएम के तहत, विभिन्न स्वास्थ्य कार्यक्रमों के निष्पदान का नियमित रूप से समीक्षा बैठकों, प्रमुख डिलिवरेबल्स की मध्यावधि समीक्षा, वरिष्ठ अधिकारियों के क्षेत्र दौरों, सेवा प्रदायगी के लिए बेंचमार्क स्थापित करके निष्पदान को बढ़ावा देने और उपलब्धियों को पुरस्कृत करने आदि के माध्यम से मूल्यांकन किया जाता है। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के विभिन्न संकेतकों का नियमित रूप से बाहरी सर्वेक्षणों जैसे राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएस) और नमूना पंजीकरण प्रणाली (एसआरएस) के माध्यम से मूल्यांकन किया गया है। इसके अलावा, एनएचएम के तहत विभिन्न योजनाओं की प्रगति और कार्यान्वयन की स्थिति का आकलन और निगरानी करने के लिए सालाना कॉमन रिव्यू मिशन (सीआरएम) आयोजित किए जाते हैं। सीआरएम के विभिन्न रिपोर्टों का ब्यौरा पब्लिक डोमेन में निम्न लिंक पर उपलब्ध है।

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=795&lid=195>.

भारत सरकार स्वास्थ्य प्रबंधन सूचना प्रणाली (एचएमआईएस), प्रजनन और बाल स्वास्थ्य, निक्षय, एबी-एएम पोर्टल आदि जैसे विभिन्न एमआईएस के माध्यम से रियल टाइम के आधार पर एनएचएम के कार्यान्वयन की समीक्षा/मूल्यांकन भी करती है।

नीति आयोग में विकास निगरानी मूल्यांकन संगठन (डीएमईओ) एनएचएम सहित केंद्र प्रायोजित योजनाओं (सीएसएस) का मूल्यांकन करता है।

आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के प्रभाव को जानकारी प्राप्त करने के लिए राष्ट्रीय स्वास्थ्य प्राधिकरण (एनएचए) द्वारा वर्ष 2019-2020 में एक आधारभूत अध्ययन कराया गया था। अध्ययन में अन्य बातों के साथ-साथ इस योजना के बारे में जागरूकता बढ़ाने, स्वास्थ्य सेवाओं की सुलभता में आने वाली बाधाओं को दूर करने, यह सुनिश्चित करने के लिए कि विशेष परिचर्या की आवश्यकता वाले सभी लोगों को परिचर्या मिले, अन्य स्थानों के अनुभवों को दोहराने, जैसे लाभार्थियों का मार्गदर्शन और सहायता करने के लिए समर्पित कर्मचारियों की नियुक्ति, लाभार्थियों को अपनी चिंताओं को व्यक्त करने के लिए संचार और प्रतिक्रिया चैनल स्थापित करने की कार्यनीतियों की सिफारिश की गई थी।

अध्ययन की सिफारिशों के अनुरूप, एनएचए ने जागरूकता अभियान शुरू किए। लाभार्थियों का मार्गदर्शन करने और सेवाओं तक उनकी पहुँच सुगम बनाने के लिए, प्रधानमंत्री आरोग्य मित्र (पीएमएम) जैसे समर्पित कर्मियों को पैनलबद्ध अस्पतालों में तैनात किया गया है। जागरूकता और समग्र सहायता के लिए, अस्पतालों में संपर्क के पहले बिंदु के रूप में पीएमजेएवाई कियोस्क भी स्थापित किए गए हैं। एक राष्ट्रीय हेल्पलाइन नंबर 14555 भी सहायता प्रदान करता है और योजना से संबंधित सभी प्रश्नों का समाधान करता है।

एनएचएम के अंतर्गत, स्थानीय निकायों को ग्राम स्तर पर एनएचएम योजनाओं और कार्यक्रमों के प्रभावी प्रबंधन में महत्वपूर्ण भूमिका निभाने की परिकल्पना की गई है। जन आरोग्य समिति (जेएस), महिला आरोग्य समिति (एमएस) और ग्राम स्वास्थ्य स्वच्छता और पोषण समिति सहित समुदाय आधारित मंच भी प्राथमिक स्वास्थ्य सेवा प्रदायगी में सुधार के लिए स्थानीय भागीदारी को मजबूत करने में महत्वपूर्ण भूमिका निभाते हैं।

पैथोलॉजी प्रयोगशालाएँ

2246. श्रीमती मंजू शर्मा:

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

- (क) क्या देश भर में बड़ी संख्या में अवैध/अनधिकृत पैथोलॉजी प्रयोगशालाएँ अनियंत्रित तरीके से चलाई जा रही हैं;
- (ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार इस संबंध में कोई नियामक निकाय स्थापित करने का विचार रखती है;
- (घ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ) इन अनधिकृत पैथोलॉजी प्रयोगशालाओं के विरुद्ध सर्वोच्च न्यायालय के निर्देशों के अनुसार सरकार द्वारा अन्य क्या कदम उठाए जा रहे हैं?

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

(क) से (ङ): 'स्वास्थ्य' राज्य का विषय होने के कारण, राज्य/संघ राज्य क्षेत्र सरकारों का प्राथमिक उत्तरदायित्व है कि वे अवैध/अनधिकृत पैथोलॉजी प्रयोगशालाओं के संचालन का संज्ञान लें। इस संबंध में डेटा और विवरण केंद्रीय रूप से नहीं रखे जाते हैं।

इसके अलावा, भारत सरकार ने मान्यता प्राप्त चिकित्सा प्रणालियों से संबंधित पैथोलॉजी प्रयोगशालाओं सहित सरकारी और निजी नैदानिक स्थापन (सशस्त्र बलों को छोड़कर) के पंजीकरण और विनियमन के लिए नैदानिक स्थापन (रजिस्ट्रीकरण और विनियमन) अधिनियम, 2010 को अधिनियमित किया। इस अधिनियम के अनुसार, पैथोलॉजी प्रयोगशालाओं को सुविधाओं और सेवाओं के न्यूनतम मानकों, कार्मिकों की न्यूनतम आवश्यकता, रिकॉर्ड और रिपोर्ट के रखरखाव और अन्य शर्तों को पूरा करना आवश्यक है। यह अधिनियम जिला कलेक्टर / जिला मजिस्ट्रेट की अध्यक्षता में जिला

स्तर पर पंजीकरण प्राधिकारी को इसके प्रावधानों के उल्लंघन के संबंध में जुर्माना लगाने सहित कार्रवाई करने का अधिकार देता है। जिन राज्यों / संघ राज्य क्षेत्रों ने सीई अधिनियम को अपनाया है, वे मुख्य रूप से अधिनियम और उसके अंतर्गत नियमों के प्रावधानों के अनुसार अपनी पैथोलॉजी प्रयोगशालाओं को विनियमित करने के लिए उत्तरदायी हैं।

बगहा और रामनगर में डाकघर पासपोर्ट सेवा केंद्र

2247. श्री सुनील कुमार:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या यह सच है कि बिहार के वाल्मीकि नगर निर्वाचन क्षेत्र के अंतर्गत बगहा और रामनगर के उप-डाकघरों में पासपोर्ट सेवा केंद्र खोलने की स्वीकृति दी गई थी;
- (ख) यदि हाँ, तो क्या यह भी सच है कि बगहा उप-डाकघर में भवन की कमी के कारण उक्त केंद्र नहीं खोला जा रहा है;
- (ग) यदि हाँ, तो क्या सरकार इसके लिए किसी वैकल्पिक व्यवस्था पर विचार कर रही है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) रामनगर डाकघर पासपोर्ट सेवा केंद्र (पीओपीएसके) का ब्यौरा और स्थिति क्या है?

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

(क) से (घ): पीएसके/पीओपीएसके खोलना एक सतत प्रक्रिया है और ऐसा करना विभिन्न कारकों पर निर्भर करता है जिनमें मौजूदा पीएसके/पीओपीएसके से दूरी और किसी विशेष क्षेत्र से पासपोर्ट आवेदनों की संख्या शामिल है। विदेश मंत्रालय ने डाक विभाग (डीओपी) के सहयोग से जनवरी 2017 में देश के प्रत्येक लोकसभा क्षेत्र में प्रधान डाकघरों (एचपीओ)/डाकघरों (पीओ) में डाकघर पासपोर्ट सेवा केंद्र

(पीओपीएसके) खोलने का निर्णय लिया था। अब तक, देश में 93 पीएसके और 450 पीओपीएसके स्थापित किए जा चुके हैं और पासपोर्ट के इच्छुकों की ज़रूरतों को पूरा करने के लिए कार्यरत हैं। इस पहल के तहत, बिहार में 40 लोकसभा क्षेत्रों में से 39 लोकसभा क्षेत्र में 2 पीएसके और 37 पीओपीएसके कार्यरत हैं। डाक विभाग के परामर्श से वाल्मीकि नगर एलएससी में पीओपीएसके की स्थापना के लिए उपयुक्त स्थल का चयन किया जा रहा है। इसके बाद, वहां पीओपीएसके को क्रियान्वित करने के लिए कार्य शुरू किए जाएंगे।

MATERNAL MORTALITY RATE

2248. SHRIMATI HARSIMRAT KAUR BADAL:

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

- (a) the details of maternal mortality rate in the country, State/UT-wise specifically district-wise in Punjab;
- (b) the details of funds allocated and utilized by the different States under the Janani Suraksha Yojana (JSY) and the Pradhan Mantri Matru Vandana Yojana (PMMVY) during the last five years;
- (c) the number of public healthcare centres or Anganwadi centres implementing the Janani Suraksha Yojana (JSY) and the Pradhan Mantri Matru Vandana Yojana (PMMVY) in the country, State/UT-wise;
- (d) the number of institutional deliveries covered so far by these two schemes with specific details of districts in Punjab; and

(e) the number of beneficiaries who registered themselves through the portal established under the PMMVY 2.0 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 Sample Registration System (SRS) released by the Registrar General of India (RGI) provides Maternal Mortality Ratio (MMR) at the National and State level. As per the SRS Special Bulletin on Maternal Mortality 2020-22, the MMR of the country is 88 per lakh live births. The State-wise MMR, including Punjab, is given in the enclosed **Statement-I**.

(b): The details of funds approved and utilized by the different States under the Janani Suraksha Yojana (JSY) and the statement of funds released and utilized under Pradhan Mantri Matru Vandana Yojana (PMMVY) during the last five years are given in the enclosed **Statement-II** and **Statement-III** respectively.

(c): Janani Suraksha Yojana (JSY) is implemented in all public health facilities conducting institutional deliveries across the country. The State/UT-wise details of Anganwadi Centres operational in the country except the State of Telangana, which is not implementing PMMVY, is given in the enclosed **Statement-IV**.

(d): As per the information received from the State of Punjab, district wise number of institutional deliveries covered under Janani Suraksha Yojana (JSY) is given in the enclosed **Statement-V**.

(e): The State/UT-wise number of beneficiaries enrolled under PMMVY across the country, since the inception of the scheme is given in the enclosed **Statement-VI**.

STATEMENT-I

India and State-wise Maternal Mortality Ratio (MMR) as per SRS (2020-22)		
S.No.	State	MMR (per lakh live births)
	India	88
1	Andhra Pradesh	47
2	Assam	125
3	Bihar	91
4	Chhattisgarh	141
5	Gujarat	55
6	Haryana	89
7	Jharkhand	50
8	Karnataka	58
9	Kerala	18
10	Madhya Pradesh	159
11	Maharashtra	36
12	Odisha	136
13	Punjab	92
14	Rajasthan	87
15	Tamil Nadu	38
16	Telangana	50
17	Uttar Pradesh	141
18	Uttarakhand	104
19	West Bengal	105

STATEMENT-II

Year-wise and State/UT-wise State Program Implementation Plan (SPIP) Approvals under JSY (Rs. in Lakhs)						
S.N.	State/UT	2020-21	2021-22	2022-23	2023-24	2024-25
1	Andaman and Nicobar Islands	4.63	3.78	5.63	5.69	4.29
2	Andhra Pradesh	3445.90	3861.90	4053.00	4053.00	4,011.15
3	Arunachal Pradesh	274.30	345.38	309.62	325.46	279.51
4	Assam	6933.61	6872.87	7917.38	8248.54	8,536.93
5	Bihar	39083.20	39358.20	39358.20	41325.11	32,930.00
6	Chandigarh	3.92	3.02	2.18	2.18	0.74
7	Chhattisgarh	6860.70	6981.45	6935.25	7285.20	7,605.00
8	Dadar Nagar Haveli and Daman and Diu	30.99	31.31	32.32	32.32	32.14
9	Delhi	142.00	142.00	138.50	138.50	50.90
10	Goa	3.80	3.80	3.99	3.99	3.99
11	Gujarat	3449.65	3149.66	3217.33	3217.33	3,132.94
12	Haryana	450.20	435.20	370.91	370.91	793.04
13	Himachal Pradesh	196.50	196.50	207.49	213.88	210.50
14	Jammu and Kashmir	7901.03	2972.03	2733.03	2733.03	2,733.03
15	Jharkhand	9014.25	9014.25	9014.25	9539.25	9,962.00
16	Karnataka	4945.00	4720.20	4320.20	4320.20	3,485.98
17	Kerala	1544.23	1178.04	1480.31	1480.31	1,615.22
18	Ladakh	73.47	79.27	76.50	76.50	74.90
19	Lakshadweep	12.82	13.00	13.00	13.65	13.00
20	Madhya Pradesh	22108.75	22107.75	21861.25	21861.25	22,154.25
21	Maharashtra	4382.59	4280.79	4254.45	4254.45	4,604.90
22	Manipur	168.53	168.53	168.53	168.53	160.50
23	Meghalaya	390.00	485.00	566.90	566.90	672.63
24	Mizoram	195.11	166.33	167.45	169.86	200.06
25	Nagaland	154.60	161.82	120.65	132.15	121.25
26	Odisha	8894.19	9208.38	9388.40	9976.15	9,416.10
27	Puducherry	57.61	57.55	57.55	57.55	62.81
28	Punjab	1042.00	1032.00	1084.30	1084.30	1,133.00

29	Rajasthan	19885.85	19867.67	18981.00	19474.72	19,489.05
30	Sikkim	33.38	30.43	30.93	30.93	31.95
31	Tamil Nadu	3371.49	3371.88	3453.93	3453.93	2,742.22
32	Telangana	3195.30	1542.77	1770.96	1770.96	3,412.64
33	Tripura	309.00	388.00	320.50	349.50	309.75
34	Uttar Pradesh	52725.94	52920.67	54763.67	54763.67	54,897.23
35	Uttarakhand	1812.42	1540.21	1718.43	1623.93	1,759.88
36	West Bengal	8233.85	8043.33	8494.81	8494.81	7,766.46
<i>Source: (1) SPIP approvals as per Record of Proceeding (ROP).</i>						

STATEMENT-II

Statement showing Year-wise and State/UT-wise JSY Expenditure (Rs. in Lakhs)						
S. No.	State/UT	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
1	Andaman and Nicobar Islands	1.70	1.32	0.75	1.04	1.25
2	Andhra Pradesh	3,028.47	1,747.25	2,528.71	4,088.97	2,651.13
3	Arunachal Pradesh	166.85	69.66	301.98	52.48	29.59
4	Assam	7,017.89	6,919.93	7,871.59	7,451.78	7,548.23
5	Bihar	27,153.73	24,905.95	29,563.10	27,650.71	26,867.77
6	Chandigarh	2.47	1.87	0.70	1.22	0.74
7	Chhattisgarh	6,445.84	6,349.13	7,593.36	6,292.06	6,545.41
8	Dadar Nagar Haveli and Daman and Diu	29.24	28.93	24.37	16.87	40.66
9	Delhi	33.37	38.85	41.50	51.28	46.03
10	Goa	2.04	0.52	1.97	2.62	3.09
11	Gujarat	2,888.01	2,373.59	2,532.93	4,379.25	1,753.93
12	Haryana	536.90	582.49	641.22	534.41	586.80
13	Himachal Pradesh	437.32	626.53	512.23	483.79	496.30
14	Jammu and Kashmir	2,260.37	2,160.45	2,397.42	1,689.38	3,124.70
15	Jharkhand	6,959.84	3,797.86	7,334.31	8,209.81	7,353.28
16	Karnataka	4,590.02	3,524.84	4,064.05	4,391.89	3,485.98
17	Kerala	2,093.44	1,397.41	1,836.30	1,143.47	1,631.71
18	Ladakh	49.40	132.11	62.69	44.16	42.21

19	Lakshadweep	22.91	9.78	18.44	12.10	20.08
20	Madhya Pradesh	17,753.76	19,689.00	19,085.77	19,489.27	17,313.37
21	Maharashtra	4,286.95	3,698.46	5,105.59	4,660.26	4,412.81
22	Manipur	66.33	21.54	17.12	13.32	136.23
23	Meghalaya	393.38	92.75	360.73	264.64	577.56
24	Mizoram	83.05	108.68	97.56	70.36	59.00
25	Nagaland	71.14	59.95	57.11	94.17	127.98
26	Odisha	9,433.84	11,924.48	9,209.66	8,472.30	7,462.83
27	Puducherry	39.64	15.68	44.71	63.07	51.05
28	Punjab	889.85	747.44	806.97	1,084.30	797.27
29	Rajasthan	17,404.90	15,832.16	19,033.50	18,497.29	17,034.92
30	Sikkim	7.96	41.45	30.08	34.04	43.19
31	Tamil Nadu	2,307.72	1,498.77	2,660.00	2,385.29	3,340.17
32	Telangana	2,013.26	3,222.07	1,674.05	1,693.76	1,670.00
33	Tripura	236.76	86.44	277.73	241.76	262.59
34	Uttar Pradesh	44,436.57	28,696.63	42,284.58	47,531.53	43,805.01
35	Uttarakhand	1,303.72	1,164.28	1,253.52	1,307.25	1,202.74
36	West Bengal	8,111.64	6,304.96	8,483.51	9,086.17	8,094.52

Source: FY 2021-22 (As shared by States/UTs in Quarterly report) and other FYs as shared by States/UTs to NHM Finance Division, MoHFW).

STATEMENT-III

Statement showing Year-wise and State/UT-wise details of funds released and utilized under PMMVY											
(Rs. in Crores)											
S. No.	State/ UT	2020-21		2021-22		2022-23		2023-24		2024-25	
		Released	Utilised	Released	Utilised	Released	Utilised	Released	Utilised	Released	Utilized
1	Andaman and Nicobar Islands	0.98	1.01	1.19	0.71	0.18	0.74	0	0.4	0.33	0.46
2	Andhra Pradesh	14.39	78.48	20.22	14.43	71.89	95.81	57.99	42.8	44.96	70.73
3	Arunachal Pradesh	8.72	3.25	1.13	6.31	1.43	2.29	0	0.57	1.98	1.84
4	Assam	94.69	64.42	35.47	95.78	79.18	80.37	155.05	62.33	77.07	107.1
5	Bihar	319.98	498.93	211.74	113.71	171.74	216.2	0	31.7	141.53	194.85
6	Chandigarh	4.4	2.35	1.89	2.27	0.62	0.05	4.08	1.35	0	1.63
7	Chhattisgarh	9.66	58.86	38.66	34.78	72.75	44.99	0	19.03	68.72	87.79
8	Dadra Nagar Haveli and Daman and Diu	0.34	2.45	1.71	0.04	1.84	1.64	0.91	1.37	2.44	2.83
9	Goa	0.12	1.95	1.09	0.73	1.61	1.12	0	0.4	1.86	1.97
10	Gujarat	0	47.11	46.32	25.21	10.75	94.37	75.64	38.92	72.48	105.3
11	Haryana	7.36	40.87	40.02	40.91	63.66	44.57	0	2.97	33.3	37.95
12	Himachal Pradesh	7.73	20.61	21.17	18.88	14.19	16.23	10.56	3.68	26.85	20.14
13	Jammu and Kashmir	7.5	20.14	39.34	32.85	20.6	24.43	33.6	2.82	41.9	52.2
14	Jharkhand	16.27	57.23	58.39	35.24	29.27	27.97	0	15.8	39.31	57.93
15	Karnataka	37.92	96.47	142.77	72.57	148.87	210.1	113.96	39	159.96	177.33
16	Kerala	15.29	68.4	53.37	57.5	53.96	45.93	61.06	20.33	0	52.73
17	Ladakh	0.76	0.27	0.38	0.36	0.31	0.07	0.69	0.85	0.62	0.98
18	Lakshadweep	0.06	0.17	0.11	0.14	0.01	0	0.23	0.11	0.27	0.34
19	Madhya Pradesh	62.78	179.68	130.29	102.19	204.02	101.21	105.51	95.27	257	264.64
20	Maharashtra	113.11	264.85	99.50	149.02	240.83	152.86	0	26.84	141.17	125.94

21	Manipur	6.48	6.96	1.15	2.90	3.45	3.45	7.93	4.08	0	8.5
22	Meghalaya	5.08	4.85	5.08	6.06	6.26	6.04	0	6.38	3.45	7.26
23	Mizoram	5.46	3.07	2.90	2.99	1.99	1.78	1.4	1.94	2.55	1.63
24	Nagaland	1.39	2.67	4.98	2.13	2.03	6.95	2.42	1.91	4.18	4.06
25	NCT of Delhi	5.46	26.68	28.31	25.82	31.46	27.47	27.15	11.07	20.08	27.74
26	Odisha	0	0	0.00	0.00	0	0	0	0	43.48	0
27	Puducherry	0.85	1.87	2.39	2.98	1.96	1.82	0	0.05	1.76	3.06
28	Punjab	12.79	29.74	16.47	9.9	18.82	34.54	32.05	29.72	32.03	47.87
29	Rajasthan	100.02	151.23	108.20	98.06	81.84	114.15	123.23	56.33	98.17	182.88
30	Sikkim	0.57	1.06	0.42	0.44	0.7	1.11	1.28	0.37	0	1.28
31	Tamil Nadu	93.39	195.97	35.02	111.21	68.03	75.81	0	63.29	95.62	66.93
32	Tripura	7.55	6.98	4.53	4.49	3.27	4.71	11.31	2.75	5.42	14.37
33	Uttar Pradesh	99.28	476.85	290.85	199.70	500.68	384.53	0	74.79	0	82.55
34	Uttarakhand	18.97	26.29	20.71	23.81	16.69	7.1	30.35	19.68	26.41	37.86
35	West Bengal	0	0.56	162.58	0.005	63.22	39.09	0	0.58	0	0

Source: Ministry of Women and Child Development

Notes:

1. The Government of Telangana is not implementing the PMMVY scheme in their State.
2. The Government of Odisha is in the process of onboarding the PMMVY scheme in their State.
3. Utilised amount can be larger than the released amount as it may include the unutilised amounts of previous years.

STATEMENT-IV**Statement containing State/UT-wise number of operational Anganwadi Centres**

S.No.	State/UT	Operational Anganwadi Centres
1	Andhra Pradesh	55746
2	Arunachal Pradesh	6225
3	Assam	62093
4	Bihar	115009
5	Chhattisgarh	52510
6	Goa	1261
7	Gujarat	53065
8	Haryana	25962
9	Himachal Pradesh	18925
10	Jharkhand	38744
11	Karnataka	66098
12	Kerala	33120
13	Madhya Pradesh	97806
14	Maharashtra	110629
15	Manipur	11528
16	Meghalaya	6162
17	Mizoram	2244
18	Nagaland	3980
19	Odisha	74222
20	Punjab	27314
21	Rajasthan	61929
22	Sikkim	1308
23	Tamil Nadu	54481
24	Tripura	10275
25	Uttar Pradesh	189736
26	Uttarakhand	20064
27	West Bengal	119481
28	A and N Islands	720
29	Chandigarh	450

30	Dadra and N Haveli and Daman and Diu	405
31	Delhi	10897
32	Jammu and Kashmir	28183
33	Ladakh	1172
34	Lakshadweep	59
35	Puducherry	855
<i>Source: Ministry of Women and Child Development</i>		

STATEMENT-V

Year-wise total number of Institutional deliveries covered under Janani Suraksha Yojana (JSY) in districts of Punjab						
S.No.	District	2020-21	2021-22	2022-23	2023-24	2024-25
1	Amritsar	2807	4274	6771	4532	4449
2	Barnala	558	383	1193	1110	832
3	Bathinda	2273	1832	2403	2225	1747
4	Faridkot	1168	798	1539	1191	694
5	Fatehgarh Sahib	475	653	918	676	854
6	Fazilka	2971	2644	2251	2979	3437
7	Ferozpur	1585	1629	2132	2573	3274
8	Gurdaspur	3315	1890	2201	2235	2833
9	Hoshiarpur	2706	2440	3145	7251	3755
10	Jalandhar	5054	3957	4713	4946	4139
11	Kapurthala	3682	3622	3234	1691	1424
12	Ludhiana	4201	2233	5278	4918	4272
13	Malerkotla	0	0	974	869	990
14	Mansa	3858	3133	1957	1945	1467
15	Moga	1916	1087	1595	1308	841
16	Muktsar	2122	1468	2210	1947	1414
17	Pathankot	4103	3262	935	869	835
18	Patiala	374	419	4227	4222	4166
19	Rupnagar	2433	2466	3226	2187	1311

20	SAS Nagar	1922	1778	1442	1225	855
21	SBS Nagar	2764	2522	2745	2480	1983
22	Sangrur	3481	2671	2286	1967	2026
23	Tarntarn	2147	1824	3021	1589	1301

Source: Data as reported by State of Punjab

STATEMENT VI

State/UT-wise number of beneficiaries enrolled under PMMVY Scheme since inception

S.No.	State/UT	No. of Beneficiaries enrolled
1	Andaman And Nicobar Islands	11,569
2	Andhra Pradesh	20,39,783
3	Arunachal Pradesh	40,252
4	Assam	16,28,921
5	Bihar	48,10,242
6	Chandigarh	41,484
7	Chhattisgarh	12,06,089
8	Delhi	6,16,549
9	Goa	37,067
10	Gujarat	18,10,670
11	Haryana	10,25,766
12	Himachal Pradesh	3,64,329
13	Jammu And Kashmir	5,19,395
14	Jharkhand	11,54,960
15	Karnataka	30,45,460
16	Kerala	12,58,713
17	Ladakh	8,985
18	Lakshadweep	3,329
19	Madhya Pradesh	48,17,227
20	Maharashtra	42,98,090
21	Manipur	96,827
22	Meghalaya	77,971
23	Mizoram	50,080

24	Nagaland	52,370
25	Odisha	61
26	Puducherry	46,089
27	Punjab	8,33,472
28	Rajasthan	29,83,732
29	Sikkim	28,824
30	Tamil Nadu	20,79,951
31	The Dadra Nagar Haveli and Daman and Diu	27,859
32	Tripura	1,50,113
33	Uttar Pradesh	68,10,552
34	Uttarakhand	4,67,876
35	West Bengal	24,36,460
	Total	4,48,81,120
<i>Source: PMMVY Portal (as on 21.07.2025)</i>		

IT INFRASTRUCTURE IN COURTROOMS

2249. SHRI ANTO ANTONY:

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

- (a) the percentage of courtrooms in the Country that are currently equipped with fully functional IT infrastructure including electronic display facilities and video conferencing systems;
- (b) the total budget allocated for IT infrastructure development in courts;
- (c) the percentage of District and lower Courts that have been successfully integrated into the e-Courts project; and
- (d) the details including expenditure incurred thereon during the last five years, year-wise and State-wise?

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

(a) to (d): As per information provided by eCommittee, Supreme Court of India, the details of High Court wise percentage of courtrooms presently equipped with fully functional IT infrastructure including electronic display facilities and video conferencing systems are given in the enclosed **Statement-I**. Under eCourts Project Phase III (2023-27), a budget of Rs.7210 crore has been earmarked for end-to-end digitization of the court infrastructure. The details of component-wise budget outlay are given in the enclosed **Statement-II**. As per National Judicial Data Grid (NJDG) portal, 23007 District and Subordinate courts have been successfully integrated into the e-Courts project till date. The details of the State-wise and High Court-wise expenditure incurred over the last five years under the eCourts project are given in the enclosed **Statement-III**.

STATEMENT-I**Percentage of courtrooms presently equipped with fully functional IT infrastructure**

IT Infrastructure in Courtrooms				
S. No.	High Courts	[A] Total number of Courtroom under the jurisdiction of the High Court (including High Court)	[B] Total number of Courtrooms, out of [A] that are currently equipped with fully functional IT infrastructure including electronic display facilities and Video Conferencing Systems.	[C] % of courtrooms that are currently equipped with fully functional IT infrastructure including electronic display facilities and Video Conferencing Systems. (B/A*100)
1	Allahabad	3045	2648	87%
2	Andhra Pradesh	656	Courts with IT infrastructure: 649 Courtrooms with VC facility: 461	70% (461/656*100%)
3	Bombay	2439	2383	97.70 %
4	Calcutta	911	897	98.46%
5	Chhattisgarh	530	504	95.09%
6	Delhi	794	794	100%
7 (a)	Gauhati (Arunachal Pradesh)	33	33	100%
7 (b)	Gauhati (Assam)	436	436	100%
7 (c)	Gauhati (Mizoram)	54	34	62.90%
7 (d)	Gauhati (Nagaland)	29	27	93.00%
8	Gujarat	1115	1115	100%

9	Himachal Pradesh	201	201	100%
10	Jammu and Kashmir and Ladakh	257	248	96.40%
11	Jharkhand	575	512	89.04%
12	Karnataka	1307	349	26.70%
13	Kerala	609	Court Rooms Equipped With VC Systems = 603 Court Rooms Equipped With Electronic Display facilities = 136	% of Court Rooms Equipped With VC Systems = 99.01 % % of Court Rooms Equipped With Electronic Display facilities = 22.33 %
14	Madhya Pradesh	1706	1706	100%
15	Madras	1405	1372	97.65%
16	Manipur	48	48	100%
17	Meghalaya	81	81	100%
18	Orissa	862	831	96.40%
19	Patna	1712 High Court: 36 District Courts: 1676	High Court with IT infrastructure: 36 District Courts with Video Conferencing Systems: 1413 District Courts with Electronic Display Boards for new Court rooms: 331	High Courts - 100% District Courts: Video Conferencing Systems- $(1413/1676 \times 100) = 84\%$ approx. Electronic Display Board for 331 New Court rooms- $(331/1676 \times 100) = 20\%$ approx
20	Punjab and Haryana	1220 High Court: 49 functional	High Court with IT infrastructure: 49 District Courts with	High Court: 100%
				District Courts with Video Conferencing Systems: 90.43%

		courtrooms District Courts: 1171	Video Conferencing Systems: 1059 District Courts with Electronic Display Boards for new Court rooms : 1171	District Courts with Electronic Display Boards for new Court rooms : 100%
21	Rajasthan	1517	1422	93.74%
22	Sikkim	35	35	100%
23	Telangana	550	537	97.63%
24	Tripura	91	91	100%
25	Uttarakhand	291	101	35.00%

STATEMENT-II

The details of component-wise budget outlay

S.No.	Scheme Component	Outlay (Rs. Crore)
1	Scanning, Digitization and Digital Preservation of Case Records	2038.40
2	Cloud Infrastructure	1205.23
3	Additional hardware to existing courts	643.66
4	Infrastructure in newly set up courts	426.25
5	Virtual Courts	413.08
6	eSewa Kendra	394.48
7	Paperless Court	359.20
8	System and Application Software Development	243.52
9	Solar Power Backup	229.50
10	Video Conferencing set-up	228.48
11	e- filing	215.97
12	Connectivity (Primary + Redundancy)	208.72
13	Capacity Building	208.52
14	CLASS (Courtroom Live-Audio Visual Streaming System)	112.26
15	Project Management Unit	56.67
16	Future Technological Advancements	53.57
17	Judicial process re-engineering	33.00

18	Disabled friendly ICT enabled facilities	27.54
19	NSTEP	25.75
20	Online Dispute Resolution (ODR)	23.72
21	Knowledge Management System	23.30
22	e-Office for High Courts and District Courts	21.10
23	Integration with Inter-Operable Criminal Justice System (ICJS)	11.78
24	S3WAAS platform	6.35
	TOTAL	7210

STATEMENT-III

Year-wise details of expenditure incurred

(Amount in Rs. crore)

Sr. No.	High Court	FY 2020-21	FY 2021-22	FY 2022-23*	FY 2023-24	FY 2024-25
1	Allahabad	13.79	0.00	-	95.87	51.78
2	Andhra Pradesh	1.96	0.00	-	25.44	31.74
3	Bombay	8.86	0.00	-	69.54	83.19
4	Calcutta	4.93	0.00	-	16.73	27.65
5	Chhattisgarh	2.34	0.00	-	16.27	24.17
6	Delhi	3.00	0.00	-	17.89	48.19
7 (a)	Gauhati (Arunachal Pradesh)	1.52	1.26	-	2.03	9.76
7 (b)	Gauhati (Assam)	6.11	3.49	-	24.97	33.85
7 (c)	Gauhati (Mizoram)	0.72	0.30	-	3.12	6.22
7 (d)	Gauhati (Nagaland)	0.83	0.84	-	1.79	3.91
8	Gujarat	3.48	0.00	-	27.72	73.21
9	Himachal Pradesh	2.00	0.00	-	6.06	6.89
10	Jammu and Kashmir	1.00	0.00	-	6.52	14.53
11	Jharkhand	2.98	0.00	-	10.59	29.22

12	Karnataka	4.29	0.00	-	32.37	67.40
13	Kerala	2.83	1.58	-	15.40	32.62
14	Madhya Pradesh	6.28	0.00	-	22.90	77.31
15	Madras	4.73	0.00	-	90.69	91.75
16	Manipur	1.30	0.76	-	11.12	7.54
17	Meghalaya	2.32	2.23	-	3.33	8.50
18	Orissa	3.37	0.00	-	6.77	53.24
19	Patna	5.44	0.00	-	32.43	89.55
20	Punjab and Haryana	4.55	0.00	-	14.58	26.01
21	Rajasthan	10.58	1.62	-	19.80	34.72
22	Sikkim	1.01	0.77	-	1.71	8.98
23	Telangana	1.79	0.00	-	22.03	28.57
24	Tripura	4.44	0.96	-	0.53	7.05
25	Uttarakhand	1.28	0.00	-	13.68	19.95
Total		107.73	13.81	-	611.88	997.49
<i>* Funds under Phase-II were released to High Courts only till 31st March, 2022. Though the Phase-II continued till the project targets were achieved (i.e. March 2023), no budget outlay was made for F.Y. 2022-23.</i>						

COURT INFRASTRUCTURE IN LADAKH

2250. SHRI MOHMAD HANEEFA:

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

- (a) whether the Government is aware of the lack of district court infrastructure in remote sub-divisions of Ladakh;
- (b) if so, the steps being taken/proposed to be taken by the Government to upgrade legal Infrastructure in the UT of Ladakh;
- (c) whether it is a fact that more than 30 per cent of the sanctioned judicial posts are lying vacant, leading to an acute shortage of full-time judicial officers in remote areas of Ladakh;

- (d) if so, the details thereof and the steps being taken by the Government to fill up these vacancies in a time-bound manner;
- (e) whether the Government is considering to set up mobile courts or regular Lok Adalats in far-flung areas of Ladakh to ensure timely access to justice; and
- (f) whether legal aid services, women helpline desks and child welfare courts have been adequately institutionalised under the NALSA framework in Ladakh?

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

(a) and (b): The Government of India has been implementing a Centrally Sponsored Scheme (CSS) for Development of Judicial Infrastructure since 1993-94 to augment the resources of the States/UTs. The CSS covers construction of court halls, residential units, lawyers' halls, toilet complexes and digital computer rooms.

As per information provided by the Ladakh Administration, there are 10 sub-divisions in the UT of Ladakh. Court infrastructure is available in 05 sub-divisions namely Zaskar, Sankoo, Khamtsi, Nubra and Drass. A sum of Rs.8.33 Crore has been released to UT of Ladakh under the CSS during last five years. In addition, for the financial year 2025-26, a sum of Rs. 2.00 crore has been earmarked under the CSS for UTs without legislature. The sanctioned and working/posted strengths of judicial officers in Ladakh are 17 and 10

respectively. Presently 11 court halls and 04 residential units are available in Ladakh. However, 04 court halls and 02 residential units are under construction.

(c) and (d): As per the Constitutional mandate, in exercise of powers conferred under proviso to Article 309 read with Articles 233 and 234 of the Constitution, the respective State Government / UT Administration, in consultation with their respective High Courts, frame the rules and regulations regarding the appointment and recruitment of judicial officers. The Supreme Court, vide order passed in January, 2007 in the Malik Mazhar Sultan case has, inter-alia, stipulated certain timelines which are to be followed by the States/UTs and the respective High Courts for recruitment of judges in the district and subordinate courts.

(e) and (f): Lok Adalat is organised across the country as per the provisions of the Legal Services Authorities Act, 1987 read with National Legal Services Authority (Lok Adalats) Regulations, 2009 for the subject matters as prescribed under the said Act and Regulations in the Courts as defined under Section 2 (1) (aaa) of the said Act. Every year, NALSA issues calendar for organising National Lok Adalats. The State Lok Adalats are organised by State Legal Services Authorities as per the local conditions and needs. Four National Lok Adalats are held in one calendar year. The details of the number of cases settled by National Lok Adalat and State Lok Adalat in Ladakh during the last three years are as under:

(i) National Lok Adalat:

Year	Pre-litigative cases	Pending cases	Total cases
2022	416	1028	1444
2023	383	1398	1781
2024	523	1627	2150
Total	1322	4053	5375

(ii) State Lok Adalat:

Year	Pre-litigative cases	Pending cases	Total cases
2022-23	7	233	240
2023-24	0	0	0
2024-25	0	0	0
Total	7	233	240

The National Legal Services Authority (Legal Services Clinics) Regulations, 2011 provide for eligibility criteria for free legal services in the legal services clinic, selection of lawyers for manning the clinics, functions of para-legal volunteers in the clinic, etc. In September 2023, Legal Aid Clinic in Tangtse, a remote village in Leh district was established. This clinic is part of the Ladakh Legal Services Authority (LLSA) framework and staffed with Para-Legal Volunteers (PLVs) to provide legal support locally. The LLSA has established multiple Legal Aid Clinics across Leh and Kargil districts. The Ladakh Administration has informed that they have established Special Mobile Magistrate Courts in both the districts of Leh and Kargil for timely access to justice. In addition, NALSA introduced the National toll free legal aid helpline

number 15100 on IVRS technology in August 2024, which connects Indian Citizens (including Ladakh) with legal advice and referral services. The details of persons benefited in Ladakh through Legal aid and advice under various activities/programmes undertaken by LLSA during the last three years are as under:

Year	Women	Children	Others	Total
2022-23	180	12	519	711
2023-24	105	3	397	505
2024-25	192	9	123	324
Total	477	24	1039	1540

भारत-पाकिस्तान संबंध

2251. डॉ. शिवाजी बंडाप्पा कालगे:

क्या **विदेश** मंत्री यह बताने की कृपा करेंगे कि:

- (क) अप्रैल-मई 2025 के दौरान हुई सैन्य झड़पों के बाद भारत और पाकिस्तान के बीच संबंधों की वर्तमान स्थिति क्या है;
- (ख) इस तनावपूर्ण स्थिति को कम करने के लिए सरकार द्वारा क्या कदम उठाए जा रहे हैं;
- (ग) क्या हाल के संघर्षों के बाद भारत-पाकिस्तान संबंधों में कोई बुनियादी बदलाव आया है, यदि हाँ, तो इस संबंध में भारत की दीर्घकालिक रणनीति क्या है; और
- (घ) क्या सरकार निकट भविष्य में पाकिस्तान के साथ किसी भी स्तर पर राजनयिक वार्ता फिर से शुरू करने का प्रस्ताव रखती है और यदि हाँ, तो तत्संबंधी शर्तें क्या हैं?

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

(क) से (घ): दिनांक 22 अप्रैल 2025 को पाकिस्तान प्रायोजित आतंकवादियों द्वारा किए गए पहलगाम आतंकी हमले के जवाब में, भारत ने कई राजनयिक कदम उठाए तथा पाकिस्तान और पाकिस्तान के कब्जे वाले जम्मू-कश्मीर में आतंकवादी ढाँचे को निशाना बनाकर ऑपरेशन सिंदूर शुरू किया।

दिनांक 10 मई 2025 को, पाकिस्तान के सैन्य अभियान महानिदेशक (डीजीएमओ) ने अपने भारतीय समकक्ष से गोलीबारी और सैन्य गतिविधियाँ बंद करने का अनुरोध किया, जिस पर उसी दिन बाद में सहमति बन गई।

भारत ने आतंकवाद की जड़ों के खिलाफ सख्त कार्रवाई करने, किसी भी प्रकार के ब्लैकमेल को बर्दाश्त न करने और अपने नागरिकों को किसी भी खतरे से बचाने के लिए निर्णायक कदम उठाने के अपने दृष्टिकोण को भी स्पष्ट किया है। किसी भी प्रकार की राजनयिक बातचीत के साथ आतंकवाद की असंगति पर भारत के रुख से भी उच्चतम स्तर पर अवगत करा दिया गया है। ऑपरेशन सिंदूर जारी है।

STRENGTHENING OF THE PHARMACEUTICAL INDUSTRIES

2252. SHRI DAGGUMALLA PRASADA RAO:

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

- (a) the details of pharmaceutical units registered and shortlisted under the Strengthening of Pharmaceuticals Industry Scheme (SPI), year-wise, State/district-wise for Andhra Pradesh;
- (b) the details of financial outlay sanctioned and utilised by the pharmaceutical units under the said scheme classified by their annual turnover for Andhra Pradesh, State-wise and district-wise;

- (c) whether the Government has undertaken any awareness and outreach campaigns for the revamped scheme in pharmaceutical clusters, if so, the number and type of such events held, State-wise; and
- (d) the monitoring mechanisms put in place to verify certified expenditures, compliance with Revised Schedule M and WHO-GMP norms?

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): Pharmaceutical units are being provided financial assistance under the following two sub-schemes under the Strengthening of Pharmaceuticals Industry scheme:

- (i) Assistance to Pharmaceutical Industry for Common Facilities (API-CF):
Under this, financial assistance is provided for infrastructure facilities in pharmaceuticals clusters.
- (ii) Revamped Pharmaceutical Technology Upgradation Assistance Scheme (RPTUAS): Under this, financial assistance is provided for upgrading technology in pharmaceuticals units to Schedule M or World Health Organization — Good Manufacturing Practices (WHO-GMP) standards.

Under 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. As on 29.7.2025, 281 applications have been received from pharmaceutical units under the sub-scheme and applications of 142 pharmaceutical companies have been approved with total

approved grant-in-aid amount of ₹135.8 crore for their projects, which include applications of five pharmaceutical companies with total approved grant-in-aid 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 sub-scheme. List of pharmaceutical companies whose projects have been considered and approved under the scheme is given in the enclosed **Statement-I**. List of pharmaceutical companies whose projects are under consideration under the sub-scheme are given in the enclosed **Statement-II**.

Under API-CF, a total amount of ₹178.40 crore has been allocated for various projects for the period from FY2024-25 to FY2025-26. Projects approved or approved in-principle so far involve total grant-in-aid amount of ₹139.33 crore to special purpose vehicles formed by pharmaceutical companies, including one project for a special purpose vehicle formed involving total approved grant-in-aid of ₹20 crore in the State of Andhra Pradesh. Total amount disbursed so far in respect of the approved projects is ₹75.76 crore, including disbursed amount of ₹5 crore in respect of the project in the State of Andhra Pradesh. List of pharmaceutical companies whose projects have been

considered and approved or approved in-principle under the scheme is given in the enclosed **Statement-III**.

(c): The Government, in association with industry associations, has so far organised 13 national conferences and five webinars with pharmaceutical clusters on Enhancing Pharmaceuticals Quality Assurance through Good Manufacturing Practices and Session on RPTUAS. These National 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 (Bhubaneswar), Maharashtra (Mumbai), Karnataka (Mysore) and Gujarat (Vadodara). The webinars with pharmaceutical clusters have been held at Chennai, Bangalore, Hyderabad, Ahmedabad and Vadodara.

(d): Under RPTUAS, to claim the incentive amount, applicants are required to submit the revised Schedule M / WHO-GMP certificates issued by the drug regulators concerned and certificate of expenditure incurred issued by chartered accountant. Verification of the revised Schedule M / WHO-GMP certificates submitted by applicants from the drug regulator concerned is undertaken. Further, meetings through videoconferencing are held from time to time, with participation of Joint Drugs Controller General (India) and State Drugs Controllers concerned, to monitor and expedite such verification.

STATEMENT-I

List of pharmaceutical companies whose projects have been considered and approved under RPTUAS

Applicant pharmaceutical company	State / Union territory	Sanctioned in financial year
Dinakara Life Science Pvt. Ltd.	Andhra Pradesh	2024-25
Alapati Pharma	Andhra Pradesh	2024-25
Inchem Laboratories Pvt. Ltd.	Andhra Pradesh	2024-25
Aparna Pharmaceuticals Pvt. Ltd.	Andhra Pradesh	2025-26
Alivira Animal Health Ltd.	Andhra Pradesh	2025-26
Signova Healthcare Pvt. Ltd. Unit-II	Assam	2025-26
Ornate Labs Pvt. Ltd.	Bihar	2024-25
Anuja Healthcare Ltd.	Chandigarh	2024-25
V S International Pvt. Ltd.	Daman	2025-26
Bdr Lifesciences Pvt. Ltd.	Gujarat	2024-25
Sangharsh Lifecare Pvt. Ltd.	Gujarat	2024-25
Denis Chem Lab Ltd	Gujarat	2024-25
Bakul Pharma Pvt. Ltd.	Gujarat	2024-25
Navil Laboratories Pvt. Ltd.	Gujarat	2024-25
Virdev Intermediates Pvt. Ltd.	Gujarat	2024-25
Altis Finchem Pvt. Ltd.	Gujarat	2024-25
Kentreck Laboratories Pvt. Ltd.	Gujarat	2024-25
Neha Life Science Pvt. Ltd.	Gujarat	2024-25
Vasa Pharmachem Pvt. Ltd.	Gujarat	2024-25
Arnav Research Laboratories	Gujarat	2024-25
Nucare Laboratories India	Gujarat	2024-25
Adrhim Pharmaceuticals LLP	Gujarat	2024-25
Swati Chemicals	Gujarat	2024-25
B. Sharda Pharma Pellets Pvt. Ltd.	Gujarat	2024-25
Exotic Pharma	Gujarat	2024-25
Padmavati Chemicals Pvt. Ltd.	Gujarat	2024-25
Shiva Healthcare	Gujarat	2024-25

Shc Pharmaceuticals	Gujarat	2024-25
Yash Medicare Pvt. Ltd.	Gujarat	2024-25
Exemed Pharmaceuticals	Gujarat	2025-26
Salus Pharmaceuticals	Gujarat	2025-26
Trio Remedies Pvt. Ltd.	Gujarat	2025-26
Trio Lifescience Pvt. Ltd.	Gujarat	2025-26
Pulse Pharma Manu Co	Gujarat	2025-26
Rajdip Pharmaceuticals	Gujarat	2025-26
Sanket Healthcare	Gujarat	2025-26
C P M Enterprise	Gujarat	2025-26
Maruti Industries	Gujarat	2025-26
Sahajanand Life Sciences Pvt. Ltd.	Gujarat	2025-26
Protech Biosystem Pvt. Ltd.	Haryana	2025-26
Mcneil And Argus Pharmaceuticals Ltd.	Haryana	2024-25
Ethix Health Care	Himachal Pradesh	2024-25
Bennet Pharmaceuticals Ltd.	Himachal Pradesh	2024-25
Maxwell Pharma	Himachal Pradesh	2024-25
M Sea Pharmaceuticals Pvt. Ltd.	Himachal Pradesh	2024-25
Park Pharmaceuticals	Himachal Pradesh	2024-25
Three B Healthcare Ltd.	Himachal Pradesh	2024-25
Auraya Healthcare Unit-II	Himachal Pradesh	2024-25
Medoz Pharmaceuticals Pvt. Ltd.	Himachal Pradesh	2024-25
Unispeed Pharmaceuticals Pvt. Ltd.	Himachal Pradesh	2024-25
Pharma Force Lab	Himachal Pradesh	2024-25

Sirmour Remedies Pvt. Ltd.	Himachal Pradesh	2024-25
Mediforce Healthcare Pvt. Ltd.	Himachal Pradesh	2024-25
Goish Remedies Ltd.	Himachal Pradesh	2024-25
Alexi Pharmicia Pvt. Ltd.	Himachal Pradesh	2024-25
Biodeal Pharmaceuticals Ltd.	Himachal Pradesh	2024-25
Brit Lifescience	Himachal Pradesh	2024-25
Higgs Healhtcare	Himachal Pradesh	2024-25
Unix Biotech	Himachal Pradesh	2024-25
Varv Biogenesis Pvt. Ltd.	Himachal Pradesh	2024-25
Next Wave India	Himachal Pradesh	2024-25
Gnosis Pharmaceuticals Pvt. Ltd.	Himachal Pradesh	2024-25
Medicef Pharma	Himachal Pradesh	2024-25
Algen Healthcare Ltd.	Himachal Pradesh	2024-25
Brd Medilabs	Himachal Pradesh	2024-25
Nixi Laboratories Pvt. Ltd.	Himachal Pradesh	2024-25
Legen Healthcare	Himachal Pradesh	2024-25
Osper Formulation Pvt. Ltd.	Himachal Pradesh	2024-25

Caspian Pharmaceuticals	Himachal Pradesh	2025-26
Purobien Lifesciences	Himachal Pradesh	2025-26
Saphnix Life Sciences	Himachal Pradesh	2025-26
Dm Pharma Pvt. Ltd.	Himachal Pradesh	2025-26
Healkraft Pharma (India) Pvt. Ltd.	Himachal Pradesh	2025-26
Vowcare Products	Jammu and Kashmir	2024-25
Protech Biopharma Pvt. Ltd.	Jammu and Kashmir	2024-25
Ce Chem Pharmaceuticals Pvt. Ltd.	Karnataka	2024-25
Nandu Chemical Industries	Karnataka	2024-25
Recipharm Pharmaservices Pvt. Ltd.	Karnataka	2024-25
Nandu Chemicals Pvt. Ltd.	Karnataka	2025-26
Anglo-French Drugs & Industries Ltd.	Karnataka	2025-26
Kemwell Biopharma Pvt. Ltd.	Karnataka	2025-26
Chethana Formulations Pvt. Ltd.	Kerala	2025-26
Megasys Biotek Pvt. Ltd.	Kerala	2025-26
Labinduss Ltd	Kerala	2025-26
Zenith Drugs Ltd.	Madhya Pradesh	2024-25
Schon Pharmaceuticals Ltd.	Madhya Pradesh	2024-25
Modern Laboratories	Madhya Pradesh	2024-25
Nandani Medical Laboratories Pvt. Ltd.	Madhya Pradesh	2025-26
Hind Pharma	Madhya Pradesh	2025-26

Beryl Drugs Ltd.	Madhya Pradesh	2025-26
Scitech Specialities Pvt. Ltd.	Maharashtra	2024-25
Murli Krishna Pharma Pvt. Ltd.	Maharashtra	2024-25
Aqua Fine Injecta Pvt. Ltd.	Maharashtra	2024-25
Emil Pharmaceutical Industries Pvt. Ltd	Maharashtra	2024-25
Srikem Laboratories Pvt. Ltd.	Maharashtra	2024-25
Sunshine Organics Pvt. Ltd.	Maharashtra	2024-25
Embio Ltd.	Maharashtra	2024-25
Aveo Pharmaceuticals Pvt. Ltd.	Maharashtra	2024-25
Hindustan Antibiotics Ltd.	Maharashtra	2024-25
Sequent Scientific Ltd.	Maharashtra	2024-25
Kores (India) Ltd.	Maharashtra	2024-25
Nitika Pharmaceutical Specialities Pvt. Ltd.	Maharashtra	2024-25
Avik Pharmaceutical Ltd.	Maharashtra	2024-25
Great Pacific Export Pvt. Ltd.	Maharashtra	2024-25
Vav Lipids Pvt. Ltd.	Maharashtra	2025-26
Anek Prayog Pvt. Ltd.	Maharashtra	2025-26
Velite Pharmaceuticals	Punjab	2024-25
Systacare Remedies	Punjab	2024-25
Saurav Chemicals Ltd.	Punjab	2024-25
Torque Pharmaceuticals Pvt. Ltd.	Punjab	2024-25
Lark Laboratories India Ltd	Rajasthan	2024-25
Saimirra Innopharm Pvt. Ltd.	Tamilnadu	2024-25
Pharm Products Pvt. Ltd.	Tamilnadu	2024-25
Medibest Pharma Pvt. Ltd	Tamilnadu	2024-25
Tychos Therapeutics Pvt. Ltd.	Tamilnadu	2024-25
Sreepathi Pharmaceuticals Ltd.	Telangana	2024-25
Dano Vaccines & Biologicals Pvt. Ltd.	Telangana	2024-25
Magnum Chemi Gran Pvt. Ltd.	Telangana	2024-25
Sanzyme Pvt. Ltd..	Telangana	2024-25
Radicon Laboratories Ltd.	Uttar Pradesh	2024-25
Daffodills Pharmaceuticals Ltd.	Uttar Pradesh	2024-25

Pro-Pharma Care Pvt	Uttarakhand	2024-25
Daffohils Laboratories Pvt. Ltd.	Uttarakhand	2024-25
Sarv Pharmaceuticals	Uttarakhand	2024-25
Talent Healthcare	Uttarakhand	2024-25
Prochem Pharmaceuticals Pvt. Ltd.	Uttarakhand	2024-25
Tosc International Pvt. Ltd.	Uttarakhand	2024-25
Karnani Pharmaceuticals Pvt. Ltd.	Uttarakhand	2024-25
Evolet Pharmaceuticals Pvt. Ltd.	Uttarakhand	2024-25
Rusan Pharma Ltd.	Uttarakhand	2025-26
Cotec Health Care Pvt. Ltd.	Uttarakhand	2025-26
Tulbros Formulations	Uttarakhand	2025-26
Indian Drug Vision	Uttarakhand	2025-26
Aagya Biotech Pvt. Ltd.	Uttarakhand	2025-26
Vulcan Laboratories Pvt. Ltd.	West Bengal	2024-25
Mendine Pharmaceuticals Pvt. Ltd.	West Bengal	2024-25
Diamond Drugs Pvt. Ltd.	West Bengal	2024-25
Gena Pharmaceuticals Ltd.	West Bengal	2024-25
Pharma Impex Laboratories Pvt. Ltd.	West Bengal	2024-25
Tetradrip Pharma Pvt. Ltd.	West Bengal	2025-26
Jagannath Chemical and Pharmaceutical Works Pvt. Ltd.	West Bengal	2025-26
Hygeia Pharmaceuticals Mfg Pvt. Ltd.	West Bengal	2025-26

STATEMENT-II

List of pharmaceutical companies whose projects are under consideration under RPTUAS

Applicant pharmaceutical company	State / Union territory	Sanctioned in financial year
Rathnam Pharmaceuticals	Andhra Pradesh	2025-26
Sionc Pharmaceutical Pvt. Ltd.	Andhra Pradesh	2025-26

Padmaja Laboratories Pvt. Ltd.	Andhra Pradesh	2025-26
Serve Pharmaceuticals	Gujarat	2025-26
Narmada Organics	Gujarat	2025-26
Bdr Pharmaceuticals International Pvt. Ltd.	Gujarat	2025-26
Intracin Pharmaceuticals Pvt. Ltd.	Gujarat	2025-26
Manish Pharma Lab	Gujarat	2025-26
Parth Laboratories Pvt. Ltd.	Gujarat	2025-26
Lactose India Ltd.	Gujarat	2025-26
Luxica Pharma Inc	Gujarat	2025-26
Shree Pharma (India)	Gujarat	2025-26
Adani Pharmachem Pvt. Ltd.	Gujarat	2025-26
Unimark Remedies Ltd.	Gujarat	2025-26
Sehat Pharma Pvt. Ltd.	Gujarat	2025-26
Sg Healthcare Pvt. Ltd.	Gujarat	2025-26
Elikem Pharmaceuticals Pvt. Ltd.	Gujarat	2025-26
Techno Drugs And Intermediates Pvt. Ltd.	Gujarat	2025-26
Suchem Laboratories	Gujarat	2025-26
Krozex Remedies Pvt. Ltd.	Gujarat	2025-26
Nebula Healthcare Ltd.	Gujarat	2025-26
Divine Life Care Pvt. Ltd.	Gujarat	2025-26
Ethicare Pharmaceuticals Pvt. Ltd.	Gujarat	2025-26
Vm Chemicals	Gujarat	2025-26
Shelat Brothers	Gujarat	2025-26
Vadish Pharma Pvt. Ltd.	Gujarat	2025-26
Bharat Parenterals Ltd.	Gujarat	2025-26
Navin Saxsena Research and Technology Pvt. Ltd.	Gujarat	2025-26
Sprout Laboratories Pvt. Ltd.	Gujarat	2025-26
Sbf Pharma Pvt. Ltd.	Gujarat	2025-26
Carewin Pharmaceuticals Gujarat Pvt. Ltd.	Gujarat	2025-26
Lexmark Pharmaceuticals Pvt. Ltd.	Gujarat	2025-26
Hbc Healthcare Pvt. Ltd.	Gujarat	2025-26
Sruzam Labs Pvt. Ltd.	Gujarat	2025-26

Lex-Mark Healthcare LLP	Gujarat	2025-26
Indamed Pharmaceuticals Pvt. Ltd.	Gujarat	2025-26
Snj Labs Pvt. Ltd.	Gujarat	2025-26
Seejar Pharmaceuticals	Gujarat	2025-26
Shantam Pharmaceuticals Pvt. Ltd.	Gujarat	2025-26
Oneiro Lifecare Pvt. Ltd.	Gujarat	2025-26
Nira Life Sciences Pvt. Ltd.	Gujarat	2025-26
Apex Formulations Pvt. Ltd.	Gujarat	2025-26
Dwarkesh Healthcare	Gujarat	2025-26
Sunij Pharma Pvt. Ltd.	Gujarat	2025-26
Aan Pharma Pvt. Ltd.	Gujarat	2025-26
Kekule Life Sciences Ltd.	Gujarat	2025-26
Mackur Laboratories Ltd.	Gujarat	2025-26
Aurinko Healthcare Pvt. Ltd.	Haryana	2025-26
Mitra Industries Pvt. Ltd.	Haryana	2025-26
Sia Pharma Pvt. Ltd.	Haryana	2025-26
Medox Lifesciences	Himachal Pradesh	2025-26
Pushkar Pharma	Himachal Pradesh	2025-26
Legency Remedies Pvt. Ltd.	Himachal Pradesh	2025-26
Pentachem Pharmaceuticals	Himachal Pradesh	2025-26
Sunlife Pharma Services	Himachal Pradesh	2025-26
Smayan Healthcare Pvt. Ltd.	Himachal Pradesh	2025-26
Soft Touch Pharmaceuticals Pvt. Ltd.	Himachal Pradesh	2025-26
Magbro Health Care Pvt. Ltd.	Himachal Pradesh	2025-26

Pinnacle Life Science Pvt. Ltd	Himachal Pradesh	2025-26
Orison Pharma International	Himachal Pradesh	2025-26
Brooks Laboratories Ltd.	Himachal Pradesh	2025-26
Aqua Parental	Himachal Pradesh	2025-26
Athens Life Sciences	Himachal Pradesh	2025-26
Cortex Medical Inc	Himachal Pradesh	2025-26
Himsagar Laboratories Ltd.	Himachal Pradesh	2025-26
Saar Biotech Pvt. Ltd.	Himachal Pradesh	2025-26
Syskem Pharmocrats	Himachal Pradesh	2025-26
Mmg Healthcare	Himachal Pradesh	2025-26
Verax Lifesciences Pvt. Ltd.	Himachal Pradesh	2025-26
Auraya Healthcare	Himachal Pradesh	2025-26
Lifecare Neuro Products Ltd	Himachal Pradesh	2025-26
Hanuchem Laboratories Unit Three	Himachal Pradesh	2025-26
Martin & Brown Bio Sciences Pvt. Ltd.	Himachal Pradesh	2025-26
Nitin Lifesciences Ltd	Himachal Pradesh	2025-26
Pacific India	Himachal Pradesh	2025-26

Vellinton Healthcare	Himachal Pradesh	2025-26
Digital Vision	Himachal Pradesh	2025-26
Kantil Pharmaceuticals Pvt. Ltd.	Himachal Pradesh	2025-26
Ekanthika Pharmaceuticals	Himachal Pradesh	2025-26
Ramom Health Care Pvt. Ltd.	Himachal Pradesh	2025-26
Ethicare Laboratories	Jammu and Kashmir	2025-26
Adeep Life Sciences Pvt. Ltd.	Karnataka	2025-26
Vazrachem Specialities	Karnataka	2025-26
Natural Capsules Ltd.	Karnataka	2025-26
M N Chemicals Ltd.	Karnataka	2025-26
Garima Healthcare Pvt. Ltd.	Madhya Pradesh	2025-26
Riemann Labs Pvt. Ltd.	Madhya Pradesh	2025-26
Wilcure Remedies Pvt. Ltd.	Madhya Pradesh	2025-26
Cipco Ltd.	Madhya Pradesh	2025-26
Arc Pharmaceuticals	Madhya Pradesh	2025-26
Sam Kem	Madhya Pradesh	2025-26
Oceanic Laboratories Pvt. Ltd.	Maharashtra	2025-26
Galentic Pharma India Pvt. Ltd.	Maharashtra	2025-26
Red Cross Formulation	Maharashtra	2025-26
M J Biopharm Pvt. Ltd.	Maharashtra	2025-26
Anant Pharmaceuticals Pvt. Ltd.	Maharashtra	2025-26
Arco Life Science (India) Private Ltd	Maharashtra	2025-26
Unilab Chemicals And Pharmaceuticals Pvt. Ltd.	Maharashtra	2025-26
Zen Chemicals Pvt. Ltd.	Maharashtra	2025-26
Orex Pharma Pvt. Ltd.	Maharashtra	2025-26
Pell Tech Health Care Pvt. Ltd.	Maharashtra	2025-26

U S Pharma (India) Pvt. Ltd.	Maharashtra	2025-26
Eisen Pharmaceutical Co Pvt. Ltd.	Maharashtra	2025-26
Bakul Aromatics and Chemicals Pvt. Ltd.	Maharashtra	2025-26
Sydler Remedies Pvt. Ltd.	Maharashtra	2025-26
Stantech Pharmaceuticals Pvt. Ltd.	Maharashtra	2025-26
Laxachem Organics Pvt. Ltd.	Maharashtra	2025-26
Sanpras Health Care Pvt. Ltd.	Maharashtra	2025-26
Flamingo Pharmaceuticals Ltd.	Maharashtra	2025-26
Shakti Life Science Pvt. Ltd.	Maharashtra	2025-26
Asuwaldi Pharmaceuticals	Maharashtra	2025-26
Leben Laboratories Pvt. Ltd.	Maharashtra	2025-26
Surajlok Chemicals Pvt. Ltd.	Maharashtra	2025-26
Korten Pharmaceuticals Pvt. Ltd.	Maharashtra	2025-26
Makjai Laboratories Pvt. Ltd.	Maharashtra	2025-26
Hindustan Laboratories Ltd.	Maharashtra	2025-26
Nysa Biomed Pvt. Ltd.	Maharashtra	2025-26
Gag Pharmaceuticals	Punjab	2025-26
Kwality Pharmaceuticals Ltd.	Punjab	2025-26
D. D. Pharmaceuticals Pvt. Ltd.	Rajasthan	2025-26
D. D. Api Pvt. Ltd.	Rajasthan	2025-26
Sundara Raman R	Tamil Nadu	2025-26
Life Care Formulations Pvt. Ltd.	Tamil Nadu	2025-26
Bafna Pharmaceuticals Ltd.	Tamil Nadu	2025-26
Linux Life Sciences Pvt. Ltd.	Tamil Nadu	2025-26
Maithri Drugs Pvt. Ltd.	Telangana	2025-26
Yeluri Formulations Pvt. Ltd.	Telangana	2025-26
Rashmi Pharma Pvt. Ltd.	Telangana	2025-26
Kekule Pharma Ltd.	Telangana	2025-26
Indo Gulf Pharmaceuticals	Uttar Pradesh	2025-26
Psychotropics India Ltd.	Uttarakhand	2025-26
Saintlife Pharmaceuticals Ltd.	Uttarakhand	2025-26
Sushima Laboratories	Uttarakhand	2025-26
Dhruv Bhatia- Supermax Laboratories	Uttarakhand	2025-26

Sunlife Sciences	Uttarakhand	2025-26
Coral Laboratories Ltd.	Uttarakhand	2025-26
Suraksha Pharma Pvt. Ltd.	Uttarakhand	2025-26
Suncare Formulations Pvt. Ltd.	Uttarakhand	2025-26
Synokem Lifesciences Pvt. Ltd.	Uttarakhand	2025-26

STATEMENT-III

List of SPVs whose projects have been considered and approved or approved in-principle under API-CF

(in crore ₹)

S. No.	SPV	State	Project	Sanctioned grant	Grant released	Sanctioned in financial year
1	Welzo Research and Development Pvt. Ltd.	Baddi, Himachal Pradesh	Research and Development and Testing Laboratory	19.53	17.58	2022-23
2	Jeedimetla Effluent Treatment Ltd.	Hyderabad, Telangana	Common Effluent Treatment Plant	20.00	18	2022-23
3	Tindivanam Pharma Park Association	Villupuram, Tamil Nadu	Common Effluent Treatment Plant	15.88	6	2022-23
4	Devbhumi Pharmaceutical Analytical Testing and Training Foundation	Roorkee, Uttarakhand	Testing Laboratory	20.00	18	2022-23
5	Tirupati Research and Development Pvt. Ltd.	Tirupati, Andhra Pradesh	Common Facility Centre for Research and	20.00	5	2023-24

			Development and Testing and Training facility			
6	Telangana Lifesciences Foundation (earlier Hyderabad Pharmacy Ltd.)	Hyderabad, Telangana	Centre of Excellence on Antimicrobial Resistance	18.87	4.71	2023-24
7	Inducare Pharmaceuticals and Research Foundation	Pune, Maharashtra	Upgradation of Common Testing Facility Quality Control Laboratory	7.18	6.47	2024-25
8	Himachal Pradesh Testing Lab Ltd. — In-principle approval	Baddi, Himachal Pradesh	Common Facility Centre for Research and Skill Development and Centre of Excellence	17.87	0	2025-26
Total				139.33	75.76	

बाल संरक्षण तंत्र

2253. श्री उज्ज्वल रमण सिंह:

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

- (क) बाल संरक्षण इकाइयों, बाल कल्याण समितियों और किशोर न्याय बोर्ड सहित विभिन्न तंत्रों के माध्यम से बाल संरक्षण के उद्देश्य से चलाए जा रहे मिशन वात्सल्य की वर्तमान स्थिति क्या है;

- (ख) वर्ष 2024 के दौरान बाल संरक्षण में परिवारों और समुदायों को शामिल करने, बच्चों के कल्याण के लिए जागरूकता बढ़ाने और सामुदायिक स्वामित्व को प्रोत्साहित करने के लिए किए गए प्रयासों का ब्यौरा क्या है; और
- (ग) वर्ष 2024 के दौरान उक्त मिशन के तहत प्रवासी भारतीयों द्वारा गोद लिए गए बच्चों की संख्या कितनी है ?

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

(क): महिला और बाल विकास मंत्रालय कठिन परिस्थितियों में रहने वाले बच्चों के लिए विभिन्न सेवाएं प्रदान करने हेतु केंद्र और राज्य सरकारों के बीच पूर्व-निर्धारित लागत साझाकरण के आधार पर राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से 'मिशन वात्सल्य' नामक केंद्र प्रायोजित योजना कार्यान्वित कर रहा है, जिसमें संस्थागत और गैर-संस्थागत दोनों प्रकार की देखभाल सेवाएं शामिल हैं। मिशन वात्सल्य योजना के अंतर्गत स्थापित बाल देखभाल संस्थान (सीसीआई) अन्य बातों के साथ-साथ आयु-उपयुक्त शिक्षा, व्यावसायिक प्रशिक्षण तक पहुंच, मनोरंजन, स्वास्थ्य देखभाल, परामर्श आदि देकर सहायता करते हैं। गैर-संस्थागत देखभाल के अंतर्गत देखभाल और संरक्षण की आवश्यकता वाले बच्चों को प्रायोजन, पालन-पोषण देखभाल और पश्चात् देखभाल के माध्यम से सहायता प्रदान की जाती है।

मिशन वात्सल्य योजना के अंतर्गत राज्य और जिला स्तर पर स्थापित सांविधिक और सेवा प्रदायगी संरचनाओं में राज्य स्तर पर राज्य बाल संरक्षण समिति (एससीपीएस) और राज्य दत्तक- ग्रहण संसाधन एजेंसी (एसएआरए) तथा जिला स्तर पर बाल कल्याण समिति (सीडब्ल्यूसी), किशोर न्याय बोर्ड (जेजेबी) और जिला बाल संरक्षण इकाई (डीसीपीयू) शामिल हैं। वर्तमान में इस योजना के अंतर्गत 36 एससीपीएस, 35 एसएआरए, 764 डीसीपीयू, 783 सीडब्ल्यूसी और 773 जेजेबी कार्यशील हैं।

(ख): मिशन वात्सल्य के दिशानिर्देशों में समुदायों के साथ जुड़ाव और उन्हें अपने क्षेत्रों में बच्चों की ज़िम्मेदारी लेने और भलाई करने की परिकल्पना के लिए प्रोत्साहित करना शामिल है। मंत्रालय,

मिशन वात्सल्य योजना के कार्यान्वयन के संबंध में समय-समय पर राज्यों/संघ राज्य क्षेत्रों के साथ निरंतर संपर्क में रहता है। मंत्रालय ने जमीनी स्तर पर कार्यान्वयन में सहायता के लिए विभिन्न प्रकार की सलाह जारी की है। योजना के बारे में जागरूकता और बेहतर कार्यान्वयन के लिए हितधारकों हेतु ऑनलाइन प्रशिक्षण और क्षमता निर्माण कार्यक्रम आयोजित किए जाते हैं।

(ग): वर्ष 2024-25 के दौरान, प्रवासी भारतीयों (ओसीआई कार्डधारक विदेशियों) द्वारा कुल 87 बच्चों को गोद लिया गया था।

SHORTAGE OF UREA IN TELANGANA

2254. SHRI MADHAVANENI RAGHUNANDAN RAO:

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

- (a) whether there is a shortage of urea in Telangana, if so, the details thereof indicating the quantum of fertilizers allocated to the State during the last ten years; and
- (b) whether there is an artificial shortage being created in the State, if so, the details thereof?

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

(a): The availability of Urea in the State of Telangana has remained adequate during the ongoing Kharif-2025 season. Further, the information regarding the requirement, availability and sales of fertilizers i.e. Urea, DAP, MoP and NPKS during the last ten years in Telangana is given in the enclosed **Statement**.

(b): 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/hoarding/diversion of fertilizers, which cause artificial shortage, and to take punitive action against any person/fertilizer company involved in such malpractices by violating the provisions of Essential Commodities Act, 1955 and Fertilizer Control Order 1985 (FCO). Any complaint received at D/o Fertilizers level regarding artificial shortage is sent to the State Government for necessary action.

STATEMENT

YEAR-WISE REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS FROM 2015-16 TO 2024-25

TELANGANA												
<Figures in LMT>												
YEAR	UREA			DAP			MOP			NPKS		
	REQUIR- EMENT	AVAILA- BILITY	SALES	REQUIR- EMENT	AVAILA- BILITY	SALES	REQUIR- EMENT	AVAILA- BILITY	SALES	REQUIR- EMENT	AVAILA- BILITY	SALES
2015-16	14.29	13.35	12.56	3.50	2.20	2.12	1.75	1.06	1.00	9.50	8.77	8.53
2016-17	13.90	16.73	15.49	2.90	2.56	2.43	1.70	1.81	1.74	9.40	9.90	9.64
2017-18	13.80	14.70	14.02	2.60	2.67	2.53	1.80	2.11	2.06	9.00	11.30	10.17
2018-19	15.00	16.87	13.83	3.20	3.08	2.23	2.60	1.77	1.41	10.50	14.65	10.51
2019-20	15.50	19.21	15.20	3.20	3.34	2.32	2.60	2.26	1.71	11.60	16.26	12.21
2020-21	19.50	22.20	17.54	2.70	3.62	3.14	2.60	3.00	2.47	13.50	18.38	15.18
2021-22	19.00	19.19	17.12	4.20	3.14	2.98	3.10	1.50	1.39	18.60	15.07	13.24
2022-23	18.39	21.63	18.83	3.55	4.70	3.71	2.27	0.86	0.74	15.16	16.24	12.90
2023-24	18.94	23.77	19.03	3.80	4.34	3.68	2.00	1.18	0.92	15.99	17.09	13.62

2024-25	20.20	22.15	20.08	3.90	3.91	3.64	1.30	1.44	1.14	17.00	17.54	14.97
1. Primary Indicator of comfortable availability: Availability > Requirement												
2. Secondary Indicator of comfortable availability: Availability > Sales												
3. Availability from 2014-15 to 2017-18 is the sum total of Opening Stock, Indigenous production and Import. Further Availability from 2018-19 to 2024-25 is the sum of Opening Stock and Receipts in the State.												

उर्वरकों के लिए यार्ड का निर्माण

2255. श्री वीरेन्द्र सिंह:

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

- (क) क्या चंदौली के लिए एक हजार टन उर्वरक की आवश्यकता है क्योंकि चंदौली एक कृषि प्रधान जिला है यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या किसानों को कृषि हेतु उर्वरक खरीदने के लिए अन्य जिलों में जाना पड़ता है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार किसानों की समस्याओं को कम करने के लिए राजस्थान के सरेसर में पूर्व-निर्धारित स्थान पर यार्ड का निर्माण करने का विचार रखती है; और
- (घ) यदि हां, तो उक्त यार्ड का निर्माण कब तक होने की संभावना है?

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

- (क): उर्वरक विभाग का अधिदेश राज्य स्तर पर उर्वरकों की पर्याप्त उपलब्धता सुनिश्चित करना है। तथापि, राज्य के अंदर जिला स्तर पर उर्वरकों का वितरण राज्य सरकारों द्वारा किया जाता है। तदनुसार, उत्तर प्रदेश राज्य सरकार से प्राप्त सूचना के अनुसार चंदौली सहित राज्य के सभी जिलों को उनकी आवश्यकता के अनुसार उर्वरकों का पर्याप्त मात्रा में आवंटन किया गया है।
- (ख): उपर्युक्त (क) को देखते हुए, प्रश्न नहीं उठता।

(ग) और (घ): राजस्थान सरकार ने सूचित किया है कि सरेसर इस राज्य में स्थित नहीं है। इसके अतिरिक्त, उपलब्ध जानकारी के अनुसार, सरेसर उत्तर प्रदेश के चंदौली जिले में स्थित है। तदनुसार, उत्तर प्रदेश सरकार से प्राप्त जानकारी के अनुसार, सरेसर में यार्ड के निर्माण का ऐसा कोई प्रस्ताव नहीं है।

DOCTOR-POPULATION RATIO

2256. SHRI SUDHAKAR SINGH:

DR. RAJESH MISHRA:

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

- (a) the details of doctor-population ratio in the country, State/UT-wise, including Madhya Pradesh and district-wise for Bihar;
- (b) whether any steps have been taken by the Government to improve the doctor-population ratio in the country, State/UT-wise including the State of Bihar;
- (c) if so, the details thereof along with the measures being taken by the Government to meet/overcome the shortage of doctors; and
- (d) whether the Government plans to make it mandatory for MBBS doctor to work for three years in rural areas of the country; and
- (e) if so, the details thereof and if not, the reasons therefor?

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

(a) to (e): 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.

To address shortage of medical professionals in the country, the Government is implementing following schemes:

- 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.
- Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) scheme has a component related to “Upgradation of Government Medical Colleges by construction of Super Specialty Blocks/Trauma care centres, etc.” Out of 75 projects, 71 projects are complete under this component. The other component is for setting up of new AIIMS, 22 AIIMS have been approved.

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. This enables regular follow-up of adopted families for vaccination, growth monitoring, menstrual hygiene, Iron & Folic Acid (IFA) supplementation, healthy lifestyle practices, nutrition, vector control, and medication adherence. It also helps in educating families about ongoing government health programmes. Further, the District Residency Programme (DRP) notified by the National Medical Commission (NMC) provides for a compulsory three months posting cum training of PG medical students at District Hospitals as a part of the course curriculum. DRP benefits the public by strengthening healthcare delivery in rural and underserved areas.

UPGRADATION OF AYUSH HOSPITALS IN ODISHA

2257. SHRI SUKANTA KUMAR PANIGRAHI:

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

- (a) whether the Government has any proposal to upgrade or establish new AYUSH hospitals in underserved tribal districts of Odisha including aspirational Kandhamal district and if so, the details thereof;
- (b) the total number of AYUSH wellness centres and integrated hospitals functioning in Odisha, district-wise;
- (c) whether Kandhamal has been identified under the Tribal Health Action Plan for AYUSH outreach and if so, the details thereof; and
- (d) the steps being taken by the Government to deploy more AYUSH doctors and paramedics in the tribal dominated regions of the country?

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

(a): Public Health being the State subject, upgradation or establishment of new Ayush hospitals in underserved tribal districts of Odisha including aspirational Kandhamal district comes under the purview of State Government of Odisha. However, under Centrally Sponsored Scheme of National Ayush Mission (NAM), there is provision of financial assistance to States/UTs including Odisha for upgradation of existing standalone Government Ayush Hospitals and establishment of new 10/30/50 bedded Integrated Ayush Hospitals (IAH). Accordingly, State/UT Governments may avail the eligible financial assistance for upgradation of existing standalone Government Ayush Hospitals and establishment of new 10/30/50 bedded Integrated Ayush Hospitals (IAH) by submitting suitable proposal through State Annual Action Plans (SAAPs) as per the provision of NAM guidelines. As per proposals received from State Government of Odisha, two hospitals have been approved for upgradation and three IAH have been approved.

(b): Under NAM, as per the proposal received from State Government of Odisha through SAAPs, 422 Ayush Health & Wellness Centres [now renamed as Ayushman Arogya Mandir (AAM) (Ayush)] have been approved. The status of AAM (Ayush) approved in Odisha, district-wise, is given in the enclosed **Statement-I**. Further, under NAM, three 50 bedded Integrated Ayush Hospitals

have been approved. The status of IAH approved in Odisha, district-wise, is given in the enclosed **Statement-II**.

(c): Since implementation of NAM scheme comes under purview of State/UT Government including Odisha, identification of Kandhamal under the Tribal Health Action Plan for AYUSH outreach falls within the purview of State Government of Odisha.

(d): Public Health being a State subject, the primary responsibility for deployment Ayush doctors and paramedics in the tribal dominated regions of the country comes under the purview of respective State/UT Governments. However, under NAM, there is provision of contractual deployment of Ayush doctors and paramedics under upgradation of Ayush hospitals, setting up of 50/30/10 bedded Integrated Ayush Hospitals and Ayush Public Health Programmes. State/UT Governments may avail eligible financial assistance by submitting the suitable proposals through SAAPs as per the provision of NAM guidelines.

STATEMENT-I

**Status of District wise number of Ayushman Arogya Mandir (Ayush)
(AAM-Ayush)**

Sl. No.	District	No. of AAM (Ayush)	Status (As reported by State Government of Odisha)
1	Angul	15	Functional
2	Balangir	21	Functional
3	Balasore	34	Functional
4	Bargarh	18	Functional

5	Bhadrak	25	Functional
6	Boudh	7	Functional
7	Cuttack	17	Functional
8	Deogarh	0	Functional
9	Dhenkanal	16	Functional
10	Gajapati	5	Functional
11	Ganjam	42	Functional
12	Jagatsinghpur	10	Functional
13	Jajpur	15	Functional
14	Jharasuguda	14	Functional
15	Kalahandi	11	Functional
16	Kandhamal	7	Functional
17	Kendrapada	11	Functional
18	Keonjhar	22	Functional
19	Khordha	18	Functional
20	Koraput	7	Functional
21	Malkangiri	2	Functional
22	Mayurbhanj	23	Functional
23	Nabarangapur	4	Functional
24	Nayagarh	21	Functional
25	Nuapada	5	Functional
26	Puri	21	Functional
27	Rayagada	5	Functional
28	Sambalpur	9	Functional
29	Subarnapur	4	Functional
30	Sundargarh	13	Functional
Total		422	

STATEMENT-II

The status of 50 bedded Integrated Ayush Hospitals approved in Odisha, district-wise

Sl. No.	Location (District)	Status (As reported by State Government of Odisha)
1.	Dhenkanal	Construction Completed
2.	Behrampur, Ganjam District	Under Construction
3.	Balasore	Under Construction

IMPACT OF AYUSHMAN AROGYA MANDIR ON PUBLIC HEALTH**2258. SHRIMATI SMITA UDAY WAGH:**

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

- (a) the total number of Ayushman Arogya Mandir (AYUSH Health and Wellness Centres) established under the National AYUSH Mission (NAM) across the country including the specific number in the State of Maharashtra;
- (b) the total number of beneficiaries who have availed healthcare services from these centres since their inception in the country, State/UT-wise including Maharashtra;
- (c) whether the Government has undertaken any formal evaluation of the impact of these centres on improving public health outcomes and promoting traditional systems of medicine;

- (d) if so, the details thereof along with the key findings from such assessments, particularly in terms of patient satisfaction, disease prevention and reduction in treatment burden on allopathic facilities; and
- (e) whether any steps have been taken by the Government based on these findings to further enhance infrastructure, staffing and service quality at Ayushman Arogya Mandir, especially in underserved regions like rural and tribal areas 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) and (b): Under Centrally Sponsored Scheme National Ayush Mission (NAM), as per the proposals received from State / UT Governments including Maharashtra through their State Annual Action Plans (SAAPs), 12500 units of existing Ayush Dispensaries and Sub Health Centres have been approved to be upgraded as Ayushman Arogya Mandir (Ayush) [AAM (Ayush)]. The State/UT-wise status of approved and functional AAM (Ayush) including Maharashtra is given in the enclosed **Statement-I**. Further, as reported by State/UT Governments, the State/UT-wise number of beneficiaries including Maharashtra who have availed the services through these AAM (Ayush) from 2021 to June, 2025 is given in the enclosed **Statement-II**.

(c) to (e): Yes. There are third party review and also NABH assessment besides visit by the Central team in different States/UTs to review the implementation progress of different activities/services being provided by established Ayushman

Arogya Mandir (Ayush) [AAM (Ayush)] which were approved with an objective to establish a holistic wellness model based on Ayush principles and practices focusing on preventive, promotive, curative, rehabilitative healthcare by establishing integration with existing public healthcare system to provide informed choice to the needy public by making Ayush services available in a team based approach.

It has been observed by visiting teams that footfall of the beneficiaries visiting to the AAM (Ayush) has been subsequently increased after upgradation of Ayush Dispensaries/Sub health centers into AAM (Ayush) because in addition to OPD services, these facilities are also providing various other services like Prakriti Parikshan, Yoga related activities at the level of facility as well as community, awareness about uses of common medicinal plants etc. Further, State/UT Governments have been suggested by the visiting team for appropriate training & capacity building of AAM (Ayush) team, strengthening of referral linkages with other public health facilities, effective involvement of field level workers specially ASHAs etc. for better outcome of the activities being conducted through AAM (Ayush).

Ministry of Ayush and NABH worked closely with the support of State/UT Governments to ensure that the identified gaps were addressed timely and effectively, facilitating the closure of non-compliances and ensuring adherence to the highest quality standards such as infrastructure, staffing and service quality across the country particularly in underserved regions like rural and tribal areas in Maharashtra.

STATEMENT I

The State/UT wise status of approved and functional Ayushman Arogya Mandir (AAM) (Ayush) and their beneficiaries

Sl. No.	Name of States/UTs	Approved AAM (Ayush)	Functional AAM (Ayush)
1	Andaman & Nicobar Islands	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	740	740
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	45	45
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 number of beneficiaries availed the services through AAM
(Ayush) from 2021 to June, 2025**

S. No .	Name of the State / UT	Year				
		2021	2022	2023	2024	2025
1	Andaman & Nicobar Islands	0	11090	7982	9181	5175
2.	Lakshadweep	8726	38515	55723	42215	26499
3.	Arunachal Pradesh	1401	25278	55348	71249	38844
4.	Assam	0	28092	313319	3343870	4567583
5.	Manipur	737	946	5301	13853	10124
6.	Meghalaya	0	0	37950	52198	41438
7.	Mizoram	10,060	34195	94639	126325	68789
8.	Nagaland	1498	21480	38444	40948	22284
9.	Sikkim	20778	35094	44061	47806	25956
10	Tripura	0	0	55385	103439	69971
11	Himachal Pradesh	588655	736738	2331404	2342366	1219867
12	Jammu & Kashmir	0	2685966	3018269	2412595	1169618

13	Uttarakhand	163669	445740	1706811	1352831	583285
14	Bihar	103269	194960	231661	291037	275310
15.	Chhattisgarh	140285	1281136	2356871	2346115	1219071
16.	Jharkhand	123705	187363	1487747	2691204	1419017
17.	Madhya Pradesh	1274788	1601107	2590895	4611884	2733736
18.	Odisha	901085	6820072	1732981	2595883	1417937
19.	Rajasthan	1775405	8396431	1774028 0	39066293	2248271 1
20	Uttar Pradesh	3759536	1324576 7	1644596 3	12427257	5983627
21.	Andhra Pradesh	0	404115	703804	713523	347226
22	Goa	19180	53324	254962	366284	191491
23	Gujarat	951290	1578001	6333646	5807405	820295
24	Haryana	2322803	2514230	2658480	2473949	2159897
25	Karnataka	606296	763257	1660552	1896859	923657
26.	Kerala	1525596	5829043	6672089	8344225	2889991
27	Maharashtra	726140	764615	1073779	1517652	890795
28	Punjab	0	0	0	767453	405948
29	Tamil Nadu	3055595 9	2545663 7	1128716 6	13826356	6920322
30	Telangana	3833738	2358802	2913265	2061093	888875
31	West Bengal	1164213	8431205	4816907	3677126	1856600
32	Chandigarh	142899	200235	127474	120426	51423
33	Dadra & Nagar Haveli and Daman & Diu	0	0	2670	26912	13280
34	Ladakh	0	0	0	0	0
35	Delhi	0	0	0	0	0
36	Puducherry	35557	57237	58978	62705	18190
Total		15004638	84200671	88914806	115650517	61758832

DEATHS DUE TO TOBACCO USE

2259. SHRI DHARAMBIR SINGH:

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

- (a) whether the Government is aware of the number of annual deaths caused by tobacco use including bidi, cigarette, khaini, gutkha and other smokeless tobacco products and if so, the details thereof;
- (b) the details of the data, if any, collected by the Government or WHO regarding tobacco-related deaths and diseases in the country during the last five years;
- (c) the measures taken by the Government to prevent such deaths and to reduce tobacco addiction in both urban and rural areas of the country;
- (d) whether strong action is being taken to ban the production, sale and advertising of these harmful substances, if so, the details thereof; and
- (e) whether the Government plans to intensify awareness campaigns and promote tobacco de-addiction services all over 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): As per the Report of the second round of Global Adult Tobacco Survey (GATS-2), 2016-17, deaths caused by tobacco consumption, including smokeless tobacco are estimated to be over 13 lakhs.

(c) to (e): The Ministry of Health and Family Welfare (MoH&FW) has taken various measures to reduce tobacco addiction both in urban and rural areas. Some of the major steps implemented by the Ministry are:

- A comprehensive legislation, namely the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA 2003) has been enacted to regulate the tobacco products and to discourage the consumption of tobacco. The provisions under COTPA, 2003 and the Rules made thereunder prohibit smoking in public places, ban on sale of tobacco products to and by minors, sale of tobacco products within a radius of 100 yards of educational institutions, prohibition on direct and indirect advertising of tobacco products and mandatory display of specified health warnings on all tobacco product packs, etc.
- The National Tobacco Control Programme (NTCP) was launched in 2007 with the aim to discourage the use of tobacco, create awareness about the harmful effects of tobacco consumption through regular and sustained public awareness campaigns and ensure effective implementation of the provisions under COTPA 2003. The States/UTs undertake drives for enforcement of COTPA 2003. The Ministry has also issued the “Guidelines for Tobacco Free Educational Institution (Revised)”.
- The Government has enforced a complete ban on electronic cigarettes including heat-not burn products under “The Prohibition of Electronic

Cigarettes (Production, Manufacture, Import, Export, Transport, Sale, Distribution, Storage and Advertisement) Act, 2019.

- MoH&FW started an annual 60-Day Tobacco-Free Youth Campaign in 2023 covering all States/UTs with the aim of generating awareness amongst young people about the dangers of tobacco consumption and empowering them to make healthy choices.

प्राकृतिक चिकित्सा प्रशिक्षकों की नियुक्ति

2260. श्री कौशलेन्द्र कुमार:

श्री दिनेश चंद्र यादव:

श्री गिरिधारी यादव:

श्री रामप्रीत मंडल:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- क्या सरकार देशभर के सभी सरकारी अस्पतालों में एक प्राकृतिक चिकित्सा प्रशिक्षक नियुक्त करने के लिए कोई अभियान चला रही है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- देश में कुल कितने प्राकृतिक चिकित्सा प्रशिक्षकों को सेवा आदेश जारी किए गए हैं;
- उक्त कार्यक्रम को कब तक पूरा करने का लक्ष्य है; और
- इन प्रशिक्षकों को कितनी मानदेय राशि का भुगतान किए जाने की संभावना है?

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

(क): जन स्वास्थ्य राज्य का विषय है, इसलिए प्राकृतिक चिकित्सा प्रशिक्षकों की नियुक्ति संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के कार्यक्षेत्र में आती है। आयुष मंत्रालय देश भर के सभी सरकारी

अस्पतालों में एक-एक प्राकृतिक चिकित्सा प्रशिक्षक नियुक्त करने के लिए कोई अभियान नहीं चला रहा है।

(ख) से (घ): उपर्युक्त (क) के परिप्रेक्ष्य में प्रश्न नहीं उठता।

AYUSHMAN CARD SCHEME IN HARYANA

2261. KUMARI SELJA:

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

- (a) whether the Central Government has any share in the Ayushman Card Scheme;
- (b) if so, the details thereof along with the total payment made by the Central Government to the Haryana Government so far;
- (c) the number of Ayushman Cards made in the State of Haryana along with the number of people who have benefited under this scheme so far;
- (d) whether under this scheme, bills are paid to the doctors treating the patients on time or not; and
- (e) if so, the details thereof along with the basis for deduction in such bills?

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 completely funded by the Government and costs are shared between Central and State Governments in the ratio as per the extant directives issued by the Ministry of Finance, from time to time.

The ratio of Central share to State share for all States, except North-Eastern States and 3 Himalayan States/UTs, is 60:40. For North-Eastern States and 3 Himalayan States/UTs (viz. Jammu and Kashmir, Himachal Pradesh and Uttarakhand), the ratio of Central share to State share is 90:10. In the case of Union Territories, the Central contribution of premium is 100% for UTs without legislature, while it is 60:40 for those with legislature.

(b): Total funds released by the Central Government to the state of Haryana under AB-PMJAY since inception till FY 2024-25 is Rs. 607.73 crores.

(c): As on date, a total of 1.35 crore Ayushman cards have been created in the state of Haryana and more than 26.25 Lakh hospital admissions worth Rs 3,990 crore have been authorized under the scheme.

(d) and (e): Under 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).

PROMOTION OF AYUSH SYSTEM OF MEDICINE

2262. SHRIMATI SHAMBHAVI:

SHRI RAJESH VERMA:

SHRI RAVINDRA DATTARAM WAIKAR:

DR. SHRIKANT EKNATH SHINDE:

SHRI NARESH GANPAT MHASKE:

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

- (a) the steps taken/being taken by the Government to promote the AYUSH systems of medicine across the country, particularly under the National AYUSH Mission;
- (b) whether any financial assistance has been allocated for the establishment of AYUSH Health and Wellness Centres and if so, the total amount approved thereof;
- (c) the manner in which the Government plans to integrate AYUSH treatments into mainstream healthcare, particularly through initiatives like the Ayushman Bharat scheme;
- (d) whether there is any collaborations with international institutions to enhance the global reach of AYUSH systems and if so, the details of such partnerships; and
- (e) the measures being implemented to ensure quality control and regulation of AYUSH medicines and practitioners in the country?

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

(a) and (b): Under Centrally Sponsored Scheme of National Ayush Mission (NAM), Ministry of Ayush is supporting the efforts of State/ UT Governments for overall development & promotion of Ayush systems in the country by providing financial assistance to them under different activities as per the proposals

received through their State Annual Action Plans (SAAPs) as per provisions of NAM guideline. NAM *inter-alia* makes provision for the following activities: -

- (i) Operationalization of Ayushman Arogya Mandir (Ayush) by upgrading existing Ayush Dispensaries and Sub Health Centers.
- (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 50/30/10 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.

Under NAM, as per proposal received from State/UT Governments, central share of Rs. 5670.82 Crore has been released to them for different approved activities including Ayushman Arogya Mandir (Ayush).

Further, the Ministry of Ayush also implements a Central Sector Scheme for Promotion of Information, Education and Communication (IEC) in Ayush to create awareness regarding Ayush Systems of Medicine. This scheme aims to reach out to all sections of the population across the country and under this Scheme, Ministry organizes National/State level Arogya Fairs, Yoga Fests/Utsavs, Ayurveda Parvs, Celebrate Important Days of Ayush Systems including Ayurveda day, Participate in Health Fairs/ Melas & Exhibitions, Provide financial assistance for organizing seminars, workshops, conferences and conduct multimedia campaigns etc.

(c) : 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 Ministry of Health & Family Welfare under National Health Mission (NHM), while the support for Ayush infrastructure, equipment/ furniture and medicines are being provided by the Ministry of Ayush under National Ayush Mission (NAM) as shared responsibilities. Further, under Ayushman Bharat Scheme, Ayushman Arogya Mandirs which have been developed by Health Department by upgrading Health Sub Centres and Ayush doctors have been deployed as Community Health

Officers, provision has been made for providing Ayush treatment to the beneficiaries visiting the facilities.

(d): Yes, The Ministry of Ayush, developed the central sector scheme for Promotion of International Cooperation for AYUSH (IC Scheme). Under this scheme the Ministry 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 CSS IC Scheme 25 Country to Country Memorandum of Understandings (MoUs), 15 Ayush Chair MoUs and 52 Institute to Institute level MoUs have been signed.

(e): The Drugs & Cosmetics Act, 1940 and Drugs Rules, 1945 have exclusive regulatory provisions for Ayurvedic, Siddha, Sowa-Rigpa, Unani, and Homoeopathy drugs. Rule 158-B and Rule 85 (A to I) of the Drugs Rules, 1945 provides the regulatory guidelines for issue of license to manufacture Ayurvedic, Siddha, Sowa-Rigpa, Unani (ASSU) and Homoeopathy medicines respectively. It is mandatory for the manufacturers to adhere to the prescribed requirements for licensing of manufacturing units & medicines including proof of safety &

effectiveness, compliance with the Good Manufacturing Practices (GMP) as per Schedule T & Schedule M-I of the Drugs Rules, 1945 for Ayurveda, Siddha, Unani drugs and Homoeopathy drugs respectively and also to follow the quality standards of drugs as prescribed in the respective pharmacopoeia.

Drug Inspectors collect medicine samples regularly from manufacturing firms or sale shops within their jurisdiction and send them to Drug Testing Laboratory under Drug Control department for quality testing and if any sample is found to be 'Not of Standard Quality', appropriate action is initiated such as preventing the sale of the products from the market and appropriate legal actions as per Drugs and Cosmetics Act 1940 and Rules made thereunder

Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H), subordinate office under 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.

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

Drug Testing Laboratories are being recognized under Rule 160 A to J of the Drugs Rules, 1945 for carrying out such tests of identity, purity, quality and strength of Ayurvedic, Siddha, Sowa-Rigpa, Unani and Homoeopathy drugs. As on date, 108 private laboratories are approved or licensed under the provisions of Drugs Rules, 1945 for manufacturers. 34 Drug Testing Laboratories of State/UTs are testing quality of Ayurvedic, Siddha, Sowa-Rigpa, Unani and Homoeopathy drugs and raw materials for legal samples.

Ministry of Ayush has implemented Central Sector Scheme Ayush Oushadhi Gunvatta Evam Utpadan Samvardhan Yojana (AOGUSY) to support Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards under one of the components. The total financial allocation to this scheme is Rs. 122.00 crores for five years.

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

- 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.
- Quality Certifications Scheme implemented by the Quality Council of India (QCI) for grant of AYUSH standard and premium mark to Ayurvedic, Siddha and Unani products on the basis of third-party

evaluation of quality in accordance with the status of compliance to domestic and international standards.

सीजीएचएस योजना के तहत बजटीय व्यय

2263. श्री अशोक कुमार यादव:

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

- (क) क्या सरकार द्वारा सीजीएचएस योजना के अंतर्गत प्रतिवर्ष पर्याप्त बजटीय व्यय किया जाता है;
- (ख) यदि हाँ, तो पिछले पाँच वर्षों (2019-20 से 2023-24) के दौरान सीजीएचएस पर कितना वार्षिक व्यय हुआ है और इसके लाभार्थियों की वर्ष-वार संख्या कितनी है;
- (ग) क्या सरकार यह मानती है कि सीजीएचएस वर्तमान में स्वास्थ्य सेवा प्रदाता के रूप में अपेक्षित स्तर पर कार्य कर रहा है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (घ) सीजीएचएस औषधालयों के माध्यम से जेनेरिक और ब्रांडेड दवाओं के वितरण की वर्तमान व्यवस्था का ब्यौरा क्या है;
- (ङ) लाभार्थियों से नियमित रूप से दवाओं की अनुपलब्धता के संबंध में प्राप्त शिकायतों के क्या कारण हैं;
- (च) क्या सीजीएचएस प्रणाली में सुधार या विकल्प (जैसे प्रत्यक्ष लाभ अंतरण, एकीकृत स्वास्थ्य बीमा मॉडल, या डिजिटल प्रिस्क्रिप्शन नेटवर्क) तलाशने के लिए कोई प्रस्ताव सरकार द्वारा विचाराधीन है; और
- (छ) यदि हाँ, तो इन प्रस्तावों की मुख्य विशेषताएं क्या हैं और उनकी वर्तमान स्थिति क्या है?

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

(क) से (छ) : केंद्रीय सरकार स्वास्थ्य योजना, केंद्र सरकार के कर्मचारियों और पेंशनभोगियों के लिए एक अभिदान-आधारित चिकित्सा योजना है। यह योजना माननीय संसद-सदस्यों, भूतपूर्व संसद-सदस्यों, भारत के उच्चतम न्यायालय के वर्तमान और सेवानिवृत्त न्यायाधीशों, उच्च न्यायालयों के भूतपूर्व न्यायाधीशों, स्वतंत्रता सेनानियों आदि को भी स्वास्थ्य परिचर्या सुविधाएँ प्रदान करती है। सीजीएचएस संतोषजनक ढंग से कार्य कर रहा है और पात्र लाभार्थियों को व्यापक स्वास्थ्य सेवा प्रदान करने के लिए इसे निरंतर सुदृढ़ किया जा रहा है। सरकार ने सीजीएचएस की दक्षता और पहुँच में सुधार के लिए कई पहल की हैं। इनमें शामिल हैं:

- (i) देश भर के अधिकांश शहरों में सीजीएचएस आरोग्य केन्द्रों का विस्तार करना।
- (ii) विशेषीकृत देखभाल तक पहुँच बढ़ाने के लिए निजी अस्पतालों और निदान केंद्रों को पैनलबद्ध करना।
- (iii) ऑनलाइन अपॉइंटमेंट बुकिंग, टेली-परामर्श सेवाओं जैसी डिजिटलीकरण पहलों का कार्यान्वयन करना।
- (iv) ई-संजीवनी जैसे डिजिटल प्लेटफॉर्म के माध्यम से टेलीमेडिसिन सेवाओं जिससे स्वास्थ्य सेवा तक दूरस्थ पहुँच संभव हो सके, की शुरुआत करना।

सीजीएचएस को स्वास्थ्य और परिवार कल्याण मंत्रालय से प्राप्त सहायता अनुदान के माध्यम से वित्त पोषित किया जाता है। पिछले पाँच वर्षों के दौरान सीजीएचएस के अंतर्गत किए गए वार्षिक व्यय और लाभार्थियों की संख्या का विवरण इस प्रकार है:

वित्त वर्ष	वास्तविक व्यय (करोड़ में)	लाभार्थियों की संख्या
2019-20	3966.19	33,57,675
2020-21	4236.86	36,11,596
2021-22	4368.02	38,45,168
2022-23	6419.89	41,61,524
2023-24	6109.82	44,50,343

सरकार ने सीजीएचएस आरोग्य केन्द्रों के माध्यम से दवाओं की खरीद और वितरण के लिए समयबद्ध प्रक्रियाएँ निर्धारित की हैं। विवरण इस प्रकार हैं:

- नियमित रूप से ली जाने वाली दवाइयाँ: सीजीएचएस आरोग्य केंद्र, सीजीएचएस एमएसडी के माध्यम से एमएसओ/जीएमएसडी से नियमित दवाइयाँ प्राप्त करते हैं। जन औषधि दवाइयाँ पीएमजेवाईके के अंतर्गत अलग से प्राप्त की जाती हैं जो आरोग्य केन्द्रों द्वारा संबंधित एडी जोन को भेजी जाने वाली मासिक माँग पर आधारित होती हैं।
- दिल्ली-एनसीआर अनुसूची: दिल्ली-एनसीआर में, एडी क्षेत्रों और केंद्रों के साथ साझा किए गए एक निश्चित कार्यक्रम के अनुसार प्रत्येक 35 दिनों में आरोग्य केंद्रों को एमएसओ औषधियों की आपूर्ति की जाती है।
- प्रतिबंधित दवाएं: विशेषज्ञ के पर्चे पर खरीदी गई, ये दिल्ली के लाभार्थियों के लिए एमएसडी दिल्ली द्वारा सीधे और एनसीआर के लिए नोडल केंद्रों के माध्यम से आपूर्ति की जाती हैं।
- प्रतिबंधित दवाओं की आपूर्ति के लिए समय-सीमा: ऐसी दवाएं आमतौर पर दिल्ली में अगले कार्यदिवस पर और एनसीआर में 3-4 कार्यदिवसों के भीतर वितरित कर दी जाती हैं, हालांकि आपूर्ति श्रृंखला संबंधी समस्याओं के कारण देरी हो सकती है।
- उपलब्ध दवाएं उसी दिन वितरित कर दी जाती हैं, जबकि अनुपलब्ध विशेषज्ञ-निर्धारित दवाएं प्राधिकृत स्थानीय केमिस्टों के माध्यम से मंगाई जाती हैं, जिन्हें 48 घंटों के भीतर उन्हें आपूर्ति करना होता है, अन्यथा समझौता ज्ञापन के अनुसार जुर्माना लगाया जाता है।

इस मंत्रालय ने सेवा प्रदायगी में सुधार करने के लिए सूचना प्रौद्योगिकी के उपयोग का लाभ उठाने का बीड़ा उठाया है। वेबसाइट की विशेषताओं में लाभार्थियों के लिए इलेक्ट्रॉनिक मेडिकल रिकॉर्ड (ईएमआर) की उपलब्धता, दवाओं की ट्रेकिंग सुविधा, पेंशनभोगियों के लिए सीजीएचएस अंशदान के ऑनलाइन भुगतान हेतु भुगतान गेटवे के साथ एकीकरण शामिल हैं। इसके अतिरिक्त, नया मोबाइल एप्लिकेशन, **MyCGHS 2.0**, सीजीएचएस आरोग्य केन्द्रों में दौरे के दौरान उस समय

कतार की तत्काल स्थिति, दवाओं की ट्रेकिंग, ऑनलाइन अपॉइंटमेंट शेड्यूलिंग और उचित प्रक्रिया के बाद सॉफ्ट कॉपी के रूप में ऑनलाइन कार्ड बनाने जैसी उपयोगकर्ता-अनुकूल सुविधाएँ प्रदान करता है।

FREE DRUGS SERVICE INITIATIVE

2264. SHRI RAJABHAU PARAG PRAKASH WAJE:

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

- (a) whether the Government has taken cognizance of fact that despite the Free Drugs Service Initiative under National Health Mission and the Essential Medicines List (EML), insulin for juvenile Type-1 diabetes patients is not consistently available in many Government hospitals and if so, the details thereof;
- (b) whether the Government has taken note of the tragic incident in Uttar Pradesh where a man died by suicide after recording a video stating he could not afford insulin for his diabetic daughter and if so, the details thereof;
- (c) the steps taken/proposed to be taken by the Government to strengthen implementation of Free Drugs Service Initiative so that free insulin, glucometers, insulin pumps and related consumables reach poor and needy patients as envisaged;
- (d) whether there is any plan to review gaps in State-level procurement, stock monitoring and delivery mechanisms; and
- (e) if so, the details thereof and the timeline for ensuring reliable supply

across all public health facilities?

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 NHM, financial support is provided to States / UTs for provision of free essential medicines in public health facilities based on the requirements posed by States/UTs in their Programme Implementation Plans (PIPs) within their overall resource envelope. Ministry has recommended facility wise Essential Drugs List (EDL) to be made available at the public healthcare facilities in the country to ensure widespread access to essential medicines. The number of medicines recommended at various facilities are given below. However States have the flexibility to add more.

Sr. No.	Name of Facility	No. of essential Medicine
1	DH	381
2	SDH	318
3	CHC	300
4	AAM-PHC	172
5	AAM-Sub Centre	106

The following insulins essential for paediatric and adolescent patients' glycaemic control are included in the Essential Medicine List:

- Insulin (Soluble) Injection 40 IU/ml²
- Insulin Lente Basal
- Injection Insulin Rapid
- Injection Insulin Mixtard

- Premix Insulin 30:70 Injection (Regular: NPH)
- Premix Insulin 30:70 Injection 40 IU/ml³

The availability of these drugs depends on State-level procurement systems, and the Ministry continues to monitor and support States in maintaining adequate stock levels.

Regarding the reports of an individual committing suicide due to the unavailability of insulin for their diabetic daughter's treatment, the State Government of Uttar Pradesh has informed that they have no video related to such an incident in their knowledge.

To strengthen Free Drugs Service Initiative (FDSI) and improve access to essential medicines like insulin, the Government has:

- Provided financial support to States under NHM for drug procurement, warehousing, and supply chain systems.
- Issued guidelines for States to maintain buffer stocks and strengthen last-mile delivery.

States have the flexibility to include glucometers, insulin pumps, and related consumables under their own extended essential drug lists or through other health programmes such as non-communicable disease (NCD) initiatives or relevant State-sponsored schemes.

The Ministry has adopted a multi-layered monitoring approach to identify and address gaps in procurement, supply chain, and stock management. Many States have adopted digital platforms like Drugs and Vaccine Distribution Management System (DVDMS) to track procurement,

consumption, and replenishment. The Government conducts reviews, issues advisories, and supports infrastructure development for drug warehouses and logistics.

उर्वरक उत्पादन में आत्मनिर्भरता

2265. श्री राजेश रंजन:

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

- (क) विगत पांच वर्षों के दौरान उर्वरक उत्पादन में आत्मनिर्भर बनने के लिए सरकार द्वारा क्या कदम उठाए गए हैं;
- (ख) क्या सरकार का बिहार जैसे उर्वरक की अधिक खपत वाले राज्यों में उर्वरक संयंत्र स्थापित करने का प्रस्ताव है;
- (ग) क्या आयातित उर्वरक की कम लागत के कारण सरकार देश में उर्वरक संयंत्र स्थापित करने के प्रति अनिच्छुक 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): यूरिया के संबंध में, सरकार ने यूरिया क्षेत्र में नए निवेश को सुविधाजनक बनाने और यूरिया क्षेत्र में भारत को आत्मनिर्भर बनाने के लिए 2 जनवरी, 2013 को नई निवेश नीति (एनआईपी)-2012 की घोषणा की और 7 अक्टूबर, 2014 को इसमें संशोधन किया। एनआईपी-2012 के तहत कुल 6 नई यूरिया इकाइयां स्थापित की गई हैं जिनमें नामित सार्वजनिक क्षेत्र के उपक्रमों की संयुक्त उद्यम कंपनियों (जेवीसी) के माध्यम से स्थापित 4 यूरिया इकाइयां और निजी कंपनियों द्वारा स्थापित 2 यूरिया इकाइयां शामिल हैं। तेलंगाना में रामागुंडम फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (आरएफसीएल) की रामागुण्डम यूरिया इकाई तथा हिंदुस्तान उर्वरक एंड रसायन लिमिटेड (एचयूआरएल) की 3 यूरिया इकाइयां नामतः गोरखपुर, सिंदरी और बरौनी क्रमशः उत्तर प्रदेश,

झारखंड और बिहार में जेवीसी के माध्यम से स्थापित इकाइयां हैं। पश्चिम बंगाल में मैटिक्स फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (मैटिक्स) की पानागढ़ यूरिया इकाई; और राजस्थान में चंबल फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (सीएफसीएल) की गड़ेपान-III यूरिया इकाई निजी कंपनियों द्वारा स्थापित इकाइयां हैं। इनमें से प्रत्येक इकाई की संस्थापित क्षमता

12.7 लाख मीट्रिक टन प्रति वर्ष (एलएमटीपीए) है। ये इकाइयां अत्यधिक ऊर्जा दक्ष हैं क्योंकि ये नवीनतम प्रौद्योगिकी पर आधारित हैं। अतः, इन इकाइयों ने मिलकर यूरिया उत्पादन क्षमता में 76.2 एलएमटीपीए की वृद्धि की है जिससे वर्ष 2014-15 के दौरान रही 207.54 एलएमटीपीए की कुल स्वदेशी यूरिया उत्पादन क्षमता (पुनर्आकलित क्षमता, आरएसी) वर्ष 2023-24 के दौरान बढ़कर 283.74 एलएमटीपीए हो गई है। इसके अलावा, कोयला गैसीकरण रूट पर 12.7 एलएमटीपीए का एक नया ग्रीनफील्ड यूरिया संयंत्र स्थापित करके नामित सार्वजनिक क्षेत्र के उपक्रमों की जेवीसी नामतः तालचेर फर्टिलाइजर्स लिमिटेड (टीएफएल) के माध्यम से एफसीआईएल की तालचेर इकाई को पुनर्जीवित करने के लिए एक विशेष नीति भी अनुमोदित की गई है। हाल ही में, केंद्रीय मंत्रिमंडल ने 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 है।

इसके अतिरिक्त, सरकार ने स्वदेशी यूरिया उत्पादन को आरएसी से अधिक बढ़ाकर अधिकतम करने के एक उद्देश्य से मौजूदा 25 गैस-आधारित यूरिया इकाइयों के लिए 25 मई, 2015 को नई यूरिया नीति (एनयूपी)-2015 भी अधिसूचित की है। एनयूपी-2015 से यूरिया का उत्पादन वर्ष 2014-15 के दौरान हुए वार्षिक उत्पादन की तुलना में 20-25 एलएमटीपीए का अतिरिक्त उत्पादन हुआ है।

उपर्युक्त सभी उपायों से यूरिया उत्पादन वर्ष 2014-15 के दौरान 225 एलएमटी प्रतिवर्ष था जो वर्ष 2023-24 के दौरान बढ़कर 314.07 एलएमटी का रिकार्ड यूरिया उत्पादन हुआ है। वर्ष 2024-25 के दौरान देश में 306.67 एलएमटी यूरिया का उत्पादन हुआ है।

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 पोषकतत्वों की मात्रा के आधार पर वार्षिक/अर्धवार्षिक आधार पर एक निश्चित राशि की सब्सिडी प्रदान की जाती है। एनबीएस नीति के तहत, पीएंडके उर्वरक मुक्त सामान्य 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। उर्वरकों के उत्पादन में आत्मनिर्भर बनने के लिए सरकार द्वारा निम्नलिखित उपाय किए गए हैं:

- (i) अनुरोधों के आधार पर, उत्पादन को बढ़ावा देने और देश को उर्वरक उत्पादन में आत्मनिर्भर बनाने के उद्देश्य से एनबीएस सब्सिडी स्कीम के तहत नई उत्पादन इकाइयों अथवा मौजूदा इकाइयों की उत्पादन क्षमता बढ़ाने को अहमियत दी गई/संज्ञान में लिया गया है।
- (ii) उत्पादन को बढ़ावा देने और देश को उर्वरक उत्पादन में आत्मनिर्भर बनाने के उद्देश्य से एनबीएस नीति के तहत शामिल किए गए पीएंडके उर्वरकों की संख्या वर्ष 2021 की 22 ग्रेड से बढ़ाकर वर्तमान में 28 ग्रेड कर दी गई है।
- (iii) मृदा को फॉस्फेटयुक्त अथवा 'पी' पोषक तत्व प्रदान करने हेतु एसएसपी, जो एक स्वदेशी रूप से उत्पादित उर्वरक है, के उपयोग को बढ़ावा देने के लिए इस पर मालभाड़ा सब्सिडी खरीफ मौसम 2022 से लागू है।

(ख): किसी राज्य में उर्वरक संयंत्र की स्थापना मुख्यतः उर्वरकों की खपत के रुझान की बजाय व्यवहार्यता पर आधारित होती है। प्रत्येक फसल मौसम के शुरू होने से पहले, कृषि और किसान कल्याण विभाग (डीएएंडएफडब्ल्यू) 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 आबंटित करता है। इन आपूर्तियों को स्वदेशी उत्पादन के साथ-

साथ आयात द्वारा पूरा किया जाता है। सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक निगरानी प्रणाली (आईएफएमएस) नामक वेब आधारित निगरानी प्रणाली द्वारा की जाती है।

(ग) और (घ): जैसा कि उपर्युक्त (क) में उल्लिखित है, सरकार ने देश में उर्वरक उत्पादन में आत्मनिर्भरता प्राप्त करने के लिए विभिन्न प्रभावशाली उपाय किए हैं। हालाँकि, उर्वरकों का स्वदेशी उत्पादन देश की आवश्यकता के अनुरूप नहीं है और इस कमी को आयात के माध्यम से पूरा किया जाता है। पिछले तीन वर्षों के दौरान उर्वरकों के उत्पादन, इनकी खपत और आयात का विवरण नीचे दिया गया है:-

(एलएमटी में)

यूरिया			
वर्ष	उत्पादन	खपत	आयात
2022-23	284.94	357.26	75.80
2023-24	314.07	357.81	70.42
2024-25	306.67	387.92	56.47

(एलएमटी में)

पीएंडके			
वर्ष	उत्पादन	खपत	आयात
2022-23	200.35	279.12	112.01
2023-24	189.26	288.42	106.53
2024-25	211.21	317.31	103.82

RMNCH+A STRATEGY

2266. SHRIMATI PRATIMA MONDAL:

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

- (a) the measures taken by the Government to improve maternal and child health outcomes under the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy in the country; and
- (b) the details of specific strategies that have been adopted by the Government to strengthen primary healthcare infrastructure under the Ayushman Bharat Health and Wellness Centres and the manner in which their performance is being monitored across States in the country?

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

(a): Under National Health Mission (NHM), various measures/initiatives are undertaken by the Government to improve maternal and child health outcomes under the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy in the country, key amongst which are as under:

- **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 women delivering in public health institutions to have free and no-expense delivery, including caesarean section. The entitlements include free drugs and consumables, free diet during the stay, free diagnostics, free transportation and free blood transfusion, if required. Similar entitlements are also in place for sick infants.

- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost, assured and quality antenatal checkup by a Specialist/Medical Officer on the 9th day of every month.
Extended PMSMA strategy focuses on quality antenatal care (ANC) for pregnant women, especially high-risk pregnant (HRP) women and individual HRP tracking with financial incentivization for the identified high-risk pregnant women and accompanying Accredited Social Health Activists (ASHAs) for extra 3 visits over and above the PMSMA visit.
- **Surakshit Matritva Aashwasan (SUMAN)** aims to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting a public health facility, to end all preventable maternal and newborn deaths.
- **LaQshya – Quality Improvement Initiative** 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.
- **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 ASHAs for prompt detection, referral & treatment of such high-risk postpartum mothers.
- **Monthly Village Health, Sanitation and Nutrition Day** is an outreach activity at Anganwadi centers for provision of maternal and child care

including nutrition in convergence with the Integrated Child Development Scheme (ICDS).

- **Birth Waiting Homes (BWH)** are established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities.
- **Outreach camps** are provisioned to improve the reach of health care services, especially in tribal and hard-to-reach areas. This platform is used to increase awareness for Maternal and Child health services and community mobilization as well as to track high-risk pregnancies.
- Under **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.
- Under **Community Based care of Newborn and Young Children**, Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) programs are in place under which, home visits are performed by ASHAs to improve child-rearing practices and to identify sick newborn and young children in the community.
- **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative is implemented since 2019 for the 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.
- Under **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) to improve child survival. **District Early Intervention Centres (DEICs)** are established at the district health facility level for confirmation and management of children screened under RBSK.
- **Mothers' Absolute Affection (MAA)** Program is implemented to promote breastfeeding practices, emphasizing the importance of early initiation of breastfeeding and exclusive breastfeeding for first six months.
- **Anemia Mukht Bharat (AMB)** strategy is implemented to reduce anemia among six beneficiary age groups - children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant and lactating women and women of reproductive age group (15-49 years) in life cycle approach through implementation of six interventions via robust institutional mechanisms.
- **Nutrition Rehabilitation centres (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years suffering from Severe Acute Malnourishment (SAM) with medical complications.

- **Comprehensive Lactation Management Centres (CLMC)** are established to 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.
- **Rashtriya Kishor Swasthya Karyakram (RKSK)** is implemented in all States/UTs to ensure holistic development of the adolescent population which includes intervention of peer education programme, weekly Iron folic acid supplementation, Scheme for Promotion of Menstrual Hygiene among adolescent girls and Adolescent Friendly Health Clinics (AFHCs).
- **School Health & Wellness Programme (AB-SHWP)** is implemented as a joint initiative of Ministry of Health and Family Welfare and Ministry of Education under which Two teachers, preferably one male and one female, in every school are designated as “Health and Wellness Ambassadors” (HWAs) for Health Promotion.
- **Expanded Contraceptive Choices** comprising of Condoms, Combined Oral contraceptive pills, Intrauterine Contraceptive Devices (IUCD), Sterilization, Injectable contraceptive MPA (Antara Programme), Centchroman (Chhaya) and Emergency contraceptive pills are provided to beneficiaries.
- **Mission Parivar Vikas** is implemented in thirteen states for increasing access to contraceptives and family planning services.

- **Compensation scheme for Sterilization acceptors** provides compensation for loss of wages to the beneficiaries for Sterilization.
- **Post-Pregnancy contraception** in the form of Post-Partum Intrauterine Contraceptive Device (PPIUCD), Post-Abortion Intrauterine Contraceptive Device (PAIUCD), and Post-Partum Sterilization (PPS) are provided to beneficiaries.
- **‘World Population Day Campaign’ and ‘Vasectomy Fortnight’** are observed every year to boost awareness on Family Planning and service delivery across all States/ Union Territories.
- **Home Delivery of Contraceptive Scheme** is implemented through ASHAs.
- **Family Planning Logistics Management Information System (FPLMIS)** is implemented to ensure availability of Family Planning commodities across all levels of health facilities.

(b): The National Health Mission (NHM) provides support for strengthening health infrastructure and ensuring the availability of adequate human resources across health facilities, to improve availability and accessibility to quality health care, especially for the underserved and marginalized groups in rural areas. The Ministry of Health and Family Welfare (MoHFW) provides both technical and financial assistance to the States and UTs to strengthen the public healthcare system, including strengthening of the health workforce based on the proposals

received under the National Health Mission as per norms and available resources.

As on 24th July 2025, total of 1,78,342 Ayushman Arogya Mandirs have been operationalized, 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 that includes preventive, promotive, curative, palliative and rehabilitative services which are universal, free, and closer to the community.

The Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PMABHIM) develops capacities of primary, secondary, and tertiary care Health Systems, strengthen existing national institutions, and creates new institutions to fill gaps in public health infrastructure. The 15th Finance Commission supports local government for strengthening the primary health infrastructure in rural and urban areas.

Under the National Health Mission (NHM), the performance of various health programmes is regularly assessed through review meetings, video conferences and field visits of senior officials, promoting performance by setting up benchmarks for service delivery and rewarding achievements, etc. Additionally, the functioning of NHM is periodically evaluated through external surveys, such as the National Family Health Survey (NFHS) and the Sample Registration System (SRS). Further, Common Review Missions (CRMs) are conducted annually under NHM to assess and monitor the implementation

status and progress of various health schemes including the Ayushman Arogya Mandir.

HAMARA SAMVIDHAN - HAMARA SWABHIMAN CAMPAIGN

2267. SHRI BIPLAB KUMAR DEB:

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

- (a) the objectives of the Hamara Samvidhan - Hamara Swabhiman campaign;
- (b) the number of events organised since the inception of the campaign, including sub-campaigns; and
- (c) the details of such campaigns organised in the State of Tripura?

**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 mark the completion of 75 years of adoption of Constitution, a year-long commemoration was launched by Ministry of Culture on 26th November 2024 which is celebrated as Constitution Day (Samvidhan Diwas), under the campaign tagline “Hamara Samvidhan, Hamara Swabhimaan”. As per the information provided by the Ministry of Culture, the objectives of the campaign include:

- i. To create a visual marker for the Constitution of India in public consciousness.
- ii. To increase awareness about the details of the Constitution of India.

iii. To bring to public domain tremendous hard work that has gone into the making of the Constitution.

iv. To imbue a sense of pride about the Constitution in the people of India.

(b): More than 13700 events have been organised across India with a total participation of more than 1 crore citizens.

(c): 51 events have so far been organised in Tripura with more than 5000 participants.

दमन और दीव तथा दादरा और नागर हवेली में स्वास्थ्य सुविधाएं

2268. श्री उमेशभाई बाबूभाई पटेल:

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

- (क) दमन और दीव तथा दादरा और नागर हवेली के सरकारी अस्पतालों में एक्स-रे, सीटी-स्कैन, एमआरआई और अन्य सुविधाओं के लिए रोगियों से किन दरों पर शुल्क लिया जा रहा है;
- (ख) क्या यह संविधान के सिद्धांतों से विपरीत है, कि सरकारी स्वास्थ्य सुविधा में आवश्यक स्वास्थ्य सेवाओं के लिए मरीजों से शुल्क लिया जाए, जबकि भारत के संविधान के अनुच्छेद 21 में 'स्वास्थ्य के अधिकार' को स्वाभाविक रूप से मान्यता दी गई है;
- (ग) क्या संघ राज्यक्षेत्र दमन और दीव तथा दादरा और नागर हवेली में ऐसी कोई सुविधा है जहां रोगी अनुच्छेद 21 के तहत स्वास्थ्य के अधिकार के प्रभावी कार्यान्वयन को सुनिश्चित करने के लिए मुफ्त उपचार का लाभ उठा सकते हैं; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): दादरा और नगर हवेली तथा दमन और दीव के संघ राज्य क्षेत्र में आयुष्मान आरोग्य मंदिरों, प्राथमिक स्वास्थ्य केंद्रों और सामुदायिक स्वास्थ्य केंद्रों में सभी सेवाएं निःशुल्क है।

तथापि, भारत सरकार द्वारा जारी "जन स्वास्थ्य सुविधा केन्द्रों में रोगी कल्याण समितियों के लिए दिशा-निर्देश" के प्रावधानों के अनुसार रोगी कल्याण समिति के अंतर्गत जिला अस्पतालों में कुछ सेवाओं के लिए न्यूनतम शुल्क 'प्रयोक्ता शुल्क' के रूप में लिया जाता है। इसके अलावा, (i) बीपीएल श्रेणी (ii) एससी/एसटी श्रेणी (iii) स्वतंत्रता सेनानी (iv) आपातकालीन और चिकित्सा-विधि मामलों वाले व्यक्ति (v) **प्रधानमंत्री जन आरोग्य योजना (पीएम-जेएवाई) के तहत भर्ती किए गए मरीज और (vi) प्रसव के बाद 6 सप्ताह तक की गर्भवती महिलाएँ और 1 वर्ष तक की आयु के बच्चे के लिए शुल्क में छूट दी गई है।** इसके अलावा, संबंधित जिले के कलेक्टर द्वारा गठित एक समिति होती है जो किसी अन्य श्रेणी के लिए प्रयोक्ता शुल्क में छूट देने के लिए प्राधिकृत है, जहाँ रोगी शुल्क का भुगतान करने में सक्षम नहीं है। समिति की संरचना इस प्रकार है:

क्रम संख्या	संरचना	पदनाम
1	चिकित्सा अधीक्षक / सहायक चिकित्सा अधीक्षक	अध्यक्ष
2	नर्सिंग अधीक्षक / गुणवत्ता आश्वासन स्वतंत्र प्रभारी/प्रभारी जिला अस्पताल के प्रबंधक	सदस्य
3	जिला अस्पताल लेखाकार	सदस्य
4	जिला पंचायत द्वारा नामित एक निर्वाचित प्रतिनिधि	नामित सदस्य

ZOONOTIC DISEASE

2269. SHRI KALYAN BANERJEE:

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

- (a) whether the Government proposes to set up Virus Research and Diagnostic Laboratory (VRDL) under Indian Council of Medical Research-National Institute of Virology (ICMR-NIV) in the country and if so, the details thereof, district-wise;
- (b) the details of VRDL working at present in the country, State/UT-wise and district-wise along with the proposal to set up new laboratories therefor;
- (c) whether it is a fact that the number of known Viral Species has risen from 213 in 1971 to over 15,000 in 2023 in the country and if so, the details thereof;
- (d) the details of the achievement of the Government in fighting emerging pathogens such as NIPAH Virus, Monkeypox, Crimean-Congo Haemorrhagic Fever, West Nile Virus and H5N1 in the country; and
- (e) the details of the action taken by the Government and coordinate result oriented Research for Recurring Collaboration between Medical, Veterinary and Environmental sectors to fight against the Zoonotic Disease in the country?

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

- (a) and (b): Under the Department of Health Research (DHR) scheme 'Establishment of a network of Laboratories for managing epidemics and Natural Calamities', a total of 165 Viral Research and Diagnostic Laboratories (VRDLs)

have been sanctioned across the country. The State and Union Territory (UT)-wise list of these VRDLs is given in the enclosed **Statement**.

Under the 15th Finance Commission period ending on 31.03.2026, a target of establishing 42 new VRDLs was set, which has since been successfully achieved.

Indian Council of Medical Research (ICMR) has informed that the National Institute of Virology (ICMR-NIV), Pune has been designated as the Resource Centre for the Viral Research Diagnostic Laboratories (VRDL, Network). As the Resource Centre, ICMR-NIV, Pune plays a pivotal role in supporting and strengthening the VRDLs across the country.

Apart from the above, under Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) four zonal centres of National Institutes of Virology (NIV) at Dibrugarh, Jabalpur, Jammu and Bengaluru have been approved for ICMR.

(c): ICMR has further informed that according to the 2024 report of International Committee on Taxonomy of Viruses (ICTV), a total of 16,215 viral species have been identified, categorized into 368 viral families.

(d): The details of the achievement of the Government in fighting emerging pathogens, are given below

- (i) Nipah Virus: ICMR-NIV Pune has made significant advances in combating Nipah virus. NIV has established robust surveillance systems and conducted widespread bat surveys across 14 states and 2 union territories to identify hotspots. The institute pioneered

diagnostic innovations including a pioneering Point-of-Care assay and commercialized assay kits. Its research includes virological, antibody and immunological response profiling, multi-epitope vaccine design, and seroprevalence studies, supporting the state in outbreak containment responses, deployment of mobile BSL-3 laboratory for Nipah outbreak on-site diagnosis.

- (ii) Influenza (H5N1) virus: The ICMR-National Institute of Virology (ICMR-NIV) is a WHO recognized National Influenza Centre (NIC) and an H5N1 Reference Laboratory for South East Asian countries. The ICMR-NIV has investigated several outbreaks of highly pathogenic avian influenza virus in poultry, wild and migratory birds India. The H5N1 viruses were isolated and characterized. Phylogeography and gene pool analysis of highly pathogenic avian influenza viruses reported in India showed separate introductions from South-East Asian countries. H5N1 virus was isolated from environmental samples, dead birds and human cases, which belonged to clades 2.3.4.4b and 2.3.2.1a respectively. Full genome sequencing revealed markers associated with high pathogenicity and mammalian adaptation. It was showed that there was no human- to-human infections during these outbreaks. The study generated first reports of human cases of H5N1 virus from India. Thus, the ICMR-NIV has played a crucial role in investigations, prevention and control of outbreaks of H5N1 viruses in India.

- (iii) Mpox Virus: ICMR-NIV Pune played a central role in developing and updating national guidelines for mpox diagnosis, sample collection, and management. The institute successfully isolated and characterized the mpox virus [Clade IIb and Clade Ib], enabling critical research and development of diagnostic real time PCR assay and indigenous IgM and IgG ELISA. It developed and validated a rapid, affordable LAMP assay for mpox detection, achieving results comparable to gold standard RT-PCR. NIV Pune acted as the nodal center for mpox diagnosis in India, coordinating a national network of 34 labs across India, sharing reagents, and capacity building for RT-PCR testing. The institute's genomic analysis established the presence of the Clade IIb A.2 strain and Clade Ib in India, crucial for public health strategies. Acting as the country's primary mpox diagnosis hub, NIV coordinated for commercial kit validation and development of neutralization assays for mpox.
- (iv) Crimean-Congo Hemorrhagic Fever (CCHF) Virus: ICMR-NIV, Pune has been pivotal in advancing CCHF research, diagnosis, and outbreak management in India since 2011. It first confirmed CCHF cases during the 2011 Ahmedabad nosocomial outbreak and investigated further outbreaks in Gujarat and Rajasthan. The institute established India's first BSL-4 lab in 2012, enabling safe handling and rapid indigenous development of serological assays for humans and livestock, enhancing surveillance and replacing reliance on imported reagents.

NIV led extensive serosurveys across 22 states and 1 union territory, detecting CCHF circulation in vectors and animals. It played a major role in studying seroprevalence among high-risk groups and coordinated national multisite viral hemorrhagic fever surveillance. NIV also investigated imported CCHF cases, facilitating timely containment. The molecular and immunological studies by NIV helped elucidate viral persistence, antibody response, and cytokine profiles, informing nationwide clinical management guidelines updated in 2019.

- (v) West Nile virus: In India, it was first identified in Kerala in 2011, with confirmation through laboratory isolation by the NIV Kerala Unit. Following the outbreak, the unit conducted systematic follow-up of affected patients to assess long-term health outcomes. To strengthen early detection and timely response, West Nile Virus was incorporated into the Acute Encephalitis Syndrome (AES) surveillance programme, enabling continuous monitoring and guiding public health interventions.

(e): With the objective of integrated research across human health, animal, plants and environment following a 'One Health' approach, a Program for strengthening Research and Development towards integrated disease control and pandemic preparedness for the National One Health Mission (NOHM) has been initiated by Department of Health Research (DHR).

National One Health Mission' (NOHM) as a collaborative effort brings multiple Ministries/Departments together for integrated disease prevention, control and pandemic preparedness system for the country. The key participants include

Ministry of Health and Family Welfare (MoHFW), Ministry of Environment, Forest and Climate change (MoEFCC), Ministry of AYUSH, Department of Health Research (DHR), Department of Biotechnology (DBT), Department of Pharmaceuticals (DoP), Department of Animal Husbandry and Dairying (DAHD), Department of Science and Technology (DST), Defence Research and Development Organisation (DRDO), National Centre for Disease Control (NCDC), Department of Scientific and Industrial Research (DSIR), Department of Agricultural Research and Education (DARE), National Disaster Management Authority (NDMA) and office of Principal Scientific Advisor (PSA) to the Government of India. The components of DHR scheme include frameworks for integrated disease surveillance across sectors, targeted R&D for fast-tracking medical counter measures, data integration, capacity building and to foster global linkages for pandemic preparedness.

Department of Animal Husbandry and Dairying (DAHD) has informed that it supports the States/UTs through the implementation of Livestock Health & Disease Control Programme (LHDCP) Scheme, with the aim of reducing risk to animal health. The Department has also undertaken a series of measures to strengthen surveillance and ensure the prevention and control of Avian Influenza caused by H5N1, as outlined below:

The National Action Plan for Prevention, Control and Containment of Avian Influenza (Revised 2021) has been formulated by DAHD, which provides comprehensive guidelines for preparedness, identification and notification of affected areas, culling operations, movement restrictions, implementation of

biosecurity measures, active surveillance in poultry farms, backyard poultry, live bird markets (LBMs), and migratory bird habitats, along with post-operation surveillance protocols.

Under the National One Health Mission, a National Joint Outbreak Response Team (NJORT) comprising representatives from the Department of Animal Husbandry & Dairying, National Centre for Disease Control, Indian Council of Medical Research, and Indian Council of Agriculture Research has been constituted. NJORT has often been deployed to investigate outbreaks in different parts of the country for coordinated field investigations and support for control and containment operations.

STATEMENT

State/UT-wise and District-wise Details of VRDLs in the Country

Sr. No.	State/UT	No of VRDLs	Name of District
1	Andaman & Nicobar Island	2	South Andaman
2	Andhra Pradesh	9	Chittoor, Krishna, Anantapur, YSR, East Godavari, Guntur, Vishakhapatnam, Kurnool
3	Arunachal Pradesh	1	Papumpare
4	Assam	10	Dibrugarh, Kamrup Metro, Cachar, Jorhat, Sonitpur, Barpeta, Karbi Anglong, Lakhimpur, Nagaon
5	Bihar	6	Patna, Darbhanga, Muzaffarpur, Bhagalpur

6	Chandigarh	2	Chandigarh
7	Chhattisgarh	6	Bastar, Raipur, Bilaspur, Kanker, Durg
8	Delhi	7	South Delhi, Central Delhi, East Delhi, New Delhi, South West Delhi, North Delhi
9	Goa	1	North Goa
10	Gujarat	7	Ahmedabad, Jamnagar, Surat, Bhavnagar, Rajkot, Vadodara
11	Haryana	3	Rohtak, Sonapat, Karnal
12	Himachal Pradesh	5	Shimla, Mandi, Kangra, Chamba, Bilaspur
13	Jammu and Kashmir	5	Srinagar, Jammu, Baramulla, Anantnag
14	Jharkhand	3	Ranchi, East Singhbhum, Deogarh
15	Karnataka	10	Bengaluru Urban, Mysuru, Ballari, Hassan, Shivamogga, Dharwad, Kalaburagi, Belagavi, Kodagu,
16	Kerala	8	Kozhikode, Alappuzha, Thiruvananthapuram, Thrissur, Kannur, Malapuram, Ernakulam
17	Madhya Pradesh	7	Bhopal, Sagar, Indore, Gwalior, Jabalpur, Rewa, Ratlam
18	Maharashtra	11	Nagpur, Sangli, Mumbai, Aurangabad, Solapur, Dhule, Akola, Pune
19	Manipur	2	Imphal East
20	Meghalaya	1	East Khasi Hills

21	Mizoram	1	Aizawl
22	Odisha	6	Khordha, Sambalpur, Ganjam, Cuttack, Koraput
23	Puducherry	2	Puducherry
24	Punjab	5	Amritsar, Faridkot, Patiala, Bathinda, S.A.S Nagar
25	Rajasthan	8	Jaipur, Jodhpur, Udaipur, Bikaner, Jhalawar, Kota
26	Tamil Nadu	10	Madurai, Theni, Salem, Thiruvarur, Villupuram, Tirunelveli, Coimbatore, Chennai, Thiruvallur
27	Tripura	1	West Tripura
28	Telangana	4	Hyderabad, Warangal
29	Uttar Pradesh	9	Lucknow, Aligarh, Etawah, Varanasi, Gorakhpur, Rae Bareilly, Gautam Buddha Nagar, Meerut
30	Uttarakhand	3	Nainital, Dehradun
31	West Bengal	10	Kolkata, Murshidabad, Medinipur West, Darjeeling, Maldah, Bardhaman, 24 Paraganas South, Nadia

HOMOEOPATHY DOCTORS PRACTICING ALLOPATHY

2270. DR. D. RAVI KUMAR:

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

- (a) the rationale behind allowing homoeopathic doctors to practice allopathic medicine after completing a 6-month Certificate Course in Modern Pharmacology (CCMP);
- (b) the corrective measures put in place to ensure patient's safety and treatment efficacy given the Maharashtra Medical Council's (MMC's) decision to permit homoeopaths to practice modern medicine;
- (c) whether the Government has assessed the risks of medical negligence or misdiagnosis by practitioners with limited training in allopathy through the CCMP and if so, the details thereof;
- (d) whether any regulatory safeguards exist to prevent overlap and conflict between homoeopathic and allopathic treatment methods following the MMC's new directive; 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 subject "Public Health" is a State subject. As per the information provided by the State Government of Maharashtra, the rationale behind allowing the homoeopathic doctors to practice allopathic medicine after completion of the CCMP Course is to strengthen the health services being rendered to the public in the State. The step of introducing the CCMP Course was taken by the State Government of Maharashtra in the year 2014 by getting Legislation passed in both the State Legislative Houses and by making amendments in the

Maharashtra Homoeopathy Practitioners' Act, 1960 and Maharashtra Medical Council Act, 1965 vide Gazette dated 25.6.2014 (copy enclosed as 'Annexure'). The Certificate Course in Modern Pharmacology (CCMP) designed for Registered Homoeopathic practitioners is of one-year duration, which was drafted by the Expert Committee of Board of Clinical Medicine and passed by the Faculty of Medicine and Academic Council of Maharashtra University of Health Sciences, Nashik. The One-year Course was designed after the comparative study of Homoeopathic syllabus and MBBS syllabus, and to bridge the gap in Homoeopathic syllabus and to make the registered Homoeopathic doctors competent to practice Allopathy. The Course includes practical and training in laboratory procedures along with rotational hospital training in all clinical subject of Allopathy. This Course is run in Government and private medical colleges and the examination is conducted by the faculty of Medicine, MUHS, Nashik.

(b) to (e): The safety of the patients and the treatment efficacy and all other factors were duly considered while designing the CCMP syllabus by MUHS Nashik and by the State Government while making the amendments in the Maharashtra Homoeopathy Practitioners' Act, 1960 and Maharashtra Medical Council Act, 1965. The registered Homoeopathic doctors upon completion of the CCMP Course will provide Allopathic treatment to the patients only when it is needed and to the extent of the knowledge received by passing the CCMP Course. In case of any negligence or mis-diagnosis by a registered Homoeopathic doctor who has completed CCMP Course, he/she is liable to face

enquiry under the Section 10 (c) of MMC Act just like any Allopathic doctor. Hence, the question of overlap/conflict between homoeopathic and allopathic treatment methods does not arise.

PUBLIC HEALTH INFRASTRUCTURE IN RURAL AND REMOTE AREAS

2271. SHRIMATI GENIBEN NAGAJI THAKOR:

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

- (a) whether the Government has taken steps to strengthen public health infrastructure, especially in rural and remote areas;
- (b) if so, the details of funds allocated and utilized under the National Health Mission (NHM) during the last three years;
- (c) whether there is a shortage of doctors, nurses and medical staff in Government hospitals and primary health centres, if so, the details thereof; and
- (d) the measures being taken by the Government to improve access to affordable healthcare and essential medicines for poor and vulnerable populations 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): 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.

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.

The details of funds approved for development of building infrastructure under NHM in the country for the FY from 2023-24 to 2025-26 is as under:

(In Crores)

Financial Year	Funds approved
2023-24	4688.49
2024-25	4222.23
2025-26	4249.15

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 2021-22, FY 2022-23, FY 2023-24, FY 2024-25 & FY 2025-26 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, Urban - AAM.

- Under Centrally Sponsored Scheme (CSS), 'Establishment of new medical colleges attached with existing district/referral hospitals', under which 157 new medical colleges have been approved.

(b): The details of Central Release under National Health Mission from FY 2022-23 to FY 2024-25 is as under:

(Rs. in crores)

Sl.No.	Financial Year	Central Release
1.	2022-23	31,278.84
2.	2023-24	33,042.62
3.	2024-25	36,529.14

(c): The details of doctors, nurses and medical staff in Government Hospitals and Primary Health Centre the country are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

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

(d): Further, to improve access to quality healthcare services in remote and rural areas support for Mobile Medical Unit (MMU) is provided to States/UTs, based on the requirements posed by them in their Programme Implementation Plans (PIPs), subject to availability of resources. Deployment of MMUs is based on a normal population norm with 1 MMU per 10 lakhs population. Also, Ministry of Health and Family Welfare has developed eSanjeevani, a telemedicine application, which provides doctor to doctor (HWC module) and patient to doctor consultation services (OPD module). This application works on a hub and spoke model. At hub level, a specialist doctor provides services to Health and Wellness Centers (HWCs) in rural areas.

Under Free Drugs Service Initiative (FDSI), Government of India supports procurement of drugs and strengthening robust systems of procurement, Quality Assurance, Supply chain management and warehousing, Prescription audit, grievance redressal, dissemination of Standard Treatment Guidelines and Establishment of IT enabled platform DVDMS (Drugs & Vaccine Distribution Management System) for monitoring the real status of procurement and availability of essential medicines. Ministry of Health and Welfare (MoHFW) has recommended facility wise Essential Medicines List (EML) to be made available at the public healthcare facilities which includes provision of a variety of free services related to maternal health, child health, adolescent health, family planning, universal immunisation programme, and for major diseases such as Tuberculosis, HIV/ AIDS, vector borne diseases like Malaria, Dengue and Kala Azar, Leprosy etc. The facility wise number of medicines in the EML includes

106 drugs at Sub Health Centre level, 172 at Primary Health Centre level, 300 at Community Health Centre level, 318 at Sub-district Hospital level and 381 drugs at district Hospital level. However, States have the flexibility to add more medicines.

DEPORTATION OF INDIAN NATIONALS FROM USA

2272. SHRIMATI KANIMOZHI KARUNANIDHI:

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

- (a) whether the Government maintains data regarding Indian citizens who have been deported from the USA since January 2025 and if so, the details thereof, including the modes of deportation;
- (b) whether the Government has taken any diplomatic steps to ensure better coordination and humane treatment of Indian nationals facing deportation from the USA and other countries;
- (c) whether the Government has received any formal communication from the USA regarding recent changes or delays in student visa processes, especially the reported suspension of fresh appointments for student and exchange visitor visas (F, M, J categories), if so, the details thereof;
- (d) whether the Government has any mechanism to monitor the status of Indian students and migrants in the USA facing deportation, denial of visa or social media-based vetting procedures, if so, the details thereof; and
- (e) the details regarding the steps taken to rehabilitate deported Indian Students?

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): Between 20 January and 22 July 2025, a total of 1,703 Indian nationals were deported by the U.S. Government to India. Of them, there were 1,562 men and 141 women. The breakup of deportees by modes of deportation is placed below:

Mode of deportation	Date	Number
U.S. Customs and Border Protection (Military) Flights	Feb 5, Feb 15, and Feb 16	333
Charter flights operated by U.S. Immigration and Customs Enforcement (ICE)'s Enforcement and Removal Operations	Mar 19, Jun 8, and Jun 25	231
Deportation through Department of Homeland Security (DHS) Charter Flights	Jul 5, and Jul 18	300
Commercial Flights from Panama	Deportees arrived in India individually or in small groups, as and when their flight tickets were arranged	72
Commercial Flights from USA	Deportees arrived in India individually or in small groups, as and when their flight tickets were arranged	767
Total (till 22 July)		1,703

The State/UT-wise breakup of the deportees is placed below:

State / UT	Number of Deportee(s)
Punjab	620
Haryana	604
Gujarat	245
Uttar Pradesh	38
Goa	26
Maharashtra	20
Delhi	20
Telangana	19
Tamil Nadu	17
Andhra Pradesh	12
Uttarakhand	12
Himachal Pradesh	10
Jammu & Kashmir	10
Kerala	8
Chandigarh	8
Madhya Pradesh	7
Rajasthan	7
West Bengal	6
Karnataka	5
Odisha	1
Bihar	1
Jharkhand	1

Unknown	6
TOTAL	1,703

The Ministry of External Affairs remains engaged with the U.S. side to ensure the humane treatment of deportees during deportation operations. The Ministry strongly registered its concerns with the U.S. authorities on the treatment of deportees, particularly with respect to use of shackles, especially on women and children. Concerns with regards to religious / cultural sensitivities including the use of turbans and dietary preferences have also been formally taken up with the U.S. side. This Ministry has not received any complaint pertaining to treatment of deportees on any flight after February 5, 2025.

(c) to (e): The Ministry of External Affairs received several representations from Indian students and their families flagging difficulties in obtaining student visa appointments. The Ministry took up the matter with U.S. Embassy in New Delhi as well as the U.S. Department of State. In response, the US side has shared the following:

- Additional security requirements for student visas have further reduced the capacity of the U.S. Embassy and Consulates in India to process visas. However, student visa appointments are now open.
- For J-1 physician category, the US side has launched a software-based solution to prioritize their appointments. Several students who had

previously reported unavailability of appointment slots under this category of visa and have now been able to get appointments.

- U.S. Embassy is working to open a limited number of additional student visa appointments through the end of August in recognition of the urgent need for these appointments before the start of the new academic year.
- The US Embassy is developing a student visa fact sheet with Frequently Asked Questions (FAQs) that should help reduce uncertainty around this issue.

While the issuance of visa is a sovereign prerogative of the concerned country, the Ministry of External Affairs has consistently raised with the U.S. Embassy in New Delhi as well as the U.S. State Department in Washington, D.C. the issues being faced by prospective Indian students in obtaining U.S. visas.

The Government of India remains engaged with the U.S. Government 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.

Indian Missions/Posts in the U.S. maintain regular contacts with the Indian students enrolled in U.S. universities. Our Embassy and Consulates have dedicated officers who closely track education / student welfare related matters. Indian students travelling abroad for higher studies are also encouraged to register on the MADAD Portal.

The grievances of Indian migrants abroad, including students, are dealt with by Indian Missions/Posts on priority and are responded to almost on a real time basis through telephone calls, walk-ins, emails, social media, 24x7 emergency helplines, Open Houses and the MADAD Portal. Those in distress are provided all possible consular assistance, including emergency medical care and boarding/lodging, whenever required. The Indian Community Welfare Fund (ICWF) has been set up in Indian Missions/Posts abroad for assisting overseas Indian nationals, including Indian students, in distress situations on a means tested basis for deserving cases.

TECHNOLOGY AND CASE BACKLOG

2273. ADV. CHANDRA SHEKHAR:

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

- (a) the progress made in implementing uniform case categorization across High Courts since the National Conference held in February 2025; and
- (b) the number of pending cases that have been resolved through technological interventions like the National Judicial Data Grid and e-Courts out of the total 4.5 crore cases pending as of December 2024?

**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 provided by the Supreme Court of India, case categorization has been implemented in the Supreme Court of India. During the

National Conference on Addressing Issues faced by the State Judiciary held on 01st Feb, 2025, it was suggested that the model prepared by the Case Categorization Advisory Committee of the Supreme Court can be replicated by High Courts. However, information in regard to implementation of case categorization by High Courts is not maintained by the Supreme Court of India.

(b): Timely disposal of cases in courts depends on several factors which, inter-alia, include availability of adequate number of judges/ judicial officers, supporting court staff and physical infrastructure, complexity of facts involved, nature of evidence and co-operation of stake holders viz. bar, investigation agencies, witnesses and litigants. Introduction of Information and Communication Technology, along with other initiatives, facilitates reduction in the pendency of cases.

As per information provided by the Supreme Court of India, technological interventions, including use of Artificial Intelligence and Machine Learning based tools, have resulted in enhanced efficiency and access to justice. Till date, more than 2.73 crore cases have been heard in the District and Subordinate Courts through Video Conferencing (VC) facility. For providing citizen centric services to the stakeholders, about 1773 eSewa Kendras (facilitation centres) are operational in the District and Subordinate Courts. Approximately 308 crore pages have been digitized in the District Courts till 30.06.2025. The e-filing rules have been rolled out in all the District Courts across the country except in the case of Andhra Pradesh, Arunachal Pradesh and Rajasthan. The lawyers/litigants across the country have online access to

information related to case status, cause lists, judgements etc. in multiple languages. The e-Courts Mobile App for lawyers/litigants and the JustIS app for judges have witnessed more than 3.16 crore and 21716 downloads respectively. Information about cases, judgments/orders etc. of courts across the country is available online on the National Judicial Data Grid (NJDG). Age-wise pendency details of the cases and their categorization on the NJDG portal help in analysing the reasons for delay. The NJDG through its timely inputs facilitates policy decisions, monitoring of court performance, identification of systemic bottlenecks and effective resource management.

STATUS OF NATIONAL TB ELIMINATION PROGRAMME

2274. SHRI VARUN CHAUDHRY:

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

- (a) whether TB is likely to be eliminated from the country in 2025 and if so, the details thereof;
- (b) whether it is a fact that every TB patient in the country is not provided with food basket every month and if so, the details thereof;
- (c) the action taken/proposed to be taken by the Government to cover all such patients in future;
- (d) whether it is a fact that TB incidence rate increased in the country during the last three years and if so, the details thereof, year-wise; and
- (e) the achievement status of bank account seeding of TB patients in the country?

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

(a) to (e): Government of India has implemented National TB Elimination Programme (NTEP) under the aegis of the National Health Mission (NHM).

As per the World Health Organisation's Global TB Report, 2024, the incidence rate of TB in India has shown a 17.7% decline from 237 per lakh population in 2015 to 195 per lakh population in 2023, which is more than double the global reduction, while deaths due to TB has reduced by 21.4% from 28 per lakh population in 2015 to 22 per lakh population in 2023.

For nutritional support, the Government has introduced Ni-kshay Poshan Yojana (NPY) through DBT under which Rs 1000/month per patient is provided for the entire duration of treatment. Since April 2018, under NPY Rs 4,018 crores have been disbursed to 1.31 crore eligible beneficiaries.

Further, the Government launched "Ni-kshay Mitra Initiative" for support to TB patients through community stakeholders. Since September 2022, 3.28 lakh Ni-kshay Mitras have been registered and 36.64 lakh food baskets distributed to 16.01 lakh consenting TB patients. The key steps taken to strengthen the Ni-kshay Mitra initiative are:

- (i) Engage elected representatives, panchayati raj institutions, urban local body members to become a Ni-kshay Mitra.

- (ii) Involve corporates, industries, business associations, civil society organizations, MY Bharat volunteers, jan arogya samiti and mahila arogya samiti in the initiative.
- (iii) Digital platform for citizens to register as Ni-kshay Mitra and provide their commitment.
- (iv) Engage self help groups & non-governmental organizations in last mile service delivery

The status of bank account seeding among notified TB cases is given in the enclosed **Statement**.

STATEMENT

Status of bank account seeding among notified TB cases under NTEP

State/ UT	Number of Eligible Beneficiaries	Number of Beneficiary with Bank Account details available	%
Andaman & Nicobar Islands	635	589	93%
Andhra Pradesh	86488	84773	98%
Arunachal Pradesh	3178	2911	92%
Assam	51560	48355	94%
Bihar	207093	168387	81%
Chandigarh	5045	4367	87%
Chhattisgarh	40003	37584	94%
Dadra & Nagar Haveli and Daman & Diu	928	927	100%
Delhi	94432	74432	79%
Goa	2110	1579	75%
Gujarat	141561	131674	93%
Haryana	91930	83015	90%

Himachal Pradesh	17344	16708	96%
Jammu & Kashmir	12312	11518	94%
Jharkhand	64627	58446	90%
Karnataka	78240	56692	72%
Kerala	21103	19054	90%
Ladakh	345	326	94%
Lakshadweep	15	14	93%
Madhya Pradesh	190236	178942	94%
Maharashtra	232908	192761	83%
Manipur	2575	2171	84%
Meghalaya	4819	4323	90%
Mizoram	2416	2170	90%
Nagaland	4222	4070	96%
Odisha	61516	59265	96%
Puducherry	1530	1471	96%
Punjab	60343	51408	85%
Rajasthan	174418	153779	88%
Sikkim	1406	1343	96%
Tamil Nadu	99601	91982	92%
Telangana	74946	60047	80%
Tripura	3612	3436	95%
Uttar Pradesh	712665	669091	94%
Uttarakhand	30678	28911	94%
West Bengal	103378	96113	93%

Data Source – Ni-kshay portal

उर्वरकों की कालाबाजारी

2275. श्री अभय कुमार सिन्हा:

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

- (क) क्या सरकार को इस बात की जानकारी है कि बिहार विशेषकर, सहरसा, गया और औरंगाबाद जिलों की उर्वरकों की कालाबाजारी और कृत्रिम कमी किसानों के लिए समस्याएं पैदा कर रही है;
- (ख) यदि हां, तो इस संबंध में सरकार द्वारा अब तक क्या सुधारात्मक कार्रवाई और निगरानी उपाय किए गए हैं;
- (ग) वर्तमान में बिहार में यूरिया, डीएपी और अन्य प्रमुख उर्वरकों के उपलब्ध स्टॉक का जिलावार ब्यौरा क्या है;
- (घ) वित्तीय वर्ष 2025-26 के लिए अब तक केंद्र सरकार द्वारा बिहार राज्य सरकार को उर्वरकों के लिए स्वीकृत और वितरित धनराशि का ब्यौरा क्या है; और
- (ङ) आगामी रबी और खरीफ मौसम में उर्वरकों की कालाबाजारी रोकने या उपलब्धता सुनिश्चित करने के लिए सरकार द्वारा क्या ठोस कदम उठाए गए हैं;

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

(क) और (ख): बिहार सरकार से प्राप्त सूचना के अनुसार, राज्य के सहरसा, गया और औरंगाबाद जिलों में इस तरह का कोई मामला सामने नहीं आया है।

(ग): उर्वरक विभाग का अधिदेश राज्य स्तर पर उर्वरकों की पर्याप्त उपलब्धता सुनिश्चित करना है। हालाँकि, राज्य के भीतर जिला स्तर पर उर्वरकों का वितरण राज्य सरकारों द्वारा किया जाता है। तदनुसार, बिहार राज्य सरकार से राज्य में यूरिया, डीएपी, एनपीकेएस और एमओपी के जिला-वार स्टॉक के संबंध में प्राप्त सूचना संलग्न **विवरण** में दी गई है।

(घ): 'उर्वरकों में प्रत्यक्ष लाभ अंतरण (डीबीटी)' प्रणाली के तहत, लाभार्थियों को प्रत्येक खुदरा दुकान पर स्थापित पीओएस उपकरणों के माध्यम से आधार प्रमाणीकरण के आधार पर की गई वास्तविक बिक्री पर उर्वरक का उत्पादन/आयात करने वाली कंपनियों को विभिन्न उर्वरक ग्रेडों पर

100% सब्सिडी जारी की जाती है न कि राज्य सरकारों को। इसलिए, बिहार राज्य सरकार को विशेष रूप से कोई निधि संस्वीकृत या संवितरित नहीं की जाती है।

(ड): उर्वरक को एक आवश्यक वस्तु के रूप में घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 और उर्वरक (संचलन नियंत्रण) आदेश, 1973 के तहत अधिसूचित किया गया है। उर्वरकों की कालाबाजारी को रोकने तथा आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 (एफसीओ) के उपबंधों का उल्लंघन करते हुए उर्वरकों की कालाबाजारी में संलिप्त किसी व्यक्ति/उर्वरक कंपनी के विरुद्ध दंडात्मक कार्रवाई करने के लिए एफसीओ के अंतर्गत राज्य सरकारों को पर्याप्त शक्तियां प्रदान की गई हैं। तदनुसार, बिहार राज्य सरकार से प्राप्त सूचना के अनुसार, उर्वरकों की कालाबाजारी को रोकने के लिए किए गए उपाय निम्नानुसार हैं:

- (i) जिला स्तर पर छापेमारी की गई है। खरीफ मौसम 2025 (दिनांक 30.07.25 तक) में अब तक 19 एफआईआर दर्ज की गई और 157 लाइसेंस रद्द किए गए हैं।
- (ii) किसी भी प्रकार की कदाचार की जांच के लिए पीओएस के अनुसार उर्वरक स्टॉक और गोदाम में उपलब्ध उर्वरक का वास्तविक सत्यापन नियमित रूप से किया गया है।
- (iii) शीर्ष-20 यूरिया क्रेता का सत्यापन नियमित आधार पर किया जाता है।
- (iv) प्रत्येक रेक पॉइंट के लिए रेक अधिकारी नियुक्त किए गए हैं। जिले के भीतर रेक पॉइंट से उर्वरक की उचित आवाजाही सुनिश्चित करने के लिए सभी आवश्यक सत्यापन किए जाते हैं।
- (v) विभाग ने उर्वरक की कालाबाजारी, जमाखोरी और तस्करी को रोकने के लिए डीलरों की नियमित निगरानी के लिए ऑनलाइन निरीक्षण ऐप विकसित किया है।
- (vi) उर्वरक की कालाबाजारी, जमाखोरी और तस्करी को रोकने हेतु नियमित निगरानी के लिए नियमित आधार पर विशेष निरीक्षण दल का गठन किया गया है।
- (vii) उर्वरक की उपलब्धता, उर्वरक के एकसमान वितरण की निगरानी के लिए जिला मजिस्ट्रेट की अध्यक्षता में जिला स्तरीय उर्वरक समिति का गठन किया गया है।

इसके अलावा, देश में उर्वरकों की समय पर और पर्याप्त उपलब्धता सुनिश्चित करने हेतु सरकार द्वारा प्रत्येक फसल मौसम से पहले निम्नलिखित उपाय किए जाते हैं:

- i. प्रत्येक फसल मौसम के शुरू होने से पूर्व कृषि और 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 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।

विवरण

30.07.25 की स्थिति के अनुसार बिहार में जिला स्तर पर उर्वरक स्टॉक की स्थिति
(आंकड़े मीट्रिक टन में)

क्रम.सं.	जिला	यूरिया	डीएपी	एनपीकेएस	एमओपी
1	अररिया	6,336	2,888	6,065	2,409
2	अरवल	3,529	413	1,580	104
3	औरंगाबाद	13,227	906	5,879	1,161
4	बांका	7,114	1,456	3,546	654
5	बेगूसराय	11,841	6,214	6,993	3,492
6	भागलपुर	10,805	3,675	8,863	1,203
7	भोजपुर	19,327	2,888	11,552	1,449
8	बक्सर	12,686	2,074	8,605	544

9	दरभंगा	13,397	2,364	3,316	1,102
10	गया	16,901	3,943	9,235	1,012
11	गोपालगंज	5,586	1,044	1,832	486
12	जमुई	4,993	1,713	1,829	84
13	जहानाबाद	5,724	1,012	3,619	265
14	कैमूर (भभुआ)	7,115	690	2,812	368
15	कटिहार	5,300	2,931	7,850	1,511
16	खगरिया	13,491	6,634	7,204	3,561
17	किशनगंज	4,628	1,662	3,926	614
18	लखीसराय	4,508	1,621	972	186
19	मधेपुरा	7,033	4,551	8,443	2,008
20	मधुबनी	13,521	2,887	3,073	1,265
21	मुंगेर	5,238	1,769	640	165
22	मुजफ्फरपुर	16,877	4,352	9,767	4,239
23	नालन्दा	13,969	2,125	10,367	631
24	नवादा	6,756	1,036	2,481	88
25	पश्चिम चंपारण	1,062	3,296	4,295	3,151
26	पटना	14,680	2,510	8,637	832
27	पूर्वी चंपारण	8,900	3,463	6,630	3,567
28	पूर्णिया	8,384	7,750	21,196	6,387
29	रोहतास	13,391	2,708	8,275	1,167
30	सहरसा	3,890	3,113	4,189	1,958
31	समस्तीपुर	14,099	3,747	5,587	2,604
32	सारण	11,591	1,716	4,897	1,002
33	शेखपुरा	4,299	628	1,508	53
34	शिवहर	1,807	120	354	192
35	सीतामढ़ी	11,246	2,064	6,440	2,129
36	सिवान	12,729	2,290	3,302	765
37	सुपौल	4,281	2,474	5,280	1,754
38	वैशाली	10,664	5,031	11,049	6,336
कुल		3,50,923	1,01,756	2,22,088	60,498

महिला सशक्तीकरण योजनाओं का कार्यान्वयन

2276. श्री दरोगा प्रसाद सरोज:

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

- (क) उत्तर प्रदेश में गैर-सरकारी संगठनों (एनजीओ) के माध्यम से महिलाओं के सशक्तीकरण और बच्चों के विकास के लिए कार्यान्वित की जा रही योजनाओं का आजमगढ़ सहित जिलेवार ब्यौरा क्या है;
- (ख) क्या सरकार ने इस क्षेत्र में कार्यरत गैर-सरकारी संगठनों के कामकाज की निगरानी के लिए कोई निगरानी तंत्र स्थापित किया है;
- (ग) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (घ) बच्चों को डे-केयर और सुरक्षा सुविधाएँ प्रदान करने के लिए उक्त राज्य में शुरू की गई योजनाओं का ब्यौरा क्या है; और
- (ङ) उक्त राज्य सहित देश में उक्त योजना के अंतर्गत हुई प्रगति का ब्यौरा क्या है और योजना के अंतर्गत सरकार द्वारा कितनी धनराशि खर्च की जा रही है?

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

(क) से (ग) : महिला और बाल विकास मंत्रालय अपनी विभिन्न योजनाओं और मिशनों के अंतर्गत राज्यों/संघ राज्य क्षेत्रों को सीधे निधि जारी करता है। यह किसी भी गैर-सरकारी संगठन (एनजीओ) को कोई निधि जारी नहीं करता है। कुछ परियोजनाएं/बाल देखरेख संस्थान राज्य सरकार की एजेंसियों के माध्यम से सरकार/स्थानीय अधिकारियों द्वारा सीधे कार्यान्वित किए जाते हैं, जबकि कुछ अन्य विशिष्ट परियोजनाएं और बाल देखरेख संस्थान गैर-सरकारी संगठनों द्वारा भी चलाए और कार्यान्वित किए जाते हैं। परियोजना अनुमोदन बोर्ड की बैठकों में इनकी समीक्षा की जाती है। राज्यों और संघ राज्य क्षेत्रों को निर्देश दिया गया है कि यदि कार्यान्वयन एजेंसियां गैर-सरकारी संगठन हैं, तो उन्हें नीति आयोग के दर्पण पोर्टल पर अनिवार्य रूप से पंजीकृत होना चाहिए। इसके अलावा, उनके द्वारा संचालित परियोजनाओं का राज्य/ संघ राज्य क्षेत्र सरकारों के स्थानीय प्राधिकारियों

द्वारा निरंतर समीक्षा और पर्यवेक्षण किया जाएगा जो गैर-सरकारी संगठनों सहित अपनी सभी कार्यान्वयन एजेंसियों की ओर से उपयोग प्रमाण पत्र भी देंगे।

(घ) और (ङ): महिला और बाल विकास मंत्रालय, देखरेख और संरक्षण की आवश्यकता वाले बच्चों (सीएनसीपी) और विधि का उल्लंघन करने वाले बच्चों (सीसीएल) के लिए विभिन्न सेवाएँ प्रदान करने हेतु उत्तर प्रदेश सहित राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से 'मिशन वात्सल्य' नामक केंद्र प्रायोजित योजना का कार्यान्वयन कर रहा है। इन सेवाओं में संस्थागत देखभाल और गैर-संस्थागत देखभाल शामिल हैं। मिशन वात्सल्य योजना के अंतर्गत स्थापित बाल देखभाल संस्थान (सीसीआई) अन्य बातों के साथ-साथ, आयु-अनुकूल शिक्षा, व्यावसायिक प्रशिक्षण तक पहुँच, मनोरंजन, स्वास्थ्य देखभाल, परामर्श इत्यादि प्रदान करते हैं। गैर-संस्थागत देखभाल के अंतर्गत, बच्चों को प्रायोजन, पालन-पोषण देखभाल, दत्तक ग्रहण और पश्चात देखभाल के माध्यम से सहायता प्रदान की जाती है। उपर्युक्त राज्य सहित देश में वित्तीय वर्ष 2024-25 के लिए मिशन वात्सल्य के अंतर्गत की गई वित्तीय और वास्तविक प्रगति का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

महिला और बाल विकास मंत्रालय ने बच्चों को डे केयर सुविधाएँ और सुरक्षा प्रदान करने के लिए दिनांक 01 अप्रैल 2022 से सभी राज्यों और संघ राज्य क्षेत्रों के लिए व्यापक मिशन शक्ति के सामर्थ्य वर्टिकल के अंतर्गत पालना योजना शुरू की गई है। पालना योजना का उद्देश्य बच्चों (6 महीने से 6 वर्ष की आयु तक) के लिए सुरक्षित वातावरण में गुणवत्तापूर्ण क्रेच सुविधा, पोषण संबंधी सहायता प्रदान करना, बच्चों के स्वास्थ्य और संज्ञानात्मक विकास, विकास निगरानी और टीकाकरण करना है। पालना के अंतर्गत क्रेच सुविधाएँ सभी माताओं को प्रदान की जाती हैं, चाहे उनकी रोजगार की 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, जहाँ इस बात पर जोर दिया जाता है कि वे अधिक आंगनवाड़ी-सह-क्रेच खोलने और उन्हें कार्यशील करने के लिए प्रस्ताव भेजें।

15वें वित्त अवधि के दौरान, अर्थात् वित्तीय वर्ष 2025-26 तक, पालना योजना के अंतर्गत कुल 17,000 आंगनवाड़ी-सह-क्रेच (एडब्ल्यूसीसी) की स्थापना करने की परिकल्पना की गई है। एडब्ल्यूसीसी की स्थापना के प्रस्ताव संबंधित राज्य सरकारों/ संघ राज्य क्षेत्रों से प्राप्त होते हैं, जो योजना के कार्यान्वयन के लिए अपना सदृश अंश भी देते हैं। अब तक, विभिन्न राज्यों/ संघ राज्य क्षेत्रों से प्राप्त प्रस्तावों के अनुसार मंत्रालय द्वारा कुल 14,599 एडब्ल्यूसीसी को मंजूरी दी जा चुकी है। राजस्थान और उत्तर प्रदेश राज्य द्वारा इस योजना का कार्यान्वयन नहीं किया गया है। देश में वित्तीय वर्ष 2024-25 के दौरान पालना योजना के अंतर्गत की गई वित्तीय प्रगति का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

विवरण-I

वित्तीय वर्ष 2024-25 के लिए मिशन वात्सल्य के अंतर्गत की गई वित्तीय और वास्तविक प्रगति

I. वित्तीय प्रगति :

(करोड़ रुपये)

वित्तीय वर्ष	वास्तविक व्यय
2024-25	1405.53

वित्तीय वर्ष 2024-25 के लिए, मिशन वात्सल्य योजना के अंतर्गत उत्तर प्रदेश के लिए केंद्रीय अंश के रूप में कुल 9,205.25 लाख रुपये जारी किए गए।

II. वास्तविक प्रगति:

वित्तीय वर्ष	बाल कल्याण समितियाँ	किशोर न्याय बोर्ड	जिला बाल संरक्षण इकाइयाँ	बाल देखभाल संस्थान	बाल देखभाल संस्थानों में लाभार्थी	गैर-संस्थागत देखभाल के अंतर्गत लाभार्थी
2024-25	783	773	764	2559	76882	170895

उत्तर प्रदेश राज्य में, वित्तीय वर्ष 2024-25 के दौरान मिशन वात्सल्य के अंतर्गत कुल 164 बाल देखभाल संस्थानों (सीसीआई) और 5,420 बच्चों को सहायता प्रदान की गई। इसके अतिरिक्त, गैर-संस्थागत देखभाल घटक के अंतर्गत, वित्तीय वर्ष 2024-25 के दौरान कुल 15,000 बच्चों को सहायता प्रदान की गई।

विवरण-II

वित्तीय वर्ष 2024-25 के लिए पालना योजना के अंतर्गत की गई वित्तीय प्रगति

(करोड़ रूपए)

वित्तीय वर्ष	वास्तविक व्यय
2024-25	45.17

DEVELOPMENT OF KEY MARITIME PROJECTS

2277. DR. HEMANT VISHNU SAVARA:

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

- whether land acquisition and environmental clearances for the Vadhavan Port project in Palghar district have been completed;
- the manner in which the development of Vizhinjam International seaport will reduce India's dependence on other international ports for trans-shipment of cargo;
- whether the Government plans to increase Indian cargo movement through Chabahar and Sittwe Ports, if so, the details thereof;
- whether timelines have been fixed for completing the Maritime Heritage Complex at Lothal, Gujarat; and
- if so, the details thereof?

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

(a): The Environmental Clearance has been obtained and 3D Notification for Land acquisition with respect to Road and Rail Connectivity has been received.

(b): The development of the Vizhinjam Project is expected to bring back a significant portion of the Indian cargo transshipment currently conducted at foreign ports. Once fully developed the transshipment business is set to generate significant consumer surplus by savings on shipping and navigation costs. By attracting mainline vessels and establishing itself as a competitive transshipment hub, Vizhinjam International Port is certain to minimize India's dependence on foreign ports and strengthen national port competitiveness.

(c): Yes. The Ministry is continuously taking several measures such as investing in port infrastructure, conducting stakeholder consultations and awareness campaigns and providing a range of incentives to increase trade and traffic.

(d) and (e): The target completion date for phase 1A of the project "Development of National Maritime Heritage Complex (NMHC) at Lothal, Gujarat" is September, 2025.

पोत का संचालन

2278. श्री लक्ष्मीकान्त पप्पू निषाद:

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

- (क) जलमार्ग विकास परियोजना के अंतर्गत वाराणसी से हल्दिया तक गंगा नदी पर पोत संचालन कब तक शुरू होने की संभावना है;

- (ख) क्या पोत संचालन के माध्यम से उत्तर प्रदेश, बिहार और पश्चिम बंगाल के मल्लाह और मछुआरा समुदाय के लोगों के लिए रोजगार के अवसर पैदा हुए हैं;
- (ग) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (घ) जल मार्ग विकास परियोजना के अंतर्गत वाराणसी, उत्तर प्रदेश से हल्दिया, पश्चिम बंगाल तक गंगा नदी पर जहाज संचालन की कुल लागत कितनी है; और
- (ङ) इस मार्ग पर प्रतिदिन कितने पोतों के संचालन का अनुमान है और उनका ब्यौरा क्या है?

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

(क): हल्दिया से वाराणसी तक गंगा नदी [राष्ट्रीय जलमार्ग-1 (रा.ज.-1) गंगा- भागीरथी-हुगली नदी प्रणाली] पर अंतर्देशीय जलयानों का नौवहन चल रहा है।

(ख) और (ग): जलमार्ग विकास परियोजना (जेएमवीपी) राष्ट्रीय जलमार्ग- 1 (रा.ज.-1), जो उत्तर प्रदेश, बिहार, झारखंड और पश्चिम बंगाल राज्यों से होकर गुजरती है, के क्षमता संवर्धन हेतु विश्व बैंक द्वारा सहायता प्राप्त परियोजना है। जेएमवीपी के कार्यान्वयन से 1.3 लाख से अधिक प्रत्यक्ष और अप्रत्यक्ष रोजगार की परिकल्पना की गई है। जेएमवीपी के तहत गंगा नदी के तट पर सामाजिक-आर्थिक विकास को सक्रिय करने के उद्देश्य से फेयरवे, नौचालन सहायताएं, सामुदायिक जेट्टियां और टर्मिनल पहले से ही विकसित की गई है। इन सुविधाओं का उद्देश्य गंगा नदी के तट और आस-पास के क्षेत्रों में रहने वाले लोगों को सरल लॉजिस्टिक्स समाधान प्रदान कर समावेशी विकास और बेहतर आजीविका प्रदान करना है। रा.ज.-1 के साथ में तिरेपन (53) सामुदायिक जेट्टियां पहले से ही शुरू की गई है, जिससे किसानों, मल्लाह, मछुआरों, स्थानीय व्यापारियों, उद्यान विशेषज्ञों और कारीगरों आदि को रोजगार अवसर प्रदान कर लाभ मिलेगा।

(घ): वाराणसी, उत्तर प्रदेश से हल्दिया, पश्चिम बंगाल तक गंगा नदी पर एक पोत के नौचालन की लागत उसके आकार, ड्राफ्ट, इंजन क्षमता, कार्गो भार, नदी के बहाव आदि पर आधारित होती है। विश्व बैंक द्वारा किए गए अध्ययन के अनुसार, अंतर्देशीय जल परिवहन (आईडब्ल्यूटी) माध्यम की परिचालन लागत 1.2 रु. पर टन कि.मी. है।

(ड): वित्त वर्ष 2024-25 के दौरान रा.ज.-1 पर 4,229 जलयानों की आवाजाही रिकॉर्ड की गई है।

एकीकृत रोग निगरानी परियोजना

2279. श्री हरीभाई पटेल:

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

- (क) क्या सरकार एकीकृत रोग निगरानी परियोजना (आईडीएसपी) क्रियान्वित कर रही है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) उक्त परियोजना के अंतर्गत पिछले पाँच वर्षों के दौरान निष्पादित कार्यों का वर्ष-वार ब्यौरा क्या है;
- (ग) उक्त परियोजना का मुख्य उद्देश्य क्या है तथा उक्त परियोजना के अंतर्गत सरकार द्वारा स्थानीय आबादी को किस प्रकार स्वास्थ्य देखभाल सुविधाएँ प्रदान की जा रही हैं; और
- (घ) एकीकृत रोग निगरानी परियोजना के संदर्भ में महेसाणा लोकसभा निर्वाचन क्षेत्र 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): एकीकृत रोग निगरानी कार्यक्रम (आईडीएसपी) गुजरात के महेसाणा जिले सहित सभी 36 राज्यों/संघ राज्य क्षेत्रों में केंद्रीय, राज्य और जिला स्तरीय निगरानी इकाइयों के माध्यम से कार्यान्वित किया जा रहा है। यह कार्यक्रम 50 से अधिक महामारी-प्रवण रोगों की निगरानी के लिए उत्तरदायी है।

आईडीएसपी के मुख्य उद्देश्य हैं -

- महामारी-जन्य रोगों के लिए विकेन्द्रीकृत प्रयोगशाला-आधारित सूचना प्रौद्योगिकी सक्षम रोग निगरानी प्रणाली को सुदृढ़ करना और उन्हें बनाए रखना।
- रोग प्रवृत्तियों की निगरानी करना।

- प्रारंभिक चरण में प्रकोपों का पता लगाना और उनका समाधान करना।
- जिला, राज्य और राष्ट्रीय स्तर पर त्वरित अनुक्रिया दल (आरआरटी) के प्रशिक्षित संवर्ग का गठन।

मानक केस परिभाषाओं के अनुसार निगरानी उपकरण में उप-केंद्र स्तर पर ओक्सलरी नर्स मिडवाइफ (एएनएम) द्वारा भरा गया सिंड्रोमिक (एस) फॉर्म, स्वास्थ्य सुविधा केंद्र स्तर पर चिकित्सा अधिकारियों द्वारा भरा गया अनुमानित (पी) फॉर्म और प्रयोगशालाओं द्वारा भरा गया प्रयोगशाला (एल) पुष्टिकृत फॉर्म शामिल हैं। प्रत्येक राज्य ने जाँच और निगरानी के लिए आईडीएसपी के अंतर्गत जिला लोक स्वास्थ्य प्रयोगशालाओं (डीपीएचएल), राज्य रेफरल प्रयोगशालाओं (एसआरएल) जैसी प्रयोगशालाएँ निर्धारित की हैं। पिछले पाँच वर्षों के परिणामों/उपलब्धियों का ब्यौरा संलग्न **विवरण** में दिया गया है।

विवरण

i. मानक केस परिभाषाओं के अनुसार एएनएम, चिकित्सा अधिकारियों और प्रयोगशालाओं द्वारा भरे गए फॉर्म का ब्यौरा:

परिणाम मानदंड	2021	2022	2023	2024	जुलाई, 2025 तक
उप-केंद्र स्तर पर एएनएम द्वारा भरा गया सिंड्रोमिक (एस) फॉर्म	46%	41%	68%	75%	78%
स्वास्थ्य सुविधा केंद्र स्तर पर चिकित्सा अधिकारियों द्वारा भरा गया अनुमानित (पी) फॉर्म	48%	57%	73%	78%	83%
प्रयोगशालाओं द्वारा भरा गया प्रयोगशाला पुष्टिकरण (एल) फॉर्म	47%	55%	73%	79%	83%

ii. प्रकोप की रिपोर्ट और अनुक्रिया का विवरण और उत्पन्न मीडिया अलर्ट:

परिणाम मानदंड	2021	2022	2023	2024	जुलाई, 2025 तक
रिपोर्ट किए गए और अनुक्रिया दिए गए प्रकोपों की संख्या	728	1027	1862	3020	958
मीडिया स्कैनिंग और सत्यापन प्रकोष्ठ (एसएसवीसी): समय पर कार्रवाई के लिए उत्पन्न मीडिया अलर्ट की संख्या	485	653	879	2338	2011

iii. कोविड-19 महामारी - आईडीएसपी ने अंतर्राष्ट्रीय यात्रियों की निगरानी, सामुदायिक निगरानी, स्वास्थ्य और परिवार कल्याण मंत्रालय को डेटा और तकनीकी जानकारी प्रदान करने, अनुक्रिया की निगरानी और राज्यों/जिलों को मार्गदर्शन प्रदान करने, आईएनएसएससीओजी के माध्यम से नए वेरिएंट की जीनोमिक निगरानी में अग्रणी भूमिका निभाई।

iv. उभरती और फिर से उभरते रोग - देश में क्रीमियन-कांगो रक्तस्रावी बुखार (सीसीएचएफ), जीका, निपाह, इबोला, एम्पॉक्स आदि जैसी उभरती और फिर से उभरती रोगों की त्वरित अनुक्रिया और निगरानी में आईडीएसपी महत्वपूर्ण भूमिका निभाता है। यह प्रकोप की जाँच, दिशानिर्देशों के परिचालन और प्रयोगशाला परीक्षण में सक्रिय रूप से योगदान देता है।

v. सामूहिक समारोहों में विशेष निगरानी - आईडीएसपी बाढ़ जैसी आपदाओं और कुंभ मेला और अमरनाथ यात्रा जैसे सामूहिक समारोहों के दौरान जन स्वास्थ्य सहायता प्रदान करता है।

vi. जन स्वास्थ्य आपातकालीन प्रचालन केंद्र (पीएचईओसी) एक केंद्रीय आपातकालीन सुविधा केंद्र के रूप में कार्य करता है, जो प्रकोपों (एच1एन1, निपाह, आदि), जन स्वास्थ्य संकटों और कुंभ मेले जैसे बड़े आयोजनों का प्रबंधन करता है।

आशा कार्यकर्ताओं का कल्याण

2280. श्री दिनेश चंद्र यादव:

श्री गिरिधारी यादव:

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

- (क) वर्ष 2005 से देश में आशा कार्यकर्ताओं के कल्याण हेतु सरकार द्वारा चलाए जा रहे कार्यक्रम का नाम क्या है;
- (ख) क्या सरकार का वर्तमान में आशा कार्यकर्ताओं को और अधिक प्रोत्साहन देने का प्रस्ताव है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार का इस प्रोत्साहन को वेतनभोगी वर्ग के कर्मचारी के रूप में नाम देने का प्रस्ताव है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) वर्तमान में आशा कार्यकर्ताओं को कितनी प्रोत्साहन राशि दी जाती है?

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

(क) से (घ): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) का लक्ष्य लोगों की आवश्यकताओं के प्रति जवाबदेह और उत्तरदायी, न्यायसंगत, किफायती और गुणवत्तापूर्ण स्वास्थ्य परिचर्य तक सार्वभौमिक सुलभता सुनिश्चित करना है। एनएचएम में इसके दो उप-मिशन, राष्ट्रीय ग्रामीण स्वास्थ्य मिशन (एनआरएचएम) और राष्ट्रीय शहरी स्वास्थ्य मिशन (एनयूएचएम) शामिल हैं। इसके मुख्य कार्यक्रम घटकों में ग्रामीण और शहरी क्षेत्रों में स्वास्थ्य प्रणाली का सुदृढ़ीकरण, प्रजनन-मातृ-नवजात-शिशु और किशोर स्वास्थ्य (आरएमएनसीएच+ए), और संचारी और गैर-संचारी रोग शामिल हैं।

आशाकर्मी को सहायता सहित जन स्वास्थ्य सेवा प्रणाली को मजबूत करने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की है। एनएचएम के अंतर्गत, स्वास्थ्य और परिवार कल्याण मंत्रालय राज्यों/संघ राज्य क्षेत्रों को उनकी सार्वजनिक स्वास्थ्य सेवा प्रणाली के सुदृढ़ीकरण के लिए तकनीकी और वित्तीय सहायता प्रदान करता है, जो राज्यों/संघ राज्य क्षेत्रों द्वारा अपनी कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) में उल्लिखित आवश्यकताओं और समग्र संसाधन सीमा के आधार पर प्रदान की जाती है।

आशाकर्मी को सामुदायिक स्वास्थ्य स्वयंसेवक माना जाता है और वे कार्य/कार्यकलाप आधारित प्रोत्साहन पाने की पात्र हैं। आशाकर्मी को नियमित और आवर्ती गतिविधियों के लिए ₹3500/- प्रति माह का एक निश्चित मासिक प्रोत्साहन मिलता है, जिसे हाल ही में दिनांक 4 मार्च, 2025 को आयोजित मिशन संचालन समूह (एमएसजी) की 9वीं बैठक में ₹2000/- प्रति माह से संशोधित किया गया है।

आशाकर्मी को विभिन्न राष्ट्रीय स्वास्थ्य कार्यक्रमों के अंतर्गत विविध कार्यकलापों के लिए प्रदर्शन-आधारित प्रोत्साहन प्रदान किए जाते हैं, जिनमें से कुछ को हाल ही में मिशन संचालन समूह (एमएसजी) की 9वीं बैठक में संशोधित किया गया है। इन आशा प्रोत्साहनों का विवरण निम्नलिखित यूनिफॉर्म रिसोर्स लोकेटर (यूआरएल) पर उपलब्ध है:

<https://nhm.gov.in/New-update-2024-25/ASHA/ASHA-Incentives-July-2025.pdf>

आयुष्मान आरोग्य मंदिर के शुभारंभ के बाद, आशाकर्मी, निगरानी किए गए निष्पादन संकेतकों (प्रति माह ₹1000 तक) के आधार पर एनएम के साथ-साथ टीम आधारित प्रोत्साहन (टीबीआई) के लिए भी पात्र हैं। आशाकर्मी गैर-मौद्रिक प्रोत्साहनों जैसे - आशाकर्मी, पहचान पत्र, साइकिल, मोबाइल, सीयूजी सिम, आशा डायरी, दवा किट, आशा विश्राम कक्ष आदि की भी हकदार हैं।

सरकार ने 4 मार्च, 2025 को आयोजित मिशन संचालन समूह (एमएसजी) की 9वीं बैठक में सम्मान राशि को ₹20,000/- से संशोधित करके ₹50,000/- करने को भी मंजूरी दी है और न्यूनतम 10 वर्षों तक आशाकर्मी के रूप में कार्य करने के बाद कार्यक्रम छोड़ने वाली आशाकर्मी को उनके योगदान के सम्मान में एक प्रशस्ति पत्र भी दिया जाएगा।

वर्ष 2018 में, आशाकर्मी के महत्वपूर्ण योगदान और प्रतिबद्धता को मान्यता देते हुए आशा लाभ पैकेज शुरू किया गया था। यह पैकेज निम्नलिखित के लिए कवरेज प्रदान करता है:

- प्रधानमंत्री जीवन ज्योति बीमा योजना (पीएमजेबीवाई) जिसमें बीमित व्यक्ति की मृत्यु होने पर ₹2.00 लाख का लाभ मिलेगा (वार्षिक प्रीमियम भारत सरकार द्वारा दिया जाएगा)।

- प्रधानमंत्री सुरक्षा बीमा योजना (पीएमएसबीवाई) जिसमें आकस्मिक मृत्यु या स्थायी विकलांगता पर ₹2.00 लाख का लाभ मिलेगा; आंशिक विकलांगता पर ₹1.00 लाख (वार्षिक प्रीमियम भारत सरकार द्वारा दिया जाएगा)।

इसके अतिरिक्त, आशाकर्मी के लिए 60 वर्ष की आयु के बाद ₹3,000/- प्रति माह पेंशन लाभ (प्रीमियम का 50% भारत सरकार द्वारा और 50% लाभार्थियों द्वारा दिया जाएगा) के साथ प्रधानमंत्री श्रम योगी मान निधि (पीएम-एसवाईएम) भी उपलब्ध है। राज्यों/संघ राज्य क्षेत्रों की आशाकर्मी को निर्धारित पात्रता मानदंडों के अनुसार उपर्युक्त सभी सामाजिक सुरक्षा योजनाओं में नामांकित किया गया है।

इसके अलावा, आशाकर्मी और उनके परिवार के सदस्यों को आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत 5 लाख रुपये का वार्षिक स्वास्थ्य कवरेज प्रदान किया जाता है।

EXPORT OF SPECIALITY FERTILIZERS

2281. SHRI ANAND BHADAURIA:

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

- (a) Whether China has halted export of certain speciality fertilizers to India which is likely to adversely affect the Indian farmers;
- (b) If so, the details thereof and the reasons therefor; and
- (c) the steps taken by the Government to ensure timely and sufficient availability of fertilizers to farmers of the country during the current Monsoon season and next Rabi season in response to Chinese halting of exports to India?

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): In Fertilizer Control Order, 1985 there is no classification as specialty fertilizer. However, 100 % water soluble complex fertilizer, 100 % water soluble mixture of fertilizer category is there, used mainly in cash crops and horticulture crops. None of these fertilizer are subsidized fertilizers within the ambit of Nutrient Based Subsidy (NBS) Scheme administered by Department of Fertilizers. Against annual consumption of Water Soluble Fertilizers of around 3.35 LMT (2023-24), a significant quantity is imported from China as well as alternative suppliers like Belgium, Egypt, Germany, Morocco & USA. However, fertilizer companies are free to import P&K fertilizers as per their business dynamics.

Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with the all State Governments, assesses the state-wise & month-wise requirement of fertilizers. 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. The movement of all major subsidized fertilizer is monitored through the country by an on-line web based monitoring system called integrated Fertilizers Monitoring System (iFMS) for each cropping season.

Further, Indian Council of Agricultural Research (ICAR) through its research institute and State Agricultural Universities have developed indigenous solutions such as zinc EDTA, customized nutrient blends, nano-fertilizers, biofertilizers enriched with micronutrients, including zinc-solubilizing bacteria. These research-based innovations supported by initiatives like Soil Test-Based Fertilizer Recommendations and Site-Specific Nutrient Management (SSNM) supports a holistic Integrated Nutrient Management Strategy to help country move towards self-reliance in nutrient management, reduce import dependency, and ensure sustainable agricultural productivity.

IMPROVING MENTAL HEALTHCARE

2282. SHRI DEVUSINH CHAUHAN:

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

- (a) the steps taken/proposed to be taken by the Government to improve mental healthcare in the country;
- (b) the mechanism by which the Government proposes to increase the number of mental health professionals;
- (c) the steps taken/proposed to be taken by the Government to reduce the stigma around mental health; and
- (d) the steps taken/proposed to be taken by the Government to make mental healthcare more accessible in rural areas?

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

(b): 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.

As per information received from Rehabilitation Council of India (RCI), at present, 69 institutions/universities have been approved by RCI to conduct courses in Clinical Psychology such as M.Phil., Professional Diploma, Psy.D. (Doctor of Psychology), and 9 institutions/universities have been approved by

RCI to conduct courses in Rehabilitation Psychology such as M.Phil. (Rehabilitation Psychology). The Council has also launched two more programmes in Clinical Psychology, i.e. B.Sc. (Clinical Psychology) and M.A. (Clinical Psychology) from the academic session 2024- 25.

The Government is also augmenting the availability of manpower to deliver mental healthcare services in the underserved areas of the country by providing online training courses to various categories of general healthcare medical and para medical professionals through the Digital Academies.

(c): To generate awareness among masses about mental illness, Information, Education and Communication (IEC) activities and awareness generation activities in the community, schools, workplaces, with community involvement are an integral part of NMHP.

The District Mental Health Programme (DMHP) is implemented under the National Mental Health Programme in 767 districts of the country to detect, manage and treat mental illness with the major components of counselling in schools and colleges, work place stress management, life skills training, suicide prevention services and Information, Education and Communication (IEC) activities for generation of awareness and removal of stigma associated with Mental Illness.

(d): 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.

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.

EXTENSION OF NATIONAL WATERWAY-3

2283. ADV. FRANCIS GEORGE:

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

- (a) whether the Government of Karnataka had requested the Union Government to grant-in-principle sanction for a single North-South Inland Waterway with National Waterway Standards, if so, the details thereof; and
- (b) whether the Union Government has taken any steps to grant sanction for the additional stretches as extension to National waterway-3 (Kollam-Kozhikode) as requested by the State Government of Karnataka, if so, the decision of the Government thereon?

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

(a): No such proposal has been received from the Government of Karnataka. However, a proposal was received from the Government of Kerala requesting Ministry of Ports, Shipping & Waterways for initiating steps to declare the Kovalam to Kollam and Kozhikode to Bekal stretches of West Coast Canal as appropriate class (Class-I/ Class-III) of National Waterway according to the standards available.

(b): The Government of India has already extended National Waterway (NW)-3 from Kottapuram to Kozhikode in Kerala vide National Waterways Act, 2016. Thus, NW-3 covers a total feasible stretch from Kozhikode in the north to Kollam in the south out of entire waterway stretch from Bekal to Kovalam. The remaining stretch from Bekal to Kozhikode in north and Kollam to Kovalam in south could not be considered for declaration as National Waterway as per findings of the studies completed by National Transport Planning & Research Centre, Thiruvananthapuram.

AYUSH WELLNESS CENTRES IN TRIBAL AREA IN ASSAM**2284. SHRI AMARSING TISSO:**

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

- (a) the total number of AYUSH Health and Wellness Centres sanctioned and operational in Assam, particularly in the tribal districts of Karbi Anglong and Dima Hasao of Assam, district-wise;
- (b) the modalities of recruitment and training for medical officers and support staff at these centres;
- (c) whether the Government propose to expand AYUSH infrastructure in underserved tribal and hilly regions; 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): Under Centrally Sponsored scheme of National Ayush Mission (NAM), 500 AYUSH Health and Wellness Centres now renamed as Ayushman Arogya Mandir (Ayush) [AAM (Ayush)] have been approved in Assam State. As reported by State Government, all AAM (Ayush) are operational. Out of which, 13 AAM (Ayush) are operational in the Karbi Anglong District and another 13 AAM (Ayush) are operational in the district of Dima Hasao of Assam. Further, District-wise status of approved AAM (Ayush) in Assam State is given in the enclosed **Statement.**

(b): Public Health being a State subject, the primary responsibility of recruitment and training for medical officers and support staff of these centres comes under the purview of respective State Government. As reported by State Government of Assam, the Community Health Officers for AAM (Ayush) are recruited on contractual basis and they have mentioned that recruitment notifications were issued in prominent newspapers, and applications were received via the online portal. After completion of the recruitment process, the selected candidates had undergone for 5 days Orientation Training before their deployment.

(c) and (d): Public Health being a State subject, the primary responsibility to strengthen/expand the Ayush infrastructure in the underserved tribal and hilly regions lies with respective State Government. However, under NAM, as per the proposals received from State Government of Assam, one 30 bedded Integrated Ayush Hospital (IAH) at Diphu Karbi Anglong District and one 50 Bedded IAH in the District Baksa were approved, which are located in hilly and tribal region of Assam.

STATEMENT

District-wise status of approved AAM (Ayush) in Assam State including tribal districts of Karbi Anglong and Dima Hasao

Sl. No.	Name of District	No. of approved AAM (Ayush)
1.	Baksa	23
2.	Barpeta	7
3.	Biswanath	54
4.	Bongaigaon	13
5.	Cachar	32

6.	Charaideo	15
7.	Chirang	22
8.	Darrang	5
9.	Dhemaji	4
10.	Dhubri	19
11.	Dibrugarh	4
12.	Dima Hasao	13
13.	Goalpara	4
14.	Golaghat	19
15.	Hailakandi	11
16.	Hojai	19
17.	Kamrup	3
18.	Kamrup(M)	9
19.	Karbi Anglong	13
20.	Karimganj	14
21.	Kokrajhar	36
22.	Lakhimpur	20
23.	Morigaon	20
24.	Nagaon	32
25.	Nalbari	12
26.	Sivasagar	32
27.	Sonitpur	16
28.	Tinsukia	16
29.	Udalguri	9
30.	West Karbi Anglong	4
Total		500

REHABILITATION OF CHILDREN

2285. DR. RANI SRIKUMAR:

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

- (a) whether the Government is aware of UNICEF's "State of the World's Children Report 2024" which States that a significant number of children in the country are at high risk of displacement due to climate change and environmental disasters;
- (b) if so, the details regarding the displacement of children if any in the country during the last five years due to the said reasons; and
- (c) the details of measures/initiatives being taken by the Government to prevent displacement and to rehabilitate affected children?

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

(a) to (c): UNICEF independently publishes the "State of the World's Children" report annually, which provides a general global perspective on issues concerning children, including those arising due to environmental and climate-related factors. These reports include references to various countries based on compiled international datasets and are not country-specific official reports.

Ministry of Women & Child Development is the nodal Ministry for the Juvenile Justice (Care and Protection of Children) Act, 2015 (as amended in 2021) which establishes a comprehensive legal framework for the rehabilitation of children affected by climate change, natural calamities, and environmental disasters:

- As per section 2(14) (xi), a child "*who is victim of or affected by any armed conflict, civil unrest, or natural calamity*" is classified as a Child in Need of Care and Protection (CNCP), meaning children who are displaced or

rendered vulnerable due to climate change-induced disasters (e.g., floods, cyclones, droughts, and similar events) are entitled to receive protection, care, and rehabilitation as per the Act.

- Under Section 30 of the JJ Act, the Child Welfare Committee (CWC) is responsible for ensuring that each child, including those displaced due to disasters, receives individualized care and rehabilitation plans, monitoring and follow-up.
- Section 39 of the Act lays down the rehabilitation and social reintegration process for such children based on their individual care plan, preferably through family-based care such as by restoration to family or guardian, sponsorship, adoption or foster care. It also provides for suitable institutional care for children who are not placed in families for any reason.
- Section 53 of the Act makes provisions for displaced children recognized as CNCP who are placed in Child Care Institutions (CCIs) to have access to basic needs such food, shelter, clothing, medical attention; psychological counselling and mental health support; appropriate education and skill development; life skills; legal aid; recreational activities; individual care plans tailored to each child's needs; referral services and preparation for family-based reintegration or independent living when appropriate.
- Rule 19 (4A) of the Juvenile Justice (Care and Protection for Children) Model Rules, 2016 requires the development of Individual Care Plans

(ICP) for every CNCP, considering the specific circumstances—including trauma and loss due to displacement.

- Rule 25 of JJ Rules also makes provisions for aftercare services to children leaving institutional care on attaining the age of 18 by providing for their education, employable skills and placements, and places to stay for facilitating their social reintegration.

Further, Ministry of Women and Child Development is implementing a Centrally Sponsored Scheme namely 'Mission Vatsalya' in all States/ UTs 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 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 CNCP.

Under the Commission for Protection of Child Rights (CPCR) Act, 2005; the National Commission for Protection of Child Rights (NCPCR) is mandated to take cognizance in such matters and issue notices u/s 13(1) (j) of the aforementioned Act to concerned authorities in matters pertaining to violation and deprivation of the rights of children including natural disasters and climate change such as "Heat Waves", "Flash floods" "Earth Quakes" etc.

The Commission has developed and circulated a "Comprehensive Manual on Safety and Security of Children". Above manual references "Activity Book for

Disaster Management” published by the National Institute of Disaster Management (NIDM). The school safety audit checklist of the said NCPCR’s safety manual covers the aspects related to disasters such as “Fire”, “Earthquake”, “Floods”, “Cyclone” and “Landslides”.

Further, as per the National Policy on Disaster Management, the primary responsibility for disaster management including disbursement of relief assistance on ground level rests with the State Governments concerned. The Central Government provides requisite logistics and financial support to the efforts of the State Governments. The State Governments provide financial relief to the affected people in the event of notified natural disasters which includes floods and landslides, from the State Disaster Response Fund (SDRF), already placed at its disposal, in accordance with approved items and norms of Government of India. However, in the event of disaster of severe nature additional financial assistance is extended from the National Disaster Response Fund (NDRF), as per laid down procedure, which includes an assessment based on the visit of an Inter-Ministerial Central Team (IMCT). The financial assistance provided under SDRF and NDRF is by way of relief and not for compensation. For the long-term post disaster needs, States are supported through recovery and reconstruction funding window under NDRF and SDRF.

समुद्री क्षेत्र में रोजगार के अवसर

2286. डॉ. संजय जायसवाल:

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

- (क) क्या सरकार ने समुद्री क्षेत्र में रोजगार के 50,000 अवसरों के सृजन हेतु प्रस्तावित योजना के लिए कोई व्यवहार्यता या प्रभाव मूल्यांकन अध्ययन किया है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) उन विशिष्ट सामुद्रिक कौशलों का ब्यौरा क्या है जिन्हें गुवाहाटी स्थित सामुद्रिक कौशल विकास केन्द्र और डिब्रूगढ़ में स्थापित किए जाने वाले उत्कृष्टता केन्द्रों के माध्यम से प्रदान किए जाने की संभावना है;
- (घ) डिब्रूगढ़ में उत्कृष्टता केंद्र की स्थापना के लिए कुल वित्तीय परिव्यय और वित्तपोषण के स्रोत क्या हैं तथा इसके पूरा होने की अपेक्षित समय-सीमा क्या है; और
- (ङ) सृजन हेतु प्रस्तावित 50,000 सामुद्रिक नौकरियों में सरकार द्वारा सभी आठ उत्तर पूर्वी राज्यों के लिए समान अवसर किस प्रकार सुनिश्चित किए जाने की संभावना है?

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

(क) और (ख): आत्मनिर्भर भारत पहल के भाग के रूप में आने वाले वर्षों में समुद्री शहरों की तरह द्वीपों के विकास पर फोकस किया गया है। विकास के लिए चुने गए द्वीप, लक्षद्वीप, अंडमान और निकोबार द्वीप समूह संघ राज्य क्षेत्र तथा गुजरात राज्य में हैं। विकास के विषयों में पारिस्थितिकी-पर्यटन सुविधाएं, पोत मरम्मत, समुद्री योजना निर्माण और मरम्मत, समुद्री प्रशिक्षण संस्थान, मुक्त व्यापार क्षेत्र और बंकरिंग टर्मिनल शामिल हैं। परिकल्पित विकास से द्वीपों पर 50,000 से अधिक प्रत्यक्ष और अप्रत्यक्ष रोजगार सृजित होने की उम्मीद है।

(ग): समुद्री कौशल विकास केंद्र (एमएसडीसी), गुवाहाटी, समुद्री सुरक्षा, अंतर्देशीय जलयान प्रबंधन अर्थात् सामान्य प्रयोजन रेटिंग पाठ्यक्रम, चालक दल प्रबंधन, आतिथ्य, सुरक्षा आदि जैसे क्षेत्रों में विशिष्ट प्रशिक्षण प्रदान कर रहा है। डिब्रूगढ़ में आगामी क्षेत्रीय उत्कृष्टता केंद्र (आरसीओई) पर पाठ्यक्रमों में नियमानुसार आधारभूत अंतर्देशीय जलमार्ग पाठ्यक्रमों के अलावा स्मार्ट नेविगेशन सिस्टम, समुद्री इंजीनियरिंग, आईटी और लॉजिस्टिक्स जैसी उन्नत प्रौद्योगिकियों में प्रशिक्षण शामिल है।

(घ): सरकारी बजटीय सहायता (जीबीएस) के माध्यम से डिब्रूगढ़ में आरसीओई की स्थापना के लिए कुल अनुमानित लागत 188 करोड़ रुपए है और परियोजना को पूरा करने में 19 महीने का समय लगेगा।

(ङ): पूर्वोत्तर क्षेत्र के दोनों केंद्रों का उद्देश्य आठ पूर्वोत्तर राज्यों सहित पूरे देश के भावी प्रशिक्षणार्थियों को अवसर प्रदान करना है।

PERMISSION FOR HOMOEOPATHS TO PRACTICE ALLOPATHY

2287. PROF. SOUGATA RAY:

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

- (a) whether some State Medical Council has proposed to permit Homoeopaths to practice allopathy with one year bridge course in pharmacology;
- (b) if so, the details thereof along with the stand of the Government in this regard;
- (c) the reasons for allowing Homoeopaths to register with the State Medical Council despite their own Homoeopathy Council;
- (d) whether the Government is aware of the longstanding impacts due to the erosion of medical standards and unregulated and unchecked medical practices; and
- (e) if so, the details thereof?

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

- (a) to (e): Government of Maharashtra has informed that with a view to

strengthen health services in rural and remote areas of the state, one year Certificate Course in Modern Pharmacology (CCMP) has been approved for Registered Homeopathic Practitioners allowing them to provide allopathic treatment to patients only when it is needed and to the extent of learning through CCMP course. Maharashtra Medical Council have to keep a separate register for practitioners who have completed CCMP. The practitioner also has to be registered in homoeopathy council.

आयुष में रिक्त पद

2288. श्री हरीश चंद्र मीना:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या मार्च, 2025 तक मंत्रालय के अंतर्गत विभिन्न स्वायत्त निकायों में 2,600 से अधिक पद रिक्त थे;
- (ख) यदि हाँ, तो संस्था-वार स्वीकृत और रिक्त पदों की कुल संख्या कितनी है;
- (ग) सरकार द्वारा इस संबंध में उठाए गए कदमों जैसे भर्ती अभियान, परीक्षाओं का आयोजन, नियुक्तियाँ आदि का ब्यौरा क्या है; और
- (घ) जून 2025 तक मंत्रालय के अंतर्गत इन स्वायत्त निकायों में भरे गए पदों की कुल संख्या कितनी है और संस्था-वार रिक्त पदों का ब्यौरा क्या है?

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

(क) से (घ): आयुष मंत्रालय के अंतर्गत विभिन्न स्वायत्त निकायों में रिक्त पदों को भरने हेतु आवश्यक कार्रवाई संबंधित स्वायत्त निकायों द्वारा अपने-अपने भर्ती नियमों (आरआर) और निर्धारित प्रक्रिया

के अनुसार की जाती है। संस्थानवार स्वीकृत, रिक्त और भरे हुए पदों की कुल संख्या का ब्यौरा निम्नानुसार है:

क्र.सं.	संस्थान/परिषद का नाम	पदों की संख्या		
		स्वीकृत	रिक्त	भरे हुए
1.	राष्ट्रीय आयुर्वेद संस्थान (एनआईए), जयपुर	329	58	271
2.	आयुर्वेद शिक्षण और अनुसंधान संस्थान (आईटीआरए), जामनगर	539	318	221
3.	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), नई दिल्ली	377	187	190
4.	पूर्वोत्तर आयुर्वेद और लोक चिकित्सा अनुसंधान संस्थान (एनईआईएफएमआर), पासीघाट	90	86	04
5.	पूर्वोत्तर आयुर्वेद और होम्योपैथी संस्थान (एनईआईएच), शिलांग	111	55	56
6.	राष्ट्रीय आयुर्वेद विद्यापीठ (आरएवी), नई दिल्ली	9	3	6
7.	मोरारजी देसाई राष्ट्रीय योग संस्थान (एमडीएनआईवाई), नई दिल्ली	77	32	45
8.	राष्ट्रीय प्राकृतिक चिकित्सा संस्थान (एनआईएन), पुणे	36	6	30
9.	राष्ट्रीय यूनानी चिकित्सा संस्थान (एनआईयूएम), बैंगलोर	212	101	111

10.	राष्ट्रीय सिद्ध संस्थान (एनआईएस), चेन्नई	107	12	95
11.	राष्ट्रीय सोवा-रिग्पा संस्थान (एनआईएसआर), लेह, लद्दाख	49	21	28
12.	राष्ट्रीय होम्योपैथी संस्थान (एनआईएच), कोलकाता	193	92	101
13.	केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएस), नई दिल्ली	1708	894	814
14.	केंद्रीय योग और प्राकृतिक चिकित्सा अनुसंधान परिषद (सीसीआरवाईएन), नई दिल्ली	55	26	29
15.	केंद्रीय यूनानी चिकित्सा अनुसंधान परिषद (सीसीआरयूएम), नई दिल्ली	766	345	421
16.	केंद्रीय सिद्ध अनुसंधान परिषद (सीसीआरएस), चेन्नई	251	27	224
17.	केंद्रीय होम्योपैथी अनुसंधान परिषद (सीसीआरएच), नई दिल्ली	452	121	331

BAN ON FIXED DOSE COMBINATIONS

2289. DR. THOL THIRUMAAVALAVAN:

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

- (a) whether the Government has banned any medicine, irrational fixed dose combinations in the country during the last three years, if so, the details thereof, year-wise; and

- (b) whether the Government has any data of the medicine and its treatment category along with the names of the companies producing it 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): There are provisions under the Drugs and Cosmetics Act, 1940, under which Central Government may regulate, restrict or prohibit manufacture, etc. of any drug including Fixed Dose Combination (FDCs) drugs in public interest if the use of drugs is likely to involve any risk to human beings or animals or there is no therapeutic justification for the ingredients contained in FDCs.

Whenever, any such concerns on any drug including FDCs are reported, the matter is examined in consultation with expert committee/ Drugs Technical Advisory Board (DTAB) and appropriate action is taken for prohibition of such drugs under the provisions of Section 26A of the Drugs and Cosmetics Act, 1940.

The Central Government has prohibited number of drugs including FDCs for manufacture, sale or distribution. Through notification issued on 07.09.2018, the Central Government prohibited 328 FDCs for manufacture, sale or distribution. The Government also restricted 06 FDCs for manufacture, sale or distribution with certain conditions. Subsequently, Central Government vide notifications S.O. 180 (E) to S.O.259 (E), dated 11.01.2019, prohibited 80 FDCs for manufacture, sale or distribution. Further, Central Government vide

notification S.O. 2394 (E) to S.O. 2407 (E) dated 02.06.2023 prohibited 14 FDCs for manufacture, sale or distribution. Recently, Central Government vide notification S.O. 3285 (E) to S.O. 3440 (E) dated 02.08.2024 prohibited 156 FDCs for manufacture, sale or distribution.

The Central Government also prohibited the manufacture for sale, sale and distribution for human use of drug fixed dose combination of S(+) Etodolac + Paracetamol vide S.O. 3284(E) dated 12.08.2024.

List of banned FDCs is available on the website of CDSCO i.e. www.cdsc.gov.in

फूड एप्लीकेशनों द्वारा सुपुर्द किए गए गर्म भोजन का स्वास्थ्य पर प्रतिकूल प्रभाव

2290. श्री अनिल बलूनी:

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

- (क) क्या ऑनलाइन खाद्य वितरण ऐप्स के माध्यम से उपभोक्ताओं को प्लास्टिक कंटेनरों में सुपुर्द किए जाने वाले गर्म भोजन के प्रतिकूल प्रभाव का पता लगाने के लिए कोई अध्ययन या सर्वेक्षण किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ख) क्या सुरक्षा स्वास्थ्य मानदंडों के दृष्टिगत ऐसे ऐप्स के माध्यम से खाद्य वितरण सेवा से संबंधित कोई दिशा निर्देश जारी किए गए हैं 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): भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) ने सूचित किया है कि ऐसा कोई अध्ययन नहीं किया गया है।

भारतीय खाद्य सुरक्षा और मानक प्राधिकरण (एफएसएसआई) का अधिदेश खाद्य पदार्थों के लिए विज्ञान-आधारित मानक निर्धारित करना और उनके निर्माण, भंडारण, वितरण, बिक्री और आयात को विनियमित करना है ताकि मानव उपभोग के लिए सुरक्षित और पौष्टिक भोजन की उपलब्धता सुनिश्चित की जा सके। खाद्य सुरक्षा और मानक (पैकेजिंग) विनियम, 2018 के अनुसार, खाद्य पदार्थों की पैकेजिंग, तैयारी, भंडारण, पैकिंग, परिवहन और बिक्री या सेवा के लिए उपयोग की जाने वाली कोई भी सामग्री जो भोजन के सीधे संपर्क में आती है या भोजन के संपर्क में आने की संभावना है, खाद्य की बिक्री या सेवा की खाद्य गुणवत्ता श्रेणी की होनी चाहिए। प्रत्येक खाद्य व्यवसाय संचालक को राष्ट्रीय प्रत्यायन परीक्षण बोर्ड और अंशांकन प्रयोगशाला (एनएबीएल) जो पैकेजिंग सामग्री के लिए प्रत्यायित प्रयोगशाला है, द्वारा जारी अनुरूपता प्रमाण-पत्र प्राप्त करना होगा। एफएसएसआई ने एफएसएस (खाद्य व्यवसायों का लाइसेंसिंग और पंजीकरण) विनियम, 2011 की अनुसूची 4 के तहत लाइसेंस प्राप्त/पंजीकृत खाद्य व्यवसाय संचालकों (एफबीओ) द्वारा अपनाई जाने वाली सामान्य स्वच्छता और साफ-सफाई संबंधी आदतों को भी निर्दिष्ट किया गया है। यह खानपान सेवाओं में शामिल खाद्य व्यवसायों पर भी लागू होता है। एफएसएसआई ने ई-कॉमर्स व्यवसाय संचालकों के लाइसेंस और पंजीकरण के लिए उनके उत्तरदायित्वों के साथ-साथ प्रक्रियाएँ भी निर्दिष्ट की हैं। तदनुसार, ई-कॉमर्स एफबीओ को अन्य बातों के अलावा, यह सुनिश्चित करना होगा कि सभी सूचीबद्ध विक्रेता लाइसेंस प्राप्त/पंजीकृत हों, स्वच्छता मानकों का पालन करें, अनिवार्य खाद्य संबंधी जानकारी प्रदान करें, भ्रामक दावों से बचें और गैर-अनुपालन वाले उत्पादों को सूची से हटा दें।

अनुपालन सुनिश्चित करने के लिए, एफएसएसआई, केंद्र और राज्य सरकारों के माध्यम से, पूरे वर्ष ई-कॉमर्स प्लेटफॉर्म के माध्यम से ऑनलाइन बेचे जाने वाले खाद्य उत्पादों सहित, खाद्य उत्पादों की नियमित निगरानी, निरीक्षण और यादृच्छिक नमूना चयन करता है। गैर-अनुरूप पाए जाने पर, एफएसएस अधिनियम और उसके अंतर्गत बनाए गए नियमों और विनियमों के अनुसार सुधार संबंधी नोटिस जारी करने, प्रचालन निलंबित करने, जुर्माना लगाने आदि सहित उपाय किए जाते हैं।

रसायनों का अत्यधिक उपयोग

2291. श्री उत्कर्ष वर्मा मधुर:

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

- (क) क्या यह सच है कि रसायनों के अत्यधिक उपयोग के कारण किसानों की उत्पादन लागत बढ़ जाती है और शुद्ध लाभ कम हो जाता है;
- (ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार का किसानों को अधिकतम लाभ प्रदान करने के लिए वैकल्पिक व्यवस्था करने का विचार है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) क्या सरकार द्वारा सिंथेटिक उर्वरक के दुष्प्रभावों को रोकने के लिए कोई उपाय किए जा रहे हैं क्योंकि इसका केवल 30 से 50 प्रतिशत ही पौधों द्वारा अवशोषित किया जाता है, शेष नाइट्रोजन विनाइट्रीफाइड हो जाता है और नाइट्रेट के रूप में मिट्टी में रिस जाता है और फिर यह भूजल में चला जाता 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): रसायनों के अत्यधिक उपयोग को रोकने के लिए, भारत सरकार एकीकृत नाशीजीव प्रबंधन (आईपीएम) की कार्यनीति को बढ़ावा देती है, जिसमें पारंपरिक और जैविक तरीकों के माध्यम से कीट प्रबंधन की परिकल्पना की गई है।

इसके अलावा, कृषि और किसान कल्याण मंत्रालय अपने केंद्रीय एकीकृत नाशीजीव प्रबंधन केंद्रों (सीआईपीएमसी), कृषि विज्ञान केंद्रों (केवीके) और राज्य कृषि विभागों के माध्यम से किसानों को रसायनों के विकल्प, जैसे जैव-कीटनाशक, बायो-स्टीम्युलेंट्स, और उत्पादन बढ़ाने के लिए जैविक खेती, मिश्रित खेती जैसी वैकल्पिक कृषि पद्धतियों के बारे में भी जागरूक बनाने के लिए विभिन्न प्रशिक्षण कार्यक्रम आयोजित करता है। वर्ष 2024-25 में, देश भर में कुल 720 प्रशिक्षण कार्यक्रम आयोजित किए गए, जिनसे 21,271 किसान लाभान्वित हुए।

इसके अलावा, उचित मूल्य पर कीटनाशक उपलब्ध कराने के लिए, कृषि और किसान कल्याण मंत्रालय पंजीकरण समिति (आरसी) के माध्यम से जेनेरिक कीटनाशकों के लिए शीघ्रता से पंजीकरण प्रमाणपत्र प्रदान करता है। किसानों को अधिक विकल्प उपलब्ध होने से बाजार में स्वस्थ प्रतिस्पर्धा सुनिश्चित होती है, जिससे कीमतों में स्थिरता आती है। इसके अलावा, जेनेरिक कीटनाशकों के पंजीकरण के लिए पंजीकरण शुल्क न्यूनतम रखा गया है। इसके अतिरिक्त, जैव-कीटनाशकों के पंजीकरण के लिए आर.सी. द्वारा सरलीकृत दिशानिर्देश तैयार किए गए हैं, साथ ही दो वर्ष की अनंतिम पंजीकरण अवधि के दौरान व्यावसायीकरण की अनुमति भी दी गई है।

(घ): भारतीय कृषि अनुसंधान परिषद (आईसीएआर) रासायनिक उर्वरकों के उपयोग को कम करने के लिए पौधों के पोषक तत्वों के अकार्बनिक और कार्बनिक दोनों स्रोतों (खाद, जैव उर्वरक आदि) के संयुक्त उपयोग के माध्यम से मृदा परीक्षण आधारित संतुलित और एकीकृत पोषक तत्व प्रबंधन की सिफारिश कर रही है। आईसीएआर ने कृषि उत्पादन में रासायनिक उर्वरकों के उपयोग को कम करने के लिए विभिन्न फसलों और मिट्टी के प्रकारों के लिए विशिष्ट जैव उर्वरकों के उन्नत और कुशल उपभेदों का विकास किया है। इसके अलावा, फसल विकास अवधि के दौरान उर्वरकों के विभाजित अनुप्रयोग, उर्वरकों के उचित अवस्थापन (प्लेसमेंट), स्लो रिलीजिंग नाइट्रोजन उर्वरकों और नाइट्रीकरण इनहिबिटर्स के उपयोग, दलहनी फसलें उगाने जैसी प्रथाओं की भी आईसीएआर द्वारा हिमायत की जाती है। आईसीएआर किसानों को इन सभी पहलुओं पर शिक्षित बनाने के लिए विभिन्न हितधारकों को प्रशिक्षण प्रदान करता है, फ्रंटलाइन डिमॉन्स्ट्रेशन तथा जागरूकता कार्यक्रमों आदि का आयोजन भी करता है।

योग चिकित्सा के लिए शैक्षणिक संस्थान

2292. श्री अजय भट्ट:

क्या **आयुष** मंत्री यह बताने की कृपा करेंगे कि:

(क) देश भर में योग चिकित्सा के लिए राज्य/संघ राज्यक्षेत्र-वार शैक्षणिक संस्थानों की संख्या

कितनी है;

(ख) चालू वर्ष के दौरान इन संस्थानों से योग चिकित्सा में स्नातक की पढ़ाई कर रहे छात्रों की संख्या उत्तराखंड सहित राज्य/संघ राज्यक्षेत्र-वार कितनी है;

(ग) क्या सरकार ने देश भर में योग चिकित्सा के शिक्षण और सीखने के लिए एक मानक पाठ्यक्रम को अंतिम रूप दिया है; और

(घ) 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 (घ): आयुष मंत्रालय देश में योग चिकित्सा शिक्षा का विनियमन नहीं कर रहा है। इसलिए, मंत्रालय द्वारा योग चिकित्सा में स्नातक स्तर की पढ़ाई करने वाले शैक्षणिक संस्थानों/छात्रों की संख्या के संबंध में राज्य-वार आंकड़े नहीं रखे जाते हैं। साथ ही, मंत्रालय ने योग चिकित्सा शिक्षण और अधिगम के लिए कोई मानक पाठ्यक्रम तैयार नहीं किया है।

RFCL PRODUCTION CAPACITY OF FERTILIZERS

2293. SHRI VAMSI KRISHNA GADDAM:

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

- (a) the production details of neem-coated prilled urea at Ramagundam Fertilizers and Chemicals Limited (RFCL) along with capacity utilization percentages achieved during the last three and the current financial year;
- (b) the specific allocation mechanism for RFCL-produced fertilizers to farmers and distribution strategy for timely availability in Peddapalli and surrounding districts of Telangana;

- (c) the roadmap of the Government for increasing RFCL's production capacity beyond current levels and timeline for achieving optimal capacity utilization;
- (d) the measures undertaken to eliminate supply chain bottlenecks affecting fertilizer distribution from RFCL to agricultural regions in North Telangana; and
- (e) the funds allocated for modernization and technological upgradation of RFCL facility and expected impact on meeting regional agricultural demand?

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 production details and capacity utilization percentages of neem-coated urea at Ramagundam Fertilizers and Chemicals Limited (RFCL) during the last three years and current financial year are as follows:

Production and Capacity Utilization (%) of Neem-Coated Urea during 2022-23 to 2025-26 (upto June 2025)				
Year	2022-23	2023-24	2024-25	2025-26 (Till June 2025)
Total Production (Figures in '000 MT)	840.9	1111.9	1195.4	183.8
Capacity Utilization (%)	66.21	87.55	94.13	57.89

(b): After the approval of supply plan by Department of Fertilizers, in Telangana, the allocation/distribution of fertilizers to different districts is entirely managed by the Department of Agriculture, Government of Telangana. The Department undertakes allocations based on:

- i. Availability of fertilizers at the Point-of-Sale (PoS) level i.e., ground stocks available with the retailer for distribution to farmers.
- ii. The average consumption pattern of the particular district was taken into account and buffers were maintained both at Institution and Private bodies.
- iii. Anticipated requirements for the upcoming month, ensuring timely availability to farmers across all regions.

(c): A proprietary equipment of Licensor HTER (Haldor Topsoe Exchange Reformer) in ammonia plant is currently out of service for extensive repair work. As a result, the plant is being operated at reduced load ~92% of its capacity. However, upon successful repair of HTER, the plant is expected to operate at optimal capacity for which issue has been taken up with Licensor.

(d): The supply chain for distribution of Urea from RFCL is strongly reinforced with provision of Handling and transportation facilities at all the Minor and Major rake points in Northern Telangana, being coordinated by NFL Marketing Team. Bottlenecks of railway congestion and infrastructure problems at major rake points were readily overcome by diversion of rakes to nearest minor rake points which caters the fertilizer requirement of same districts. Rakes were placed in Peddapalli and Jagtial in need of hour. Around 2,68,568.10 MT was supplied

through Peddapalli rake point alone in period of last two years. Even supplying of Urea by road to both Institution and private parties was also used as an effective measure to supplement supply in need of hour.

(e): There are no funds allocated for modernization and technological upgradation of RFCL facility.

INTEGRATED MBBS-BAMS CURRICULUM

2294. DR. PRABHA MALLIKARJUN:

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

- (a) whether the Government is planning to introduce an integrated MBBS-Bachelor of Ayurvedic Medicine and Surgery (BAMS) curriculum in select institutions;
- (b) if so, the details thereof along with the objectives behind such a step of the Government;
- (c) whether any expert panel or advisory group has been constituted to evaluate the academic and scientific implications of this integration and if so, the details thereof,
- (d) whether the Government has responded to concerns raised by the Indian Medical Association (IMA) regarding the risks of combining medical systems and if so, the details thereof; and
- (e) whether the Government intends to use findings from pilot programmes to design a long-term roadmap for bridging Ayurveda and modern medicine 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): At present, there is no such proposal from the Ministry of Ayush. However, in order to have an interface with other systems of medicine with regard to education and medical practice, there is a provision in the National Commission for Indian System of Medicine Act, 2020, the National Commission for Homoeopathy Act, 2020 and the National Medical Commission Act, 2019 for having joint sittings amongst the three Commissions namely the National Commission for Indian System of Medicine, the National Commission for Homoeopathy and the National Medical Commission.

MEDICAL DEVICE PARKS

2295. SHRI RAJIV PRATAP RUDY:

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

- (a) whether the Government has approved the setting up of four Medical Device Parks under the Scheme for Promotion of Medical Device Parks, if so, the details thereof;
- (b) the details of funds allocated, released, and utilised under the scheme so far, along with the current status of each project, State-wise;
- (c) whether the Government has taken note of underutilisation of funds and delays in implementation of the scheme by the respective State Governments, if so, the details thereof;

- (d) the monitoring mechanism put in place to ensure timely development of common testing and laboratory facilities under the scheme; and
- (e) whether the Government is considering to expand the said scheme to other States where the medical device industry is active and if so, the criteria for selection and timeline for consideration?

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

(a) and (b): The Scheme for Promotion of Medical Devices Parks 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 the scheme, Government of India had approved proposals received from State Governments of Uttar Pradesh, Tamil Nadu, Madhya Pradesh and Himachal Pradesh. However, the State Government of Himachal Pradesh subsequently withdrew from the scheme stating that it will fund the project from own sources. The total project cost of these parks is over ₹871.11 crore, with Central assistance to the tune of ₹100 crore each, for creation of common infrastructure facilities. The project-wise details of funds allocated, released and utilised under the scheme in the said three parks is as under:

(In crore ₹)

States	Total project cost	Approved CIF cost	Central Grants released till date	Contribution of State Government	Funds utilised till June 2024, including State share
Uttar Pradesh	435.94	186.63	60	32.01	83.11
Madhya Pradesh	222.77	155.63	60	28.00	81.96
Tamil Nadu	212.40	153.33	60	48.17	57.06

Currently, parks are at an advanced stage of development in the Greater Noida (Uttar Pradesh), Ujjain (Madhya Pradesh) and Kanchipuram (Tamil Nadu) districts. State-wise details of status of implementation of the projects are given in the enclosed **Statement**.

(c) and (d): Taking note of delay in utilisation of funds and implementation, with a view to ensure timely development of common testing and laboratory facilities, the Department of Pharmaceuticals has been actively monitoring progress and regularly reviewing the same in meetings held with States and through visits of departmental officers to the parks.

(e): No such expansion is currently under consideration of the Government.

STATEMENT

State-wise details of status of implementation of the projects

Tenders for construction of common infrastructure (CIF) facilities: All the approved States have awarded major tenders of civil construction of CIF buildings and construction of CIF buildings are in progress. Details are as under:

State	Number of CIF units	Number of civil tender awarded	Civil tender released	Civil tender under preparation
Tamil Nadu	12	11	1	0
Uttar Pradesh	16	14	0	2
Madhya Pradesh	9	9	0	0

Tenders for procurement of equipment for CIF facilities: Equipment to be installed in CIF buildings are in different stages of procurement. Details are as under:

State	Number of CIF units	Number of equipment tender awarded	Equipment tender released	Equipment tender under preparation
Tamil Nadu	12	1	1	10
Uttar Pradesh	13	0	0	13
Madhya Pradesh	8	5	0	3

आयुष्मान कार्ड पर टॉप-अप

2296. श्री भारत सिंह कुशवाह:

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

(क) क्या सरकार जिला चिकित्सा बोर्ड की सिफारिश पर कैंसर, किडनी खराब होने, हृदय, लीवर, न्यूरोलॉजी, रीढ़ की हड्डी आदि जैसी गंभीर बीमारियों से पीड़ित मरीजों के इलाज के लिए एक वर्ष की अवधि में 5 लाख रुपये की राशि खर्च करने के बाद आयुष्मान कार्ड पर टॉप-अप करने पर विचार कर रही है; और

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

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

(क) और (ख): आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) भारत सरकार की एक प्रमुख योजना है जो मध्यम और विशिष्ट परिचर्या हेतु अस्पताल में भर्ती के लिए प्रति वर्ष प्रत्येक पात्र परिवार को 5 लाख रुपये का स्वास्थ्य कवरेज प्रदान करती है।

एबी-पीएमजेएवाई के अंतर्गत, नवीनतम स्वास्थ्य लाभ पैकेज (एचबीपी) के अनुसार, यह योजना पात्र लाभार्थियों को सामान्य चिकित्सा, सामान्य शल्य चिकित्सा, अस्थि रोग, हृदय रोग, ऑन्कोलॉजी आदि सहित 27 चिकित्सा विशेषज्ञताओं में 1961 प्रक्रियाओं से संबंधित कैशलेस स्वास्थ्य परिचर्या सेवाएँ प्रदान करती है। इसके अतिरिक्त, राज्यों को स्थानीय परिस्थिति के अनुसार स्वास्थ्य लाभ पैकेजों को और अधिक अनुकूल करने की सुविधा प्रदान की गई है।

CRITERIA FOR NEET AND MBBS ADMISSIONS

2297. KUMARI SUDHA R.:

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

- (a) whether the Government proposes to have a policy to stipulate a maximum or minimum age limit for MBBS admissions, especially in view of instance where candidates aged 68 years and 64 years are seeking MBBS admissions this year;
- (b) if so, the details thereof along with the reasons for not prescribing maximum age limit for NEET examination and MBBS admissions;
- (c) whether Biology at Plus Two level in school is mandatory for NEET and MBBS admissions and if so, the details thereof;
- (d) whether the Government is planning to allow other subjects in place of Biology along with Physics and Chemistry in Plus Two level to be eligible for NEET and MBBS admissions and if so, the details thereof;
- (e) whether 10+2 Two examination is mandatory for NEET and MBBS admissions and if so, the details thereof; and
- (f) whether students who had completed the now-repealed PUC are eligible to write NEET and seek MBBS admissions and if so, the details thereof?

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

(a) to (f): The National Medical Commission (NMC) is an apex statutory body constituted by an Act of Parliament to regulate and oversee medical education across the country. The Graduate Medical Education Regulation, 2023 framed by the NMC prescribe eligibility criteria for appearing in NEET-UG Examination for admission to undergraduate course (MBBS). As per provisions under the

regulations minimum prescribed age is 17 years as on or before 31st January of the year that the candidate shall be appearing for examination. These regulations do not prescribe upper age limit for appearing in the said examination. Further, the candidate must have passed 10+2 (or equivalent) with subjects of Physics, Chemistry Biology/ Biotechnology and English.

AYUSHMAN BHARAT CARDS

2298. SHRI NAGESH BAPURAO AASHTIKAR PATIL:

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

- (a) whether it is a fact that hospitals are involved in corrupt practices in the name of Ayushman Bharat cards;
- (b) if so, the details thereof; and
- (c) the action taken by the Government against such hospitals in the country including Gujarat?

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

(a) to (c): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is governed on a zero-tolerance policy towards misuse and abuse and various steps are taken for prevention, detection and deterrence of different kinds of irregularities that could occur in the scheme at different stages of its implementation. A robust anti-fraud mechanism has been put in place and National Anti-Fraud Unit (NAFU) has been set up with the primary responsibility

for prevention, detection and deterrence of misuse and abuse under AB-PMJAY.

Suitable actions including de-empanelment of 1114 hospitals, levying penalty worth Rs. 122 crore on 1504 errant hospitals and suspension of 549 hospitals have been taken against fraudulent entities as reported by the States/UTs including Gujarat.

FACILITIES OF POST-MORTEM

2299. 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 Union Government in partnership with State Governments to tackle manipulation issues concerning autopsy reports of human remains, State/UT-wise;
- (b) the actions taken/implemented by the Union Government alongside State Governments to prevent morgue workers from conducting post-mortems without proper protective equipment, which puts them at risk of severe infections such as tuberculosis and HIV, State/UT-wise; and
- (c) the initiatives taken/proposed to be taken/introduced by the Government to ensure optimal infrastructure in post-mortem facilities in hospitals?

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

(a): No such information is maintained centrally on this subject. However, to ensure transparency, integrity of Post-Mortem documentation and minimize the risk of manipulation, MoHFW has integrated Medico Legal Examination & Post-mortem Reports System (MedLEaPR) Software for Post-mortem reporting.

(b) and (c): Directorate General of Health Services (Dte. GHS) under the Ministry of Health and Family Welfare has issued guidelines from time to time for handling of dead bodies of infectious disease in morgues and during autopsy procedures. The Minimum Standards for mortuary and post-mortem formulated by Dte.GHS, MoHFW under the Clinical Establishment (Registration and Regulation) Act, 2010 has been concurred by National Council for Clinical Establishments (NCCE) for notification.

In Central Government Institutions, morgue workers, involved in the handling of mortal remains, including those assisting in post-mortem procedures are adequately trained in following Universal Precautions for every case. Morgue workers are provided Personal Protective Equipment (PPE) including masks, surgical gloves, disposable gowns, eye shields, gum boots and HIV kits (for confirmed serum bio-hazard cases). To uphold infection control standards, Post-Mortem Examination Tables and the Autopsy Halls are cleaned after each case and periodically fumigated. New equipment are procured at regular intervals to ensure optimal infrastructure in post-mortem facilities.

EVACUATION OF INDIANS FROM WAR ZONES ABROAD

2300. SHRI BENNY BEHANAN:

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

- (a) the total number of Indian citizens evacuated from foreign countries affected by war or armed conflict during the last two years;
- (b) the details of evacuations conducted during each conflict, country-wise;
- (c) the total expenditure incurred by the Government for these evacuation missions, including transportation, lodging, and other logistical support;
- (d) whether the evacuees were charged any amount or provided assistance free of cost;
- (e) whether the Government plans to continue such evacuation operations in ongoing and future foreign conflict zones, if so, the details thereof;
- (f) the arrangements in place for ensuring the safety of Indian nationals working or residing in war-prone countries; and
- (g) whether the Government has entered into agreements with foreign governments, airlines, or international agencies for emergency evacuation support, 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): During the last two years, the Government of India has safely evacuated 9779 stranded Indian nationals from conflict zones. During these evacuations, the Government provided logistical support, including safe shelter, food and international transportation by arranging special evacuation flights for

the stranded Indian nationals on gratis basis. The country-wise details of evacuation operations, along with expenditure incurred are placed below.

Year	Country & Name of the Operation	Number of evacuated Indian nationals	Expenditure incurred on evacuations (in ₹)
2023	Sudan Operation Kaveri	4,097 (including 136 foreign nationals)	45.63 crore
2023	Israel Operation Ajay	1,343 (including 14 OCI card holders and 20 foreign nationals)	16.87 crore
2024	Haiti Operation Indravati	17	48.34 lakh
2024	Syria	77	39.95 lakh
2025	Iran Operation Sindhu	3597 (plus 14 OCI Card holders and 14 foreign nationals)	27.68 crore as on date.
2025	Israel Operation Sindhu	818	

(e) to (g): Government accords the highest priority to the safety, security and well-being of Indian nationals abroad. The Government closely monitors developing hostile situations in war zones. As per prevailing circumstances, Government issues advisories to caution Indian nationals to avoid unnecessary travel, follow safety guidelines issued by the local authorities and remain in touch with the Indian Missions on published helpline numbers. Various other

communication mechanisms are in place for the Indian nationals to approach the Indian Missions/posts by email, multilingual 24x7 emergency numbers, social media, toll free helplines, whatsapp numbers etc. Upon any emergent situation, Government launches evacuation operations, involving various stakeholders, to safely evacuate stranded Indian nationals from conflict zones. During evacuation process, 24x7 Control Rooms are operated at headquarters and abroad to provide information and assistance to the stranded Indian nationals and facilitate their evacuation. Government remains in constant touch with its counterparts in foreign governments to ensure the safety and security of Indian nationals residing in war zones. It engages with various domestic and international airlines, shipping companies and travel agencies in coordination with Indian missions to facilitate safe evacuation of Indian nationals. The government is committed to ensure safety and well-being of Indian nationals abroad and initiate these efforts, upon eventualities.

माननीय अध्यक्ष : सदन की कार्यवाही आज दो बजे तक के लिए स्थगित की जाती है ।

11.03 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 Krishna Prasad Tenneti in the Chair)

... (व्यवधान)

माननीय सभापति : माननीय सदस्यगण, माननीय अध्यक्ष जी को कई माननीय सदस्यों के द्वारा कुछ विषयों पर स्थगन प्रस्ताव की सूचनाएं प्राप्त हुई हैं। माननीय अध्यक्ष जी ने स्थगन प्रस्ताव की किसी भी सूचना के लिए अनुमति प्रदान नहीं की है।

14.0½ hrs

At this stage, Shri Abhay Kumar Sinha, Sushri Mahua Moitra and some other hon. Members came and stood on the floor near the Table.

... (व्यवधान)

14.01 hrs**PAPERS LAID ON THE TABLE**

माननीय सभापति : अब पत्र सभा पटल पर रखे जाएंगे।

आईटम नम्बर 2, श्री प्रतापराव जाधव जी।

... (व्यवधान)

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव) : माननीय सभापति महोदय, मैं निम्नलिखित पत्र सभा पटल पर रखता हूँ :-

(1) 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 मेडिपार्क लिमिटेड, तिरुवनंतपुरम के वर्ष 2022-2023 के कार्यकरण

की सरकार द्वारा समीक्षा ।

(दो) एचएलएल मेडिपार्क लिमिटेड, तिरुवनंतपुरम का वर्ष 2022-2023 का वार्षिक प्रतिवेदन, लेखापरीक्षित लेखे तथा उन पर नियंत्रक-महालेखापरीक्षक की टिप्पणियां ।

(2) उपर्युक्त (1) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 2968/18/25]

(3) राष्ट्रीय सिद्ध संस्थान, चेन्नई के वर्ष 2023-2024 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे ।

[Placed in Library, See No. LT 2969/18/25]

(4) (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 कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।

(5) उपर्युक्त (4) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 2970/18/25]

(6) (एक) पूर्वोत्तर आयुर्वेद और लोक चिकित्सा अनुसंधान संस्थान, पासीघाट के वर्ष 2023-2024 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे ।

(दो) पूर्वोत्तर आयुर्वेद और लोक चिकित्सा अनुसंधान संस्थान, पासीघाट के वर्ष 2023-2024 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।

- (7) उपर्युक्त (6) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 2971/18/25]

माननीय सभापति : आइटम नम्बर 3, श्री शान्तनु ठाकुर जी।

...(व्यवधान)

THE MINISTER OF STATE IN THE MINISTRY OF PORTS, SHIPPING AND WATERWAYS (SHRI SHANTANU THAKUR): Sir, I rise to present a copy each of the following Notifications (Hindi and English versions) under sub-section (1) of Section 113 of the Inland Vessels Act, 2021:-

- (1) The Inland Vessels (Crew and Passenger Accommodation) Amendment Rules, 2025 published in Notification No. G.S.R. 346(E) in Gazette of India dated 28th May, 2025.
- (2) The Inland Vessels (Registration and other Technical Issues) Amendment Rules, 2025 published in Notification No. G.S.R. 347(E) in Gazette of India dated 28th May, 2025.
- (3) The Inland Vessels (Life Saving Appliances) Amendment Rules, 2025 published in Notification No. G.S.R. 349(E) in Gazette of India dated 28th May, 2025.
- (4) The Inland Vessels (Fire Fighting Appliances) Amendment Rules, 2025 published in Notification No. G.S.R. 350(E) in Gazette of India dated 28th May, 2025.

- (5) The Inland Vessels (Prevention and Containment of Pollution) Amendment Rules, 2025 published in Notification No. G.S.R. 348(E) in Gazette of India dated 28th May, 2025.

[Placed in Library, See No. LT 2972/18/25]

माननीय सभापति : आईटम नम्बर 4, श्री संजय सेठ जी ।

...(व्यवधान)

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH): Sir, I rise to lay on the Table:-

- (1) (i) A copy of the Annual Report (Hindi and English versions) of the Centre for Land Warfare Studies, New Delhi, for the year 2024-2025, alongwith Audited Accounts.
- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Centre for Land Warfare Studies, New Delhi, for the year 2024-2025.

[Placed in Library, See No. LT 2973/18/25]

- (2) A copy of the Works of Defence Rules, 2025 (Hindi and English versions) published in Notification No. S.R.O.4(E) in Gazette of India dated 3rd April, 2025 under sub-section (3) of Section 44 of the Works of Defence Act, 1903.

[Placed in Library, See No. LT 2974/18/25]

- (3) A copy of the Inter-services Organizations (Command, Control and Discipline) Rules, 2025 (Hindi and English versions) published in Notification No. S.R.O.10(E) in Gazette of India dated 27th May, 2025 under Section 15 of the Inter-services Organizations (Command, Control and Discipline) Act, 2023.

[Placed in Library, See No. LT 2975/18/25]

...(व्यवधान)

माननीय सभापति : आईटम नम्बर 5 , श्री प्रतापराव जाधव जी ।

... (व्यवधान)

14.03 hrs

STATEMENT BY MINISTER

Status of implementation of the recommendations contained in the 137th and 150th reports of the Standing Committee on Health and Family Welfare on 'Vaccine Development, Distribution Management and Mitigation of Pandemic Covid-19' pertaining to the Ministry of Health and Family Welfare*

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव) : आदरणीय सभापति महोदय, मैं स्वास्थ्य और परिवार कल्याण मंत्रालय से संबंधित "वैक्सीन विकास, वितरण प्रबंधन और महामारी कोविड-19 का शमन" विषय पर स्वास्थ्य और परिवार कल्याण संबंधी स्थायी समिति के 137वें और 150वें प्रतिवेदन में अंतर्विष्ट सिफारिशों के कार्यान्वयन की स्थिति के बारे में एक वक्तव्य सभा पटल पर रखता हूँ। ...(व्यवधान)

* Laid on the Table and also placed in Library, See No. LT 2967/18/25

माननीय सभापति : आईटम नम्बर 6, श्री अर्जुन राम मेघवाल जी ।
... (व्यवधान)

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): With your permission Sir, I rise to announce that Government Business during the week commencing Monday, the 4th of August, 2025, will inter-alia 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; (ii) Consideration and passing of the Merchant Shipping Bill, 2024; and (iii) Consideration and passing of the Indian Ports Bill, 2025].

2. Consideration and passing of the following Bills:-

(i) The National Sports Governance Bill, 2025; and

(ii) The National Anti-Doping (Amendment) Bill, 2025

3. Statutory Resolution seeking disapproval of the Manipur Goods and Services Tax (Amendment) Ordinance, 2025 (No. 1 of 2025) promulgated by the President of India on the 9th of June, 2025 and consideration and passing of the Manipur Goods and Services Tax (Amendment) Bill, 2025.

4. Discussion and voting on Demands for Grants (Manipur) for the year 2025-

26 and introduction, consideration and passing of the related Appropriation Bill, *after presentation of concerned Demands for Grants.*

माननीय सभापति : माननीय सदस्यगण, हम आपको कई बार बता चुके हैं, आप ऐसे तख्तियाँ लेकर नहीं आ सकते हैं। इस सभा की गरिमा और मर्यादा को ध्यान में रखते हुए कृपया आप ऐसे तख्तियाँ लेकर वेल में न आएं। यह हम आपसे बहुत बार कह चुके हैं।

... (व्यवधान)

HON. CHAIRPERSON: I have requested you several times not to bring placards in the House like this.

... (Interruptions)

HON. CHAIRPERSON: In spite of repeated requests, you are not listening. You are not cooperating.

... (Interruptions)

HON. CHAIRPERSON: We have lost a lot of precious time during the last two weeks.

... (Interruptions)

14.06 hrs

MATTERS UNDER RULE 377*

माननीय सभापति : माननीय सदस्यगण, जिन माननीय सदस्यों को आज नियम 377 के अधीन मामलों को उठाने की अनुमति प्रदान की गई है, वे अपने मामले के अनुमोदित पाठ को तुरंत व्यक्तिगत रूप से सभा पटल पर रख दें।

* Treated as laid on the Table.

... (व्यवधान)

(i) Need to provide adequate funds to improve facilities in government schools in Dadra and Nagar Haveli Parliamentary Constituency

श्रीमती कलाबेन मोहनभाई देलकर (दादरा और नागर हवेली) : मेरे संसदीय क्षेत्र दादरा और नागर हवेली के सरकारी स्कूलों की स्थिति अत्यंत दयनीय हो गई है। यह अत्यंत चिंता का विषय है कि बच्चों को उचित शिक्षण सामग्री उपलब्ध नहीं है और ना ही स्कॉलरशिप दी जा रही है। अधिकांश स्कूलों में शौचालय की उचित व्यवस्था नहीं है, और जहाँ हैं भी, वहाँ उनकी साफ-सफाई अत्यंत खराब है। क्लास रूम में बैठने के लिए पर्याप्त बेंच और डेस्क नहीं हैं, जिससे बच्चों को फर्श पर बैठकर पढ़ाई करनी पड़ती है। शिक्षकों की भारी कमी है, जिसके कारण मौजूदा शिक्षकों पर काम का अत्यधिक बोझ है और बच्चों को गुणवत्तापूर्ण शिक्षा नहीं मिल पा रही है। कक्षाओं में सफाई का स्तर अत्यंत निम्न है, जिससे बच्चों के स्वास्थ्य पर नकारात्मक प्रभाव पड़ रहा है। कई क्लास रूम में ब्लैकबोर्ड तक उपलब्ध नहीं हैं, जिससे शिक्षकों को पढ़ाने में और बच्चों को समझने में भारी परेशानी होती है। मैं माननीय शिक्षा मंत्री जी से निवेदन करती हूँ कि वह तत्काल इस मामले का संज्ञान लें और मेरे संसदीय क्षेत्र के सरकारी स्कूलों में सुधार के लिए ठोस और प्रभावी कदम उठाएं और तत्काल स्कूलों में पर्याप्त वित्तीय संसाधन उपलब्ध कराए जाएं जिससे बच्चों को बेहतर शिक्षा मिल सकेगी।

(ii) Regarding improvement of NH-48 passing through Himmatnagar in Sabarkantha Parliamentary Constituency, Gujarat

श्रीमती शोभनाबेन महेन्द्रसिंह बारैया (साबरकांठा) : मैं माननीय सड़क परिवहन एवं राजमार्ग मंत्री महोदय का ध्यान एक अति महत्वपूर्ण क्षेत्रीय समस्या की ओर आकृष्ट कराना चाहती हूँ। मेरे लोकसभा साबरकांठा के हिम्मतनगर नगर क्षेत्र से होकर गुजरने वाला राष्ट्रीय राजमार्ग संख्या 48 (NH-48), जो कि चेनेज 491040 से 494307 तक विस्तृत है, वर्तमान में तीव्र शहरीकरण,

औद्योगीकरण तथा बढ़ते यातायात दबाव के कारण अव्यवस्थित होता जा रहा है। इस खंड पर सेवा मार्ग एवं जल निकासी हेतु 7 मीटर चौड़ी RCC संरचना स्वीकृत है, किंतु वर्तमान आवश्यकताओं की तुलना में यह अपूर्ण एवं अपर्याप्त सिद्ध हो रही है। अतः मैं माननीय मंत्री महोदय से निवेदन करती हूँ कि निम्नलिखित कार्यों को प्राथमिकता देते हुए पूर्ण किया जाए:-

1. NH-48 के उल्लिखित खंड में सेवा मार्ग को 7 मीटर से बढ़ाकर 9 मीटर चौड़ा किए जाने की स्वीकृति शीघ्र प्रदान की जाए।
2. जल निकासी हेतु Precast Factory Made RCC Drain System को अनुमोदित किया जाए।
3. वर्षाजल को हटमाती नहर में प्रवाहित करने हेतु एक सुनियोजित एवं समर्पित जल निकासी योजना तैयार की जाए।
4. यह अवगत कराना समीचीन होगा कि 45 मीटर का अतिरिक्त ROW (Right of Way) स्थानीय निकाय (नगरपालिका) से उपलब्ध है, जिसे इस उद्देश्य हेतु प्रयुक्त किया जा सकता है।

(iii) Need to extend benefit of central government schemes to give impetus to industrial development in Phulpur Parliamentary Constituency, Uttar Pradesh

श्री प्रवीण पटेल (फूलपुर) : मैं माननीय वाणिज्य एवं उद्योग मंत्री जी का ध्यान फूलपुर लोकसभा क्षेत्र में औद्योगिक विकास को बढ़ावा देने के लिए केंद्र सरकार की विभिन्न योजनाओं का लाभ देने की आवश्यकता की ओर आकर्षित करना चाहता हूँ। हमारे क्षेत्र में औद्योगिक विकास की अपार संभावनाएं हैं, लेकिन उचित ढांचागत सुविधाओं के अभाव में इन संभावनाओं का लाभ नहीं उठाया जा रहा है। मैं निवेदन करता हूँ कि फूलपुर लोकसभा क्षेत्र में निम्नलिखित योजनाओं के माध्यम से औद्योगिक क्षेत्र स्थापित किए जाने पर विचार किया जाए: - (1) Industrial Corridor Development Programme (NICDP.) (2) Micro & Small Enterprises Cluster Development (MSE-CDP). (3) Modified Industrial Infrastructure Upgradation

Scheme (MIIUS). (4) Special Economic Zones (SEZs) इन योजनाओं के माध्यम से फूलपुर लोकसभा क्षेत्र में औद्योगिक विकास को बढ़ावा मिलेगा, रोजगार के अवसर बढ़ेंगे, और क्षेत्र की आर्थिक स्थिति में सुधार होगा। अतः, मैं माननीय उद्योग मंत्री जी से निवेदन करता हूँ कि फूलपुर लोकसभा क्षेत्र में औद्योगिक क्षेत्र स्थापित किए जाने के प्रस्ताव पर विचार करें।

(iv) Need to enhance the amount of honorarium of Anganwadi workers

श्री मनसुखभाई धनजीभाई वसावा (भरुच) : देश के ग्रामीण क्षेत्रों के आंगनबाड़ी केंद्रों में जो सेविकाएं एवं सहायिकाएं कार्यरत हैं वो ग्रामीण क्षेत्रों के छोटे बच्चों को शिक्षा देने, छोटे बच्चों को रोगों से बचाने के लिए बच्चों को पोषणाहार संबंधी सुझाव देने एवं गांव की महिलाओं के बीमार होने पर सहायता एवं ग्रामीण गर्भवती महिलाओं को सहायता प्रधान करती हैं। सेविका और सहायिका दिन के अलावा रात में सर्दी और बरसात में भी कार्य करती हैं। इन आंगनबाड़ी में कार्यरत सेविकाओं एवं सहायिकाओं को उनके कार्यों के अनुपात में पर्याप्त वेतन नहीं दिया जा रहा है। उनको दिए जाने वाला मानदेय आज की महंगाई के समय बहुत ही अपर्याप्त है। इस संबंध में मेरा सरकार से आग्रह है कि आंगनबाड़ी में कार्यरत सेविकाओं एवं सहायिकाओं को बढ़ती महंगाई के कारण एवं इनके द्वारा ग्रामीण स्वास्थ्य एवं ग्रामीण शिक्षा के क्षेत्र में दिए जा रहे सहयोग और सहायता के लिए उनका मानदेय बढ़ाया जाए।

(v) Regarding establishment of a Jawahar Navodaya Vidyalaya in Adilabad Parliamentary Constituency, Telangana

SHRI GODAM NAGESH (ADILABAD): Adilabad District confronts significant challenges in providing quality education, resulting in a literacy rate of 63.46%, which is below the national average. Consequently, in my Adilabad Parliamentary Constituency our students often face difficulties in meeting the standards of central curricula. Jawahar Navodaya Vidyalayas are esteemed institutions under the Ministry of Education, Government of India, designed to

offer quality education to rural and tribal students. Establishing a JNV in Adilabad would provide access to a curriculum that aligns with national standards, fostering academic excellence. Residential setup that promotes all-round growth, including extracurricular activities and life skills. The District Administration has demonstrated a strong commitment to this initiative, offering allocation of suitable land and temporary infrastructure to facilitate the establishment of the school. Assistance in the construction of permanent school buildings upon approval. Therefore, I request the Government to kindly sanction JNV at Adilabad.

(vi) Need to strengthen primary and digital healthcare services in urban and peri-urban slums in Bhubaneswar, Odisha

SHRIMATI APARAJITA SARANGI (BHUBANESWAR): I wish to raise the urgent need to strengthen primary and digital health access in the urban and peri-urban slums of Bhubaneswar. Rapid in-migration has expanded informal settlements in areas such as Salia Sahi, Jharpada belt, and Dumduma, where residents rely on seasonal water sources and informal providers. As per NFHS-5 (Odisha), anemia among women (15–49) is 64%, and child stunting remains high in low-income wards. Yet utilisation of eSanjeevani tele-medicine and Ayushman Bharat Digital Mission (ABDM) health IDs remains limited; local ASHA and Anganwadi workers report connectivity and awareness gaps. Under Article 21 (Right to Life), Article 47 (public health), and DPSP Article 39(e) (protection of health), scalable service delivery is required. With Union allocations State health outreach through Biju Swasthya Kalyan Yojana,

Bhubaneswar can serve as a model. I request that the Government should come forward to establish Urban Health & Wellness Centres in slum clusters linked to AIIMS Bhubaneswar e-consult grids; expand community Wi-Fi health points for eSanjeevani usage; train SHG women as Digital Health Sakhis to generate ABHA IDs; integrate nutritional screening and anemia drives with school mid-day meal supply chains; and pilot heat-health surveillance during peak summer in partnership with ICMR.

(vii) Regarding shortage of fertilizers in Karnataka

DR. K. SUDHAKAR (CHIKKBALLAPUR): Karnataka is experiencing a critical shortage of essential fertilizers—especially Di-ammonium Phosphate (DAP)—amid the peak of the kharif season. China's abrupt reduction in DAP exports, driven by political considerations and domestic industrial demands, has disrupted India's supply chain. In Karnataka, the centre allocated 400,000 tonnes of DAP for the kharif season, but only 189,000 tonnes have been delivered. The State also relies on about 76,000 tonnes of carry-over stock, leaving many farmers undersupplied. Adding to this is the onset of early monsoons which have initiated the agricultural season earlier than usual. There are reports of hoarding by private traders and cooperatives and price-gouging have surfaced. This puts the farmers in a very difficult situation at the mercy of these hoarders who charge hefty premiums for fertilizers. I request the Government of India to urgently intervene, by ensuring that adequate stocks of fertilizers are available for our farmers and Karnataka receives another bountiful

harvest this season.

(viii) Regarding non-extension of cashless medical facilities to pensioners of electricity distribution companies in Delhi

श्री योगेन्द्र चांदोलिया (उत्तर-पश्चिम दिल्ली) : मैं दिल्ली विद्युत बोर्ड के पेंशनभोगियों को चिकित्सा सुविधाओं से वंचित किए जाने से संबंधित एक महत्वपूर्ण मुद्दा उठाना चाहता हूँ। विद्युत मंत्रालय, दिल्ली सरकार ने सभी DISCOM कम्पनियों को यह निर्देश दिए कि सभी पेंशनभोगियों को कैशलेस चिकित्सा सुविधा तुरंत दी जाए परंतु सरकार के निर्देशों के बावजूद बिजली कम्पनियाँ जिनके मैं नाम ले रहा हूँ बीएसईएस राजधानी पावर लिमिटेड, बीएसईएस यमुना पावर लिमिटेड और टाटा पावर डिस्ट्रीब्यूशन लिमिटेड जैसी निजी बिजली वितरण कंपनियाँ इन पेंशनभोगियों को कैशलेस या प्रतिपूर्ति चिकित्सा सुविधाएँ प्रदान नहीं कर रही हैं जबकि डीटीएल और आईपीजीसीएल जैसी सरकारी संस्थाओं ने मंत्रालय के निर्देशों का पालन किया है, लेकिन इन निजी कम्पनियों ने ऐसा नहीं किया है। यह इन कंपनियों द्वारा वरिष्ठ नागरिक पेंशनभोगियों के साथ अन्याय है और दुखद है उनको इस उम्र में इलाज के लिए भटकना पड़ रहा है। मैं सरकार से आग्रह करता हूँ कि वह इस मामले में जिन कम्पनियों ने सरकार के निर्देशों का पालन नहीं किया है उन पर पेनल्टी के साथ उचित कारवाही हो, इसके साथ सरकार यह सुनिश्चित करे कि इस मामले में प्राथमिकता के आधार पर न्याय हो, ताकि इन पेंशनभोगियों को कैशलेस चिकित्सा सुविधाएँ मिल सकें जिनके वे हकदार हैं।

(ix) Need to establish a Navodaya Vidyalaya or PM Shree School in Mauganj district, Madhya Pradesh

श्री जनार्दन मिश्रा (रीवा) : रीवा जिले के सबसे पिछड़े भाग में एक नया जिला मऊगंज बनाया गया है। मऊगंज जिले की लगभग सम्पूर्ण आबादी सुदूर जंगली व पहाड़ी इलाके में रहती है। शिक्षा के लिए कोई श्रेष्ठ विद्यालय नहीं है। मऊगंज जिले में एक उत्कृष्ट विद्यालय की अत्यंत आवश्यकता है। अतः माननीय शिक्षा मंत्री जी से निवेदन है कि मऊगंज जिले में एक नवोदय विद्यालय या पीएम

श्री विद्यालय स्थापित किये जाने का कष्ट करें।

(x) Need to ensure healthcare services to all the employees including contractual workers of Paradip Port Authority through Paradip Port Authority Hospital

SHRI BIBHU PRASAD TARAI (JAGATSINGHPUR): Paradip Port Authority Hospital is an accredited and certified 64 bedded general hospital established by the PPA. The hospital has in-house specialty facilities available in the multi-disciplinary wings. Along with this, the hospital has been providing services to the employees (of certain categories) by specialists visiting as part-time consultants. However, the PPA hospital provides services to only regular employees of the port. The contractual workers, who are earning less than Rs. 21,000 per month, the other service providers and the daily wage workers from the locality are deprived of availing the health facilities from the port hospital. Having been equipped with advanced medical equipment and adequate health professional, it seems that the services of the hospital have been grossly underutilized. Hence, I would like to draw the attention of the hon'ble Minister of Ports, Shipping and Waterways to look into the matter and instruct the port authority and hospital administration to provide health services to the entire community of workers of the port along with the people from the locality for the greater interest of the people of Paradip in my Parliamentary Constituency, Jagatsinghpur, Odisha.

(xi) Need to establish a National Environmental Management and Research Centre in Kudremukh township, Karnataka

SHRI KOTA SRINIVASA POOJARY (UDUPI CHIKMAGALUR): Kudremukh is nestled in the heart of the western ghats in Chikkamagaluru district. It is situated at an altitude of 6,207 ft and is the 3rd highest peak of Karnataka after Mullayyangiri, Baba Budangiri. This Industrial-cum-Mining Township is now tucked into the Kudremukh National Park. Kudremukh Park is a breathtaking destination known for its rich biodiversity and natural beauty, located in the Western Ghats of Karnataka. This place was a Mining operational area under the Kudremukh Iron Ore Corporation Limited (KIOCL) and now, after the Order of the Hon'ble Supreme Court, led to closure of the mining operation in this area. Currently, the available infrastructure such as laboratory operatable buildings, office premises, furniture, staff quarters, playground, bungalows, guest house, auditoriums, training centre, helipad are kept vacant and deteriorating/collapsing gradually. The 10th suggestion of the National Forest Policy, 1988, also promotes forest education, research and extension, among other suggestions. Therefore, in this region, I think this Township is suitable for establishing a National Environmental Management and Research Centre. The results of the Research Centre's findings will benefit mankind and also in conservation prospects. I urge the Hon'ble Minister to establish this Research Centre in Kudremukh as early as possible.

**(xii) Need to restore stoppage of 'Bandikui-Bareilly Passenger' and
'Dehradun- Subedarganj Link Express' at Hathras Railway Station,
Uttar Pradesh**

श्री अनूप प्रधान वाल्मीकि (हाथरस) : मेरा माननीय रेल मंत्री जी से अनुरोध है कि हाथरस में कोरोना काल से पहले रेल सेवा बांदीकुई-बरेली पैसेंजर व देहरादून से सूबेदारगंज लिंक एक्सप्रेस का ठहराव होता था यह आज तक पुनः चालू नहीं हो पायी जिससे इस क्षेत्र के यात्रियों को अत्यधिक परेशानी का सामना करना पड़ रहा है ,इन रेलगाड़ियों के पुनः ठहराव कराये जाने की कृपा करें।

**(xiii) Regarding alleged irregularities in implementation of Skill
India Mission**

DR. NAMDEO KIRSAN (GADCHIROLI-CHIMUR): Skill India aims to address the growing skill gap in India by providing vocational training and creating employment opportunities, which is a valuable goal. But unfortunately there have been reports of alleged misuse of funds and irregularities in certain implementations of the Skill India scheme & concerns regarding quality control, lack of proper monitoring, and instances of fraudulent training centers have come to notice. From the view point of quality issues, it is stated that some training centers have been accused of providing sub-par training, leading to concerns about the quality of skills imparted. With regard to misuse of funds, investigations have revealed instances of funds allocated to Skill India schemes being misappropriated by certain training providers. Further lack of monitoring has been noticed as inadequate oversight mechanisms have been pointed out, potentially allowing for fraudulent activities to go undetected. Implementation challenges are there since reaching geographically remote areas and ensuring

effective training delivery is a challenge.

**(xiv) Need to expedite completion of the doubling of Latur Road -
Kurduwadi Railway Line Project in Maharashtra**

DR. SHIVAJI BANDAPPA KALGE (LATUR): I would like to draw the attention of the Hon'ble Railway Minister to the desperate need for doubling the Latur Road- Kurduwadi Railway Line under Solapur Railway Division of Central Railway in Maharashtra State. The survey for upgrading this strategic Railway infrastructure via Osmanabad and Latur has already been taken up in 2021 followed by collection of critical field data, and completion of the Survey Report. The importance of this Railway Project can be gauged with the aspect that the Hon'ble Prime Minister had inaugurated electrification of 186 km Kurduwadi-Latur Road Railway Rail Section, and 3rd and 4th railway lines of 25 km connecting Jalgaon to Bhusaval in Maharashtra in 2023 but the doubling of this Railway Line is hanging fire in the Railway Board. I, therefore, request the Hon'ble Railway Minister to prioritize this railway project based on all necessary inputs, factors, etc., already reckoned with at the appropriate level so that this vital railway project shall usher in a new era of development in this region.

**(xv) Need to address the stray dog menace in Kerala and other parts of
the country**

SHRI HIBI EDEN (ERNAKULAM): I would like to bring attention to the pressing issue of stray dogs plaguing our nation, particularly in Kerala. The data from Kerala is staggering, with dog bite cases rising consistently over the years: 1,19,191 in 2014, 1,21,693 in 2015, 1,35,217 in 2016, 1,35,749 in 2017,

1,48,899 in 2018, 1,61,055 in 2019, 1,60,483 in 2020, 2,21,379 in 2021, 2,94,032 in 2022, 3,06,427 in 2023, and 3,16,793 in 2024. This year alone, from January to May 2025, 16 deaths have been reported due to dog bites, in these 16, 5 deaths happened after receiving vaccinations. In 2024, there were 26 fatalities, and 25 in 2023. Given the inefficacy of the current Animal Birth Control rules in addressing this issue, I urge the Union Government to reconsider and amend these rules. Moreover, the State Government's plan to allow local bodies to carry out euthanasia of diseased stray dogs is insufficient. I request the Union Government to constitute an expert committee to study legislative measures and best practices, leading to effective legislation to prevent this menace and ensure public safety. Immediate action is crucial to protect the citizens of Kerala and our nation.

(xvi) Need to enhance the supply of non-subsidised kerosene to Kerala through PDS

SHRI SHAFI PARAMBIL (VADAKARA): With a 590 km coastline, Kerala has about 1.95 lakh active fishermen engaged in sea fishing. It gives livelihood to around 8.04 lakh families. Currently, the fishing community in the State is undergoing a serious existential crisis as there is a considerable reduction in the supply of Kerosene. The traditional fishermen use small fishing boats, which use kerosene as fuel. There are 31,600 registered boats in the State with outboard motors using kerosene. Even though the demand for kerosene is around 51,000 kilolitres, the supply of kerosene in the State under the non-subsidised PDS quota is only 11,640 kilolitres. Since there is a wide gap between the demand

and supply of kerosene through PDS, the fishermen are forced to buy kerosene at an exorbitantly high price. This has increased the operational cost of traditional fishing. They are forced to buy it from the open market at INR 105 per litre. Due to this, traditional fishing has become uneconomical, and many fishermen have stopped venturing into the sea. Hence, there is an urgent need to increase the supply of non-subsidized kerosene through PDS. Otherwise, the livelihood security of the traditional fishermen community will be seriously affected.

(xvii) Need to construct a new railway line on Dabla-Khetri-Singhana-Chirawa route in Rajasthan

श्री बृजेन्द्र सिंह ओला (झुंझुनू) : सीकर जिले के डाबला में रेलवे डेडिकेटेड फ्रेट कॉरिडोर (DFC) का एक केंद्र है। इस डेडीकेटेड फ्रेट कोरिडोर से झुंझुनू जिले के खेतड़ी, सिंघाना, चिड़ावा जैसे औद्योगिक और व्यापारिक महत्व के क्षेत्र सीधे नहीं जुड़े हुए हैं। पूर्व में डाबला से खेतड़ी, सिंघाना तक हिंदुस्तान कॉपर लिमिटेड की मीटर गेज रेलवे लाइन थी, जो अब बंद हो चुकी है। यह जमीन रेलवे की है। इसलिए जमीन भी कम अधिग्रहण होगी और इस ट्रैक के लिए दूरी (लंबाई) लगभग 70 किलोमीटर की रहेगी। खेतड़ी में हिंदुस्तान कॉपर लिमिटेड देश के नौ मिनी नवरत्न उद्योगों में से एक है। यदि डाबला से खेतड़ी, सिंघाना, चिड़ावा तक नई रेलवे लाइन बिछाई जाती है, तो इससे न केवल माल ढुलाई को बढ़ावा मिलेगा, बल्कि सभी क्षेत्रों के लोगों को DFC के लिए सीधा रेल संपर्क मिलेगा। उनको बेहतर परिवहन सुविधा भी उपलब्ध होगी। हिंदुस्तान कॉपर लिमिटेड और अन्य उद्योगों को सस्ता और सुगम परिवहन मिलेगा। साथ ही रेलवे के माल ढुलाई कारोबार में वृद्धि होगी, जिससे सरकार को आर्थिक लाभ मिलेगा। मेरा सरकार से आग्रह है कि डाबला से खेतड़ी, सिंघाना होते हुए चिड़ावा तक नई रेलवे लाइन के निर्माण हेतु अति शीघ्र सर्वे का कार्य करवाकर रेलवे ट्रैक बिछाने की कृपा करें।

**(xviii) Need to reopen the schools closed down in Sambhal district of
Uttar Pradesh**

श्री जिया उर रहमान (सम्भल) : उत्तर प्रदेश के सम्भल जिले में हाल ही में 181 प्राथमिक विद्यालय या तो बंद कर दिए गए या अन्य स्कूलों में मिला दिए गए। इनमें 95 स्कूल पूरी तरह बंद कर दिए गए और 86 स्कूलों का मर्जर नजदीकी विद्यालयों में किया गया। यह फैसला उन स्कूलों पर आधारित था जहाँ छात्रों की संख्या 50 से कम थी। लेकिन इसका असर सीधे बच्चों पर पड़ा है जिन्हें अब दूर-दराज़ स्कूलों में जाना पड़ेगा, जिससे ड्रॉपआउट बढ़ने की संभावना है और सैकड़ों शिक्षक सरप्लस घोषित कर दिए गए हैं। यह केवल सम्भल की बात नहीं है। पूरे उत्तर प्रदेश में अब तक लगभग 26,000 प्राथमिक विद्यालय बंद या मर्ज किए जा चुके हैं। यह निर्णय निःशुल्क और अनिवार्य शिक्षा के अधिकार (Right to Education - RTE) अधिनियम की भावना के खिलाफ है, जिसमें हर बच्चे को उसके घर के पास शिक्षा उपलब्ध कराने की बात है। इससे बच्चों के शिक्षा के मौलिक अधिकार में रुकावट पैदा हो रही है।

मैं सरकार से अनुरोध करता हूँ कि RTE का पूरी तरह पालन हो और इन बंद किए गए विद्यालयों को फिर से खोला जाए, ताकि गाँवों और छोटे कस्बों के बच्चों का भविष्य सुरक्षित रह सके।

[جناب ضياءالرحمان (سنبھل): محترم چیرمین صاحب، اتر پردیش کے ضلع سنبھل میں ابھی حال ہی میں 181 پرائمری اسکول یا تو بند کر دئے گئے یا دوسرے اسکولوں میں ملا دئیے گئے۔ ان میں 95 اسکول پوری طرح بند کر دئے گئے اور 86 اسکولوں کا مرجر نزدیکی اسکولوں میں کیا گیا۔ یہ فیصلہ ان اسکولوں پر آدھارت تھا جہاں طلباء کی تعداد 50 سے کم تھی۔ لیکن اس کا اثر سیدھے بچوں پر پڑا ہے جنہیں اب دور دراز اسکولوں میں جانا پڑے گا، جس سے ڈراپ آؤٹ کی شرح میں اضافہ ہونے کا خدشہ ہے اور سینکڑوں اساتذہ کو

فاضل قرار دیا گیا ہے۔ یہ صرف سنبھل کی بات نہیں ہے۔ اب تک پورے اتر پردیش میں تقریباً 26,000 پرائمری اسکولوں کو بند یا ضم کر دیا گیا ہے۔ یہ فیصلہ مفت اور لازمی تعلیم کے حق (آر ٹی ای) ایکٹ کی روح کے خلاف ہے، جو ہر بچے کو اس کے گھر کے قریب تعلیم فراہم کرنے کی بات کرتا ہے۔ اس سے بچوں کے تعلیم کے بنیادی حق میں رکاوٹ پیدا ہو رہی ہے۔

میں حکومت سے درخواست کرتا ہوں کہ وہ آر ٹی ای کے مکمل نفاذ کو یقینی بنائے اور ان بند اسکولوں کو دوبارہ کھولے تاکہ دیہاتوں اور چھوٹے شہروں میں بچوں کے مستقبل کو محفوظ بنایا جاسکے۔ شکریہ۔]

(xix) Need to ensure efficient implementation of centrally-sponsored fisheries schemes in Bapatla Parliamentary Constituency, Andhra Pradesh

SHRI KRISHNA PRASAD TENNETI (BAPATLA): I would like to draw the attention of the Government to the persistent gaps in the implementation of central fisheries schemes in the coastal Constituency of Bapatla, Andhra Pradesh, which significantly contributes to India's marine and aquaculture output. Andhra Pradesh contributes 22% of India's total fish and nearly 70% of shrimp production, making it the top aquaculture State. Despite fisheries contributing 6.72% to agricultural GVA in 2022–23, benefits of the Pradhan Mantri Matsya Sampada Yojana (₹5,945.92 crore sanctioned) and Fisheries and Aquaculture Infrastructure Development Fund (₹749.90 crore, including ₹62.83 crore for Andhra Pradesh) remain out of reach for many traditional fisherfolk in Bapatla due to infrastructure gaps and low scheme awareness. I urge the Government to fast-track the development of fishing harbours, landing centres,

and cold chain systems in high-output zones enhance awareness through localized campaigns and training on PMMSY benefits—insurance, subsidies, and credit - delivered in local languages; use satellite imagery and AI/ML models to identify infrastructure-deficient fish landing centers, cold chain gaps, and unserviced fisher villages within a 15 km coastal buffer. Therefore, immediate intervention is essential to address local distress, enhance fisher welfare, and strengthen India's blue economy vision.

(xx) Regarding likely ecological damage due to rehabilitation of project affected persons by proposed use of salt-pan land in Mulund, Bhandup and Vikhroli areas in Maharashtra

SHRI SANJAY DINA PATIL (MUMBAI NORTH-EAST): I wish to bring to the attention of the Government towards a deeply concerning development in my Parliamentary Constituency — the proposed use of 255.6 acres of salt-pan land in the Mulund, Bhandup, and Vikhroli areas for rehabilitation of project affected persons. While the Bombay High Court may have approved this plan, the ground reality is alarming. There is no sewerage network, no drainage system, and no assured water supply. There has been no Environmental Impact Assessment, and CRZ clearance is missing. Yet, thousands of families are set to be relocated here. These salt pans are not just empty land — they are natural flood buffers and crucial for groundwater recharge. Reckless redevelopment without infrastructure or environmental planning will lead to flooding, health hazards, and long-term ecological damage. Rehabilitation must be carried out with care, planning, and dignity. I strongly urge the Government to pause this project and

ensure that proper civic infrastructure, environmental clearances, and long-term safeguards are put in place before any resettlement begins.

(xxi) Need to establish a Trauma Care Centre in AIIMS, Mangalagiri in Andhra Pradesh

SHRI BALASHOWRY VALLABHANENI (MACHILIPATNAM): The speedy progress of various works being done at AIIMS, Mangalagiri, is appreciable. And, achieving 25 lakh outpatient consultations clearly indicate the rapidly gaining popularity of AIIMS, Mangalagiri. I wish that the same trend be continued in inpatient services as well and excel in academics and ultimately achieve the objective of making AIIMS, Mangalagiri, an institute of national importance. It is welcome that the Government has opened many departments and created many facilities in AIIMS, Mangalagiri. But, Trauma Centre has not been set up which, I strongly feel, is very critical and important since this institute is very near to National Highway and many road accidents taking place in this area. So, Trauma Centre is the need of the hour. Hence, I appeal to the hon. Prime Minister and hon. Health Minister to kindly ensure that Trauma Care Centre is set up at AIIMS, Mangalagiri as early as possible.

(xxii) Need to address the issue of land subsidence caused by Coal mine blasts in Jharkhand

श्री चन्द्र प्रकाश चौधरी (गिरिडीह) : केशलपुर कुम्हार बस्ती, केशलपुर मुंडा धौड़ा, पूर्वी बसुरिया में चार-पाँच माह से बस्ती के बगल में बीसीसीएल के कतरास क्षेत्र स० 4 के आउटसोर्सिंग परियोजना विस्तार से भू-धसान हो रही है जिससे ग्रामीणों का जीवन खतरे में है एवं ग्रामीणों को शीघ्र विस्थापित कर पुनर्वास तथा रोजगार की व्यवस्था करना आवश्यक है। खान सुरक्षा नियमों को ताक पर रखकर

परियोजना विस्तार, तय मानकों से ज्यादा हैवी ब्लास्टिंग किया जा रहा है और प्रत्यक्षदर्शी के रूप में यह सूचित कर रहा हूँ की इन जगहों पर खुले आम कोयला चोरी भी हो रही है जहाँ कोई सुरक्षा व्यवस्था नहीं है। बीसीसीएल प्रबंधन के द्वारा परियोजना की सुरक्षा सुनिश्चित करने हेतु कोई व्यवस्था नहीं है। मेरे बार बार सचेत करने के बाद भी कोई कार्रवाई नहीं हुई जिसका परिणाम है कि 22 जुलाई, 2025 को वहाँ चाल धंस गयी और 5 लोगों उसमें समा गए। ऐसी ही घटना कुछ दिन पहले रामगढ़ में हुई थी जिसमें 4 लोगों की जान गयी थी। यहाँ तो अमानवीय ढंग से बचाव कार्य भी एक दिन बाद शुरू की गयी। मेरे बार बार सचेत करने के बाद भी प्रबंधन आउटसोर्सिंग कंपनियों पर कोई कार्रवाई नहीं करती है और कोयला मंत्रालय भी ऐसी घटना को गंभीरता से नहीं लेता जिसका नतीजा है की एक माह में 10 जान चली गयी।

(xxiii) Need to expedite work on six laning of Pune-Kolhapur National Highway in Maharashtra

SHRI VISHALDADA PRAKASHBAPU PATIL (SANGLI): I wish to draw the urgent attention of the Government to the inordinate delay in the six-laning of the crucial Pune-Kolhapur National Highway. Despite being underway for over two years, the project's progress, particularly on the Pune to Satara stretch, has been distressingly sluggish. This has resulted in a significant increase in travel time for commuters heading towards Satara, Sangli, and Kolhapur. This severely impacts my constituents in the Sangli Lok Sabha, throttling economic activity and causing great hardship to farmers reliant on this route for market access. The current condition of the road is deplorable, with vast sections being unsafe for travel. Critical work, such as the construction of underpasses, remains pending, posing a constant risk to the safety of pedestrians and local residents. It is a matter of great concern that despite the slow pace and

incomplete nature of the project, contractors are being permitted to collect full tolls from the public. This is an unjust burden on the citizens who are already suffering from the poor road conditions and extended travel times. I, therefore, urge the Hon'ble Minister of Road Transport and Highways to intervene in this matter, expedite the construction work, ensure the immediate repair of the existing road, and suspend toll collection until the project is substantially completed.

... (*Interruptions*)

HON. CHAIRPERSON: I would request you to go back to your own seats.

... (*Interruptions*)

माननीय सभापति : मैं सभी सदस्यों ने रिक्वेस्ट कर रहा हूँ कि कृपया आप सब अपनी-अपनी सीट पर जाइए, तभी हम कार्यवाही आगे लेकर जा सकते हैं। ऐसे नहीं होगा। आप सब अपनी-अपनी सीट पर बैठिए।

... (व्यवधान)

माननीय सभापति : माननीय सदस्यगण, गोवा के अनुसूचित जनजातियों से संबंधित बिल बहुत दिनों से पेन्डिंग चल रहा है। मैंने खुद आपसे दो बार रिक्वेस्ट की है, मैंने आप सबसे गोवा के अनुसूचित जनजातियों से संबंधित बिल को डिसकस करने के बारे में दो बार रिक्वेस्ट की है, लेकिन इस पर अभी तक डिसकशन नहीं हुआ।

... (व्यवधान)

HON. CHAIRPERSON: Are we trying to show our love for the STs in the country? This Bill is pending for that.

... (*Interruptions*)

माननीय सभापति : बहुत दिनों से यह बिल पेन्डिंग चल रहा है। आप सभी के शून्यकाल का भी विषय है।

... (व्यवधान)

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री (श्री अर्जुन राम मेघवाल) : सर, आपने गोवा की बात की, ... (व्यवधान) लेजिस्लेटिव बिजनेस के आइटम नम्बर 8 पर कन्सीडरेशन एंड पासिंग के लिए यह बिल लगा हुआ है। ... (व्यवधान) The Readjustment of Representation for Scheduled Tribes in Assembly Constituencies of the State of Goa Bill, 2024 ... (*Interruptions*)

गोवा में जो एसटी पॉपुलेशन है, उसकी सीटें बढ़ाने से संबंधित यह बिल है। ... (व्यवधान) इसका मतलब अपोजिशन के लोग एसटी के खिलाफ भी हैं। ये चर्चा करना नहीं चाहते हैं। गोवा में एसटी की सीटें बढ़ने वाली हैं, ... (व्यवधान)

अभी वहां सीटें नहीं हैं। ... (व्यवधान) इस बिल के माध्यम से गोवा असेम्बली में अनुसूचित जनजातियों की सीटें बढ़ने वाली हैं। क्या ये इसके खिलाफ भी हैं? ... (व्यवधान) इस पर क्यों नहीं चर्चा कर रहे हैं?

यह इतना महत्वपूर्ण बिल है। ... (व्यवधान) गोवा राज्य में अनुसूचित जनजातियों को विधान सभा में प्रतिनिधित्व मिलेगा, उसके लिए यह बिल है। हम चर्चा के लिए तैयार हैं। ... (व्यवधान)

माननीय सभापति : माननीय सदस्यगण, यह बहुत ही महत्वपूर्ण बिल है। हम गोवा के अनुसूचित जनजातियों के बारे में बात करना चाह रहे हैं, जहां अभी कोई रिप्रेजेंटेशन नहीं है। यह रिप्रेजेंटेशन देने के लिए एक ऑपर्च्युनिटी है।

... (व्यवधान)

माननीय सभापति: क्या आप चर्चा करना नहीं चाहते हैं? क्या आप नहीं चाहते हैं कि अनुसूचित जनजातियों को रिप्रेजेंटेशन मिले?

... (व्यवधान)

माननीय सभापति: सभा की कार्यवाही सोमवार, दिनांक 4 अगस्त, 2025 को प्रातः 11 बजे तक के लिए स्थगित की जाती है।

14.09 hrs

*The Lok Sabha then adjourned till Eleven of the Clock
on Monday, August 4, 2025/Sravana 13, 1947 (Saka).*

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