

# **LOK SABHA DEBATES**

**(Original Version)**

**Third Session**

**(Eighteenth Lok Sabha)**



*(Vol. IV contains Nos.1 to 10)*

**LOK SABHA SECRETARIAT**

**NEW DELHI**

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**OFFICERS OF LOK SABHA**

**THE SPEAKER**

Shri Om Birla

**PANEL OF CHAIRPERSONS**

Shri Jagdambika Pal

Shri P. C. Mohan

Shrimati Sandhya Ray

Shri Dilip Saikia

Kumari Selja

Shri A. Raja

Dr. Kakoli Ghosh Dastidar

Shri Krishna Prasad Tenneti

Shri Awadhesh Prasad

**SECRETARY GENERAL**

Shri Utpal Kumar Singh

## LOK SABHA DEBATES

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LOK SABHA

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Friday, December 06, 2024/ Agrahayana 15, 1946 (Saka)

The Lok Sabha met at Eleven of the Clock.

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

... (व्यवधान)

**माननीय अध्यक्ष :** यह प्रश्न काल है। क्या आप सदन नहीं चलने देना चाहते हैं?

... (व्यवधान)

**SHRI K. C. VENUGOPAL:** Sir, you were the witness to what had happened yesterday. ... (*Interruptions*)

**माननीय अध्यक्ष :** सदन मर्यादा से चलेगा, गरिमा से चलेगा, उच्च कोटि की परंपराओं से चलेगा।

... (व्यवधान)

**SHRI K. C. VENUGOPAL :** All the MPs from this side need justice. ... (*Interruptions*)

**माननीय अध्यक्ष :** मैं सदन के अंदर न गरिमा गिरने दूंगा, न ही सदन की मर्यादा कम होने दूंगा।

... (व्यवधान)

**SHRI K. C. VENUGOPAL :** We all need a ruling from you, Sir. ... (*Interruptions*)

**माननीय अध्यक्ष :** मेरा आप सबसे आग्रह है कि आप प्रश्न काल में सहयोग करें।

... (व्यवधान)

**माननीय अध्यक्ष :** क्या आप प्रश्न काल नहीं चलाना चाहते हैं?

... (व्यवधान)

**माननीय अध्यक्ष :** क्या आप सदन नहीं चलने देना चाहते हैं?

... (व्यवधान)

## WRITTEN ANSWERS TO QUESTIONS

### आयुर्ज्ञान योजना

\*161. श्री रवीन्द्र शुक्ला उर्फ रवि किशन:

श्री तापिर गाव:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) आयुर्ज्ञान योजना के लक्ष्यों और उद्देश्यों का ब्यौरा क्या है;
- (ख) क्या उक्त योजना से आयुष स्वास्थ्य परिचर्या क्षेत्र में क्षमता निर्माण में सहायता मिलती है और आयुष चिकित्सा पद्धति में नई औषधियों, रोग उपचारों और प्रविधियों की खोज और उनके विकास के कार्य में अनुसंधान और नवाचार को भी बढ़ावा मिलता है;
- (ग) क्या सरकार ने आयुर्वेद ज्ञान को आधुनिक चिकित्सा पद्धति के साथ एकीकृत करने के लिए कोई प्रयास किए हैं, यदि हां, तो छत्तीसगढ़ और उत्तर प्रदेश सहित तत्संबंधी राज्य-वार ब्यौरा क्या है;
- (घ) आयुष स्वास्थ्य परिचर्या को सुदृढ़ करने और लोगों में स्वास्थ्य के प्रति जागरूकता बढ़ाने के लिए आयुर्वेद दिवस पर सरकार द्वारा कौन-कौन सी परियोजनाएं शुरू की गई हैं;
- (ङ) विगत तीन वर्षों के दौरान विशेषतः उत्तर प्रदेश सहित विभिन्न राज्यों में आयुष क्षेत्र में किए गए अनुसंधान और नवाचारों का ब्यौरा क्या है; और
- (च) सरकार द्वारा आयुर्ज्ञान योजना के अंतर्गत संस्वीकृत और जारी की गई धनराशि तथा विशेषतः उत्तर प्रदेश सहित विभिन्न राज्यों द्वारा उपयोग की गई धनराशि का ब्यौरा क्या है?

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

(क): आयुष मंत्रालय वर्ष 2021-22 से आयुर्ज्ञान योजना नामक एक केंद्रीय क्षेत्रीय योजना कार्यान्वित कर रहा है, जिसका उद्देश्य बाह्य अनुसंधान गतिविधियों द्वारा आयुष में अनुसंधान एवं नवाचार तथा शिक्षा के माध्यम से शैक्षणिक गतिविधियों, प्रशिक्षण, क्षमता निर्माण आदि प्रदान करके सहायता प्रदान करना है।

इस योजना के तीन घटक हैं: (i) आयुष में क्षमता निर्माण एवं सतत चिकित्सा शिक्षा (सीएमई) (ii) आयुष में अनुसंधान एवं नवाचार और (iii) आयुर्वेद जीव-विज्ञान एकीकृत स्वास्थ्य अनुसंधान (एबीआईएचआर)। एबीआईएचआर को वित्तीय वर्ष 2023-24 से तीसरे घटक के रूप में योजना के तहत जोड़ा गया है। योजना के लक्ष्य तथा उद्देश्य संलग्न **विवरण-I** में दिए गए हैं। इसके अलावा, योजना के विस्तृत दिशानिर्देश आयुष मंत्रालय के पोर्टल (<https://ngo.ayush.gov.in/ayurgyan>) पर उपलब्ध हैं।

(ख): जी हां, आयुर्ज्ञान योजना के आयुष में क्षमता निर्माण एवं सतत चिकित्सा शिक्षा (सीएमई) घटक, आयुष स्वास्थ्य देखभाल सेक्टर के क्षेत्र में क्षमता निर्माण में योगदान देता है। इसके अलावा, आयुर्ज्ञान योजना के आयुष में अनुसंधान एवं नवाचार तथा आयुर्वेद जीव-विज्ञान एकीकृत स्वास्थ्य अनुसंधान घटक, आयुष चिकित्सा पद्धति में नई औषधियों, उपचारों और क्रिया पद्धतियों का पता लगाने तथा उनका विकास करने में अनुसंधान एवं नवाचार को बढ़ावा देते हैं।

(ग): जी हां, आयुष मंत्रालय ने आयुर्वेद के ज्ञान को आधुनिक चिकित्सा पद्धति के साथ जोड़ने के लिए निम्नलिखित प्रयास किए हैं:

i) आयुर्ज्ञान योजना के अंतर्गत आयुर्वेद जीव-विज्ञान एकीकृत स्वास्थ्य अनुसंधान घटक का उद्देश्य, मौलिक विज्ञान एवं पारंपरिक चिकित्सा पद्धति के साथ एकीकरण में आयुर्वेद को शुरू करने के प्रभावी एकीकृत मॉडलों के अध्ययन हेतु देश में तथा वैश्विक स्तर पर उपलब्ध व्यापक अनुसंधान क्षमता का उपयोग करना है।

ii) आयुर्ज्ञान योजना के तहत आयुष में अनुसंधान एवं नवाचार घटक, पात्र संगठनों को आयुष में अनुसंधान परियोजनाएं संचालित करने के लिए वित्तीय सहायता प्रदान करता है, जिसमें आधुनिक चिकित्सा पद्धति के साथ आयुर्वेद के ज्ञान का एकीकरण शामिल है।

iii) आयुर्ज्ञान योजना के तहत आयुष में क्षमता निर्माण एवं सतत चिकित्सा शिक्षा (सीएमई) घटक में गैर-आयुष चिकित्सकों/वैज्ञानिकों के लिए आयुष पद्धतियों के 6-दिवसीय अभिविन्यास प्रशिक्षण कार्यक्रम (ओटीपी) का प्रावधान है।



iv) आयुर्स्वास्थ्य योजना के तहत उत्कृष्टता केन्द्र (सीओई) घटक उन पात्र संगठनों को सृजनात्मक और नवाचारी प्रस्तावों की मदद के लिए वित्तीय सहायता प्रदान करता है जिनके पास सुस्थापित भवन तथा बुनियादी ढांचा है और जो आयुष पद्धतियों को उत्कृष्टता केंद्र के स्तर तक ले जाने के लिए कार्य करना चाहते हैं।

आयुर्ज्ञान योजना तथा आयुर्स्वास्थ्य योजना पूरे देश में कार्यान्वित की जा रही है। इन योजनाओं के अंतर्गत निधियां राज्य-वार आबंटित/स्वीकृत नहीं की जाती हैं। योजना के दिशा-निर्देशों के प्रावधानों के अनुसार, पात्र संगठनों को सीधे निधियां जारी की जा रही हैं।

v) भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग ने आयुर्वेद, यूनानी एवं सिद्ध चिकित्सा पद्धति के लिए एमबीबीएस हेतु आयुष मॉड्यूल इंटरनशिप इलेक्टिव्स विकसित किए हैं। इसके अलावा, भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग (स्नातक-पूर्व आयुर्वेद शिक्षा के न्यूनतम मानक) विनियम-2022 के खंड 10(7) के अनुसार, आयुर्वेद शिक्षण सामग्री के पाठ्यक्रम में आधुनिक प्रगति का अनुपात 40 प्रतिशत तक होगा।

vi) आयुष मंत्रालय के एक स्वायत्त संगठन केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस) तथा भारतीय चिकित्सा अनुसंधान परिषद (आईसीएमआर) ने देश भर के एम्स में आयुष-आईसीएमआर एडवांस्ड सेंटर फॉर इंटीग्रेटिव हेल्थ रिसर्च (एआई-एसीआईएचआर) स्थापित करने के लिए हाथ मिलाया है। इन केंद्रों में लोगों को एकीकृत स्वास्थ्य देखभाल सेवा उपलब्ध कराने के लिए, प्राचीन ज्ञान (पारंपरिक चिकित्सा) को पारंपरिक जैव-चिकित्सा तथा आधुनिक प्रौद्योगिकी के साथ जोड़कर, एकीकृत स्वास्थ्य अनुसंधान का गतिशील तथा जीवंत पारिस्थितिकी तंत्र विकसित करने की परिकल्पना की गई है।

(घ): माननीय प्रधान मंत्री जी द्वारा दिनांक 29 अक्टूबर 2024 को 9वें आयुर्वेद दिवस के आयोजन के दौरान आयुष मंत्रालय की निम्नलिखित परियोजनाएं शुरू की गईं:

- i. स्वास्थ्य जागरूकता को बढ़ावा देने तथा दैनिक जीवन के हिस्से के रूप में समग्र आरोग्यता के महत्व पर प्रकाश डालने के लिए 'देश का प्रकृति परीक्षण' नामक राष्ट्रव्यापी अभियान।
- ii. अखिल भारतीय आयुर्वेद संस्थान, नई दिल्ली के दूसरे चरण का उद्घाटन।

iii. केंद्रीय योग एवं प्राकृतिक चिकित्सा अनुसंधान संस्थान (सीआरआईवाईएन), रायपुर (छत्तीसगढ़) और केंद्रीय योग एवं प्राकृतिक चिकित्सा अनुसंधान संस्थान (सीआरआईवाईएन), खोरदा (ओडिशा) की आधारशिला रखी गई।

iv. आयुर्स्वास्थ्य योजना के तहत चार (4) उत्कृष्टता केंद्रों का उद्घाटन:

- भारतीय विज्ञान संस्थान, बंगलुरु में सेंटर ऑफ एक्सीलेस फॉर डायबिटीज एंड मेटाबोलिक डिसऑर्डर, जिसके केंद्र-बिंदु में प्रीडायबिटीज एवं डायबिटीज अनुसंधान तथा आयुर्वेदिक फॉर्मूलेशन का सत्यापन है।
- आईआईटी दिल्ली में सेंटर ऑफ एक्सीलेस इन सस्टेनेबल आयुष, जो उन्नत प्रौद्योगिकीय समाधान विकसित करने, स्टार्ट-अप्स को सहायता देने और "रसऔषधियों" के लिए शुद्ध-शून्य स्थायी समाधान तैयार करने के लिए समर्पित है।
- सीडीआरआई लखनऊ में सेंटर ऑफ एक्सीलेस फॉर फंडामेंटल एंड ट्रांसलेशनल रिसर्च इन आयुर्वेद, जिसके केंद्र-बिंदु में अश्वगंधा जैसी आयुर्वेदिक वनस्पतियों में उन्नत अनुसंधान करना है।
- जेएनयू, नई दिल्ली में सेंटर ऑफ एक्सीलेस ऑन आयुर्वेद एंड सिस्टम्स मेडिसिन, जिसका लक्ष्य पद्धतियों की चिकित्सा का उपयोग करके रूमेटोइड आर्थराइटिस के आयुर्वेदिक उपचार की मॉलेक्यूलर पद्धतियों पर शोध करना है।

(ड): पिछले 03 वर्षों के दौरान, आयुष क्षेत्र में अनुसंधान एवं नवाचार के लिए, उत्तर प्रदेश सहित विभिन्न राज्यों में स्थित पात्र संगठनों को, आयुर्ज्ञान योजना के आयुष में अनुसंधान एवं नवाचार तथा आयुर्वेद जीव-विज्ञान एकीकृत स्वास्थ्य अनुसंधान घटक के तहत, 30 अनुसंधान परियोजनाओं के संचालन के लिए वित्तीय सहायता प्रदान की गई है। ब्यौरे **संलग्न विवरण-II** में दिए गए हैं।

उपर्युक्त के अलावा, पिछले 03 वर्षों के दौरान आयुष मंत्रालय के तहत परिषदों द्वारा किए गए अनुसंधान एवं नवाचार निम्नानुसार हैं:-

- केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएस): 246 अनुसंधान परियोजनाएं और अनुसंधान परियोजनाओं के परिणामों के 517 शोध प्रकाशना
- केंद्रीय यूनानी चिकित्सा अनुसंधान परिषद (सीसीआरयूएम): 78 अनुसंधान परियोजनाएं और अनुसंधान परियोजनाओं के परिणामों के 359 शोध प्रकाशना
- केंद्रीय सिद्ध अनुसंधान परिषद (सीसीआरएस): 17 अनुसंधान परियोजनाएं और अनुसंधान परियोजनाओं के परिणामों के 270 शोध प्रकाशन और 1 पेटेंट।
- केंद्रीय होम्योपैथी अनुसंधान परिषद (सीसीआरएच): 131 अनुसंधान परियोजनाएं और अनुसंधान परियोजनाओं के परिणामों के 200 शोध प्रकाशना

(च): आयुर्ज्ञान योजना केन्द्रीय क्षेत्रीय योजना है। इसलिए, योजना के अंतर्गत निधियों को राज्य/संघ राज्य क्षेत्र-वार आबंटित/स्वीकृत नहीं किया जाता है। इस योजना के अंतर्गत, उत्तर प्रदेश सहित विभिन्न राज्यों/संघ राज्य क्षेत्रों में स्थित पात्र संस्थाओं/संगठनों को सीधे निधियां जारी की जाती हैं। योजना के अंतर्गत जारी की गई निधियों के ब्यौरे **संलग्न विवरण-III** में दिए गए हैं।

### विवरण -I

#### आयुर्ज्ञान योजना के सभी तीन घटकों के लक्ष्य एवं उद्देश्य निम्नानुसार हैं :-

#### **(क) आयुष में क्षमता निर्माण और सतत चिकित्सा शिक्षा (सीएमई)**

- i. आयुष स्वास्थ्य सेवा क्षेत्र में देश स्तर पर घटकों के क्षमता का सृजन, संवर्द्धन और विकास करना।
- ii. आयुष के माध्यम से स्वास्थ्य प्रथाओं, जो स्थायी हों में सुधार करना।
- iii. आयुष पेशेवरों को संगठित तरीके से आवश्यकता-आधारित व्यावसायिक अभिविन्यास और व्यावसायिक कौशल विकास के लिए प्रोत्साहित करना।
- iv. शिक्षकों और डॉक्टरों के व्यावसायिक ज्ञान को अद्यतन करना ताकि वे क्रमशः अच्छे शिक्षण अभ्यासों और बेहतर नैदानिक अभ्यासों को अपना सकें।
- v. आयुष विकास और तत्संबंधी उन्नयन के व्यापक प्रसार के लिए सूचना प्रौद्योगिकी और वेब-आधारित शिक्षा कार्यक्रमों के उपयोग को प्रोत्साहित करना।

- vi.स्वास्थ्य सेवा वितरण के मानकों को बनाए रखने के लिए स्वास्थ्य सेवा की उभरती प्रवृत्तियों और वैज्ञानिक परिणामों के अनुसार डॉक्टरों को प्रशिक्षित करना।
- vii.डॉक्टरों को पेशेवर प्रतिवेदनों के बारे में जानकारी प्रदान करना ताकि वे पेशेवर रूप से अद्यतित रहें। आयुष-सीएमई दिशानिर्देश।
- viii.अस्पतालों और औषधालयों में स्वास्थ्य सेवाओं में सुधार के लिए आयुष पैरामेडिक्स और स्वास्थ्य कार्यकर्ताओं को समय-समय पर प्रशिक्षण लेने के लिए प्रोत्साहित करना।
- ix.गुणवत्तापूर्ण सेवाएं प्रदान करने के लिए स्वास्थ्य पहलुओं पर आयुष संस्थानों और अस्पतालों के प्रशासकों के लिए आवश्यकता आधारित प्रबंधन प्रशिक्षण कार्यक्रमों की व्यवस्था करना।
- x.आयुष पद्धतियों के विकास के लिए अनुसंधान एवं विकास गतिविधियों की वर्तमान प्रवृत्तियों के बारे में अद्यतन जानकारी प्रदान करना तथा अनुसंधान के क्षेत्रों और सहयोगात्मक गतिविधियों के अवसरों पर प्रकाश डालना।
- xi.आयुष पद्धतियों में विनियामक मुद्दों का समाधान करने वाले नए अधिनियमों/अधिसूचनाओं और अन्य सूचनाओं से अवगत कराना।
- xii.आयुष संबंधी अनुसंधान और शिक्षा के लिए वैज्ञानिक साक्ष्य को मानकीकृत/मान्य बनाना और विकसित करना;
- xiii.अंतःविषयक दृष्टिकोणों के साथ आयुष पद्धति का वैज्ञानिक अन्वेषण करना; प्राथमिकता वाले क्षेत्रों में आवश्यकता आधारित परिणाम प्राप्त करना;

### **(ख) आयुष में अनुसंधान एवं नवाचार**

- i.प्राथमिकता वाले रोगों के लिए अनुसंधान और विकास (आर एंड डी) आधारित आयुष औषधियों का विकास;
- ii.आयुष उत्पादों और प्रथाओं के लिए सुरक्षा, मानकीकरण और गुणवत्ता नियंत्रण पर आँकड़े तैयार करना;
- iii.आयुष औषधियों और उपचारों की प्रभावकारिता पर साक्ष्य-आधारित समर्थन विकसित करना;
- iv.प्राचीन ग्रंथों पर शोध को प्रोत्साहित करना और आयुष पद्धतियों के मौलिक सिद्धांतों की जांच करना;

- v. कच्ची औषधियों और तैयार आयुर्वेद, सिद्ध, यूनानी और होम्योपैथी औषधियों में भारी धातुओं, कीटनाशक अवशेषों, सूक्ष्मजीवी भार, सुरक्षा/विषाक्तता आदि पर आँकड़े सृजित करना;
- vi. आयुष निर्यात बढ़ाने के लिए बौद्धिक संपदा अधिकार (आईपीआर) क्षमता वाले आयुष उत्पादों का विकास करना
- vii. आयुष पद्धतियों में संभावित मानव संसाधन का विकास करना, विशेष रूप से आयुष पद्धतियों से संबंधित वैज्ञानिक योग्यता और विशेषज्ञता विकसित करना;
- viii. आयुष विभाग और अन्य संगठनों/संस्थानों के बीच संयुक्त अनुसंधान उद्यम विकसित करना

### (ग) आयुर्वेद जीवविज्ञान एकीकृत स्वास्थ्य अनुसंधान

- i. निम्नलिखित उद्देश्यों के माध्यम से मौजूदा आयुर्वेद जीवविज्ञान अनुसंधान को सुदृढ़ करना और आगे बढ़ाना:
- क. आयुर्वेद जीवविज्ञान के क्षेत्र में एक स्थायी मंच विकसित करना जिसका उद्देश्य आधुनिक विज्ञानों जैसे आणविक जीवविज्ञान, औषध विज्ञान, प्रतिरक्षा विज्ञान, जैव प्रौद्योगिकी, जैव सूचना विज्ञान, रसायन विज्ञान आदि के संदर्भ में आयुर्वेद के सिद्धांतों, क्रियापद्धतियों और उत्पादों की बुनियादी समझ विकसित करना है।
- ख. आयुर्वेद औषधियों के फार्माकोकाइनेटिक्स और फार्माकोडायनामिक्स को समझने और आयुर्वेद औषधियों के द्वि-आणविक मार्गों और प्रभावों को मान्यता प्रदान करने के लिए अंतर-अनुशासनात्मक दृष्टिकोण।
- ii. निम्नलिखित कार्य करके व्यावहारिक एकीकृत स्वास्थ्य देखभाल के लिए जैव-औषधि, जैव-प्रौद्योगिकी, जैवभौतिकी, नैनो-प्रौद्योगिकी, सूचना प्रौद्योगिकी में प्रगति और अन्य उन्नत प्रौद्योगिकियों के साथ आयुष पद्धतियों के भीतर साक्ष्य-आधारित तत्वों के अभिसरण के लिए एकीकृत स्वास्थ्य अनुसंधान का एक पारिस्थितिकी तंत्र बनाना:
- क. आयुष आधारित परिणामों को सार्वजनिक स्वास्थ्य में रूपांतरण के लिए रूपांतरणीय मूल्य के साथ उच्च स्तरीय एकीकृत अनुसंधान को सहयोग प्रदायन करना।

ख. विविध परिस्थितियों से प्राप्त अवलोकनों के संश्लेषण द्वारा आयुष उपचारों की सुरक्षा और प्रभावकारिता को प्रदर्शित करने के लिए आणविक, नैदानिक और वास्तविक साक्ष्यों का सृजन करना तथा ठोस एकीकृत देखभाल के लिए प्रोटोकॉल विकसित करना।

ग. आयुष, जैव-चिकित्सा इंजीनियरिंग, आयुष-टेक और एकीकृत जीव विज्ञान में साझा रुचि रखने वाले प्रतिष्ठित संस्थानों के साथ उपकरणों और नैदानिक उपकरणों के क्षेत्र में प्रतिस्पर्धी प्रौद्योगिकी विकास को बढ़ावा देना।

### विवरण-II

पिछले 03 वर्षों के दौरान आयुर्ज्ञान योजना के आयुष और आयुर्वेद जीव विज्ञान एकीकृत स्वास्थ्य अनुसंधान घटकों में अनुसंधान और नवाचार के तहत अनुसंधान और नवाचार से संबंधित परियोजनाओं के लिए समर्थित संगठनों का विवरण इस प्रकार है:

#### आयुष घटक में अनुसंधान एवं नवाचार

क्र.सं	संगठन का नाम	राज्य	स्वीकृत/जारी की गई राशि (रु. में)
<b>2021-22</b>			
1.	इंस्टीट्यूट मेडिकल साइंसेज, बनारस हिंदू विश्वविद्यालय, वाराणसी	उत्तर प्रदेश	853704/-
2.	राजकीय सिद्ध मेडिकल कॉलेज, पलायमकोट्टई, तिरुनेलवेल्ली	तमिल नाडु	899100/-
3.	अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली	दिल्ली	3798048/-
4.	बेंगलोर मेडिकल कॉलेज एंड रिसर्च इंस्टीट्यूट (बीएमसी एंड आरआई), बेंगलुरु	कर्नाटक	926100/-

<b>2022-23</b>			
5.	जेनेटिक इंजीनियरिंग और जैव प्रौद्योगिकी के लिए अंतर्राष्ट्रीय केंद्र	दिल्ली	2058198/-
6.	अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली	दिल्ली	1851016/-
7.	अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली	दिल्ली	991872/-
8.	अखिल भारतीय आयुर्विज्ञान संस्थान	दिल्ली	2164263/-
9.	आईसीएमआर-राष्ट्रीय महामारी विज्ञान संस्थान टीएनएचबी, चेन्नई	तमिल नाडु	1878280/-
10.	भूपत और ज्योति मेहता स्कूल ऑफ बायोसाइंसेज, भारतीय प्रौद्योगिकी संस्थान मद्रास	तमिल नाडु	4149000/-
<b>2023-24</b>			
11.	आस्थागिरी हर्बल रिसर्च फाउंडेशन पेरुंगुडी इंडस्ट्रियल एस्टेट पेरुंगुडी चेन्नई	तमिल नाडु	3085200/-
12.	स्कूल ऑफ बायो-साइंसेज एंड टेक्नोलॉजी, वेल्लोर इंस्टीट्यूट ऑफ टेक्नोलॉजी, वेल्लोर	तमिल नाडु	2101840/-
13.	मौलाना आज़ाद इंस्टीट्यूट ऑफ डेंटल साइंसेज	दिल्ली	2761820/-
14.	अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर	दिल्ली	2882205/-
15.	अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली	दिल्ली	1938684/-
16.	जामिया हमदर्द	दिल्ली	2888600/-

17.	सेंट्रल इंडिया इंस्टीट्यूट ऑफ मेडिकल साइंसेज (सीआईआईएमएस), बजाज नगर, नागपुर	महाराष्ट्र	1529382/-
18.	सावित्रीबाई फुले पुणे विश्वविद्यालय पुणे	महाराष्ट्र	3526170/-
19.	जेएसएस आयुर्वेद मेडिकल कॉलेज एवं अस्पताल, मैसूरु	कर्नाटक	1793094/-
20.	भारतीय प्रौद्योगिकी संस्थान, रूड़की	उत्तराखंड	2698640/-
<b>2024-25</b>			
21.	कस्तूरबा मेडिकल कॉलेज, मणिपाल उच्च शिक्षा अकादमी, मणिपाल	कर्नाटक	1992720/-
22.	एसडीएम कॉलेज ऑफ मेडिकल साइंसेज एंड हॉस्पिटल, मंजूश्री नगर, सत्तूर, धारवाड़	कर्नाटक	1471560/-
23.	राष्ट्रीय प्रौद्योगिकी संस्थान, राउरकेला, ओडिशा	ओडिशा	2973920/-
24.	डॉ. एएलएम स्नातकोत्तर मूल चिकित्सा विज्ञान संस्थान, मद्रास विश्वविद्यालय, तारामणि परिसर, चेन्नई	तमिल नाडु	2064060/-

**आयुर्वेद जीव विज्ञान एकीकृत स्वास्थ्य अनुसंधान**

क्र. सं.	संस्थान का नाम	राज्य /संघ राज्य क्षेत्र	जारी की गई निधि (लाख रु. में)
<b>2023-24</b>			
1.	लैला न्यूट्रास्यूटिकल्स, विजयवाड़ा	आंध्र प्रदेश	560.00



2.	डाबर रिसर्च फाउंडेशन, गाजियाबाद	उत्तर प्रदेश	56.00
<b>2024-25</b>			
3.	इन्टॉक्स प्रा.लिमिटेड पुणे	महाराष्ट्र	498.50
4.	एडिगिल लाइफसाइंसेज प्रा.लिमिटेड	कर्नाटक	499.32
5.	जय रिसर्च फाउंडेशन वलवाड़ा	गुजरात	498.85
6.	लैला न्यूट्रास्यूटिकल्स, विजयवाड़ा	आंध्र प्रदेश	499.54

संलग्नक-III

वित्तीय वर्ष 2021-22 से अब तक (02/12/2024) आयुर्ज्ञान योजना के अंतर्गत आवंटित एवं जारी निधियों का विवरण निम्नानुसार है: -

वर्ष	आयुष में क्षमता निर्माण और सीएमई		आयुष में अनुसंधान एवं नवाचार		आयुर्वेद जीवविज्ञान एकीकृत स्वास्थ्य अनुसंधान		कुल	
	आवंटित निधियां	जारी निधियां	आवंटित निधियां	जारी निधियां	आवंटित निधियां	जारी निधियां	आवंटित निधियां	जारी निधियां
2021-22	2.7	2.7	5.72	1.76	--	--	8.42	4.46
2022-23	6.25	6.25	4.25	2.82	--	--	10.5	9.07
2023-24	4.5	4.5	4	4	6.16	6.16	14.66	14.66
2024-25 (as on 02.12.2024)	4.5	2.99	4	2.05	40	19.96	48.5	25

### BHARAT HEALTH INITIATIVE FOR SAHYOG HITA AND MAITRI CUBES

\*162. SHRI MANOJ TIWARI:

DR. NISHIKANT DUBEY:

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

- (a) the role of Bharat Health Initiative for Sahyog Hita and Maitri (BHISHM) Cubes in providing emergency life saving clinical care in the event of disaster/public health emergency;
- (b) the capacity of BHISHM cubes to handle the cases of diverse nature in emergency situations such as trauma, bleeding, burns, haemorrhage and other critical conditions;
- (c) the total number of BHISHM cubes placed in the first phase, State and district-wise including Palghar district in the State of Maharashtra; and
- (d) the manner in which BHISHM cubes contribute to strengthening the emergency healthcare response system in affected areas?

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

(a) and (b) The Bharat Health Initiative for Sahyog Hita and Maitri (BHISHM) Cubes are advanced mobile modular kits, designed to offer rapid, first-line medical care in the management of patients during first few hours following a disaster situation or public health emergencies.

The BHISHM Cube is built for maximum flexibility and for rapid deployment, with the ability to be delivered by air, sea, land, or drones, enabling quick response in remote or conflict zones. This multi-modal deployment capability ensures that the cubes can reach the most critical areas with minimal delay.

BHISHM Cubes are specifically engineered to handle a broad spectrum of patients that are common in disaster zones which includes trauma, hemorrhage, burns, fractures, and other life-threatening injuries.

In addition to its medical capabilities, each BHISHM Cube is equipped with survival provisions for a medical crew of up to five personnel for 48 hours. This includes food, water, shelter, power stations, and other survival aids, ensuring that teams can operate independently in austere conditions until further assistance arrives.

(c) and (d) In the initial phase of deployment, BHISHM Cubes have been dispatched to Sri Lanka, Myanmar, Ukraine for humanitarian aid and used in Ayodhya during Pran Pratishtha ceremony. Presently, there is no proposal for placement of BHISHM cubes in Palghar district of Maharashtra.

The deployment of BHISHM Cubes plays a critical role in strengthening the emergency healthcare response system by filling gaps in areas with limited healthcare access, particularly during emergencies. These mobile units allow for immediate medical attention in affected regions, thereby reducing response time and increasing survival rates. The cubes provide a decentralized healthcare option, which is especially valuable in rural or remote areas. By offering rapid stabilization and treatment close to the disaster site, BHISHM Cubes help to alleviate the strain on overwhelmed local hospitals and facilitate patient stabilization and their transfer to a secondary or tertiary level care facility, if necessary. This model supports the overall emergency healthcare framework by ensuring a more agile and robust response during times of crisis.

## **SUPPORT TO SHGS AND WOMEN ENTREPRENEURS**

**\*163. SHRI KRISHNA PRASAD TENNETI:**

**SHRI PRABHAKAR REDDY VEMIREDDY:**

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

- (a) whether the Government has put forward any schemes/programs/initiatives for the purpose of providing support to Self Help Groups (SHGs) and women entrepreneurs in the country;
- (b) if so, the details of beneficiaries of such schemes during the last five years in the country, State/district-wise including Nellore, Eluru and Bapatla Parliamentary Constituency in Andhra Pradesh;
- (c) the details of funds allocated and utilised for providing support to SHGs and women entrepreneurs in the country during the last five years, State-wise including Bapatla Parliamentary Constituency and Nellore district in Andhra Pradesh;
- (d) whether the Government has considered offering incentives to increase support for SHGs and women entrepreneurs in the country, if so, the details thereof; and
- (e) whether the Government has conducted any programs/initiatives to raise awareness and support for SHGs and women entrepreneurs, if so, the details thereof, especially Nellore district and Bapatla Parliamentary Constituency in Andhra Pradesh?

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

(a) Yes, Sir. Deendayal Antyodaya Yojana- National Rural Livelihoods Mission (DAY-NRLM) is a poverty alleviation program of the Ministry of Rural Development, launched in June 2011 and is being implemented across the country (except Delhi and Chandigarh) with the objective of organizing the rural poor women into Self Help Groups (SHGs) and continuously nurturing and supporting them till they attain appreciable increase in income over a period of time and improve their quality of life and come out of abject poverty. The Mission seeks to achieve its objective through investing in four core components viz., (a) social mobilization and promotion and strengthening of self-managed and financially sustainable community institutions of the rural poor; (b) financial inclusion of the rural poor; (c) sustainable livelihoods; and (d) social inclusion and social development. As on October 2024, the program has its foot prints in 742 districts and 7138 blocks of 34 States and UTs. It has mobilized 10.05 crore rural households into 90.87 lakh SHGs in the country.

(b) State/UT-wise details of beneficiaries under DAY-NRLM during the last 05 years in the country are given in the enclosed **Statement -I**. District-wise details including Nellore, Eluru and Bapatla constituency may be seen at the portal <https://nrlm.gov.in>

(c) State/UT-wise details of funds allocated and utilised for providing support to SHGs under the scheme, are given in the enclosed **Statement -II**. The Central share funds are released to the State Governments and not to the districts.

(d) Yes, Sir. The Government has taken a number of steps to support SHGs (Self-Help Groups) and women entrepreneurs under the DAY-NRLM (Deendayal Antyodaya Yojana - National Rural Livelihoods Mission). Key incentives are:

#### **I. Concessional Credit Rates for SHGs:**

- a. For loans up-to ₹3 lakh, Banks offer credit at a concessional interest rate of 7% per annum.
- b. For loans above ₹3 lakh and up to ₹5 lakh, Banks provide credit at the lower of their 1-year MCLR/external benchmark-based lending rate or 10% per annum.

#### **II. Reimbursement of Credit Guarantee Fees:**

Individual women SHG members are reimbursed for the actual credit guarantee fees for loans up to ₹5 lakh, for a maximum period of 5 years.

#### **III. Interest Subvention for Women Entrepreneurs:**

Women entrepreneurs demonstrating prompt repayment of loans are eligible for a 2% interest subvention on the outstanding loan amount of up to ₹1.5 lakh, for a maximum duration of 3 years.

(e) The DAY-NRLM conducts regular awareness generation and capacity-building programs for SHG members. These initiatives focus on strengthening SHGs, Village Organizations, Cluster-Level Federations, Producer Groups (PGs), and Farmer Producer Organizations (FPOs) in various aspects.

To further promote the program, the Ministry utilizes Community Resource Persons (CRPs), Information, Education and Communication (IEC) strategies, and targeted campaigns by both the National and State Rural Livelihoods Missions to raise awareness and ensure effective outreach. Further, few of the

programs/initiatives to raise awareness and support for SHGs and women entrepreneurs are given in the enclosed **Statement -III**.

### **STATEMENT -I**

#### **Details of Beneficiaries under DAY - NRLM during last 05 years**

		Households Mobilised				
SN	State/UT	2019-20	2020-21	2021-22	2022-23	2023-24
1	ANDHRA PRADESH	0	1403	80538	627124	145926
2	ASSAM	501094	110923	174081	394281	359590
3	BIHAR	585428	1329612	259585	588507	513317
4	CHHATTISGARH	390075	193516	156283	521600	300282
5	GUJARAT	141078	108095	17122	60834	108796
6	JHARKHAND	618857	162117	112927	116595	405281
7	KARNATAKA	400459	180416	272983	319306	1182372
8	KERALA	41716	57182	122113	26496	484723
9	MADHYA PRADESH	474646	440935	395000	1059588	667985
10	MAHARASHTRA	1638779	676534	391915	318408	579102
11	ODISHA	628734	491828	336070	204003	309396
12	RAJASTHAN	656134	251636	470176	495142	943431
13	TAMIL NADU	140769	254393	174307	195938	405583
14	TELANGANA	10	9740	108705	284731	134268
15	UTTAR PRADESH	1480708	1147555	1859308	1204807	2074302
16	WEST BENGAL	2451163	301278	739470	1035392	1272630
17	HARYANA	139943	57136	56424	54891	40851
18	HIMACHAL PRADESH	23379	40074	72891	62156	43175
19	JAMMU AND KASHMIR	36223	15152	104737	138103	161419
20	PUNJAB	84211	75450	71912	79494	145837
21	UTTARAKHAND	62910	18346	30052	119066	94769

22	ARUNACHAL PRADESH	5823	3166	8689	25838	22898
23	MANIPUR	4701	2702	13628	40626	19915
24	MEGHALAYA	105562	80792	79250	38986	20255
25	MIZORAM	6853	7733	5548	7857	12181
26	NAGALAND	25383	23676	1486	9000	15759
27	SIKKIM	13049	9163	1440	2026	5231
28	TRIPURA	39648	121729	61373	105990	81220
29	ANDAMAN AND NICOBAR	1841	520	1041	1253	1622
30	GOA	1852	6238	5476	3578	3396
31	LADAKH	3092	0	71	707	7840
32	LAKSHADWEEP	0	0	1850	171	622
33	PUDUCHERRY	1657	2927	3889	8069	5614
34	DAMAN AND DIU AND DADAR NAGAR HAVELI	357	303	1496	1923	3185
	<b>TOTAL</b>	<b>10706134</b>	<b>6182270</b>	<b>6191836</b>	<b>8152486</b>	<b>10572773</b>

### STATEMENT -II

#### Details of fund allocated and Utilised/Released during last 05 years

(Amount in Rs. lakh)

S · N o	States	2019-20		2020-21		2021-22		2022-23		2023-24	
		Alloc ation	Utilis ed/ Relea sed	Alloc ation	Utilis ed/ Relea sed	Alloc ation	Utilis ed/ Relea sed	Alloc ation	Utilis ed/ Relea sed	Alloc ation	Utilis ed/ Relea sed
1	Andhra Pradesh	11924 .13	1665 2.51	13447 .79	2017 1.69	25166 .83	1258 3.42	25172 .97	1887 9.74	25172 .97	6294. 25
2	Bihar	48627 .99	4862 7.97	54841 .65	8086 3.18	10263 3.2	1026 33.2	10265 8.3	1283 22.9	10265 8.3	1411 55.1



3	<b>Chattisgarh</b>	10800.58	10763.97	12180.67	12180.67	22795.48	22795.48	22801.05	17100.79	22801.05	29580.59
4	<b>Goa</b>	400	200	400	400	700	350	750	750	750	750
5	<b>Gujarat</b>	7694.51	7694.51	8677.71	12795.16	16239.87	12068.42	16243.84	12182.88	16243.84	16243.84
6	<b>Haryana</b>	4526.82	3997.97	5105.26	5105.26	9554.21	2388.55	9556.55	4778.28	9556.55	4778.28
7	<b>Himachal Pradesh</b>	1906.41	1454.79	2150.01	1612.51	4023.63	4023.63	4024.62	4024.62	4024.62	5533.85
8	<b>Jammu and Kashmir</b>	2359.46	2299.09	2660.95	11527.18	14668.93	11001.7	18016.86	12783.94	18000	18000
9	<b>Jharkhand</b>	18335.62	24828.75	20678.53	25808.53	38698.78	38698.78	38708.23	38708.23	38708.23	38708.23
10	<b>Karnataka</b>	15436.13	9571.5	17408.55	25664.59	32579.18	24434.39	32587.14	24440.36	32587.14	32587.14
11	<b>Kerala</b>	6926.15	3463.08	7811.16	7811.16	14618.18	7309.1	14621.75	10966.32	14621.75	10966.32
12	<b>Madhya Pradesh</b>	23237.89	23237.89	26094.44	19570.83	48834.35	24417.18	48846.28	48846.28	48846.28	24423.14
13	<b>Maharashtra</b>	30513.46	30513.46	34412.45	17206.23	51618.68	25809.34	64401.08	48300.81	64416.79	88573.08
14	<b>Odisha</b>	23380.72	30686.99	26368.3	38907.04	49346.87	61683.59	49358.92	61698.65	49358.92	67868.51
15	<b>Punjab</b>	2199.98	1099.99	2481.1	1860.83	4643.24	2321.62	4644.38	3483.28	4644.38	4254
16	<b>Rajasthan</b>	11721.17	8587.33	13218.89	13218.89	24738.45	24738.45	24744.5	34023.68	24744.5	24744.5
17	<b>Tamil Nadu</b>	18074.67	23260.01	20384.24	28924.96	38148.01	38148.01	38157.33	38157.33	38157.33	28618
18	<b>Telengana</b>	8517.24	6525.19	9605.57	9605.57	17976.3	4494.08	17980.69	4495.18	17980.69	0
19	<b>Uttar Pradesh</b>	70008.07	51115.11	78953.66	78856.92	147757.6	147566.4	147793.7	110845.3	147793.7	147793.7
20	<b>Uttarakhand</b>	3685.97	4643.32	4156.96	4618.84	7779.53	7620.73	7781.43	10699.47	7781.43	10699.47
21	<b>West Bengal</b>	25983.03	31911.65	29303.11	29303.11	54839.23	41129.43	54852.58	54852.58	54852.58	65716.38
22	<b>Andaman and Nicobar Islands</b>	200	200	300	300	600	450	900	449.9	600	600

23	Daman and Diu and Dadra Nagar Haveli	400	100	600	200	400	100	600.25	300.14	450	337.5
24	Lakshadweep	200	0	200		200	100	238.95	119.43	300	150
25	Ladakh				200	1320	330	1319.2	659.6	1000	1000
26	Pondicherry	600	558.13	700	700	1000	500	1700	1275	1700	1700
27	Arunachal Pradesh	5597.11	5181.12	7601.95	5218.39	8289.42	4144.71	13225.95	9919.47	12775.5	12775.5
28	Assam	20781.78	24015.56	21687.67	26004.66	34298.66	34298.66	38136.28	38136.28	39843.04	39843.04
29	Manipur	5447.25	2723.63	5609.34	2804.67	10273.53	2568.38	12538.3	3134.58	10523.46	5261.73
30	Meghalaya	8710.17	6295.4	11729.19	11729.2	14375.43	7187.72	16928.17	16928.17	19976.24	27467.33
31	Mizoram	9588.2	7343.47	10004.73	5002.37	10540.55	2635.14	15671.94	3917.99	16396.02	6386.94
32	Nagaland	12853.08	9736.11	13544.04	6772.02	17118.28	4279.57	17793.9	8896.95	16428.04	12321.03
33	Sikkim	2948.06	1092.34	3922.88	980.72	4431.85	1079.84	6648.53	1662.13	7331.71	1832.93
34	Tripura	15705.14	10434.88	16405.2	16405.2	17364.21	8682.11	24162.21	12081.11	30534.78	30534.78
	<b>Grand Total</b>	<b>429291</b>	<b>408816</b>	<b>482646</b>	<b>522330</b>	<b>847572</b>	<b>682572</b>	<b>893566</b>	<b>785821</b>	<b>901560</b>	<b>907499</b>

### STATEMENT -III

#### Examples of programs/initiatives to raise awareness

Sr N	(a) Workshops
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1	National Campaign on "Strengthening Women Enterprises and Members Mobilisation under DAY-NRLM", at New Delhi
2	National Consultation on "Moringa Sub-Sector " at New Delhi
3	National Campaign on "Integrated Crop Management" at New Delhi
4	Orientation cum Business Plan Facilitation Training Programme for Integrated Farming Cluster (IFC) at Kerala
5	National Conclave on Rural Livelihoods "Aajeevika Samagam" at Varanasi, Uttar Pradesh
6	National Conclave on "Incubation Of Rural Women Entrepreneurs" Bangalore, Karnataka
7	Campaign on "Seed treatment : Protecting the Crops from Day one" at New Delhi
8	National Workshop on "Promotion of Moringa" held at Peryakulam, Tamil Nadu
	<b>(b) Webinars</b>
1	Webinar on "Pig Rearing " at New Delhi
2	Webinar on "Climate change and Climate adaptation and impact on Rural Livelihoods" at New Delhi
3	Webinar on "Bio Resource Centre " at New Delhi
4	Technical Webinar on "Bamboo Plantation and Intercropping " under DAY-NRLM Bamboo sub sector, at New Delhi

5	Technical Webinar on "Nursery Management on Bamboo Sub sector" at New Delhi
6	Webinar on "Department of Animal Husbandary Schemes and how that can be leveraged by Self Help Group Members" at New Delhi
7	Webinar on convergence meeting with Department of Fisheries with new Scheme Pradhan Mantri Matsya Kisan Samridhi Sah-Yojana (PM MKSSY) at New Delhi
8	Webinar on "Cattle feed" at New Delhi
9	Webinar on "Custom Hiring Centre" at New Delhi
10	Webinar on "Annual Compliance for Producer Companies under Company Act 2013" at New Delhi
11	Webinar on "Seaweed Cultivation by Self Help Group members : Opportunities and Challenges" at New Delhi
12	Webinar on "Direct Seeded Rice (DSR)" at New Delhi
13	Webinar on "Cattle Rearing and Dairy Farming" at New Delhi

### परिवार नियोजन कार्यक्रम

#### 164. श्री गिरिधारी यादव:

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

(क) क्या यह सच है कि देश में प्रत्येक बच्चे को स्वास्थ्य और शिक्षा का मौलिक अधिकार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या 50 वर्षों से लगातार परिवार नियोजन कार्यक्रम चलाए जाने के बावजूद कोई प्रभावी जनसंख्या नियंत्रण कानून नहीं होने के कारण देश जनसंख्या विस्फोट के कगार पर है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार का अधिकतम दो बच्चों की सीमा के साथ जनसंख्या को नियंत्रित करने के लिए कोई कानून बनाने का प्रस्ताव है;

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और ऐसा कब तक किए जाने की संभावना है; और

(ङ) यदि नहीं, तो इसके क्या कारण हैं?

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

(क): संविधान (86वें संशोधन) अधिनियम, 2002 के माध्यम से भारत के संविधान में अन्तर्स्थापित अनुच्छेद 21-क के तहत बच्चों को निःशुल्क और अनिवार्य शिक्षा का अधिकार (आरटीई) अधिनियम, 2009 यह अधिदेश करता है कि 6-14 वर्ष की आयु के प्रत्येक बच्चे को अपनी प्रारंभिक शिक्षा पूरी होने तक नजदीकी स्कूल में निःशुल्क और अनिवार्य शिक्षा प्राप्त करने का अधिकार होगा।

स्वास्थ्य और परिवार कल्याण मंत्रालय विभिन्न कार्यक्रमों और कार्यकलापों के माध्यम से सभी आयु समूहों के लिए स्वास्थ्य सेवाओं की उपलब्धता को बढ़ावा देता है।

(ख) से (ङ): एनएफएचएस-5 (2019-21) के अनुसार भारत ने 2.0 की कुल प्रजनन दर (टीएफआर) हासिल की है। यह राष्ट्रीय जनसंख्या नीति, 2000 और राष्ट्रीय स्वास्थ्य नीति, 2017 के अनुरूप है।

स्वास्थ्य और परिवार कल्याण मंत्रालय माँ और बच्चे के कल्याण के लिए सही समय पर गर्भधारण और अंतराल के बारे में जागरूकता बढ़ाकर, परिवार नियोजन सेवाओं की उपलब्धता सुनिश्चित करके और प्रजनन क्षमता के प्रबंधन के लिए राज्यों द्वारा उनकी विशिष्ट आवश्यकताओं के आधार पर कार्यक्रम कार्यान्वयन योजना (पीआईपी) में प्रस्तावित बजट को मंजूरी देकर प्रजनन क्षमता के प्रतिस्थापन स्तर को प्राप्त करने और बनाए रखने पर ध्यान केंद्रित करता है। परिवार नियोजन कार्यक्रम के तहत सरकार द्वारा कार्यान्वित विभिन्न योजनाएँ निम्नवत हैं-

1. विस्तारित गर्भनिरोधक विकल्प, जिसमें कंडोम, खाई जाने वाली गर्भनिरोधक गोलियाँ,

आपातकालीन गर्भनिरोधक गोलियाँ, अंतर्गर्भाशयी गर्भनिरोधक उपकरण (आईयूसीडी) और नसबंदी शामिल हैं, लाभार्थियों को प्रदान किए जाते हैं। गर्भनिरोधक सामग्रियों को नए गर्भनिरोधकों अर्थात् इंजेक्टेबल गर्भनिरोधक एमपीए (अंतरा कार्यक्रम) और सेंटक्रोमन (छाया) को शामिल कर विस्तारित किया गया है।

2. मिशन परिवार विकास को सात उच्च फोकस राज्यों और छह पूर्वोत्तर राज्यों में लागू किया गया है, ताकि गर्भनिरोधक और परिवार नियोजन सेवाओं तक पहुँच में सुधार हो सके।
3. नसबंदी स्वीकार करने वालों के लिए मुआवजा योजना में लाभार्थियों को उनके वेतन के नुकसान की भरपाई के लिए मुआवजा प्रदान किया जाता है।
4. लाभार्थियों को प्रसवोत्तर अंतर्गर्भाशयी गर्भनिरोधक उपकरण (पीपीआईयूसीडी), गर्भपातोत्तर अंतर्गर्भाशयी गर्भनिरोधक उपकरण (पीएआईयूसीडी) और प्रसवोत्तर नसबंदी (पीपीएस) के रूप में गर्भावस्था के बाद गर्भनिरोधक प्रदान किया जाता है।
5. सभी राज्यों/संघ शासित प्रदेशों में परिवार नियोजन और सेवा वितरण के बारे में जागरूकता बढ़ाने के लिए हर साल 'विश्व जनसंख्या दिवस अभियान' और 'पुरुष नसबंदी पखवाड़ा' मनाया जाता है।
6. आशा कार्यकर्ताओं द्वारा गर्भनिरोधकों की घर-घर डिलीवरी योजना।
7. स्वास्थ्य सुविधाओं के सभी स्तरों पर परिवार नियोजन सामग्रियों के प्रबंधन के लिए परिवार नियोजन लॉजिस्टिक प्रबंधन सूचना प्रणाली (एफपी-एलएमआईएस) लागू है।

### **PENDING CASES IN SUPREME COURT**

**\*165. SHRI KULDEEP INDORA:**

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

(a) whether despite implementation of numerous IT related initiatives by the Supreme Court to streamline its day-to-day operations, the pendency of cases continues to be on the rise;

(b) if so, the reasons therefor;

- (c) the number of cases pending in Supreme Court, bench-wise;
- (d) the reasons for accumulation of these cases in Supreme Court; and
- (e) the steps taken/proposed to be taken by the Government for speedy disposal of cases in Supreme Court and various other Courts of the country?

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

**(a) to (e):** As per information provided by the Supreme Court, the number of cases pending before the Constitution Benches of the Supreme Court, as on date, are as under:

<b>S.No.</b>	<b>Bench</b>	<b>No. of pending cases</b>
1	Three-Judge Bench	167
2	Five-Judge Bench	19
3	Seven-Judge Bench	05
4	Nine-Judge Bench	02
5	Eleven-Judge Bench	NIL

\*Rest of the cases are pending before Division Benches, Chamber-Judge and Registrar Court.

The disposal of above mentioned cases is within the exclusive domain of the judiciary. However, as per information provided by the Supreme Court, numerous IT initiatives to streamline the day-to-day operations have been carried out by the Supreme Court of India to handle the increasing pendency of cases. There is no

single conspicuous reason for pendency of cases. It is a multi-faceted situation. The increase in population of the country, ease of access and awareness amongst the public has contributed to filing of fresh cases that are continuously increasing year after year. The pandemic which set in around 2020 has also contributed significantly in increasing the pendency in the last four years.

The Central Government has unwavering commitment towards speedy disposal of cases and reducing pendency as mandated under Article 21 of the Constitution. To this end, the Government has taken several initiatives to provide an ecosystem for faster disposal of cases by the judiciary:

- i. The National Mission for Justice Delivery and Legal Reforms was set up in August, 2011 with the twin objectives of increasing access by reducing delays and arrears in the system and enhancing accountability through structural changes and by setting performance standards and capacities. The Mission has been pursuing a coordinated approach for phased liquidation of arrears and pendency in judicial administration, which, inter-alia, involves better infrastructure for courts including computerization, increase in sanctioned strength of District and Subordinate Courts, policy and legislative measures in the areas prone to excessive litigation and re-engineering of court procedure for quick disposal of cases and emphasis on human resource development.
- ii. Under the Centrally Sponsored Scheme for development of Judicial Infrastructure, funds are being released to States/UTs for construction of court halls, residential quarters for judicial officers, lawyers' halls, toilet complexes and digital computer rooms that ease the life of various stakeholders including the litigants, thereby aiding



justice delivery. As on date, Rs. 11571.57 crores have been released since the inception of the Centrally Sponsored Scheme (CSS) for Development of Infrastructure Facilities for the Judiciary in 1993-94. The number of court halls has increased from 15,818 as on 30.06.2014 to 23,590 as on 31.10.2024, and number of residential units has increased from 10,211 as on 30.06.2014 to 21,076 as on 31.10.2024, under this scheme.

iii. Further under the Phase I and II of the e-Courts Mission Mode Project, information and communication technology (ICT) had been leveraged for IT enablement of District and Subordinate Courts. 18,735 District and Subordinate Courts were computerized till 2023. WAN connectivity has been provided to 99.5% of court complexes. Video conferencing facility has been enabled between 3,240 court complexes and 1,272 corresponding jails. As on 30.09.2024, 1375 eSewa Kendras in District Courts and 28 eSewa Kendras in High Courts have been made functional to bridge the digital divide by providing citizen centric services to lawyers and litigants. 28 virtual courts have been set up in 21 States/UTs. As on 30.09.2024, these courts have handled more than 5.82 crore cases and realized more than Rs. 634.74 crores in fines. The Cabinet on 13.09.2023 has approved eCourts Phase-III at an outlay of Rs.7,210 crore. Taking the gains of Phase-I and Phase-II to the next level, the e-Courts Phase-III aims to usher in a regime of enhanced ease of justice by moving towards digital, online and paperless courts. It intends to incorporate latest technology such as Artificial Intelligence (AI), Block Chain, etc. to make justice delivery progressively more robust, easy and accessible to all the stakeholders.

iv. The Government has been regularly filling up vacancies of Judges in the Supreme

Court of India and the High Courts. From 01.05.2014 to 21.11.2024, 64 Judges were appointed in the Supreme Court. 999 new Judges were appointed and 767 Additional Judges were made permanent in the High Courts during the same period. The sanctioned strength of Judges of the High Courts has been increased from 906 in May, 2014 to 1122 till now. The sanctioned and working strength of judicial officers in District and Subordinate Courts has increased as under:

As on	Sanctioned Strength	Working Strength
31.12.2013	19,518	15,115
30.11.2024	25,727	20,480

However, filling up of vacancies in District and Subordinate judiciary falls within the domain of the State Governments and High Courts concerned.

- v. In pursuance of a Resolution passed in Chief Justices' Conference held in April, 2015, Arrears Committees have been set up in all 25 High Courts to clear cases pending for more than five years. Arrears Committees have been set up under District Courts as well.
- vi. Under the aegis of the Fourteenth Finance Commission, the Fast Track Courts have been established for dealing with cases of heinous crimes; cases involving senior citizens, women, children, etc. As on 30.09.2024, 862 Fast Track Courts are functional for handling cases of heinous crimes, crimes against women and children, etc. To fast-track criminal cases involving elected MPs / MLAs, ten (10) Special Courts are functional in nine (9) States/UTs. Further, the Central Government has approved a Scheme for setting up Fast Track Special Courts (FTSCs) across the

country for the expeditious disposal of pending cases of Rape and POCSO Act. As on 30.09.2024, 750 FTSCs including 408 exclusive POCSO (ePOCSO) Courts are functional in 30 States/UTs across the country which have disposed of more than 2,81,000 cases.

**vii.**With a view to reduce pendency and unclogging of the courts, the Government has amended various laws like the Negotiable Instruments (Amendment) Act, 2018, the Commercial Courts (Amendment) Act, 2018, the Specific Relief (Amendment) Act, 2018, the Arbitration and Conciliation (Amendment) Act, 2019 and the Criminal Laws (Amendment) Act, 2018.

**viii.**Alternate Dispute Resolution methods have been promoted whole heartedly. Accordingly, the Commercial Courts Act, 2015 was amended in August, 2018 making Pre-institution Mediation and Settlement (PIMS) mandatory in case of commercial disputes. Amendment to the Arbitration and Conciliation Act, 1996 has been made by the Arbitration and Conciliation (Amendment) Act 2015 for expediting the speedy resolution of disputes by prescribing timelines.

Under the Commercial Courts Act, 2015, there is provision for case management hearing which provides for an efficient, effective and purposeful judicial management of a case so as to achieve a timely and qualitative resolution of a dispute. It assists in early identification of disputed issues of fact and law, establishment of procedural calendar for the life of the case and the exploration of possibilities of the resolution of the dispute.

Another novel feature introduced for the commercial courts is the system of color banding which limits the number of adjournments that can be granted in any

commercial matter to three and alerts the judges about listing of the cases in accordance with their stage of pendency.

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

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

<b>Years</b>	<b>Pre-litigation Cases</b>	<b>Pending Case</b>	<b>Grand Total</b>
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 (upto 09.11.24)	6,46,35,285	1,26,34,580	7,72,69,865
<b>Total</b>	<b>17,38,89,774</b>	<b>4,34,36,355</b>	<b>21,73,26,129</b>

**x.** The Government launched the Tele-Law programme in 2017, which provides an effective and reliable e-interface platform connecting the needy and disadvantaged

sections seeking legal advice and consultation with panel lawyers via video conferencing, telephone and chat facilities available at the Common Service Centres (CSCs) situated in Gram Panchayats and through Tele-Law mobile App.

**\*Percentage Wise break-up of Tele – Law Data**

<b>Category</b>	<b>Cases Registered</b>	<b>% Wise Break Up</b>	<b>Advice Enabled</b>	<b>% Wise Break Up</b>
<b>Gender Wise</b>				
Female	4014611	39.12	3963499	39.06
Male	6247980	60.88	6183286	60.94
<b>Caste Category Wise</b>				
General	2387060	23.26	2352649	23.19
OBC	3252495	31.69	3213067	31.67
SC	3246025	31.63	3215657	31.68
ST	1377011	13.42	1366312	13.47
<b>Total</b>	<b>10262591</b>		<b>10146785</b>	

\*Data as on 31-10-2024.

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

in 109 Laws Schools to instill Pro Bono culture in budding lawyers.

## **OUTER HARBOUR CONTAINER TERMINAL AT VOC PORT IN TAMIL NADU**

### **\*166. SHRI DAYANIDHI MARAN:**

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

- (a) the status of the outer harbour container terminal project at V.O. Chidambaranar (VOC) Port in Tamil Nadu since its announcement;
- (b) the time by which the said project is expected to commence alongwith the estimated timeline for its completion;
- (c) the specific measures taken/proposed to be taken to designate the VOC Port as a major transshipment hub on the East Coast of the country;
- (d) the current status of the Green Hydrogen Production Facility at VOC Port and the status of utilization of the land earmarked for this purpose;
- (e) whether NTPC has started work on the green hydrogen production facility at the said port and if so, the details alongwith the status thereof; and
- (f) the measures taken/proposed to be taken by the Government to monitor and mitigate the environmental impact of large-scale projects such as the outer harbour terminal and green hydrogen initiatives in the country?

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

(a) to (b) Central Government approved the project proposal on 21.02.2024. The tender for the project was floated by V.O. Chidambaranar Port Authority (V.O.CPA) on 22.02.2024 and opened on 01.07.2024. Due to ineligible bids, the tender was discharged on 30.10.2024. V.O.CPA again invited tenders on 02.12.2024. The construction period and commissioning of stage-I is 36 (thirty-six) months from the date of award of concession. The construction period of stage-II of the facility is 24 months, which is targeted to commence after 5 years of completion of stage-I.

(c) Measures taken to designate V.O.CPA to become a major transshipment hub include conversion of Berth No.9 as a Container Terminal with an capacity addition of 6 lakh TEUs per annum, award of dredging work for the dock basin up to 14.2 metre draft and to widen portion of the port entrance, turning circle and channel patches. V.O.C Port is developing the Outer Harbour Container Terminal with a 4 million TEU capacity to handle deep draft vessels up to 22,000 TEUs which is one of the premier requirements for establishing a transshipment hub. The project is supported through Viability Gap Funding (VGF) to the tune of Rs.1950 Crore or lowest quoted VGF. The location chosen for this project is V.O.CPA, which is strategically located near international shipping lanes and established transshipment hub, i.e., Colombo.

(d) V.O.CPA has allotted approximately 501 acres of land to 4 different agencies for the development of green hydrogen/ammonia production and storage within the

port area. The agencies have initiated the preliminary activities such as Survey, Preparation of Plan, etc.

(e) NTPC Green Energy Ltd (NGEL) has signed a non-binding MoU with V.O.CPA during Global Maritime India Summit 2023 for Development of Green Hydrogen Hub and offshore wind energy projects.

(f) Environmental and Coastal Regulation Zones (CRZ) Clearances from the concerned authorities are obtained for all new projects.

“HaritSagar” green port guidelines have been launched by the Ministry of Ports, Shipping and Waterways on 10.05.2023 to provide a framework to major ports for sustainable development through reduction of the carbon footprints, pollution and development of monitoring mechanism for environmental performance indicators at major ports.

### आयुष्मान भारत कार्ड

**\*167. श्रीमती गनीबेन नागाजी ठाकोर:**

**श्री बिप्लब कुमार देब:**

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

(क) पिछले तीन वर्षों के दौरान गुजरात और त्रिपुरा सहित देश में सरकार द्वारा जिले-वार कुल कितने आयुष्मान भारत कार्ड जारी किए गए हैं; और

(ख) पिछले तीन वर्षों के दौरान उक्त राज्यों में बनासकांठा सहित जिले-वार कितने व्यक्तियों ने उक्त कार्ड का लाभ उठाया है और उन पर कितना व्यय हुआ है?

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



(क) और (ख): 31.10.2024 की स्थिति के अनुसार, आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत कुल 35.8 करोड़ आयुष्मान कार्ड बनाए गए हैं। विगत तीन वर्षों के दौरान इस स्कीम के तहत बनाए गए आयुष्मान कार्डों की संख्या का राज्य/संघ राज्य क्षेत्रवार ब्यौरा संलग्न **विवरण-I** में दिया गया है।

गुजरात राज्य में विगत तीन वर्षों के दौरान बनाए गए आयुष्मान कार्डों की संख्या का जिलेवार ब्यौरा संलग्न **विवरण -II** में दिया गया है।

त्रिपुरा राज्य में विगत तीन वर्षों के दौरान बनाए गए आयुष्मान कार्डों की संख्या का जिलेवार ब्यौरा संलग्न **विवरण -III** में दिया गया है।

गुजरात राज्य में इस स्कीम का लाभ उठाने वाले लाभार्थियों की संख्या और इस पर हुए व्यय का जिलेवार ब्यौरा संलग्न **विवरण -IV** में दिया गया है।

त्रिपुरा राज्य में इस स्कीम का लाभ उठाने वाले लाभार्थियों की संख्या और इस पर हुए व्यय का जिलेवार ब्यौरा संलग्न **विवरण -V** में दिया गया है।

### विवरण -I

#### पिछले तीन वर्षों के दौरान इस योजना के अंतर्गत बनाए गए आयुष्मान कार्डों की संख्या का राज्य/संघ राज्य क्षेत्र-वार विवरण

राज्य/संघ राज्य क्षेत्र	बनाए गए आयुष्मान कार्डों की संख्या		
	वित्त वर्ष 2021-22	वित्त वर्ष 2022-23	वित्त वर्ष 2023-24
अंडमान व निकोबार द्वीप समूह	6,095	813	30,462
आंध्र प्रदेश	49	1,22,23,916	33,35,699
अरुणाचल प्रदेश	32,165	37,235	51,211
असम	2,18,004	1,00,12,553	65,35,793

बिहार	7,22,832	3,29,024	2,01,24,309
चंडीगढ़	7,401	81,887	29,123
छत्तीसगढ़	37,34,603	19,43,316	43,38,434
दादरा व नगर हवेली और दमन व दीव	11,356	15,934	9,278
गोवा	263	5,139	53,150
गुजरात	45,71,023	53,33,270	77,95,739
हरियाणा	3,01,903	53,70,263	33,36,424
हिमाचल प्रदेश	69,740	18,272	1,77,390
जम्मू और कश्मीर	21,10,270	15,41,248	3,45,574
झारखंड	4,08,189	13,76,486	12,61,854
कर्नाटक	48	1,35,55,309	27,29,649
केरल	2,80,201	3,27,477	4,47,414
लद्दाख	16,614	23,107	57,557
लक्षद्वीप	16,593	7,793	6,884
मध्य प्रदेश	37,12,054	93,35,962	36,88,609
महाराष्ट्र	3,72,000	17,67,033	1,79,88,254
मणिपुर	1,02,612	84,725	1,06,287
मेघालय	1,45,262	78,430	1,34,596
मिजोरम	3,934	78,403	1,11,873
नागालैंड	21,680	1,91,171	2,30,312
पुदुचेरी	2,56,502	23,457	94,097
पंजाब	15,79,195	1,98,965	8,72,250
राजस्थान	0	1,02,79,284	1,09,32,764
सिक्किम	10,791	7,921	20,134

तमिलनाडु	373	32,47,688	39,45,041
तेलंगाना	0	69,49,448	12,97,866
त्रिपुरा	37,516	41,307	5,30,158
उत्तर प्रदेश	41,53,506	91,81,397	2,32,56,644
उत्तराखंड	3,53,410	3,77,527	5,63,069

### विवरण -II

पिछले तीन वर्षों के दौरान गुजरात राज्य में बनाए गए आयुष्मान कार्डों की संख्या का जिलावार

### विवरण

जिला	बनाए गए आयुष्मान कार्डों की संख्या		
	वित्त वर्ष 2021-22	वित्त वर्ष 2022-23	वित्त वर्ष 2023-24
अहमदाबाद	4,76,231	6,03,192	6,14,839
अमरेली	2,34,769	1,34,489	1,32,465
आनंद	1,02,635	1,54,910	3,01,304
अरवल्ली	78,390	74,149	1,92,090
बनासकांठा	1,27,909	2,39,163	4,43,999
भरुच	1,60,403	1,44,407	79,604
भावनगर	1,25,073	1,72,526	3,94,905
बोटाड	56,250	44,458	1,61,602
छोटाउदेपुर	28,222	63,868	1,69,934
दाहोद	78,915	1,35,095	4,63,211
डांग	3,182	19,160	35,550
देवभूमि द्वारका	43,670	80,341	1,40,894
गांधीनगर	1,57,112	1,21,318	1,55,842

गिर सोमनाथ	1,92,029	1,05,478	1,36,520
जामनगर	1,01,351	1,70,947	1,54,173
जूनागढ़	2,29,932	1,62,576	1,13,804
कच्छ	95,770	1,56,613	1,72,252
खेड़ा	84,364	1,21,780	2,52,615
महेसाणा	3,25,977	1,80,261	3,73,598
महिसागर	43,609	66,220	1,97,450
मोरबी	77,568	1,19,279	1,38,268
नर्मदा	24,022	91,853	1,17,908
नवसारी	96,946	1,97,917	2,13,024
पंचमहल	50,650	79,652	3,79,099
पाटन	1,13,872	1,34,232	2,25,195
पोरबंदर	45,675	67,154	1,20,962
राजकोट	3,52,657	4,28,122	3,32,301
साबरकांठा	2,33,725	1,35,635	1,50,030
सूरत	4,16,300	3,84,610	4,80,794
सुरेंद्रनगर	1,14,016	1,25,337	2,69,486
तापी	42,884	1,32,971	1,46,539
वडोदरा	1,89,110	3,08,477	2,86,993
वलसाड	67,805	1,77,080	2,48,489

### विवरण -III

पिछले तीन वर्षों के दौरान त्रिपुरा राज्य में बनाए गए आयुष्मान कार्डों की संख्या का जिलावार

### विवरण

जिला	बनाए गए आयुष्मान कार्डों की संख्या
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	वित्त वर्ष 2021-22	वित्त वर्ष 2022-23	वित्त वर्ष 2023-24
धलाई	2,344	6,159	30,436
गोमती	2,357	3,073	54,545
खोवाई	3,046	4,256	23,166
उत्तरी त्रिपुरा	5,644	6,988	56,022
सिपाहीजला	9,735	4,746	80,842
दक्षिण त्रिपुरा	3,134	4,301	48,074
उनाकोटि	6,568	5,578	41,028
पश्चिम त्रिपुरा	4,688	6,206	1,96,045

#### विवरण -IV

गुजरात राज्य में इस योजना के अंतर्गत लाभ प्राप्त करने वाले लाभार्थियों की संख्या और उस पर

#### किए गए व्यय का जिलावार विवरण

जिला	वित्त वर्ष 2021-22		वित्त वर्ष 2022-23		वित्त वर्ष 2023-24	
	संख्या	राशि (करोड़ रुपए में)	संख्या	राशि (करोड़ रुपए में)	संख्या	राशि (करोड़ रुपए में)
अहमदाबाद	74,723	217.8	1,13,147	339.8	1,49,583	450.4
अमरेली	19,057	61.2	31,056	97.1	40,923	120.2
आनंद	22,016	53.6	32,207	79.1	46,573	117.3
बनासकांठा	26,131	75.1	50,118	141.7	82,273	195.2
भरुच	12,920	33	22,180	57.2	29,574	79.9
भावनगर	20,004	68.8	34,970	113.3	49,648	150.5
डांग	612	1.6	1,207	3.1	2,578	5.8
दाहोद	7,833	16.9	17,423	37.7	29,400	59.9

गांधीनगर	12,290	37.5	19,191	60.5	28,679	80.9
जामनगर	14,143	41.1	26,061	76	35,415	101
जूनागढ़	23,377	63.3	35,939	101.1	43,869	129.8
कच्छ	22,430	58.8	31,337	94.1	45,518	127.6
खेड़ा	16,391	41.2	24,171	64.8	33,194	88.5
महेसाणा	22,127	69.9	40,291	115.9	64,158	162.7
नर्मदा	3,115	7.2	5,501	11.8	9,532	24.6
नवसारी	11,733	31.5	21,132	52.5	32,785	77.7
पंचमहल	9,153	22.7	13,807	36.9	18,876	54.8
पाटन	14,154	42.4	22,125	67.8	35,512	101.8
पोरबंदर	6,886	19.1	10,318	30.6	14,573	43.6
राजकोट	44,648	125.1	69,251	201.3	92,117	275.9
साबरकांठा	13,589	41.1	27,548	80.7	42,147	104.9
सूरत	51,592	172.7	73,347	262.2	94,376	331.4
सुरेंद्रनगर	16,121	49.8	26,923	79.9	37,197	108.4
वडोदरा	29,525	71.7	41,388	108.3	51,669	148.3
वलसाड	11,221	28	19,657	46.6	27,423	69.3
तापी	5,219	14.8	10,452	24.2	18,538	42.8
छोटाउदेपुर	4,689	11	9,215	21	11,542	28.8
महीसागर	5,622	15.2	8,957	25.9	13,540	40.8
अरवल्ली	7,492	20.2	12,844	37.6	17,494	49.1
मोरबी	11,279	32.2	18,629	50.8	23,440	66.2
देवभूमि द्वारका	5,896	17.2	10,032	28.4	15,552	44.3
गिर सोमनाथ	14,747	38.3	24,453	63.5	29,100	81.1

बोटाड	6,001	20.6	10,407	35	13,886	43.8
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### विवरण -V

त्रिपुरा राज्य में इस योजना के अंतर्गत लाभ प्राप्त करने वाले लाभार्थियों की संख्या और उस पर

### किए गए व्यय का जिलावार विवरण

जिला	2021-22		2022-23		2023-24	
	संख्या	राशि (करोड़ रुपए में)	संख्या	राशि (करोड़ रुपए में)	संख्या	राशि (करोड़ रुपए में)
धलाई	3,508	2.9	7,215	6.9	8,982	9.6
उत्तरी त्रिपुरा	6,774	5.4	11,656	11.6	12,387	12.6
दक्षिण त्रिपुरा	12,588	9.3	17,702	15.9	20,668	20
पश्चिम त्रिपुरा	5,094	7	8,288	12.8	14,189	23.5
खोवाई	4,198	3.6	5,719	6.3	6,687	8.6
सिपाहीजला	5,277	4.9	10,782	11	14,787	16.6
गोमती	6,002	5.3	9,726	9.6	13,942	15
उनाकोटि	2,585	2.2	5,337	5	6,520	6.7

### डीएपी की कमी

168\*. श्री धर्मेन्द्र यादव:

श्रीमती भारती पारधी:

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

- (क) क्या डाइ-अमोनियम (डीएपी) में 46 प्रतिशत फॉस्फोरस होता है, जो फसलों की जड़ और विकास के लिए आवश्यक प्रमुख पोषक तत्व है;
- (ख) यदि हां, तो क्या देशभर में किसानों को बुआई के समय डीएपी की कमी का सामना करना पड़ रहा है, यदि हां, तो उसके कारणों सहित ब्यौरा क्या है;
- (ग) क्या डीएपी के सुचारु वितरण के लिए कुछ वितरण केंद्रों पर भीड़ को नियंत्रित करने के लिए पुलिस को तैनात करना पड़ा;
- (घ) यदि हां, तो विशेषतः उत्तर प्रदेश और मध्य प्रदेश के संबंध में तत्संबंधी ब्यौरा क्या है;
- (ड.) क्या सरकार ने रबी (सर्दी-वसंत) मौसम के दौरान 60 लाख टन की मांग का अनुमान लगाया है; और
- (च) यदि हां, तो क्या एजेंसियां अनुशंसित स्टॉक की मध्य अक्टूबर और मध्य दिसंबर के बीच उपलब्धता सुनिश्चित करने में विफल रहीं और यदि हां, तो इसके क्या कारण हैं और इस संबंध में क्या कार्रवाई की गई है?

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

**(क):** जी, हां।

**(ख) से (च):** कृषि एवं किसान कल्याण विभाग के आकलन के अनुसार, चालू रबी मौसम 2024-25 के लिए देश में डीएपी की आवश्यकता 52.05 एलएमटी है। 01.10.2024 से 03.12.2024 की अवधि के लिए 35.52 एलएमटी की यथानुपात आवश्यकता के लिए, राज्यों को 38.27 एलएमटी डीएपी उपलब्ध कराया गया है। इसके अतिरिक्त, उक्त अवधि के दौरान डीएपी की बिक्री 29.22 एलएमटी है और राज्यों के पास 9.05 एलएमटी डीएपी का अंतिम स्टॉक है।

इसके अतिरिक्त, उत्तर प्रदेश और मध्य प्रदेश राज्य में डीएपी की आवश्यकता, उपलब्धता, बिक्री और खपत का ब्यौरा संलग्न **विवरण** में दिया गया है। में दी गई है। फील्ड स्तर पर आवश्यकता को पूरा करने के लिए राज्य के अंदर उर्वरकों का वितरण संबंधित राज्य द्वारा किया जा रहा है।



### विवरण

उत्तर प्रदेश और मध्य प्रदेश राज्य में डीएपी की आवश्यकता, उपलब्धता, बिक्री और खपत का  
ब्यौरा

<आंकड़े एलएमटी में>

क्र. सं.	राज्य	रबी 2024-25 की मौसम संबंधी आवश्यकता	01.10.24 से 04.12.24 तक यथानुपात आवश्यकता	01.10.24 से 04.12.24 तक उपलब्ध कराई गई	01.10.24 से 04.12.24 तक डीबीटी बिक्री	04.12.24 तक अंतिम स्टॉक
1	मध्य प्रदेश	8	5.91	5.24	4.09	1.15
2	उत्तर प्रदेश	15	11.29	10.2	8.55	1.65

नोट: जैसाकि ऊपर बताया गया है बिक्री उपलब्धता से कम है और इन राज्यों में अंतिम स्टॉक उपलब्ध है।

### DISTRIBUTION OF FERTILIZERS IN HARYANA

**169\*: SHRI DHARAMBIR SINGH:**

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

- a) whether the Government has any plan to ensure the timely and equitable distribution of fertilizers in Haryana, especially in Bhiwani-Mahendergarh and if so, the details thereof;
- b) whether there is any plan to reduce the cost of chemicals and fertilizers for farmers in the region to boost agricultural productivity and if so, the details thereof;

- c) whether the Government has any plan to introduce schemes to assist farmers with organic fertilizers in the said State and if so, the details thereof; and
- d) the measures taken/proposed to be taken by the Government to prevent the black-marketing of chemicals and fertilizers in Haryana?

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

(a): To meet the requirement of fertilizers of states, as projected by Department of Agriculture and Farmers Welfare (DAandFW), Department of Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability position. These supplies are met through indigenous production as well as imports.

The requirement, availability, sales and closing stock of Urea, DAP, MOP and NPKS in the State of Haryana during the ongoing Rabi 2024-25 season is given as per the table below:

(IN METRIC TONS)						
S.NO	FERTILIZER	SEASONAL REQUIREMENT	PRO RATA REQUIREMENT FROM 01/10/2024 TO 03/12/2024	AVAILABILITY FROM 01/10/2024 TO 03/12/2024	CUMULATIVE DBT SALES FROM 01/10/2024 TO 03/12/2024	CLOSING STOCK AS ON 03/12/2024

<b>1</b>	<b>UREA</b>	11,20,000	5,27,097	8,11,760	5,43,680	2,68,080
<b>2</b>	<b>DAP</b>	2,60,000	2,26,935	2,44,630	2,28,030	16,600
<b>3</b>	<b>MOP</b>	30,000	10,645	39,380	11,180	28,200
<b>4</b>	<b>NPKS</b>	1,20,000	57,903	72,700	58,490	14,210

Further, the mandate of Department of Fertilizers is to ensure adequate availability of fertilizers at State level. The distribution of fertilizers within the State is being done by the respective State Government to meet the requirement at the field level.

(b): At present, the cost of urea is Rs 1700 per bag. However, urea is provided to the farmers at a statutorily notified Maximum Retail Price (MRP), which is Rs. 266.50 per bag. Besides, Government of India has laid down reasonable guidelines for PandK fertilizers which ensure that PandK fertilizers are available at reasonable prices to farmers. Accordingly, against the cost of Rs 3100 per bag for DAP, it is provided to the farmers at a Maximum Retail Price (MRP) of Rs.1350 per bag .

(c): Government of India has approved the Market Development Assistance (MDA)@ Rs. 1500/MT to promote organic fertilizers, viz., Fermented Organic Manure (FOM)/ Liquid Fermented Organic Manure (LFOM) /Phosphatic Rich Organic Manure (PROM) produced at plants under GOBARdhan initiative covering different Biogas/Compressed Bio Gas (CBG) support schemes/programmes of stakeholder Ministries/Departments such as Sustainable Alternative Towards Affordable Transportation (SATAT) scheme of MoPNG, 'Waste to Energy' programme of MNRE, Swachh Bharat Mission (Rural) of Department of Drinking

Water and Sanitation 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.

Under MDA scheme, the total sales of FOM/ LFOM by CBG operator and Fertilizer Marketing Companies (FMCs) as on 03.12.2024 is 2,33,724.23 Metric Tonnes, against which Rs. 12.73 Crores of subsidy has been released. In respect of Haryana, the total sales of FOM/LFOM by CBG operator and FMCs as on 03.12.2024 is 11,330 Metric Tonnes, against which Rs. 34 Lakh of assistance has been provided.

(d): Fertilizers are declared as an essential commodity under the Essential Commodities Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in black-marketing, hoarding and smuggling as per provisions of EC Act. Any complaint received at Department of Fertilizers level regarding black marketing/over-pricing of fertilizers is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985. Further, as per the information received from State Government of Haryana, 185 raids have been conducted, 105 show cause notices have been issued, 21 licenses have been suspended, 8 licenses have been cancelled, 7 FIRs have been registered and sale is stopped in 16 cases to curb Black Marketing of Fertilizers.

### **BALANCED UTILISATION OF FERTILIZERS**

**\*170. DR. SHRIKANT EKNATH SHINDE:**

**SHRI RAVINDRA DATTARAM WAIKAR:**

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

- (a) the steps taken/proposed to be taken by the Government to promote balanced utilization of the fertilizers among the farmers since 2019;
- (b) the details of funds allocated for the subsidies on fertilizers to farmers in the country since Financial Year 2023-24 and 2024-25, state- wise;
- (c) the total number of beneficiaries from the aforementioned subsidies; and
- (d) Whether the Government is considering to build a platform to streamline/channelize the sale of fertilizers in the country 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):

(a): Indian Council of Agricultural Research (ICAR) promotes the sustainable and balanced use of fertilizers, by recommending soil test based integrated nutrient management through conjunctive use of both inorganic and organic sources. ICAR develops both processes as well as products in order to promote the use of biofertilizers/bio-enriched organic manures.

Cabinet Committee on Economic Affairs (CCEA), on June 28, 2023, approved the “PM Programme for Restoration, Awareness Generation, Nourishment, and Amelioration of Mother-Earth (PM-PRANAM).” This initiative aims to support the mass movement initiated by States and Union Territories (UTs) to preserve the health of Mother Earth through the promotion of sustainable and balanced fertilizer use, adoption of alternative fertilizers, promotion of organic farming, and implementation of resource conservation technologies.

Cabinet Committee on Economic Affairs (CCEA) in its meeting held on 28<sup>th</sup> June, 2023 has approved the Market Development Assistance (MDA) @Rs.1500/MT to promote organic fertilizers, 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.

(b): The Government provides subsidy to ensure adequate availability of fertilizers at affordable prices to the farmers. 100% subsidy on various fertilizer grades is released on actual sales to the beneficiaries based on Aadhar authentication through PoS devices. The subsidy provided for fertilizers in the years 2023-24 and 2024-25 (as on 30.11.2024) are Rs.1,95,420.51 and Rs.1,19,628.49 respectively.

(c): During financial years 2023-24 and 2024-25, 6,38,92,286 and 4,91,56,960 farmers respectively, have been benefitted by the fertilizer subsidy schemes of D/o. Fertilizers.

(d): The following steps are taken by the Government every season for ensuring timely and adequate supply of fertilizers in the country:

i. Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DAandFW), in consultation with all the State Governments, assesses the state-wise and month-wise requirement of fertilizers.

ii. On the basis of requirement projected, Department of Fertilizers allocates sufficient/ adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability along with the Ministry of Agriculture and Farmers Welfare.

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).

### **DOCTORS AND NURSING STAFF IN PHCS**

#### **\*171. SHRI SHAFI PARAMBIL:**

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

- (a) the number of doctors and nursing staff in Primary Health Centres (PHCs) across the country, State-wise;
- (b) whether there are vacancies of doctors/nursing staff in each State; and
- (c) if so, the details thereof along with the reasons for not filling the vacancies of medical professionals in each State?

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

(a) and (b): The number of doctors and nursing staff in the Primary Health Centres (PHCs) and their respective shortfall in each State/ UT are given in the enclosed **Statement**.

(c) Public Health and hospitals is state subject and all the administrative and personnel matters related to human resource for health lie with the respective State/UT Governments. However, Government of India has also taken various steps to support the increase in the number of doctors/ nursing staff available in the country.

Under National Health Mission (NHM), Ministry of Health and Family Welfare provides financial and technical support to States/UTs to strengthen their healthcare

systems by filling the gaps in human resources in secondary and primary care facilities (District hospitals and below) as per Indian Public Health Standards, based on the requirements posed by them in their Programme Implementation Plans (PIPs) within their overall resource envelope.

As per Management Information System (MIS) Report, March, 2024, approximately 3.85 lakh additional human resources have been engaged by states with NHM funding support and deployed at various levels. This includes 17,485 General Duty Medical Officers (GDMOs) and 80,890 Staff Nurses as of 31st March, 2024. Additionally, as on 31.03.2024, more than 1.39 lakh Community Health officer (CHOs) are deployed at Ayushman Arogya Mandirs.

Under NHM following types of incentives and honorarium are provided for encouraging doctors to practice in rural and remote areas of the country:

- Hard area allowance to specialist doctors to serve in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
- Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians and Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural and remote area.
- States are also allowed to offer negotiable salary to attract specialists including flexibility in strategies such as “You Quote We Pay”.



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

Further, there is an increase of 102% in Medical Colleges in the country from 387 in 2014 to 780 as of now. There is also an increase of 130% in MBBS seats from 51,348 in 2014 to 1,18,137 as of now and increase of 135% in PG seats from 31,185 in 2014 to 73,157 as of now.

The measures/steps taken by the Government to increase the doctors/medical professionals in the country include:-

- Centrally Sponsored Scheme for establishment of new medical college by upgrading district/ referral hospital under which 157 medical colleges have been approved.
- Centrally Sponsored Scheme for strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS and PG seats.
- Under “Upgradation of Government Medical Colleges by construction of Super Specialty Blocks” of Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) scheme, a total of 75 projects have been approved.
- Under the Central Sector Scheme for setting up of new AIIMS, 22 AIIMS have been approved.

- DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.
- Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/Dean/Principal/ Director in medical colleges upto 70 years.

**STATEMENT -I**

<b>DOCTORS<sup>+</sup>/MEDICAL OFFICERS<sup>+</sup> AT PRIMARY HEALTH CENTRES in Rural Areas</b>						
<b>S. No.</b>	<b>State/UT</b>	<b>(As on 31st March 2023)</b>				
		<b>Required<sup>1</sup></b>	<b>Sanctioned</b>	<b>In Position</b>	<b>Vacant</b>	<b>Shortfall</b>
		<b>[R]</b>	<b>[S]</b>	<b>[P]</b>	<b>[S-P]</b>	<b>[R-P]</b>
1	Andhra Pradesh	1145	2313	2293	20	*
2	Arunachal Pradesh	127	136	136	0	*
3	Assam	920	1686	1281	405	*
4	Bihar	1519	4505	2945	1560	*
5	Chhattisgarh	773	1011	585	426	188
6	Goa	21	105	97	8	*
7	Gujarat	1483	1893	1558	335	*
8	Haryana	384	801	584	217	*

9	Himachal Pradesh	549	660	545	115	4
10	Jharkhand	308	308	285	23	23
11	Karnataka	2132	2392	2052	340	80
12	Kerala	780	1609	1525	84	*
13	Madhya Pradesh	1440	1946	1404	542	36
14	Maharashtra	1906	4926	4065	861	*
15	Manipur	74	265	214	51	*
16	Meghalaya	122	189	180	9	*
17	Mizoram	57	0	52	*	5
18	Nagaland	128	103	123	*	5
19	Odisha	1277	1321	916	405	361
20	Punjab	397	586	411	175	*
21	Rajasthan	2179	2622	2236	386	*
22	Sikkim	24	37	36	1	*
23	Tamil Nadu	1419	2934	2594	340	*

24	Telangana	594	1188	757	431	*
25	Tripura	110	0	235	*	*
26	Uttarakhand	532	619	486	133	46
27	Uttar Pradesh	3055	4448	2827	1621	228
28	West Bengal	910	1405	1247	158	*
29	Andaman and Nicobar Islands	22	53	50	3	*
30	Chandigarh	0	N App	N App	N App	N App
31	Dadra and Nagar Haveli and Daman and Diu	12	22	22	0	*
32	Delhi	5	19	16	3	*
33	Jammu and Kashmir	890	1677	1030	647	*
34	Ladakh	32	116	61	55	*

35	Lakshadweep	4	12	12	0	*
36	Puducherry	24	24	41	*	*
	<b>All India<sup>2</sup>/ Total</b>	<b>25354</b>	<b>41931</b>	<b>32901</b>	<b>9354</b>	<b>976</b>

Notes: N App - Not Applicable

\*: Surplus.

+: Allopathic Doctors

<sup>1</sup> One per Primary Health Centre as per IPHS norms.

Source: Health Dynamics of India, 2022-23.

<b>DOCTORS<sup>+</sup>/MEDICAL OFFICERS<sup>+</sup> AT PRIMARY HEALTH CENTRES in Urban Areas</b>						
<b>S. No.</b>	<b>State/UT</b>	<b>(As on 31st March 2023)</b>				
		<b>Required<sup>1</sup></b>	<b>Sanctioned</b>	<b>In Position</b>	<b>Vacant</b>	<b>Shortfall</b>
		<b>[R]</b>	<b>[S]</b>	<b>[P]</b>	<b>[S-P]</b>	<b>[R-P]</b>
1	Andhra Pradesh	542	542	524	18	18
2	Arunachal Pradesh	6	9	9	0	*
3	Assam	89	164	139	25	*
4	Bihar	277	591	305	286	*
5	Chhattisgarh	52	118	75	43	*
6	Goa	7	34	32	2	*

7	Gujarat	353	364	319	45	34
8	Haryana	117	132	117	15	0
9	Himachal Pradesh	25	31	29	2	*
10	Jharkhand	77	63	32	31	45
11	Karnataka	392	424	368	56	24
12	Kerala	165	283	265	18	*
13	Madhya Pradesh	328	328	298	30	30
14	Maharashtra	906	1416	1221	195	*
15	Manipur	22	76	64	12	*
16	Meghalaya	25	11	25	*	0
17	Mizoram	9	0	9	*	0
18	Nagaland	8	3	7	*	1
19	Odisha	125	138	126	12	*
20	Punjab	124	236	161	75	*
21	Rajasthan	293	440	381	59	*
22	Sikkim	2	2	2	0	0
23	Tamil Nadu	444	558	493	65	*
24	Telangana	275	427	299	128	*
25	Tripura	10	0	15	*	*
26	Uttarakhand	76	87	71	16	5
27	Uttar Pradesh	598	596	484	112	114
28	West Bengal	467	973	560	413	*

29	Andaman and Nicobar Islands	5	10	10	0	*
30	Chandigarh	51	68	77	*	*
31	Dadra and Nagar Haveli and Daman and Diu	2	2	2	0	0
32	Delhi	551	1096	993	103	*
33	Jammu and Kashmir	83	168	133	35	*
34	Ladakh	1	1	1	0	0
35	Lakshadweep	0	N App	N App	N App	N App
36	Puducherry	21	21	36	*	*
	<b>All India<sup>2</sup>/ Total</b>	<b>6528</b>	<b>9412</b>	<b>7682</b>	<b>1796</b>	<b>271</b>

Notes: N App - Not Applicable

\*: Surplus.

+: Allopathic Doctors

<sup>1</sup> One per Primary Health Centre as per IPHS norms

For calculating the overall percentages of vacancy, the States/UTs for which manpower position is not available, are excluded.

Source: Health Dynamics of India, 2022-23.

<b>NURSING STAFF (STAFF NURSE) at PHCs in Rural Areas</b>						
<b>S. No.</b>	<b>State/UT</b>	<b>(As on 31st March 2023)</b>				
		<b>Required</b>	<b>Sanctioned</b>	<b>In Position</b>	<b>Vacant</b>	<b>Shortfall</b>
		<b>[R1]</b>	<b>[S]</b>	<b>[P]</b>	<b>[S-P]</b>	<b>[R1-P]</b>
1	Andhra Pradesh	1145	3435	3272	163	*
2	Arunachal Pradesh	127	240	240	0	*
3	Assam	920	2133	1735	398	*
4	Bihar	1519	3810	2454	1356	*
5	Chhattisgarh	773	2043	1612	431	*
6	Goa	21	97	97	0	*
7	Gujarat	1483	1900	1640	260	*
8	Haryana	384	1431	1067	364	*
9	Himachal Pradesh	549	212	91	121	458
10	Jharkhand	308	308	207	101	101
11	Karnataka	2132	3368	3982	*	*
12	Kerala	780	1538	1486	52	*
13	Madhya Pradesh	1440	1440	1924	*	*
14	Maharashtra	1906	2149	1442	707	464
15	Manipur	74	173	152	21	*
16	Meghalaya	122	384	392	*	*



17	Mizoram	57	0	154	*	*
18	Nagaland	128	148	189	*	*
19	Odisha	1277	2176	493	1683	784
20	Punjab	397	1010	458	552	*
21	Rajasthan	2179	5095	4133	962	*
22	Sikkim	24	115	126	*	*
23	Tamil Nadu	1419	5146	4439	707	*
24	Telangana	594	1451	1134	317	*
25	Tripura	110	0	506	*	*
26	Uttarakhand	532	366	320	46	212
27	Uttar Pradesh	3055	3674	1288	2386	1767
28	West Bengal	910	1822	1822	0	*
29	Andaman and Nicobar Islands	22	96	95	1	*
30	Chandigarh	0	N App	N App	N App	N App
31	Dadra and Nagar Haveli and Daman and Diu	12	65	62	3	*
32	Delhi	5	6	6	0	*
33	Jammu and Kashmir	890	735	558	177	332
34	Ladakh	32	43	37	6	*

35	Lakshadweep	4	11	11	0	*
36	Puducherry	24	72	112	*	*
	<b>All India<sup>2</sup>/Total</b>	<b>25354</b>	<b>46692</b>	<b>37736</b>	<b>10814</b>	<b>4118</b>

## Notes

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*N App - Not Applicable*

\*: *Surplus.*

<sup>1</sup> *One per Primary Health Centre as per IPHS norms*

<sup>2</sup> *For calculating the overall percentages of vacancy, the States/UTs for which manpower position is not available, are excluded.*

<b>NURSING STAFF (STAFF NURSE) at PHCs Urban Areas</b>						
<b>S. No.</b>	<b>State/UT</b>	<b>(As on 31st March 2023)</b>				
		<b>Required<sup>1</sup></b>	<b>Sanctioned</b>	<b>In Position</b>	<b>Vacant</b>	<b>Shortfall</b>
		<b>[R]</b>	<b>[S]</b>	<b>[P]</b>	<b>[S-P]</b>	<b>[R-P]</b>
1	Andhra Pradesh	542	1084	1017	67	*
2	Arunachal Pradesh	6	22	22	0	*
3	Assam	89	231	203	28	*
4	Bihar	277	590	301	289	*
5	Chhattisgarh	52	183	160	23	*

6	Goa	7	34	33	1	*
7	Gujarat	353	543	479	64	*
8	Haryana	117	183	166	17	*
9	Himachal Pradesh	25	18	10	8	15
10	Jharkhand	77	148	75	73	2
11	Karnataka	392	682	602	80	*
12	Kerala	165	316	295	21	*
13	Madhya Pradesh	328	466	443	23	*
14	Maharashtra	906	2347	2016	331	*
15	Manipur	22	57	46	11	*
16	Meghalaya	25	7	20	*	5
17	Mizoram	9	0	26	*	*
18	Nagaland	8	5	13	*	*
19	Odisha	125	253	202	51	*
20	Punjab	124	364	229	135	*
21	Rajasthan	293	679	557	122	*
22	Sikkim	2	0	17	*	*
23	Tamil Nadu	444	1411	1237	174	*
24	Telangana	275	612	517	95	*
25	Tripura	10	0	14	*	*
26	Uttarakhand	76	112	64	48	12
27	Uttar Pradesh	598	1003	817	186	*
28	West Bengal	467	998	407	591	60

29	Andaman and Nicobar Islands	5	5	5	0	0
30	Chandigarh	51	12	10	2	41
31	Dadra and Nagar Haveli and Daman and Diu	2	6	6	0	*
32	Delhi	551	N App	N App	N App	N App
33	Jammu and Kashmir	83	126	101	25	*
34	Ladakh	1	1	1	0	0
35	Lakshadweep	0	N App	N App	N App	N App
36	Puducherry	21	63	85	*	*
	<b>All India<sup>2</sup>/Total</b>	<b>6528</b>	<b>12561</b>	<b>10196</b>	<b>2465</b>	<b>135</b>

Notes  
: N App - Not Applicable

\*: Surplus.

<sup>1</sup> One per Primary Health Centre as per IPHS norms

<sup>2</sup> For calculating the overall percentages of vacancy, the States/UTs for which manpower position is not available, are excluded.

All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States/UTs.

Source: Health Dynamics of India, 2022-23.

### ग्रामीण महिलाओं के लिए योजनाएं

#### \*172. श्री उमेषभाई बाबूभाई पटेल:

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

- (क) क्या सरकार द्वारा ग्रामीण महिलाओं के समग्र विकास के लिए कोई नई योजना लागू की जा रही है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;
- (ग) पिछले सात वर्षों और वर्तमान वर्ष के दौरान संघ राज्य क्षेत्र दादरा और नगर हवेली तथा दमन और दीव में उक्त योजना के तहत आवंटित बजट का जिला-वार/वर्ष-वार ब्यौरा क्या है;
- (घ) क्या सरकार का इस दिशा में काम करने वाले विभिन्न संगठनों को शामिल करके या किसी अन्य योजना के माध्यम से ग्रामीण महिलाओं को सहायता प्रदान करने का प्रस्ताव है; और
- (ङ.) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

#### महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) से (ङ): सरकार ग्रामीण महिलाओं सहित देश में महिलाओं की सुरक्षा, संरक्षा और सशक्तीकरण को सर्वोच्च प्राथमिकता देती है। सरकार ने महिलाओं के शैक्षिक, सामाजिक, आर्थिक और राजनीतिक सशक्तीकरण के लिए जीवन-चक्र निरंतरता के आधार पर उनकी जरूरतों को पूरा करने के लिए बहुआयामी दृष्टिकोण अपनाया है ताकि वे तीव्र और सतत राष्ट्रीय विकास में समान भागीदार बन सकें। यह 'महिला प्रेरित विकास' 2047 तक 'विकसित भारत' के लक्ष्य को साकार करने के लिए आवश्यक है।

पिछले कुछ वर्षों में देश में महिलाओं के समग्र विकास और सशक्तीकरण के लिए कई पहलें की गई हैं।

दीनदयाल अंत्योदय योजना-राष्ट्रीय ग्रामीण आजीविका मिशन (डीएवाई-एनआरएलएम) के तहत लगभग 10.05 करोड़ ग्रामीण परिवारों को 90.87 लाख स्वयं सहायता समूहों में संगठित किया गया, जो देश में ग्रामीण सामाजिक-आर्थिक परिदृश्य में बदलाव ला रहे हैं।

महात्मा गांधी राष्ट्रीय ग्रामीण रोजगार गारंटी अधिनियम, 2005 (मनरेगा) के तहत यह अनिवार्य है कि इस योजना (मनरेगा) के तहत सृजित रोजगार में से कम से कम एक तिहाई महिलाओं को दिए जाने चाहिए।

प्रधानमंत्री आवास योजना-ग्रामीण (पीएमएवाई-जी) योजना में मकानों का स्वामित्व महिला को देने पर विशेष जोर दिया जाता है और यह निर्णय लिया गया है कि मकान का आवंटन, कुछ अपवादों के साथ, महिला के नाम पर या पति और पत्नी के संयुक्त नाम पर किया जाएगा।

'स्वच्छ भारत मिशन' के अंतर्गत 11.60 करोड़ से अधिक शौचालयों के निर्माण, गरीबी रेखा से नीचे रहने वाली 10.30 करोड़ महिलाओं को 'उज्ज्वला योजना' के अंतर्गत स्वच्छ रसोई गैस कनेक्शन देने तथा 'जल जीवन मिशन' के अंतर्गत 15.10 करोड़ से अधिक ग्रामीण परिवारों को पेयजल कनेक्शन उपलब्ध कराने से ग्रामीण क्षेत्रों की महिलाओं सहित सभी महिलाओं के जीवन में बदलाव आया है।

कौशल विकास और व्यावसायिक प्रशिक्षण के माध्यम से महिलाओं की आर्थिक स्वतंत्रता सुनिश्चित करने के लिए सरकार ने कौशल भारत मिशन भी शुरू किया है। सरकार ने देश भर में प्रधानमंत्री कौशल विकास योजना के तहत प्रधानमंत्री कौशल केंद्र भी स्थापित किए हैं। महिलाओं के प्रशिक्षण और प्रशिक्षुता दोनों के लिए अतिरिक्त बुनियादी ढांचा बनाने पर जोर दिया गया है।

प्रधानमंत्री मुद्रा योजना और स्टैंड-अप इंडिया, प्रधानमंत्री रोजगार सृजन कार्यक्रम (पीएमईजीपी) जैसी योजनाएं महिलाओं को अपना उद्यम स्थापित करने में मदद करने के लिए शुरू की गई हैं। महिलाओं को आर्थिक रूप से सशक्त बनाने के लिए सरकार द्वारा 'स्टैंड-अप इंडिया' के तहत दस लाख रुपये से एक करोड़ रुपये तक के 84% ऋण महिलाओं को उपलब्ध कराए गए हैं।

महिला श्रमिकों के लिए अनुकूल कार्य वातावरण बनाने के लिए श्रम संहिताओं में कई सहायक प्रावधान जैसे मजदूरी संहिता, 2019, औद्योगिक संबंध संहिता, 2020, व्यावसायिक सुरक्षा, स्वास्थ्य और कार्य स्थिति संहिता, 2020 और सामाजिक सुरक्षा संहिता, 2020 शामिल किए गए हैं।

वर्ष 2017 में मातृत्व लाभ अधिनियम में संशोधन करके पहले दो बच्चों के लिए मातृत्व अवकाश को 12 सप्ताह से बढ़ाकर 26 सप्ताह कर दिया गया है। इस अधिनियम में महिला श्रमिकों को सवेतन मातृत्व अवकाश देने और पचास या उससे अधिक कर्मचारियों वाले सभी प्रतिष्ठानों में निर्धारित दूरी के भीतर शिशुगृह की सुविधा प्रदान करने का भी प्रावधान है।

जमीनी स्तर पर महिलाओं को राजनीतिक नेतृत्व की मुख्यधारा में लाने के लिए 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, पीआरआई में 14.50 लाख से अधिक निर्वाचित महिला प्रतिनिधि (ईडब्ल्यूआर) हैं, जो कुल निर्वाचित प्रतिनिधियों का लगभग 46% है।

महिला सशक्तीकरण और देश के सर्वोच्च राजनीतिक पदों पर महिलाओं के प्रतिनिधित्व की दिशा में सबसे बड़ी उपलब्धि सरकार द्वारा 28 सितंबर, 2023 को नारी शक्ति वंदन अधिनियम, 2023 (संविधान एक सौ छठा संशोधन) अधिनियम, 2023 की अधिसूचना रही है जिसके तहत लोक सभा (लोकसभा) और दिल्ली एनसीटी की विधानसभा सहित राज्य विधानसभाओं में महिलाओं के लिए एक तिहाई सीटें आरक्षित की गई हैं।

महिला एवं बाल विकास मंत्रालय वित्त वर्ष 2022-23 से 15वें वित्त आयोग की अवधि के दौरान महिलाओं और बच्चों के कल्याण के लिए देश में केंद्र प्रायोजित योजनाएं लागू कर रहा है, जिन्हें तीन घटकों अर्थात् (1) महिलाओं की सुरक्षा, संरक्षा और सशक्तीकरण के लिए मिशन शक्ति; (2) देश में पोषण और स्वास्थ्य संकेतकों में सुधार के लिए सक्षम आंगनवाड़ी और पोषण 2.0; और (3), कठिन परिस्थितियों में रह रहे बच्चों की सुरक्षा और कल्याण के लिए मिशन वात्सल्य में बांटा गया है। इन योजनाओं का विवरण इस प्रकार है:

**(i) मिशन शक्ति:** 'मिशन शक्ति' का उद्देश्य महिला सुरक्षा, संरक्षा और सशक्तीकरण के लिए कार्यकलापों को मजबूत करना है। इसका उद्देश्य मंत्रालयों/विभागों और शासन के विभिन्न स्तरों पर

अभिसरण में सुधार के लिए कार्यनीतियों के प्रस्ताव पर जोर देना है। मिशन शक्ति में महिलाओं की सुरक्षा और संरक्षा तथा महिला सशक्तीकरण के लिए दो घटक 'संबल' और 'सामर्थ्य' शामिल हैं।

“संबल” घटक महिलाओं की सुरक्षा और संरक्षा के लिए है। इसमें वन स्टॉप सेंटर (ओएससी), महिला हेल्पलाइन (डब्ल्यूएचएल), बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) और नारी अदालत के घटक शामिल हैं।

क. **वन स्टॉप सेंटर (ओएससी)**- जिला स्तर पर स्थित एक संस्था जो संकटग्रस्त महिलाओं को एक ही स्थान पर अस्थायी आश्रय, चिकित्सा एवं पुलिस सहायता, परामर्श और कानूनी सहायता जैसी तत्काल सहायता प्रदान करती है।

ख. **महिला हेल्पलाइन (डब्ल्यूएचएल)** - महिला हेल्पलाइन 181 सहायता और जानकारी चाहने वाली महिलाओं को 24 घंटे टोल-फ्री दूरसंचार सेवा प्रदान करती है। इसे सभी आपातकालीन सेवाओं के लिए आपातकालीन प्रतिक्रिया सहायता प्रणाली (ईआरएसएस) 112 के साथ भी एकीकृत किया गया है और सभी वन स्टॉप सेंटरों के साथ एकीकरण का काम प्रगति पर है।

ग. **बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी)** - बीबीबीपी मानसिकता में बदलाव लाने वाला एक कार्यक्रम है जो बहु-क्षेत्रीय पहलों के माध्यम से बालिकाओं के महत्व के प्रति जागरूकता पैदा करने में मदद करता है।

घ. **नारी अदालत**- एक ऐसा मंच है जो महिलाओं को ग्राम पंचायत स्तर पर बातचीत, मध्यस्थता और आपसी सहमति से समाधान के माध्यम से त्वरित, सुलभ और किफायती न्याय के लिए वैकल्पिक शिकायत निवारण तंत्र प्रदान करता है। इसे असम तथा जम्मू और कश्मीर संघ राज्य क्षेत्र की 50-50 ग्राम पंचायतों में प्रायोगिक आधार पर शुरू किया गया है।

"सामर्थ्य" घटक महिलाओं के सशक्तीकरण के लिए है। इसमें प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई), शक्ति सदन, सखी निवास, पालना तथा संकल्प: महिला सशक्तीकरण केंद्र (एचईडब्ल्यू) घटक शामिल हैं।



क. **प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई)**- पीएमएमवीवाई एक केंद्र प्रायोजित मातृत्व लाभ योजना है जिसके तहत पहले बच्चे के लिए प्रत्यक्ष लाभ अंतरण (डीबीटी) मोड में लाभार्थी के बैंक/डाकघर खाते में सीधे 5,000 रुपये की नकद प्रोत्साहन राशि प्रदान की जाती है। पात्र लाभार्थियों को दूसरा बच्चा बालिका होने पर पीएमएमवीवाई के तहत 6,000 रुपये की नकद प्रोत्साहन राशि भी प्रदान की जाती है।

ख. **शक्ति सदन-** शक्ति सदन संकटग्रस्त एवं कठिन परिस्थितियों में रहने वाली महिलाओं के लिए एक एकीकृत राहत एवं पुनर्वास गृह है।

ग. **सखी निवास-** सखी निवास योजना (कामकाजी महिला छात्रावास) एक मांग आधारित केंद्र प्रायोजित योजना है जिसके तहत राज्यों/संघ राज्य क्षेत्रों को सीधे निधि जारी की जाती है और इसका उद्देश्य शहरी, अर्ध-शहरी और ग्रामीण क्षेत्रों, जहां महिलाओं के लिए रोजगार के अवसर मौजूद हैं, में कामकाजी महिलाओं के लिए सुरक्षित और सुविधाजनक स्थान पर आवास की उपलब्धता को बढ़ावा देना है।

घ. **पालना-** पालना योजना डे-केयर क्रेच सुविधाओं के माध्यम से बच्चों के लिए सुरक्षित और संरक्षित स्थान प्रदान करती है। क्रेच सेवाएं अब तक घरेलू काम का हिस्सा मानी जाने वाली बाल देखभाल सुविधाओं को औपचारिक बनाती हैं और अंतिम लाभार्थी तक देखभाल सुविधाओं की प्रदायगी सुनिश्चित करने के लिए आंगनवाड़ी अवसंरचना का प्रयोग करती हैं।

ड. **संकल्प: महिला सशक्तिकरण केंद्र (एचईडब्ल्यू)** - संकल्प: एचईडब्ल्यू महिलाओं के लिए उपलब्ध योजनाओं और सुविधाओं के बारे में जानकारी और ज्ञान के अभाव को दूर करने के लिए एक माध्यम का कार्य करता है। यह मिशन शक्ति के तहत सभी घटकों के लिए एक परियोजना निगरानी इकाई (पीएमयू) का भी कार्य करता है।

**(ii) सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 2.0):** इस कार्यक्रम के अंतर्गत, आंगनवाड़ी सेवा योजना, पोषण अभियान और किशोरियों के लिए योजना को 3 प्राथमिक खंडों: (i) 6 वर्ष से कम आयु के बच्चों, गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों (14-18 वर्ष) के लिए

पोषण सहायता; (ii) प्रारंभिक बाल्यावस्था देखभाल और शिक्षा [3-6 वर्ष] और (iii) आधुनिक, उन्नत सक्षम आंगनवाड़ी सहित आंगनवाड़ी अवसंरचना में पुनर्गठित किया गया है।

**(iii) मिशन वात्सल्य:** मिशन वात्सल्य (पूर्ववर्ती बाल संरक्षण सेवा योजना (आईसीपीएस)) एक केन्द्र प्रायोजित योजना (सीएसएस) है, जिसे राज्यों/संघ राज्य क्षेत्रों के माध्यम से कार्यान्वित किया जाता है ताकि देखभाल और संरक्षण के जरूरतमंद बच्चों (सीएनसीपी) और कानून का उल्लंघन करने वाले बच्चों (सीसीएल) के लिए बेहतर पहुंच और सुरक्षा हेतु सेवाएं प्रदान की जा सकें जिसमें मिशन मोड में संस्थागत देखभाल और गैर-संस्थागत देखभाल शामिल है, जिसका उद्देश्य है: (i) कठिन परिस्थितियों में बच्चों को सहायता और सहारा देना (ii) विभिन्न पृष्ठभूमियों के बच्चों के समग्र विकास के लिए संदर्भ-आधारित समाधान विकसित करना (iii) अभिनव समाधानों को प्रोत्साहित करने के लिए ग्रीन फील्ड परियोजनाओं के लिए गुंजाइश प्रदान करना (iv) आवश्यक होने पर गैप फंडिंग द्वारा अभिसरण कार्रवाई को मजबूत करना।

यह योजना चाइल्ड हेल्पलाइन (1098) के माध्यम से कठिन परिस्थितियों में रह रहे बच्चों के लिए आपातकालीन आउटरीच सेवाएं (24x7) भी प्रदान करती है।

ये पहलें महिलाओं और बच्चों से संबंधित महत्वपूर्ण सामाजिक मुद्दों का समाधान करने और देश में स्थायी सामाजिक बदलाव लाने के लिए बनाई गई परिवर्तनकारी योजनाएं हैं जिनमें महिलाओं और बाल कल्याण के प्रमुख क्षेत्रों को लक्षित किया जाता है। इनका उद्देश्य अधिक समावेशी, समतामूलक, न्यायसंगत और सहायक समाज बनाना है।

विभिन्न योजनाओं के अंतर्गत संघ राज्य क्षेत्र दादरा नगर हवेली तथा दमन एवं दीव को आवंटित /जारी की गई निधियों का वर्ष-वार ब्यौरा संलग्न **विवरण** में दिया गया है।

### विवरण

विभिन्न योजनाओं के अंतर्गत दादरा नगर हवेली और दमन एवं दीव संघ राज्य क्षेत्र को आवंटित /जारी की निधि का वर्ष-वार विवरण

#### मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0

जारी की गई निधियां (करोड़ रुपये)						
2018-19	2019-20	2020-21	2022-23	2021-22	2023-24	2024-25
8.06	17.20	9.02	9.33	5.80	11.97	1.02

#### प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई)

जारी की गई निधियां (करोड़ रुपये)						
2018-19	2019-20	2020-21	2022-23	2021-22	2023-24	2024-25
1.05	2.51	0.34	0	1.84	0.91	0

#### दीनदयाल अंत्योदय योजना - राष्ट्रीय ग्रामीण आजीविका मिशन (डीएवाई-एनआरएलएम)

जारी की गई निधियां (करोड़ रुपये)						
2018-19	2019-20	2020-21	2022-23	2021-22	2023-24	2024-25
20.00	40.00	60.00	40.00	60.02	45.00	55.00

### IMPACT OF STUBBLE BURNING ON HEALTH

#### \*173. SHRI AMRINDER SINGH RAJA WARRING:

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

(a) the estimated health burden on Punjab caused by stubble burning and its contribution to air pollution;

(b) the number of pollution-related illnesses reported during the season of peak stubble burning in the State of Punjab during the last five years, year-wise;

(c) whether the Government plans on working with agricultural and environmental agencies to address the public health impact of stubble burning; and

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

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

(a) and (b) Air pollution is a collective result of multiple factors including high level of anthropogenic activities in the high-density populated areas, arising from various sectors. During post-monsoon and winter months, lower temperature, lower mixing heights, inversion conditions and stagnant winds lead to trapping of the pollutants resulting in high pollution in the region. This is further aggravated due to the emissions from episodic events like stubble burning etc.

Air pollution is one of the aggravating factors for respiratory ailments and associated diseases. However, there is no conclusive data available in the country to establish direct correlation of disease exclusively due to air pollution. Health effects of air pollution are synergistic manifestation of factors which include food habits, occupational habits, socioeconomic status, medical history, immunity and heredity etc. of the individuals.

(c) and (d) Inter-Ministerial Committee has been constituted to regularly monitor the effective time bound implementation of the various schemes for management of

paddy straw in a convergent and synergistic manner. Further, the following steps have been taken by the Government to address the issue:

- Based on the deliberations and discussions held in series of meetings with the State Governments of Punjab, Haryana, UP, Rajasthan, Government of NCT of Delhi, State Pollution Control Board of NCR States and Delhi Pollution Control Committee (DPCC) and various other stake holders viz. ISRO, Indian Council of Agricultural Research, Indian Agricultural Research Institute, Commission for Air Quality Management (CAQM) has provided a Framework to the States concerned for control / elimination of crop residue burning and directed them to draw up detailed state-specific action plans based on the major contours of the framework.
- As per the framework advised by CAQM, action plans were reviewed, updated and finalized by the all concerned State Governments for the year 2024. Accordingly, a statutory direction for strict implementation of the framework and revised action plan for prevention and control of paddy stubble burning during the year 2024, was issued by CAQM to the respective States on 12.04.2024. Further, to ensure effective enforcement mechanism for implementation, CAQM, in exercise of the powers conferred under Section 14(2), vide Direction dated 10.10.2024 has authorised the Deputy Commissioners/District Collectors/District Magistrates in the States of Punjab, Haryana, NCR areas of Rajasthan and Uttar Pradesh and in the NCT of Delhi to file a complaint/prosecution before jurisdictional judicial magistrate, in case of inaction in respect of officials, including nodal officers and supervisory officers at

various levels and Station House Officers, responsible for effective enforcement towards ensuring elimination of paddy stubble burning in their respective jurisdiction.

- Ministry of Agriculture and Farmers Welfare in 2018 launched a scheme for providing subsidy for purchase of crop residue management machinery and establishment of custom hiring centres in NCT of Delhi and the States of Punjab, Haryana and Uttar Pradesh for in-situ management of paddy straw.
- Central Pollution Control Board has framed Guidelines for grant of one-time financial support under Environment Protection Charge funds for establishment of pelletization and Torrefaction plants to promote utilization of paddy straw.
- Ministry of Petroleum and Natural Gas has launched a scheme to provide financial assistance to Compressed Bio-gas producers for Procurement of biomass aggregation equipment for ex-situ management of paddy straw.
- MoHFW has implemented National Programme for Climate Change and Human Health with the objective to create awareness, capacity building, health sector preparedness and response and partnerships related activities on the climate sensitive health issues in the country since 2019.

### **USE OF AI FOR TRANSLATION OF JUDICIAL PROCEEDINGS**

**\*174. DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN:**

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

- (a) whether the Government has taken/proposes to take appropriate measures to translate the proceedings and judgments of Supreme Court and High Courts across the country through Artificial Intelligence (AI) and publish them;
- (b) if so, the details thereof;
- (c) the amount of funds sanctioned for the same and for the translation projects/jobs undertaken by the Supreme Court and High Courts in the country;
- (d) whether the Government has initiated any special recruitment drive for filling up of vacancies in SC/ST/OBC and Minority communities; and
- (e) if so, the details thereof and if not, the reasons therefor?

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

**(a) to (c) :** The Supreme Court of India has adopted the use of Artificial Intelligence (AI) language technology in translation of judicial documents. AI has also been deployed for transcribing oral arguments, particularly in Constitution Bench matters since February 2023. A Committee headed by a Hon'ble Judge of the Supreme Court of India has been constituted to monitor the translation of important Supreme Court and High Court judgments into vernacular languages. The Committee is having regular meetings with the Sub-Committees of High Courts comprising Hon'ble Judges to expedite the process of translation.

The AI Translation Committees of the High Courts are monitoring the entire work relating to translation of the Supreme Court and High Court Judgments into

vernacular languages. As on date, 17 High Courts on the website have already started placing e-High Court Reports (e-HCR)/e-Indian Law Reports (e-ILR). e-HCR/e-ILR are digital legal platforms that provide online access to judgments in the vernacular languages.

The AI Committees of the High Courts have been informed to request the respective State Governments to translate all the Central and State Legislation, Rules, Regulations, etc. into regional language and put it on the State website so as to help the common man to read it in the regional language. It has also been impressed upon all the State Governments to extend full support to the respective High Courts in regard to translation of judgments, since it is part of 'access to justice' as envisaged under the Constitution of India.

As on date, 36,324 Supreme Court Judgments have been translated in Hindi language and 42,765 Judgments of Supreme Court have been translated in other 17 regional languages and the same are available on the e-SCR portal (<https://judgments.ecourts.gov.in/pdfsearch/index.php>).

No separate fund has been sanctioned to the Supreme Court for translation project. A remuneration of Rs. 100/- per page as per the original English Supreme Court Judgement is, however, being made to the Retd. Judicial Officers/Translators/Advocates for vetting of AI translated Supreme Court Judgments by the Supreme Court of India.



**(d) and (e)** : The appointment of Judges to the Supreme Court and High Courts is made under Articles 124, 217 and 224 of the Constitution of India, which do not provide for reservation for any caste or class of persons.

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

### **TWENTY-THIRD LAW COMMISSION**

#### **\*175. SHRI JAGADISH SHETTAR:**

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

- (a) whether the setting up of 23rd Law Commission has been approved recently;
- (b) whether the Commission has been mandated to review the system of Judicial Administration to make it responsive to the demands of the time; and
- (c) 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): The 23<sup>rd</sup> Law Commission of India has been constituted *vide* order dated 2<sup>nd</sup> September, 2024. The Commission is *inter-alia* mandated to review the system of Judicial Administration to ensure that it is responsive to the reasonable demands of the times and in particular to secure:

(i) elimination of delays, speedy clearance of arrears and reduction in costs so as to secure quick and economical disposal of cases without affecting the cardinal principle that decision should be just and fair.

(ii) Simplification of processes and court procedures and suggesting harmonising Rules of various High Courts for the sake of uniformity and ease of understanding and implementation.

(iii) Simplification of procedure to reduce and eliminate technicalities and devices for delay so that it operates not as an end in itself but as a means of achieving justice.

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

**RECRUITMENT RULES FOR MEDICAL COLLEGES**

**\*176. SHRI BISHNU PADA RAY:**

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

(a) the details of the posts created for the Medical Colleges in the country, State/UT-wise;

(b) whether the Recruitment Rules (RRs) for all the said posts including the post of Director and faculty staff including resident doctors and other para-medical staff have been framed by the Government;

(c) if so, the details thereof; and

(d) if not, the reasons therefor?

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

(a) Data regarding details of posts created for medical colleges under the State Governments is not centrally maintained. Details of sanctioned number of posts in medical colleges/institutes and autonomous medical colleges/institutes under the Central Government given in the enclosed **Statement-I**. These include all categories (Group A/B/C) of posts in these colleges/institutes such as head of the institution, administrative posts, faculty posts, posts of Senior Residents and Junior Residents and non-faculty posts.

(b) to (d) Framing and amendment of the Recruitment Rules (RRs) is a periodic administrative exercise undertaken by the respective Institutes. Any amendment to the RR is also made on evolving requirements. RR for majority of posts in these medical colleges/institutes have been framed.

**STATEMENT -I****Details of Sanctioned Strength in Medical Colleges/Institutes under the  
Central Government**

<b>Sr. No.</b>	<b>Medical College/Institutes</b>	<b>Sanctioned No. of Posts</b>
1	All India Institute of Medical Sciences(AIIMS), New Delhi	14,179
2	22 New AIIMS under Pradhan Mantri Swasthya Suraksha Yojana(PMSSY)	46,182
3	Postgraduate Institute of Medical Education and Research, Chandigarh (PGIMER)	9,545
4	Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry (JIPMER)	5,700
5	Vardhman Mahavir Medical College(VMMC), New Delhi (Associated with Safdarjung Hospital)	7436
6	Lady Hardinge Medical College(LHMC), New Delhi	3,659

7	Atal Bihari Vajpayee Institute of Medical Sciences(ABVIMS), New Delhi (Associated with Dr. Ram Manohar Lohia Hospital	181
8	North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences(NEIGRIHMS), Shillong	1,979
9	Regional Institute of Medical Sciences(RIMS), Imphal	1,933
<b>Total</b>		<b>90,794</b>

### नाइट्रोजन कंपाउंड का स्वास्थ्य पर प्रभाव

#### \*177. श्री उत्कर्ष वर्मा मधुर:

क्या स्वास्थ्य एवं परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि: (क) क्या हवा में नाइट्रोजन कंपाउंड की उपस्थिति से लोगों के स्वास्थ्य पर प्रतिकूल प्रभाव पड़ता है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या इससे सामान्यतः श्वसन प्रणाली को नुकसान पहुंचता है और परिसंचरण और प्रतिरक्षा प्रणाली प्रभावित होती है;

(ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसकी रोकथाम के लिए सरकार द्वारा क्या उपाय किए गए हैं/किए जाने का प्रस्ताव है;

(घ) क्या देश के प्रत्येक जिले में ऑक्सीजन संयंत्र स्थापित करने का कोई प्रस्ताव है; और

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

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

(क) और (ख): भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) द्वारा दिल्ली में 5 स्थलों पर किए गए बहुस्थलीय अध्ययन के निष्कर्षों के अनुसार, एनओ<sub>2</sub> जैसे नाइट्रोजन कंपाउंड्स के स्तरों में वृद्धि से व्हीजिंग और आपात चिकित्सा हेतु अस्पताल जाने की घटनाओं में वृद्धि हुई है।

(ग) सरकार ने वायु प्रदूषण के संबंध में हेल्थ एडवॉयजरी जारी की है और वायु प्रदूषण की समस्या का समाधान करने के लिए अनेक कदम उठाए हैं जिनका ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(घ) और (ड.) जन स्वास्थ्य सुविधा केंद्रों को चिकित्सा ऑक्सीजन उत्पादन क्षमताओं में आत्मनिर्भर बनाने के लिए देश भर में प्रेशर स्विंग एड्सॉर्प्शन (पीएसए) संयंत्र स्थापित किए गए थे। भारत सरकार ने, राज्य स्वास्थ्य प्राधिकरणों द्वारा स्थापित पीएसए संयंत्रों के अलावा, देश के अधिकांश जिलों में कम से कम एक (1) पीएसए संयंत्र स्थापित किया है। देश भर में संस्थापित पीएसए संयंत्रों का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा संलग्न **विवरण-II** में दिया गया है।

### **विवरण-I**

भारत सरकार ने देश भर में वायु प्रदूषण की समस्या को हल करने के लिए कई कदम उठाए हैं। इनमें शामिल हैं:

8. टीपीपी उत्सर्जन के नियंत्रण के उपाय:

- पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय ने का. आ. 3305(अ), दिनांक 07.12.2015, सा. का. नि. 243 (अ) दिनांक 31.03.2021 और सा. का. नि. 682 (अ) दिनांक 05.09.2022 के माध्यम से थर्मल पावर प्लांटों (टीपीपी) से एसओ<sub>2</sub>, एनओएक्स और पारे के उत्सर्जन संबंधी नए मानदंड बनाने के उद्देश्य से टीपीपी के लिए उत्सर्जन मानक अधिसूचित किए हैं। इसमें टीपीपी द्वारा विशिष्ट जल खपत के संबंध में संशोधित सीमाएं भी विनिर्दिष्ट की गई हैं और मौजूदा सीमाओं को बेस्ड कंडेनसर कूलिंग सिस्टम के जरिए रीसर्कुलेशन से परिवर्तित करने पर जोर दिया गया है। बिजली संयंत्र की क्षमता और स्थापना के वर्ष के आधार पर विभिन्न सीमाएं विनिर्दिष्ट की जाती हैं। थर्मल पावर प्लांट्स के उत्सर्जन मानदंडों को वर्ष 2017 की कार्यान्वयन समय-सीमा के साथ अधिसूचित किया गया था, जिन्हें आगे विस्तारित किया गया था। अनुपालन के लिए वर्तमान

समयसीमा का ब्यौरा नियमानुसार है:-

क्रम सं.	श्रेणी	स्थान/क्षेत्र	अनुपालन के लिए समय-सीमा (नॉन-रिटायरिंग यूनिट्स )	अनुपालन से छूट दी जाने वाली इकाइयों की रिटायरमेंट की अंतिम तारीख
1	श्रेणी क	राष्ट्रीय राजधानी क्षेत्र के 10 किमी के दायरे में आने वाले क्षेत्र या दस लाख से अधिक आबादी वाले शहर	31.12.2024 तक	31.12.2027 तक
2	श्रेणी ख	गंभीर रूप से प्रदूषित क्षेत्रों या 10 किमी के दायरे में आने वाले क्षेत्र या वायु गुणवत्ता मानकों की अनुपालना न करने वाले क्षेत्र	31.12.2025 तक	
3	श्रेणी ग	श्रेणी क और ख में शामिल क्षेत्रों को छोड़कर	31.12.2026 तक	

➤ **वाहनीय उत्सर्जन नियंत्रण के उपाय:**

- राष्ट्रीय राजधानी क्षेत्र दिल्ली में 1 अप्रैल, 2018 से और देश के अन्य शहरों में 1 अप्रैल, 2020 से बीएस-IV से बीएस-VI ईंधन मानकों का कार्यान्वयन शुरू किया गया था।
- बीएस-IV से बीएस-VI ईंधन मानकों के कार्यान्वयन से एनओएक्स उत्सर्जनों में 25-87% की कमी देखी गई है।
- एक मिलियन से अधिक आबादी वाले शहरों में प्रतिमाह >100 किलोलीटर गैसोलीन की बिक्री करने वाले और 1 लाख से दस लाख के बीच की जनसंख्या वाले शहरों में प्रतिमाह >300

किलोलीटर की बिक्री करने वाले नए और मौजूदा पेट्रोल पंपों वाहनों में वेपर रिकवरी सिस्टम संस्थापित किए गए हैं ताकि व्हीकलर रिफ्यूलिंग उत्सर्जनों को नियंत्रित किया जा सके।

- भारत सरकार के भारी उद्योग मंत्रालय की इलेक्ट्रिक मोबिलिटी प्रमोशन स्कीम 2024 (ईएमपीएस 2024) योजना के माध्यम से इलेक्ट्रिक वाहनों को बढ़ावा दिया जा रहा है।
- संपीडित बायो-गैस (सीबीजी) उत्पादन संयंत्र स्थापित करने तथा ऑटोमोटिव ईंधन में उपयोग हेतु बाजार में सीबीजी उपलब्ध कराने के उद्देश्य से रियायती परिवहन के लिए सतत विकल्प (एसएटीएटी) की शुरुआत की गई है।
- वर्ष 2019 से, देश में जलवायु संवेदी स्वास्थ्य मुद्दों पर जागरूकता पैदा करने, क्षमता निर्माण, स्वास्थ्य क्षेत्र की तैयारी और अनुक्रिया तथा साझेदारी संबंधी कार्यकलापों के लिए राष्ट्रीय जलवायु परिवर्तन और मानव स्वास्थ्य कार्यक्रम (एनपीसीसीएचएच) का कार्यान्वयन।
- पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय ने देश भर में वायु प्रदूषण के स्तर को कम करने के लिए राष्ट्रीय स्तर की कार्यनीति के रूप में वर्ष 2019 में राष्ट्रीय स्वच्छ वायु कार्यक्रम शुरू किया है।

### विवरण-II

देश भर में संस्थापित पीएसए संयंत्रों का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा

क्रम . सं .	राज्य/संघ राज्य क्षेत्र	स्थापित पीएसए संयंत्रों की संख्या
1.	अंडमान और निकोबार द्वीप समूह	3
2.	आंध्र प्रदेश	34
3.	अरुणाचल प्रदेश	31
4.	असम	54



5.	बिहार	79
6.	चंडीगढ़	4
7.	छत्तीसगढ़	58
8.	दिल्ली	43
9.	दादरा और नागर हवेली + दमन और दीव	4
10.	गोवा	7
11.	गुजरात	72
12.	हरियाणा	46
13.	हिमाचल प्रदेश	30
14.	जम्मू और कश्मीर	32
15.	झारखंड	53
16.	कर्नाटक	92
17.	केरल	35
18.	लद्दाख	12
19.	लक्षद्वीप	2
20.	मध्य प्रदेश	116
21.	महाराष्ट्र	87
22.	मणिपुर	17
23.	मेघालय	15
24.	मिजोरम	15
25.	नागालैंड	17
26.	ओडिशा	53
27.	पुदुचेरी	8
28.	पंजाब	45
29.	राजस्थान	75

30.	सिक्किम	5
31.	तमिलनाडु	86
32.	तेलंगाना	54
33.	त्रिपुरा	14
34.	उत्तर प्रदेश	169
35.	उत्तराखंड	29
36	पश्चिम बंगाल	63
37	अन्य एजेंसियां (डीआरडीओ, आईआरसीएस)	2

### त्वरित विशेष न्यायालयों की स्थापना

**\*178. श्री सुरेश कुमार कश्यप :**

**डॉ. के.सुधाकर :**

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

(क) आज तक कितने त्वरित विशेष न्यायालयों की स्थापना की गई है और इनके कामकाज की स्थिति से संबंधित विस्तृत जानकारी क्या है;

(ख) नियमित अदालतों की तुलना में उक्त अदालतों से बलात्कार और लैंगिक अपराधों से बालकों के संरक्षण (पोक्सो) से संबंधित मामलों के निपटान की दर पर क्या प्रभाव पड़ा है;

(ग) उक्त अदालतों की स्थापना और संचालन में सहायक बनी वित्तपोषण प्रणाली का ब्यौरा क्या है; और

(घ) इस संदर्भ में, विशेषतः हिमाचल प्रदेश में निर्भया निधि का किस प्रकार उपयोग किया गया है?

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

**(क)** : आपराधिक विधियां (संशोधन) अधिनियम, 2018 के अधिनियमन और माननीय उच्चतम न्यायालय (स्वतः संज्ञान रिट (आपराधिक) संख्या 1/2019) के आदेश के अनुसरण में बलात्संग और पोक्सो अधिनियम के मामलों के शीघ्र निपटान के लिए अनन्य पोक्सो न्यायालयों सहित त्वरित निपटान विशेष न्यायालयों (एफटीएससीएस) की स्थापना के लिए एक केंद्रीय प्रायोजित स्कीम प्रारंभ की गई है। इस स्कीम का दो बार विस्तार किया गया है, जिसमें नवीनतम विस्तार 31 मार्च 2026 तक है, जिसका लक्ष्य 790 न्यायालयों की स्थापना करना है। उच्च न्यायालयों से प्राप्त इनपुट के अनुसार, 31.10.2024 तक 30 राज्यों/संघ राज्यक्षेत्रों में 408 अनन्य पोक्सो न्यायालयों सहित 750 एफटीएससीएस क्रियाशील हैं। इन न्यायालयों ने 31.10.2024 तक 2,87,000 से अधिक मामलों का निपटारा किया है। क्रियाशील अनन्य पोक्सो न्यायालयों सहित त्वरित निपटान विशेष न्यायालयों (एफटीएससीएस) और उनके निपटान के राज्यों/संघ राज्यक्षेत्रों-वार ब्यौरे संलग्न **विवरण-I** दिए गए हैं।

त्वरित निपटान विशेष न्यायालयों की स्थापना, बालिकाओं और महिलाओं की सुरक्षा, लैंगिक और लिंग आधारित हिंसा से निपटने, बलात्संग और पोक्सो अधिनियम से संबंधित लंबित मामलों की संख्या कम करने और लैंगिक अपराधों के उत्तरजीवियों को न्याय तक शीघ्र पहुंच प्रदान करने के प्रति सरकार की अटूट प्रतिबद्धता को दर्शाती है।

**(ख)** : उच्च न्यायालयों से प्राप्त इनपुट के अनुसार, त्वरित निपटान विशेष न्यायालयों (एफटीएससीएस) में बलात्संग और पोक्सो अधिनियम के मामलों के निपटान की दर नियमित न्यायालयों की तुलना में काफी अधिक प्रतीत होती है। जबकि नियमित न्यायालयों में बलात्संग और पोक्सो अधिनियम के मामलों के निपटान की औसत दर प्रति माह प्रति न्यायालय 3.26 मामलों का अनुमान है, एफटीएससीएस प्रति माह औसतन 8.01 मामले ही निपटाते हैं। यह एफटीएससीएस के माध्यम से मामलों के निपटान में बढ़ी हुई दक्षता का संकेत देता है।

**(ग) और (घ)** : 16 दिसंबर, 2012 के निर्भया मामले के पश्चात्, सरकार ने एक समर्पित निधि - निर्भया निधि - की स्थापना की है, जिसका उपयोग विशेष रूप से महिलाओं की सुरक्षा और संरक्षा में सुधार के

लिए तैयार की गई परियोजनाओं के लिए किया जा सकता है। यह एक गैर-व्यपगत योग्य समग्र निधि है, जिसका प्रशासन वित्त मंत्रालय के आर्थिक मामलों के विभाग द्वारा किया जा रहा है। महिला और बाल विकास मंत्रालय (डब्ल्यूसीडी मंत्रालय) निर्भया निधि के अधीन वित्त पोषित किए जाने वाले प्रस्तावों और स्कीमों का मूल्यांकन/सिफारिश करने वाला नोडल मंत्रालय है। महिला और बाल विकास मंत्रालय के पास संबंधित मंत्रालयों/विभागों के साथ मिलकर स्वीकृत स्कीमों की प्रगति की समीक्षा और मानीटरी करने का भी उत्तरदायित्व है।

निर्भया निधि के अधीन एफटीएससीएस की स्थापना और संचालन किया गया है। विभाग ने न्यायालयों के सुचारु संचालन को सुनिश्चित करने के लिए अपनी स्थापना के पश्चात् से राज्यों/संघ राज्यक्षेत्रों को कुल ₹ 1008.14 करोड़ जारी किए हैं, जिसमें 200.00 करोड़ रुपये के आबंटित बजट के सापेक्ष वर्तमान वित्तीय वर्ष 2024-25 के लिए जारी किए गए 173.59 करोड़ रु सम्मिलित है। यह निधि, सीएसएस पैटर्न (60:40, 90:10) के आधार पर जारी की जाती है तथा इसमें एक न्यायिक अधिकारी, सात सहायक कर्मचारियों के वेतन तथा दैनिक व्यय को पूरा करने के लिए एक फ्लेक्सी अनुदान सम्मिलित है। यह निधि, राज्यों/संघ राज्यक्षेत्रों को प्रतिपूर्ति के आधार पर जारी की जाती है, जिसका अवधारण संबंधित राज्य/संघ राज्य क्षेत्र में क्रियाशील न्यायालयों की संख्या के आधार पर किया जाता है। स्कीम की शुरुआत से लेकर अब तक हिमाचल प्रदेश राज्य को राज्य में 6 एफटीएससीएस के कामकाज के लिए केंद्रीय अंश के रूप में कुल 9.07 करोड़ रुपये जारी किए जा चुके हैं। हिमाचल प्रदेश राज्य से संबंधित जानकारी के साथ-साथ राज्य/संघ राज्य क्षेत्र-वार जारी की गई रकम का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

विवरण-I

अनन्य पोक्सो न्यायालयों सहित क्रियाशील त्वरित निपटान विशेष न्यायालयों और उनके

निपटान का राज्य/संघ राज्यक्षेत्र-वार विवरण (31.10.2024 तक)

क्र.सं.	राज्य/संघ राज्यक्षेत्र का नाम	अनन्य पोक्सो न्यायालयों सहित क्रियाशील त्वरित निपटान विशेष न्यायालय	स्कीम की शुरुआत से अब तक संचयी निपटान
1	आन्ध्र प्रदेश	16	5839
2	असम	17	7076
3	बिहार	46	13762
4	चंडीगढ़	1	300
5	छत्तीसगढ़	15	5525
6	दिल्ली	16	2197
7	गोवा	1	83
8	गुजरात	35	13859
9	हरियाणा	16	6932
10	हिमाचल प्रदेश	6	1264
11	जम्मू-कश्मीर	4	242
12	झारखंड	22	7776
13	कर्नाटक	31	11872
14	केरल	55	22208
15	मध्य प्रदेश	67	28648
16	महाराष्ट्र	8	20561
17	मणिपुर	2	167
18	मेघालय	5	623

19	मिजोरम	3	237
20	नागालैंड	1	67
21	ओडिशा	44	16802
22	पुडुचेरी*	1	107
23	पंजाब	12	4489
24	राजस्थान	45	16511
25	तमिलनाडु	14	8534
26	तेलंगाना	36	9849
27	त्रिपुरा	3	419
28	उत्तराखंड	4	1747
29	उत्तर प्रदेश	218	79241
30	पश्चिमी बंगाल	6	193
31	अंदमान और निकोबार द्वीप समूह**	0	0
32	अरुणाचल प्रदेश***	0	0
	<b>कुल</b>	<b>750</b>	<b>287130</b>

\* पुडुचेरी ने विशेष रूप से इस स्कीम में सम्मिलित होने का अनुरोध किया और मई 2023 में एक अनन्य पोक्सो न्यायालय का प्रचालन प्रारंभ कर दिया है।

\*\* अंदमान और निकोबार द्वीप समूह ने इस स्कीम में सम्मिलित होने के लिए सहमति दे दी है।

\*\*\* अरुणाचल प्रदेश ने बलात्संग और पोक्सो अधिनियम के लंबित मामलों की बहुत कम संख्या का हवाला देते हुए स्कीम से बाहर निकलने का विकल्प चुना है।

**टिप्पण:** स्कीम के प्रारंभ में, देश भर में एफटीएससीएस का आबंटन प्रति न्यायालय 65 से 165 लंबित मामलों के मानदंड पर आधारित था, जिसका अर्थ है कि प्रत्येक 65 से 165 लंबित मामलों के लिए एक

एफटीएससीएस की स्थापना की जाएगी। इसके आधार पर, केवल 31 राज्य/संघ राज्यक्षेत्र ही स्कीम में सम्मिलित होने के पात्र थे।

### विवरण-II

त्वरित निपटान विशेष न्यायालय स्कीम के अधीन जारी रकम का राज्य-संघ राज्यक्षेत्रवार कुल केंद्रीय अंश (02.12.2024 को)

(करोड़ रुपए में)

क्र.सं.	राज्य/संघ राज्यक्षेत्र का नाम	वित्तीय वर्ष 2019-20 से वित्तीय वर्ष 2024-25 तक जारी कुल रकम (केंद्रीय अंश)
1	आन्ध्र प्रदेश	1.8
2	असम	26.65787
3	बिहार	70.665365
4	चंडीगढ़	0.1875
5	छत्तीसगढ़	21.8951
6	दिल्ली	13.2669
7	गोवा	1.16129
8	गुजरात	41.2409
9	हरियाणा	22.44234
10	हिमाचल प्रदेश	9.07991
11	जम्मू-कश्मीर	8.57994
12	झारखंड	20.49482
13	कर्नाटक	36.10824
14	केरल	54.78451
15	मध्य प्रदेश	105.96558
16	महाराष्ट्र	47.59724

17	मणिपुर	3.86372
18	मेघालय	7.14255
19	मिजोरम	7.31808
20	नागालैंड	1.75811
21	ओडिशा	54.9262
22	पुडुचेरी*	0.555405
23	पंजाब	13.93488
24	राजस्थान	84.14015
25	तमिलनाडु	25.465555
26	तेलंगाना	29.13895
27	त्रिपुरा	5.28433
28	उत्तराखंड	9.10444
29	उत्तर प्रदेश	281.40032
30	पश्चिमी बंगाल	1.816695
31	अंदमान और निकोबार द्वीप समूह**	--
32	अरुणांचल प्रदेश***	--
	<b>कुल</b>	<b>1008.14477</b>

\* पुडुचेरी ने विशेष रूप से इस स्कीम में सम्मिलित होने का अनुरोध किया और मई 2023 में एक अनन्य पोक्सो न्यायालय का प्रचालन प्रारंभ कर दिया है।

\*\* अंदमान और निकोबार द्वीप समूह ने इस स्कीम में सम्मिलित होने के लिए सहमति दे दी है।

\*\*\* अरुणांचल प्रदेश ने बलात्संग और पोक्सो अधिनियम के लंबित मामलों की बहुत कम संख्या का हवाला देते हुए स्कीम से बाहर निकलने का विकल्प चुना है।

**टिप्पण:** स्कीम के प्रारंभ में, देश भर में एफटीएससीएस का आबंटन प्रति न्यायालय 65 से 165 लंबित मामलों के मानदंड पर आधारित था, जिसका अर्थ है कि प्रत्येक 65 से 165 लंबित मामलों के लिए एक



एफटीएससीएस की स्थापना की जाएगी। इसके आधार पर, केवल 31 राज्य/संघ राज्यक्षेत्र ही स्कीम में सम्मिलित होने के पात्र थे।

### तटीय नौवहन यातायात

**\*179. श्री संजय हरिभाऊ जाधव :**

**श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकर :**

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

(क) पिछले पांच वर्षों के दौरान देश के विभिन्न पत्तनों से नौवहन यातायात का राज्य-वार और वर्ष-वार ब्यौरा क्या है;

(ख) क्या सरकार के पास तटीय नौवहन यातायात की मात्रा के संबंध में कोई आंकड़े हैं;

(ग) यदि हां, तो पिछले तीन वर्षों के दौरान उक्त यातायात के आरंभिक और गंतव्य पत्तनों सहित वर्ष-वार ब्यौरा क्या है;

(घ) क्या सरकार यह मानती है कि तटीय नौवहन के बहुत अधिक आर्थिक और पारिस्थितिक फायदे हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ङ) तटीय नौवहन के माध्यम से कार्गो की आवाजाही के लक्ष्य को प्राप्त करने के लिए सरकार द्वारा क्या उपाय किए गए हैं / किए जाने का प्रस्ताव है; और

(च) क्या एनडब्ल्यू-4 के विकास में कोई देरी हुई है, यदि हां, तो इसका ब्यौरा क्या है और इसके क्या कारण हैं तथा इसके पूरा होने से सम्बन्धित वर्तमान स्थिति क्या है?

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

**(क):** ब्यौरा संलग्न **विवरण-I** के रूप में संलग्न हैं।

**(ख) और (ग):** जी, हां। ब्यौरा संलग्न **विवरण-II** के रूप में संलग्न हैं।

**(घ) और (ङ):** तटीय पोत परिवहन कार्बन उत्सर्जन को काफी हद तक कम करता है, क्योंकि यह सड़क और रेल परिवहन की तुलना में अधिक ईंधन-कुशल है और पोत एक यात्रा में ही बड़ी मात्रा में माल ले जा

सकते हैं। तटीय पोत परिवहन से राजमार्गों पर भीड़भाड़ कम होती है और इससे परिवहन क्षेत्र का समग्र कार्बन फुटप्रिंट कम होता है। इसके साथ ही, परिवहन के अन्य साधनों की तुलना में तटीय पोत परिवहन किफायती है, क्योंकि यह प्राकृतिक जलमार्गों का लाभ उठाता है, जो ईंधन की खपत और प्रचालन व्यय को कम करता है। यह परिवहन लागत को कम करके न केवल व्यापार को लाभ पहुंचाता है, बल्कि यह अधिक संधारणीय और किफायती लॉजिस्टिक्स मॉडल में भी योगदान देता है। 2030 तक 230 एमटीपीए के तटीय कार्गो के लक्ष्य को प्राप्त करने के लिए कई उपाय किए गए हैं। इनमें तटवर्ती और निकासी अवसंरचना का विकास करना, सड़क और रेल के माध्यम से पत्तनों को और पत्तनों से संपर्कता बढ़ाना, भारतीय ध्वजांकित जलयानों में इस्तेमाल होने वाले बंकर ईंधन पर जीएसटी को 18% से घटाकर 5% करना, तटीय कार्गो जलयानों को जलयानों और कार्गो से संबंधित प्रभारों पर 40% की छूट प्रदान करना, तटीय कार्गो की तीव्र निकासी के लिए ग्रीन चैनल निकासी को लागू करना, तटीय जलयानों के लिए टर्नअराउंड समय को कम करने संबंधी प्राथमिकता बर्थिंग नीति शामिल है।

**(च):** विजयवाडा से मुक्त्याला के जलखंड में राष्ट्रीय जलमार्ग – 4 (रा.ज.-4) प्रचालननात्मक है।

### विवरण-I

2019-20 से 2023-24 तक के दौरान महापत्तनों में हैंडल किया गया कार्गो (मिलियन मीट्रिक टन में)						
राज्य	पत्तन	2019-20	2020-21	2021-22	2022-23	2023-24
गुजरात	दीनदयाल पत्तन	122.61	117.57	127.10	137.56	132.37
महाराष्ट्र	मुंबई पत्तन	60.70	53.32	59.89	63.61	67.26
	जे.एल. नेहरू पत्तन	68.45	64.81	76.00	83.86	85.80
गोवा	मुरगांव पत्तन	16.02	21.99	18.46	17.33	20.63
कर्नाटक	नव मंगलूर पत्तन	39.14	36.50	39.30	41.42	45.71

केरल	कोचिन पत्तन	34.04	31.50	34.55	35.26	36.32
तमिलनाडु	वी. ओ. चिदंबरनार पत्तन	36.08	31.79	34.12	38.04	41.40
	चेन्नै पत्तन	46.76	43.55	48.56	48.95	51.60
	कामराजर पत्तन	31.75	25.89	38.74	43.51	45.28
आंध्र प्रदेश	विशाखापट्टणम पत्तन	72.72	69.84	69.03	73.75	81.81
ओडिशा	पारादीप पत्तन	112.69	114.55	116.13	135.36	145.38
पश्चिम बंगाल	एसएमपी (कोलकाता/हल्दिया)	63.98	61.37	58.18	65.66	65.45
कुल		704.92	672.68	720.05	784.31	819.01

**2019-20 से 2023-24 तक के दौरान गैर-महापत्तनों में हैंडल किया गया कार्गो (मिलियन मीट्रिक टन में)**

राज्य	2019-20	2020-21	2021-22	2022-23	2023-24
गुजरात	411.79	387.57	405.39	416.36	449.26
महाराष्ट्र	43.66	39.84	52.47	71.26	76.87
गोवा	0.01	0.04	0.03	0.01	0.01
आंध्र प्रदेश	99.90	89.64	87.98	101.43	117.42
कर्नाटक	0.94	0.79	0.79	1.06	0.89
केरल	0.16	0.11	0.14	0.11	0.09
तमिलनाडु	11.37	7.41	7.84	9.87	10.13
पुदुच्चेरी	10.10	7.33	5.84	10.12	12.31

ओडिशा	35.27	43.03	41.54	38.71	54.24
अंडमान निकोबार द्वीपसमूह	1.85	1.43	1.54	1.88	2.00
लक्षद्वीप	0.00	0.12	0.18	0.22	0.20
कुल	615.05	577.30	603.75	651.02	723.41

विवरण-II

2021-22 से 2023-24 के दौरान पत्तनों पर आने-जाने वाला तटीय पोत परिवहन यातायात (मिलियन मीट्रिक टन में)

राज्य	मार्ग	2021-22			2022-23			2023-24			
		अंतर्गा मी	बाह्यगा मी	कुल	अंतर्गा मी	बाह्यगा मी	कुल	अंतर्गा मी	बाह्यगा मी	कुल	
आंध्र प्रदेश	विशाखापट्टण म पत्तन	मायाबंदर	0.01	0.01	0.02	0	0	0	0	0	0
		पोर्ट ब्लेयर	0	0.19	0.19	0	0	0	0	0	0
		काकीनाडा	0.22	0	0.22	0	0	0	0.34	0	0.34
		कृष्णापट्टनम	0	0.05	0.05	0	0	0	0.01	0	0.01
		दाहेज	0.08	0	0.08	0	0	0	0.08	0	0.08
		हजीरा	0.23	7.7	7.93	0	7.31	7.31	0.06	7.62	7.68
		कांडला	0.33	0.12	0.45	0	0.23	0.23	0.21	0.55	0.76
		मगदला	0.18	0.04	0.22	0	0	0	0.28	0	0.28
		मुंद्रा	0.08	0.06	0.14	0	0.11	0.11	0.16	0.37	0.53
		सिक्का	0.11	0	0.11	0	0.01	0.01	0.1	0.03	0.13

वाडिनार	0.08	0	0.08	0	0	0	0.03	0	0.03
कारवार	0.01	0	0.01	0	0	0	0	0	0
नव मंगलूर	0.04	0.05	0.09	0	0	0	0.11	0.03	0.14
कोच्चि	0.48	0.09	0.57	0	0.08	0.08	0.11	0.08	0.19
मुंबई	2.09	3.43	5.52	0	2.13	2.13	0.92	2.13	3.05
पारादीप	0.68	0.16	0.84	0	0.08	0.08	0.49	0.03	0.52
चेन्नै	0.15	0.2	0.35	0	0.26	0.26	0.15	0.2	0.35
एन्नोर	0	0.81	0.81	0	0.53	0.53	0.08	0.28	0.36
कट्टुपल्ली	0.01	0.03	0.04	0	0.01	0.01	0.02	0.02	0.04
तूतीकोरिन	0.07	1.92	1.99	0	0.29	0.29	0.04	0.04	0.08
हल्दिया	0.16	0.09	0.25	0	0.12	0.12	0.03	0.11	0.14
कोलकाता	0	0	0	0	0	0	0.01	0.12	0.13
गंगावरम	0	0	0	0	0.03	0.03	0	0	0
मरमागोवा	0	0.15	0.15	0	0	0	0	0.02	0.02
टूना	0	0	0	0	0	0	0	0.04	0.04
जयगढ़	0	0.25	0.25	0	2.73	2.73	0	2.34	2.34

		जयगढ़	0	0.17	0.17	0	0	0	0	0	0
		रेवदंडा	0	0	0	0	0.06	0.06	0	0	0
		कराईकल	0	0.14	0.14	0	0.48	0.48	0	0.07	0.07
पश्चिम बंगाल	श्यामा प्रसाद मुखर्जी पत्तन (केडीएस)	चेन्नै	0.056	0	0.056	0.039	0	0.039	0.046	0	0.046
		मुंबई	0.029	0	0.029	0.034	0	0.034	0.029	0	0.029
		पोर्ट ब्लेयर	0.016	0.096	0.112	0.014	0.132	0.146	0.013	0.103	0.116
		कांडला	0.028	0	0.028	0	0	0	0.002	0	0.002
		हजीरा	0	0	0	0.003	0	0.003	0	0	0
		मुंद्रा	0.007	0	0.007	0.012	0	0.012	0	0	0
		वाडिनार	0.006	0	0.006	0.005	0	0.005	0	0	0
		कोचीन	0.005	0	0.005	0	0	0	0	0	0
		एचडीसी बार्ज जेट्टी	0.095	0.064	0.159	0.074	0.062	0.136	0.085	0.084	0.169
		सिक्का	0.005	0	0.005	0	0	0	0	0	0
		आईवीडब्ल्यू	0.013	0.006	0.019	0.011	0.005	0.016	0.01	0.005	0.015
			कांडला	0.028	0.03	0.058	0.024	0	0.024	0	0





		असम	0	0.002	0.002	0	0	0	0	0	0
गुजरात	दीनदयाल पत्तन	गंगावरम	0	0	0	0.3	0	0.3	0.32	0	0.32
		काकीनाडा	0	0.08	0.08	0	0	0	0	0.21	0.21
		कृष्णापट्टनम	0.06	0	0.06	0	0	0	0	0.03	0.03
		वाइजैग	0.1	0.19	0.29	0	0.38	0.38	0	0.24	0.24
		गोवा	0.18	0.18	0.36	0	0.42	0.42	0	0.31	0.31
		मुरगांव	0	0	0	0	0	0	0	0.01	0.01
		भावनगर	0	0	0	0	0	0	0	0.11	0.11
		हजीरा	0.06	0.04	0.1	0.13	0	0.13	0.03	0	0.03
		कांडला	0	0	0	0	0.21	0.21	0	0.08	0.08
		मुंद्रा	0.01	1.13	1.14	0.34	1.51	1.85	1.23	2.16	3.39
		ओख्रा	0	0.06	0.06	0	0	0	0	0.3	0.3
		पोरबंदर	0	0	0	0.05	0.01	0.06	0.05	0.01	0.06
		सिक्का	0	0	0	0.06	0.07	0.13	0.13	0.03	0.16
		वाडिनार	0.05	0.07	0.12	0	0.01	0.01	0.11	0.02	0.13

	कारवार	0	0	0	0	0	0	0	0.13	0.13
	नव मंगलूर	0.08	1.46	1.54	0.05	0.83	0.88	0.12	0.97	1.09
	कोचीन	0.73	2.57	3.3	0.97	2.57	3.54	0.98	1.4	2.38
	धरमतार	0	0.02	0.02	0.55	0.01	0.56	0.1	0.04	0.14
	जेएनपीटी	0	0.29	0.29	0	0.81	0.81	0	0.32	0.32
	मुंबई	3.44	0.54	3.98	2.82	0.51	3.33	1.36	1.23	2.59
	धामरा	0.06	0	0.06	0	0	0	0.37	0	0.37
	गोपालपुर	0.3	0	0.3	0	0	0	0.54	0.11	0.65
	पारादीप	0	0.37	0.37	0	0.04	0.04	0	0.17	0.17
	चेन्नै	0.1	1.2	1.3	0.03	1.21	1.24	0.06	0.26	0.32
	एन्नोर	0	0.8	0.8	0	0.58	0.58	0	0.63	0.63
	तूतीकोरिन	0.14	0.91	1.05	0.17	1	1.17	0	1.42	1.42
	हल्दिया	0.02	0.33	0.35	0	0.34	0.34	0.03	0.48	0.51
	कोलकाता	0	0	0	0	0	0	0.06	0.89	0.95
कर्नाटक	आंग्रे	0	0.01	0.01	0	0	0	0	0	0

नव मंगलूर पत्तन	कोचीन	0	0.15	0.15	0	0.12	0.12	0	0.07	0.07
	एन्नोर	0	0.06	0.06	0	0.25	0.25	0	0.29	0.29
	गंगावरम	0	0	0	0	0	0	0	0.05	0.05
	हल्दिया	0	0.12	0.12	0	0	0	0	0	0
	हजीरा	0	0.05	0.05	0	0.19	0.19	0	0.01	0.01
	जेएनपीए	0	0.01	0.01	0	0.02	0.02	0	0.1	0.1
	कांडला	0	0.13	0.13	0	0.08	0.08	0	0.2	0.2
	गुजरात	0	0.03	0.03	0	0.03	0.03	0	0	0
	मुंबई	0	0.37	0.37	0	0.13	0.13	0	0.06	0.06
	मुंद्रा	0	0.36	0.36	0	0.22	0.22	0	0.36	0.36
	ओखा	0	0	0	0	0	0	0	0.01	0.01
	सिक्का	0	0.52	0.52	0	0	0	0	0	0
	तूतीकोरिन	0	0	0	0	0	0	0	0.01	0.01
	विशाखापट्टण म	0	0.04	0.04	0	0.39	0.39	0	0.06	0.06
	पिपावाव	0	0	0	0	0.08	0.08	0	0	0
मुसगांव	0	0.05	0.05	0	0	0	0	0.15	0.15	

		पश्चिम बंगाल	0	0.03	0.03	0	0	0	0	0	0
		गैर-एक्जिम कार्गो	0	0.32	0.32	0	0.26	0.26	0	0.39	0.39
तमिलनाडु	वी.ओ. चिंदंबरनार पत्तन	चेन्नै (पूर्व में मद्रास)	0	0	0	0	0	0	0.003	0	0.003
		कोचीन	0.005	0.001	0.006	0	0	0	0	0	0
		दाहेज	0	0	0	0.059	0	0.059	0	0	0
		धामरा	0	0	0	0	0	0	0.05	0	0.05
		धरमतार	0.002	0	0.002	0	0	0	0	0	0
		गंगावरम	0	0	0	1.231	0	1.231	1.878	0	1.878
		हल्दिया	0	0.003	0.003	0	0	0	0.003	0.005	0.008
		कांडला	0.235	0	0.235	0.352	0	0.352	0.418	0	0.418
		कुंडाकुलम	0	0.001	0.001	0	0.001	0.001	0	0.002	0.002
		मायाबंदर	0	0.013	0.013	0	0	0	0	0	0
		मुंबई (पूर्व में बंबई)	0.036	0	0.036	0.024	0	0.024	0.007	0	0.007

	मुंद्रा	0.005	0	0.005	0.06	0	0.06	0	0	0
	मुरगांव	0	0	0	0.003	0	0.003	0	0	0
	नव मंगलूर	0.002	0	0.002	0.01	0	0.01	0.009	0	0.009
	पारादीप	5.49	0	5.49	7.47	0	7.47	7.628	0	7.628
	पोर्ट ब्लेयर	0	0.002	0.002	0	0.023	0.023	0	0.031	0.031
	विशाखापट्टण म	2.005	0.072	2.077	0.809	0.044	0.853	0	0.05	0.05
कामराजर पत्तन	बैंकोट	0	0	0	0.055	0	0.055	0	0	0
	बेदी	0.055	0	0.055	0	0	0	0	0	0
	चेन्नै	0.339	0	0.339	0.357	0	0.357	0.467	0	0.467
	कोचीन	1.126	0	1.126	0.974	0	0.974	0.962	0	0.962
	धामरा	1.09	0	1.09	1.298	0	1.298	1.938	0	1.938
	गंगावरम	0	0	0	0.071	0	0.071	0.836	0	0.836
	हल्दिया	0.007	0	0.007	0.005	0	0.005	0	0	0
	हजीरा	0	0	0	0.008	0	0.008	0	0	0
	काकीनाडा	0.301	0	0.301	0.404	0	0.404	1.276	0	1.276
	कृष्णापट्टनम	0	0	0	0	0	0	0.021	0	0.021

		कांडला	0.015	0	0.015	0.168	0	0.168	0	0	0
		मगदल्ला	0.058	0	0.058	0	0	0	0.023	0	0.023
		मुरगांव	0	0	0	0	0	0	0.01	0	0.01
		मुंद्रा	0	0	0	0.018	0	0.018	0	0	0
		मुंबई	0.171	0	0.171	0.169	0	0.169	0.171	0	0.171
		नव मंगलूर	0.061	0	0.061	0.204	0	0.204	0.226	0	0.226
		पारादीप	11.926	0	11.926	13.425	0	13.425	10.908	0	10.908
		सिक्का	0.372	0	0.372	0.163	0	0.163	0.154	0	0.154
		वाडिनार	0.236	0	0.236	0.304	0	0.304	0.385	0	0.385
		विशाखापट्टणम	0.537	0	0.537	0.072	0	0.072	0.194	0	0.194
गोवा	मुरगांव पत्तन	अमोना	0	0.68	0.68	0	0.56	0.56	0	0.71	0.71
		बैंकोट	0.11	0	0.11	0.11	0	0.11	0.11	0	0.11
		चेन्नै (पूर्व में मद्रास)	0	0	0	0	0	0	0.02	0.05	0.07

कोचीन	0.1	0	0.1	0.16	0	0.16	0.1	0	0.1
धरमतार	0	0	0	0	0.03	0.03	0	0	0
गंगावरम	0.05	0	0.05	0	0	0	0	0	0
हल्दिया	0.01	0	0.01	0	0	0	0	0	0
जयगढ़	0.37	0	0.37	0	0	0	0	0	0
काकीनाडा	0	0	0	0	0	0	0.31	0	0.31
कांडला	0.13	0.09	0.22	0.16	0.05	0.21	0.13	0.02	0.15
कारवार	0.01	0	0.01	0.01	0	0.01	0	0	0
कृष्णापट्टनम	0	0	0	0	0	0	0.02	0	0.02
मंगलौर	0.03	0	0.03	0.01	0	0.01	0.02	0	0.02
मुर्गांव	0.01	0	0.01	0.07	0	0.07	0	0	0
मुंबई (पूर्व में बंबई)	0.03	0	0.03	0.1	0	0.1	0.1	0	0.1
मुंबई हाई (तेल प्लेटफार्म)	0.06	0	0.06	0.05	0	0.05	0.05	0	0.05
मुंद्रा	0.1	0.02	0.12	0.04	0	0.04	0	0	0

		नव मंगलूर	0.07	0	0.07	0.06	0	0.06	0.05	0	0.05
		न्हावा शेवा	0	0	0	0	0	0	0.02	0	0.02
		ओखा	0	0	0	0.05	0	0.05	0	0	0
		पारादीप	0	0	0	0.18	0	0.18	1.68	0	1.68
		जेएनपीए	0.02	0	0.02	0.03	0	0.03	0	0	0
		सलाया	0.01	0	0.01	0	0	0	0	0	0
		संवोर्देम	0	0.06	0.06	0	0	0	0	0.42	0.42
		सिका	0.01	0	0.01	0	0	0	0.02	0	0.02
		टूना	0	0	0	0.04	0	0.04	0	0	0
		तूतीकोरिन	0	0	0	0	0	0	0.05	0	0.05
		वाडिनार	0	0	0	0.01	0	0.01	0.01	0	0.01
		विशाखापट्टण म	0.15	0	0.15	0	0	0	0.01	0	0.01
महाराष्ट्र	जवाहरलाल नेहरू पत्तन	मुंद्रा	0	0.785	0.785	0	1.083	1.083	0	0.477	0.477
		दाहेज	0	0.252	0.252	0	0.189	0.189	0	0.19	0.19
		सिक्का	0	0.181	0.181	0	0.232	0.232	0	0.208	0.208





	विशाखापट्टण म	0	0.001	0.001	0	0	0	0	0	0
मुंबई पत्तन	कांडला	0.048	0.333	0.381	0.062	0.287	0.349	0.027	0	0.027
	वाडिनार	0.441	1.53	1.971	0.359	0.761	1.12	0.431	0.453	0.884
	पोरबंदर	0.074	0	0.074	0.064	0	0.064	0.059	0	0.059
	सिक्का	0.109	0	0.109	0.075	0.112	0.187	0.014	0	0.014
	मगदल्ला	0.008	0	0.008	0.038	0	0.038	0.004	0	0.004
	हजीरा	0.114	0	0.114	0.183	0	0.183	0.191	0.155	0.346
	मुंद्रा	0.05	0.027	0.077	0	0.215	0.215	0	0.248	0.248
	जेएनपीटी	0.015	0	0.015	0	0	0	0.035	0	0.035
	मुरगांव	0	0.168	0.168	0	0.136	0.136	0.014	0.021	0.035
	नव मंगलूर	0.217	0	0.217	0.113	0	0.113	0.104	0	0.104
	कोचीन	0.105	0.156	0.261	0.163	0.307	0.47	0.21	0.117	0.327
	चेन्नै	0.016	1.034	1.05	0.024	0.903	0.927	0.031	0.846	0.877
	वाईजैग	0.306	1.844	2.15	2.002	0.19	2.192	1.315	0.684	1.999
	धामरा	0.798	0	0.798	0.553	0	0.553	0.551	0	0.551
	गंगावरम	0	0	0	0.408	0	0.408	1.47	0	1.47

		गोपालपुर	0	0	0	0	0	0	0.116	0	0.116
		पारादीप	3.07	0.172	3.242	3.839	0	3.839	3.342	0.058	3.4
		हल्दिया	0.114	0.002	0.116	0.121	0.018	0.139	0.046	0.064	0.11
		दाहेज	0	0.449	0.449	0	0.701	0.701	0	0.392	0.392
		नव मंगलूर	0	0.787	0.787	0	0.749	0.749	0	1.399	1.399
		एन्नोर	0	0.275	0.275	0	0.106	0.106	0	0.082	0.082
		कोलकाता	0	0.023	0.023	0	0.027	0.027	0	0.019	0.019
तमिलना डु	चेन्नै पत्तन	एन्नोर	0	0.316	0.316	0	0.258	0.258	0	0.419	0.419
		हल्दिया	0	0.017	0.017	0	0	0	0	0	0
		कांडला	0	0	0	0	0	0	0	0.059	0.059
		कोलकाता	0	0.03	0.03	0	0.033	0.033	0	0.048	0.048
		मंगलूर	0	0.009	0.009	0	0.008	0.008	0	0	0
		मुंबई	0	0.067	0.067	0	0.09	0.09	0	0.091	0.091
		पारादीप	0	0.016	0.016	0	0.003	0.003	0	0	0
		पोर्ट ब्लेयर	0	0.021	0.021	0	0.011	0.011	0	0.032	0.032

		सिक्का	0	0.003	0.003	0	0	0	0	0	0
		ट्रॉम्बे	0	0.002	0.002	0	0	0	0	0	0
		तूतीकोरिन	0	0	0	0	0.003	0.003	0	0	0
		वाईजैग	0	0.103	0.103	0	0.143	0.143	0	0.027	0.027
केरल	कोचीन पत्तन	चेन्नै	0	0.04	0.04	0	0.01	0.01	0	0.01	0.01
		एन्नोर	0.27	0.89	1.16	0.12	0.69	0.81	0.16	0.93	1.09
		गोवा	0	0.02	0.02	0.02	0.16	0.18	0.01	0.26	0.27
		हल्दिया	0	1.46	1.46	0	0.83	0.83	0	1.22	1.22
		काकीनाडा	0	0.11	0.11	0	0.11	0.11	0	0.11	0.11
		कांडला	2.83	0.59	3.42	2.97	0.8	3.77	2.61	0.93	3.54
		कवरत्ती द्वीप	0	0	0	0	0.01	0.01	0	0.01	0.01
		कृष्णापट्टनम	0.3	0	0.3	0.11	0	0.11	0.03	0.48	0.51
		मंगलौर	0.06	0.1	0.16	0.04	0	0.04	0.34	0.03	0.37
		मुंबई	0.15	0.07	0.22	0.32	0.21	0.53	0.34	0.16	0.5
		मुंद्रा	1.16	0.71	1.87	1.41	0.91	2.32	1.29	0.9	2.19

	पारादीप	0.14	0.39	0.53	0.16	0.48	0.64	0.11	0.31	0.42	
	पिपावाव	0.66	0.04	0.7	0.98	0.03	1.01	1.16	0.17	1.33	
	सिक्का	0.07	0	0.07	0.09	0	0.09	0.05	0.02	0.07	
	तूतीकोरियन	0.02	0.12	0.14	0.22	0.01	0.23	0.04	0.01	0.05	
	वाडिनार	0.22	0.03	0.25	0.28	0	0.28	0.32	0	0.32	
	विरज	0	0	0	0	0	0	0.03	0.04	0.07	
	विशाखापट्टण म	0.17	0.37	0.54	0.18	0.09	0.27	0.13	0.09	0.22	
	दाहेज	0.03	0	0.03	0.14	0	0.14	0.16	0	0.16	
	हजीरा	0.4	0	0.4	0.4	0	0.4	0.07	0	0.07	
	मूलद्वारका	0.31	0	0.31	0.22	0	0.22	0	0	0	
	नव मंगलूर	0.01	0	0.01	0.04	0	0.04	0.04	0	0.04	
	जवाहर लाल नेहरू पत्तन	0	0	0	0.01	0	0.01	0	0	0	
	सांघी पत्तन	0.08	0	0.08	0.02	0	0.02	0.01	0	0.01	
ओडिशा	पारादीप पत्तन	चेन्नै	0.09	0.2	0.29	0.07	0.58	0.65	0.05	1.21	1.26

कोचीन	0.26	0.04	0.3	0.16	0.02	0.18	0.38	0.09	0.47
दाहेज	0	0	0	0	0	0	0.07	0	0.07
धामरा	0	0	0	0.06	0	0.06	0.04	0.83	0.87
एन्नोर	0.01	12.84	12.85	0	13.47	13.47	0.01	10.81	10.82
गंगावरम	0	0.01	0.01	0	0	0	0	0	0
गोवा	0.01	0	0.01	0	0.26	0.26	0.01	1.69	1.7
हजीरा	0.18	5.49	5.67	0.11	4.38	4.49	0	5.46	5.46
हल्दिया	0.47	0.79	1.26	0.4	1.08	1.48	0.17	0.96	1.13
काकीनाडा	0	0.08	0.08	0	0.01	0.01	0.13	0.06	0.19
कांडला	0.28	0.06	0.34	0.15	0.08	0.23	0.17	0.22	0.39
कोच्चि	0.01	0	0.01	0.07	0	0.07	0.02	0.01	0.03
कृष्णापट्टनम	0.01	10.02	10.03	0.01	16.86	16.87	0.01	21.01	21.02
मुंबई	0.15	3.04	3.19	0.43	2.76	3.19	0.34	1.64	1.98
मुंद्रा	0.05	0	0.05	0	0	0	0.02	0	0.02
नव मंगलूर	0.03	0.04	0.07	0.02	0.11	0.13	0	0.08	0.08
रावा	0	0	0	0.06	0	0.06	0	0	0

सिक्का	0	0.08	0.08	0.2	0.11	0.31	0	0	0
तूतीकोरिन	0	5.21	5.21	0.01	8.53	8.54	0.01	7.66	7.67
वाडिनार	0	0	0	0.1	0	0.1	0	0	0
विशाखापट्टण म	0.12	0.05	0.17	0	0.08	0.08	0	0.07	0.07
वाईजैग	0.1	0.86	0.96	0.06	0.79	0.85	0.19	0.76	0.95
अंडमान	0	0	0	0	0.02	0.02	0	0.03	0.03
धरमतार	0	0	0	0	0	0	0	0.83	0.83
गोपालपुर	0	0	0	0	0.03	0.03	0	0	0
जयगढ़	0	0.82	0.82	0	2.91	2.91	0	0.76	0.76
कराईकल	0	0.41	0.41	0	2.82	2.82	0	2.05	2.05
पिपावाव	0	0	0	0	0	0	0	0.06	0.06
पोर्ट ब्लेयर	0	0.14	0.14	0	0.24	0.24	0	0.13	0.13

## **CERVICAL CANCER SCREENING PROGRAMMES**

### **\*180. SHRI GURJEET SINGH AUJLA:**

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

(a) whether the Government has felt the urgent need for enhanced awareness and preventive measures against cervical cancer in the State of Punjab, particularly in underserved areas like Amritsar and rural regions and if so, the details thereof;

(b) whether the Government has any plans for funding and expanding cervical cancer screening programs and Human Papilloma Virus (HPV) vaccination drives, with a focus on affordability and accessibility in rural areas across the country and if so, the details thereof;

(c) whether the Government proposes to launch a national public health campaign to educate women about early detection, symptoms and preventive measures, involving community and women's organizations to maximize outreach and if so, the details thereof;

(d) whether the Government also proposes to allocate a specific budget to make the HPV vaccine widely available, affordable, or free for girls and young women, to reduce the incidence of cervical cancer across the country, State/UT-wise including Punjab and if so, the details thereof; and

(e) whether such measures are likely to support the health and well-being of women in the region and align with national health priorities and if so, the details thereof?

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



(a) to (e) The Department of Health and Family Welfare, Government of India, provides technical and financial support to the States and Union Territories including Punjab under the National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) as part of National Health Mission (NHM). The programme focusses on strengthening infrastructure, human resource development, early diagnosis, referral to an appropriate level of healthcare facility for treatment and management and health promotion and awareness generation for prevention, of Non-Communicable Diseases (NCDs) including cervical cancer. ASHA administers Community Based Assessment Checklist (CBAC) for all individuals of 30 years and above age group in the population. Risk assessment for NCDs including cervical cancer is done through CBAC and all the high risk individuals of age 30 years and above are referred for screening of common NCDs. A population-based initiative for screening, management and prevention of common NCDs including cervical cancer has been rolled out as a part of comprehensive Primary Health Care in the country under NHM.

Prevention, control and screening services are being provided through trained frontline workers [Accredited Social Health Activist (ASHA) and Auxiliary Nurse and Midwife (ANM)], and the referral support and continuity of care is ensured through Community Health Centres, District Hospitals and other tertiary care institutions. Population Based Screening can help in better management of diseases by the way of early stage of detection, follow up and treatment adherence. Training Modules on screening, management and awareness generation for NCDs

have been developed for training of various categories of health staff viz. Nurses, ANMs, ASHAs and Medical Officers.

National NCD Portal has been rolled out by the Government of India in 2018 under NP-NCD for NCD screening and management and ensuring continuum of care for five common NCDs including cervical cancer of population of 30 years and above.

In the community, ASHAs play a pivotal role in spreading awareness about Non-Communicable Diseases (NCDs) including cervical cancer. ASHAs educate individuals and families on the importance of adopting healthy lifestyles, including nutritious diets, regular physical activity, and avoidance of tobacco and alcohol. ASHAs emphasize the significance of early detection through regular health check-ups and screenings, enabling timely intervention through home visits, group meetings, and participation in health campaigns.

Community level forum like Village Health Sanitation and Nutrition Committee (VHSNC)/ Mahila Aarogya Samiti (MAS), Jan Aarogya Samiti (JAS), Self Help Groups (SHG) and local bodies serve as a platform for community awareness and promotive and preventive care activities.

Under the Anganwadi services scheme, pregnant women and lactating mothers are provided health education and the importance of taking nutritious diets.

Further initiatives for increasing public awareness about NCDs including cervical cancer and for promotion of healthy lifestyle include observation of National Cancer Awareness day, use of print, electronic and social media for continued community awareness. In addition, NP-NCD gives financial support of ₹3 -5 lakhs at District level and ₹50-70 lakhs at State level under NHM for awareness

generation activities for NCDs to be undertaken by the States and Union Territories as per their Programme Implementation Plans (PIPs).

As per the National NCD Portal, as of 2<sup>nd</sup> December 2024, a total of 3.99 lakh females aged 30 years and above have been screened for cervical cancer in Punjab.

The State Government of Punjab has informed that it has undertaken mass awareness campaign for early signs and symptoms of common cancers including cervical cancer among general population, including Amritsar and rural regions across the State of Punjab. There are screening camps at all public health facilities across the State. The National cancer awareness day is celebrated every year in all 23 districts at all health facilities. Other initiatives for mass awareness include Cycle rallies, Frequency Modulation (FM) radio messages and Short Message Service (SMS). The cervical cancer elimination day was observed by the State Government of Punjab on 17<sup>th</sup> November, 2024 and screening activities were conducted at all District hospitals. Further, poster making activities with prize distribution for school girls, printing and distribution of various Information, Education and Communication (IEC) material like Pamphlets, Posters for creating awareness for early screening of common cancers were done.

Human Papilloma Virus (HPV) vaccine is not a part of the Universal Immunization Programme (UIP).

### **COURT DIRECTIVES ON ANGANWADI WORKERS**

#### **1841. ADV. ADOOR PRAKASH:**

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

- (a) whether the Government noted the recent judgement of the Gujarat High Court to treat Anganwadi workers as permanent civil employees;
- (b) if so, whether the High Court has issued any directives to the Union Government in this regard;
- (c) if so, the details thereof and the response of the Government thereto;
- (d) whether the Government has taken note that Anganwadi workers are getting only a paltry amount as honorarium and are not entitled to any other benefits; and
- (e) if so, whether the Government proposes to increase the honorarium of Anganwadi 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) to (e) The Hon'ble High Court of Gujarat has passed a Judgement dated 02.08.2024 in R/Special Civil Application No. 8164 of 2015 titled 'Adarsh Gujarat Anganwadi Union and Ors. Vs. State of Gujarat and Ors. and other 14 connected Petitions. The Ministry is examining the judgement.

Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored scheme. The Central Government makes policy and does the planning part and the State Governments execute the day-to-day program. Under Mission Saksham Anganwadi and Poshan 2.0, Anganwadi functionaries i.e Anganwadi Workers and Anganwadi Helpers 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 community for which they are paid monthly honorarium.

Government of India increases the honorarium of Anganwadi Workers (AWWs)/Anganwadi Helpers (AWHs) from time to time. The honorarium of AWWs/AWHs was last revised on 1<sup>st</sup> October, 2018 as Rs.4,500/- per month for AWW at main Anganwadi Centres (AWCs); Rs.3,500/- per month for AWW at mini-AWCs and Rs.2,250/- per month for AWHs. Besides, performance linked incentive of Rs.250/- per month is provided to AWHs and Rs.500/- provided to AWWs. In addition, States/UTs are also paying additional monetary incentives/honorarium to these functionaries from their own resources which vary from State to State. Details are given in the enclosed **Statement**.

State/ UTs have been requested time and again through sustained engagements, video conferences and advisories not to involve Anganwadi Workers/ Helpers in work not related to the scheme so that their time could be better utilized for more effective implementation of the scheme.

With a view to incentivize and encourage the Anganwadi Workers and Anganwadi Helpers, various steps/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) 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) to AWWs/AWHs 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.

(iii) Pradhan Mantri Shram Yogi Maan-Dhan (PM-SYM): State Governments/UT Administrations have been requested to encourage eligible AWWs/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) Retirement date: States/ UTs have been requested to adopt a uniform retirement date i.e 30<sup>th</sup> April of each year with respect to Anganwadi Workers and Helpers to ensure proper human resource planning.

(v) It has been announced in the interim budget FY 2024-25 to extend healthcare annual coverage of Rs. 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to all Anganwadi workers and helpers.

(vi) Uniform: There is a provision for set of two uniforms (saree/suit per annum) to AWW/AWH.

Government has issued orders for upgradation of all mini-AWC to regular AWCs. This would add an Anganwadi Helper in these Mini Anganwadi Centres across the country to share the burden of Anganwadi Worker.

Under Mission Poshan 2.0, Anganwadi workers (AWWs) have been technologically empowered with the provision of smartphones for efficient monitoring and service delivery through the Poshan Tracker app. This online system has digitized 9 physical registers out of eleven prepared and used by Anganwadi workers. This improves the quality of their work while simultaneously allowing them more time for monitoring of the all activities in the Anganwadi.

In addition to AWWs, Smartphones are provided to Supervisors and Block Coordinators also. Similarly, data recharge support is also provided to AWWs, Supervisors and Block Coordinators.

### **STATEMENT**

**Details of additional incentives/honorarium paid by States and UTs from their own sources**

S.No.	Name of States/UTs	As reported by the States and UTs additional incentive/honorarium from its own sources (per month) in Rs.	
		Anganwadi Worker	Anganwadi Helper
1	Andhra Pradesh	7000	4750
2	Bihar	2500	1725
3	Chhattisgarh	5500	2750

4	Goa	5500 (0-10 years experience), 6000 (10-15 years experience), 8000 (15 to 20 years experience) 10000 ( 20-25 years experience) and 12000 (25 years and above experience)	3000 (0-5 years experience), 3500 (5-10 years experience), 4000 (10 to 15 years experience) 4500 ( 15-20 years experience), 5250 (20 to 25 years experience) and 6000 (25 years and above experience)
5	Gujarat	5500	3250
6	Haryana	9500 ( AWWs above 10 years) 9000 (AWWs less than 10 years service/experience) 9000 (Mini AWWs) Rs. 1000 per month additional is paid to 4000 AWWs who is working in 4000 play schools (upgraded AWCs)	5250
7	Himachal Pradesh	5000 for Main AWC and 2950 for Mini AWCs	3100
8	Jammu and Kashmir	600	300
9	Jharkhand	5000 (Main AWC) and 6000 in Mini AWC	2500
10	Karnataka	6500	4000



11	Kerala	Rs.8000/-for who has completed 5 years of service and Rs.8500/- for who has completed 10 years of service	Rs.6250/- for who has completed 5 years of service and Rs.6750/- for who has completed 10 years of service
12	Madhya Pradesh	8500 for Main AWC and 3750 for Mini AWC	4250
13	Maharashtra	5500 (Up to 10 Years experience) 5800 ( 11 to 20 years experience), 5900 (21 to 30 years experience), 6000 (31 years and above experience)	3250 (Up to 10 Years experience) 3415 ( 11 to 20 years experience), 3470 (21 to 30 years experience), 3525 (31 years and above experience)
14	Orissa	3000 for Main AWC and 1875 for Mini AWC	1500
15	Punjab	5000 ( Rs 500 increment per year).	3100 (250 increment per year)
16	Rajasthan	4554	3036
17	Tamil Nadu	10502	6596
18	Telangana	9150	5550
19	Uttar Pradesh	1500	750
20	Uttarakhand	4800-AWW and 2750-MINI AWW	3000
21	West Bengal	3750	4050
22	AandN Island	7500	5750
23	Chandigarh	3600	1800

24	Dadra and Nagar Haveli/ Daman and Diu	1000	600
25	Lakshadweep	5500	4750
26	Delhi	8220	4560
27	Puducherry	1950	2125
28	Arunachal Pradesh	2000+ 1000 w.e.f 16.01.2024	2000+ 1000 w.e.f 16.01.2024
29	Assam	2000 for AWW and 1250 for Mini AWW	1000
30	Manipur	1000	600
31	Meghalaya	3000 for Main AWC and 1500 for Mini AWC	1000
32	Mizoram	450	250
33	Nagaland	0	0
34	Sikkim	7000	4500
35	Tripura	5946 (Maximum) and 3500 Minimum	4218 (Maximum) and 2750 (Minimum)
36	Ladakh	1300	650

### SCHEMES UNDER CSWB

#### 1842. SHRI ESWARASAMY K:

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

- (a) the number and names of schemes being run by different Ministries/department of Government for the welfare of women, children and the handicapped parallel to those of the Central Social Welfare Board (CSWB);
- (b) whether Government proposes to bring all these schemes under the control of CSWB;
- (c) whether Tamil Nadu State Boards have been assigned legal status and if not, the reasons therefor; and
- (d) the funds allocated to NGOs under these schemes during the last three years and action taken against errant NGOs?

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

(a) to (d) For better implementation and efficient monitoring, all schemes of the Ministry have been clubbed into three Umbrella Missions, viz. (1) Mission Saksham Anganwadi and Poshan 2.0 for improving nutrition health indicators in the country (2) Mission Shakti, for safety, protection and empowerment of women; and (3) Mission Vatsalya, for protection and welfare of children. For implementation of all the schemes, central government funds are released only to the States/UT Governments. Further releases of these central funds are made by the States/UTs to their implementing agencies. The Ministry does not release any funds to NGOs. The Union Cabinet approved closure of CSWB as a part of the rationalization of autonomous organisations under the administrative control of various

Ministries/Departments with the objective to improve efficiency and utilize available manpower and assets more optimally. As per the Notification No. CSWB-11/1/2024-CSWB, dated 4<sup>th</sup> April, 2024 published in the Gazette of India(extraordinary), the CSWB stands closed with effect from 30<sup>th</sup> November, 2024.

Further, this Ministry vide letter dated 18.06.2021 had already conveyed to all the States/UTs that an appropriate view may be taken by them in relation to continuation or otherwise of their respective State Social Welfare Boards (SSWBs) including the Tamil Nadu State Social Welfare Board and that the management of the SSWBs including their manpower and financial liabilities including pension, if any, would be the responsibility of the respective States/UTs governments.

### **PREVALENCE OF GENETIC DISORDERS**

#### **1843. SHRI G. LAKSHMINARAYANA:**

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

- (a) the number of children (below 18 years) and adults suffering from genetic disorders in the country during the last five years, State-wise;
- (b) the types of genetic disorders most prevalent among children, specifically mentioning thalassemia, sickle cell anaemia, down syndrome, and cystic fibrosis, State-wise;
- (c) the number of Nidaan Kendras established under the Unique Methods of Management and Treatment of Inherited Disorders (UMMID) scheme, including their locations and the type of genetic disorders in the country, State/UT-wise;

- (d) the number of genetic screenings conducted and individuals trained in each State, particularly through Nidaan Kendras, State/UT-wise;
- (e) whether the Government plans to establish additional Nidaan Kendras in States with high genetic disorder prevalence, including Andhra Pradesh for new centers or clinical training in the country, State/UT-wise; and
- (f) the current status and expected time by which the said project is likely to be completed 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): Indian Council of Medical Research (ICMR) has informed that the National Registry for Rare and Other Inherited Disorders (NRROID) was initiated in November 2019 to document prospectively the data of various patients suffering from rare genetic diseases who visit the hospital OPDs. The age and state-wise data of 13,186 patients suffering from rare genetic diseases is available in the registry. The state-wise distribution of children (below 18 years) and adults suffering from genetic disorders, enrolled in the registry is given in the enclosed **Statement-I**.

(b): As on 24.11.2024, a total of 4,75,42,776 individuals have been screened under the National Sickle Cell Anaemia Elimination Mission (NSCAEM). The State-wise details of screenings conducted and diseased Sickle Cell Anaemia individuals identified through screening in the affected States is given in the enclosed **Statement-II**.

The National Registry for Rare and Other Inherited Disorders collects information on Thalassemia patients which are enrolled from 24 centres across the country. The State-wise distribution of Thalassemia patients enrolled in the registry is given in the enclosed **Statement-III**.

Additionally, ICMR funded Centre for Advanced Research on Childhood Respiratory Disease collected information on cystic fibrosis patients from 4 institutes across the country. The state-wise distribution of cystic fibrosis patients which were enrolled (through hospitals) in the above-mentioned project is given in the enclosed **Statement-IV**.

(c): Department of Biotechnology (DBT) has informed that it has undertaken Unique Methods of Management and Treatment of Inherited Disorders (UMMID) scheme initiative to address the burden of genetic disorders in the country through establishment of three components: DBT-UMMID-NIDAN Kendras (Genetic diagnosis centres), outreach to aspirational districts for antenatal and newborn screening, and training centres for capacity building among Government doctors. Initially DBT-UMMID-NIDAN Kendras were set up in five major hospitals, across India as part of the first phase. Currently, in phase two of UMMID Initiative, the DBT-UMMID-NIDAN Kendras Network has been expanded to 26 Centers nationwide across 15 States/UTs, including institutes from varied geographical locations.

The state wise list of DBT-UMMID-NIDAN KENDRA is given in the enclosed **Statement-V**.

DBT-UMMID-NIDAN Kendras undertake Prenatal testing for genetic disorders such as Beta thalassemia, sickle cell disease, and other hemoglobinopathies, Down syndrome and other aneuploidies, Congenital malformations such as neural tube defects and other genetic disorders prevalent at a relatively higher rate in the region. Newborn Screening is undertaken for relatively common treatable genetic metabolic disorders including, Congenital hypothyroidism, Congenital adrenal hyperplasia, Galactosemia, Biotinidase deficiency, Glucose-6-phosphate dehydrogenase (G6PD) deficiency and other treatable genetic metabolic disorders prevalent at a relatively higher rate in the region.

(d): Initially DBT-UMMID-NIDAN Kendras were set up in five major hospitals, across India as part of the first phase. The number of genetic screenings conducted and individuals trained in each state, particularly through Nidan Kendras, State/UT-wise is provided below:

<b>NIDAN Kendra</b>	<b>Institute/ State</b>	<b>No. of genetic screenings</b>	<b>No. of Manpower trained</b>
Delhi	-Army Hospital Research and Referral, Delhi	7500	4
	-Lady Hardinge Medical College, Delhi	7255	11
Rajasthan	-All India Institute of Medical Sciences (AIIMS), Jodhpur, Rajasthan	27618	22
Telangana	- Nizam's Institute of Medical Sciences, Hyderabad, Telangana	28284	7
West Bengal	-Nil Ratan Sircar Hospital Medical College and	28041	7

	Hospital, Kolkata, West Bengal		
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Apart from the above 60 clinicians have been trained throughout India under the training component.

(e) and (f): Currently, in phase two of UMMID Initiative, the DBT-UMMID-NIDAN Kendras Network has been expanded to 26 Centers nationwide across 15 States/UTs, including institutes from varied geographical locations.

In the State of Andhra Pradesh, DBT- UMMID-NIDAN Kendra has been sanctioned at Sri Venkateswara Institute of Medical Sciences, Tirupati, Andhra Pradesh on 14th November, 2024 for a period of three years.

### **STATEMENT-I**

**State-wise distribution of children (below 18 years) and adults suffering from genetic disorders, enrolled in the National Registry for Rare and Other Inherited Disorders (NRROID)**

<b>States/UTs</b>	<b>Above 18 years</b>	<b>Below 18 years</b>
Andaman Nicobar	0	2
Andhra Pradesh	92	497
Arunachal Pradesh	3	20
Assam	278	716
Bihar	70	536
Chandigarh	35	87



Chhattisgarh	7	59
Dadra Nagar Haveli	0	1
Daman Diu	1	1
Delhi	158	788
Goa	2	3
Gujarat	55	301
Haryana	97	441
Himachal Pradesh	28	113
Jammu Kashmir	12	84
Jharkhand	18	150
Karnataka	285	833
Kerala	41	167
Ladakh	0	4
Lakshadweep	0	1
Madhya Pradesh	79	357
Maharashtra	287	913
Manipur	2	6
Meghalaya	1	1
Mizoram	0	1
Nagaland	2	6
Odisha	15	82
Puducherry	3	17

Punjab	115	353
Rajasthan	24	212
Sikkim	0	7
Tamil Nadu	213	902
Telangana	82	630
Tripura	0	22
Uttar Pradesh	324	1927
Uttarakhand	16	67
West Bengal	81	453
<b>Total</b>	<b>2426</b>	<b>10760</b>

**Statement-II**

**State-wise details of screenings conducted and diseased Sickle Cell Anaemia individuals identified through screening in affected States**

<b>State Name</b>	<b>Total Screened</b>	<b>Total No.of Diseased</b>
Andhra Pradesh	9,29,380	1706
Assam	8,47,274	258
Bihar	11,976	1
Chhattisgarh	1,44,11,035	25378
Gujarat	35,58,702	5740
Jharkhand	21,98,507	2149
Karnataka	2,18,069	564

Kerala	1,06,753	1167
Madhya Pradesh	84,69,811	25307
Maharashtra	49,91,803	19296
Odisha	47,62,739	89324
Rajasthan	36,24,600	2947
Tamil Nadu	2,58,162	495
Telangana	4,33,449	836
Uttar Pradesh	6,48,371	18
Uttarakhand	1,64,532	2
West Bengal	1,907,613	5422
<b>Total</b>	<b>4,75,42,776</b>	<b>1,80,610</b>

### **STATEMENT-III**

**State-wise distribution of Thalassemia patients enrolled in National Registry  
for Rare and Other Inherited Disorders (NRROID)**

<b>State/UT</b>	<b>No. of patients suffering from Thalassemia</b>
Andhra Pradesh	43
Arunachal Pradesh	7
Assam	544
Bihar	159
Chandigarh	26

Chhattisgarh	7
Dadra Nagar Haveli	1
Daman Diu	1
Delhi	237
Gujarat	31
Haryana	129
Himachal Pradesh	31
Jammu Kashmir	3
Jharkhand	25
Karnataka	155
Kerala	4
Madhya Pradesh	96
Maharashtra	383
Manipur	1
Meghalaya	0
Odisha	12
Puducherry	2
Punjab	130
Rajasthan	19
Tamil Nadu	313
Telangana	71
Tripura	4

Uttar Pradesh	493
Uttarakhand	13
West Bengal	53
<b>Grand Total</b>	<b>2993</b>

**STATEMENT-IV**

**State-wise distribution of Cystic Fibrosis patients enrolled (through hospitals) in ICMR funded Centre for Advanced Research on Childhood Respiratory Disease project**

<b>State/UT</b>	<b>No. of patients suffering from Cystic Fibrosis</b>
Delhi	143
Jammu Kashmir	64
Rajasthan	34
Tamil Nadu	50
<b>Grand Total</b>	<b>291</b>

**STATEMENT-V**

**The number of genetic screenings conducted and individuals trained in each state, particularly through Nidan Kendras, State/UT-wise.**

<b>NIDAN Kendra</b>	<b>Total</b>	<b>Institute/ State</b>
Andhra Pradesh	1	- Sri Venkateswara Institute of Medical Sciences, Tirupati, Andhra Pradesh
Assam	1	- Assam Medical College and Hospital, Dibrugarh, Assam
Bihar	1	- All India Institute of Medical Sciences (AIIMS), Patna, Bihar
Chandigarh	1	- Government Medical College and Hospital, Chandigarh
Chhattisgarh	1	-All India Institute of Medical Sciences (AIIMS), Raipur, Chhattisgarh
Delhi	2	-Army Hospital Research and Referral, Delhi  -Lady Hardinge Medical College, Delhi
Jharkhand	1	-Rajendra Institute of Medical Sciences (RIMS), Ranchi, Jharkhand
Jammu and Kashmir	2	-Government Medical College, Srinagar, JandK  -Sher-i-Kashmir Institute of Medical Sciences, (SKIMS), Srinagar, JandK

Karnataka	2	-Bangalore Medical College and Research Institute, Bangalore, Karnataka  -Command Hospital Air Force Bangalore, Bangalore, Karnataka
Kerala	2	-Government Medical College, Kozhikode, Kerala  -Government Medical College, Thiruvananthapuram, Kerala
Mizoram	1	-Civil Hospital Aizawl, Mizoram
Madhya Pradesh	1	-All India Institute of Medical Sciences (AIIMS), Bhopal, Madhya Pradesh
Maharashtra	4	-All India Institute of Medical Sciences (AIIMS), Nagpur, Maharashtra  -Mahatma Gandhi Institute of Medical Sciences, Sevagram, Maharashtra  -Armed Forces Medical College, Pune, Maharashtra  -National Institute for Research in Reproductive and Child Health (ICMR- NIRRH), Mumbai, Maharashtra
Odisha	1	-All India Institute of Medical Sciences (AIIMS), Bhubaneswar, Odisha
Rajasthan	2	-Sawai Man Singh Medical College, Jaipur, Rajasthan  - All India Institute of Medical Sciences (AIIMS), Jodhpur,

		Rajasthan
Telangana	1	- Nizam's Institute of Medical Sciences, Hyderabad, Telangana
Uttar Pradesh	4	-King George Medical University, Lucknow, UP  -All India Institute of Medical Sciences (AIIMS), Gorakhpur, UP  -Aligarh Muslim University, UP  -Institute of Medical Sciences (IMS), BHU, Varanasi, UP
Uttarakhand	1	-All India Institute of Medical Sciences (AIIMS), Rishikesh, Uttarakhand
West Bengal	1	-Nil Ratan Sircar Hospital Medical College and Hospital, Kolkata, West Bengal
TOTAL	30	

### SHORTAGE OF DAP FERTILISER

#### 1844: SHRI SAPTAGIRI SANKAR ULAKA:

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

- e) the total quantum of DAP fertiliser required by States during the current agricultural season vs. the amount supplied by the Government;



- f) the number of States officially reporting shortages of DAP fertiliser and steps taken by the Government to address the shortage;
- g) the reasons for failure to ensure timely distribution of fertilisers despite claims of adequate production and imports; and
- h) the total subsidy provided for DAP fertiliser in the last five years and reasons for the farmers still facing unaffordable prices in several 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) to (c): The details regarding requirement, availability, sales and closing stock of DAP across the States in the country during the ongoing Rabi 2024-25 season is given in the enclosed **Statement**.

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

- i. Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DAandFW), in consultation with all the State Governments, assesses the state-wise and month-wise requirement of fertilizers.
- ii. On the basis of requirement projected, Department of Fertilizers allocates sufficient/ adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.
- iii. The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web based monitoring system called integrated Fertilizer Monitoring System (iFMS);

iv. Regular Weekly Video Conference is conducted jointly by DAandFW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.

v. The gap between demand (requirement) and production of fertilizers is met through imports. The import for the season is also finalized well in advance to ensure timely availability.

(d): Government of India has laid down reasonable guidelines for PandK fertilizers which ensure that PandK fertilizers are available at reasonable prices to farmers. Accordingly, against the cost of Rs 3100 per bag for DAP, it is provided to the farmers at a Maximum Retail Price (MRP) of Rs.1350 per bag.

The total subsidy (in Crores) under NBS Scheme (DAP is a component under this Scheme), in the last 5 years, is given below :-

<b>Year</b>	<b>Approximate Actual Expenditure</b>
2019-20	26,368
2020-21	37,372
2021-22	52,770
2022-23	86,122
2023-24	65,199

<b><u>STATEMENT</u></b>
<b>REQUIREMENT, AVAILABILITY, CONSUMPTION and CLOSING STOCK OF DAP DURING ONGOING RABI 2024-25 (TILL 02.12.2024)</b>

(fig. in LMT)					
		<b>DAP</b>			
<b>S.No</b>	<b>State</b>	<b>REQUIREMENT</b>	<b>AVAILABILITY</b>	<b>CONSUMPTION</b>	<b>CLOSING STOCK</b>
1	Andaman and Nicobar Islands	0	0	0	0
2	Andhra Pradesh	0.82	1.54	0.98	0.58
3	Arunachal Pradesh	0	0	0	0
4	Assam	0.12	0.26	0.15	0.11
5	Bihar	1.8	2.28	1.62	0.69
6	Chandigarh	0	0	0	0
7	Chhattisgarh	0.46	0.48	0.18	0.31
8	Dadra and Nagar Haveli	0	0	0	0
9	Daman and Diu	0	0	0	0
10	Delhi	0	0.03	0.02	0
11	Goa	0	0	0	0
12	Gujarat	1.82	2.18	1.81	0.38
13	Haryana	2.26	2.44	2.27	0.17

14	Himachal Pradesh	0	0.02	0.01	0.01
15	Jammu and kashmir	0.07	0.2	0.08	0.12
16	Jharkhand	0.16	0.32	0.15	0.17
17	Karnataka	0.69	1.12	0.62	0.51
18	Kerala	0.02	0.06	0.06	0.01
19	Lakshadweep	0	0	0	0
20	Madhya Pradesh	5.83	5.09	3.9	1.19
21	Maharashtra	0.8	1.79	0.94	0.85
22	Manipur	0	0	0	0
23	Meghalaya	0	0	0	0
24	Mizoram	0	0	0	0
25	Nagaland	0	0	0	0
26	Odisha	0.13	0.4	0.15	0.25
27	Puducherry	0	0.01	0	0
28	Punjab	4.26	3.48	3.01	0.46
29	Rajasthan	2.8	2.99	2.59	0.42
30	Sikkim	0	0	0	0
31	Tamil Nadu	0.67	1.09	0.69	0.41
32	Telangana	0.62	0.79	0.42	0.37
33	Tripura	0	0	0	0

34	Uttarakhand	0.11	0.25	0.16	0.1
35	Uttar Pradesh	11.15	10.03	8.26	1.78
36	West Bengal	0.7	1.04	0.64	0.44
	<b>All India</b>	<b>35.29</b>	<b>37.89</b>	<b>28.71</b>	<b>9.33</b>

### **FACIAL RECOGNITION BASED AXIS CONTROL SYSTEM**

#### **1845. SHRI SUDHEER GUPTA:**

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

(a) whether the Government proposes to extend the AIIMS Trauma Centre and build a new block in view of the increasing number of patients, if so, the details thereof;

(b) the total amount of funds sanctioned and released by the Government in this regard;

(c) whether the Government proposes to introduce/install Facial Recognition Based Axis Control System (FRBACS) for safety and security purposes in AIIMS, Delhi including other AIIMS and Central Government hospitals in different cities across the country, if so, the details thereof, State/city-wise; and

(d) the amount of funds likely to be spent on the same?

**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): Jai Prakash Narayan Apex Trauma Center (JPNATC) of AIIMS-New Delhi is functional with a total strength of 259 beds including 60 ICU beds and 11 state-of-the-art Operation Theatres.

(c) and (d): The Ministry has from time to time issued advisory regarding measures to be taken to strengthen safety and security in health institutions across the country. In this regard, AIIMS-New Delhi has taken several steps including installation of high resolution CCTV cameras at strategic locations, deployment of well-trained security personnel, issuance of identification badges for staff, patients and visitors, regulation of access of patient's attendant, installation of adequate light at dark spots, installation of public address system, Quick Response Team (QRT) and Surveillance Team for tackling various types of emergencies.

### शी-बॉक्स पोर्टल

1846. श्री गणेश सिंह. :

श्री विनोद लखमशी चावड़ा:

श्री जशुभाई भिलुलाई राठवा:

श्री दामोदर अग्रवाल:

श्रीमती स्मिता उदय वाघ:

श्री विजय बघेल:

डॉ. भोला सिंह:

श्री मनोज तिवारी:

श्रीमती कमलजीत सहरावत:

श्रीमती कमलेश जांगड़े:

श्रीमती शोभनाबेन महेन्द्रसिंह बारैया:

श्रीमती बिजुली कलिता मेधी:

डॉ. निशिकान्त दुबे:

### श्री नव चरण माझी:

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

(क) हाल ही में शुरू किए गए शी-बॉक्स पोर्टल का उद्देश्य कार्यस्थल पर यौन उत्पीड़न की शिकायतों का समाधान करने की प्रक्रिया को किस प्रकार सरल बनाना है और महिलाओं की शिकायतों का समय पर निवारण सुनिश्चित करने के लिए उक्त पोर्टल द्वारा क्या सुविधाएं प्रदान की गई हैं;

(ख) महिलाओं द्वारा दर्ज किए जाने और तत्संबंधी शिकायतों को ट्रैक करने के लिए शी-बॉक्स प्लेटफॉर्म की विशिष्ट कार्यक्षमताओं का ब्यौरा क्या है;

(ग) उक्त पोर्टल किस हद तक कम शिक्षित/अशिक्षित और ग्रामीण महिलाओं के लिए सुलभ है;

(घ) शी-बॉक्स विभिन्न क्षेत्रों में महिलाओं के लिए एक सुरक्षित कार्य वातावरण बनाने में किस प्रकार योगदान देता है;

(ड.) शी-बॉक्स प्लेटफॉर्म पर उपयोगकर्ताओं द्वारा साझा की गई जानकारी की गोपनीयता और सुरक्षा सुनिश्चित करने के लिए क्या उपाय किए गए हैं; और

(च) छत्तीसगढ़ में शी-बॉक्स पोर्टल के माध्यम से अब तक कितनी शिकायतों का समाधान किया गया है?

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

(क) से (ग): 'महिलाओं का कार्यस्थल पर लैंगिक उत्पीड़न (निवारण, प्रतिषेध और प्रतितोष) अधिनियम, 2013' (एसएच अधिनियम) उपयुक्त सरकार को अधिनियम के कार्यान्वयन की निगरानी करने और एसएच अधिनियम के तहत दर्ज और निपटाए गए मामलों की संख्या का आंकड़ा रखने का अधिकार देता है। यह उन कार्यालयों में आंतरिक समिति (आईसी) के गठन का प्रावधान करता है जहां कर्मचारियों की संख्या 10 या इससे अधिक है और साथ ही अधिनियम के तहत अधिसूचित जिला अधिकारी द्वारा स्थानीय समिति (एलसी) के गठन का भी अधिकार देता है, ताकि उन कार्यस्थलों के मामलों से निपटा जा सके जहां कर्मचारियों की संख्या 10 से कम है या जहां शिकायत स्वयं नियोक्ता के खिलाफ है।

अधिनियम नियोक्ताओं को नियमित अंतराल पर अधिनियम के प्रावधानों के बारे में श्रमिकों को संवेदनशील बनाने का भी अधिदेश देता है। अधिनियम में सभी महिलाओं को शामिल किया गया है, चाहे उनकी आयु या व्यवसाय कुछ भी हो, चाहे वे सार्वजनिक या निजी क्षेत्र अथवा संगठित या असंगठित क्षेत्र में हों।

हाल तक, आईसी/एलसी के विवरण और एसएच अधिनियम के तहत प्राप्त और निपटायी गयी शिकायतों की संख्या तक पहुंचने के लिए कोई केंद्रीकृत डेटा बेस उपलब्ध नहीं था। महिला और बाल विकास मंत्रालय द्वारा शुरू किया गया शी-बॉक्स पोर्टल देश भर में सरकारी या निजी क्षेत्र में गठित आईसी और एलसी से संबंधित सूचनाओं का सार्वजनिक रूप से उपलब्ध केंद्रीकृत भंडार प्रदान करता है। यह प्रत्येक महिला को, चाहे उसकी कार्य स्थिति कुछ भी हो, चाहे वह संगठित या असंगठित, निजी या सार्वजनिक क्षेत्र में काम कर रही हो, कार्यस्थल पर लैंगिक उत्पीड़न की शिकायत दर्ज करने और ऐसी शिकायतों की स्थिति पर नज़र रखने के लिए एकल-खिड़की पहुंच प्रदान करता है। यह ये भी सुनिश्चित करता है कि शिकायतें सीधे संबंधित कार्यस्थल के आईसी को अपने आप प्रेषित हो जाएं, जिससे प्रक्रिया सुव्यवस्थित हो और समय पर निवारण सुनिश्चित हो। आई.सी./एल.सी. के अध्यक्ष के अलावा कोई भी व्यक्ति, अंतिम निपटान आदेश को छोड़कर, शिकायतकर्ता के विवरण और शिकायत की विषय-वस्तु तथा उससे संबंधित अन्य कार्यवाहियों को नहीं देख सकता है। इसके अलावा, पोर्टल प्रत्येक कार्यस्थल द्वारा एक नोडल अधिकारी को नामित करने का प्रावधान करता है, जिसे शिकायतों की वास्तविक समय की निगरानी के लिए नियमित आधार पर डेटा/सूचना को अद्यतन करना सुनिश्चित करना आवश्यक है।

इसके अतिरिक्त, पोर्टल कार्यस्थलों को अधिनियम के तहत अन्य अनुपालन आवश्यकताओं के बारे में जानकारी अद्यतन करने में सक्षम बनाता है। इसमें वार्षिक रिपोर्ट प्रस्तुत करना, कर्मचारियों और आईसी सदस्यों के लिए जागरूकता/प्रशिक्षण कार्यक्रमों का विवरण इत्यादि शामिल हैं।

पोर्टल को उपयोगकर्ता के अनुकूल और आसानी से सुलभ मंच के रूप में डिज़ाइन किया गया है। मंत्रालय महिलाओं को इसे उपयोग करने में सहायता करने के लिए हितधारकों को सक्रिय रूप से जागरूकता



और प्रशिक्षण प्रदान कर रहा है। क्षेत्रीय भाषाओं में शी-बॉक्स उपलब्ध कराना परियोजना के डिजाइन का हिस्सा है ताकि इसे देश भर की महिलाओं के लिए सुलभ बनाया जा सके।

(घ) और (ड.): कार्यस्थल पर लैंगिक उत्पीड़न का सामना करने वाली कोई भी महिला या उसकी ओर से कोई अन्य व्यक्ति इस पोर्टल के माध्यम से अपनी शिकायत दर्ज करा सकता है। 'शी-बॉक्स' में शिकायत दर्ज होने के बाद यह सीधे संबंधित आईसी/एलसी को प्रेषित हो जाता है जिनके क्षेत्राधिकार में उस मामले में कार्रवाई करने की जिम्मेदारी है।

यह महिलाओं को सुरक्षित कार्यस्थल और निवारण तंत्र तक आसान पहुँच सुनिश्चित करके महिलाओं को सशक्त बनाने की दिशा में एक बड़ा कदम है। यह प्लेटफॉर्म महिलाओं को कार्यस्थल से संबंधित लैंगिक उत्पीड़न की घटनाओं की रिपोर्ट करने और जवाबदेही की संस्कृति को बढ़ावा देने के लिए सुरक्षित और गोपनीय तरीका प्रदान करता है। यह पोर्टल न केवल तत्काल चिंताओं को दूर करने में सहायता करता है बल्कि कार्यस्थलों में दीर्घकालिक सांस्कृतिक परिवर्तनों में योगदान देता है जिससे वे महिलाओं के लिए अधिक समावेशी और सहायक बनते हैं और यह संभावित उत्पीड़कों के विरुद्ध निरोध का एक अतिरिक्त तत्व सृजित करेगा।

पोर्टल में शिकायतकर्ता की गोपनीयता सुनिश्चित करने और व्यक्तिगत जानकारी की सुरक्षा के लिए शिकायत की विषय-वस्तु को केवल आंतरिक समिति (आईसी) या स्थानीय समिति (एलसी) के अध्यक्ष को ही दिखाने की विशेषताएं हैं, जिससे महिलाओं को खुलासे या प्रतिशोध के डर के बिना घटनाओं की रिपोर्ट करने के लिए सुरक्षित वातावरण उपलब्ध होता है। तथापि किसी लंबित मामले की संख्या उस कार्यस्थल के नोडल अधिकारी को भी दिखेगी, ताकि वे शिकायत की प्रगति पर निगरानी रख सकें।

(च): केंद्र सरकार के अधिकतम मंत्रालयों/ विभागों के साथ-साथ राज्य सरकार/ संघ राज्य क्षेत्र प्रशासन के शामिल होने के बाद 19 अक्टूबर, 2024 से शी-बॉक्स की शिकायत पंजीकरण प्रणाली क्रियान्वित की गयी। छत्तीसगढ़ राज्य से अभी तक कोई शिकायत प्राप्त नहीं हुई है।

**STRENGTHENING INFRASTRUCTURE OF MEDICAL DEVICE INDUSTRY****1847. SHRIMATI POONAMBEN MAADAM:****SHRI CAPTAIN BRIJESH CHOWTA:**

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

- (a) whether the Government has launched a 500 crore scheme for strengthening the medical devices industry and if so, the key components and objectives of the scheme;
- (b) the role of the Department of Chemicals and Petrochemicals in implementing the scheme and ensuring the availability of raw materials and components for medical device manufacturing;
- (c) the steps being taken under the scheme to reduce import dependency in the medical device sector and promote indigenous manufacturing of critical components;
- (d) whether the Government is planning to establish medical device manufacturing clusters under this scheme and if so, the proposed locations, including in Karnataka and Dakshina Kannada;
- (e) the expected impact of the scheme on India's self-reliance in medical technology, including projected growth in production capacity, employment generation, and export potential; and
- (f) whether any capacity building and skill development initiatives are being implemented to support the medical device sector 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): In order to provide support in critical areas of the medical device industry, covering manufacturing of key components and accessories, skill development, support for clinical studies, development of common infrastructure and industry promotion, a new scheme "Strengthening of Medical Device Industry" with five sub-schemes has been launched on 8.11.2024 with financial outlay of Rs. 500 crore.

Objective of the sub-schemes under the scheme are as follows: -

**(i) Common Facilities for Medical Device Clusters:** To strengthen existing infrastructure by providing financial assistance to medical device clusters for creating Common Infrastructure Facilities, boosting domestic manufacturing capacity and improving cluster quality and to strengthen availability of more Medical Device Testing Laboratories in order to boost manufacturing of quality medical devices.

**(ii) Marginal Investment Scheme for Reducing Import Dependence:** To promote domestic production of key components, raw materials and accessories used in manufacturing of medical devices, including in-vitro diagnostic devices, in order to reduce dependence of Indian medical device manufacturers on imported key components and raw materials and increase the depth of our value chains.

**(iii) Capacity Building and Skill Development in Medical Device Sector:** The main objective of the component is to fill the gap existing in the education and research in medical devices sector and to ensure quality teaching, training and

nurturing excellence in Medical Technology education for generating critical mass of trained human resource to meet the requirements of rapidly innovating multidisciplinary areas of Medical Technology and create RandD ecosystem for the sector.

**(iv) Medical Device Clinical Studies Support Scheme:** To support the medical device industry by fostering development of devices supported by clinical evidence and generation of clinical data that demonstrates the safety and efficacy of the devices manufactured in India. This will promote manufacturing of quality products with better efficacy and safety. It will also enhance credibility of domestic manufacturers to produce high quality products, opening up opportunities for them in markets outside the country.

**(v) Medical Device Promotion Scheme:** To promote Medical Device Industry by bringing industry leaders, academia and policy makers together to share their knowledge and experience for overall development of the sector as well as to facilitate growth and development of the sector through conducting studies, organizing awareness programs, creation of databases and promotion of industry.

(b): There is no specific role envisaged for the Department of Chemical and Petrochemicals (DCPC) under the scheme. However, DCPC may facilitate availability of raw materials required by the Medical Device Industry.

(c): Through the sub scheme marginal Investment scheme for reducing Import Dependence, support will be available to the industry in form of capital subsidy of 10-20% depending upon the turnover of the applicant up to a maximum for Rs. 10 crore for manufacturing key components, raw materials and accessories used in

manufacturing of medical device. This will help reduce import of these materials into the country and strengthen our supply chain in manufacturing of medical devices.

(d): No Sir, the government is not planning to establish medical device manufacturing clusters under the scheme.

(e): The overall goal of this scheme is to make India a global hub for medical device manufacturing and innovation. By addressing the key challenges faced by the industry, this scheme is expected to boost domestic manufacturing, create jobs, and improve access to affordable and high-quality medical devices for Indian patients. By promoting collaboration between industry players, research institutions, and government bodies, the scheme can strengthen the domestic sector, reduce dependency on imports, and position the country as a leader in the global medical device market.

(f): Capacity Building and Skill Development in Medical Devices Sector Scheme is one of the component/sub-scheme of new scheme "Strengthening of Medical Device Industry" approved with a financial outlay of Rs. 100 crore for the period of three years. Under the scheme financial support will be provided to Central Government Universities/Institutes for running multi-disciplinary post-graduate courses(MS/MTech/PG-Diploma) in medical devices and to Central/State Government Universities/ Institutes and Private Institutes for running diploma, certificate and short-term training courses for existing workforce (technicians, regulators) of medical device industry.

## **DIGITAL HEALTH CARE SYSTEM**

### **1848. SHRI K.C. VENUGOPAL:**

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

- (a) whether the Government has any strategy to combat the twin challenges of accessibility and acceptability of the healthtech sector caused due to a digital divide and a lack of digital literacy among the public;
- (b) if so, the details thereof and if not, the reasons therefor;
- (c) the steps taken/proposed to be taken by the Government to address the rise in health tech startups;
- (d) the steps taken/proposed to be taken by the Government to improve 'medical data consolidation and management' in the country; and
- (e) the steps taken/proposed to be taken by the Government for infrastructural development / improvement in quality healthcare through digital healthcare system?

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

**(a) to (e)** Ayushman Bharat Digital Mission (ABDM) has been launched with a vision to create national digital health ecosystem that supports universal health coverage in an efficient, accessible, inclusive, affordable, timely and safe manner. The mission aims to develop the backbone necessary to support the integrated digital health infrastructure of the country to bridge the digital divide.

The Mission provides for assisted and offline mode for creation of Ayushman Bharat Health Account (ABHA) for areas with limited internet connectivity or hardware or both. Various application such as ABHA app, Aarogya Setu app are multi-lingual and intuitive to use, with a view to address the lack of digital literacy.

Health-tech startups have the potential to revolutionize the healthcare sector by supporting innovations. Ayushman Bharat Digital Mission (ABDM) promotes adoption of open standards by all digital health stakeholders including health tech startups. Government has set up an ABDM sandbox to integrate these solutions to ABDM ecosystem. Government has also launched various initiatives like the Digital Health Incentive Scheme, microsites, collaboration with pharmacies and laboratories to accelerate adoption of digital health, particularly focused towards private sector including startups.

Health Data Management Policy (HDM Policy) was released on 14<sup>th</sup> Dec 2020 by the Union Ministry of Health as a guidance document highlighting minimum standards for privacy and data protection to be followed by the participants/stakeholders of the Ayushman Bharat Digital Mission (ABDM) ecosystem. Health Data Management Policy specifies that no data shall be shared with any other entity without consent of the individual.

To ensure the effective implementation of ABDM, the Union Health Ministry provides financial assistance to States/UTs for human resources, information education and communication (IEC), and capacity building including necessary handholding support in onboarding the facilities/ health professionals and integrate state health digital health programs/solutions under ABDM ecosystem. Union

Health Ministry also provides financial assistance to all States/UTs under National Health Mission for strengthening of health infrastructure for the implementation of IT interventions such as Hospital Management Information System (HMIS) and telemedicine services across the country.

### **DISRUPTIONS OF COMPUTER SERVICE IN RML HOSPITAL**

#### **1849 SHRI JAI PRAKASH:**

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

- (a) whether the Government is aware of the fact that the RML Hospital, Delhi has experienced perennial computer service disruptions due to alleged non-functional fire-wall system which protects its network from cyber threats causing a lot of inconveniences to a large number of patients; and
- (b) if so, the steps taken/proposed to be taken by the Government to mitigate the sufferings of the patients?

#### **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) Only one event of firewall failure was reported in the Hospital on 04.11.2024. The firewall function was restored on 06.11.2024. The OPD registrations were done manually from 04.11.2024 and 05.11.2024. No patient was deprived of healthcare service due to non-functional of firewall system on 04.11.2024 and 05.11.2024.

The IT Infrastructure of Hospital is reviewed from time to time and necessary steps are taken to address the issues, if any to make it more robust.



**DRAFT MASTER PLAN FOR PCPIR IN ANDHRA PRADESH****1850. SHRI P. V. MIDHUN REDDY:**

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

- (a) whether it is a fact that the Petroleum, Chemicals and Petrochemicals Investment Region (PCPIR) was approved in Andhra Pradesh in 2009 and the Detailed Draft Master Plan was published in 2011, if so, the details thereof;
- (b) whether it is a fact that the Draft Master Plan for the same has still not been finalized;
- (c) if so, the reasons for a delay of over a decade; and
- (d) the steps being taken to finalize the plan along with proposed timeline for the same?

**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): Petroleum, Chemicals and Petrochemicals Investment Region (PCPIR) in Andhra Pradesh was approved in February, 2009. The Detailed Draft Master Plan was published in the year 2014.

(b) and (c): Under the PCPIR Policy, 2007, the establishment of Anchor Unit (i.e. Petrochemical Complex) is stipulated in order to cater to the needs of downstream industries. However, the 'Anchor Unit' and its location have not been finalized. As

such, the Environmental Clearance and the Master Plan for the region can only be finalized thereafter.

(d): Andhra Pradesh Government has directed Visakhapatnam-Kakinada Petroleum, Chemical and Petrochemical Investment Region Special Development Authority (VK- PCPIR SDA) to prepare the Plan for the region. The same is planned for completion by December 2025.

### **PREVENTION OF NUTRITION RELATED DISEASES**

#### **1851. SHRI MANISH JAISWAL:**

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

(a) the steps have been taken by the Government to prevent diseases like calorie deficiency, protein malnutrition and under nutrition in rural areas in the country;

(b) the steps taken by the Government to create awareness regarding impacted ill health on education; and

(c) the details of investments in all dimensions of the health system in this regard?

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

(a) and (b) 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 increase awareness and address undernutrition including calorie deficiency and protein malnutrition across the country, including rural areas as placed below:

**I. Nutrition Rehabilitation Centers (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years suffering from Severe Acute Malnourishment (SAM) with medical complications. In addition to curative care, special focus is given on timely, adequate and appropriate feeding for children; on improving the skills of mothers and caregivers on complete age-appropriate caring and feeding practices.

- **Mothers' Absolute Affection (MAA) Programme** is implemented to improve breastfeeding coverage which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by counselling on age-appropriate complementary feeding practices.
- **Lactation Management Centres:** Comprehensive Lactation Management Centres. (CLMC) are facilities 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. Lactation Management Unit (LMU) are established for providing lactation support to mothers within the health facility for collection, storage and dispensing of mother's own breastmilk for consumption by her baby.
- **Anemia Mukht Bharat (AMB)** strategy is implemented to reduce anemia among six beneficiaries age group - children (6-59 months), children (5-9 years),

adolescents (10-19 years), pregnant and lactating women and in women of reproductive age group (15-49 years) in life cycle approach through implementation of six interventions via robust institutional mechanism.

- Under **National Deworming Day (NDD)** albendazole tablets are administered in a single fixed day approach via schools and Anganwadi centres in two rounds (February and August) to reduce the soil transmitted helminth (STH) infestation among all children and adolescents (1-19 years).
- **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.
- **Community Based care of New-born and Young Children:** Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits are performed by ASHAs to improve child rearing practices and to identify sick new-born and young children in the community.
- **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.

Other interventions by Government include National Food Security Act (NFSA) 2013, which provides highly subsidized food grains under Targeted Public Distribution System (TPDS) for coverage up to 75% of the rural population and up to 50% of the urban population and under Pradhan Mantri Garib Kalyan Anna

Yojana (PMGKAY), free food grains are provided to beneficiaries of Antyodaya Anna Yojana households and Priority Households, for a period of five years with effect from 1<sup>st</sup> January 2024.

Under Mission Poshan 2.0 the Government 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. Supplementary Nutrition is provided to children age 6 months to 6 years, pregnant women, lactating mothers and adolescent girls at Anganwadi centres as per nutrition norms, based on principles of diet diversity that provides quality protein, healthy fats and micronutrients. Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets for preparation of Hot Cooked Meal at least once a week and Take Home ration at Anganwadi centers.

Community mobilization and awareness advocacy through Jan Andolan is carried out to educate people on nutrition aspects during Poshan Maah, Poshan Pakhwadas and Community-Based Events (CBEs).

The Pradhan Mantri POshan SHAKti Nirman Yojana (PM POSHAN) under Ministry of Education, provides one hot cooked meal in Government and Government-aided schools as per nutrition norms to school going children from Balvatikas (pre-school) to Class VIII.

(c) The Government provides support through the National Health Mission based on the proposals received from the States/UTs in their Annual Programme Implementation Plans. As shared by NHM Finance, for the FY 2023-24, the funds allocated to 36 States/UTs for nutrition programmes were Rs 1508 crores.

Regular National / Regional/ State level reviews, along with supportive supervision visits and Common Review Mission of the States/UTs are undertaken to support and strengthen the interventions across States/UTs. Field level workers as AWW, ANMs, CHOs and ASHAs promote awareness on undernutrition, it's management and healthy diets.

### **BASIC FACILITIES AT ANGANWADI CENTRES**

#### **1852. SHRI DUSHYANT SINGH:**

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

(a) the measures taken by the Government to ensure that all Anganwadi Centres across the country, particularly in Rajasthan are equipped with functional toilets, handwashing facilities, and running water, in line with the goals of the Swachh Bharat Mission;

(b) the monitoring programme for water and sanitation in Anganwadi Centres, particularly the progress made in terms of sanitation coverage;

(c) the scope and impact of the Swasth Bharat Prerak (SBP) programme in strengthening nutritional support at the grassroots level;

(d) whether this initiative contribute to the implementation of the National Nutrition Mission, if so, the details thereof; and

(e) the details regarding implementation of schemes for the development of women and children under the Swachh Bharat Mission, including the allocation and utilization of funds for these initiatives, particularly in Rajasthan?

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

(a) and (b) Under Mission Saksham Anganwadi and Poshan 2.0, there is a provision of funds for providing drinking water facilities and construction of toilets. In order to improve the infrastructure facility of Anganwadi Centres (AWCs), the Ministry has enhanced the cost for providing drinking water facility at Anganwadi Centre to Rs.17,000/- from Rs.10,000/- and for construction of toilet to Rs.36,000/ from Rs.12,000/- under Swachhta Action Plan (SAP) which is also applicable for State of Rajasthan. As per data from Poshan Tracker of November 2024, in State of Rajasthan, 48446 AWCs have Drinking water facilities, 31616 AWCs have functional toilet and 47378 AWCs have availability of soap for sanitation.

Poshan Tracker application was rolled out on 1st March, 2021 as an important governance tool. It facilitates monitoring and tracking of all AWCs, AWWs and beneficiaries on defined indicators including monitoring of availability of drinking water, toilet facilities and availability of soap for hand washing in the Angawadi Centres.

Further, annual Jan Andolans viz. Poshan Maah and Poshan Pakhwada emphasize on inculcating Social and Behavioural Changes around better nutrition through various themes, including WaSH in convergence with relevant Ministries/ Departments.

These annual sensitization campaigns have been institutionalized with over 100 crore activities through 13 Jan Andolans (7 Poshan Maah and 6 Poshan Pakhwada) so far, including around 4 crore focused activities on WaSH and Diarrhoea Management.

(c) and (d) POSHAN Abhiyaan was launched on 8th March 2018. To support the Abhiyaan at varied levels, Swasth Bharat Prerak (SBP) Programme was initiated with external support by a development partner with an aim of providing managerial and administrative support to the district and state administration for the effective implementation of the Abhiyaan.

The main objective of the SBP programme was to provide an efficient resource at the district level (the Prerak) to work as a catalyst while supporting DM/ DC and key officials for effective and efficient implementation of the Abhiyaan.

In 2021, for the 15th finance commission term POSHAN Abhiyaan (PA), along with Anganwadi Services (AWS) and Scheme for Adolescent Girls (SAG) were subsumed under the Umbrella Mission Saksham Anganwadi and Poshan 2.0, and programmes like SBP were discontinued.



(e) Under Mission Saksham Anganwadi and Poshan 2.0, in the 15<sup>th</sup> finance cycle an amount Rs.1061.07 lakhs have been released to the State of Rajasthan for providing drinking water facilities in 11665 AWCs.

Further, Phase-II of Swachh Bharat Mission (Grameen) is being implemented during the period from 2020-21 to 2024-25 with the aim to sustain Open Defecation Free (ODF) status and Solid and Liquid Waste Management (SLWM). Central share allocated and utilised to Rajasthan under SBM(G) during last 3 years and current years are as under:-

Year	Allocation (Rs in crore)	Utilisation (Rs in crore)
2021-22	551.85	243.32
2022-23	624.90	316.25
2023-24	153.00	132.21
2024-25 (Upto 03.12.2024)	230.00	40.41

### **BACKLOG OF CASES IN COURTS**

#### **1853. SHRI ANIL YESHWANT DESAI:**

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

(a) whether it is a fact that due to huge backlog of pending cases from local courts to the highest court has resulted in the trust deficit in our judicial system and if so, the details thereof;

(b) the number of cases pending in various courts, State-wise particularly in Maharashtra;

(c) whether there is any backlog in the appointments of judges, if so, the reasons therefor; and

(d) whether the present Indian legal system needs reform to deliver the judgements with the expectation of swift disposal of cases and if so, the details thereof and the action taken by 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) and (b): As per information available on National Judicial Data Grid (NJDG), the backlog of cases as on 30.11.2024 is as under:

<b>S. No.</b>	<b>Name of Court</b>	<b>Backlog of pending cases</b>
1.	Supreme Court	82,171
2.	High Courts	57,82,786
3.	District and Subordinate Courts	4,56,61,001

The detailed statement showing State/UT-wise backlog of pending cases in High Courts and District Courts including Maharashtra is given in the enclosed **Statement -I** and **Statement -II** respectively.

(c): Filling up of vacant positions in the case of District and Subordinate courts is the responsibility of the High Courts and State Governments concerned. 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 in the respective State Judicial Service. The 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.

Judges of the Supreme Court and High Courts are appointed under Article 124, 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 High Courts vests with the Chief Justice of the concerned High Court, in consultation with two senior-most puisne Judges of the High Court. For appointments to the High Courts, under the MOP, the views of concerned State Government are also obtained. 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. Only those persons are appointed as Judges of High Courts, whose names have been recommended by the SCC.

Appointment of the Judges of the Constitutional Courts is a continuous, integrated and collaborative process between the Executive and the Judiciary. It requires consultation and approval from various constitutional authorities both at state and central level. While every effort is made to fill up the existing vacancies expeditiously, vacancies of Judges in High Courts do keep on arising on account of retirement, resignation or elevation of Judges and also due to increase in the strength of Judges.

**(d):** The disposal of pending cases in time bound manner is within the exclusive domain of the judiciary. However, the Government is committed towards facilitating an ecosystem for expeditious disposal of cases by judiciary and reducing pendency as mandated under Article 21 of the Constitution. To this end, the Government set up the National Mission for Justice Delivery and Legal Reforms in 2011, with the twin objectives of increasing access by reducing delays and arrears in the system and enhancing accountability through structural changes and by setting performance standards and capacities. The Mission has been pursuing a coordinated approach for phased liquidation of arrears and pendency in judicial administration, which, inter-alia, involves improved infrastructure for courts including computerization, increase in strength of subordinate judiciary, policy and legislative measures in the areas prone to excessive litigation, re-engineering of court procedure for quick disposal of cases and emphasis on human resource development.

**STATEMENT -I****Detailed statement showing State/UT-wise pending cases in District and Subordinate Courts**

<b>S No.</b>	<b>State/UTs</b>	<b>Backlog of Pending cases as on 30.11.2024</b>
<b>1</b>	Andaman and Nicobar	8,087
<b>2</b>	Andhra Pradesh	8,91,416
<b>3</b>	Arunachal Pradesh	10,255
<b>4</b>	Assam	5,01,148
<b>5</b>	Bihar	36,10,483
<b>6</b>	Chandigarh	1,06,457
<b>7</b>	Chhattisgarh	4,27,410
<b>8</b>	Dadarand Nagar Haveli and Daman and Diu	7706
<b>9</b>	Delhi	15,16,979
<b>10</b>	Goa	58,978
<b>11</b>	Gujarat	15,99,914
<b>12</b>	Haryana	14,23,179
<b>13</b>	Himachal Pradesh	6,56,141
<b>14</b>	Jammu and Kashmir	3,32,802
<b>15</b>	Jharkhand	5,47,601
<b>16</b>	Karnataka	21,50,897

17	Kerala	17,39,937
18	Ladakh	1,456
19	Lakshadweep	525
20	Madhya Pradesh	20,18,231
21	<b>Maharashtra</b>	<b>54,47,792</b>
22	Manipur	12,587
23	Meghalaya	15,230
24	Mizoram	5,479
25	Nagaland	2,718
26	Orissa	16,51,671
27	Puducherry	35,349
28	Punjab	8,59,743
29	Rajasthan	23,16,457
30	Sikkim	1,680
31	Tamil Nadu	15,22,270
32	Telangana	9,28,418
33	Tripura	48,724
34	Uttar Pradesh	1,15,95,720
35	Uttarakhand	3,61,126
36	West Bengal	32,46,435
<b>Total</b>		<b>4,56,61,001</b>

Source: - National Judicial Data Grid (NJDG).

**STATEMENT-II****Detailed Statement showing pending cases in High Courts**

<b>Sr No.</b>	<b>Name of High Court</b>	<b>Backlog of Pending cases as on 30.11.2024</b>
1.	Allahabad High Court	8,37,086
2.	Bombay High Court	6,50,688
3.	Calcutta High Court	2,05,822
4.	Gauhati High Court	64,215
5.	High Court for State of Telangana	2,43,784
6.	High Court of Andhra Pradesh	2,46,882
7.	High Court Of Chhattisgarh	84,187
8.	High Court of Delhi	1,27,142
9.	High Court of Gujarat	1,70,958
10.	High Court of Himachal Pradesh	93,587
11.	High Court of Jammu and Kashmir and Ladakh	45,464
12.	High Court of Jharkhand	74,753
13.	High Court of Karnataka	3,01,375
14.	High Court of Kerala	2,50,548
15.	High Court of Madhya Pradesh	4,65,241
16.	High Court of Manipur	5,252
17.	High Court of Meghalaya	1,172

18.	Orissa High Court	1,45,639
19.	High Court of Punjab and Haryana	3,39,461
20.	High Court Of Rajasthan	6,56,840
21.	High Court of Sikkim	207
22.	High Court of Tripura	963
23.	High Court of Uttarakhand	55,021
24.	Madras High Court	5,15,935
25.	Patna High Court	2,00,564
	<b>Total</b>	<b>57,82,786</b>

Source: - National Judicial Data Grid (NJDG).

## **REPRESENTATION OF WOMEN IN CABINET AND LEGISLATURES**

### **1854. PROF. SOUGATA RAY:**

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

- (a) the details of ratio of Women's representation in State Cabinets in the country, State wise;
- (b) the details of ratio of Women's representation in State Legislature Assemblies of the country, State wise;
- (c) the details of ratio of Women's representation in State Legislative Council of the country, State wise;
- (d) the details of ratio of Women's representation in the post of Chairman and Managing Director of Public Sector Undertakings of the country; and



(e) the details of ratio of Women's representation in the post of Chairman/Managing Director of Public Sector Banks of the country?

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

(a) to (c): The total number of women contesting general elections in the country has increased from 3% in 1957 to 10% in 2024. The total number of elected women members, which was 22 in the First Lok Sabha and 27 in the Second Lok Sabha has increased to 78 in the 17th Lok Sabha and to 75 in the 18th Lok Sabha (which is approximately 14% of the total members). In the Rajya Sabha also, the total number of women members in 1952 was 15, which is 39 at present. It is approximately 17% of the total members. Further, the country has about 14.5 lakh Elected Women Representatives (EWRs) in Panchayati Raj Institutions (PRIs), which is about 46% of the total elected representatives. There are 21 States in the country who have made provision for 50% reservation for women in PRIs as against constitutional mandate of minimum 33% reservation for women.

The enactment of "the Constitution (106<sup>th</sup>) Amendment, 2023" which is also referred to as the "Nari Shakti Vandan Adhiniyam" is a landmark legislation towards achieving gender equality and political empowerment of women in India, aligning with the government's broader goal of women-led development to create a more inclusive and representative political system. The law mandates 33% reservation for women in both the Lok Sabha and State Legislative Assemblies across the country including the legislature of the Union Territories of Delhi and Puducherry.

India is also among a few countries in the world where a woman is helming the State. This is an exceptional achievement, given the rarity of women holding such a high constitutional position in the countries around the world.

(d): As per the Public Enterprises Survey 2022-23 of the Central Public Sector Enterprises (CPSEs), there are total 39 Women Functional Directors on the board of all CPSEs out of total 521 Functional Directors in all CPSEs.

(e): Details of Women's representation in the posts of Chairman/ Managing Director of Public Sector Banks of the country is as below:

S.No	Designation	Sanctioned	In position	Men	Women
1	Chairman, SBI	1	1	1	0
2	Managing Director, SBI	4	3	3	0
3	MDandCEO, Nationalised Banks	11	11	10	1

### सूचीबद्ध स्वास्थ्य देखभाल प्रदाता

#### 1855. श्री इमरान मसूद:

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

(क) वर्ष 2023 से पैनलबद्ध और कार्यरत अस्पतालों की माह-वार और वर्ष-वार कुल संख्या कितनी है; और

(ख) सरकार द्वारा प्रति लाभार्थी सूचीबद्ध स्वास्थ्य देखभाल प्रदाताओं (ईएचसीपी) की संख्या बढ़ाने के लिए क्या कदम उठाए गए हैं?

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

(क) और (ख): आज की तिथि के अनुसार, सीजीएचएस, सीएस (एमए) नियम, 1944 और आयुष्मान भारत पीएमजेवाई के अंतर्गत सूचीबद्ध अस्पतालों की जानकारी का ब्यौरा क्रमशः संलग्न **विवरण-I, विवरण -II और विवरण -III** में दिया गया है।

उपरोक्त योजनाओं के अंतर्गत निजी अस्पतालों का पैनलीकरण एक सतत एवं स्वैच्छिक प्रक्रिया है, जिसमें इच्छुक निजी अस्पताल पैनलीकरण के लिए आवेदन कर सकते हैं। निर्धारित मानदंडों को पूरा करने वाले निजी अस्पतालों को योजना के अंतर्गत पैनलबद्ध किया जाता है।

यद्यपि अस्पतालों को सूचीबद्ध करना एक स्वैच्छिक प्रक्रिया है, फिर भी अस्पतालों की भागीदारी में सुधार के लिए पीएमजेवाई के अंतर्गत उठाए गए कदम इस प्रकार हैं:

(i) एनएचए ने एक संशोधित स्वास्थ्य लाभ पैकेज जारी किया है, जिसके तहत 350 पैकेजों के लिए दरें बढ़ाई गई हैं और नए पैकेज जोड़े गए हैं।

(ii) निर्धारित समय के भीतर निपटान सुनिश्चित करने के लिए दावा निपटान की नियमित रूप से निगरानी की जाती है।

(iii) अस्पतालों की आभासी और भौतिक क्षमता निर्माण किया जा रहा है।

(iv) अस्पतालों की चिंताओं को वास्तविक समय के आधार पर दूर करने के लिए एक अस्पताल-विशिष्ट कॉल सेंटर (14413) स्थापित किया गया है।

विवरण -I

सीजीएचएस के अंतर्गत सूचीबद्ध अस्पतालों की माह-वार और वर्ष-वार कुल संख्या का विवरण  
(जनवरी, 2023 से दिसंबर, 2024 तक)

क्र.सं.	महीना	सीजीएचएस के अंतर्गत सूचीबद्ध अस्पतालों की संख्या
1	जनवरी, 2023	22
2	फरवरी, 2023	19
3	मार्च, 2023	20
4	अप्रैल, 2023	25
5	मई, 2023	54
6	जून, 2023	45
7	जुलाई, 2023	55
8	अगस्त 2023	37
9	सितंबर, 2023	32
10	अक्टूबर, 2023	16
11	नवंबर, 2023	26
12	दिसंबर, 2023	62
13	जनवरी, 2024	25
14	फरवरी, 2024	42
15	मार्च, 2024	20
16	अप्रैल, 2024	19
17	मई, 2024	56
18	जून, 2024	46
19	जुलाई, 2024	23

20	अगस्त, 2024	60
21	सितंबर, 2024	38
22	अक्टूबर, 2024	25
23	नवंबर, 2024	19
24	दिसंबर, 2024	1

नोट: सूचना आज की स्थिति के अनुसार।

### विवरण -II

सीएस (एमए) नियम, 1944 के अंतर्गत पैनलबद्ध अस्पतालों की माहवार और वर्षवार कुल संख्या का विवरण (जनवरी, 2023 से नवंबर, 2024 तक)

क्र.सं.	महीना और वर्ष	पैनल में शामिल अस्पतालों की संख्या
1.	फरवरी, 2023	4
2.	मार्च, 2023	3
3.	जून, 2023	2
4.	अगस्त, 2023	2
5.	सितंबर, 2023	3
6.	दिसंबर, 2023	2
7.	जनवरी, 2024	2
8.	फरवरी, 2024	2
9.	मार्च, 2024	3
10.	अप्रैल, 2024	3
11.	मई, 2024	2

12.	जुलाई, 2024	2
13.	अगस्त, 2024	2
14.	सितंबर, 2024	1
15.	नवंबर, 2024	2

नोट:

II. आज की तिथि के अनुसार जानकारी।

III. शून्य पैनेलबद्धता का महीना शामिल नहीं किया गया है।

### विवरण -III

एबी पीएम-जेएवाई के अंतर्गत सूचीबद्ध अस्पतालों की माहवार और वर्षवार कुल संख्या का विवरण  
(जनवरी, 2023 से नवंबर, 2024 तक)

क्र.सं.	महीना और वर्ष	पैनेलबद्ध अस्पतालों की संख्या
a)	अप्रैल, 2023	27,385
b)	मई, 2023	28,517
c)	जून, 2023	28,793
d)	जुलाई, 2023	27,345
e)	अगस्त, 2023	27,567
f)	सितंबर, 2023	26,525
g)	अक्टूबर, 2023	26,945
h)	नवंबर, 2023	26,486
i)	दिसंबर, 2023	26,979

j)	जनवरी, 2024	27,813
k)	फरवरी, 2024	28,729
l)	मार्च, 2024	28,998
m)	अप्रैल, 2024	29,144
n)	मई, 2024	29,004
o)	जून, 2024	29,161
p)	जुलाई, 2024	29,410
q)	अगस्त, 2024	29,518
r)	सितंबर, 2024	29,638
s)	अक्टूबर, 2024	29,741
t)	नवंबर, 2024	29,837

नोट:

9. 25.11.2024 की स्थिति के अनुसार जानकारी।
10. संचयी रूप से रखा गया डेटा।
11. डेटा में केवल कार्यान्वयन करने वाले राज्य शामिल हैं।

### आयुर्वेदिक केंद्र

**1856. श्री अरुण गोविल:** क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार का देश में आयुर्वेदिक पर्यटन को बढ़ावा देने के लिए राज्य/संघ राज्यक्षेत्र-वार विशेषकर उत्तर प्रदेश के मेरठ जिले में बड़े आयुर्वेदिक केंद्र स्थापित करने का प्रस्ताव है;

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

(ग) क्या सरकार का इस उद्देश्य के लिए बड़े औद्योगिक घरानों से सहयोग लेने का भी प्रस्ताव है; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा इस संबंध में सरकार द्वारा क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है?

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

(क) से (घ): जी नहीं, वर्तमान में देश में आयुर्वेदिक पर्यटन को बढ़ावा देने के लिए बड़े आयुर्वेदिक केंद्र स्थापित करने का कोई प्रस्ताव नहीं है।

## **REGIONAL LANGUAGES IN COURTS**

### **1857. SHRI A. RAJA:**

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

(a) the progress made regarding decision to conduct court proceedings right from district courts to High Courts in regional languages including Tamil;

(b) whether online filing of petitions, affidavits and counters and rejoinders have been fully facilitated in all the courts, if so, the details thereof;

(c) whether the option has been given to lawyers and witnesses to appear either physically or virtually in various High Courts including Tamil Nadu, if so, the details thereof and if not, the reasons therefor; and

(d) whether Government has any proposal to provide judgement of court in regional languages to facilitate the people and if so, the details regarding assistance provided by the Ministry in providing judgments in regional languages to the common people, with details?



**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 far as Supreme Court and all High Courts are concerned, Article 348(1)(a) of the Constitution of India states that all proceedings in these Courts shall be in English language. However, Article 348 (2) of the Constitution of India provides that 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. Further, Section 7 of the Official Language Act, 1963 states that the Governor of a State may, with the previous consent of the President, authorize the use of Hindi or the official language of the State, in addition to the English Language, for the purposes of any judgment, decree or order passed or made by the High Court for that State and where any judgment, decree or order is passed or made in any such language (other than the English Language), it shall be accompanied by a translation of the same in the English Language issued under the authority of the High Court.

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

The use of Hindi in the proceedings of High Court of Rajasthan was authorized under Article 348(2) of the Constitution in 1950. After the Cabinet Committee's

decision dated 21.05.1965 as mentioned above, the use of Hindi was authorized in the High Courts of Uttar Pradesh (1969), Madhya Pradesh (1971) and Bihar (1972) in consultation with the Chief Justice of India.

As far as District and Subordinate Courts are concerned, the provision of Article 235 of the Constitution of India vests the administrative control over these courts with the concerned High Courts in the respective states. Thus, the use of Hindi or regional language in lower courts is generally decided by the High Court and State Government concerned in consultation with each other and accordingly implements it in their respective district and subordinate courts.

(b) and (c) Under eCourts Mission Mode Project, e-Filing has been made functional and it is available for all High Courts and District and Subordinate Courts across India. New e-Filing system (version 3.0) has been rolled out for the electronic filing of legal papers with upgraded features.

Mode of appearance, whether physical or virtual, of lawyers and witnesses in High Courts is an administrative matter under the purview of respective High Courts. However, in the case of Sarvesh Mathur vs The Registrar General, High Court of Punjab and Haryana (WP (Crl.)No. 351/2023), Hon'ble Supreme Court in its order dated 06.10.2023 directed that after a lapse of two weeks from the date of this order, no High Court shall deny access to video conferencing facilities or hearing through the hybrid mode to any member of the Bar or litigant desirous of availing of such a facility.

Video conferencing emerged as the mainstay of the Courts during the COVID lockdown period as physical hearings and normal court proceedings in the congregational mode were not possible. Since COVID lockdown started, the District and Subordinate courts heard 2,48,21,789 cases while the High Courts heard 90,21,629 cases (totalling 3.38 crore) till 31.10.2024 using videoconferencing. Since the beginning of lockdown period, the Supreme Court held 7,54,443 hearings from 23.03.2020 to 04.06.2024. In Tamil Nadu, Madras High court heard 14,80,662 cases while the District and Subordinate courts heard 3,92,067 cases. One video conference equipment each has been provided to all Court Complexes including taluk level courts and funds have been released for additional VC equipment for 14,443 court rooms. Funds for setting up 2506 VC Cabins have been made available. VC facilities are already enabled between 3240 court complexes and corresponding 1272 jails.

(d) Government of India had received proposals from the Government of Tamil Nadu, Gujarat, Chhattisgarh, West Bengal and Karnataka to permit use of Tamil, Gujarati, Hindi, Bengali and Kannada in the proceedings of the Madras High Court, Gujarat High Court, Chhattisgarh High Court, Calcutta High Court and Karnataka High Court respectively. The advice of Chief Justice of India was sought on these proposals as per the Cabinet Committees decision taken in 1965 and the Chief Justice of India vide his D.O. letter dated 16.10.2012 intimated that the Full Court in its meeting held on 11.10.2012, after due deliberations, decided not to accept the proposals.

Based on another request from the Government of Tamil Nadu, the Government requested the Chief Justice of India to review the earlier decisions in this regard and convey the consent of the Supreme Court of India in July, 2014. The Chief Justice of India vide his D.O. letter dated 18.01.2016 conveyed that the Full Court, after extensive deliberations, unanimously resolved that the proposals could not be accepted.

However, the Supreme Court is collaborating with the High Courts in translation of e-SCR Judgements in 18 vernacular languages. The Chief Justice of India has constituted the Artificial Intelligence Assisted Legal Translation Advisory Committee, headed by a Judge of the Supreme Court of India to monitor the translation of Supreme Court Reportable Judgements (e-SCR) into vernacular languages by using Artificial Intelligence Tools. A similar Committee has been constituted in all the High Courts, headed by the Judges of the respective High Courts.

The Artificial Intelligence Committee of the Supreme Court has been convening frequent meetings with the Artificial Intelligence Committee of the High Courts and giving directions/ suggestions for translation of Supreme Court and High Court Judgements in vernacular language by using Artificial Intelligence Tools. The Artificial Intelligence Committee of the High Courts, Law Secretary, Advocate General, the Secretary in-charge of translation department in the State have been requested to take steps for appointment of translators in every High Court for translation of Supreme Court Reportable Judgements (e-SCR) as well as the High Court judgements into vernacular/ local language of that state.

As on 27.09.2024, 36302 Supreme Court Judgments have been translated in Hindi language and 37661 Judgments of Supreme Court have been translated in other vernacular languages and uploaded on e-SCR portal with the assistance of the High Courts. Details are given in the enclosed **Statement-I**.

As regards the High Court Judgments, 12629 Judgments of 09 High Courts have been translated in Hindi language and 18315 Judgments have been translated in other vernacular languages as on 27.09.2024 and uploaded on the website of the respective High Courts. The High Court wise details of Supreme Court and High Court Judgments translated and uploaded after vetting is placed in the enclosed **Statement -II**.

The Supreme Court has requested the High Courts to give wide publicity as to availability of Supreme Court and High Court Judgments both in English and regional languages, so that various stakeholders, such as the Government Departments, Police Department, the Revenue Department, the State Bar Council, District Bar Associations, Judicial Training Academies and Law Colleges could make use of this facility free of cost.

### **STATEMENT -I**

**Details of Supreme Court Judgments translated in Hindi language and in other vernacular languages and uploaded on e-SCR portalas on 27.09.2024.**

<b>Supreme Court Vernacular Judgements Available on e-SCR Portal</b>		
<b>Sl. No.</b>	<b>Local Language</b>	<b>No. of Judgements</b>

1.	Assamese	268
2.	Bengali	989
3.	Garo	7
4.	Gujarati	2305
5.	Hindi	36302
6.	Kannada	1942
7.	Kashmiri	1
8.	Khasi	3
9.	Konkani	16
10.	Malayalam	2575
11.	Marathi	2479
12.	Nepali	150
13.	Odia	253
14.	Punjabi	21183
15.	Santali	31
16.	Tamil	2559
17.	Telugu	1579

18.	Urdu	1321
<b>Total</b>		<b>73963</b>

**STATEMENT -II**

**Details of High Court Judgements translated and uploaded by the High  
Courts as on 27.09.2024**

Sl. No.	High Court	Vernacular Language	HC Judgements
1.	Allahabad	Hindi	8338
2.	Andhra Pradesh	Telugu	811
3.	Bombay	Marathi	1161
4.	Calcutta	Bengali	324
5.	Chhattisgarh	Hindi	791
6.	Delhi	Hindi	469
7.	Gauhati	Assamese	65
8.	Gujarat	Gujarati	2253
9.	Himachal Pradesh	Hindi	877
10.	Jammu and Kashmir	Urdu	9
11.	Jharkhand	Hindi	795
12.	Karnataka	Kannada	745
13.	Kerala	Malayalam	611
14.	Madhya Pradesh	Hindi	152

15.	Madras	Tamil	892
16.	Manipur	Manipuri	83
17.	Meghalaya	Garo	6
		Khasi	5
18.	Orissa	Odiya	161
19.	Patna	Hindi	123
20.	Punjab and Haryana	Punjabi	9365
21.	Rajasthan	Hindi	616
22.	Sikkim	Nepali	3
23.	Telangana	Telugu	811
24.	Tripura	Bengali	1010
25.	Uttarakhand	Hindi	468
<b>Total</b>			<b>30944</b>

### समान नागरिक संहिता कानून

#### 1858. श्री राजकुमार रोत :

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

(क) विभिन्न राज्यों में समान नागरिक संहिता कानून को लागू करने के लिए सरकार द्वारा क्या दिशा-निर्देश जारी किए गए हैं, तथा उन राज्यों के नाम बताएं जहां वर्तमान में समान नागरिक संहिता लागू है;

(ख) क्या हमारे संविधान निर्माताओं ने यह परिकल्पना की थी कि समान नागरिक संहिता को देश के विभिन्न वर्गों, समुदायों आदि से संबंधित सभी नागरिकों की आपसी सहमति से लागू किया जाना चाहिए तथा इसे एकतरफा रूप से उन पर नहीं थोपा जाना चाहिए;



(ग) यदि हां, तो क्या सरकार ने समान नागरिक संहिता के कार्यान्वयन के लिए विभिन्न समूहों/समुदायों से चर्चा की है/उनके विचार मांगे हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा समुदाय-वार और समूह-वार किन व्यक्तियों/समूहों से सहमति प्राप्त की गई है; और

(घ) अनुसूचित क्षेत्रों में उन व्यक्तियों /समूहों/समुदायों का ब्यौरा क्या है जिनसे सहमति प्राप्त की गई थी?

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

**(क) :** समान नागरिक संहिता को लागू करने के लिए भारत सरकार द्वारा राज्य सरकारों को कोई दिशानिर्देश जारी नहीं किए गए।

**(ख) :** भारतीय संविधान के निर्माता डॉ.बी.आर. अंबेडकर ने संविधान सभा में सुसंगत उपबंध पेश करते हुए कहा था कि इस देश में मानवीय संबंधों के लगभग हर पहलू को कवर करने वाली एक समान विधि संहिता है। एकमात्र ऐसा प्रांत जिस पर नागरिक विधियां अब तक अपना प्रभाव नहीं जमा पाई हैं, वह विवाह और उत्तराधिकार हैं और इसलिए संविधान के एक भाग के रूप में प्ररूप अनुच्छेद 35 (अब अनुच्छेद 44) उपबंधित किया गया है।

**(ग) और (घ) :** भारत सरकार ने समान नागरिक संहिता से संबंधित विभिन्न मुद्दों की परीक्षा करने और उस पर सिफारिशें करने का प्रस्ताव 21वें भारतीय विधि आयोग (एल.सी.आई.) को किया है। इस संबंध में, 21वें भारतीय विधि आयोग द्वारा व्यापक विचार-विमर्श के लिए परामर्श पत्र जारी किया गया था। तथापि, उनके द्वारा इस विषय पर कोई रिपोर्ट प्रस्तुत नहीं की गई। 22वें भारतीय विधि आयोग ने तारीख 14.06.2023 की सार्वजनिक सूचना के माध्यम से इस विषय पर आम जनता और मान्यता प्राप्त धार्मिक संगठनों के विचार और सुझाव आमंत्रित करने का फिर से निर्णय लिया। 22वें भारतीय विधि आयोग का कार्यकाल इस विषय पर कोई रिपोर्ट प्रस्तुत किए बिना ही समाप्त हो गया है। विधि आयोग अपनी रिपोर्ट बनाते समय यह सुनिश्चित करता है कि विधि में सुधार के लिए प्रस्ताव तैयार करने में लोगों/पणधारियों

के बृहत् वर्गों से परामर्श किया जाए। इस प्रक्रिया में, आयोग व्यक्तियों, वृत्तिक निकायों और शैक्षणिक संस्थानों आदि से परामर्श करता है।

### सीएआर टी-सेल थेरेपी की प्रभावशीलता

#### 1859. श्री विनोद लखमशी चावड़ा:

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

(क) क्या यह सच है कि देश में हर साल कैंसर के 13.9 लाख नए मामले सामने आते हैं और 8.5 लाख लोग कैंसर से मरते हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या विभिन्न प्रकार के कैंसर के उपचार में सीएआर टी-सेल थेरेपी 80-90 प्रतिशत प्रभावी पाई गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) सरकार द्वारा सीएआर टी-सेल थेरेपी के अनुसंधान, विकास और उपयोग को बढ़ावा देने के लिए क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है ताकि देश में किफायती और सस्ता उपचार उपलब्ध कराया जा सके; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

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

(क): भारतीय आयुर्विज्ञान अनुसंधान परिषद के राष्ट्रीय कैंसर रजिस्ट्री कार्यक्रम (आईसीएमआर-एनसीआरपी) के अनुसार, देश में 2023 के दौरान कैंसर की घटनाओं (नए मामलों) की अनुमानित संख्या 14.96 लाख और अनुमानित मृत्यु दर 8.28 लाख है।

(ख): सीएआर टी-सेल थेरेपी की प्रभावशीलता रक्त कैंसर, विशेष रूप से एक्यूट लिम्फोब्लास्टिक ल्यूकेमिया, नॉन हॉजकिन लिंफोमा और मल्टीपल मायलोमा के मामलों में अधिकतम देखी गई है। भारत में, आईआईटी-बी और टाटा मेमोरियल सेंटर, मुंबई के जांचकर्ता वर्ष 2015 से संयुक्त रूप से सीएआर टी-सेल थेरेपी तैयार करने के लिए काम कर रहे हैं। उन्होंने सीडी19-निर्देशित सीएआर टी-सेल थेरेपी को सफलतापूर्वक तैयार किया है जो बी एक्यूट लिम्फोब्लास्टिक ल्यूकेमिया (बी-एएलएल), और बी-

नॉन हॉजकिन लिंफोमा (बी-एनएचएल) नामक रक्त कैंसर के विरुद्ध प्रभावी है। इस थेरेपी का प्री-क्लिनिकल मॉडल में व्यापक परीक्षण किया गया और फिर इसे क्लिनिकल ग्रेड विनिर्माण सुविधा केंद्रों में सफलतापूर्वक निर्मित किया गया। इन प्रयासों से वे सभी संबंधित समितियों का अनुमोदन और अंत में बच्चों में टीएमसी और बी-एनएचएल किशोरों के साथ बी-एलएल किशोरों सहित चरण-1 नैदानिक परीक्षण करने के लिए मार्च, 2021 में इस थेरेपी के लिए भारत के औषधि महानियंत्रक (जीसीजीआई) का अनुमोदन प्राप्त करने में सक्षम हुए। इन परीक्षणों में वे मरीज शामिल थे जिनकी बीमारी फिर से उभर आई थी और किसी अन्य ज्ञात उपचार से ठीक नहीं हो रहे थे। चरण 1 के परीक्षण समाप्त हो चुके हैं और यह उपचार सर्वोत्तम अंतरराष्ट्रीय अध्ययनों और डेटा के परिणामों से मेल खाते हुए सुरक्षित और प्रभावी पाया गया है। इस प्रकार इस उपचार को सरकारी एजेंसियों से बड़े अकादमिक अनुदान की सहायता से पूरी तरह से भारत में सफलतापूर्वक डिजाइन, तैयार और परीक्षण के लिए लाया गया।

इसके आधार पर, बी-एलएल या बी-एनएचएल वाले बच्चों और वयस्कों दोनों के लिए चरण 2 परीक्षणों को मंजूरी दी गई है। ये परीक्षण टाटा मेमोरियल सेंटर और कुछ अन्य अस्पतालों में किए जा रहे हैं।

(ग) और (घ): जैव प्रौद्योगिकी विभाग बी-सेल एक्यूट लिम्फोसाइटिक ल्यूकेमिया, मल्टीपल मायलोमा, ग्लियोब्लास्टोमा और हेपेटोसेलुलर कार्सिनोमा जैसे कैंसर के लिए सीएआर-टी सेल थेरेपी पर शोध परियोजनाओं का समर्थन करता है। शोध परियोजनाओं के अलावा, विभाग ने कैंसर चिकित्सा के लिए जेनेटिकली इंजीनियर्ड 'ऑफ-द-शेल्फ' और इंड्यूसिबल सीएआर-टी कोशिकाओं के विकास के लिए वर्चुअल नेटवर्क सेंटर (वीएनसी) की स्थापना, नॉन-जेनेटिकली इंजीनियर्ड मेसेनकाइमल स्ट्रोमल कोशिकाओं का उपयोग करके ग्लियोब्लास्टोमा स्टेम सेल-लक्षित टी-सेल इम्यूनोथेरेपी पर शोध के लिए नेटवर्क सेंटर और भारत में कैंसर के लिए इम्यूनोथेरेप्यूटिक दवाओं के रूप में नए, स्वदेशी, किफायती सेल थेरेपी/सेल आधारित औषधीय उत्पादों (सीटीएमपी/सीबीएमपी) के डिजाइन और तैयार करने के लिए इंटरडिसिप्लिनरी कैंसर इम्यूनोथेरेपी नेटवर्क (सीआईएन) की स्थापना की सिफारिश की है।

जैव प्रौद्योगिकी उद्योग अनुसंधान सहायता परिषद (बीआईआरएसी), जैव प्रौद्योगिकी विभाग (डीबीटी), उद्योग-अकादमिक इंटरफेस एजेंसी, भारत सरकार ने अपनी विभिन्न योजनाओं के तहत निम्नलिखित परियोजनाओं का समर्थन किया है:

क्र.सं.	परियोजना का शीर्षक	स्कीम
1	कैंसर उपचार के लिए चिमेरिक एंटीजन रिसेप्टर सीएआर-टी सेल्स की प्रौद्योगिकी: उद्योग मानकों के अनुसार प्री-क्लीनिकल ग्रेड विनिर्माण प्रक्रिया का विकास	पीएसीई (शैक्षणिक अनुसंधान को उद्यम में परिवर्तित करना)
2	बी सेल मेलिगनेंसिज में सीडी19 सीएआर-टी सेल थेरेपी आईएमएन-003ए की सुरक्षा और प्रभावकारिता का मूल्यांकन	बीआईपीपी (जैव प्रौद्योगिकी उद्योग भागीदारी कार्यक्रम)
3	सीडी-19 पॉजिटिव एक्ज्यूट लिम्फोब्लास्टिक ल्यूकेमिया एएलएल और बी-सेल लिम्फोमा के लिए इंडिजिनिअस ऑटोलॉगस एंटी सीडी19 सीएआर-टी सेल थेरेपी	एनबीएम (राष्ट्रीय बायोफार्मा मिशन)
4	स्वदेशी रूप से तैयार किए गए सीडी-19 टारगेटिड सीएआर टी-कोशिकाओं का उपयोग करके फर्स्ट-इन-ह्यूमन नैदानिक परीक्षण	एनबीएम (राष्ट्रीय बायोफार्मा मिशन)
5	सीएआर-टी और अन्य जीन थेरेपी के लिए फर्स्ट-इन-इंडिया जीएमपी-ग्रेड प्लाज्मिड और वायरल वेक्टर का विनिर्माण	एनबीएम (राष्ट्रीय बायोफार्मा मिशन)

## **AYUSH WELLNESS CENTRE**

### **1860. SHRIMATI ANITA SUBHADARSHINI:**

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

- (a) whether the Government is planning to open AYUSH Wellness Centre at district headquarters in the country in order to provide traditional methods of treatments in the country to the people;
- (b) if so, the details thereof, State/UT-wise; and
- (c) the total number of AYUSH Wellness Centres to be opened during the year 2024-25 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 (c) Public Health being the State subject, opening of Ayush wellness centre at district headquarters in the country in order to provide traditional methods of treatments in the country comes under the purview of the respective State Government. However, Under the Centrally Sponsored Scheme of National Ayush Mission (NAM), as per the proposals received from State/UT Governments through their State Annual Action Plans (SAAPs), a total of 12,500 units of existing Ayush dispensaries and sub health centres has been approved for upgradation as Ayush Health and Wellness Centres (AHWCs) [now renamed as Ayushman Arogya Mandir (Ayush)] in the country. As per the reports received from States/UTs, 12250 AAM (Ayush) have been made

functional till date. The State/UT wise status of approved and functional Ayushman Arogya Mandir (Ayush) is furnished in the enclosed **Statement**.

**STATEMENT**

**State/UT wise status of approved and functional Ayushman Arogya Mandir (Ayush)**

Sr No.	State/UT	Status of Ayushman Arogya Mandir (Ayush)	
		No. of Units Approved	No. of Units Functional
1	Andaman and Nicobar Island	6	6
2	Andhra Pradesh	126	126
3	Arunachal Pradesh	89	89
4	Assam	500	500
5	Bihar	294	113
6	Chandigarh	12	11
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	506
13	Himachal Pradesh	740	740
14	Jammu and 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	377
22	Manipur	15	15
23	Meghalaya	45	22
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
<b>TOTAL</b>		<b>12500</b>	<b>12250</b>

### **DEATHS DUE TO COMMUNICABLE DISEASES**

#### **1861: SHRI ANUP SANJAY DHOTRE:**

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

- (a) whether the Government has made any assessment to ascertain the number of deaths caused due to communicable diseases accounted since 2021 in the country in comparison to the other factors/causes;
- (b) if so, the details in this regard, State/UT-wise particularly in Maharashtra;
- (c) whether the Government has any plan to identify the bottlenecks and patterns of communicable diseases in the country;
- (d) if so, the details thereof and if not, the reasons therefor; and



(e) the measures taken/proposed to be taken by the Government in this regard?

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

(a) to (d) With an aim to strengthen disease surveillance in the country, Union Health Ministry has launched Integrated Disease Surveillance Programme in 2004 to detect and respond to epidemic- prone disease.

As reported by State/ UTs, details of deaths due to communicable disease in India including States of Maharashtra is placed in the enclosed **Statement -I**, Covid 19 deaths at **Statement-II**, H1N1 at **Statement -III** and Viral Hepatitis at **Statement -IV**.

(e) Under National Health Mission (NHM) funds are released to States/UTs under flexible pools on a lump sum basis to provide greater flexibility to States/UTs to utilize the funds as per their felt need and priorities. Financial support is provided to the States/UTs for implementation of these programmes, on the basis of their proposals in Programme Implementation Plans (PIPs).

Ministry of Health and Family Welfare provides technical and financial supports to States/UTs through various schemes including National Vector Borne Diseases Control Programme (NVBDCP), National TB Elimination Programme (NTEP), National Leprosy Eradication Programme (NLEP) and National Viral Hepatitis Control Programme (NVHCP) under the aegis of National Health Mission (NHM) to prevent and control various communicable diseases.

**STATEMENT -I**

<b>States /UTs wise Deaths* reported since the Year 2021 in IDSP as on date 03.12.2024.</b>													
<b>States/UTs</b>	<b>AES</b>	<b>Chickenpox</b>	<b>Dengue</b>	<b>Human Rabies</b>	<b>Leptospirosis</b>	<b>Malaria</b>	<b>Measles</b>	<b>Meningitis</b>	<b>Others</b>	<b>Pertussis</b>	<b>SARI</b>	<b>Scrub typhus</b>	<b>Typhoid</b>
<b>Andaman and Nicobar Islands</b>	0	0	0	0	1	0	0	0	0	0	0	0	0
<b>Andhra Pradesh</b>	0	0	1	78	0	11	0	0	8	0	1	0	1
<b>Arunachal Pradesh</b>	0	0	0	0	0	0	0	0	40	0	0	0	0
<b>Assam</b>	208	3	9	8	2	3	0	0	28	0	0	4	0
<b>Bihar</b>	1	3	95	5	0	3	1	0	8	0	1	1	36
<b>Chandigarh</b>	0	0	1	0	0	0	0	0	0	0	0	0	0
<b>Chhatisgarh</b>	4	0	0	2	0	3	0	2	12	0	10	1	0

<b>Delhi</b>	0	0	188	0	0	8	0	6	29	0	6	0	5
<b>Goa</b>	0	0	0	0	0	0	0	0	0	0	1	0	0
<b>Gujarat</b>	18	1	18	10	1	11	10	12	19	1	104	0	6
<b>Haryana</b>	0	0	8	0	0	0	0	0	2	0	0	0	3
<b>Himachal Pradesh</b>	0	1	1	3	0	0	0	1	26	0	0	49	0
<b>Jammu And Kashmir</b>	5	0	29	7	0	0	0	7	53	0	64	1	1
<b>Jharkhand</b>	0	0	8	3	0	2	0	0	9	0	9	0	0
<b>Karnataka</b>	1	1	58	59	8	9	1	0	31	0	24	0	2
<b>Kerala</b>	8	3	56	9	103	3	1	9	101	0	27	12	0
<b>Ladakh</b>	0	0	0	0	0	1	0	0	0	0	0	0	0
<b>Lakshadweep</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Madhya Pradesh</b>	1	0	17	0	1	13	0	0	23	0	1	0	5
<b>Maharashtra</b>	3	2	153	42	46	34	13	0	10	0	21	5	2

<b>Manipur</b>	0	0	10	1	0	0	0	0	81	0	4	2	0
<b>Meghalaya</b>	1	0	1	20	0	3	0	0	6	0	0	0	0
<b>Mizoram</b>	0	0	1	0	0	10	0	1	17	0	1	4	1
<b>Nagaland</b>	0	0	13	0	0	0	0	1	3	0	0	4	1
<b>Odisha</b>	0	0	0	0	0	5	0	0	5	0	0	0	1
<b>Puducherry</b>	0	0	8	0	0	0	0	0	2	0	5	0	0
<b>Punjab</b>	0	2	3	0	0	0	0	0	3	0	0	0	0
<b>Rajasthan</b>	0	0	22	0	0	43	0	0	16	0	3	8	46
<b>Sikkim</b>	1	0	1	0	0	0	0	0	78	0	1	1	0
<b>Tamil Nadu</b>	2	2	33	65	3	1	0	0	19	0	0	3	0
<b>Telangana</b>	0	0	2	0	0	2	0	0	0	0	0	0	0
<b>The Dadra And Nagar Haveli And Daman And Diu</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Tripura</b>	3	0	1	0	0	3	0	0	62	0	1	0	0

<b>Uttarakhand</b>	0	0	1	0	0	0	0	0	0	0	0	0	0
<b>Uttar Pradesh</b>	1	0	31	0	2	47	0	0	65	0	1	0	8
<b>West Bengal</b>	3	0	7	0	0	9	0	0	5	0	2	1	0
<b>Grand Total</b>	<b>260</b>	<b>18</b>	<b>776</b>	<b>312</b>	<b>167</b>	<b>224</b>	<b>26</b>	<b>39</b>	<b>761</b>	<b>1</b>	<b>287</b>	<b>96</b>	<b>118</b>

\* Source-Integrated Disease Surveillance Programme, NCDC, Delhi.

**STATEMENT -II**

<b>States/UTs wise Covid-19 Deaths reported since 01st Jan 2021 to 02nd Dec 2024</b>		
<b>S.no.</b>	<b>State/UTs Name</b>	<b>Deaths</b>
1	A and N Islands	67
2	Andhra Pradesh	7629
3	Arunachal Pradesh	240
4	Assam	6995
5	Bihar	10922
6	Chandigarh	870
7	Chhattisgarh	10855
8	Dadar and Nagar Haveli and Daman and Diu	2
9	Delhi	16178
10	Goa	3277
11	Gujarat	6799
12	Haryana	7888
13	Himachal Pradesh	3316
14	J and K (UT)	2913
15	Jharkhand	4310
16	Karnataka	28330
17	Kerala	69095

18	Ladakh	104
19	Lakshadweep	52
20	Madhya Pradesh	7192
21	Maharashtra	99139
22	Manipur	1795
23	Meghalaya	1489
24	Mizoram	726
25	Nagaland	703
26	Odisha	7344
27	Puducherry	1349
28	Punjab	15269
29	Rajashthan	7057
30	Sikkim	374
31	Tamil Nadu	25977
32	Telangana	2570
33	Tripura	558
34	Uttar Pradesh	15387
35	Uttarakhand	6274
36	West Bengal	11875
Grand Total		384920

Source-Integrated Diseases Surveillance Programme, NCDC, Delhi.

### **STATEMENT –III**

<b>States /UTs wise H1N1 Deaths reported during 2020-2024*</b>					
<b>S.</b>	<b>States/UTs</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024*</b>

<b>No.</b>					<b>(As on 31-08-2024)</b>
1	<b>Andaman and Nicobar</b>	0	0	0	0
2	<b>Andhra Pradesh</b>	0	0	0	0
3	<b>Arunachal Pradesh</b>	0	0	0	0
4	<b>Assam</b>	0	0	0	3
5	<b>Bihar</b>	0	0	0	0
6	<b>Chandigarh</b>	0	0	0	0
7	<b>Chhattisgarh</b>	1	4	9	18
8	<b>Dadra and Nagar Haveli</b>	0	0	0	0
9	<b>Daman and Diu</b>	0	0	0	0
10	<b>Delhi</b>	0	0	0	0
11	<b>Goa</b>	0	0	0	0
12	<b>Gujarat</b>	2	71	3	33
13	<b>Haryana</b>	0	12	4	26
14	<b>Himachal Pradesh</b>	0	1	1	3
15	<b>Jammu and Kashmir<sup>%</sup></b>	0	3	0	1
16	<b>Jharkhand</b>	0	0	0	0
17	<b>Karnataka</b>	0	15	0	6
18	<b>Kerala</b>	0	7	57	52
19	<b>Lakshadweep</b>	0	0	0	0
20	<b>Madhya Pradesh</b>	1	2	0	0
21	<b>Maharashtra</b>	2	215	32	36



22	<b>Manipur</b>	0	0	0	0
23	<b>Meghalaya</b>	0	0	0	0
24	<b>Mizoram</b>	0	0	0	0
25	<b>Nagaland</b>	0	0	0	0
26	<b>Odisha</b>	0	0	0	0
27	<b>Puducherry</b>	0	0	0	0
28	<b>Punjab</b>	0	42	4	41
29	<b>Rajasthan</b>	1	11	0	12
30	<b>Sikkim</b>	0	0	0	0
31	<b>Tamil Nadu</b>	0	25	19	2
32	<b>Telangana</b>	0	0	0	0
33	<b>Tripura</b>	0	0	0	0
34	<b>Uttarakhand</b>	0	0	0	1
35	<b>Uttar Pradesh</b>	1	2	0	3
36	<b>West Bengal</b>	4	0	0	2
<b>Cumulative Total</b>		<b>12</b>	<b>410</b>	<b>129</b>	<b>239</b>
Source-Integrated Disease Surveillance Programme, NCDC, Delhi.					
%: Also includes Ladakh UT data.					

**STATEMENT IV**

**State/UT wise death due to viral hepatitis (A, B, C and E)**

<b>S. No</b>	<b>Name of State / UTs</b>	<b>FY 2021- 22 to FY 2024- 25 (April – September 2024)</b>
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1	Andaman and Nicobar Islands	0
2	Andhra Pradesh	32
3	Arunachal Pradesh	0
4	Assam	10
5	Bihar	Not available
6	Chandigarh	0
7	Chhattisgarh	41
8	Delhi	86
9	DNH and DD	Not available
10	Goa	0
11	Gujarat	479
12	Haryana	30
13	Himachal Pradesh	66
14	Jammu and Kashmir	0
15	Jharkhand	8
16	Karnataka	0
17	Kerala	104
18	Ladakh	7
19	Lakshadweep	Not available
20	Madhya Pradesh	509
21	Maharashtra	328
22	Manipur	50

23	Meghalaya	37
24	Mizoram	45
25	Nagaland	62
26	Odisha	16
27	Puducherry	0
28	Punjab	41
29	Rajasthan	309
30	Sikkim	0
31	Tamil Nadu	160
32	Telangana	0
33	Tripura	6
34	Uttar Pradesh	392
35	Uttarakhand	7
36	West Bengal	226

Source: NVHCP- Based on inputs received from States.

### **STAFF SHORTAGE IN AIIMS, RAEBARELI**

#### **1862. SHRI RAHUL GANDHI:**

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

- (a) the steps taken/proposed to be taken by the Government to address the severe shortage of staff at AIIMS, Raebareli;
- (b) the details of the sanctioned/approved posts and current vacancies at AIIMS, Raebareli including for non-faculty positions;
- (c) whether the Government has approved the proposal for creation of additional posts submitted by AIIMS, Raebareli, if so, the details thereof;

(d) whether the infrastructure constraints at AIIMS, Raebareli have hampered patient care;

(e) if so, the details thereof, and

(f) the status of the Detailed Project Report (DPR) submitted by AIIMS, Raebareli for augmenting essential infrastructure?

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

(a) to (c): The status of sanctioned and filled up Faculty and Non-Faculty positions at AIIMS Raebareli is as under:

Faculty position		Non-Faculty position	
Sanctioned	Filled	Sanctioned	Filled
201	106	1425	905

Creation of posts and recruitment is a continuous process. In order to expeditiously fill vacant positions in various AIIMS, Centralized Nursing Officer Recruitment Common Eligibility Test (NORCET) and Common Recruitment Examination (CRE) for the Non-faculty posts is conducted by AIIMS Delhi.

(d) to (f): Proposal for construction of 84 Type-III, 28 Type- IV and 28 Type-V residential quarters in AIIMS Raebareli has been approved at a project cost of Rs. 97.61 Crore.

**EFFECTIVENESS OF eMIGRATE PORTAL**

**1863. SHRI P. P. CHAUDHARY:**

**SHRI BIBHU PRASAD TARAI:**

**SHRI RAMVIR SINGH BIDHURI:**

**SHRI YADUVEER WADIYAR:**

**SHRI PRADEEP KUMAR SINGH:**

**DR. JAYANTA KUMAR ROY:**

**SHRI PARSHOTTAMBHAI RUPALA:**

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

(a) the details and benefits of eMigrate project in making the emigration process easy, organised and humane through eMigrate portal;

(b) whether the Government has assessed the effectiveness of eMigrate portal in streamlining the emigration process, if so, the details thereof including key improvements achieved;

(c) the total number of emigration clearances granted through eMigrate portal since its inception till date, year-wise, along with country-wise distribution of emigrants;

(d) whether any complaints have been received regarding the portal's functioning or fraudulent activities, if so, details thereof along with the steps taken/proposed to be taken by the Government to address the same; and

(e) whether any measures have been taken to enhance the portal's features and security, if so, the details thereof along with future upgradation plans of the same?

**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 process of overseas employment of Indian nationals holding Emigration Check Required (ECR) passports and emigrating to any of the 18 notified ECR countries is done through e-Migrate portal. The web-based application makes the process of emigration fully digital, transparent, safe, legal, humane, efficient, convenient, and faster. It seamlessly brings all stakeholders, including Foreign Employers (FEs), registered Recruiting Agents (RAs) and the prospective emigrants on a common platform and enables MEA to capture comprehensive and online database. A dedicated helpline and support system is also available to assist emigrants and other stakeholders to address any query/issue. The advisories/alerts on fake job offers and fraudulent/illegal recruitment agencies are hosted on the portal. Till October 2024, a total of 3094 illegal agents have been notified 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.

Till date, approx 4 million Emigration Clearances (ECs) have been issued to the emigrants and there are 2144 active RAs and 2,83,714 FEs registered on the portal.

The year-wise and country-wise details of emigration clearances granted during 2014-2024 may be seen in the enclosed **Statement**.

(d) The portal is functioning efficiently with multiple online features and information available to the users. There is no complaint regarding fraudulent activities. The functioning of the portal is being monitored regularly by a dedicated 24x7 technical team.

(e) The revamped eMigrate application has been developed with the latest technology and security features. There is a 24x7 dedicated Network Operating Team (NOC) for real time monitoring and prevention of threats. The Application Security and Vulnerability Assessment is regularly done by the nodal Government Agency. Regular security audit of the application is also carried out to counter any vulnerability and make it robust and secure.

**STATEMENT**

<b>Country-wise Emigration Clearance (EC) Data 2014-2024</b>												
<b>Sr. No</b>	<b>Country</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024 (till 01-12- 2024)</b>
1	SAUDI ARABIA	330002	308380	165355	78611	72399	161103	44316	32845	178630	200713	155731
2	UNITED ARAB EMIRATES	224043	225718	163716	149962	112059	76112	17891	10844	33233	71688	100090
3	KUWAIT	80420	66579	72384	56380	57613	45712	8107	10158	71432	48212	36088
4	QATAR	75997	59384	30619	24759	34471	31811	8907	49579	30871	30683	22283
5	OMAN	51319	85054	63236	53332	36037	28392	7206	19453	31994	21336	22531



6	MALAYSIA	22927	20908	10604	14002	16370	10633	2435	36	12836	15319	5390
7	BAHRAIN	14207	15623	11964	11516	9142	9997	4175	6383	10232	7376	8064
8	IRAQ	3054	1	0	0	0	162	759	935	1430	1599	2558
9	JORDAN	2133	2047	2742	2341	1941	3941	317	2386	2487	1187	2972
10	LEBANON	313	341	316	110	109	160	21	54	282	200	130
11	SUDAN	255	0	0	0	0	0	0	0	1	0	2
12	AFGHANISTAN	127	70	0	0	0	2	0	0	0	0	0
13	LIBYA	122	0	0	0	0	0	0	0	0	0	0
14	THAILAND	53	10	1	0	6	24	10	1	3	4	10

15	INDONESIA	29	6	1	10	10	0	1	0	3	0	2
16	YEMEN	4	1	0	0	0	0	0	0	0	0	0
17	SOUTH SUDAN	0	29	0	1	0	0	0	1	1	0	0
18	SYRIA	0	1	0	0	0	0	0	0	0	0	0
	TOTAL	805005	784152	520938	391024	340157	368049	94145	132675	373435	398317	355851

## **WORLD BANK REPORT ON HEALTH SPENDING**

### **1864: SHRI MUHAMMED HAMDULLAH SAYEED:**

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

(a) whether the Government is aware of the fact that as per the World Bank report regarding Government health spending trends in Low-Income Countries (LICs) and Lower Middle-Income Countries (LMICs);

(b) if so, the steps taken/proposed to be taken by the Government to ensure that health spending remains on track particularly in light of the decline in per capita health spending; and

(c) the steps taken/proposed to be taken by the Government to increase the share of health spending in India's national budget?

### **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 World Bank has published publication titled " Government Health Spending Trends Through 2023: Peaks, Declines, and Mounting Risks". The publication presents the trend in Government Health Spending (GHS) across 63 low and low-middle-income countries (LICs and LMICs).

As per National Health Accounts Estimates for India, the Government Health Expenditure (GHE) as percentage of Gross Domestic Product (GDP) has increased from 1.13% in 2014-15 to 1.84% in 2021-22. The per capita Government Health Expenditure has also increased from Rs.1108 to Rs. 3169 during the same period.

There has been significant declining trend in Out of Pocket Expenditure (OOPE) as

percentage of Total Health Expenditure (THE) also. The Ministry of Health and Family Welfare (MoHFW) has taken up with States to prioritize allocation to health sector and enhance their health budgets at least 10% every year.

The Central Government has taken several initiatives for supplementing the efforts of the State for providing quality and affordable healthcare services to the people and reduce the OOPE. Under the National Health Mission, the Government has taken many steps towards universal health coverage, by supporting the State Governments in providing accessible and affordable healthcare to people. The National Health Mission provides support for improvement in health infrastructure, availability of adequate human resources to man health facilities, to improve availability and accessibility to quality health care especially for the underserved and marginalized groups in rural areas. National Free Drugs Service initiative and Free diagnostic Service has been rolled out to ensure availability of essential drugs and diagnostic facilities and reduce out of pocket expenditure of the patients visiting public health facilities.

In this regard, the Government has launched mission mode projects, namely Pradhan Mantri -Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), Ayushman Aarogya Mandir (erstwhile AB-HWC) and Pradhan Mantri Jan Arogya Yojana (PMJAY).

PM-ABHIM was launched as a mission to develop the capacities of primary, secondary, and tertiary health care systems; strengthen existing national institutions and create new institutions to cater to detection and cure of new and

emerging diseases. PM-ABHIM is a Centrally Sponsored Scheme with some Central Sector components with an outlay of Rs 64,180 crore.

A total of 1,75,180 Ayushman Arogya Mandirs (AAMs) have been established and operationalized, till 22nd November 2024, by transforming existing Sub-Health Centres (SHC) and Primary Health Centres (PHC) in rural and urban areas. The purpose of AAMs are to deliver the expanded range of comprehensive primary healthcare services that includes preventive, promotive, curative, palliative and rehabilitative services encompassing Reproductive and Child care services, Communicable diseases, Non-communicable diseases and all health issues, which are universal, free, and closer to the community

Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to approximately 55 crore beneficiaries corresponding to 12.37 crore families, constituting the bottom 40% of India's population. The Central Government has also recently approved health coverage for all senior citizens of the age 70 years and above irrespective of their income under PM JAY.

Besides, quality generic medicines are made available at affordable prices to all under Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) in collaboration with the State Governments. Affordable Medicines and Reliable Implants for Treatment (AMRIT) Pharmacy stores have been set up in some hospitals/institutions.

## **DEPORTATION OF INDIANS FROM USA**

### **1865. SHRIMATI MALA ROY:**

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

- (a) the number of Indians, both men and women, deported from the United States of America during the last one year; and
- (b) the actual reason(s) for the deportation of Indians from USA?

**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) As per US Government data, a total of 519 Indian nationals were deported to India during the period Nov 2023 to Oct 2024. Deportations are carried out by the US Government through commercial and chartered flights.

As per US Immigration and Customs Enforcement (ICE), Indian nationals who were deported from the US to India were under order of removal, as they were declared unauthorized to stay in the US by the competent authorities.

## **ANAEMIA CASES AMONG WOMEN AND CHILDREN**

### **1866. SHRI RAMASAHAYAM RAGHURAM REDDY:**

#### **SHRI KULDEEP INDORA:**

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

- (a) whether the Government is aware of the high prevalence of anaemia cases among women and children in the country;

(b) if so, the details thereof along with the estimated population of the country affected by Anaemia especially pregnant women during the last three years, State/UT and year-wise;

(c) whether the Government has taken any measures to address this issue and if so, the details thereof;

(d) whether the Government has carried out any study to assess the achievements of the Anaemia Mukht Bharat programme aiming to reduce the prevalence of anaemia in children, adolescents and women in the country and if so, the details thereof along with the results of the study thereon; and

(e) whether the Government has undertaken any review of schemes supposed to tackle anaemia and malnutrition in pregnant and lactating women 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) As per National Family Health Survey 5 (2019-21), the prevalence of anaemia is 57.0 percent among women aged 15-49 years and 67.1 percent among the children aged 6-59 months in the country.

(b) The State/UT wise prevalence of anaemia among children and women including pregnant women is placed in the enclosed **Statement**.

(c) The Government of India implements Anaemia Mukht Bharat (AMB) programme in 6X6X6 strategy to reduce the prevalence of anaemia among six beneficiary

groups - Children 6-59 months, Children 5-9 years, Adolescents (10-19 years), Women of reproductive age (15-49 years), pregnant women and lactating mothers in lifecycle approach through six interventions - Prophylactic Iron and Folic Acid supplementation (IFA Syrup is provided biweekly to Children 6-59 months, IFA Red is provided weekly to Women of Reproductive age group and IFA Red tablets (daily for 180 days) are provided to pregnant women and lactating mothers), Deworming (Pregnant women are provided albendazole tablet in second trimester and all children are provided albendazole tablets during National Deworming Day), Intensified year-round behavior change communication campaign and ensuring delayed cord clamping at all Delivery points, Testing of anaemia using digital invasive hemoglobinometer and point of care treatment, Mandatory provision of iron and folic acid fortified foods in public health programmes (supplementary nutrition at Anganwadi Centre, Mid Day Meal at Schools and Targeted Public Distribution system), addressing non-nutritional causes of anaemia in endemic pockets, with special focus on malaria, haemoglobinopathies and fluorosis, via robust institutional mechanism.

(d) and (e) The Government undertakes National/Regional/ State level review meetings, field visits to States/UTs and Common Review Missions(CRMs) to assess the implementation of Anaemia Mukt Bharat. Field level workers as ANMs, CHOs and ASHAs promote awareness on anaemia prevention, management and healthy diets. Supportive supervision visits to strengthen the health interventions for anaemia in women including pregnant and lactating women in States/UTs are carried out.



**STATEMENT****State/UT wise prevalence of anaemia among children and women****(Source: NFHS-5 (2019-21))**

State/UT	Children age 6-59 months who are anaemic (%)	Pregnant women age 15-49 years who are anaemic (%)	All women age 15-49 years who are anaemic (%)
Andhra Pradesh	63.2	53.7	58.8
AandN Island	40.0	53.7	57.5
Arunachal Pradesh	56.6	27.9	40.3
Assam	68.4	54.2	65.9
Bihar	69.4	63.1	63.5
Chandigarh	54.6	*	60.3
Chhattisgarh	67.2	51.8	60.8
DND and DD	75.8	60.7	62.5
Goa	53.2	41.0	39.0
Gujarat	79.7	62.6	65.0

Haryana	70.4	56.5	60.4
Himachal Pradesh	55.4	42.2	53.0
Jammu and Kashmir	72.7	44.1	65.9
Jharkhand	67.5	56.8	65.3
Karnataka	65.5	45.7	47.8
Kerala	39.4	31.4	36.3
Ladakh	92.5	78.1	92.8
Lakshadweep	43.1	20.9	25.8
Madhya Pradesh	72.7	52.9	54.7
Maharashtra	68.9	45.7	54.2
Manipur	42.8	32.4	29.4
Meghalaya	45.1	45.0	53.8
Mizoram	46.4	34.0	34.8
Nagaland	42.7	22.2	28.9
NCT Delhi	69.2	42.2	49.9
Odisha	64.2	61.8	64.3
Puducherry	64.0	42.5	55.1

Punjab	71.1	51.7	58.7
Rajasthan	71.5	46.3	54.4
Sikkim	56.4	40.7	42.1
Tamil Nadu	57.4	48.3	53.4
Telangana	70.0	53.2	57.6
Tripura	64.3	61.5	67.2
Uttar Pradesh	66.4	45.9	50.4
Uttarakhand	58.8	46.4	42.6
West Bengal	69.0	62.3	71.4

### DISABILITY COLUMN IN NOMINATION FORMS

#### 1867. SHRI KIRTI AZAD:

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

- (a) whether the Election Commission of India and the State Election Commissions do not seek information about the disability status of individuals who are filing the nomination form;
- (b) if so, the details thereof;
- (c) whether the Government has requested the Election Commission of India to consider a column for disability status in the nomination form;
- (d) if so, the details thereof;

(e) the number of persons with disabilities who filed nominations during the last general election, State-wise; and

(f) the number of persons with disability who won in the last general election, 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) and (b): The Election Commission of India (ECI) has informed that statutory nomination Forms do not seek information about the disability status of individuals who are filing the nomination paper.

(c): No.

(d): Does not arise.

(e) and (f): The ECI has informed that as there is no provision for marking persons with disability status in the statutory Nomination Forms, this information is not maintained.

### **RISING CASES OF HEPATITIS B**

**1868: SHRI ANTO ANTONY:**

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

(a) whether the Government has taken note that the death cases due to Hepatitis B are increasing in the country every year;

(b) if so, the details thereof along with the number of death cases reported in the country during the last ten years, year and State-wise;

(c) whether the Government has taken note that the cases of Hepatitis- B are increasing in the State of Kerala, if so, the details thereof and if not, the reasons therefor;

(d) whether the Government has any plan to depute a team to visit the said State and conduct a study in this regard and if so, the details thereof; and

(e) the steps taken/proposed to be taken by the Government in this regard?

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

(a) and (b) Hepatitis B is a viral infection that causes chronic infection of the liver and can result in severe complications such as Cirrhosis and Hepatocellular Carcinoma, which can progress to death. The details of State/ UT wise number of death cases reported in the country due to hepatitis B is attached in the enclosed **Statement.**

(c) to (e) Activities relating to Viral Hepatitis are performed through a concerted and coordinated efforts of the Central and State Government through instrument of National Health Mission (NHM). The National Viral Hepatitis Programme (NVHCP) under the umbrella scheme of NHM adopted various preventive strategies against Hepatitis B across the country including the State of Kerala. As reported by the State of Kerala, 32 treatment centers across 14 districts are operational, these include 3 Model Treatment Centres under the National Viral Hepatitis Control Program .The major strategies adopted are as follows: -

- Universal immunization of children including HBV-0 dose followed by 3 dose

primary schedule as part of the pentavalent vaccine.

- Universal screening of antenatal women in order to take adequate precautions against vertical transmission, screening of high risk groups and general population, screening of all blood donors for HBV, screening of all individuals who undergo surgical procedures etc.
- Vaccination of all healthcare personnel.
- Information, Education and Communication activities.

### **STATEMENT**

#### **State/UT wise death due to Hepatitis –B**

<b>S. No</b>	<b>Name of State / UTs</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>	<b>2024-25 (upto Sept. 2024)</b>
1	Andaman and Nicobar Islands	0	0	0	0	0	0	0
2	Andhra Pradesh	3	12	10	5	5	14	8
3	Arunachal Pradesh	0	0	0	0	0	0	0
4	Assam	0	0	0	0	0	0	2
5	Bihar	0	0	0	0	0	0	0

6	Chandigarh	0	0	0	0	0	0	0
7	Chhattisgarh	7	12	10	15	4	9	2
8	Delhi	93	38	24	6	64	0	0
9	DNH and DD	0	0	0	0	0	0	0
10	Goa	0	0	0	0	0	0	0
11	Gujarat	14	17	20	81	104	64	16
12	Haryana	5	2	2	4	8	6	4
13	Himachal Pradesh	0	1	1	11	9	11	6
14	Jammu and Kashmir	0	0	0	0	0	0	0
15	Jharkhand	0	0	0	5	0	0	0
16	Karnataka	0	0	0	0	0	0	0
17	Kerala	6	4	3	1	8	10	2
18	Ladakh	0	0	1	0	3	2	2
19	Lakshadweep	1	0	0	1	3	1	1

20	Madhya Pradesh	0	0	5	38	93	247	50
21	Maharashtra	4	3	5	23	79	93	60
22	Manipur	0	0	0	4	2	5	
23	Meghalaya	0	0	1	0	6	3	6
24	Mizoram	0	0	0	0	0	0	0
25	Nagaland	0	0	0	12	3	15	15
26	Odisha	10	6	11	8	0	7	1
27	Puducherry	0	0	0	0	0	0	0
28	Punjab	0	0	0	3	0	10	3
29	Rajasthan	0	0	0	0	0	176	49
30	Sikkim	0	0	0	0	0	0	0
31	Tamil Nadu	13	21	11	22	42	38	23
32	Telangana	0	0	0	0	0	0	0
33	Tripura	1	1	1	1	1	1	0



34	Uttar Pradesh	25	27	26	76	41	91	63
35	Uttarakhand	2	1	1	1	2	2	2
36	West Bengal	0	0	0	0	0	89	54

Source: NVHCP- Based on inputs received from States.

Note- Data available from 2018 onwards

### **MISSION SHAKTI AND MISSION VATSALYA**

#### **1869. SHRI VISHNU DATT SHARMA:**

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

- (a) whether the Government is implementing Mission Shakti and Mission Vatsalya;
- (b) if so, the details of needy women and children who have been provided integrated care, safety, protection, rehabilitation, and empowerment through the said mission in the districts of Panna, Katni and Khajuraho of Chhatarpur district in Madhya Pradesh;
- (c) if so, the details thereof; and
- (d) whether such measures have been taken under the said mission, if so, the details thereof and if not, the reasons therefor?

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

- (a) to (d) Ministry is implementing three Umbrella Missions. Among them, Mission Shakti includes schemes for safety, protection and empowerment of women; and

Mission Vatsalya includes schemes for protection, care and welfare of children in difficult or vulnerable circumstances. Details of the schemes and measures taken under the said Missions are as under:

**(i) Mission Shakti:** Mission Shakti comprises of two verticals '**Sambal**' and '**Samarthya**' for safety and security and empowerment of women, respectively.

**(a) Sambal** - The following schemes have been included under the Sambal vertical:

**One Stop Centres (OSC)** - for providing integrated support and assistance to women affected by violence and those in distress, both in private and public spaces in a convergent and coordinated manner under one roof; **Women Helplines (181-WHL)** is a 24 x 7 x 365 toll-free emergency/non-emergency response system that is integrated with ERSS (112) and other existing helplines/institutions; **Beti Bachao Beti Padhao (BBBP)** - launched with an aim to address declining Sex Ratio at Birth (SRB) and related issues of empowerment of girls and women over a life cycle continuum; **Nari Adalat** - an initiative aimed at empowering women by ensuring justice and to offer services such as alternate dispute resolution, grievance redressal, counselling, evidence-based decision-making, pressure group tactics, negotiation, mediation, and reconciliation.

**(b) Samarthya** - The following schemes have been included under 'Samarthya' vertical: **Pradhan Mantri Matru Vandana Yojana (PMMVY)** - a Centrally Sponsored Maternity Benefit Scheme under which cash incentives flow to the beneficiaries in Direct Benefit Transfer (DBT) mode for the first child and the second girl child; **Ujjwala and Swadhar Greh (renamed as Shakti Sadan)** - an Integrated Relief and Rehabilitation Home for women in distress situations including trafficked

women; **Working Women Hostel (renamed as Sakhi Niwas)** - to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and also in rural areas where employment opportunities for women exist; **National Hub for Empowerment of Women (NHEW)** - to facilitate inter-sectoral convergence of schemes and programs meant for women at National level, State/ UT level and district level and **National Creche Scheme (renamed as Palna)** that aims to increase the participation of women in work force in the economy by providing quality crèche facility in safe and secure environment for children.

**(ii) Mission Vatsalya:** Mission Vatsalya includes the Integrated Child Protection Scheme (ICPS) for better outreach and protection for children in need of care in a mission mode with the objective to: (i) Support and sustain Children in difficult circumstances. (ii) Develop context-based solutions for holistic development of children from varied backgrounds. (iii) Provide scope for green field projects for encouraging innovative solutions. Under the scheme Institutional Care is provided through Child Care Institutes (CCIs), as a rehabilitative measure. The programmes and activities in Homes, *inter-alia*, include age-appropriate education, access to vocational training, recreation, health care, counselling etc. Under the Non-Institutional Care component, support is extended for Adoption, Foster Care, After Care and Sponsorship. The scheme also provides for emergency outreach services (24x7) for children in difficult circumstances through Child Helpline 1098 which is integrated with Emergency Response Support System (ERSS) Helpline No.112 of Ministry of Home Affairs as well as the Women Helpline 181.

The status of details of the beneficiaries under the aforesaid schemes for the State of Madhya Pradesh is placed in the enclosed **Statement**.

**STATEMENT**

**'MISSION SHAKTI AND MISSION VATSALYA'**

Details of beneficiaries under schemes of the Ministry in the State of Madhya Pradesh

<b>S. No.</b>	<b>Mission</b>	<b>Scheme</b>	<b>Number of Beneficiaries (2023-24)</b>
1	Mission Vatsalya (erstwhile Integrated Child Protection Scheme)		16,312
2	Mission Shakti – Sambal	One Stop Centre	19868
		Women Help Line	17385
3	Mission Shakti – Samarthya	Pradhan Mantri Matru Vandana Yojna	635996
		Shakti Sadan (erstwhile Swadhar Greh and Ujjawala)	1202
		Sakhi Niwas (erstwhile Working Women Hostel)	691
		Palna	43

## SCREENING FOR CERVICAL CANCER

### 1870. SUSHRI PRANITI SUSHILKUMAR SHINDE:

Will the **MINISTER OF HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government is aware that below 2 per cent of women in the country are screened for cervical cancer and if so, the details thereof;
- (b) the data of women (15-49 years) who have been screened for cervical cancer, State-wise; and
- (c) the measures taken/proposed to be taken by the Government to promote cervical cancer vaccination for girls/women?

### **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) Screening of common Non-Communicable Diseases (NCDs) including common cancers (viz. oral, breast and cervical) is an integral part of service delivery under Ayushman Arogya Mandirs. As per National NCD Portal as on 2<sup>nd</sup> December, 2024 out of an eligible population of 25.16 crore women above the age of 30 years, 8.88 crore have been screened for cervical cancer. The data of women who have been screened for cervical cancer, State-wise, as per the National NCD Portal is given in the enclosed **Statement**.

(c) Human Papilloma Virus (HPV) vaccine is not a part of the Universal Immunization Program.

**STATEMENT**

The data regarding women who have been screened for cervical cancer,  
State-wise

<b>State</b>	<b>Screened(As on 02.12.2024)</b>
<b>Pan India</b>	<b>8,88,91,161</b>
Andaman and Nicobar Islands	2203
Arunachal Pradesh	6912
Assam	27709
Bihar	2606522
Chandigarh	78974
Chhattisgarh	2509000
Delhi	7786
Goa	19540
Gujarat	6084423
Haryana	1347683

Himachal Pradesh	687202
Jammu and Kashmir	1334868
Jharkhand	425684
Karnataka	9291177
Ladakh	28877
Lakshadweep	6187
Madhya Pradesh	3694414
Maharashtra	7404542
Manipur	34634
Meghalaya	50547
Mizoram	111724
Nagaland	5471
Odisha	3209213
Puducherry	43178

Punjab	398739
Rajasthan	1082218
Sikkim	25631
Telangana	8275051
Tripura	19180
Uttar Pradesh	1400722
Uttarakhand	97374
Andhra Pradesh*	3,84,29,398
Kerela*	-
Tamil Nadu*	-
The Dadra And Nagar Haveli And Daman And Diu*	1,43,708
West Bengal*	670

\*Disease wise Screening data is not available in case of states using their own application and sending aggregate data to the National NCD Portal.



**UPGRADATION OF AYUSH DISPENSARIES IN ANDHRA PRADESH****1871. SHRI DAGGUMALLA PRASADA RAO:**

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

(a) the total number of proposals received and approved to upgrade AYUSH Dispensaries as Ayushman Arogya Mandir, State/UT-wise data especially from the State of Andhra Pradesh;

(b) the details of the physical progress of Integrated AYUSH Hospitals identified at Kakinada and Visakhapatnam districts of Andhra Pradesh;

(c) the amount of funds released for the same and time required for its completion;

(d) whether the Government has any data of the total number of AYUSH dispensaries supported by the Government for infrastructural upgradation in the State of Andhra Pradesh; and

(e) if so, the details thereof along with the funds allocated for them till date, 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 the Centrally Sponsored Scheme of National Ayush Mission (NAM), as per the proposals received from the State/UT Governments including Andhra Pradesh through State Annual Action Plan (SAAPs), Ministry of Ayush has

approved 11274 Ayush dispensaries to be upgraded as Ayushman Arogya Mandir (Ayush) as per the details given in the enclosed **Statement**.

(b) and (c) Under NAM, as per the proposals submitted by the State Government of Andhra Pradesh through SAAPs, 02 Integrated Ayush Hospitals (IAHs) have been supported in the districts of Vishakhapatnam and Kakinada and an amount of Rs. 309.43 lakhs and Rs. 814.25 lakhs respectively have been approved for the same. Further, as reported by the State Government of Andhra Pradesh 80% of the work has been completed at IAH Kakinada and 30% of the work has been completed for IAH Vishakhapatnam. However, as implementation of the Scheme comes under the purview of respective State Government, no specific timeline has been fixed by Government of India for completion of the above said integrated Ayush hospitals.

(d) and (e) Under NAM, as per the proposals received from the State Government of Andhra Pradesh through SAAPs, 110 Ayush dispensaries have been supported for infrastructural upgradation in different districts and consolidated grant-in-aid of Rs. 496.84 lakhs has been approved for the same. However, under NAM, there is no provision of district-wise release of grant.

### **STATEMENT**

**State/UT wise details of approved Ayush Dispensaries to be upgraded as  
Ayushman Arogya Mandir (Ayush)**

<b>S. No</b>	<b>Name of State / UT</b>	<b>No. of Ayushman Arogya Mandir (Ayush)</b>
1	Andhra Pradesh	126
2	Arunachal Pradesh	3
3	Assam	0
4	Bihar	83
5	Chhattisgarh	400
6	Goa	23
7	Gujarat	365
8	Haryana	400
9	Himachal Pradesh	740
10	Jharkhand	745
11	Karnataka	376
12	Kerala	700
13	Madhya Pradesh	800

14	Maharashtra	390
15	Manipur	1
16	Meghalaya	0
17	Mizoram	0
18	Nagaland	5
19	Odisha	422
20	Punjab	158
21	Rajasthan	2019
22	Sikkim	0
23	Tamil Nadu	650
24	Telangana	421
25	Tripura	33
26	Uttar Pradesh	1034
27	Uttarakhand	300
28	West Bengal	540
29	Andaman and Nicobar Islands	0
30	Chandigarh	5

31	Delhi	0
32	Dadra and Nagar Haveli and Daman and Diu	1
33	Jammu and Kashmir	523
34	Ladakh	0
35	Lakshadweep	7
36	Puducherry	4
	<b>TOTAL</b>	<b>11274</b>

### **QUALITY OF FIXED DOSE COMBINATION DRUGS**

#### **1872: SUSHRI SAYANI GHOSH:**

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

(a) whether it is a fact that 53 medicines have failed the quality checks conducted by Central Drugs Standard Control Organisation (CDSCO) and if so, the details thereof;

(b) whether there is any mechanism put in place to inform consumers about potential risks if a drug fails testing and is not recalled by the manufacturer and if so, the details thereof;

(c) the number of instances in which CDSCO has asked companies to recall drugs, and the number of drugs recalled by companies during the last five years, year-wise; and

(d) whether there is a mechanism put in place to test the quality of fixed-dose combination drugs before permitting their manufacturing 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): List of drugs of various companies, which are declared Not of Standard Quality/ Spurious/ Misbranded/ Adulterated by the Central Drugs Testing Laboratories is regularly uploaded and available on the website of Central Drugs Standard Control Organization (CDSCO) under the heading of Drug Alert ([www.cdsc.gov.in](http://www.cdsc.gov.in)). In the cases concerning quality or safety of drugs as and when reported, action is taken by the licensing authorities concerned under the provisions of Drugs and Cosmetics Act 1940 and its Rules including prosecution in the appropriate Court of law.

(c): The manufacturing, sale and distribution of drugs in the country are regulated under the provisions of Drugs and Cosmetics Act, 1940 and Rules, 1945. The regulatory control over the manufacture, sale and distribution of drug in the country is exercised through a system of licensing and inspection by the State Licensing Authorities (SLAs) appointed by the respective State Governments. The data regarding drugs recalled after failing quality tests is not maintained centrally by CDSCO.

However, as per information received from various States/U.Ts Drugs Controllers, the details of number of batches recalled during the last five years are as under.

S.No	Year (April to March)	Number of Batches Recalled
1	2019-2020	950
2	2020-2021	1091
3	2021-2022	1153
4	2022-2023	1171
5	2023-2024*	1394

\* Provisional figure

(d): The manufacture, sale and distribution of drugs in the country are regulated under the provisions of Drugs and Cosmetics Act, 1940 and Rules thereunder through a system of licensing and inspection. Licenses for manufacture, sale and distribution of drugs are granted by the State Licensing Authorities (SLAs) appointed by respective State Governments. Under New Drugs Clinical trial Rules 2019, Fixed Dose Combinations is categorized as "New Drugs". For the manufacture of any FDC falling under the definition of New Drug, permission is required from Central Drugs Standard Control Organisation (CDSCO) before obtaining manufacturing license for the New Drug from the concerned State Licensing Authority. Before a 'New Drug' is approved by CDSCO, it goes through the rigorous process of evaluation of submitted data and Subject expert committee (SEC) recommendation for safety and efficacy of the drugs and quality of the drug is also tested at Indian Pharmacopoeia Commission/Central Drugs Testing

Laboratory, Mumbai before grant of the permission. Further, as per conditions of manufacturing license, the licensee is required to test each batch or lot of the raw material used by him for the manufacture of his products and also each batch of the final product.

## **NEW RULE FOR INTERNATIONAL CONTAINER LINES**

**1873. SHRI B. MANICKAM TAGORE:**

**SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:**

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

- (a) the rationale behind the new rule requiring international container lines to reserve 5 per cent of cargo space for domestic operators;
- (b) the mechanism put in place by the Government to ensure that domestic operators have the capacity to utilize the reserved cargo space and to ensure that its implementation does not lead to increased costs or inefficiencies in shipping sector;
- (c) the benefits/impact this new rule is likely to bring to India's shipping industry and economy including trade relationships with other countries;
- (d) the manner in which the Government proposes to monitor compliance with the new rule, prevent evasion and address potential concerns from international container lines;
- (e) the support mechanisms proposed to be put in place to help domestic operators compete with international container lines; and
- (f) the timeline fixed for the implementation of the new rule and vessel-sharing agreements?



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

(a) to (f) The Directorate General of Shipping has put a draft notification in public domain soliciting the views of stakeholders for exempting the Vessel Sharing Agreement (VSA) of liner shipping industry from the provisions of Section 3 of the Competition Act, 2002 for a period three years. The draft notification proposes that exemption may be granted subject to the condition that atleast 5% of the total space available within such VSAs is provided through Indian Vessels and atleast 5% of the total space available in such VSAs is allocated to Indian Non - Vessel Operating Common Carrier (NVOCC) entity. This draft notification also proposes a mechanism for monitoring compliance through the Directorate General of Shipping, with regular reporting and oversight. Based on this draft notification, no order has been issued by Government till now.

**SUBSTANDARD FERTILIZERS**

**1874: SHRI BHASKAR MURLIDHAR BHAGARE:**

**SHRI BAJRANG MANOHAR SONWANE:**

**SHRI SANJAY DINA PATIL:**

**DR. AMOL RAMSING KOLHE:**

**SHRIMATI SUPRIYA SULE:**

**SHRI DHAIRYASHEEL RAJSINH MOHITE- PATIL:**

**SHRI AMAR SHARADRAO KALE:**

**SHRI NILESH DNYANDEV LANKE:**

**PROF. VARSHA EKNATH GAIKWAD:**

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

- a) the measures being taken by the Government to address the widespread presence of duplicate and substandard fertilizer in the Indian market;
- b) whether the Government has identified any regions or States with particularly high occurrences of duplicate fertilizers and if so, the details thereof and specific action being taken to address this issue;
- c) whether the Government is raising awareness among farmers regarding the risks associated with low-quality fertilizers and ways to avoid counterfeit products, if so, the details thereof;
- d) whether there is a system in place for farmers to report suspected low-quality or counterfeit fertilizers and if so, the action taken upon receiving such complaints; and
- e) whether support in the form of compensation is available to farmers who suffer losses due to using duplicate or substandard fertilizers, 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): Fertilizer Control Order (FCO)-1985 has laid down fertilizer-wise detailed specifications. Any fertilizer, not meeting the said specifications, cannot be sold in the country for agricultural purpose. Clause 19 of FCO strictly prohibits the sale or manufacture of fertilizers which are not of prescribed standards. Any sale of

duplicate/substandard/counterfeit fertilizers is punishable under Essential Commodities Act, 1955.

Moreover, quality control of fertilizers comes under the purview of State Governments. In order to regulate the sale of duplicate fertilizers in the State, there is a District Quality control mechanism for awareness and vigilance at the field level and awareness is spread among the farmers on the regular basis through press note, TV talks, Kishan Gosti, Krushimela, Krushi Mahotsav etc.

### **PALNA SCHEME**

#### **1875. SHRI BASAVARAJ BOMMAI:**

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

- (a) the number of Anganwadi-cum-Crèches have been established so far under the Palna scheme and the timeframe by which the target of 17,000 facilities will be achieved;
- (b) the impact of above mentioned scheme on women's workforce participation and income, particularly those lacking family support for childcare;
- (c) the number of Anganwadi-cum-Crèches approved and established under the Palna Scheme in Karnataka till date;
- (d) the total amount of fund allocation to the Palna Scheme in Karnataka, and how much of this has been utilized till now;

(e) the steps taken/proposed to be taken by the Government to address challenges related to the availability and quality of creche services for working mothers in both urban and rural regions; and

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

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

(a) to (f): As part of the umbrella 'Mission Shakti', a total of 17,000 Anganwadi-cum-Creches (AWCCs) have been approved for establishment under 'Palna' scheme, during the 15<sup>th</sup> Finance Cycle (i.e. upto FY 2025-26). Based on the proposals received from States/ UTs, a total of 10,609 AWCCs have been approved by the Ministry, out of which 1241 AWCCs have been established by the respective States/ UTs, as on 31.10.2024.

The Govt. of Karnataka has established 164 AWCCs out of the 248 AWCCs approved for the State of Karnataka. An amount of Rs. 1.60 crores has been released to the Govt. of Karnataka in the Financial Year 2023-24 for operationalization of AWCCs in the State. The utilization certificate for the same is awaited from the Govt. of Karnataka.

There is an urgent need for improved quality and reach of day care services/crèches for working women amongst all socioeconomic groups both in the organized and unorganized sectors, as lack of quality and affordable day-care services is an obstacle for increased female workforce participation. This much needed day-care crèche facility is being provided through Palna scheme. Crèche

services formalise the child care responsibilities hitherto considered as part of domestic work. Formalization of care work supports the “decent work campaign” to achieve the Sustainable Development Goal 8 – Decent work and economic growth. This will also enable more mothers, who will be free from unpaid child-care responsibilities, to take up gainful employment.

Anganwadi centres are the world's largest childcare institutions dedicated to providing essential care and support to children ensuring delivery of care facilities till the last mile. In a first of its kind approach, Ministry has extended the services of childcare through Anganwadi cum Crèche (AWCC). This will ensure whole day childcare support ensuring their well-being in a safe and secure environment. The objective of Palna is to provide quality crèche facility in safe and secure environment for children (from ages 6 months – 6 years), nutritional support, health and cognitive development of children, growth monitoring and immunization. Crèche facilities under Palna are provided to all mothers, irrespective of their employment status.

### **ISSUANCE OF E-PASSPORTS**

#### **1876. SHRI ASADUDDIN OWAISI:**

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

(a) whether it is true that India is one of the few major countries that has not yet implemented nationwide issuance of biometric passports to civilians and if so, the reasons therefor;

(b) the current status of the issuance of e-passports to civilians in the country, State/UT-wise;

(c) the total number of e-passports issued to civilians so far across the country, State/UT-wise; and

(d) the projected timeline for the nationwide rollout of e-passports to all civilians, alongwith the steps taken / proposed to be taken by the Government to expedite the process?

**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 issuance of e-Passports to civilians has commenced as a pilot project along with the rollout of the Passport Seva Program (PSP) Version 2.0 at Passport Offices Bhubaneswar and Nagpur.

(b) Currently, Passport Offices at Bhubaneswar and Nagpur are issuing e-Passports to citizens since 01<sup>st</sup> April 2024.

(c) The total number of e-Passports issued upto 28<sup>th</sup> November 2024 mentioned below :

Sl. N	Passport Office	No. of e-Passports issued
1.	Bhubaneswar	36,351
2.	Nagpur	43,656
Total		80,007

(d) Post successful pilot test and requisite certification, Government will roll out e-Passports in a phased manner at all the Passport offices in India and in Missions and Posts abroad.

## **PRODUCTION OF HIGH VALUE PHARMACEUTICALS AND MEDICAL DEVICES**

### **1877. SHRI DILESHWAR KAMAIT:**

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

(a) whether Government is focusing on production of high value pharmaceuticals and high end medical devices to reduce import dependency and if so, the details thereof;

(b) whether Product Linked Incentive (PLI) Scheme for pharmaceuticals is crawling due to insufficient subsidy and many caveats for investment, if so, the details thereof;

(c) the instalments released by the Government so far under the PLI scheme;

(d) the financial outlay for PLI Scheme for Pharmaceuticals;

(e) the categories of products that are being supported, target Groups and selection criteria under the Scheme; and

(f) the achievements of PLI for Bulk Drugs and Medical Devices?

**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 has taken several measures to encourage domestic manufacturing in Pharmaceutical Sector including Bulk Drugs and Medical Devices to reduce import dependence, boost domestic manufacturing and attract large investments. The schematic interventions are as follows:

- i. The Production Linked Incentive (PLI) Scheme for promotion of domestic manufacturing of critical Key Starting Materials (KSMs)/ Drug Intermediates (DIs) and Active Pharmaceutical Ingredients (APIs) in India (also known as PLI scheme for Bulk Drugs), with a financial outlay of Rs. 6,940 crores and the production tenure from FY 2022-2023 to FY 2028-29. The scheme provides financial incentive for manufacturing of notified products.
- ii. PLI Scheme for Pharmaceuticals, with a financial outlay Rs. 15,000 crores and the production tenure from FY 2022- 2023 to FY 2027-28, provides for financial incentive to 55 selected applicants for manufacturing of identified products under three categories for a period of six years. Under this scheme, high value pharmaceutical products such as Patented/Off-Patented drugs, Biopharmaceuticals, Complex Generics, Anti-cancer drugs, Auto-immune drugs, Orphan Drugs etc. are manufactured.
- iii. PLI Scheme for Promoting Domestic Manufacturing of Medical Devices with total financial outlay of Rs. 3,420 crore and production tenure from FY 2022-2023 to FY 2026-27, provides incentive to selected companies at the rate of 5% on incremental sales of medical devices manufactured in India and covered under the four Target segments of the scheme, for a period of five (5) years. Under this scheme high value Medical Devices such as Linear Accelerator, MRI machines, CT-Scans,



Mammograms, C- Arms, Ultrasound machines etc are manufactured, which were previously imported into the country.

(b) and (c): The scheme allows for investment in new plant and machinery, RandD, Product registration, new Building. As of October 2024, total investment of Rs 33,534 cr has been realised under the scheme and has surpassed original projected investment of Rs 17,275 cr. An incentive amount of Rs.3,215 Cr has been released under the scheme to 45 companies.

(d) and (e): The financial outlay for the PLI Scheme for Pharmaceuticals is Rs 15,000 crore over the scheme production tenure of FY 2022-23 to FY 2027-28. The details of categories of products that are being supported, target groups and selection criteria under the PLI schemes implemented by Department of Pharmaceuticals are available on the Department website at <https://pharmaceuticals.gov.in/schemes> under the respective PLI scheme.

(f): Under the PLI scheme for Bulk Drugs, a total of 48 projects have been selected under the scheme, of which 34 projects have been commissioned for 25 bulk drugs. Against committed investment of Rs.3,938 crores, investment worth Rs. 4,155.77 crores have been realised under the scheme. The cumulative sales made by the applicants under the scheme is Rs. 1,330.82 crores (which includes exports worth Rs.389.82 crores) and employment has been generated for 4,241 persons.

Under the PLI scheme for Medical Devices, a total of 32 applicants have been selected under the scheme, of which 19 greenfield projects have been commissioned for 44 products including high end medical devices such as Linear Accelerator, MRI machines, CT-Scans, Mammograms, C- Arms, Ultrasound

machines etc. Against committed investment of Rs. 1356.94 crores, investment worth Rs 1057.47 crores have been realized. The cumulative sales made by the applicants under the scheme is Rs 8,039.63 crores (which includes exports worth Rs 3,844.01 crores).

### **HEALTHCARE INFRASTRUCTURE IN RURAL AND TRIBAL AREAS**

**1878 : SHRI EATALA RAJENDER:**

**SHRIMATI D. K. ARUNA:**

**SHRI SURESH KUMAR SHETKAR:**

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

(a). Whether strengthening the health-care infrastructure and capacity building of the existing workforce in rural/Tribal areas enhance the skilled workforce for the elderly and facilitate the utilisation of health care among senior citizens, if so the details thereof, area-wise.

(b) Whether this all-inclusive package has a mental health service aspect as well as nutrition-related services that will operationalise senior care through preventive, wellness and therapeutic interventions and holistic in nature, if so the details, thereof; and

(c) the steps taken/proposed to be taken by the Government in this regard alongwith the funds sanctioned/spent during the last twelve years therefore, State-wise?

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

(a) to (c) Yes, Strengthening the healthcare infrastructure and capacity building of the existing workforce in rural/tribal areas enhance the skilled workforce for the elderly and facilitate the utilization of health care among senior citizens. The Ministry of Health and Family Welfare had launched the “National Programme for Health Care of the Elderly” (NPHCE) during 2010-11 to address various health related problems of elderly people with comprehensive health care set up completely dedicated and tuned to the needs of elderly. Vision of NPHCE is to create new architecture for Ageing by enhancing capacity of the healthcare staff and equipping healthcare facilities with infrastructure to make the elderly healthcare services more accessible and affordable.

Under NPHCE training of healthcare staff including the staff in rural/tribal areas. ANM/Male health worker posted at Sub-Centre (SC) are trained at Primary Healthcare Center (PHC). Doctors/staff from PHCs are trained at Community Healthcare Centre (CHC) .Doctors and staff from CHCs are trained at District Hospital (DH). Procurement of Aids and Appliances at Sub Centres, Machinery and Equipment at PHCs, CHCs and DHs. Establishment of 10 bedded geriatric ward at District Hospital. The details of preventive, wellness and therapeutic services provided under NPHCE are as below:

At Sub Centre- ANM/Male Health Worker provides elderly /family/ community health care providers information on interventions such as Health Education for

healthy ageing, environmental modifications, nutritional requirements, life styles and behavioral changes. Domiciliary visits for home bound/bedridden elderly. Provides Suitable callipers and supportive devices.

At PHC-Conduct health assessment of the elderly based on simple clinical examination relating to vision, joints, hearing, chest, BP, blood sugar, etc. Advice on chronic ailments like Chronic Obstructive Lung Disease, Arthritis, Diabetes, Hypertension, etc. including dietary regulations.

At CHC-They are first medical referral unit for patients from PHCs and below. Dedicated and specialized Geriatric Clinics for the elderly twice a week. Physiotherapist/Rehabilitation worker provides physiotherapy and medical rehabilitation. Domiciliary visits for bed-ridden elderly and counselling of family.

At District Hospital-Geriatric Clinic with dedicated OPD services for Elderly along with existing specialities like General Medicine, Orthopaedics, Ophthalmology, ENT etc. 10-bedded Geriatric Ward for in-patient care, laboratory investigations and provision of medicines. Referral services for severe cases to tertiary level hospitals/ Regional Geriatric Centre.

The funds sanctioned/spent from 2015-16 to 2022-23 attached in the enclosed **Statement.**

**STATEMENT****State/UT wise SPIP Approvals and Expenditure towards National Programme for Health Care for the Elderly  
(NPHCE) under NHM from FY 2015-16 till FY 2023-24****(Rs. in Lakh)**

S No	States/UT	2015-16		2016-17		2017-18		2018-19		2019-20		2020-21		2021-22		2022-23		2023-24	
		SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure
1	Andaman and Nico	42	0	82	0	0	0	118	0	37.72	1.7	1.5	0	30.4	0	17.98	0.02	9	0
2	Andhra Pradesh	2,096.18	0	105.7	0.44	89.4	128.97	39	0	78.2	0	789.9	789.9	455.06	114.58	316.5	18.57	269	207.65
3	Arunachal Prade	0	0	0	68.62	331.2	2.53	122.4	131.13	150	24.64	165.4	125.27	40	255.44	146.6	97.5	151.6	23.8
4	Assam	1,393.22	118.16	1,263.77	301.59	567.6	126.84	411.6	180.67	406.59	119.87	310.3	169.41	65.46	23.62	490.15	107.14	92.25	221.43
5	Bihar	1,650.46	17.71	315.48	27.56	1,005.20	164.71	1,491.40	115.38	383.49	37.16	165.77	40.56	5.67	20.83	74.72	5.59	78.46	6.3
6	Chandigarh	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Chhattisgarh	0	25.51	154.97	159.35	515.8	844.59	115.08	927.01	365.65	96.08	95.36	63.09	512.11	254.31	387.5	312.22	487.6	268.06
8	Dadra and Nagar H	28	14.77	23.11	34.99	2	0	0	0	0	0	0.3	0	0	0	27.8	0.2	2.3	0
	Daman and Diu	0	0	3.3	0	0.4	0	5.94	0.39	0.4	0.06	5	0	0	7	5	5	5	0
9	Delhi	333.43	0	259.34	0	41.8	0	8.8	0.15	14.8	0	9.8	0	24.9	7.42	331	0.05	313	8.12
10	Goa	0	0	42.34	0.1	49.4	3.45	34.6	14.59	29.8	12	13.34	10.79	27.3	22.61	29.3	23.42	29.3	22.38
11	Gujarat	397.68	190.51	348.04	183.29	313.98	51.42	36.15	35.94	20.1	66.62	20.2	9.19	78.05	29.84	179.35	57.1	159.35	178.22

12	Haryana	339.7	68.26	175.38	100.5	14.91	9.22	48.08	3.67	61.82	29.31	70.29	33.02	91.11	72.46	131.62	84.52	101.82	73.04
13	Himachal Pradesh	509.4	47.22	44.4	35.31	115.2	40.38	40	25.12	27.09	22.96	1.5	24.01	15.94	35.91	83	13.31	78	25.75
14	Jammu and Kash	368.36	90.92	538.73	72.39	362.95	41.15	105.2	7.13	164.95	21.18	144.5	1	166.5	80.75	136.5	18.74	101.5	8.39
15	Jharkhand	1,187.50	0	677.95	51.94	117.2	10.88	328.7	15.22	181.11	40.39	13.23	33.98	268.83	168.14	481.58	180.76	301.98	217.57
16	Karnataka	831.68	92.23	1,271.84	237.52	39	67.17	36.3	141.45	340.08	356.72	1,310.80	331.73	129.6	79.15	793.72	193.77	159	165.84
17	Kerala	180.97	76.16	223.54	128.57	84	436.99	196	93.87	421	35.62	128.5	139.19	363.5	188.09	487.8	72.95	343.3	88.01
18	Ladakh	0	0	0	0	0	0	0	0	0	0	0	0.4	53.7	74.74	24.9	52.06	17.9	52.73
19	Lakshadweep	0	25.42	14.27	2.38	4.4	24.49	4	0	1	9.51	12.35	2	11.4	0.43	8.8	2.49	8.88	0.4
20	Madhya Pradesh	386.26	104.5	140.93	81.01	40.5	19.98	595.58	20.64	67.44	30.13	139	118.05	1,518.63	172.71	210.5	432.75	135.5	399.52
21	Maharashtra	486.85	185.9	286.43	79.1	72.79	22.53	104.5	81.87	213	11.11	151.6	30.98	131.49	75.29	307.3	71.93	331.3	219.2
22	Manipur	146	60	48.2	0	325.6	0	16.6	132.1	299.1	0	114.3	31.43	135.97	0	67.5	47.55	67.5	2.97
23	Meghalaya	0	0	0	0	68.7	0	124.15	0	14.5	6.14	86.97	79.28	200.98	79.61	198.21	113.48	89.75	28.17
24	Mizoram	357.2	7.03	67.8	64.27	103.35	20.15	21.7	27.07	21.85	4.62	19.86	14.89	27.24	11.46	28.15	5.65	34.45	14.71
25	Nagaland	0	0	214.96	0	482.9	0.95	11.06	3.03	2.26	1.34	7.99	0.49	20.4	24.25	5.03	0.2	4.13	0.35
26	Odisha	326.63	80.84	414.09	69.71	694.1	96.32	321.6	453.19	231.16	379.52	173.1	204.31	137.55	224.01	678.3	420.6	169.1	263.35
27	Puducherry	67.9	0	63.35	18.17	45.25	42.32	36.5	0	30.85	9.9	31.3	0.47	32.4	10.35	40.07	30.78	43.89	13.61
28	Punjab	364	81.61	217.45	68.57	673	0	98.9	4.4	11	110.01	17.6	24.61	40.4	58.67	199.5	4.85	211.5	211.5
29	Rajasthan	866.8	825.53	923.54	637.5	0	57.01	25	10	30	0	30	0	310.1	161.23	31.4	16.81	31.4	20.31
30	Sikkim	110.46	51.05	77.51	31.19	6.92	0	6.29	1.31	4.72	0	17.8	0.21	19.15	9.73	13.9	13.83	13.93	12.22
31	Tamil Nadu	350.56	0	236	126	554.7	159	593.9	835.7	246.5	282.5	54.25	58.76	212.86	166.55	202.01	122.9	325.5	108.5
32	Telangana	365	0	120.5	0	246	0	0	0	60	73.31	142	0	75	22.4	19.25	0	7	4.95
33	Tripura	0	0	10.8	0	40	0	40	0	11.22	7.54	0	1.97	93.17	6.39	55.55	27.04	65.6	34.97
34	Uttar Pradesh	1,911.30	627.84	2,090.57	914.79	405	666.77	2,240.00	1,538.08	1,166.80	572.37	731.25	194.31	1,154.73	64.16	1,047.50	117.55	1,977.98	177.84

3 5	Uttarakhand	0	0	240.9	0	88.3	215.0 7	21.5	31.5	5.25	5.25	44.94	23.54	65.01	50.67	62.43	23.16	52.32	42.91
3 6	West Bengal	605.84	24.37	446.69	51.34	287.4	46.32	92	153.79	59	36.61	103.43	105.1 7	60.7	121.1 3	274.36	147.57	229.05	145.6 7

Note:

- i. The above data is as per the available Financial Management Reports (FMRs) reported by the States/UTs and is provisional.
- ii. Expenditure includes expenditure against Central Release, State release and unspent balances at the beginning of the year. Expenditure is as per FMRs submitted by States/UTs and is provisional.
- iii. NCD Pool was implemented from FY 2015-16 onwards.
- iv. After the Reorganisation of the State of Jammu and Kashmir (JandK) into the Union Territory of JandK and Union Territory of Ladakh, NHM funds to the UT of Ladakh were disbursed for the first time during 2020-21.

## ग्रीन टग ट्रांजिशन प्रोग्राम

**1879. श्री आलोक शर्मा:**

श्री मुकेशकुमार चंद्रकांत दलाल:

श्री प्रदीप पुरोहित:

श्री मनोज तिवारी :

श्री रवीन्द्र शुक्ला उर्फ रवि किशन :

श्री जनार्दन मिश्रा :

श्री दिलीप शङ्कीया :

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

(क) ग्रीन टग ट्रांजिशन प्रोग्राम (जीटीटीपी) की मुख्य विशेषताएं क्या हैं तथा उक्त कार्यक्रम किस प्रकार पारंपरिक ईंधन आधारित हार्बर टग से हरित एवं अधिक टिकाऊ विकल्पों की ओर संक्रमण को बढ़ावा देगा;

(ख) इस कार्यक्रम में कुल लागत का ब्यौरा क्या है, इसकी शुरुआत कब हुई है तथा जीटीटीपी के प्रथम चरण के लिए चयनित बंदरगाहों की संख्या क्या है तथा इसके लिए क्या लक्ष्य निर्धारित किए गए हैं;

(ग) क्या यह परियोजना वर्ष 2023 में शुरू किये गए समुद्री अमृत काल विजन 2047 के अनुरूप है; और

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

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

**(क):** ग्रीन टग ट्रांजिशन प्रोग्राम (जीटीटीपी) का लक्ष्य भारत के हार्बर बेड़े में शामिल पारंपरिक डीजल से चलने वाले जलयानों को हरित विकल्पों में परिवर्तित करना है। इसे 2024 से 2040 तक 05 चरणों की अवधि में चरणबद्ध एप्रोच से पूरा किया जाना है। इस ट्रांजिशन (परिवर्तन) को निर्बाध रूप से डिजाइन किया गया है, जिससे कि परंपरागत टगों को धीरे-धीरे चरणबद्ध रूप से हटाया जा सके।



**(ख):** दिनांक 16 अगस्त, 2024 को जीटीटीपी लॉन्च किया गया। प्रत्येक पत्तन द्वारा कम से कम दो हरित टगों की खरीद/किराए पर लेने के लक्ष्य के साथ है। जीटीटीपी के चरण-1 में 04 महापत्तनों का चयन किया गया है।

**(ग) और (घ):** जीटीटीपी सीधे तौर पर मैरीटाइम अमृतकाल विजन, 2047 के साथ संरेखित है, जिसका उद्देश्य 2030 तक पत्तन जलयानों से सीएचजी उत्सर्जन को 30% तक कम करना है। जीटीटीपी का फोकस हार्बर टगों से उत्सर्जन को कम करना है जो महत्वपूर्ण रूप से इस व्यापक लक्ष्य के लिए महत्वपूर्ण है।

### आयुर्वेदिक और होम्योपैथिक अनुसंधान केंद्र

**1880. श्री सनातन पांडेय:**

**श्रीमती विजयलक्ष्मी देवी:**

**श्री नलिन सोरेन:**

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) गत तीन वर्षों के दौरान सरकार द्वारा कितने आयुर्वेदिक और होम्योपैथिक अनुसंधान केन्द्र स्थापित किए गए हैं;

(ख) क्या इन केन्द्रों की स्थापना के लिए पर्याप्त धनराशि आवंटित की गई है और यदि हां, तो तत्संबंधी राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है;

(ग) क्या सरकार को अतिरिक्त धनराशि के आवंटन हेतु कोई प्रस्ताव प्राप्त हुआ है, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(घ) देश में होम्योपैथी में अनुसंधान और विकास को बढ़ावा देने के लिए सरकार द्वारा अन्य क्या कदम उठाए गए हैं?

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

(क) से (ग): आयुष मंत्रालय के तत्वावधान में केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस) और केंद्रीय होम्योपैथी अनुसंधान परिषद (सीसीआरएच) क्रमशः आयुर्वेद और होम्योपैथी चिकित्सा पद्धतियों के लिए शीर्ष अनुसंधान संगठन हैं। देश भर में सीसीआरएच के सत्ताईस अनुसंधान संस्थान/इकाइयां हैं जिनमें गोवा में वर्ष 2023 में स्थापित एक नई नैदानिक अनुसंधान इकाई भी शामिल है। सीसीआरएएस के तीस अनुसंधान संस्थान/केंद्र हैं और पिछले तीन वर्षों के दौरान इसने कोई नया अनुसंधान केंद्र स्थापित नहीं किया है। गोवा स्थित नैदानिक अनुसंधान इकाई (होम्यो.) को वर्ष 2022-23 के दौरान आवंटित/प्रयुक्त धनराशि 7.32 लाख रुपये और वर्ष 2023-24 के दौरान 85.29 लाख रुपये है। इसके अलावा, नैदानिक अनुसंधान इकाई (होम्यो.), गोवा से निधियों के अतिरिक्त आबंटन के लिए कोई प्रस्ताव प्राप्त नहीं हुआ है।

(घ): देश भर में होम्योपैथी में अनुसंधान एवं विकास को बढ़ावा देने के लिए उठाए गए कदम निम्नानुसार हैं:-

(1) केंद्रीय होम्योपैथी अनुसंधान परिषद (सीसीआरएच), आयुष मंत्रालय के अधीन एक शीर्ष अनुसंधान संगठन है, जो अपने 27 अनुसंधान संस्थानों/इकाइयों और 7 होम्योपैथिक उपचार केंद्रों के नेटवर्क के माध्यम से होम्योपैथी में वैज्ञानिक अनुसंधान करती है, उसका समन्वय, विकास, प्रसार तथा संवर्धन करती है और अंतरवर्ती अनुसंधान करने के साथ-साथ उत्कृष्टता संस्थानों के साथ सहयोग कर रही है, होम्योपैथी को बढ़ावा दे रही है तथा उपर्युक्त संस्थानों/इकाइयों एवं उपचार केंद्रों की ओपीडी/आईपीडी के माध्यम से स्वास्थ्य देखभाल सेवाएं प्रदान कर रही है। सीसीआरएच ने अवसंरचना, प्रयोगशाला सुविधाओं के रूप में अपने संस्थानों का उन्नयन किया है और केंद्रीय अनुसंधान संस्थान, कोट्टायम को राष्ट्रीय होम्योपैथी मानसिक स्वास्थ्य अनुसंधान संस्थान (एनएचआरआईएमएच), कोट्टायम में उन्नयन किया है। सीसीआरएच होम्योपैथी को बढ़ावा देने तथा आम जनता के बीच इसे लोकप्रिय बनाने के लिए राष्ट्रीय/राज्य स्तरीय आरोग्य मेलों/स्वास्थ्य शिविरों/प्रदर्शनियों में भी भाग ले रहा है। आईईसी कार्यक्रम के एक भाग के रूप में, सीसीआरएच ने सूचना एवं शिक्षा सामग्री विकसित की है जो प्रदर्शनियों/स्वास्थ्य मेलों/सेमिनारों/विश्व होम्योपैथी दिवस के आयोजन/सोशल मीडिया, जैसे

फेसबुक पेज, ट्विटर अकाउंट आदि के माध्यम से आम जनता को मुफ्त में वितरित की जाती है। इसके अलावा, परिषद ने निम्नलिखित जन-स्वास्थ्य पहल कार्यक्रम शुरू किए हैं: बच्चों में स्वस्थ दांत निकलने की प्रक्रिया में होम्योपैथी; स्वास्थ्य रक्षण कार्यक्रम; कैंसर, मधुमेह, हृदय रोग एवं स्ट्रोक की रोकथाम तथा नियंत्रण हेतु राष्ट्रीय कार्यक्रम(एनपीसीडीसीएस); अनुसूचित जाति घटक योजना (एससी घटक योजना) स्वास्थ्य शिविर; अपने केंद्रों के माध्यम से पोषण महाअभियान में भागीदारी; आजादी का अमृत महोत्सव से संबंधित गतिविधियों में भागीदारी।

(2) राष्ट्रीय होम्योपैथी संस्थान (एनआईएच), कोलकाता आयुष मंत्रालय के तहत एक स्वायत्त संगठन है जो होम्योपैथिक चिकित्सा शिक्षा एवं अनुसंधान में उत्कृष्टता को बढ़ावा देता है, उच्चतम पेशेवर मानकों तथा नैतिक मूल्यों के अनुसार होम्योपैथी के स्नातक-पूर्व, स्नातकोत्तर छात्रों तथा शोध छात्रों को शिक्षित एवं प्रशिक्षित करता है। संस्थान वर्तमान में, होम्योपैथी में डिग्री पाठ्यक्रम अर्थात् बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बीएचएमएस) और छह विशिष्टताओं में स्नातकोत्तर पाठ्यक्रम अर्थात् डॉक्टर ऑफ मेडिसिन इन होम्योपैथी [एमडी (होम्यो.)] संचालित करता है।

राष्ट्रीय होम्योपैथी संस्थान, कोलकाता का एक अनुषंगी संस्थान, दिनांक 11.12.2022 को नरेला, दिल्ली में 100 बिस्तरों के साथ स्थापित किया गया था, जो चिकित्सीय एवं इंटरवेंशनल इन्फ्रा-स्ट्रक्चर तथा अत्याधुनिक नैदानिक उपकरणों और तकनीकों से सुसज्जित है, जिनका उपयोग चिकित्सा, शिक्षण, प्रशिक्षण एवं अनुसंधान में किया जाता है। रोगी की देखभाल मुख्य रूप से माध्यमिक और तृतीयक स्तर पर होम्योपैथिक चिकित्सा के माध्यम से प्रदान की जाती है। वर्तमान में यह संस्थान, सात विशिष्टताओं में स्नातकोत्तर संचालित करता है।

(3) राष्ट्रीय होम्योपैथी आयोग अधिनियम, 2020(2020 का 15)के प्रावधानों के तहत, होम्योपैथी केंद्रीय परिषद अधिनियम, 1973 (1973 का 59) को निरस्त करके, दिनांक 5 जुलाई, 2021 की अधिसूचना द्वारा राष्ट्रीय होम्योपैथी आयोग (एनसीएच) का गठन किया गया था ताकि वह इसे प्रदत्त शक्तियों का प्रयोग कर सके और सौंपे गए कार्यों का निष्पादन कर सके। एनसीएच, जो आयुष मंत्रालय के तहत एक सांविधिक निकाय है, ने एक विनियम अर्थात् राष्ट्रीय होम्योपैथी आयोग (होम्योपैथी चिकित्सा

अनुसंधान) विनियम, 2023 अधिसूचित किया है जिसमें होम्योपैथी में अनुसंधान करने के लिए दिशानिर्देश दिए गए हैं।

इसके अलावा, एनसीएच होम्योपैथी चिकित्सा पेशेवरों को अपने काम में नवीनतम चिकित्सा अनुसंधान अपनाने तथा होम्योपैथी अनुसंधान में योगदान देने के लिए प्रोत्साहित करता है। होम्योपैथी (स्मार्ट-होम्यो.) में आधुनिक प्रगति, अनुसंधान तथा प्रौद्योगिकी को जोड़ने के लिए अनुसंधान कार्य-पद्धति की अवधारणाओं को विनियम अर्थात् राष्ट्रीय होम्योपैथी आयोग (होम्योपैथी स्नातक डिग्री पाठ्यक्रम-बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी)(बी.एच.एम.एस.), विनियम, 2020में समुचित रूप से शामिल किया गया है। इसके अलावा, एनसीएच ने केंद्रीय होम्योपैथी अनुसंधान परिषद के सहयोग से स्नातकोत्तर छात्रों और शिक्षकों के लिए अनुसंधान पद्धति में प्रशिक्षण भी आयोजित किया है।

(4) भारतीय चिकित्सा एवं होम्योपैथी भेषजसंहिता आयोग (पीसीआईएम एंड एच) आयुष मंत्रालय, भारत सरकार के तहत एक अधीनस्थ कार्यालय है जो भारतीय चिकित्सा पद्धतियों एवं होम्योपैथी के लिए भेषजसंहिताएं और फॉर्मूलरीज विकसित करने के साथ-साथ केंद्रीय औषधि परीक्षण-सह-अपीलीय प्रयोगशाला के रूप में कार्य करता है। आयुष मंत्रालय की ओर से पीसीआईएम एंड एच द्वारा होम्योपैथिक फार्माकोपिया ऑफ इंडिया (एचपीआई) के प्रकाशन के माध्यम से होम्योपैथिक औषधियों के भेषजसंहिता मानक स्थापित किए जाते हैं।

## **ONE RANK ONE PENSION**

### **1881. SHRI CHAMALA KIRAN KUMAR REDDY:**

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

(a) whether the Government has addressed all demands from veterans' organizations regarding periodic revisions and arrears payment under the One Rank One Pension (OROP) scheme, if so, the details thereof;

- (b) the details of the financial implications of the latest OROP revision including the number of beneficiaries and total expenditure, year-wise;
- (c) whether any challenges have been faced in the disbursement of arrears and pension under the scheme and if so, the details thereof;
- (d) whether the Government has assessed the sustainability of the increasing fiscal burden due to OROP and the measures taken to ensure long-term viability; and
- (e) if so, the details thereof along with the details of consultations held with stakeholders to address pending issues under the OROP scheme and the timeline likely to be taken for resolution?

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

- (a): Government has made provisions for revision of One Rank One Pension (OROP) vide their letter dated 07.11.2015. Accordingly, third revision of OROP has been carried out with effect from 01.07.2024 vide Ministry's letter dated 10.07.2024. Arrears on account of these revisions have been paid.
- (b): Financial implication of Rs. 6703.24 Cr. per annum has been assessed for OROP revision w.e.f 01.07.2024 and number of beneficiaries are 19,64,973.
- (c): No Challenges have been faced in the disbursement of arrears and pension under the scheme.
- (d) and (e): The Government has made sufficient budget provision for making the payment under OROP.

## उत्तर प्रदेश में पासपोर्ट कार्यालय खोलना

### 1882. डॉ. राजकुमार सांगवान:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार का विचार उत्तर प्रदेश राज्य के विभिन्न जिला मुख्यालयों/तहसीलों में पासपोर्ट कार्यालय और इसके शाखा कार्यालय खोलने का है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) ऐसा कब तक किए जाने की संभावना है?

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

(क) से (ग) मंत्रालय ने डाक विभाग के सहयोग से जनवरी 2017 में देश के प्रत्येक लोकसभा निर्वाचन क्षेत्र (एलएससी), जहां कोई पीएसके या पीओपीएसके नहीं है, में प्रधान डाकघरों (एचपीओ)/डाकघरों (पीओ) में डाकघर पासपोर्ट सेवा केंद्र (पीओपीएसके) नामक सेवा केंद्र खोलने का निर्णय लिया था। आज की तारीख में देश में 93 पीएसके और 442 पीओपीएसके स्थापित किए जा चुके हैं और ये पासपोर्ट के इच्छुक व्यक्तियों की जरूरतों को पूरा करने के लिए कार्यशील हैं।

वर्तमान में, उत्तर प्रदेश के लखनऊ, गाजियाबाद और बरेली में तीन (03) पासपोर्ट कार्यालय कार्यरत हैं। उत्तर प्रदेश के ऐसे लोकसभा निर्वाचन क्षेत्र, जिनमें पीएसके हैं, की सूची का ब्यौरा संलग्न **विवरण -I** में दिया गया है और जिनमें पीओपीएसके हैं, की सूची संलग्न **विवरण -II** पर दी गई है। 23 लोकसभा निर्वाचन क्षेत्र ऐसे हैं (सूची संलग्न **विवरण -III** में दी गई है) जहाँ पीओपीएसके खोलने के लिए डाक विभाग द्वारा अभी भी उपयुक्त स्थान उपलब्ध कराया जाना शेष है। पीएसके/पीओपीएसके खोला जाना एक सतत प्रक्रिया है और यह मौजूदा पीएसके/पीओपीएसके से दूरी और किसी विशेष क्षेत्र से पासपोर्ट आवेदनों की संख्या सहित विभिन्न कारकों पर निर्भर करता है।

### विवरण-I

उत्तर प्रदेश राज्य में पीएसके की सूची			
क्र. सं.	आरपीओ का नाम	राज्य का नाम	पीएसके का स्थान
1	आरपीओ बरेली	उत्तर प्रदेश	पीएसके बरेली
2	आरपीओ गाज़ियाबाद	उत्तर प्रदेश	पीएसके गाज़ियाबाद
3	आरपीओ लखनऊ	उत्तर प्रदेश	पीएसके गोरखपुर
4			पीएसके कानपुर
5			पीएसके लखनऊ
6			पीएसके वाराणसी

### विवरण-II

25.11.2024 तक उत्तर प्रदेश में खोले गए पीओपीएसके की सूची			
क्र. सं.	जिला	राज्य	पासपोर्ट कार्यालय
1	पीलीभीत	उत्तर प्रदेश	बरेली
2	मुरादाबाद	उत्तर प्रदेश	बरेली
3	बिजनौर	उत्तर प्रदेश	बरेली

4	रामपुर	उत्तर प्रदेश	बरेली
5	बदायूं	उत्तर प्रदेश	बरेली
6	अमरोहा	उत्तर प्रदेश	बरेली
7	शाहजहाँपुर	उत्तर प्रदेश	बरेली
8	नगीना	उत्तर प्रदेश	बरेली
9	मेरठ	उत्तर प्रदेश	गाज़ियाबाद
10	आगरा	उत्तर प्रदेश	गाज़ियाबाद
11	मथुरा (वृन्दावन)	उत्तर प्रदेश	गाज़ियाबाद
12	बुलंदशहर	उत्तर प्रदेश	गाज़ियाबाद
13	अलीगढ़	उत्तर प्रदेश	गाज़ियाबाद
14	सहारनपुर	उत्तर प्रदेश	गाज़ियाबाद
15	फ़तेहपुर सीकरी (अछनेरा)	उत्तर प्रदेश	गाज़ियाबाद
16	हाथरस	उत्तर प्रदेश	गाज़ियाबाद
17	मुजफ़्फ़रनगर	उत्तर प्रदेश	गाज़ियाबाद
18	गौतम बुद्ध नगर (नोएडा)	उत्तर प्रदेश	गाज़ियाबाद



19	बागपत	उत्तर प्रदेश	गाज़ियाबाद
20	झाँसी	उत्तर प्रदेश	लखनऊ
21	गाजीपुर	उत्तर प्रदेश	लखनऊ
22	फ़ैज़ाबाद (अयोध्या)	उत्तर प्रदेश	लखनऊ
23	इलाहाबाद	उत्तर प्रदेश	लखनऊ
24	देवरिया	उत्तर प्रदेश	लखनऊ
25	उन्नाव	उत्तर प्रदेश	लखनऊ
26	बलिया	उत्तर प्रदेश	लखनऊ
27	सुल्तानपुर	उत्तर प्रदेश	लखनऊ
28	प्रतापगढ़	उत्तर प्रदेश	लखनऊ
29	आजमगढ़	उत्तर प्रदेश	लखनऊ
30	बहराइच	उत्तर प्रदेश	लखनऊ
31	सीतापुर	उत्तर प्रदेश	लखनऊ
32	गोंडा	उत्तर प्रदेश	लखनऊ
33	श्रावस्ती (बलरामपुर)	उत्तर प्रदेश	लखनऊ

34	गोशी (मऊ)	उत्तर प्रदेश	लखनऊ
35	अमेठी	उत्तर प्रदेश	लखनऊ
36	रायबरेली	उत्तर प्रदेश	लखनऊ
37	जौनपुर	उत्तर प्रदेश	लखनऊ
38	मिर्जापुर (चुनार)	उत्तर प्रदेश	लखनऊ
39	फ़तेहपुर	उत्तर प्रदेश	लखनऊ
40	बांदा	उत्तर प्रदेश	लखनऊ
41	हमीरपुर	उत्तर प्रदेश	लखनऊ
42	भदोही	उत्तर प्रदेश	लखनऊ
43	डुमरियागंज (सिद्धार्थ नगर)	उत्तर प्रदेश	लखनऊ
44	मिश्रिख	उत्तर प्रदेश	लखनऊ
45	अंबेडकर नगर	उत्तर प्रदेश	लखनऊ
46	महाराजगंज	उत्तर प्रदेश	लखनऊ
47	खीरी	उत्तर प्रदेश	लखनऊ
48	हरदोई	उत्तर प्रदेश	लखनऊ

49	फर्रुखाबाद	उत्तर प्रदेश	लखनऊ
50	इटवा	उत्तर प्रदेश	लखनऊ
51	जालौन	उत्तर प्रदेश	लखनऊ

### विवरण-III

उत्तर प्रदेश के 23 लोकसभा निर्वाचन क्षेत्रों का विवरण जहां डाकघर पासपोर्ट सेवा केंद्रों (पीओपीएसके) के लिए उपयुक्त स्थान उपलब्ध कराया जाना शेष है।

क्र. सं.	पीओपीएसके का स्थान	पासपोर्ट कार्यालय	लोक सभा निर्वाचन क्षेत्र
1.	मंझनपुर	लखनऊ	कौशांबी
2.	बाराबंकी	लखनऊ	बाराबंकी
3.	बस्ती	लखनऊ	बस्ती
4.	चुर्क	लखनऊ	रोबर्ट्सगंज
5.	कुशीनगर	लखनऊ	कुशीनगर
6.	अकबरपुर	लखनऊ	अकबरपुर

7.	आंवला	बरेली	आंवला
8.	बांसगाँव	लखनऊ	बांसगाँव
9.	चंदौली	लखनऊ	चंदौली
10.	धौरहरा	लखनऊ	धौरहरा
11.	एटा	बरेली	एटा
12.	फ़िरोज़ाबाद	बरेली	फ़िरोज़ाबाद
13.	कैराना	गाज़ियाबाद	कैराना
14.	कैसरगंज	लखनऊ	कैसरगंज
15.	कन्नौज	लखनऊ	कन्नौज
16.	लालगंज	लखनऊ	लालगंज
17.	मछलीशहर	लखनऊ	मछलीशहर
18.	मैनपुरी	बरेली	मैनपुरी
19.	मलीहाबाद	लखनऊ	मोहनलालगंज
20.	फूलपुर	लखनऊ	फूलपुर
21.	सलेमपुर	लखनऊ	सलेमपुर

22.	संभल	बरेली	संभल
23.	संत कबीर नगर	लखनऊ	संत कबीर नगर

### परक्राम्य लिखत अधिनियम, 1881

#### 1883. श्री दामोदर अग्रवाल :

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

(क) विगत पांच वर्षों के दौरान देश के जिला और अधीनस्थ न्यायालयों में परक्राम्य लिखत अधिनियम, 1881 के अंतर्गत दर्ज किए गए मामलों का न्यायालय-वार और वर्ष-वार ब्यौरा क्या है;

(ख) क्या उच्च न्यायालयों/उच्चतम न्यायालय ने जिला और अधीनस्थ न्यायालयों में लंबित मामलों के निपटान की दर में तेजी लाने के लिए कोई आदेश जारी किए हैं;

(ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या जिला और अधीनस्थ न्यायालयों में कार्यरत मजिस्ट्रेट अथवा न्यायाधीशों को परक्राम्य लिखत अधिनियम, 1881 से संबंधित मामलों में प्रतिदिन त्वरित सुनवाई का अधिकार प्राप्त है;

(ङ) यदि हां, तो कानून के उस उपबंध का ब्यौरा क्या है जिसके अंतर्गत उन्हें यह विशेषाधिकार दिया गया है; और

(च) दैनिक आधार पर फास्ट ट्रैक सुनवाई की प्रक्रिया में वादी/प्रतिवादी के कानूनी, संवैधानिक और मानवाधिकारों की रक्षा के लिए क्या प्रावधान हैं?

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

(क) : राष्ट्रीय न्यायिक आंकड़ा ग्रिड (एनजेडीजी) पर उपलब्ध जानकारी के अनुसार, गत पांच वर्षों के दौरान देश के जिला और अधीनस्थ न्यायालयों में परक्राम्य लिखत अधिनियम, 1881 के अधीन रजिस्ट्रीकृत मामले के न्यायालय-वार और वर्ष-वार ब्यौरे संलग्न **विवरण -I** में दिए गए हैं।

**(ख) और (ग) :** हाल ही में, मास अप्रैल, 2024 में, “विचारण न्यायालयों, जिला अपील न्यायालयों, उच्च न्यायालयों के लिए आदर्श मामला प्रवाह प्रबंध नियम और उच्च न्यायालयों तथा जिला न्यायालयों में बकाया मामलों की कमी के लिए योजना का सुझाव देने” पर उच्चतम न्यायालय समिति ने समयबद्ध रीति में पुराने लंबित मामलों का निपटान करने के लिए जिला न्यायपालिका में बकाया मामलों में कमी के लिए कार्य योजना तैयार की है और उसे साझा किया है।

मास नवम्बर, 2024 में, राष्ट्रीय न्यायालय प्रबंध प्रणाली, भारत के उच्चतम न्यायालय ने, विभिन्न मुद्दों, जिनमें उच्च न्यायालयों और जिला न्यायालयों में मामला प्रबंधन प्रणाली भी है, पर व्यापक आधार रेखा रिपोर्ट जारी की है।

इसके अतिरिक्त, मामलों के त्वरित निपटान से संबंधित मुद्दों से निपटने हेतु मुख्य न्यायमूर्तियों के सम्मेलनों के संकल्पों के अनुपालन में, उच्च न्यायालयों में ‘बकाया मामले समिति’ का गठन किया गया है।

इसके अतिरिक्त, माननीय उच्चतम न्यायालय द्वारा अपने विभिन्न निर्णयों/आदेशों के माध्यम से, समय-समय पर, निदेश दिए जाते हैं। कुछ सुसंगत निर्णय/आदेश निम्नानुसार हैं:-

1. इम्तियाज अहमद बनाम उत्तर प्रदेश राज्य और अन्य

2012 की दांडिक अपील सं. 254, विनिश्चय किया गया: तारीख 01.02.2012 को

उद्धरण : (2012) 2 एसीसी 688 (पैरा 54, 55, 56)= [2012] 1 एससीआर, 779

2. कृष्णकांत ताम्रकार बनाम मध्य प्रदेश राज्य 2018 की

दांडिक अपील सं. 470, विनिश्चय किया गया :- तारीख 28.03.2018 को

उद्धरण: (2018) 17 एससीसी 27 (पैरा 11)= (2018) 4 एससीआर, 1098

हाल ही में, तारीख 20.10.2023 को विनिश्चित किए गए यशपाल जैन बनाम सुशीला देवी, 2023 एससीसी ऑनलाइन 1377 नामक मामले में माननीय उच्चतम न्यायालय द्वारा कतिपय निदेश जारी किए गए हैं।

**(घ) और (ड.) :** परक्राम्य लिखत अधिनियम, 1881 की धारा 143 किसी प्रथम श्रेणी के न्यायिक मजिस्ट्रेट या महानगर मजिस्ट्रेट द्वारा अध्याय 17 के अधीन अपराधों के संक्षिप्त विवरण का उपबंध करती है। यह आगे और उपबंध करती है कि इस धारा के अधीन मामले का विचारण, यथासाध्य, अवरोध न्याय के हित में उसके समापन तक दिन प्रतिदिन जारी रखा जाएगा, जब तक कि न्यायालय, लेखबद्ध किए जाने वाले कारणों से विचारण का अगले दिन से परे के लिए स्थगित किया जाना आवश्यक नहीं समझता है। इसके अतिरिक्त, धारा यह कथन करती है कि इस धारा के अधीन प्रत्येक विचारण यथा संभव शीघ्रता से संचालित किया जाएगा और विचारण को परिवाद फाइल करने की तारीख से छह मास के भीतर समाप्त करने का प्रयास किया जाएगा।

**(च) :** (2014) 5 एससीसी 590 में रिपोर्ट किए गए इंडियन बैंक एसोसिएशन और अन्य बनाम यूनियन बैंक ऑफ इंडिया और अन्य के मामले में, भारत के उच्चतम न्यायालय द्वारा, परक्राम्य लिखत अधिनियम की धारा 138 के अंतर्गत आने वाले मामलों के लिए संक्षिप्त विचारण प्रक्रिया के विषय पर देश में सभी दांडिक न्यायालयों को विस्तृत निदेश दिए गए हैं। ये निदेश वादी/प्रतिवादी के अधिकारों के संरक्षण को सुनिश्चित करते समय न्यायालयों द्वारा अनुसरित की जाने वाली विस्तृत प्रक्रिया को अधिकथित करते हैं। इसके अतिरिक्त, “इन रे : परक्राम्य लिखत अधिनियम, 1881 की धारा 138 के अधीन मामलों के शीघ्र विचारण” के विषय में मामलों के शीघ्र विचारण के संबंध में अनेक निदेश जारी किए गए हैं। अन्य पहलुओं में, वादी/ प्रतिवादी के अधिकारों का संरक्षण, अन्य सुसंगत विधिक उपबंधों के अतिरिक्त, पूर्वोक्त निदेशों में कवर किया गया है।

### विवरण-I

गत पांच वर्षों के दौरान देश के जिला और अधीनस्थ न्यायालयों में परक्राम्य लिखत अधिनियम, 1881 के अधीन रजिस्ट्रीकृत मामले
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क्र. सं.	राज्य/संघ राज्यक्षेत्र	वर्ष					
		2019	2020	2021	2022	2023	2024
1.	आन्ध्र प्रदेश	22055	13898	16854	18250	19941	14878
2.	अरुणाचल प्रदेश	6	5	10	9	33	71
3.	असम	5575	3026	4483	6025	4688	4419
4.	बिहार	8488	5077	8205	11087	9717	9325
5.	चंडीगढ़	11886	7316	8124	8330	10843	12110
6.	छत्तीसगढ़	20471	7767	19667	18756	19171	15826
7.	दादर और नागर हवेली तथा दमन एवं दीव	396	314	275	286	268	294
8.	दिल्ली	170442	67100	81598	102631	117770	117114
9.	गोवा	5095	2849	3567	4200	3658	3270
10.	गुजरात	159565	87387	144727	159330	157830	160651
11.	हरियाणा	89247	53436	60158	64183	68690	53562
12.	हिमाचल प्रदेश	15940	10577	11318	16448	16182	14445
13.	झारखंड	8897	5045	6100	9658	11954	13156
14.	कर्नाटक	36350	22024	41807	45109	69225	80407
15.	केरल	15454	9275	11522	32450	40200	36120
16.	लक्षद्वीप	1	2	-	2	5	4
17.	मध्य प्रदेश	55639	23548	38415	47082	45714	35183
18.	महाराष्ट्र	163020	80879	101550	123232	105625	93482
19.	ओडिसा	9104	5264	7246	9212	8083	7811
20.	पुदुचेरी	799	673	1435	1756	1797	854



21.	पंजाब	74412	50013	58468	66556	69584	70503
22.	राजस्थान	121393	82045	106163	144510	138958	102569
23.	सिक्किम	7	4	1	9	14	18
24.	तमिलनाडु	31913	20601	30765	43751	33956	28429
25.	तेलंगाना	21543	8453	19313	13759	11659	8431
26.	त्रिपुरा	79	72	92	136	109	219
27.	उत्तर प्रदेश	84591	53637	63883	82566	79929	93154
28.	उत्तर प्रदेश	12232	7932	9408	11276	12337	13745
29.	पश्चिम बंगाल	49102	25845	69136	49169	58364	40732
30.	मेघालय	-	-	-	1	-	-
31.	नागालैण्ड	-	-	5	11	-	3
	<b>योग</b>	<b>1193702</b>	<b>654064</b>	<b>924295</b>	<b>1089780</b>	<b>1116304</b>	<b>1030785</b>

स्रोत:- राष्ट्रीय न्यायिक आंडाग्रिड (एनजेडीजी) पोर्टल तारीख 03.12.2024 पर उपलब्ध सांख्यिकी के अनुसार रिपोर्ट

### ALLOCATION OF FUNDS UNDER POSHAN PROGRAMME

#### 1884. SHRI THARANIVENTHAN M. S.:

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

- the key objectives of the Poshan 2.0 programme;
- the amount of funds allocated and utilized under Poshan 2.0 Mission in Tamil Nadu till now;

(c) the progress made under above said Mission to reduce malnutrition, especially stunting, wasting and underweight children and its impact on maternal health;

(d) the role of Anganwadi centres and health workers in the implementation of the programme, and the steps being taken to strengthen their capacity and infrastructure;

(e) the efforts being made to address the nutritional needs of adolescent girls, pregnant women and lactating mothers, especially in rural and tribal areas, State-wise; and

(f) whether the Government plans to include new interventions under Poshan 2.0, if so, the details thereof?

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

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

- To contribute to development of human capital in the country;

- Address challenge of malnutrition;
- Promote nutrition awareness and good eating habits for sustainable health and wellbeing

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

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

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

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

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

Under Mission Poshan 2.0, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to Jan Andolan to educate people on nutritional aspects. State and UTs are conducting and reporting regular sensitisation activities under community engagement programmes during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

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

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:

<b>NFHS Survey</b>	<b>Underweight %</b>	<b>Wasting %</b>	<b>Stunting %</b>
NFHS-1 (1992-93)*	53.4	17.5	52
NFHS-2 (1998-99)**	47	15.5	45.5
NFHS-3 (2005-6)***	42.5	19.8	48.0
NFHS-4 (2015-16)***	35.8	21.0	38.4
NFHS-5 (2019-21)***	32.1	19.3	35.5

\* Under 4 years

\*\* Under 3 years

\*\*\* Under 5 years

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

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

been found to be stunted, 17% children have been found to be underweight and 5.2% wasted.

Further, the projected population of all children in India up to 6 years for the year 2021 is approximately 16.1 crores (source: Population Projections for India and States 2011-2036, National Commission on Population, Ministry of Health and Family Welfare). As per the October 2024 data of Poshan Tracker, 8.82 crores children (0-6 years) are enrolled in Anganwadis out of whom 8.55 crores were measured on growth parameters of height and weight. 37% of these children (0-6 years) have been found to be stunted and 17% children (0-6 years) have been found to be underweight.

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

Details of funds released and utilized under Mission Poshan 2.0 in Tamil Nadu till now are given in the enclosed **Statement -I**.

Details of role of Anganwadi centers and health workers in the implementation of the programme and the steps taken to strengthen their capacity and infrastructure are given in the enclosed **Statement – II**.

State wise details of adolescent girls, pregnant women and lactating mothers as per Poshan Tracker are given in the enclosed **Statement – III**.

**STATEMENT - I**

**Details of funds released and utilized under Mission Poshan 2.0 in Tamil Nadu till now are as follows:**

<b>Funds</b>	<b>Released (in crore)</b>	<b>Utilized (in crore)</b>
2021-22	655.38	681.28
2022-23	766.81	741.30
2023-24	880.79	Utilization Certificate yet due
2024-25	493.87*	Still being utilized

\* funds released up to 20 November 2024

**STATEMENT - II**

**Role of Anganwadi centers and health workers in the implementation of the programme and the steps taken to strengthen their capacity and infrastructure are as follows:**

(a) Under Mission Poshan 2.0, Anganwadi workers (AWWs) have been technologically empowered with the provision of smartphones for efficient monitoring and service delivery. The mobile application Poshan Tracker digitizes physical registers used by Anganwadi workers. This improves the quality of their work while simultaneously allowing them real-time monitoring of all activities going on simultaneously.

In addition to AWWs, Smartphones are provided to Supervisors and Block Coordinators. Similarly, data recharge support is provided to AWWs, Supervisors and Block Coordinators.

Regular monitoring of growth parameters is essential for identifying children who may be malnourished and for making timely interventions. Therefore, Anganwadi centres have been equipped with Growth Monitoring devices like infant meter, stadiometer, weighing scale-infant, weighing scale – Mother and Child.

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

Poshan Bhi Padhai Bhi (PBPB) launched by MWCD in 2023 is a path breaking Early Childhood Care and Education (ECCE) program to ensure that India has a high-quality pre-school network with well-trained Anganwadi workers which is in alignment with the National Education Policy (NEP) 2020.

PBPB advocates for a play-based, joyful low-cost Teaching Learning Materials (TLMs), Do-It-Yourself (DIY) kit, activity-based learning pedagogy, targeted specifically at developmental milestones of 0-3-yearold children as well as 3-6-year old children. It also advocates using simple teaching-learning material and indigenous toys which are locally sourced and culturally acceptable.

A Two-Tier Training Implementation Model is being followed throughout the country for Training of functionaries. Tier 1 involves two days training of State Level Master Trainers (SLMTs). Tier 2 involves a 3 Days Training of Anganwadi Workers



(AWWs). Up to 2nd December 2024, 21722 SLMTs have been trained under PBPB programmes in 719 Districts of 35 states and 42,308 Anganwadi Workers have been trained in 182 Districts of 20 States. The Ministry has allocated funds to the tune of Rs. 476.06 Crores for FY 2023-24, 2024-25 and 2025-26 for training.

(b) In order to improve the infrastructure facility of Anganwadi Centres (AWCs), various steps have been undertaken by the Ministry that, inter alia, include increasing the funding for drinking water facilities and toilets at Anganwadi Centres from Rs.10,000/- to Rs.17,000/- and Rs.12,000/- to Rs.36,000/- respectively.

Under Mission Poshan 2.0, there is a provision of construction of 50,000 AWCs buildings over a period of five years @10,000 AWCs per year. The cost norms for construction of Anganwadi Centres in convergence with Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) have been revised from Rs.7 Lakh per AWC to Rs.12 Lakh per AWC wherein Rs.8.00 Lakh would be provided under MGNREGS, Rs.2.00 Lakh under 15<sup>th</sup> Finance Commission (FC) (or any other untied funds) and Rs.2.00 Lakh by MWCD per AWC to be shared between Centre and States/UTs in the prescribed cost sharing ratio. Further, States/UTs have also been advised to continue to tap funds for construction of AWC buildings from various schemes such as Member of Parliament Local Area Development Scheme (MPLADS), Rural Infrastructure Development Fund (RIDF), Finance Commission Grants to Panchayati Raj Institutions, National Rural Employment Guarantee Act (NREGA), Multi- Sectoral Development Programme (MSDP) of Ministry of Minority Affairs, etc.

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.

During the 15<sup>th</sup> Finance Commission cycle, 2 lakh Anganwadi Centres @ 40,000 AWCs per year are to be upgraded as Saksham Anganwadis for improved nutrition delivery and for imparting early childhood care and development. Saksham Anganwadis are to be 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.

Further, the Government has also decided to upgrade all Mini AWCs with one worker to full-fledged Anganwadi Centres with one worker and one helper each.

(c) Ministry of Health and Family Welfare is implementing Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM), which includes interventions to address undernutrition all across the country. The activities undertaken by ASHA to address undernutrition are as follows:

- **Anemia Mukh 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 in women of reproductive age group (15-49 years) in life cycle approach through implementation of six interventions via robust institutional mechanism. Under AMB Programme, Accredited Social Health Activist (ASHA) mobilizes beneficiaries for uptake of

services and also conducts fortnightly home visits to children 6–59 months to equip the mothers with skills to provide biweekly IFA Syrup dose in households.

- **Nutrition Rehabilitation Centers (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years suffering from Severe Acute Malnourishment (SAM) with medical complications. In addition to curative care, special focus is given on timely, adequate and appropriate feeding for children; on improving the skills of mothers and caregivers on complete age-appropriate caring and feeding practices. Under this programme, ASHA are provided incentive for referral of children under five years suffering from Severe Acute Malnutrition (SAM) with medical complications to NRC and follow up of these children after discharge from NRC.
- **Mothers' Absolute Affection (MAA) Programme** is implemented to improve breastfeeding coverage which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by counselling on age-appropriate complementary feeding practices through ASHA workers during mother's meetings and health care provider at health facilities.
- Under **National Deworming Day (NDD)** albendazole tablets are administered in a single fixed day approach via schools and Anganwadi centres in two rounds (February and August) to reduce the soil transmitted helminth (STH) infestation among all children and adolescents (1-19 years). During NDD, ASHA mobilizes children and adolescents to school and Anganwadi centre for albendazole administration.

- **Lactation Management Centres:** Comprehensive Lactation Management Centres. (CLMC) are facilities 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. Lactation Management Unit (LMU) are established for providing lactation support to mothers within the health facility for collection, storage and dispensing of mother's own breastmilk for consumption by her baby.
- **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. During VHSND, ASHA mobilizes beneficiaries and community to VHSND site for uptake of maternal and child health services.

### STATEMENT - III

**State wise number of adolescent girls, pregnant women and lactating mothers are as follows\*:**

SN	State Name	Pregnant Woman	Lactating Mother	Adolescent Girls**
1	Andaman and Nicobar Islands	681	613	
2	Andhra Pradesh	2,23,877	2,07,140	54,320
3	Arunachal Pradesh	2,293	1,719	15,932
4	Assam	1,55,137	81,154	3,81,190

5	Bihar	5,87,049	3,36,600	1,91,919
6	Chhattisgarh	1,72,092	1,10,436	1,10,948
7	Dadra and Nagar Haveli - Daman and Diu	3,286	2,042	
8	Delhi	62,358	57,447	
9	Goa	3,491	3,766	
10	Gujarat	2,09,939	1,75,508	66,550
11	Haryana	1,10,868	90,655	14,579
12	Himachal Pradesh	34,267	32,700	16,740
13	JandK	38,036	39,348	22,333
14	Jharkhand	1,55,922	90,619	2,64,371
15	Karnataka	3,10,877	2,21,252	65,041
16	Kerala	1,09,088	96,811	18,380
17	Ladakh	690	821	
18	Lakshadweep	376	424	
19	Madhya Pradesh	4,32,353	3,16,315	1,52,296
20	Maharashtra	2,86,249	2,53,865	1,09,307
21	Manipur	10,763	7,886	45,477
22	Meghalaya	7,803	6,544	43,241
23	Mizoram	5,544	3,490	19,250
24	Nagaland	1,134	1,224	25,529

25	Odisha	2,79,760	1,94,658	2,64,220
26	Puducherry	2,955	2,928	
27	Punjab	90,773	86,037	34,048
28	Rajasthan	3,09,196	2,34,130	41,786
29	Sikkim	1,298	1,197	8,098
30	Tamil Nadu	2,62,379	2,28,994	43,943
31	Telangana	98,402	61,646	26,335
32	Tripura	15,335	8,489	34,786
33	UT-Chandigarh	3,182	2,810	
34	Uttar Pradesh	15,52,687	10,35,505	2,04,097
35	Uttarakhand	61,387	49,761	72,836
36	West Bengal	5,26,502	3,74,306	
	<b>Total</b>	<b>61,28,029</b>	<b>44,18,840</b>	<b>23,47,552</b>

\* Data is as on October 2024 from Poshan Tracker

\*\* Adolescent girls are only in Aspirational districts and North-Eastern region

### **UNNECESSARY SURGERIES UNDER PMJAY**

#### **1885. SHRI SUDAMA PRASAD:**

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

(a) whether it is true that unnecessary surgeries (as reported in The Wire 16th November 2024 for the patients) are done by hospitals empanelled under the PMJAY-Ayushman Bharat Scheme, if so, the action taken/proposed to be taken by the Government against such hospitals;

(b) the details of complaints received against private hospitals and diagnostic centres empanelled under the Ayushman Bharat Scheme by patients for providing improper services since the inception of the scheme along with the action taken against these complaints;

(c) the total number of beneficiaries enrolled under Ayushman Bharat Schemes along with the list of beneficiaries having Ayushman Vay Vandana Card, State-wise; and

(d) the total amount sanctioned under the said scheme since its inception, State-wise?

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

(a) and (b): With regards to the case under reference, an FIR has been lodged on 12.11.2024 against the said hospital and the involved doctors. Further, the hospital and the implicated doctors have been suspended from the Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY).

As on 25.11.2024, a total of 18,184 grievances have been registered on the CGRMS, pertaining to issues such as denial of treatment, charges for admission, discharge or medicines and the unavailability of Pradhan Mantri Arogya Mitra (PMAM) etc.

AB-PMJAY ensures quality healthcare services to the scheme beneficiaries. The scheme is governed on a zero-tolerance approach to any kind of fraud and abuse and various steps are taken for prevention, detection and deterrence of different

kinds of fraud that could occur in the scheme at different stages of its implementation. National Anti-Fraud Unit (NAFU) has been established at National Health Authority (NHA) and works in close coordination with State Anti-Fraud Units (SAFU) to investigate and take joint action against issues related to fraud and abuse. Appropriate actions including suspension, show cause notice, warning letter de-empanelment of hospitals, de-activation of e-cards, levying penalty on errant hospitals and lodging of FIRs are taken against fraudulent entities.

Under AB-PMJAY, a three-tier grievance redressal system at District, State and National level has been created to resolve the issues faced by beneficiaries in utilizing healthcare. At each level, there is a dedicated nodal officer and Grievance Redressal Committees to address the grievances. Beneficiaries can file their grievance using different mediums including web-based portal Centralized Grievance Redressal Management System (CGRMS), Central and State call centers, email, letter to State Health Agencies etc. Based on the nature of grievance, necessary action for resolution is taken including coordination with the hospital and providing of support to the beneficiaries in availing treatment under the scheme.

(c): AB-PMJAY aims to provide health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to approximately 55 crore beneficiaries corresponding to 12.37 crore families constituting economically vulnerable bottom 40% of India's population. As on 31.10.2024, a total of 35.8 crore Ayushman cards have been created under the scheme. State/UT-wise details of number of



Ayushman cards created under the scheme are given in the enclosed **Statement - I**.

As on 02.12.2024, a total of 20.4 lakh Ayushman Vay Vandana cards have been created under the scheme. State/UT-wise details of Ayushman Vay Vandana cards created under the scheme are given in the enclosed **Statement -II**.

(d): Under AB-PMJAY, the central share is released to the States on the basis of actual utilization of the scheme by the beneficiaries, subject to a ceiling. There is no State-specific allocation or sanctioned amount. The details of funds allocated under AB-PMJAY since its inception are as under:

Financial Year	Funds allocated for release to States/UTs as Grant-In-Aid (in crore of Rs.)
2018-19	2079
2019-20	5795
2020-21	5995
2021-22	5995
2022-23	6000
2023-24	6220
2024-25	6878

**STATEMENT -I**

**State/UT-wise details of number of Ayushman cards created under the scheme**

<b>State/UT</b>	<b>Number of Ayushman cards created</b>
Andaman And Nicobar Islands	72,939
Andhra Pradesh	1,55,76,406
Arunachal Pradesh	1,47,005
Assam	1,76,97,074
Bihar	3,56,39,789
Chandigarh	2,13,794
Chhattisgarh	2,27,26,145
Dadra And Nagar Haveli And Daman And Diu	4,45,366
Goa	81,888
Gujarat	2,61,36,516
Haryana	1,21,76,689
Himachal Pradesh	13,39,890
Jammu And Kashmir	86,68,794
Jharkhand	1,22,83,078
Karnataka	1,75,35,705

Kerala	77,21,284
Ladakh	1,89,601
Lakshadweep	36,996
Madhya Pradesh	4,07,32,323
Maharashtra	2,87,04,774
Manipur	6,53,206
Meghalaya	20,09,470
Mizoram	5,66,253
Nagaland	7,40,084
Puducherry	5,14,148
Punjab	89,61,752
Rajasthan	2,23,43,366
Sikkim	78,616
Tamil Nadu	75,33,010
Telangana	82,49,233
Tripura	20,05,835
Uttar Pradesh	5,13,36,525
Uttarakhand	58,16,538

**STATEMENT -II**

**State/UT-wise details of Ayushman Vay Vandana cards created under the scheme**

<b>State/UT</b>	<b>Number of Ayushman Vay Vandana cards created</b>
Andaman And Nicobar Islands	160
Andhra Pradesh	9756
Arunachal Pradesh	13
Assam	5212
Bihar	60402
Chandigarh	5175
Chhattisgarh	21371
DNH and DD	709
Goa	1484
Gujarat	201117
Haryana	60973
Himachal Pradesh	11986
Jammu And Kashmir	531
Jharkhand	4048

Karnataka	66050
Kerala	387135
Ladakh	5
Lakshadweep	27
Madhya Pradesh	758756
Maharashtra	17829
Manipur	2884
Meghalaya	47
Mizoram	33
Nagaland	92
Puducherry	2947
Punjab	36518
Rajasthan	17547
Sikkim	551
Tamil Nadu	60548
Telangana	9574
Tripura	447
Uttar Pradesh	297673
Uttarakhand	3210

## **AIR FARE FACILITY TO JUDGES**

### **1886 SHRI MATHESWARAN V. S. :**

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

- (a) the details of expenditure incurred by the Government on Air Fare for the foreign tour undertaken by Supreme Court Judges including Chief Justice of India from 2010 to till date;
- (b) the provision or rule under which the Government is incurring the Air Fare for the Supreme Court Judges for their foreign travel; and
- (c) whether the Government also provides DA to spouse of Supreme Court Judge on foreign tour, if so, the details of the rule 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): The expenditure incurred on the Air fare and DA of Judges of the Supreme Court and their spouses, on their official foreign visits is borne by the Supreme Court of India from their budgetary allocations, in accordance with the extant instructions regarding payment of DA while on tour/temporary duty abroad.

**प्रधानमंत्री जन औषधि केन्द्र**

### **1887. श्रीमती कलाबेन मोहनभाई देलकर:**

श्री संदिपनराव आसाराम भुमरे:

श्री ज्ञानेश्वर पाटील:

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

- (क) दादरा और नगर हवेली, दमन और दीव, महाराष्ट्र और मध्य प्रदेश सहित देश के विभिन्न भागों में राज्य-वार और संघ राज्यक्षेत्र-वार कुल कितने प्रधानमंत्री जन औषधि केन्द्र स्थापित किए गए हैं;
- (ख) क्या अस्पतालों में जन औषधि केन्द्र स्थापित करने के लिए वित्तीय सहायता प्रदान की जा रही है और देशभर में उक्त केन्द्रों की मांग बढ़ रही है;
- (ग) यदि हां, तो इस संबंध में दादरा और नगर हवेली, महाराष्ट्र और मध्य प्रदेश को अब तक आवंटित की गई निधियों का ब्यौरा क्या है;
- (घ) अगले तीन वर्षों में दादरा और नगर हवेली, महाराष्ट्र और मध्य प्रदेश सहित देश में कुल कितने जन औषधि केन्द्र स्थापित करने का लक्ष्य है; और
- (ङ) इन प्रधानमंत्री जन औषधि केन्द्रों के माध्यम से देश के आम आदमी को प्रदान किए जा रहे लाभों का ब्यौरा क्या है?

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

**(क):** प्रधानमंत्री भारतीय जन औषधि परियोजना (पीएमबीजेपी) के तहत दिनांक 30.11.2024 तक देश भर में कुल 14,320 जन औषधि केंद्र (जेएके) खोले जा चुके हैं। दादरा नगर हवेली और दमन एवं दीव में 38 जेएके, महाराष्ट्र में 702 केंद्र और मध्य प्रदेश में 516 केंद्र खोले गए हैं। खोले गए जेएके की राज्य/संघ राज्य क्षेत्र-वार संख्या का ब्यौरा संलग्न **विवरण** के रूप में दिया गया है।

**(ख) और (ग):** पीएमबीजेपी के तहत सरकार उद्यमियों को निम्नलिखित माध्यम से वित्तीय सहायता प्रदान कर रही है: -

- i. सभी उद्यमियों द्वारा चलाए जा रहे ऐसे जेएके जो सॉफ्टवेयर के माध्यम से पीएमबीआई से जुड़े हैं, को प्रति माह 20000 रुपये तक का खरीद-आधारित प्रोत्साहन प्राप्त होता है।
- ii. पूर्वोत्तर राज्यों, हिमालयी क्षेत्रों, द्वीप क्षेत्रों और नीति आयोग द्वारा आकांक्षी जिलों के रूप में उल्लिखित पिछड़े क्षेत्रों में खोले गए जेएके अथवा महिला उद्यमी, भूतपूर्व सैनिक, दिव्यांग और एससी

एवं एसटी द्वारा खोले गए जेएके को 2.00 लाख रुपये का एकमुश्त अतिरिक्त प्रोत्साहन (फर्नीचर, कंप्यूटर, रेफ्रिजरेटर और अन्य फिक्स्चर के लिए सहायता के रूप में) प्रदान किया जाता है।

सरकारी अस्पताल परिसर या किसी अन्य अस्पताल सहित किसी भी स्थान पर ऐसे केंद्र खोले जाने संबंधी दिशानिर्देशों के अनुसार पात्र आवेदकों को उपरोक्त वित्तीय सहायता प्रदान की जाती है।

प्रधानमंत्री भारतीय जन औषधि परियोजना के तहत कोई राज्य/संघ राज्य क्षेत्र-वार बजट आवंटन नहीं है।

**(घ):** सरकार ने मार्च 2027 तक देश भर में 25,000 जन औषधि केंद्र (जेएके) खोलने का निर्णय लिया है। नए जेएके खोलने के लिए कोई राज्य/संघ राज्य क्षेत्र-वार लक्ष्य नहीं है।

**(ङ):** जन औषधि केन्द्रों के माध्यम से देश के आम लोगों को प्रदान किए जा रहे लाभों का विवरण निम्नानुसार है:-

- पीएमबीजेपी के तहत, दिनांक 30.11.2024 तक कुल 14,320 जन औषधि केन्द्र (जेएके) खोले गए हैं।
- जन औषधि केन्द्रों के माध्यम से बिक्री के लिए लगभग 2047 प्रकार की दवाइयों और 300 सर्जिकल/उपकरणों को उत्पाद संख्या में शामिल किया गया है। जन औषधि दवाओं की कीमत बाजार में उपलब्ध ब्रांडेड दवाओं के बाजार मूल्य की तुलना में कम से कम 50% और कुछ मामलों में 80% तक कम है।
- पिछले 10 वर्षों में, केन्द्रों के माध्यम से 6462.00 करोड़ रुपये की दवाओं की बिक्री की गई है, जिससे ब्रांडेड दवाओं की तुलना में नागरिकों को 30,000 करोड़ रुपये की अनुमानित बचत हुई है।
- औसतन 10-12 लाख लोग प्रतिदिन जन औषधि केंद्रों पर आते हैं और वहनीय कीमतों पर गुणवत्तापूर्ण दवाओं का लाभ उठाते हैं।



- उपरोक्त के अलावा, महिलाओं के लिए वहनीय कीमतों पर मासिक धर्म स्वास्थ्य सेवाओं की आसान उपलब्धता सुनिश्चित करने के लिए, जेएके के माध्यम से 1 रुपये प्रति पैड की दर से जन औषधि सुविधा सैनिटरी नैपकिन उपलब्ध कराए जा रहे हैं। दिनांक 30.11.2024 तक, इन केंद्रों के माध्यम से 64.00 करोड़ से अधिक जन औषधि सुविधा सैनिटरी पैडों की बिक्री की जा चुकी है।
- इसके अलावा, इस योजना ने जेएके संचालित करने वाले उद्यमियों को स्थायी और नियमित आय के साथ स्वरोजगार का एक अच्छा स्रोत भी प्रदान किया है।

### विवरण

दिनांक 30.11.2024 तक जन औषधि केन्द्रों की राज्य / संघ राज्य क्षेत्र-वार संख्या		
क्र.सं.	राज्य / संघ राज्य क्षेत्र का नाम	कार्य कर रहे जन औषधि केन्द्रों की संख्या
1	अंडमान और निकोबार	9
2	आंध्र प्रदेश	270
3	अरुणाचल प्रदेश	34
4	असम	164
5	बिहार	747
6	चंडीगढ़	10
7	छत्तीसगढ़	233
8	दिल्ली	485
9	गोवा	15
10	गुजरात	726
11	हरियाणा	376
12	हिमाचल प्रदेश	69
13	जम्मू और कश्मीर	313

14	झारखंड	138
15	कर्नाटक	1373
16	केरल	1458
17	लद्दाख	2
18	लक्षद्वीप	1
19	मध्य प्रदेश	516
20	महाराष्ट्र	702
21	मणिपुर	49
22	मेघालय	23
23	मिजोरम	15
24	नागालैंड	21
25	ओडिशा	644
26	पुदुचेरी	32
27	पंजाब	481
28	राजस्थान	455
29	सिक्किम	12
30	तमिलनाडु	1300
31	तेलंगाना	198
32	दादरा नगर हवेली तथा दमन व दीव	38
33	त्रिपुरा	29
34	उत्तर प्रदेश	2533
35	उत्तराखंड	303

36	पश्चिम बंगाल	546
	कुल योग	14,320

### SAGARMALA SCHEME IN KARNATAKA

#### 1888. SHRI KOTA SRINIVASA POOJARY:

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

- (a) the total number of projects under Sagarmala scheme in the State of Karnataka;
- (b) the amount of funds allocated along with the current status and the time by which these projects are likely to be completed;
- (c) the status of the Project UNNATI initiatives being implemented in the State indicating the upgradation work carried out in New Mangalore Port; and
- (d) the status of Coastal Berth Scheme in the State?

#### **THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI**

**SARBANANDA SONOWAL):** (a), (b) and (d) Under Sagarmala Scheme, 8 projects worth Rs. 493 cr. have been sanctioned in the State of Karnataka. The details of projects sanctioned under Sagarmala scheme in the State of Karnataka are given in the enclosed **Statement-I**. Coastal Berthing Scheme of the Ministry was merged with Sagarmala Scheme in September, 2016.

- (c) The project UNNATI was envisaged only for the Major Ports which are under the administrative control of the Ministry of Ports, Shipping and Waterways. The status of project UNNATI initiatives in New Mangalore Port Authority (NMPA) is given in the enclosed **Statement-II**. Infrastructure upgradation works carried out at NMPA is given in the enclosed **Statement -III**.

**STATEMENT-I**

**The details of projects sanctioned under Sagarmala scheme in the State of Karnataka**

<b>S N</b>	<b>Project Name</b>	<b>Implementing Agency</b>	<b>Cost (INR Cr)</b>	<b>Funds Sanctioned (INR Cr)</b>	<b>Status</b>
1	Modernisation of the existing fishing harbour at Amadalli	Dept. of Fisheries	19	4.68	Completed
2	Third stage expansion including modernisation of the existing fishing harbour of Malpe	Dept. of Fisheries	50	7.94	Completed
3	Coastal Districts Skill Development Program - Phase I - Karnataka	Ministry of Rural Development (DDU-GKY)	1.53	0.76	Completed
4	Development of Fishing Harbour at Kulai	NMPA	197	98.5	Under Implementation
5	Construction of coastal cargo berth at Old Mangaluru Port	Karnataka Maritime Board	65	25	Under Implementation

6	Coastal Districts Skill Development Program - Phase II - Karnataka	Ministry of Rural Development (DDU-GKY)	2.18	2.18	Under Implementation
7	Development of HejmaadiKodi Fishing Harbour	Dept. of Fisheries	138.6	34.65	Under Implementation
8	Installation of Firefighting Equipment at Karwar	Karnataka Maritime Board	19	9.5	Under Implementation

### **STATEMENT -II**

#### **Initiatives covered under project UNNATI at NMPA**

Initiative No.	Initiative	Status
1.1	Increase container cargo by attracting customers from Mysore and adjoining areas	Implemented
1.2	Improving service level of containers and providing equipment's at berth no.8 for handling of containers	Implemented
2.1	Setup an LNG terminal at NMPT on a PPP basis	Dropped due to non-availability of sterile area in

		the port for the LNG Terminal.
3.1	Setup a mechanized fertilizer handling berth with silo storage and a bagging plant	Dropped due to negative market response
4.1	Reduce overtime costs by migrating to a three shift deployment for tugs, pilot launches and mooring boats	Implemented

### **STATEMENT -III**

#### **Details of infrastructural upgradation work carried out at NMPA**

<b>SL. NO</b>	<b>PROJECT NAME</b>	<b>Awarded Project Cost(Rs.CR)</b>
1	Providing pavement quality concrete to the existing truck parking terminal near K.K. Gate adjacent to toilet block and construction of canteen, dormitory, shops, clinic building And toilet block in Truck Parking Terminal	5.81
2	Strengthening and widening to 4 Lane of existing road from KK Gate To Baikampady	22.52

	Tank Bund Road with pavement quality concrete at NMPA	
3	Construction of Berth No.17	177.37
4	Modification to the KK Gate Entrance and Exit gate Including essentials amenities(with 4 Lane)	5.29
5	Construction of Cruise Terminal Gate	1.83
6	Construction of 2 Nos of covered storage sheds in Wharf Area	17.03
7	Providing pavement quality concrete to additional truck Parking Terminal on North Side of existing truck parking area near KK Gate	4.12
8	Providing pavement quality concrete for development of platform South Side of Railway track Inside Wharf Area	3.72
9	Development of truck parking area by providing pre cast blocks near Tannirbhavi Road at NMPA	7.28
10	Providing M30 Grade concrete for remaining portion of Berth No.2 inside Wharf Area	1.07
11	Providing pavement quality concrete for development of MDL Yard inside Wharf Area	14.90

12	Construction of compound wall from jetty No 13 gate to Jetty No 12 Gate at oil jetty area	1.53
13	Construction of security watch tower near Northern Breakwater At NMPA	0.48

### **MONITORING MECHANISM OF FOOD AND FOOD PRODUCTS**

#### **1889. SHRI G. M. HARISH BALAYOGI:**

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

(a) whether it is a fact that majority of Indian spice brands have failed to meet the required safety standards in the country and if so, the details thereof along with the names of the companies and their associated products that have failed to meet the required safety standards;

(b) the details of the parameters on which the above mentioned spices failed to meet the required safety standards, company-wise, with the associated products;

(c) whether it is a fact that FSSAI has increased the Maximum residue limits (MRLs) for certain pesticides, if so, the details thereof and if not, the reasons therefor;

(d) whether the Government is planning to make Food Safety Standards more stringent in the country and if so, the details thereof and if not, the reasons therefor;  
and

(e) whether the Government has any plans to make the monitoring mechanism of food and food products more stringent, 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): Food Safety and Standards Authority of India (FSSAI) is fully committed to ensure the availability of safe food products to the consumers across the country. Towards this, FSSAI through State/Union Territories and its Regional Offices conducts regular surveillance, monitoring, inspection and random sampling of various food products including milk to check compliance with the quality and safety parameters and other requirements as laid down under Food Safety and Standards (FSS) Act, 2006, and regulations made thereunder.

In cases where food samples are found to be non- conforming, penal action is taken against the defaulting Food Business Operators as per the provisions of the Food Safety and Standards Act, Rules and Regulations. The details of unsafe and sub-standard samples found in spice samples analysed in last 2 years are as below:

<b>Year</b>	<b>Samples analysed</b>	<b>Unsafe</b>	<b>Sub-standard</b>
<b>2022-23</b>	11979	534	743
<b>2023-24</b>	11919	707	816

(c) to (e): FSSAI has prescribed the Maximum Residue Limits (MRLs) of pesticides on food commodities including spices under the Food Safety and Standards

(Contaminants, Toxins and Residues) Regulation, 2011. Fixation of MRLs for food commodities is a dynamic process. Recently, FSSAI has issued a comprehensive (revised and new inclusion) draft notification for the MRLs of Pesticides for food commodities.

FSSAI formulates the country specific standards of food articles on the basis of risk assessment and scientific advice provided by the Scientific Panels and Scientific Committee constituted under the Food Safety and Standards Act, 2006. These standards are harmonized with internationally accepted Codex standards.

FSSAI has also come up with Risk Based Inspection System (RBIS), wherein the Food Businesses dealing in 9 High Risk Food categories (specified under the RBIS) are mandatorily required to undergo annual inspections. Further, a minimum sampling target of 25 samples per Food Safety Officer per month, has been fixed to prioritize enforcement activities

### **ISSUANCE OF AYUSHMAN VAY VANDANA CARDS IN KERALA**

#### **1890. SHRI M. K. RAGHAVAN:**

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

- (a) whether the Government is aware of any delay in issuance of Ayushman Vay Vandana cards in Kerala;
- (b) if so, the details thereof;
- (c) whether the Government has take any steps to overcome the delay in issuance of the said in Kerala;

(d) whether the Government is aware that the beneficiaries of Ayushman Vaya Vandana cards is losing other insurance schemes while opting this uncommenced scheme; and

(e) if so, the details thereof?

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

(a) to (c): On 29.10.2024, Government of India expanded Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to provide free treatment benefits of up to ₹5 lakh per year on a family basis to all senior citizens aged 70 years and above, irrespective of their socio-economic status.

The scheme was launched nationwide along with the State of Kerala. As on 02.12.2024, a total of 3.87 lakh Ayushman Vay Vandana cards have been created in the State of Kerala. A total of 403 beneficiaries have availed treatment worth Rs. 55.48 lakh using Ayushman Vay Vandana cards for the State of Kerala.

(d) and (e): To ensure that beneficiaries claim benefits under only one government-funded scheme, two validations are implemented. Firstly, the beneficiaries must declare that they are not receiving free healthcare services under any other scheme partially or fully funded by the Government of India or State Government. Secondly, if the beneficiaries indicate they are covered under another scheme, they have the option to either retain their current scheme coverage or choose to avail benefits under AB-PMJAY. This choice is one-time and final.

However, coverage under private health insurance policy would not be a bar for availing the benefits of AB-PMJAY scheme for senior citizens. Further, beneficiaries of Employees' State Insurance Scheme would also remain eligible under the scheme.

### **IMPORT OF REFURBISHED MEDICAL DEVICES**

#### **1891. SHRI BALASHOWRY VALLABHANENI:**

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

- (a) whether the import and use of refurbished devices create a risk to patients safety and is also violation of medical regulatory framework, if so, the details thereof and the reasons for permitting import of such devices;
- (b) the reasons for adopting a policy which permit import of refurbished medical devices into the country; and
- (c) whether the Government proposes to recall the said policy looking at risks for patients' health and safety, 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 (c): Ministry of Health and Family Welfare has informed that the Medical devices are regulated under Drugs and Cosmetics Act, 1940 and the Medical Device Rules, 2017. Under the said Rules, there is no specific provision for Regulation of Refurbished Medical Devices. Further, Central Drugs Standard Control Organization (CDSCO) has not issued any license/permission for import of such devices to the country.

Further, Ministry of Environment, Forest and Climate Change (MoEFCC) has notified Hazardous and Other Waste (Management and Transboundary Movement) (HOWM) Rules, 2016 as amended from time to time. The import/export of hazardous and other waste is regulated through the said HOWM Rules, 2016. The import of 'Used Electrical and electronic assemblies' falls under Schedule III Part B (Basel No. B1110)] which can be imported by the actual user only after obtaining necessary permission from MoEFCC. Further, used critical care medical equipment covered under Basel No. B1110 of Schedule VI of the HOWM Rules, 2016 and is prohibited for import for re-use.

The MoEFCC amended the HOWM, 2016 on 23rd December, 2022 to allow import of High End and High Value Used Medical Equipment other than Used Critical Care Medical Equipment by the actual user or by Original Equipment Manufacturers (OEM) or Indian Subsidiary of OEM or Trader on behalf of actual user for re-use. This items falls under Schedule III Part B of HOWM Rules, 2016, hence import of these equipment is restricted and cannot be imported without permission from MoEFCC and with conditions imposed in the permission letter and DGFT license, if applicable.

### **UPGRADATION OF PHARMACEUTICAL INDUSTRY**

**1892. SHRI C. N. ANNADURAI:**

**SHRI NAVASKANI K:**

**SHRI G.SELVAM:**

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

- (a) the primary objectives and implementation status of the Strengthening of Pharmaceutical Industry (SPI) scheme across the country;
- (b) the details of pharmaceutical companies, particularly MSMEs, that have benefited from the SPI scheme indicating the criteria for selecting beneficiaries;
- (c) whether the SPI scheme include provisions for upgrading pharmaceutical infrastructure, such as common facilities, if so, the details thereof;
- (d) whether a large number of pharmaceutical parks or clusters have been supported under the SPI scheme, if so, the details thereof;
- (e) the steps being taken under the SPI scheme to support the upgradation of technology in pharmaceutical units; and
- (f) the mechanisms that are in place to monitor the progress of the SPI scheme?

**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 SPI scheme is a Central Sector Scheme (CSS) with an outlay of Rs.500 Cr with the scheme period from FY 2021-22 to FY 2025-26.

Objectives of the SPI scheme are as follows:

- I.To strengthen the existing infrastructure facilities in order to make India a global leader in Pharma Sector by providing financial assistance to pharma clusters for creation of Common Facilities to improve the quality and ensure the sustainable growth of cluster;

- II.To upgrade the production facilities of Pharma units to meet up to date regulatory standards, by providing subsidy on reimbursement basis, which will enable them to obtain revised Schedule M and WHO\_GMP certifications.
- III. To promote knowledge and awareness in and about the Pharmaceutical and Medical Devices Industry by taking up studies, building databases and bringing industry leaders, academia and policy makers together to share their knowledge and experience for overall development of Pharma and Medical Devices industry.

The Scheme has 3 components / sub-schemes:

- I. Assistance to Pharmaceutical Industry for Common Facilities (APICF)
- II.Revamped Pharmaceutical Technology Upgradation Assistance Scheme (RPTUAS)
- III.Pharmaceutical and Medical Devices Promotion and Development Scheme (PMPDS)

The implementation status of the three sub-schemes is as under :

- I. Assistance to Pharmaceutical Industry for Common Facilities (APICF) :
  - a) Outlay: Rs.178.40 Crore (out of which Rs. 20.15 Crore has already been utilised under old APICF)
  - b) No. of projects which have been sanctioned assistance: 7
  - c) Amount Sanctioned: Rs.121.46 Crore
  - d) Amount Disbursed: Rs.62.47 Crore
- II. Revamped Pharmaceutical Technology Upgradation Assistance Scheme (RPTUAS):

- a) Outlay: Rs.300.10 Crore
- b) No. of projects which have been sanctioned assistance: 62
- c) Amount Sanctioned: Rs. 59.55 Crore
- d) Amount Disbursed: Nil

III. Pharmaceutical and Medical Devices Promotion and Development Scheme  
(PMPDS):

- a) Outlay: Rs.21.50 Crore
- b) No. of studies which have been sanctioned assistance: 11
- c) Amount Sanctioned: Rs.1.16 Crore
- d) Amount Disbursed: Rs.0.88 Crore
- e) No. of reports finalised: 5

(b): The names of the beneficiaries which have been sanctioned assistance under RPTUAS scheme are given in the enclosed **Statement**.

Criteria for selecting the beneficiaries are as under:

- i.Existing pharma units which require to upgrade to Revised Schedule M and WHO-GMP standards.
- ii.Existing Pharmaceutical manufacturing units having average annual turnover of less than Rs. 500 crore over the last 3 years.

(c): Under the sub-scheme APICF, the support is provided to strengthen the existing pharmaceutical clusters' capacity for their sustained growth by creating tangible assets as "Common Facilities".



Incentive under the scheme: The limit of incentive will be 70% of the approved project cost or Rs 20 cr., whichever is less, as per approval of SSC. In the case of Himalayan States and States in the North East Region, the grant-in-aid would be Rs. 20 Crore per Cluster or 90% of the project cost of the Common Infrastructure Facilities (CIF), whichever is less.

The illustrative list of eligible activities under this sub-scheme in order of priority is as under:

- i Research and Development Labs
- ii Testing Laboratory for Pharma Products
- iii Effluent Treatment Plants
- iv Logistic Centers
- v Training Centers

Under RPTUAS sub-scheme, the support is provided to existing Pharma units to upgrade the technological capabilities to Revised Schedule M/ WHO-GMP standards.

Incentive under the scheme : The rate of incentive under the scheme ranges from 10% to 20% (depending on the annual turnover of the Pharma unit) of the expenditure incurred on eligible activities subject to a maximum of Rs. 2 crores.

Expenditure incurred on below items would be considered for subsidy:

- a. Utilities (HVAC, Water, Steam)
- b. Clean Room Facility
- c. Testing Lab, Stability Chamber
- d. Effluent treatment/Waste Management

e. Consultation/Certification Expenses

f. Production Equipment

g. Any other item with the recommendation of the Technical Committee

(d): Under API-CF sub scheme of SPI scheme, 07 projects have been approved from F.Y. 2022-23 to till date with the total Grant-in-aid of Rs. 121.46 crores out of which Grant-in-aid of Rs. 62.47 crores has already been released under the scheme.

(e): The Revamped Pharmaceutical Technology Upgradation Assistance Scheme (RPTUAS) sub-scheme of Strengthening of Pharmaceutical Industry (SPI) encourages units to upgrade the production facilities of existing Pharma and API manufacturing units having average sales turnover up to Rs. 500 Crore so as to meet national and international regulatory standards.

The objective of the scheme is to facilitate existing pharma units to upgrade to Revised Schedule M and WHO-GMP standards.

Under RPTUAS, support for existing pharma units is proposed in the form of incentive ranging from 10% to 20% subject to a maximum of Rs. 2 Crore under eligible activities listed out in the scheme guidelines. An outlay of 300.10 Cr has been earmarked under RPTUAS for the scheme period of five years.

(f): The Scheme is implemented through a Project Management Agency (PMA) which is responsible for providing secretarial, managerial and implementation support and carrying out other responsibilities as assigned by the Department from time to time. The scheme is periodically reviewed and monitored by the Scheme

Steering Committee [headed by Secretary (Pharmaceuticals)] which also provides timely directions for effective implementation of the scheme.

Physical visits are also being done by the officials of Department and PMA for review/ effective monitoring of projects under the scheme. Periodic interactions are done with the applicants by the officials of Department and PMA.

### STATEMENT

<b>Applicants approved under RPTUAS sub-scheme (as on 05.12.2024)</b>			
<b>S. No.</b>	<b>Name of Applicant</b>	<b>Amount (in Rs. Lakh)</b>	<b>Nature of Entity (MSME/Non-MSME)</b>
1	Dinakara Life Science Private Limited	200	MSME
2	Anuja Healthcare Limited	188.7	MSME
3	Ethix Health Care (HP)	97.46	MSME
4	Bennet Pharmaceuticals Limited	112.8	MSME
5	Maxwell Pharma (HP)	102.46	MSME
6	Ce Chem Pharmaceuticals Private Limited	120.75	MSME
7	M Sea Pharmaceuticals Private Limited (HP)	82	MSME
8	Park Pharmaceuticals (HP)	188.33	Non-MSME
9	Alapati Pharma	50.27	MSME
10	Sreepathi Pharmaceuticals Limited	105.84	MSME
11	BDR Lifesciences Pvt. Ltd.	168.62	Non-MSME

12	Sangharsh Lifecare Private Limited	177.98	MSME
13	Dano Vaccines and Biologicals Pvt Ltd	56.2	MSME
14	Pro-Pharma Care Pvt Ltd	114.68	MSME
15	Three B Healthcare Limited (HP)	109.4	MSME
16	Nandu Chemical Industries	60.93	MSME
17	Denis Chem Lab Ltd	66.91	MSME
18	Daffohils Laboratories Pvt Ltd	74.6	MSME
19	Auraya Healthcare Unit-li	102.83	MSME
20	Bakul Pharma Private Limited	111.45	MSME
21	Medoz Pharmaceuticals Pvt Ltd (HP)	90.39	MSME
22	Navil Laboratories Pvt Ltd	126.51	MSME
23	Unispeed Pharmaceuticals Private Limited (HP)	55.7	MSME
24	Pharma Force Lab (HP)	200	MSME
25	Virdev Intermediates Pvt Ltd	200	MSME
26	Magnum Chemi Gran Pvt Ltd	200	MSME
27	Velite Pharmaceuticals	35.56	MSME
28	Sirmour Remedies Pvt Ltd	167.21	MSME
29	Sarv Pharmaceuticals	52.5	MSME
30	Altis Finchem Private Limited	162.15	MSME
31	Mediforce Healthcare Pvt Ltd	22.76	MSME
32	Kentrech Laboratories Private Limited	76.68	MSME

33	Sanzyme Pvt Limited	69.53	MSME
34	SciTech Specialities Pvt Ltd	39.33	MSME
35	Talent Healthcare	126.35	MSME
36	Neha Life Science Private Limited	52.6	MSME
37	Systacare Remedies	11.07	Non-MSME
38	Prochem Pharmaceuticals Private Limited	79.65	MSME
39	Goish Remedies Limited	107.56	MSME
40	Saimirra Innopharm Private Limited	115.88	MSME
41	Alexi Pharmicia Pvt Ltd	65.39	MSME
42	Tosc International Private Limited	31.55	MSME
43	Vulcan Laboratories Private Limited	191	MSME
44	Vowcare Products	11.39	Non-MSME
45	Saurav Chemicals Limited	31.86	MSME
46	Vasa Pharmachem Private Limited	50.26	MSME
47	Arnav Research Laboratories	67.95	MSME
48	Murli Krishna Pharma pvt ltd	57.77	MSME
49	Biodeal Pharmaceuticals Limited	105.3	MSME
50	Zenith Drugs Limited	113.5	MSME
51	Nucare Laboratories India	82.37	MSME
52	Aqua Fine Injecta Pvt Ltd	33.79	MSME
53	Adrhim Pharmaceuticals Llp	75.71	MSME
54	Swati Chemicals	145.24	MSME

55	B. Sharda Pharma Pellets Private Limited	45.04	MSME
56	Emil Pharmaceutical Industries Private Ltd	200	MSME
57	Brit Lifescience	128.4	MSME
58	Srikem Laboratories Pvt Ltd	24.2	MSME
59	Protech Biosystems Pvt Ltd	85.97	MSME
60	Schon Pharmaceuticals Limited	97.4	MSME
61	Ornate Labs Pvt Ltd	3.94	MSME
62	Mendine Pharmaceuticals Pvt Ltd	23.52	MSME
<b>Total</b>		<b>5955.19</b>	

### विधि विद्यालय और महाविद्यालय

#### 1893. श्री नारायण तातू राणे :

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

(क) विगत दस वर्षों के दौरान देश में सरकार द्वारा मान्यता प्राप्त मौजूदा विधि विद्यालयों/महाविद्यालयों की वर्ष-वार कुल संख्या कितनी है;

(ख) उक्त अवधि के दौरान विधि विद्यालयों/महाविद्यालयों के रूप में मान्यता हेतु कुल कितने आवेदन लंबित हैं;

(ग) क्या सरकार द्वारा देश में विधि विद्यालयों की तेजी से बढ़ती संख्या के मुद्दे का समाधान करने के लिए कोई कदम उठाए गए हैं/उठाए जाने का विचार है; और

(घ) यदि हां, तो तत्संबंधी व्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

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

**(क)** : पिछले दस वर्षों के दौरान देश में भारतीय विधिज्ञ परिषद (बीसीआई) द्वारा अनुमोदित सीएलई (विधिक शिक्षा केंद्र) की कुल संख्या का ब्यौरा संलग्न **विवरण** में दिया गया है।

**(ख)** : बीसीआई ने सूचित किया है कि तारीख 18.12.2023 के परिपत्र के अनुसार, उसने <https://www.barcouncilofindia.org/user/login> नामक एक ऑनलाइन पोर्टल के माध्यम से अपने पंजीकरण के लिए विद्यमान और नए सीएलई/संस्थाओं से आवेदन लेना आरंभ कर दिया है। यह भी अधिसूचित किया गया है कि सभी लंबित हार्ड कॉपी आवेदन निरर्थक हैं और आवेदक सीएलई को अभिहित पोर्टल के माध्यम से नए सिरे से आवेदन करना होगा। बीसीआई ने आगे बताया है कि वर्ष 2023-2024 में पंजीकरण के लिए पोर्टल पर कुल 436 नए आवेदन प्राप्त हुए और वर्तमान में ऐसे पंजीकरण के लिए बीसीआई के पास कोई आवेदन लंबित नहीं है।

**(ग) और (घ)** : अधिवक्ता अधिनियम, 1961 की धारा 7(1)(ज) के अनुसार, बीसीआई को विधिक शिक्षा को बढ़ावा देने और ऐसी शिक्षा के मानकों को निर्धारित करने का अधिकार है। बीसीआई ने सूचित किया है कि उसने यह सुनिश्चित करने के लिए कदम उठाए हैं, जिससे कि देश भर में बढ़ते सीएलई के खतरे को रोका जा सके। 2015 में, बीसीआई ने तारीख 06.06.2015 के संकल्प के माध्यम से राज्य सरकारों और विश्वविद्यालयों से अगले तीन वर्षों के लिए विधि महाविद्यालयों को अनापत्ति प्रमाण पत्र (एनओसी) और संबद्धता जारी करने पर प्रतिबंध लगाने का अनुरोध किया था। संकल्प के बावजूद, 300 सीएलई को एनओसी और संबद्धता मिल गई लेकिन बीसीआई ने दी गई संबद्धता को मंजूरी देने से इनकार कर दिया। बाद में, न्यायिक हस्तक्षेप के पश्चात्, बीसीआई को इन सीएलई को दी गई संबद्धता को मंजूरी देने की प्रक्रिया को फिर से आरंभ करना पड़ा। बीसीआई द्वारा तारीख 11.08.2019 के संकल्प के माध्यम से नए सीएलई और यहां तक कि नए अनुभाग खोलने पर तीन साल की अवधि के लिए एक नया अधिस्थगन लगाया गया था, लेकिन माननीय पंजाब और हरियाणा उच्च न्यायालय द्वारा अधिस्थगन लगाने वाले बीसीआई के प्रस्ताव को अपास्त करने के पश्चात्, तारीख 16.06.2021 की प्रेस विज्ञप्ति के माध्यम से इसे भी हटा लिया गया था।

### विवरण

पिछले दस वर्षों के दौरान देश में भारतीय विधिज्ञ परिषद (बीसीआई) द्वारा अनुमोदित सीएलई  
(विधिक शिक्षा केंद्र) की कुल संख्या का ब्यौरा

क्र.सं.	राज्य	राज्य की संख्या
1	अंदमान और निकोबार द्वीप	01
2	आंध्र प्रदेश	05
3	अरुणाचल प्रदेश	05
4	असम	03
5	बिहार	10
6	चंडीगढ़	01
7	छत्तीसगढ़	11
8	दादरा और नागर हवेली	01
9	दिल्ली	10
10	गुजरात	64
11	हरियाणा	30
12	हिमाचल प्रदेश	08
13	जम्मू-कश्मीर	01
14	झारखंड	15
15	कर्नाटक	32
16	केरल	18
17	मध्य प्रदेश	82
18	महाराष्ट्र	78



19	मणिपुर	01
20	मेघालय	02
21	ओडिशा	08
22	पुडुचेरी	01
23	पंजाब	29
24	राजस्थान	55
25	सिक्किम	02
26	तमिलनाडु	23
27	तेलंगाना	16
28	त्रिपुरा	01
29	उत्तर प्रदेश	319
30	उत्तराखंड	14
31	पश्चिमी बंगाल	22
	<b>कुल योग</b>	<b>868</b>

### FOOD SECURITY FOR PREGNANT WOMEN

**1894. SHRI K. SUDHAKARAN:**

**ADV. DEAN KURIAKOSE:**

**SHRI SASIKANTH SENTHIL:**

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

(a) whether the Government is aware that restricting maternity benefits under the Pradhan Mantri Matru Vandana Yojana (PMMVY) to one or two children per family

contravenes the National Food Security Act (NFSA), which mandates these benefits to all pregnant women and if so, the details thereof;

(b) whether the Government has any plans to extend maternity benefits to all pregnant women as stipulated under the NFSA and if so, details thereof and the timeline for implementation;

(c) whether the Government proposes to increase the current benefit amount of Rs.6000 per child in line with inflation and if so, the details thereof and if not, the reasons therefor; and

(d) the details of the budget allocation and utilisation of funds for providing nutritious food to all pregnant women in the country during the last ten years State-wise including Kerala?

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

(a) to (c) The National Food Security Act, 2013 (NFSA) provides that subject to such schemes as may be framed by the Central Government, every Pregnant Women and Lactating Mother (PWandLM), except those who are in regular employment with the Central Government or State Government or Public Sector Undertaking or those who are in receipt of similar benefits under any law for the time being in force, shall be entitled to maternity benefit of not less than rupees six thousand, in such instalments as may be prescribed by the Central Government.

The Ministry of Women and Child Development has notified Pradhan Mantri Matru Vandana Yojana Rules, 2022 (PMMVY Rules) under sub-section 3 of Section 39

of NFSA on 22<sup>nd</sup> December, 2022. The PMMVY Rules were also laid on the Table of Lok Sabha and Rajya Sabha on 3<sup>rd</sup> February, 2023 and 8<sup>th</sup> February, 2023 respectively.

Under Pradhan Mantri Matru Vandana Yojana (PMMVY), maternal benefit of ₹5,000/- is provided to eligible Pregnant Women and lactating Mothers (PWandLM) during the period of pregnancy and lactation. The eligible beneficiary also receives the remaining cash incentive as per approved norms towards maternity benefit under Janani Suraksha Yojana (JSY) after institutional delivery so that on an average, a woman gets ₹6,000/-.

Normally, the first pregnancy of a woman exposes her to new kinds of challenges and stress factors. Hence, the scheme provides support to the mother for safe delivery and immunization of her first child. Under Mission Shakti, w.e.f. 01.04.2022, to promote positive behavioural change towards girl child, the maternity benefits of ₹6000 is also provided to beneficiaries for second child subject to condition that the second child is a girl.

No proposal to extend benefits under PMMVY to all pregnant women is under consideration of the Ministry of Women and Child Development.

(d) Every pregnant women and lactating mother are entitled to meal, free of charge, during pregnancy and six months after child birth through the Anganwadi, so as to meet the nutritional standards specified in schedule of NFSA Act. These foodgrains are being allocated to the states through the Wheat Based Nutritional Programme (WBNP) wherein foodgrains are (Wheat/Rice/Coarse grains (Millets)) are allocated to the States/UTs through the Department of Food and Public

Distribution for use as Supplementary Nutrition at NFSA rates. The State/UT-wise, including Kerala, details of the funds released and utilisation reported in the country during the financial years 2016-17 to 2023-24 are given in the enclosed **Statement**.

**STATEMENT**

**State/UT-wise and Year-wise details of Central share of funds released and utilization reported under Supplementary Nutrition Programme (SNP) during the financial years 2016-17 to 2023-24**

(Rupees in Crores)

Sl. No.	State/UTs	2016-17		2017-18	
		Released	Utilized	Released	Utilized
1	ANDHRA PRADESH	3.15	310.9	315.97	294.2
2	BIHAR	5.25	518.39	537.42	599.8
3	CHHATTISGARH	224.62	254.87	257.25	229.05
4	GOA	5.91	8.85	10.11	10.07
5	GUJARAT	361.63	464.24	384.97	380.13
6	HARYANA	71.31	55.39	39.46	36.05
7	JHARKHAND	287.23	287.23	253.47	253.47
8	KARNATAKA	339.15	447.02	560.09	500.09
9	KERALA	83.06	109.87	109.77	109.77
10	MADHYA PRADESH	557.79	668.31	667.76	676.23
11	MAHARASHTRA	320.53	-47.12	414.46	587.19
12	ODISHA	255.2	342.81	473.16	443.59
13	PUNJAB	31.25	22.62	52.82	8.09

14	RAJASTHAN	330.46	390.38	349.32	366.61
15	TAMIL NADU	260.18	282.61	331.87	332.11
16	TELANGANA	174.19	174.73	181.31	190.06
17	UTTAR PRADESH	1607.84	1662.04	1293.54	777.77
18	WEST BENGAL	304.62	540.66	676.98	813.25
19	DELHI	75.51	41.63	40.51	7.64
20	PUDUCHERRY	17.02	17.02	8.51	8.51
21	HIMACHAL PRADESH	46.62	46.62	57.96	57.96
22	JAMMU and KASHMIR	40.35	-8.79	40.35	-31.95
23	UTTARAKHAND	46.49	84.69	152.12	167.34
24	ANDAMAN and NICOBAR ISLANDS	2.63	2.63	2.85	2.85
25	CHANDIGARH	1.9	1.9	5.92	5.92
26	DADRA and NAGAR HAVELI	2.04	2.04	1.3	1.3
27	DAMAN and DIU	1.74	1.74	1.31	1.31
28	LAKSHADWEEP	0.68	0.68	0.85	0.85
29	ARUNACHAL PRADESH	40.53	35.67	40.35	34.36
30	ASSAM	179.21	136	315.55	171.14
31	MANIPUR	5	-5.09	52.44	33.23
32	MEGHALAYA	111.85	124.28	122.39	123.07

33	MIZORAM	21.57	16.96	15.39	11.4
34	NAGALAND	106.11	107.09	70	64.23
35	SIKKIM	6.44	4.71	4.81	1.81
36	TRIPURA	40.11	38.17	64.57	67.5
<b>TOTAL</b>		<b>6800.65</b>	<b>7141.77</b>	<b>7906.9</b>	<b>7335.97</b>

(Rupees in Crores)

Sl. No.	State/UTs	2018-19		2019-20	
		Released	Utilized	Released	Utilized
1	ANDHRA PRADESH	373.54	364.12	327.26	355.07
2	BIHAR	769.88	743.01	761.01	771.38
3	CHHATTISGARH	242.8	202.53	209.31	297.03
4	GOA	8.6	8.45	8.26	8.32
5	GUJARAT	320.52	233.92	336.72	405.42
6	HARYANA	73.05	41.95	42.05	42.95
7	JHARKHAND	290.83	273.73	229.59	218.07
8	KARNATAKA	435.89	387.6	426.58	517.28
9	KERALA	107.85	130.07	140.85	138.36
10	MADHYA PRADESH	640.89	652.1	715.35	696.5
11	MAHARASHTRA	1065.35	765.57	789.49	798.87
12	ODISHA	434.51	448.26	494.67	500.69
13	PUNJAB	37.44	53.27	53.47	35.17
14	RAJASTHAN	349.51	296	299.14	282.32

15	TAMIL NADU	372.71	368.39	373.42	369.19
16	TELANGANA	220.46	213.99	225.2	213.26
17	UTTAR PRADESH	1045.79	1502.32	1486.86	1530.36
18	WEST BENGAL	680.47	678.72	598.62	777.38
19	DELHI	34.75	56.09	44.26	63.27
20	PUDUCHERRY	0	0	0	0
21	HIMACHAL PRADESH	69.76	69.58	76.56	61.52
22	JAMMU and KASHMIR	21.29	73.3	23.41	43.17
23	UTTARAKHAND	136.13	154.24	133.08	154.85
24	ANDAMAN and NICOBAR ISLANDS	3.7	2.98	3.27	3.27
25	CHANDIGARH	7.7	7.7	7.06	7.06
26	DADRA and NAGAR HAVELI	1.69	1.69	1.86	1.86
27	DAMAN and DIU	1.7	1.7	1.4	1.4
28	LAKSHADWEEP	1	1	0.55	0.55
29	ARUNACHAL PRADESH	44.11	44.71	23.33	40.06
30	ASSAM	305.97	340.51	495.42	627.08
31	MANIPUR	71.34	44.65	49.8	43.65
32	MEGHALAYA	123.64	123.64	115.83	114.57
33	MIZORAM	18.43	18.17	20.41	20.41

34	NAGALAND	82.31	69.07	73.9	79.68
35	SIKKIM	4.51	4.84	2.91	4.88
36	TRIPURA	77.82	77.82	70.28	69.62
<b>TOTAL</b>		<b>8475.92</b>	<b>8455.69</b>	<b>8661.18</b>	<b>9294.52</b>

(Rupees in Crores)

Sl. No.	State/UTs	2020-21		2021-22	
		Released	Utilized	Released	Utilized
1	ANDHRA PRADESH	371.36	396.21	382.68	397.43
2	BIHAR	856.08	922.49	883.69	924.32
3	CHHATTISGARH	245.93	262.23	267.72	242.53
4	GOA	8.59	8.23	4.41	4.79
5	GUJARAT	336.72	505.26	505.26	447.68
6	HARYANA	59.19	96.31	59.19	46.02
7	JHARKHAND	260.34	136.1	175.95	57.88
8	KARNATAKA	410	584.45	581.02	612.34
9	KERALA	130.5	171.11	190.83	189.05
10	MADHYA PRADESH	744.06	553.39	553.39	554.13
11	MAHARASHTRA	663.31	861.47	1052.39	989.46
12	ODISHA	502.99	504.34	494.54	455.01
13	PUNJAB	43.41	56.4	45.3	44.28
14	RAJASTHAN	348.94	367.03	313.99	434.25



15	TAMIL NADU	390.22	371.67	363.37	398.14
16	TELANGANA	215.22	251.39	246.81	257.78
17	UTTAR PRADESH	1390.64	888	1390.64	1531.97
18	WEST BENGAL	658.48	316.6	329.24	796.47
19	DELHI	65.4	71.79	78.25	70.56
20	PUDUCHERRY	0	0.85	0	5.21
21	HIMACHAL PRADESH	69.2	70.24	57.66	55.74
22	JAMMU and KASHMIR	46.3	35.12	34.59	45.76
23	UTTARAKHAND	146.29	152.76	152.76	157.35
24	ANDAMAN and NICOBAR ISLANDS	4.06	4.06	2.03	2.33
25	CHANDIGARH	6.33	6.33	7.03	14.81
26	DADRA. and NAGAR HAVELI and DAMAN and DIU	4.1	4.1	4.1	4.06
27	LADAKH	5.54	5.54	2.77	2.77
28	LAKSHADWEEP	0.91	0.91	1.46	1.71
29	ARUNACHAL PRADESH	37.08	37.68	47.26	38.45
30	ASSAM	544.96	697.6	697.6	733.79
31	MANIPUR	106.97	66.68	85.89	78.17
32	MEGHALAYA	116.49	112.25	110.51	113.5

33	MIZORAM	22.88	22.88	18.63	18.37
34	NAGALAND	82.33	82.33	82.33	82.33
35	SIKKIM	3.36	5.18	3.03	4.92
36	TRIPURA	65.03	72.62	68.83	58.78
<b>TOTAL</b>		<b>8963.22</b>	<b>8701.6</b>	<b>9295.17</b>	<b>9872.16</b>

(Rupees in Crores)

Sl. No.	State/UTs	2022-23		2023-24	
		Released	Utilized	Released	Utilized
1	ANDHRA PRADESH	406.38	314.59	327.4	Utilization Certificate Not Due
2	BIHAR	951.94	883.68	897.23	
3	CHHATTISGARH	264.5	273.18	285.43	
4	GOA	6.88	8.25	5.66	
5	GUJARAT	616.22	264.79	767.26	
6	HARYANA	49.53	52.68	49.47	
7	JHARKHAND	166.47	385.24	356.22	
8	KARNATAKA	581.02	491.94	434.93	
9	KERALA	208.3	152.57	161.95	
10	MADHYA PRADESH	521.48	525.9	454.73	
11	MAHARASHTRA	1021.76	984.05	909.42	
12	ODISHA	449.42	474.13	452.3	
13	PUNJAB	65.68	86.68	140.47	

14	RAJASTHAN	627.96	487.6	614.61
15	TAMIL NADU	383.59	406.6	489.78
16	TELANGANA	284.29	238.61	237.73
17	UTTAR PRADESH	1889.49	1744.26	1488.07
18	WEST BENGAL	654.12	927.69	714.18
19	DELHI	83.41	87.73	87.33
20	PUDUCHERRY	0	4.64	2.62
21	HIMACHAL PRADESH	51.7	70.97	62.69
22	JAMMU and KASHMIR	69.47	40.62	67.5
23	UTTARAKHAND	163.82	157.35	38.19
24	ANDAMAN and NICOBAR ISLANDS	0	0	2.68
25	CHANDIGARH	23.28	23.28	10.48
26	DADRA and NAGAR HAVELI and DAMAN and DIU	4.45	4.45	7.74
27	LADAKH	6.23	6.23	4.26
28	LAKSHADWEEP	0.43	0.43	1.79
29	ARUNACHAL PRADESH	37.82	36.4	32.88
30	ASSAM	887.47	682.62	674.7
31	MANIPUR	10.7	62.98	86.93

32	MEGHALAYA	115.37	118.86	123.56
33	MIZORAM	11.44	11.44	24.84
34	NAGALAND	89.18	89.18	97.33
35	SIKKIM	2.33	2.59	0
36	TRIPURA	56.21	78.85	101.09
<b>TOTAL</b>		<b>10762.35</b>	<b>10181.1</b>	<b>10213.44</b>

### **STRENGTHENING DRUG REGULATORY SYSTEM**

#### **1895: SHRI BASTIPATI NAGARAJU:**

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

(a) the total amount of funds allocated under the Centrally Sponsored Scheme Strengthening of States Drug Regulatory System (SSDRS), State-wise especially in the State of Andhra Pradesh;

(b) whether the Government has conducted any training programmes for Central Drugs Standard Control Organization (CDSCO) and State Drug Control officials in the country and if so, the details thereof especially in the State of Andhra Pradesh;

(c) the current status of the physical progress of the State Government laboratories identified in the State of Andhra Pradesh;

(d) the time by which the said project is likely to be completed and the amount of funds allocated for the same; and

(e) whether the Government has any data regarding the cases registered on manufacturing of spurious and adulterated drugs and if so, the details thereof along with the measures taken/proposed to be taken by the Government to address the

same?

**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): For strengthening the Drug Regulatory System in the country, Government has approved Rs. 850 Crore for the Centrally Sponsored Scheme 'Strengthening of States' Drug Regulatory System (SSDRS) which envisages to upgrade existing State laboratories, setting up of new drug testing laboratories and upgradation of existing State drug control offices in the country. Under the SSDRS Scheme, Rs. 33.57 Crore has been allocated to State of Andhra Pradesh.

(b): Central government is providing regular Residential, regional training and workshops to officials of CDSCO and State Drug Regulatory Authorities including Andhra Pradesh on Good Manufacturing Practices. In the training Financial Year 2023-24 CDSCO has trained 22,854 persons while in F.Y 2024-25, so far 13,007 persons have been trained.

(c) and (d): So far under the SSDRS Scheme, funds of Rs.31.93 Crore has been released to the State of Andhra Pradesh as Central Share against total allocation of Rs. 33.57 Crore for construction of two Regional Drugs Testing Laboratories at Visakhapatnam and Kurnool, construction of a new building for the State Drug Testing Laboratory at Vijayawada and for upgradation of existing State Drugs Testing Laboratory cum Assistant Director (Drugs) office at Siddhartha Medical College Campus, Gundala, Vijayawada.

(e): As per information received from various States/U.Ts Drugs Controllers, number of drug samples reported Not of Standard Quality/spurious/adulterated and enforcement action taken by the States/UTs Drugs Controller during last three years is as under:

Year(April to March)	Number of drugs samples tested	Number of drugs samples declared Not of Standard Quality	Number of drugs samples declared Spurious/Adulterated	Number of prosecution launched for manufacturing, sale and distribution of spurious/adulterated drugs
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

Central Drugs Standard Control Organization (CDSCO) and Ministry of Health and Family Welfare have taken several measures to ensure that the drugs produced in the country meet the required safety and efficacy standards and to improve the functioning and capacity of CDSCO, as stated below:

(i). In order to assess the regulatory compliance of drug manufacturing premises in the country, the Central Drugs Standard Control Organization (CDSCO) along with State Drugs Controllers (SDCs) had initiated risk-based inspections of Drug

manufacturing firms from Dec 2022. Risk-based inspections of more than 500 premises have been conducted so far. Drug manufacturing firms have been identified based on risk criteria like number of drugs declared as Not of Standard Quality, complaints, criticality of the products etc. Based on findings of inspections, more than 400 actions like issuance of show cause notices, stop production order, suspension, cancellation of licenses /product licenses etc., have been taken by the State Licensing Authorities as per the provisions of the Drugs Rules 1945.

(ii). 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 > 250 crores from 29.06.2024.

(iii). 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.

(iv). 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.

(v). 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.

(vi). 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.

(vii). States/ UTs have set up special Courts for trial of offences under the Drugs and Cosmetics Act for speedy disposal.

(viii). 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.

(ix). 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.



(x). The number of sanctioned posts in Central Drugs Standard Control Organization (CDSCO) has been significantly increased in last 10 years.

(xi). 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.

### **INTEGRATION OF AYUSH PRACTICES**

#### **1896. SHRI E. T. MOHAMMED BASHEER:**

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

(a) whether any measures are taken/proposed to be taken by the Government to integrate AYUSH practices with mainstream healthcare services in the country;

(b) if so, the details thereof;

(c) whether there is any collaborative projects with the Ministry of Health and Family Welfare to promote AYUSH-based healthcare in rural areas; and

(d) if so, the details thereof?

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

(a) to (d) Government of India has adopted a strategy of Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), thus enabling the choice to the patients for different systems of medicines under a single window. The engagement of Ayush doctors/paramedics and their training is being supported by the Ministry of Health and

Family Welfare under National Health Mission (NHM), while the support for Ayush infrastructure, equipment/ furniture and medicines is being provided by the Ministry of Ayush under National Ayush Mission (NAM), as shared responsibilities. The State/UT status of co-located Ayush facilities at PHCs, CHCs and DHs is furnished in the enclosed **Statement**.

Further, the health promotion and prevention is an integral part of comprehensive primary health care that includes counselling for healthy diet and lifestyle, marathons, cyclothons, Yoga, meditation, Zumba, celebration of annual health days etc. ensuring wellbeing of the community. To mainstream Yoga into the health care delivery system, regular Yoga sessions are being conducted at the functional Ayushman Arogya Mandir (AAMs).

### **STATEMENT**

#### **The State/UT status of co-located Ayush facilities at PHCs, CHCs and DHs**

<b>Sl. No</b>	<b>Name of the State/UT</b>	<b>DH</b>	<b>CHC</b>	<b>PHC</b>	<b>Total</b>
1	Andhra Pradesh	9	105	273	387
2	Arunachal Pradesh	16	34	50	100
3	Assam	21	110	364	495
4	Bihar	36	0	0	36
5	Chhattisgarh	18	98	454	570
6	Goa	2	6	22	30
7	Gujarat	0	0	868	868

8	Haryana	21	101	106	228
9	Himachal Pradesh	0	0	0	0
10	Jharkhand	24	188	97	309
11	Karnataka	15	78	375	468
21	Kerala	0	0	0	0
13	Madhya Pradesh	36	99	285	420
14	Maharashtra	23	238	20	281
15	Manipur	7	17	78	102
16	Meghalaya	11	25	54	90
17	Mizoram	12	9	10	31
18	Nagaland	9	20	9	38
19	Odisha	0	302	858	1160
20	Punjab	15	72	100	187
21	Rajasthan	0	52	146	198
22	Sikkim	4	1	4	9
23	Tamil Nadu	37	388	475	900
24	Telangana	0	42	352	394
25	Tripura	3	21	84	108
26	Uttarakhand	13	53	44	110
27	Uttar Pradesh	102	666	627	1395
28	West Bengal	8	280	368	656
29	Andaman and Nicobar Islands	3	4	20	27

30	Chandigarh	1	2	29	32
31	Dadra and Nagar Haveli and Daman and Diu	2	4	9	15
32	NCT of Delhi	0	0	0	0
33	Jammu and Kashmir	13	13	372	398
34	Ladakh	2	7	32	41
35	Lakshadweep	2	3	4	9
36	Puducherry	4	4	39	47
		<b>469</b>	<b>3042</b>	<b>6628</b>	<b>10139</b>

Source: as per NHM-MIS database as on 31st March 2024

### आयुष संपूर्ण स्वास्थ्य केंद्र

**1897. श्री भरतसिंहजी शंकरजी डाभी:**

श्री विजय बघेल:

श्री बिद्युत बरन महतो:

श्री लुम्बा राम:

श्री राधेश्याम राठिया:

श्री सुरेश कुमार कश्यप:

श्री कंवर सिंह तंवर:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) विगत तीन वर्षों के दौरान सरकार द्वारा विभिन्न राज्यों विशेषकर उत्तर प्रदेश के अमरोहा संसदीय निर्वाचन क्षेत्र में स्थापित आयुष संपूर्ण स्वास्थ्य केन्द्रों का राज्य/संघ राज्यक्षेत्र-वार और स्थान-वार ब्यौरा क्या है;

(ख) उक्त अवधि के दौरान उक्त केन्द्रों को सुदृढ़ करने के लिए सरकार द्वारा स्वीकृत और जारी की गई तथा विभिन्न राज्यों द्वारा उपयोग की गई निधियों का ब्यौरा क्या है;

(ग) क्या उक्त योजनाएं आयुष चिकित्सा पद्धति के अंतर्गत औषधियों, उपचारों और पद्धतियों की खोज और विकास के लिए अनुसंधान और नवाचार को बढ़ावा देती 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) और (ख): जन स्वास्थ्य राज्य का विषय होने के कारण, आयुष संपूर्ण स्वास्थ्य केंद्रों [जिसे अब आयुष्मान आरोग्य मंदिर (आयुष) नाम दिया गया है] की स्थापना करना संबंधित राज्य/संघ राज्य क्षेत्र की सरकारों के कार्यक्षेत्र में आता है। हालांकि, राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, मौजूदा आयुष औषधालयों/उप स्वास्थ्य केंद्रों को उन्नत करके आयुष संपूर्ण स्वास्थ्य केंद्रों के संचालन का प्रावधान है। एनएएम के तहत, उत्तर प्रदेश सहित राज्य/संघ राज्य क्षेत्र की सरकारों से उनके राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के अनुसार, मौजूदा आयुष औषधालयों और उप स्वास्थ्य केंद्रों की 8116 इकाइयों को आयुष संपूर्ण स्वास्थ्य केंद्रों के रूप में उन्नत करने की स्वीकृति दी गई है। विगत तीन वर्षों के दौरान, अनुमोदित आयुष संपूर्ण स्वास्थ्य केंद्रों का राज्य/संघ राज्य क्षेत्र-वार और जिला-वार ब्यौरा संलग्न **विवरण -I** पर दिया गया है। इसके अलावा, जहां तक उत्तर प्रदेश के अमरोहा संसदीय क्षेत्र का संबंध है, विगत तीन वर्षों के दौरान, राज्य सरकार से एसएएपी के माध्यम से आयुष्मान आरोग्य मंदिर (आयुष) के लिए कोई प्रस्ताव प्राप्त नहीं हुआ है। विगत तीन वर्षों के दौरान, आयुष संपूर्ण स्वास्थ्य केंद्रों के लिए जारी और उपयोग की गई धनराशि का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा संलग्न **विवरण -II** पर दिया गया है।

(ग) और (घ): जी नहीं। हालांकि, आयुष्मान आरोग्य मंदिर (आयुष) एक टीम आधारित दृष्टिकोण में योग्य और कुशल जनशक्ति द्वारा निवारक, प्रोत्साहक, उपचारात्मक और पुनर्वास स्वास्थ्य देखभाल पर ध्यान

केंद्रित करते हुए आयुष सिद्धांतों और प्रथाओं पर आधारित विभिन्न आयुष उपचारों के माध्यम से व्यापक प्राथमिक स्वास्थ्य देखभाल प्रदान कर रहा है।

### विवरण - I

पिछले तीन वर्षों के दौरान राष्ट्रीय आयुष मिशन के अंतर्गत अनुमोदित आयुष संपूर्ण स्वास्थ्य केंद्रों का राज्य/संघ राज्य क्षेत्रवार एवं जिलावार ब्यौरा

क्र.सं.	राज्य/संघ राज्य क्षेत्र का नाम	जिले का नाम	कुल
1	आंध्र प्रदेश	अनंतपुर	1
		चित्तूर	2
		वाई.एस.आर. कडप्पा	0
		पूर्वी गोदावरी	2
		गुंटूर	1
		कृष्ण	2
		कुरनूल	1
		एसपीएसआर नेल्लोर	0
		प्रकाशम	2
		श्रीकाकुलम	0
		विशाखापटनम	0
		विजयनगरम	0
		पश्चिमी गोदावरी	0
		मन्यम	0
अनकापल्ली	0		

		अल्लूरी सीता राम राजू	0
		काकीनाडा	0
		कोनासीमा	0
		एलुरु	2
		एनटीआर	2
		बापतला	0
		पलनाडु	0
		तिरुपति	0
		अन्नमय्या	0
		श्री सत्य साईं	1
		नांदयाल	0
2	अरुणाचल प्रदेश	तवांग	2
		पश्चिम कामेंग	2
		पक्के केसांग	2
		क्रा दादी	5
		कुरुंग कुमे	3
		पापुम्पारे	3
		इटानगर राजधानी क्षेत्र	2
		लोवर सुबनसिरी	1
		कामले	1
		अपर सुबनसिरी	5
		पश्चिम सियांग	5

		लोवर सियांग	1
		लेपा राडा	1
		अपर सियांग	1
		लोहित	0
		चांगलांग	3
		सियांग	1
		लोगडिंग	6
		तिरप	2
		अंजॉ	2
		पूर्वी कामेंग	1
		पूर्वी सियांग	0
		नामसाई	0
		दिबांग वेली	2
		लोवर दिबांग वेली	2
3	असम	बक्सा	22
		बारपेटा	4
		बिश्वनाथ	53
		बोंगईगांव	12
		कछार	31
		चराईदेओ	14
		चिरांग	20
		दरांग	5



	धेमाजी	2
	धुबरी	17
	डिब्रूगढ़	3
	दीमा हासाओ	9
	गोलपाड़ा	3
	गोलाघाट	16
	हैलाकांडी	11
	होजाई	18
	कामरूप	0
	कामरूप (एम)	7
	कार्बिआंगलॉग	13
	करीमगंज	13
	कोकराझार	33
	लखीमपुर	18
	मोरीगांव	18
	नगांव	30
	नलबारी	10
	शिवसागर	30
	सोनितपुर	15
	तिनसुकिया	15
	उदलगुड़ी	8
	पश्चिमी कार्बि आंगलॉग	1

4	चंडीगढ़	चंडीगढ़	7
5	छत्तीसगढ़	बालोद	5
		बलौदाबाजार	2
		बस्तर	14
		कोंडागांव	8
		बेमेतरा	10
		बीजापुर	6
		बिलासपुर	10
		मुंगेली	5
		दंतेवाड़ा	2
		सुकमा	3
		धमतरी	6
		दुर्ग	17
		गरियाबंद	3
		गौरेला-पेंड्रा-मरवाही	3
		जांजगीर-चंपा	13
		जशपुर	4
		कबीरधाम	3
		कांकेर	2
		कोरबा	16
		कोरिया	10
		महासमुंद	2

		नारायणपुर	3
		रायगढ़	12
		रायपुर	20
		राजनंदगांव	10
		सरगुजा	0
		बलरामपुर	6
		सुरजपुर	5
6	दादरा एवं नगर हवेली और दमन व दीव सं राज्य क्षेत्र	दादरा एवं नगर हवेली	1
7	गोवा	उत्तर गोवा	51
		दक्षिण गोवा	40
8	गुजरात	अहमदाबाद	2
		अमरेली	4
		आनंद	3
		अरावली	6
		बनसकांठा	3
		भरुच	8
		भावनगर	2
		बोटाड	3
		छोटा उदयपुर	4
		दाहोद	1

	डैंग	1
	देवभूमि द्वारका	3
	गांधीनगर	1
	गिर सोमनाथ	1
	जामनगर	0
	जूनागढ़	0
	कच्छ	7
	खेड़ा	4
	महिसागर	1
	मेहसाणा	9
	मोरबी	1
	नर्मदा	0
	नवसारी	1
	पंचमहल	1
	पाटन	0
	पोरबंदर	3
	राजकोट	2
	साबरकांठा	8
	सूरत	4
	सुरेन्द्रनगर	7
	तापी	5
	वडोदरा	0

		वलसाड	5
9	हरियाणा	अंबाला	1
		भिवानी	1
		चरखी दादरी	0
		फरीदाबाद	0
		फतेहाबाद	0
		गुड़गाँव	4
		हिसार	0
		झज्जर	1
		जींद	0
		कैथल	0
		करनाल	0
		कुरुक्षेत्र	0
		मेवात	5
		नारनौल	0
		पलवल	2
		पंचकुला	0
		पानीपत	0
		रेवाड़ी	1
		रोहतक	1
		सिरसा	0
सोनीपत	2		

		यमुना नगर	2
10	हिमाचल प्रदेश	बिलासपुर	41
		चंबा	48
		हमीरपुर	48
		कांगड़ा	122
		कुल्लू	25
		किन्नौर	6
		एल एंड एस	7
		मंडी	115
		सिरमौर	63
		शिमला	45
		सोलन	46
		ऊना	34
		11	जम्मू-कश्मीर
सांबा	3		
उधमपुर	23		
रियासी	12		
डोडा	18		
किश्तवाड़	17		
रामबन	15		
राजौरी	16		
पूछ	11		

		कठुआ	16
		पुलवामा	12
		शोपियां	6
		कुपवाड़ा	19
		बडगाम	26
		श्रीनगर	18
		गांदेरबल	13
		अनंतनाग	19
		कुलगाम	14
		बारामुल्ला	22
		बांदीपुरा	12
12	झारखंड	बोकारो	32
		चतरा	27
		देवघर	34
		धनबाद	25
		दुमका	13
		पूर्वी सिंहभूम	25
		गढ़वा	42
		गिरिडीह	22
		गोड्डा	34
		गुमला	29
		हजारीबाग	36

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		खूंटी	27
		कोडरमा	27
		लातेहार	26
		लोहरदगा	23
		पाकुर	21
		पलामू	40
		रामगढ़	28
		रांची	9
		साहेबगंज	15
		सरायकेला	22
		सिमडेगा	28
		पश्चिमी सिंहभूम	30
13	कर्नाटक	बागलकोट	4
		बल्लारी	19
		बेलगावी	13
		बेंगलुरु ग्रामीण	4
		बेंगलुरु शहरी	1
		बीदर	12
		चामराजनगर	5
		चिक्काबल्लापुर	0
		चिक्कामगलुरु	29



	चित्रदुर्ग	7
	दक्षिण कन्नड़	1
	दावनगेरे	21
	धारवाड़	6
	गडग	12
	हसन	32
	हावेरी	6
	कलबुर्गी	5
	कोडागू	4
	कोलार	1
	कोप्पल	3
	मंड्या	13
	मैसूर	17
	रायचूर	4
	रामनगर	2
	शिवमोगा	2
	तुमकुरु	1
	उडुपी	2
	उत्तर कन्नड़	8
	विजयनगर	29
	विजयपुरा	2
	यादगीर	5

14	केरल	तिरुवनंतपुरम	49
		कोल्लम	45
		पथानामथिट्टा	46
		कोट्टायम	39
		अलपुझा	46
		इडुकी	37
		एर्नाकुलम	44
		त्रिचूर	45
		पलक्कड़	49
		मलप्पुरम	45
		कोझिकोड	45
		वायनाड	37
		कन्नूर	44
		कासरगोड	39
15	संघ राज्य क्षेत्र लक्षद्वी	लक्षद्वीप	4
16	मध्य प्रदेश	रीवा	18
		सीधी	8
		सतना	19
		उमरिया	4
		शाहडोल	6
		सिंगरौली	4
		अनूपपुर	4

	जबलपुर	9
	कटनी	7
	छिंदवाड़ा	10
	सियोनी	6
	मंडला	6
	बालाघाट	35
	नरसिंहपुर	9
	डिंडोरी	5
	सागर	18
	दमोह	6
	पन्ना	7
	छतरपुर	8
	टीकमगढ़	11
	ग्वालियर	7
	शिवपुरी	6
	गुना	5
	श्योपुर	4
	दतिया	6
	मुरैना	7
	भिंड	10
	अशोकनगर	6
	इंदौर	10

	धार	10
	अलीराजपुर	5
	झाबुआ	7
	खरगोन	4
	खंडवा	8
	बड़वानी	6
	बुरहानपुर	7
	उज्जैन	11
	शाजापुर	13
	मन्दसौर	17
	रतलाम	8
	देवास	9
	आगर- मालवा	4
	नीमच	6
	भोपाल	3
	सीहोर	11
	रायसेन	13
	राजगढ़	6
	विदिशा	9
	बैतुल	7
	होशंगाबाद	8
	हरदा	5

17	मणिपुर	इम्फाल पश्चिम	0
		इम्फाल पश्चिम	0
		चूराचांदपुर	0
		थौबल	0
		थौबल	1
		चूराचांदपुर	2
		उखरूल	3
		सेनापति	1
		फ़ेरज़ॉल	2
		चंदेल	1
		इम्फाल पश्चिम	2
18	मेघालय	पूर्वी खासी हिल्स जिला	1
		पश्चिमी खासी हिल्स जिला	0
		री भोई जिला	0
		दक्षिण पश्चिम खासी हिल्स जिला	3
		पश्चिमी जयनथिया हिल्स जिला	0
		पूर्वी जयनथिया हिल्स जिला	0
		उत्तरी गारो हिल्स जिला	2
		पश्चिमी गारो हिल्स जिला	0
		दक्षिण गारो हिल्स जिला	2
		पूर्वी गारो हिल्स जिला	2
		दक्षिण पश्चिम गारो हिल्स जिला	0

19	मिजोरम	आइजोल	2
		चम्फाई	5
		लॉन्टलाई	4
		लुंगलेई	6
		सेरछिप	0
		सीअहा	0
		कोलासिब	0
		ह्वाथियाल	0
		सैतुअल	0
20	ओडिशा	अंगुल	14
		बालांगीर	12
		बालासोर	27
		बारागढ़	7
		भद्रक	19
		बौध	6
		कटक	14
		देवगढ़	0
		ढेंकनाल	14
		गजपति	3
		गंजम	29
		जगतसिंहपुर	8
जाजपुर	12		

		झारसुगुडा	7
		कालाहांडी	10
		कंधामाल	7
		केंद्रपाड़ा	10
		क्योंझर	20
		खोरधा	10
		कोरापुट	6
		मल्कानगिरी	1
		मयूरभांज	20
		नबरंगपुर	3
		नयागढ़	17
		नुआपाड़ा	4
		पुरी	14
		रायगढ़	4
		संबलपुर	9
		सुबरनपुर	2
		सुंदरगढ़	13
21	पुदुचेरी	पुदुचेरी	0
		कराईकल	0
		माहे	0
		यानम	1
22	पंजाब	अमृतसर	0

		बठिंडा	0
		बरनाला	0
		रोपड़	3
		फिरोजपुर	0
		फतेहगढ़ साहिब	0
		गुरदासपुर	0
		होशियारपुर	0
		मुक्तसर	2
		कपूरथला	7
		लुधियाना	0
		मनसा	5
		मोहाली	0
		मोगा	0
		जालंधर	0
		पटियाला	2
		संगूर	0
		एसबीएस नगर	2
		तरन तारण	5
		पठानकोट	6
		फाजिल्का	9
		फरीदकोट	0
<b>23</b>	<b>राजस्थान</b>	अजमेर	<b>53</b>



	अलवर	76
	बांसवाड़ा	45
	बरन	26
	बाड़मेर	40
	भरतपुर	72
	भीलवाड़ा	73
	बीकानेर	45
	बूंदी	25
	चित्तौड़गढ़	40
	चुरू	51
	दौसा	42
	धौलपुर	22
	डूंगरपुर	48
	श्रीगंगानगर	33
	हनुमानगढ़	37
	जयपुर	126
	जैसलमेर	13
	जालोर	27
	झालावाड़	37
	झुंझुनू	64
	जोधपुर	51
	कोटा	23

		करौली	32
		नागौर	61
		पाली	59
		प्रतापगढ़	19
		राजसमंद	39
		सीकर	68
		सवाईमाधोर	35
		सिरोही	25
		टोंक	39
		उदयपुर	73
24	तेलंगाना	आदिलाबाद	12
		भद्राद्री कोठागुडेम	12
		हनुमानकोंडा	10
		हैदराबाद	30
		जगित्याल	12
		जनगांव	10
		जयशंकर भूपालपल्ली	8
		जोगुलम्बा गडवाल	9
		कामारेड्डी	16
		करीमनगर	15
		खम्माम	19
		कोमुराम भीम आसिफाबाद	9

		महबूब नगर	15
		महबूबाबाद	10
		मंचेरियल	10
		मेडक	14
		मेडचल मलकजागिरी जिला	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
		वानापर्थी	9
		वारंगल	9
		यदाद्रि - भोंगिरी	12
25	त्रिपुरा	पश्चिमी त्रिपुरा	12

		सेपाहिजाला	8
		गोमती	4
		दक्षिण त्रिपुरा	5
		खोवाई	2
		धलाई	3
		उत्तर त्रिपुरा	0
26	उत्तर प्रदेश	आगरा	2
		अलीगढ़	1
		अम्बेडकर	0
		अमेठी	7
		अमरोहा	0
		अयोध्या	1
		औरैया	0
		आजमगढ़	4
		बागपत	1
		बहराइच	5
		बलिया	6
		बलरामपुर	5
		बाँदा	4
		बाराबंकी	16
		बरेली	7
		बस्ती	5

	भदोही	1
	बिजनौर	0
	शाहजहांपुर	4
	बुलंदशहर	5
	चंदौली	8
	चित्रकूट	4
	देवरिया	7
	एटा	2
	इटावा	3
	फर्रुखाबाद	6
	फतेहपुर	8
	फिरोजाबाद	0
	गौतमबुद्ध नगर	0
	गाजियाबाद	6
	गाजीपुर	7
	गोंडा	5
	गोरखपुर	18
	हमीरपुर	0
	हापुड़	5
	हरदोई	22
	हाथरस	0
	जालौन	16

	जौनपुर	13
	झांसी	0
	कन्नौज	2
	कानपुर देहात	2
	कानपुर नगर	11
	कासगंज	3
	कौशाम्बी	3
	कुशीनगर	18
	लखीमपुर - खीरी	13
	ललितपुर	12
	लखनऊ	13
	महोबा	6
	महाराजगंज	19
	मैनपुरी	6
	मथुरा	0
	मऊ	3
	मेरठ	2
	मिर्जापुर	10
	मुरादाबाद	1
	मुजफ्फरनगर	3
	पीलीभीत	12
	प्रयागराज	3

		प्रतापगढ़	14
		रायबरेली	19
		रामपुर	1
		सहारनपुर	0
		संभल	0
		संतकबीरनगर	12
		शाहजहांपुर	4
		सीतापुर	12
		शामली	0
		सिद्धार्थनगर	7
		सोनभद्र	7
		श्रावस्ती	1
		सुल्तानपुर	5
		उन्नाव	10
		वाराणसी	4
27	उत्तराखंड	अल्मोड़ा	28
		बागेश्वर	11
		चमोली	21
		चम्पावत	7
		देहरादून	14
		हरिद्वार	9
		नैनीताल	11

		पौड़ी	29
		पिथौड़गढ़	23
		रुद्रप्रयाग	14
		टिहरी	37
		उधम सिंह नगर	5
		उत्तरकाशी	21
28	पश्चिम बंगाल	अलीपुरद्वार	15
		बांकुड़ा	20
		बीरभूम	35
		कूचबिहार	23
		दक्षिण दिनाजपुर	13
		दार्जिलिंग	19
		हुगली	31
		हावड़ा	29
		जलपाईगुड़ी	21
		झारग्राम	6
		कलिम्पोंग	5
		मालदा	28
		मुर्शिदाबाद	28
		नादिया	23
		उत्तर 24 परगना	8
पश्चिम बर्धमान	14		



		पश्चिम मेदिनीपुर	19
		पूर्वा बर्धमान	29
		पूर्वा मेदिनीपुर	21
		पुरुलिया	28
		दक्षिण 24 परगना	14
		उत्तर दिनाजपुर	11
29	महाराष्ट्र	पुणे	3
		सतारा	4
		सोलापुर	1
		पालघर	3
		रायगढ़	1
		ठाणे	0
		कोल्हापुर	2
		सांगली	7
		औरंगाबाद	6
		हिंगोली	0
		जलना	0
		परभनी	1
		बीड़	0
		लातूर	0
		नांदेड़	4
		उस्मानाबाद	2

		अकोला	6
		अमरावती	5
		बुलढाणा	10
		वाशिम	1
		यवतमाल	0
		भंडारा	11
		चंद्रपुर	3
		गडचिरोली	9
		गोंदिया	7
		नागपुर	1
		वर्धा	0
		अहमदनगर	2
		धुले	1
		जलगांव	2
		नंदुरबार	0
		नासिक	0
		सिंधुदुर्ग	4
30	तमिलनाडु	कोयंबटूर	19
		रामनाथपुरम	10
		शिवगंगा	6
		तंजावुर	8
		कांचीपुरम	6

	चेंगलपेट	9
	तिरुवल्लुर	18
	विरुधुनगर	15
	धर्मपुरी	19
	इरोड	31
	वेल्लोर	6
	मदुरै	22
	थेनी	13
	नीलगिरी	5
	नागपट्टिनम	6
	विल्लुपुरम	18
	सलेम	32
	तिरुनेलवेली	15
	कुड्डालोर	15
	त्रिची	20
	करूर	11
	अरियालुर	5
	पुडुकोट्टई	12
	डिंडीगुल	23
	कन्याकुमारी	24
	तेनकासी	16
	थिरुवरुर	10

		थिरुवन्नमलाई	24
		कल्लाकुरिची	12
		कृष्णागिरी	13
		माइलादुदुरई	4
		नमक्कल	13
		पेरम्बलुर	4
		रानीपेट	5
		तिरूपट्टूर	6
		तुथूकुडी	27
		तिरूपूर	8
31	बिहार	अररिया	5
		अरवल	2
		औरंगाबाद	4
		बांका	3
		बेगूसराय	6
		भागलपुर	7
		भोजपुर	2
		बक्सर	4
		दरभंगा	5
		पूर्वी चंपारण	17
		गया	1
		गोपालगंज	4

		जमुई	2
		जहानाबाद	1
		कैमूर (भभुआ )	10
		कटिहार	1
		किशनगंज	3
		लखीसराय	1
		मधेपुरा	3
		मधुबनी	10
		मुंगेर	3
		मुजफ्फरपुर	2
		नालंदा	9
		नवादा	4
		पटना	13
		पूर्णिया	4
		रोहतास	7
		सहरसा	5
		समस्तीपुर	7
		सरन	8
		शेखपुरा	5
		शिवहर	1
		सीतामढ़ी	6
		सिवान	7

	सुपौल	4
	वैशाली	5
	पश्चिमी चंपारण	5
<b>कुल योग</b>		<b>8116</b>

### विवरण -II

पिछले तीन वर्षों के दौरान आयुष संपूर्ण स्वास्थ्य केंद्रों के लिए जारी और उपयोग की गई धनराशि का राज्य/संघ राज्य क्षेत्रवार ब्यौरा, जैसा कि राज्य/संघ राज्य क्षेत्र सरकारों द्वारा सूचित किया गया है

क्र.सं.	राज्य/संघ राज्य क्षेत्र	कुल	
		जारी	व्यय
1	आंध्र प्रदेश	0	0
2	अरुणाचल प्रदेश	427.3	413.35
3	असम	2539.25	1519.35
4	बिहार	1850.58	1522.26
5	छत्तीसगढ़	866.12	446.44
6	गोवा	405.75	362.62
7	गुजरात	1240.09	768.91
8	हरियाणा	1115.78	1034.96
9	हिमाचल प्रदेश	6372.33	4968.26
10	झारखंड	4604.69	4376.99
11	कर्नाटक	1763.53	1184.18
12	केरल	3805.652	2924.3

13	मध्य प्रदेश	6110.37	6110.37
14	महाराष्ट्र	1502.46	357.53
15	मणिपुर	170.04	127.47
16	मेघालय	449.269	361.736
17	मिजोरम	530.83	518.86
18	नागालैंड	376.308	320.991
19	ओडिशा	1075.38	739.36
20	पंजाब	443.88	379.19
21	राजस्थान	5446.08	3988.22
22	सिक्किम	0	0
23	तमिलनाडु	3926.88	2626.56
24	तेलंगाना	6253.751	2011.44
25	त्रिपुरा	194.11	98.72
26	उत्तर प्रदेश	2604.108	2275.26
27	उत्तराखंड	3173.72	3105.59
28	पश्चिम बंगाल	6231.48	1593.65
29	अंदमान एवं निकोबार द्वीपसमूह	70.3	66.56
30	चंडीगढ़	30.34	14.38
31	दादरा एवं नगर हवेली और दमन व दीव	10.61	5.163
32	लक्षद्वीप	46.8	44.48
33	पुदुचेरी	22.304	13.612
34	दिल्ली	0	0
35	जम्मू-कश्मीर	4206.283	4173
36	लद्दाख	0	0
<b>कुल</b>		<b>67866.38</b>	<b>48453.8</b>

## **ONE NATION ONE FERTILIZER**

**1898: SHRI JASWANTSINH SUMANBHAI BHABHOR:**

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

- a) the details and objectives of the Brand 'BHARAT' under 'One Nation, One Fertilizer' Scheme;
- b) whether the 'One Nation, One Fertilizer' Scheme will benefit the farmers'
- c) if so, the details thereof;
- d) whether the Government has provisioned any measures to check fraud and sales of sub-standard material under one name by some manufacturers;
- e) if so, the details thereof; and
- f) the mechanism to be adopted by the Government to ensure the fertilizers are under a common brand across 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 (f): Government of India Vide notification dated 24<sup>th</sup> August, 2022, has decided to implement One Nation One Fertilizers (ONOF) by introducing Single Bharat Brand for Fertilizers and Logo under Fertilizer subsidy scheme namely "Pradhanmantri Bhartiya Janurvarak Pariyojna" (PMBJP). The objective of the scheme is to increase the availability basket of fertilizers; take care of dilemma among farmers in choosing from plethora of brands available in the markets, to reduce the crisscross movement and further ensure timely supply of fertilizers.



Fertilizer Control Order (FCO)-1985 has laid down fertilizer-wise detailed specifications. Any fertilizer, not meeting the said specifications, cannot be sold in the country for agricultural purpose. Clause 19 of FCO strictly prohibits the sale or manufacture of fertilizers which are not of prescribed standards. Any sale of duplicate/substandard/counterfeit fertilizers is punishable under Essential Commodities Act, 1955.

State Governments regulate the sale of fertilizers in the State. Awareness and vigilance at the field level is spread among the farmers through press note, TV talks, Kisan Goshthi, Krushimela, Krushi Mahotsav, etc. by the District Quality control mechanism.

### **CLINICAL TRIALS OF DRUGS**

#### **1899: SHRI MADDILA GURUMOORTHY:**

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

- (a) whether it is a fact that the recent decision to waive the requirement of clinical trials for drugs approved in countries like the US, UK, Japan, Australia, Canada, or the European Union has been finalized;
- (b) if so, the details and the current status thereof;
- (c) whether such decision is likely to impact on drug availability and affordability in the country; and
- (d) the mechanisms likely to be put in place to monitor the safety and efficacy of drugs introduced in the Indian market without undergoing local clinical trials

including any post-market surveillance or testing protocols that is likely to be followed and if so, the details thereof?

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

(a) to (d): As per Rule 101 of the New Drugs and Clinical Trials (NDCT) Rules, 2019, the Central Licensing Authority (CLA), with approval of Central Government, has issued order dated 07.08.2024 specifying names of countries for considering the waiver of local clinical trial for the approval of certain categories of New Drugs under Chapter X and for the grant of permission for conducting clinical trials under Chapter V of NDCT Rules, 2019. The countries specified include USA, UK, Japan, Australia, Canada and EU. The copy of order is available on the website of CDSCO i.e <https://cdsco.gov.in/opencms/opencms/en/Notifications/Public-Notices/>

The above notification would help CLA for taking decision on approval of New Drugs in accordance with New Drugs and Clinical Trials Rules, 2019, for improving early access of safe and effective New Drugs.

All new drugs are approved by Central Drugs Standard Control Organization through a rigorous process of evaluation of submitted data and in consultation with Subject Expert Committee for consideration of waiver of Clinical trial on case to case basis, in accordance with New Drugs and Clinical Trials Rules, 2019 to ensure the quality, safety and efficacy of such drugs.

**एनक्यूएस के माध्यम से प्रदान की जा रही स्वास्थ्य देखभाल सेवाएं**

**1900. श्री प्रभुभाई नागरभाई वसावा:**

**श्री कंवर सिंह तंवर:**

**श्री मुकेशकुमार चंद्रकांत दलाल:**

**श्रीमती कमलजीत सहरावत:**

**श्री कीर्ति आज्ञाद:**

**श्री बिप्लब कुमार देब:**

**डॉ. हेमंत विष्णु सवरा:**

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

(क) क्या मंत्रालय ने राष्ट्रीय गुणवत्ता आश्वासन मानकों (एनक्यूएस) के माध्यम से देश में स्वास्थ्य देखभाल सेवाओं की गुणवत्ता में सुधार के प्रयास किए हैं;

(ख) यदि हां, तो उत्तर प्रदेश, त्रिपुरा, महाराष्ट्र और पालघर जिले सहित देशभर में एनक्यूएस से प्रमाणन प्राप्त करने वाली स्वास्थ्य देखभाल सुविधाकेंद्रों की कुल संख्या सहित राज्य और जिले-वार ब्यौरा क्या है;

(ग) क्या सरकार देश में स्वास्थ्य देखभाल सेवाओं की गुणवत्ता में सुधार के लिए विभिन्न राज्यों को कोई सहायता प्रदान कर रही है;

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

(ङ) स्वास्थ्य सेवाओं की गुणवत्ता में सुधार के लिए अब तक विभिन्न राज्यों, विशेषकर उत्तर प्रदेश द्वारा स्वीकृत, जारी और उपयोग की गई धनराशि का ब्यौरा क्या है?

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

(क): भारत सरकार ने राष्ट्रीय गुणवत्ता आश्वासन मानकों (एनक्यूएस) को लागू किया है जो स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा स्थापित एक व्यापक कार्य-ढांचा है, जिसका उद्देश्य सरकारी

स्वास्थ्य सुविधा केन्द्रों पर प्रदान की जाने वाली स्वास्थ्य सेवाओं की गुणवत्ता सुनिश्चित करना और बढ़ाना है।

प्रारंभ में, ये मानक जिला अस्पतालों के लिए लागू किए गए थे, जिनका उद्देश्य यह सुनिश्चित करना था कि सरकारी स्वास्थ्य सुविधा केन्द्रों के माध्यम से प्रदान की जाने वाली सेवाएं सुरक्षित, रोगी-केंद्रित और सुनिश्चित गुणवत्ता की हों। इसके पश्चात, इन मानकों को उप-जिला अस्पतालों (एसडीएच), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी), आयुष्मान आरोग्य मंदिर-शहरी प्राथमिक स्वास्थ्य केंद्र (एएएम-यूपीएचसी), आयुष्मान आरोग्य मंदिर- प्राथमिक स्वास्थ्य केंद्र (एएएम-पीएचसी) और आयुष्मान आरोग्य मंदिर उप-केंद्रों (एएएम-एसएचसी) तक लागू किया गया।

स्वास्थ्य और परिवार कल्याण मंत्रालय ने 28 जून, 2024 को आयुष्मान आरोग्य मंदिरों (एएएम) के लिए वर्चुअल राष्ट्रीय गुणवत्ता आश्वासन मानक (एनक्यूएएस) मूल्यांकन शुरू किया है।

स्वास्थ्य और परिवार कल्याण मंत्रालय ने 28 जून, 2024 को परीक्षण प्रक्रियाओं और परिणामों की सटीकता और परिशुद्धता बढ़ाने के लिए एकीकृत सरकारी स्वास्थ्य प्रयोगशालाओं (आईपीएचएल) के लिए राष्ट्रीय गुणवत्ता आश्वासन मानक (एनक्यूएएस) शुरू किया है।

(ख): उत्तर प्रदेश, त्रिपुरा, महाराष्ट्र सहित एनक्यूएएस प्रमाणित स्वास्थ्य सुविधाकेंद्रों का राज्य/संघ राज्य क्षेत्रवार ब्यौरा संलग्न **विवरण -I** में दिया गया है। महाराष्ट्र के पालघर जिले में 06 एनक्यूएएस राष्ट्रीय प्रमाणित सुविधाकेंद्र हैं।

(ग) और (घ) : सरकारी स्वास्थ्य और अस्पताल राज्य का विषय है, इसलिए स्वास्थ्य सुविधाकेंद्रों की गुणवत्ता में सुधार सहित सरकारी स्वास्थ्य सेवा प्रणाली को मजबूत करने की जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की है।

राष्ट्रीय गुणवत्ता आश्वासन मानकों (एनक्यूएएस) के माध्यम से देश में स्वास्थ्य परिचर्या सेवाओं की गुणवत्ता में सुधार के लिए, एनक्यूएएस से संबंधित गतिविधियों में स्वास्थ्य सेवा प्रदाताओं के लिए क्षमता निर्माण तथा राज्य और राष्ट्रीय स्तर पर आंतरिक और बाह्य मूल्यांकन के लिए मूल्यांकनकर्ताओं के

प्रशिक्षण, प्रमाणन और तैनाती के लिए सहायता प्रदान की जाती है। एनक्यूएस प्रमाणन प्राप्त करने के दौरान होने वाली कमियों को दूर करने के लिए वित्तीय सहायता प्रदान की जाती है, और एनक्यूएस प्रमाणन प्राप्त करने वाले सरकारी स्वास्थ्य सुविधाकेंद्रों को गुणवत्ता मानकों को बनाए रखने और सुधारने के लिए प्रोत्साहित किया जाता है। इसके अलावा, गुणवत्ता के लिए समर्पित मानव संसाधनों को तैनात करने, राज्य और जिला गुणवत्ता आश्वासन इकाईयों को संचालित करने और राज्य और राष्ट्रीय स्तर के एनक्यूएस मूल्यांकन आयोजित करने के लिए भी वित्तीय सहायता दी जाती है।

इसके अतिरिक्त, एनएचएम टीआईएसएस द्वारा प्रस्तुत स्वास्थ्य परिचर्या गुणवत्ता प्रबंधन में स्नातकोत्तर डिप्लोमा (पीजीडीएचक्यूएम) कार्यक्रम के लिए अभ्यर्थियों के प्रायोजन की सुविधा प्रदान करता है, जो एनक्यूएस के उद्देश्यों के अनुरूप है।

(ड): वर्ष 2023-24 के लिए उत्तर प्रदेश सहित अन्य राज्यों/संघ राज्य क्षेत्रों को राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत गुणवत्ता आश्वासन के लिए स्वीकृत निधि और व्यय का ब्यौरा संलग्न **विवरण - II** पर दिया गया है।

### विवरण -I

उत्तर प्रदेश, त्रिपुरा, महाराष्ट्र सहित एनक्यूएस प्रमाणित स्वास्थ्य सुविधाकेंद्रों का राज्य/संघ राज्य क्षेत्रवार ब्यौरा

क्र.सं.	राज्य/संघ राज्य क्षेत्र	31 अक्टूबर, 2024 तक की स्थिति के अनुसार कुल एनक्यूएस प्रमाणित सुविधाकेंद्र
1.	अंडमान और निकोबार द्वीप समूह	0
2.	आंध्र प्रदेश	2238
3.	अरुणाचल प्रदेश	12

<b>4.</b>	असम	<b>588</b>
<b>5.</b>	बिहार	<b>35</b>
<b>6.</b>	चंडीगढ़	<b>14</b>
<b>7.</b>	छत्तीसगढ़	<b>295</b>
<b>8.</b>	दमन और दीव तथा दादर और नगर हवेली	<b>104</b>
<b>9.</b>	दिल्ली	<b>28</b>
<b>10.</b>	गोवा	<b>16</b>
<b>11.</b>	गुजरात	<b>1584</b>
<b>12.</b>	हरियाणा	<b>326</b>
<b>13.</b>	हिमाचल प्रदेश	<b>102</b>
<b>14.</b>	जम्मू एवं कश्मीर	<b>33</b>
<b>15.</b>	झारखंड	<b>219</b>
<b>16.</b>	कर्नाटक	<b>913</b>
<b>17.</b>	केरल	<b>247</b>
<b>18.</b>	लद्दाख	<b>9</b>
<b>19.</b>	लक्षद्वीप	<b>0</b>
<b>20.</b>	मध्य प्रदेश	<b>1997</b>
<b>21.</b>	महाराष्ट्र	<b>104</b>
<b>22.</b>	मणिपुर	<b>6</b>
<b>23.</b>	मेघालय	<b>2</b>
<b>24.</b>	मिजोरम	<b>18</b>

25.	नगालैंड	23
26.	ओडिशा	866
27.	पुदुचेरी	6
28.	पंजाब	296
29.	राजस्थान	674
30.	सिक्किम	18
31.	तमिलनाडु	965
32.	तेलंगाना	645
33.	त्रिपुरा	64
34.	उत्तर प्रदेश	967
35.	उत्तराखंड	22
36.	पश्चिम बंगाल	3152
	<b>कुल</b>	<b>16588</b>

**विवरण-II**

वित्त वर्ष 2023-24 के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत राज्य/संघ राज्य क्षेत्र वार राज्य कार्यक्रम कार्यान्वयन योजना (एसपीआईपी) अनुमोदन और गुणवत्ता आश्वासन पर

व्यय

(रु. करोड़ में.)

क्र.सं.	राज्य/संघ राज्य क्षेत्र	एसपीआईपी अनुमोदन	व्यय
1	अंडमान व नोकोबार द्वीप समूह	0.14	0.00
2	आंध्र प्रदेश	49.44	16.69

3	अरुणाचल प्रदेश	3.51	0.40
4	असम	32.27	22.91
5	बिहार	22.73	16.10
6	चंडीगढ़	1.47	0.75
7	छत्तीसगढ़	16.67	10.04
8	दादरा और नगर हवेली तथा दमन और दीव	1.28	0.06
9	दिल्ली	18.06	2.27
10	गोवा	2.92	1.21
11	गुजरात	41.43	42.96
12	हरियाणा	10.68	9.89
13	हिमाचल प्रदेश	15.16	5.94
14	जम्मू और कश्मीर	8.31	3.69
15	झारखंड	11.26	23.78
16	कर्नाटक	36.29	21.32
17	केरल	49.04	7.77
18	लक्षद्वीप	0.32	0.00
19	मध्य प्रदेश	129.59	115.28
20	महाराष्ट्र	56.09	13.41
21	मणिपुर	5.81	0.69
22	मेघालय	3.31	0.25
23	मिजोरम	3.46	1.47



24	नगालैंड	5.52	0.51
25	ओडिशा	40.63	24.02
26	पुदुचेरी	2.35	0.39
27	पंजाब	16.31	16.31
28	राजस्थान	154.59	75.22
29	सिक्किम	2.68	2.06
30	तमिलनाडु	116.25	28.65
31	तेलंगाना	33.62	6.68
32	त्रिपुरा	8.76	6.48
33	उत्तर प्रदेश	463.47	260.14
34	उत्तराखंड	9.01	3.58
35	पश्चिम बंगाल	36.61	23.40
36	लद्दाख	1.84	0.88
कुल		1,410.901	765.188

नोट:

1. एसपीआईपी अनुमोदन राज्य/संघ राज्य क्षेत्रों द्वारा प्रस्तुत उपलब्ध वित्तीय प्रबंधन रिपोर्ट के अनुसार है और अनंतिम है।

## **AYUSH PROFESSIONALS**

**1901. SHRI K. RADHAKRISHNAN:** Will the Minister of **AYUSH** be pleased to state:

- a) whether the Government is aware that the medical professionals belonging to the AYUSH are not treated at par with the medical professionals of the modern medicine including the service and salary matters in the country and if so, the details thereof;
- b) whether the Government has taken note of the judgment of the Supreme Court that there cannot be discrimination between doctors of AYUSH and modern medicine and if so, the details thereof along with the action taken thereon;
- c) whether the Government intends to bring in a comprehensive legislation to eliminate the discrimination between the medical practitioners of the AYUSH and modern medicine in the country; and
- d) if so, the details thereof along with the steps taken by the Government in this regard?

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

(a) and (b) Ministry of Ayush, Government of India is the cadre controlling authority for Ayush Doctors posted in Central Government Health Scheme(CGHS). These Doctors are getting the benefits of salary and allowances at par with the Doctors of modern medicine deployed by Ministry of Health and Family Welfare in CGHS. The

Ayush Doctors are given time bound promotions under the Dynamic Assured Career Programme (DACP) scheme at par with the Doctors of modern medicine. The Government has also enhanced the retirement age of Ayush Doctors from 60 years to 65 years at par with the Doctors of modern medicine.

Public Health is a State subject. The appointment of AYUSH doctors and fixation of their salary comes under the purview of respective State/UT Government.

c) No, Sir.

d) Does not arise.

## **INDIA'S STANCE ON BANGLADESH ISSUE**

**1902. SHRI SELVARAJ V.:**

**SHRI SUBBARAYAN K.:**

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

(a) whether the Government has taken note of the shift in the approach of the interim Government of Bangladesh as it has been working to strengthen ties with Pakistan and efforts to remove symbols of the 1971 Liberation war including portraits of Bangladesh founding President Sheikh Mujibur Rahman from Government offices since an uprising ousted Awami League Government in August this year; and

(b) if so, the details thereof and the reaction of the Government to the recent developments in Bangladesh?

**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) India and Bangladesh share deep-rooted bonds of history, culture, language and a multitude of other commonalities. India's relations with Bangladesh stand on their own footing and are independent of the relations of Bangladesh with third countries. The bilateral relationship between India and Bangladesh has been a multi-faceted partnership bringing benefits to the people of both countries through enhanced trade and investments, increased connectivity and more people-to-people exchanges. The Government closely monitors all developments having a bearing on India's national interest and takes all necessary measures to safeguard it.

**सेना कर्मियों की चिकित्सा पेंशन**

**1903. श्री हनुमान बेनीवाल:**

क्या रक्षा मंत्री यह बताने की कृपा करेंगे कि:

(क) सेना चिकित्सा बोर्ड द्वारा मानसिक और शारीरिक दिव्यांगता के आधार पर सेवा के लिए अयोग्य घोषित किए गए सेना कर्मियों की चिकित्सा पेंशन के संबंध में सरकार द्वारा क्या कदम उठाए गए/उठाए जाने का प्रस्ताव है;

(ख) क्या सरकार ने यह सुनिश्चित करने के लिए कोई कदम उठाया है कि भारतीय सेना में मेडिकल बोर्ड द्वारा आयोजित शारीरिक और मानसिक दिव्यांगता परीक्षण में पारदर्शिता और निष्पक्षता हो;

(ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस संबंध में सरकार की नीति क्या है;

(घ) भारतीय सेना के उन कर्मियों के कितने मामले हैं जिन्हें मनोरोग और शारीरिक दिव्यांगता के आधार पर सेवा के लिए अयोग्य घोषित किया गया है और उन्हें अब तक पेंशन लाभ प्रदान नहीं किया गया है; और

(ङ) ऐसे सैनिकों को पेंशन प्रदान करने के संबंध में सरकार के प्रस्ताव का ब्यौरा क्या है?

**रक्षा मंत्रालय में राज्य मंत्री (श्री संजय सेठ) :**

(क): सरकार ने कार्मिक जन शिकायत और पेंशन मंत्रालय द्वारा समय-समय पर जारी सिविलियन कर्मचारियों के लिए विनियमों के साथ रक्षा निःशक्तता पेंशन विनियमों का सामंजस्य बिठाने और चिकित्सा बोर्ड का इष्टतम और समान रूप से आयोजन किया जाना सुनिश्चित करने के लिए सशस्त्र सेना के कार्मिकों के लिए कैजुएल्टी पेंशन अवार्ड पात्रता नियम-2023 और गाइड चिकित्सा अधिकारी नियम-2023 जारी किए हैं। सरकार द्वारा उन सेना कर्मियों को निम्नलिखित पेंशन प्रदान की जा रही है, जिन्हें आर्मी मेडिकल बोर्ड (सेना चिकित्सा बोर्ड) द्वारा मानसिक और शारीरिक निःशक्तता के आधार पर सेवा के लिए अयोग्य घोषित किया गया है: अधिकारी जिन्हें सेवा से इनवैलिड आउट कर दिया गया है उन्हें इनवैलिड पेंशन/इनवैलिड उपदान, निःशक्तता पेंशन, युद्ध-क्षति पेंशन और टर्मिनल उपदान।

(ख) और (ग): निष्पक्ष रूप से प्रबंधन करने के लिए सशस्त्र सेनाओं के मौजूदा नियम यानी आरएमएसएफ-2010 के अनुसार तीन सदस्यों वाला चिकित्सा बोर्ड है। इसके अलावा, मनोचिकित्सा बोर्ड की सभी रिपोर्टों पर अधिकारियों के लिए डीजीएमएस (सेना) द्वारा और जूनियर कमीशन प्राप्त अधिकारियों/अन्य रैंकों के लिए एमजी (चिकित्सा) द्वारा कार्रवाई की जाती है ताकि दोषमुक्त एवं पारदर्शी प्रबंधन सुनिश्चित किया जा सके।

(घ) और (ङ): ऐसे सेना कार्मिक जिन्हें निःशक्तता के आधार पर सेना चिकित्सा बोर्ड द्वारा सेवा हेतु अनुपयुक्त घोषित कर दिया जाता है उन्हें सेना (पीआरए) 2008 संबंधी पेंशन विनियमन और पात्रता नियम (ईआर) 2023 और अन्य मौजूदा नियमों के अनुसार निःशक्तता पेंशन प्रदान की जाती है।

**INDIANS STUCK IN INTERNATIONAL WARZONES/VOLATILE REGIONS****1904. SHRI PUTTA MAHESH KUMAR:**

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

(a) the total number of Indian nationals who have been reported stranded, injured, or deceased in various international war zones during the last five years, country/State/area-wise especially individuals from Andhra Pradesh;

(b) the steps / diplomatic measures undertaken by the Government to ensure the safe evacuation and repatriation of Indian citizens from war zones including collaboration with foreign governments, establishment of emergency hotlines and coordination with international organisations;

(c) the total amount of funds allocated / utilised for evacuation, relief and rehabilitation programmes for Indian citizens affected by conflicts in foreign nations during the last five years, Country-wise and year-wise;

(d) whether the Government has issued any advisory notices regarding countries / regions which are not safe to travel due to the present security concerns; and

(e) if so, the details thereof including the list of the same?

**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) During the previous five years, a total no. of 24,017 Indians and 391 foreign nationals, reported stranded in war/volatile situations in Afghanistan, Ukraine, Sudan, Israel and Haiti, were safely evacuated under various operations. Operation-wise details are provided below. State/UT-wise details as available are placed below. As per available records, information regarding injured and deceased Indian nationals in various international war zones is also placed below.

Operation-wise details of evacuation of stranded Indian nationals

<b>Year</b>	<b>Country and Name of the Operation</b>	<b>Total number of people evacuated (including foreign nationals)</b>
2021	Afghanistan Operation <i>Devi Shakti</i>	669 (including 15 other foreign nationals and 206 Afghans, which includes members of the Afghan Hindu/Sikh minority)
2022	Ukraine Operation <i>Ganga</i>	18,282
2023	Sudan Operation <i>Kaveri</i>	4,097 (including 136 foreign nationals)
2023	Israel Operation <i>Ajay</i>	1,343 (including 14 OCI card holders and 20 foreign nationals)

2024	Haiti Operation <i>Indravati</i>	17
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State-wise list of Indian citizens evacuated under Operation Ganga

Sl. No	State / Union Territory	Number
1	Andaman and Nicobar	4
2	Andhra Pradesh	682
3	Arunachal Pradesh	1
4	Assam	53
5	Bihar	1003
6	Chandigarh	52
7	Chhattisgarh	210
8	Dadar and Nagar Haveli	5
9	Daman and Diu	5
10	Delhi	681
11	Goa	18
12	Gujarat	1020
13	Haryana	1436
14	Himachal Pradesh	289
15	Jammu and Kashmir	128
16	Jharkhand	158
17	Karnataka	615



18	Kerala	3343
19	Lakshadweep	4
20	Madhya Pradesh	412
21	Maharashtra	1025
22	Manipur	23
23	Meghalaya	40
24	Mizoram	1
25	Nagaland	4
26	Odisha	397
27	Puducherry	28
28	Punjab	609
29	Rajasthan	934
30	Sikkim	26
31	Tamil Nadu	1479
32	Telangana	667
33	Tripura	32
34	Uttar Pradesh	1917
35	Uttarakhand	257
36	West Bengal	343
37	State Name not available	272
	TOTAL	18282

State-wise list of Indian citizens evacuated under Operation Kaveri

<b>Sl.No.</b>	<b>State / Union Territory</b>	<b>Number</b>
1	Andhra Pradesh	106
2	Assam	13
3	Bihar	370
4	Chandigarh	1
5	Chhattisgarh	3
6	Delhi	27
7	Gujarat	492
8	Haryana	39
9	Himachal Pradesh	25
10	Jammu and Kashmir	1
11	Jharkhand	62
12	Karnataka	418
13	Kerala	172
14	Madhya Pradesh	20
15	Maharashtra	337

16	Manipur	1
17	Nagaland	3
18	Odisha	86
19	Punjab	62
20	Pondicherry	7
21	Rajasthan	87
22	Tamil Nadu	244
23	Telangana	129
24	Uttar Pradesh	800
25	Uttarakhand	24
26	West Bengal	52
27	State Name not available	380
28	<b>Total Indian Citizens</b>	<b>3961</b>
29	Foreign Nationals (British- 3 + Sudanese-124 + Nepalese – 9)	136
30	<b>GRAND TOTAL</b>  <b>(3961 + 136)</b>	<b>4097</b>

State-wise list of Indian citizens evacuated under Operation Ajay

<b>Sl. No.</b>	<b>State</b>	<b>Number</b>
1.	Andhra Pradesh	45
2.	Assam	20
3.	Bihar	29
4.	Chattisgarh	6
5.	Delhi	36
6.	Goa	3
7.	Gujarat	34
8.	Haryana	28
9.	Himachal Pradesh	18
10.	Jammu and Kashmir	9
11.	Jharkhand	13
12.	Karnataka	39
13.	Kerala	121
14.	Madhya Pradesh	14

15.	Maharashtra	108
16.	Manipur	23
17.	Meghalaya	2
18.	Mizoram	1
19.	Nagaland	2
20.	Odisha	20
21.	Punjab	9
22.	Rajasthan	33
23.	Sikkim	11
24.	Tamil Nadu	131
25.	Telangana	70
26.	Uttar Pradesh	145
27.	Uttarakhand	14
28.	West Bengal	248
29.	States not mentioned	77
30.	<i>TOTAL INDIAN CITIZENS</i>	<i>1309</i>
31.	OCI Card holders (14) and	34

	Nepalese (20)	
32.	GRAND TOTAL (1309 + 34)	1343

State-wise list of Indian citizens evacuated under Operation Indravati

Sl. No.	State	Number
1	Madhya Pradesh	1
2	Gujarat	1
3	Maharashtra	1
4	Karnataka	2
5	Tamil Nadu	3
6	Uttar Pradesh	1
7	Telangana	1
8	New Delhi	1
9	Kerala	1
10	Odisha	1
11	Unregistered	4

	<b>Total</b>	<b>17</b>
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**Details of injured/deceased Indian nationals in various international war zones**

<b>Year</b>	<b>Name of Country</b>	<b>No. of injured Indian nationals</b>	<b>No. of deceased Indian nationals</b>
2021	Gaza, Palestine	Nil	1 ( Kerala)
2022	Ukraine	1	1
2023	Sudan	Nil	1 (Kerala)
	Israel	1	Nil
2024	<b>Gaza, Palestine</b>	Nil	1 (Maharashtra)
	<b>Israel</b>	2 (Kerala)	1 (Kerala)
	<b>Russia</b>	7	10

		(2-Uttar Pradesh 2-Punjab; 1-Rajasthan; 1-Haryana; 1-West Bengal)	(2-Uttar Pradesh; 1-Haryana; 1-Punjab; 1-Uttarakhand; 1-Telangana; 2-Gujarat; 1-Kerala; 1-Odisha)
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(b) and (c) Government accords highest priority to the safety, security and well-being of Indians abroad and launches evacuation operations in coordination with other stakeholders in Government of India to safely evacuate stranded Indian nationals. Government remains in constant touch with its counterparts through diplomatic channels for safety and security of Indians during evacuation process. If required, it also engages local volunteers from the Indian community for logistics support. 24x7 Control Rooms are operated at headquarters and abroad to facilitate the evacuation process.

The evacuation operations undertaken in international warzones/volatile regions during the last five years alongwith expenditure thereon are as follows :-

<b>Year</b>	<b>Country and Name of the Operation</b>	<b>Total number of people evacuated (including foreign nationals)</b>	<b>Expenditure (in ₹)</b>
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2021	Afghanistan Operation <i>Devi Shakti</i>	669 (including 15 other foreign nationals and 206 Afghans, which includes members of the Afghan Hindu/Sikh minority)	1.90 crore
2022	Ukraine Operation <i>Ganga</i>	18,282	116.58 crore
2023	Sudan Operation <i>Kaveri</i>	4,097 (including 136 foreign nationals)	45.63 crore
2023	Israel Operation <i>Ajay</i>	1,343 (including 14 OCI card holders and 20 foreign nationals)	16.87 crore
2024	Haiti Operation <i>Indravati</i>	17	48.34 lakh

(d) and (e) Yes, Government issues advisories as required by developments, especially in war-hit countries/volatile regions, to caution Indian citizens to avoid unnecessary travel and follow safety guidelines issued by local authorities. Additionally, Indian Missions in foreign countries also issue advisories requesting Indian Nationals to avoid unnecessary travel and remain in touch with the Indian

Mission on published helpline numbers. List of recent travel advisories issued by Government of India and Indian Missions abroad is placed below.

<b>S/No</b>	<b>Country name</b>	<b>Date of Issue</b>
1.	Iran	02 October 2024
2.	Libya	06 August 2024
3.	Bangladesh	04 August 2024
4.	Iran, Israel	12 April 2024
5.	Israel	12 April 2024
6.	Myanmar	06 Feb 2024
7.	Myanmar	21 November 2023
8.	Canada	20 September 2023
9.	Niger	11 August 2023
10.	Niger	27 July 2023
11.	Sudan	23 April 2023
12.	Sudan	16 April 2023
13.	Iraq	18 Feb 2020
14.	Iraq	08 January 2020

15.	Haiti	02 December 2019
16.	Ethiopia	21 June 2019
17.	Sri Lanka	28 May 2019

### उच्च न्यायालयों की नई पीठें

#### 1905. श्री बृजमोहन अग्रवाल :

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

(क) विशेष रूप से न्यायिक बुनियादी ढांचे के असमान वितरण को देखते हुए उच्च न्यायालयों की नई पीठों की स्थापना को प्राथमिकता देने संबंधी प्रक्रिया का ब्यौरा क्या है;

(ख) क्या सरकार ने न्याय तक की सुलभता की कमी का आकलन किया है;

(ग) यदि हां, तो उक्त अध्ययन के प्रमुख निष्कर्ष क्या रहे हैं;

(घ) न्याय की सुलभता की उक्त कमी को दूर करने और क्षेत्रीय न्यायिक सेवाओं को मजबूत करने के लिए सरकार द्वारा क्या कदम उठाए गए / उठाए जाने का प्रस्ताव है;

(ङ) उच्च न्यायालय की सीमित सुविधाओं वाले राज्यों में लोगों को न्याय सुलभ कराने में आ रही कठिनाइयों को दूर करने के लिए उक्त स्थिति में सुधार हेतु प्रस्तावित उपायों का ब्यौरा क्या है; और

(च) उन राज्यों में उच्च न्यायालयों की नई पीठ स्थापित करने के लिए संसाधनों और बुनियादी ढांचे का प्रावधान सुनिश्चित करने की सरकार की क्या योजना है जहां न्यायालयों में मुकदमों की संख्या ज्यादा है?

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

**(क) से (च) :** उच्च न्यायालय की न्यायपीठें जसवंत सिंह आयोग द्वारा की गई सिफारिशों और रिट या.(सी) संख्या 379/2000 में सर्वोच्च न्यायालय द्वारा सुनाए गए निर्णय के अनुसार स्थापित की जाती हैं और राज्य सरकार से आवश्यक व्यय और अवसंरचना प्रसुविधा प्रदान करने की सहमति के साथ-साथ संबंधित उच्च न्यायालय के मुख्य न्यायाधीश की सहमति के साथ एक पूर्ण प्रस्ताव पर विचार करने के पश्चात् स्थापित की जाती हैं, जिन्हें उच्च न्यायालय के दिन-प्रतिदिन के प्रशासन की देखभाल करने की अपेक्षा की जाती है। पूर्ण होने के लिए प्रस्ताव में संबंधित राज्य के राज्यपाल की सहमति भी होनी चाहिए। वर्तमान में किसी भी उच्च न्यायालय में न्यायपीठ (पीठों) की स्थापना के लिए सरकार के पास कोई पूर्ण प्रस्ताव लंबित नहीं है।

अपेक्षाओं के आधार पर, मई 2014 से आज तक उच्चतम न्यायालय में न्यायाधीशों की स्वीकृत संख्या 31 से बढ़ाकर 34 कर दी गई है और उच्च न्यायालयों में न्यायाधीशों की स्वीकृत संख्या 906 से बढ़ाकर 1122 कर दी गई है। इसी प्रकार, जिला और अधीनस्थ न्यायपालिका में न्यायाधीशों की स्वीकृत संख्या 2014 से 18.11.2024 तक 19,518 से बढ़ाकर 25,725 कर दी गई है। न्याय तक पहुँच बढ़ाने की दिशा में यह एक बड़ा कदम है।

सरकार ने विभिन्न पहल/परियोजनाएँ भी प्रारंभ की हैं और निःशुल्क विधिक सहायता के लिए स्कीम शुरू की हैं, न्यायपालिका द्वारा मामलों के तेज़ निपटान के लिए एक पारिस्थितिकी तंत्र प्रदान किया है और इस प्रकार न्याय तक पहुँच में सुधार किया है। सरकार द्वारा स्थापित राष्ट्रीय न्याय परिदान और विधिक सुधार मिशन ने न्यायालयों के लिए अवसंरचना में सुधार और सूचना एवं संचार प्रौद्योगिकी का लाभ उठाने सहित विभिन्न रणनीतिक पहलों के माध्यम से न्यायिक प्रशासन के लंबित मामलों और लंबित मामलों के चरणबद्ध परिसमापन के लिए एक समन्वित दृष्टिकोण अपनाया है।

न्यायिक अवसंरचना के विकास के लिए केंद्रीय रूप से प्रायोजित स्कीम के अंतर्गत, राज्यों/संघ राज्यक्षेत्रों को न्यायिक अधिकारियों के लिए न्यायालय हाल, आवासीय कक्षों, वकीलों के हॉल, शौचालय परिसर और डिजिटल कंप्यूटर कक्षों के निर्माण के लिए विधियां जारी की जा रही हैं, जिससे वादियों सहित विभिन्न हितधारकों के काम में सुविधा होगी और न्याय प्रदान करने में सहायता मिलेगी।

इसके अतिरिक्त ई-न्यायालय मिशन मोड परियोजना के चरण I और II के अधीन जिला और अधीनस्थ न्यायालयों की आईटी क्षमता के लिए संचार प्रौद्योगिकी (आईसीटी) का लाभ उठाया गया है। यह परियोजना वैन संयोजकता के साथ-साथ जिला और अधीनस्थ न्यायालयों के कम्प्यूटरीकरण का समर्थन कर रही है। बड़ी संख्या में न्यायालय परिसरों और जेलों के बीच वीडियो कॉन्फ्रेंसिंग की सुविधा सक्षम की गई है। वकीलों और वादियों को नागरिक केंद्रित सेवाएं प्रदान करके डिजिटल डिवाइड के सेतु के लिए जिला न्यायालयों और उच्च न्यायालयों में कई ई-सेवा केंद्रों को कार्यात्मक बनाया गया है। विभिन्न राज्यों और संघ राज्यक्षेत्रों में वर्चुअल न्यायालय की स्थापना करके वादियों को वर्चुअल पहुँच उपलब्ध कराई गई है। ई-न्यायालय परियोजना का लक्ष्य डिजिटल, ऑनलाइन और कागज रहित न्यायालयों की ओर बढ़ते हुए न्याय की सुगमता को बढ़ाना है।

चौदहवें वित्त आयोग के तत्वावधान में जघन्य अपराधों, जिसके अंतर्गत वरिष्ठ नागरिकों, महिलाओं, बालकों आदि से जुड़े मामले भी हैं, से निपटने के लिए त्वरित निपटान न्यायालय स्थापित किए गए हैं;। निर्वाचित सांसदों/विधायकों से जुड़े आपराधिक मामलों को तेजी से निपटाने के लिए, राज्यों/ संघ राज्यक्षेत्रों के स्तर पर विशेष न्यायालय काम कर रहे हैं। केंद्रीय सरकार ने बलात्संग और पाक्सो अधिनियम के अधीन अपराधों के लंबित मामलों के शीघ्र निपटान के लिए देश भर में विशेष त्वरित निपटान विशेष न्यायालय (एफटीएससी) स्थापित करने की स्कीम को भी मंजूरी दी है।

वैकल्पिक विवाद समाधान विधियों का संवर्धन किया गया है। इसके अनुसार, अगस्त, 2018 में वाणिज्यिक न्यायालय अधिनियम, 2015 में संशोधन किया गया, जिससे वाणिज्यिक विवादों के मामले में संस्था मध्यस्थता और निपटान (पीआईएमएस) को आज्ञापक बना दिया गया।

सरकार ने 2017 में टेली-लॉ कार्यक्रम भी शुरू किया, जो विधिक सलाह और परामर्श चाहने वाले जरूरतमंद और वंचित वर्गों को वीडियो कॉन्फ्रेंसिंग टेलीफोन और चैट सुविधाओं के माध्यम से पैनल वकीलों से जोड़ने के लिए ग्राम पंचायतों में स्थित सामान्य सेवा केन्द्रों (सीएससी) और टेली-लॉ मोबाइल ऐप के माध्यम से एक प्रभावी और विश्वसनीय ई-इंटरफेस प्लेटफॉर्म प्रदान करता है।

अधिवक्ताओं के बीच प्रो बोनो संस्कृति को संस्थागत बनाने के प्रयास किए गए हैं। एक तकनीकी ढांचा तैयार किया गया है, जहाँ अधिवक्ता प्रो बोनो कार्य के लिए अपना समय और सेवाएँ देने के लिए स्वेच्छा से न्याय बंधु पर प्रो बोनो अधिवक्ता के रूप में रजिस्ट्रीकरण कर सकते हैं। न्याय बंधु सेवाएँ उमंग प्लेटफॉर्म पर भी उपलब्ध हैं। राज्य स्तर पर उच्च न्यायालयों में अधिवक्ताओं का प्रो बोनो पैनल शुरू किया गया है। विधि स्कूलों में भी प्रो बोनो क्लब शुरू किए गए हैं।

### **NAMRUP FERTILIZER PLANT**

#### **1906: SHRI GAURAV GOGOI:**

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

- (a) the present operational capacity of the Namrup Fertilizer plant compared to its installed capacity;
- (b) the reasons for any shortfall in production and the steps being taken to address them;
- (c) the status of the proposed fourth plant at Namrup, including the timeline for its establishment and the expected production capacity; and
- (d) whether the Government is taking any steps to attract private investment in the fertilizer sector, including in the expansion of the Namrup Fertilizer Plant, 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 reassessed capacity of the Namrup-III Fertilizer plant is 2.7Lakh Metric Tonne of Urea and Plant capacity utilisation generally is 75%.

(b): Shortfall in production may be attributed to frequent tripping and breakdown of rotating and stationary equipment of the plant with ageing and obsolescence of the equipment, and deterioration in condition of LTS (Low Temperature Shift) catalyst.

Steps taken to address them are maintenance and repairing jobs of critical equipment in the ongoing ATA (Annual Turn Around) of the plant. Further, LTS catalyst has been replaced with new catalyst.

(c) and (d): To attract private investment for the expansion of Namrup-IV fertilizer plant, private bidding route has been resorted to and has not met with any success. Government is examining all possible options to find a suitable and sustainable model to set-up Namrup-IV unit in BVFCL.

## **CASES OF TB**

### **1907. SHRI PRADYUT BORDOLOI:**

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

(a) the details of the incidence of Tuberculosis (TB) in Assam and the national average for the same;

(b) the details of the number of Drug Resistant Tuberculosis (DR-TB) centres per lakh population in Assam and the national average for the same;

(c) the details of the number of National Tuberculosis Elimination Programme (NTEP) employees in Assam who have contracted the disease and died during the last five years; and

(d) whether the Government has regularised contract employees under NTEP in Assam, 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) The incidence of TB cases and number of DR-TB centres, per lakh population, under National Tuberculosis Elimination Programme (NTEP) for the State of Assam and the national average are as under:

	Incidence of TB cases/lakh population in 2022 (Estimated)	No. of DR-TB centre/Lakh population in 2023
Assam State	212	0.05
National Average	199	0.05
Source: India In-country Model		

(c) and (d) As per information received from the State of Assam, none of the NTEP contractual staff has contracted TB disease and died during the last five years and no contractual staff under NTEP has been regularized.

**INCENTIVES TO DOMESTIC SHIPYARDS**

**1908. SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:**

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

(a) whether the Government proposes to provide additional incentives to encourage domestic shipyards to develop fuel-efficient and technologically advanced vessels as part of its ambitious plans to transform the country's shipping industry and if so, the details thereof;



(b) whether the Government proposes to provide subsidy for specialised and green vessels under Shipbuilding Financial Assistance Policy (SBFAP) 2.0 and if so, the details in this regard;

(c) whether the Government proposes to increase its share of global shipbuilding market from 1 percent to 5 percent in next 10 years; and

(d) if so, the details thereof along with the funds sanctioned/released for the said purpose?

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

(a) and (b) Government has provided additional incentives to encourage domestic shipyards to develop fuel-efficient and technologically advanced vessels as part of its ambitious plans to transform the country's shipping industry. The details are presented below:

Shipbuilding financial assistance policy was amended in August 2023, to include 'flat 30% financial assistance for vessels where main propulsion is achieved by means of green fuels such as Methanol/Ammonia/Hydrogen fuel cells etc'. This amendment also included 'flat 20% financial assistance for vessels fitted with fully electric or hybrid propulsion'.

(c) and (d) Yes Sir. As per the Maritime AmritKaal Vision (MAKV 2047), India aspires to be in the top 5 countries in commercial shipbuilding by 2047. Further, to promote "Make in India" policy and to support shipbuilding industry in India, Ministry has brought in Shipbuilding Financial Assistance Policy (SBFAP) scheme for Indian shipyards to procure orders from domestic as well as international market and to

be competitive in international market for securing global orders. The scheme offers financial assistance to Indian Shipyards for shipbuilding contracts signed between April 1, 2016 and March 31, 2026 with rate of financial assistance starting from 20% in 2016 and diminishing to 11% in 2026. Till date, 45 shipyards have registered, and 19 shipyards have utilized the scheme by availing financial assistance. Further, an amount of Rs. 385.16 crore has been released towards construction and delivery of 144 vessels.

### **NATIONAL HEALTH MISSION**

#### **1909. SHRI MALAIYARASAN D.:**

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

- (a) the objectives and key components of the National Health Mission (NHM) and the manner in which it contributes to improving healthcare delivery in rural and underserved areas;
- (b) the total amount of funds allocated and utilized under NHM during the last three years in Tamil Nadu;
- (c) the progress made in the implementation of NHM, particularly in terms of improving maternal and child health, immunization, and disease control;
- (d) the steps taken/proposed to be taken by the Government to address shortages of healthcare workers, including doctors, nurses, and paramedics, under NHM in remote/rural regions;
- (e) the role of telemedicine, mobile health services and health camps in the NHM to enhance accessibility to healthcare services in hard-to-reach areas; and

(f) the steps taken/proposed to be taken by the Government to strengthen health infrastructure in districts that have poor health indicators and the manner in which NHM is targeting these areas to reduce health disparities?

**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 National Health Mission (NHM) aims for attainment of universal access to equitable, affordable and quality health care services, accountable and responsive to people's needs, with effective intersectoral convergent action to address the wider social determinants of health. National Rural Health Mission (NRHM) is a sub-Mission under the overarching NHM, along with National Urban Health Mission (NUHM) as the other sub-Mission. It is implemented in all the States/UTs in the country.

The major objectives of NHM are as under:

- (i) Reduction in child and maternal mortality.
- (ii) Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
- (iii) Access to integrated comprehensive primary health care.
- (iv) Population stabilisation, gender equality and demographic balance.
- (v) Revitalize local health traditions and mainstream AYUSH.
- (vi) Universal access to public services for food and nutrition, sanitation and hygiene and universal access to public health care services with emphasis on services addressing women's and children's health and universal immunisation.

(vii) Promotion of healthy life styles.

(b) The details of funds allocated and utilized under NHM during the last three years in Tamil Nadu is as follows:

(Rs. in crore)

State	2021-22		2022-23		2023-24	
	Central Release	Expenditure	Central Release	Expenditure	Central Release	Expenditure
Tamil Nadu	1,631.91	3,039.39	1,652.24	3,191.84	1,996.06	2,957.57

Note:

1. The above releases relate to Central Govt. Grants and do not include State share contribution.
2. Expenditure includes expenditure against Central Release, State release and unspent balances at the beginning of the year.

(c) The details of target set and achieved under NHM are listed below:

Targets (as per NHM extension for 2021-26)	Status
Reduce MMR to 87 per 1 lakh	97 per 1 lakh live births (SRS 2018-20)
Reduce IMR to 22 per thousand	28 per thousand (SRS 2020)
Sustain TFR to 2.0 at national level	2.0 (NFHS 5)
Achieve the operationalization of 1.5 lakh Ayushman Arogya Mandir (erstwhile AB-HWC)	1,74,966

<b>Targets</b> (as per NHM extension for 2021-26)	<b>Status</b>
	(as on 31.10.2024)
Achieve and sustain more than 90% Full Immunization coverage of all children by one year of age	93.6% (as on 31.10.2024)
Malaria: No. of districts with Annual Parasite Incidence (API)<1/1000 population-710	699 (2023)
Dengue: Sustain Case fatality rate at <1%	0.09% (as on 31.10.2024)
Lymphatic Filariasis: No. of districts observing mass drug administration (MDA) in eligible population- 40	159 (2024)
Kala Azar: Achieve 'zero' no. of endemic blocks reporting >1 KA case/10000 population at block level by 2023-24 and sustain elimination status till 2025-26	Achieved 'zero' blocks till 2023-24. Status sustained till Oct, 2024.
Tuberculosis: 90% of districts achieving 90% of the annual targets for TB case notification	57% (Sep, 2024) 79% (Sep, 2024)

<p style="text-align: center;"><b>Targets</b></p> <p style="text-align: center;">(as per NHM extension for 2021-26)</p>	<p style="text-align: center;"><b>Status</b></p>
<p>90% of districts achieving &gt;85% treatment success rate among notified drug sensitive TB cases</p>	

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

1. Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
2. Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians and Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors to increase availability of specialists for conducting Cesarean Sections in rural and remote area.
3. Incentives like special incentives for doctors, incentive for ANM for ensuring timely ANC checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
4. States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
5. Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation

arrangement in rural areas have also been introduced under NHM.

6. Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.

(e) Ministry of Health and Family Welfare (MoHFW) rolled out Telemedicine services as a policy intervention under the ambit of Ayushman Bharat Scheme. In wake of the COVID-19 pandemic in 2020, telemedicine assumed greater importance, enabling practitioners to utilize the digital platform for health counselling and also as a mechanism to train health service providers. Further, in order to augment the potential of eSanjeevani Platform, eSanjeevaniOPD was launched in April 2020, to facilitate online health services to the patients in the confines of their home, free of cost to ensure continuum of care.

Ministry of Tribal Affairs (MoTA) launched the Pradhan Mantri Janjatiya Adivasi Nyaya Maha Abhiyan (PM JANMAN) to improve the socio-economic condition of Particularly Vulnerable Tribal Groups (PVTGs) and the Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DA-JGUA) to improve socio-economic conditions of tribal majority villages and Aspirational blocks. Under these Abhiyans, there is provision of Mobile Medical Units (MMU) from NHM to provide healthcare services to the left-out PVTG habitations/tribal villages/villages of Aspirational blocks.

MoHFW has also implemented health camp like outreach initiatives for serving essential health services in remote places including hard-to reach areas. Currently, Ayushman Arogya Shivar, like nationwide health mela/ Shivar are conducting at

Ayushman Arogya Mandirs (AAMs) and Community Health Centers (CHCs) since April 2024.

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

Under Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PMABHIM) which is a Centrally Sponsored Scheme (CSS) components includes support for infrastructure development for Sub-Health Centres, Urban Health and Wellness Centres, Block Public Health Units, Integrated District Public Health Laboratories and Critical Care Hospital Blocks.

Further, under Fifteen Finance Commission Health sector grants through local government has recommended grants over the period of five years (2021-2026) through local government to strengthen the healthcare system in states.

## **WELFARE PROGRAMS FOR INDIAN WORKERS ABROAD**

### **1910. SHRI VISHNU DAYAL RAM:**

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

(a) the welfare programmes available for Indian workers overseas;



(b) the amount of funds allocated for these programmes during the last three years, year-wise;

(c) the number of workers who have attempted to avail such benefits along with the number of those who received them indicating the countries of their residence;

(d) whether there are plans to expand these programmes in countries with high demand for Indian workers; and

(e) if so, the details thereof?

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

(a) to (e) Several measures and steps have been taken by the Government of India to ensure the wellbeing and protection of Indian workers overseas such as Pravasi Bhartiya Bima Yojna (PBBY) and Pre-Departure Orientation and Training (PDOT). The Pravasi Bharatiya Bima Yojana (PBBY) is a mandatory insurance scheme aimed at safeguarding the interests of ECR category Indian migrant workers going for employment to 18 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. PDOT is a one-day training programme on soft skills imparted by Ministry of External Affairs (MEA) in collaboration with National

Skill Development Corporation (NSDC), State Governments and other stake holders.

Our Missions/Posts abroad also utilize the Indian Community Welfare Fund (ICWF) to provide the following services/assistance to the Indian diaspora in distress on a means tested basis:

- (a) Transportation of mortal remains to India or cremation with the consent of the family;
- (b) Emergency medical care;
- (c) Legal assistance;
- (d) Boarding and lodging; and
- (e) Air passage for stranded Indians.

The Government has established various mechanisms to enable Indian workers abroad to reach out in case they need any assistance. The workers can contact the Missions/Posts through various channels like walk-in, email, multilingual 24x7 emergency numbers, grievance redressal portals like MADAD, CPGRAMS, eMigrate and social media etc.

E-Migrate is a comprehensive system developed to facilitate the safe and legal emigration of Indian workers abroad. This initiative was made to make the emigration process transparent and to address various complaints.

Pravasi Bharatiya Sahayata Kendras (PBSK) have been set up in New Delhi and at Dubai (UAE), Riyadh and Jeddah (Kingdom of Saudi Arabia) and Kuala Lumpur (Malaysia) to provide assistance, guidance and counselling to Indian workers in distress.

Indian Missions/Posts abroad have also established 24X7 Helplines including Toll Free Helplines, whatsapp numbers and have launched mobile Apps to enable Indian nationals contact respective Indian Missions/Posts when in distress or in emergency situation.

Apart from these mechanisms, the existing Inter-Governmental Labour migration Agreements cover most of the destination countries of the Indian migrant workforce and provide overarching framework for cooperation on labour and manpower issues. These agreements have the provision of implementation through a Joint Working Group where the issues of the workers are discussed during periodical meetings.

The source of fund of ICWF is fees levied upon consular services in Indian Missions/Posts. Pravasi Bharatiya Bima Yojana (PBBY) is an insurance scheme available to all Indian workers, who are emigrating from India, at a nominal payment to the insurance companies as premium. PDOT is allocated funds from the budget of MEA every year. Number of beneficiaries under ICWF, PBBY, E-migrate, PDOT and the budgetary allocation to PDOT in the last three years is given in the enclosed **Statement**.

**STATEMENT**

**Data regarding the number of beneficiaries and the amount allocated for different schemes aimed at welfare of Indian workers abroad in the past three years**

**PDOT:**

	2022	2023	2024
Budget Amount allocated	Rs. 3 crores only (FY 2022-23)	Rs. 1.20 crores only (FY 2023-24)	Rs. 1 crore only (FY 2024-25)
Number of beneficiaries	15286	13286	20012 (upto 31.10.24)

**E-migrate:**

The data regarding migration of Indian workers proceeding for overseas employment through e-Migrate portal to any of the 18 notified ECR category countries during the last 3 years is as below:

Year	Number of Emigration Clearance granted
2022	3,73,425
2023	3,98,317
2024 (till 19 <sup>th</sup> November)	3,48,629

	Number of beneficiaries in last three years		
Name of Scheme	2022	2023	2024
Indian Community Welfare Fund	25725	18960	6993 (upto September 2024)
Pravasi Bharatiya Bima Yojana	422650	300233	239717 (upto September 2024)

### **AYUSHMAN BHARAT DIGITALS MISSION**

#### **1911. SHRI NAVASKANI K.:**

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

(a) the details of the current status of the implementation of Ayushman Bharat Digital Mission (ABDM) across the country, State/UT-wise;

(b) the total number of Health IDs that have been created under the ABDM so far;

(c) the steps taken/proposed to be taken by the Government to ensure data privacy and

security for individuals registered under the Health ID system;

(d) the total number of hospitals, clinics, and healthcare providers that have been integrated into the said platform;

(e) the steps taken/proposed to be taken by the Government to ensure the accessibility of the

ABDM platform for rural and underserved populations;

(f) the total budget allocated indicating the amount of funds that have been utilised for the implementation of the said Mission at ABDM during the current financial year; and

(g) the manner in which the said mission improved access to healthcare services for citizens?

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

**(a) to (g)** Ayushman Bharat Digital Mission (ABDM) has been launched with an aim to create an online platform enabling interoperability of health data within the health ecosystem to create longitudinal electronic health record of every citizen. The mission aims to develop the backbone necessary to support the integrated digital health infrastructure of the country.

ABDM comprises of key registries which intended through building registries such as Ayushman Bharat Health Account (ABHA), healthcare professional registry (HPR), health facility registry (HFR), and drug registry.

ABDM intends to make healthcare more transparent, secure, inclusive, accessible, timely delivery, and most importantly citizen centric.

As on **27<sup>th</sup> November 2024**, a total of 68,97,23,403 (**~68.97 Cr**) ABHA have been created, 3,49,473 (**~3.49 Lac**) health facilities have registered on HFR, 5,23,639 (**~5.23 Lac**) healthcare professionals have registered on HPR and 45,37,93,698 (**~45.37 Cr**) health records have been linked with ABHA.

**Key Initiatives under ABDM:**

**Microsite Project:** Microsites drive ABDM adoption in specific areas, onboarding healthcare providers onto the platform. Currently, 121 microsites have registered over 48,000 facilities and linked 32 lakh ABHA health records.

**Scan and Share:** This QR-code-based OPD registration service enables patients to share demographic details digitally, reducing queue times from 30-40 minutes to 5-10 minutes. As of November 2024, 17,481 facilities across 35 states/UTs have generated 6.64 crore tokens, saving 3.3 crore person-hours.

**Scan and Pay:** Patients can scan facility QR codes using PHR apps to view and pay for open orders linked to their ABHA address. As of November 2024, six facilities, led by AIIMS Jodhpur, have operationalized this service, recording 900 transactions worth over ₹ 5,00,000.

**Model ABDM Facility Initiative:** This initiative digitizes healthcare facilities to enhance patient care and streamline services. By November 2024, 133 facilities have been selected, with workshops conducted for action plan creation.

**eSushrut Lite HMIS:** This affordable, modular HMIS supports small healthcare facilities with digitization and ABDM compliance. Priced at ₹ 299/month, it integrates with national health frameworks and offers essential healthcare features.

'Privacy by Design' is one of the key guiding principles of Ayushman Bharat Digital Mission (ABDM) and implemented following the principles of federated digital architecture. There is no centralised repository of data. ABDM facilitates secure

data exchange between the intended stakeholders on ABDM network after the patient's consent. Several guidelines and notifications have been issued under ABDM, which set out the minimum standards for data privacy and protection. These include health data management policy, data privacy policy and ABDM health records (PHR), mobile app privacy policy. The health data management policy specifies that no data shall be shared with any other entity including insurance and pharmaceutical companies without consent of the individual. Government of India has undertaken various measures to ensure robust data security and privacy. The health data management policy is also in alignment with the provisions of the Digital Personal Data Protection Act, 2023.

As on Dec 2, 2024; a total of 1,52,544 healthcare facilities are using an ABDM enabled software. This comprises of 1,31,065 government and 21,479 private facilities.

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

ABDM has provisions for assisted mode in places where internet connectivity might be poor. For instance, offline mode for creation of ABHA has been enabled



wherever internet connectivity might be poor or there would be unavailability of hardware or both.

ABDM has been provided with a budget allocation of Rs. 200 crores for the FY 2024-25. Against that, Rs. 92.32 crores have been utilized as of November 20, 2024.

One of the standout innovations under ABDM is the 'Scan and Share' feature, which has significantly simplified the OPD registration process. This QR-code-based system has drastically reduced patient wait times by allowing patients to quickly scan and share their demographic details. With over 17000 health facilities across 35 states/UTs running this service, more than 6.6 crore OPD registrations have been completed, with an average of about 2 lakh registration tokens being generated per day. This facility has helped in reducing the waiting time in registration queues from 30-40 minutes to 5-10 minutes, saving about 3.3 crore person hours and assisting numerous citizens, including citizens of old age, pregnant ladies, children, differentially abled, in getting speedier registration done in hospitals, thereby making healthcare services more accessible. Additionally, ABDM empowers patients with control over their health records, facilitating easier access to healthcare providers and improving the overall patient experience. By promoting interoperability through systems like the Unified Health Interface (UHI) and Health Facility and Professional Registries (HFR, HPR), ABDM is ensuring smoother data exchanges between healthcare providers, thereby enhancing the quality and accessibility of care.

## **PRESERVATION OF SHAHEED BHAGAT SINGH'S LEGACY**

### **1912. SHRI MANISH TEWARI:**

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

(a) whether the Union Government is aware of the derogatory remarks made against Shaheed Bhagat Singh in submissions to the Lahore High Court;

(b) if so, the diplomatic steps being taken to convey India's concerns to Pakistan in this regard;

(c) whether the Government has made any representations to Pakistan regarding the growing intolerance and anti-India sentiments reflected in its treatment of historical figures like Bhagat Singh, if so, the details thereof; and

(d) what measures the Government is taking to ensure that Shaheed Bhagat Singh's legacy is preserved and globally recognized for his contributions to the Indian freedom struggle?

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

(a) to (d) Government of India has noted the recent reports regarding objectionable remarks made against Shaheed Bhagat Singh in Pakistan and has lodged a strong protest with the Government of Pakistan on the incident through diplomatic channels. Government of India has also been raising, with Pakistan, issues

concerning attacks on cultural heritage, growing intolerance and lack of respect for minority communities in Pakistan.

The Government and the entire nation recognize the invaluable contribution of Shaheed Bhagat Singh in India's freedom struggle. The death anniversary of Shaheed Bhagat Singh is observed every year in India and abroad. India's diplomatic Missions abroad also hold events to pay tributes to Shaheed Bhagat Singh.

### जीवन शैली से जुड़ी बीमारियों का इलाज

#### 1913. श्री अरुण कुमार सागर:

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

(क) क्या सरकार ने देश में बुजुर्गों की बढ़ती संख्या को देखते हुए हृदय, किडनी और हड्डी रोगों के इलाज के लिए कोई विशेष योजना बनाई है/तैयार करने का प्रस्ताव है; और

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसकी अद्यतन स्थिति क्या है?

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

(क) से (ख): स्वास्थ्य और परिवार कल्याण मंत्रालय ने वर्ष 2010-11 के दौरान बुजुर्गों की विभिन्न स्वास्थ्य संबंधी समस्याओं के समाधान के लिए "बुजुर्गों के स्वास्थ्य परिचर्या हेतु राष्ट्रीय कार्यक्रम" (एनपीएचसीई) शुरू किया था, जिसमें बुजुर्गों की जरूरतों के लिए पूरी तरह समर्पित एक व्यापक स्वास्थ्य परिचर्या व्यवस्था शुरू की गई थी। इसमें विभिन्न सरकारी स्वास्थ्य सुविधाकेन्द्रों में बुजुर्गों के लिए एकीकृत तरीके से प्रोत्साहक, निवारक, उपचारात्मक और पुनर्वास सेवाएं प्रदान करने की परिकल्पना की गई थी। एनपीएचसीई के तहत प्रदान की जाने वाली सेवाओं का विवरण इस प्रकार है:

प्राथमिक स्वास्थ्य केंद्र (पीएचसी) - दृष्टि, जोड़ों, श्रवण, छाती, रक्तचाप और रक्त शर्करा आदि सहित

सामान्य नैदानिक जांच के आधार पर बुजुर्गों के स्वास्थ्य का आकलन करना। आहार संबंधी नियमों सहित क्रॉनिक ऑब्स्ट्रक्टिव लंग डिजीज, गठिया, मधुमेह, उच्च रक्तचाप आदि जैसी लंबे समय वाली बीमारियों पर उचित परामर्श देना।

सामुदायिक स्वास्थ्य केंद्र (सीएचसी) - यह पीएचसी और उससे नीचे के रोगियों के लिए पहली चिकित्सा रेफरल इकाई है। सीएचसी में सप्ताह में दो बार बुजुर्गों के लिए समर्पित और विशेषीकृत जेरिएट्रिक क्लीनिक हैं। फिजियोथेरेपी और चिकित्सा पुनर्वास के लिए सीएचसी में फिजियोथेरेपिस्ट/पुनर्वास कर्मी हैं। पुनर्वास कर्मी द्वारा बिस्तर पर पड़े बुजुर्गों के लिए घर जाकर दौरा किया जाता है और ऐसे रोगियों की देखभाल के लिए परिवार के सदस्यों को परामर्श दिया जाता है।

जिला अस्पताल- बुजुर्गों को उनकी बीमारियों की जांच और प्रबंधन के लिए नियमित समर्पित ओपीडी सेवाएं प्रदान करने के लिए जेरिएट्रिक क्लिनिक है। यहाँ बुजुर्गों की अंतरंग परिचर्या हेतु 10 बिस्तरों वाला जेरिएट्रिक वार्ड है, जिसमें प्रयोगशाला जांच और जेरिएट्रिक चिकित्सा और स्वास्थ्य समस्याओं के लिए दवाओं का प्रावधान भी शामिल है। सीएचसी/पीएचसी द्वारा रेफर किए गए बुजुर्ग मरीजों को स्वास्थ्य सेवाएं प्रदान करते हैं। गंभीर मामलों के लिए विशिष्ट स्तर के अस्पतालों/क्षेत्रीय जेरिएट्रिक केंद्र में रेफरल सेवाएं हैं।

क्षेत्रीय जेरिएट्रिक केंद्र (आरजीसी) - आरजीसी में समर्पित जेरिएट्रिक क्लिनिक (बुजुर्गों के लिए विशेषीकृत ओपीडी) है। उनके पास अंतरंग परिचर्या के लिए 30 बिस्तरों वाला जेरिएट्रिक वार्ड है और प्रयोगशाला जांच सहित विभिन्न विशेषज्ञताओं में बुजुर्ग रोगियों के लिए समर्पित बिस्तर हैं। मेडिकल कॉलेजों, जिला अस्पतालों और निम्न स्तर से रेफर मामलों के लिए विशिष्ट स्वास्थ्य परिचर्या केंद्र है।

नेशनल सेंटर फॉर एजिंग (एनसीए) - एनसीए जेरिएट्रिक मेडिसिन के क्षेत्र में एक शीर्ष स्तर का अत्याधुनिक बहु-विषयक संस्थान है। इसमें अत्याधुनिक विशिष्ट स्तर की सेवाएँ हैं। विभिन्न नैदानिक

विषयों में दैनिक बहिरंग सेवाएँ, डे केयर सेंटर, गहन परिचर्या, शीघ्र पुनर्वास, नैदानिक और चिकित्सीय सेवा आदि के लिए अंतरंग परिचर्या तथा यह 200 बिस्तरों वाला सुविधा केंद्र है।

प्रदान की गई सेवाओं का का ब्यौरा संलग्न **विवरण** में दिया गया है।

### विवरण

#### राज्यों/संघ राज्य क्षेत्रों से प्राप्त आंकड़े

प्रदान की गई सेवाएँ	वित्त वर्ष 2023-24 (अप्रैल'23- मार्च'24)	वित्त वर्ष 2024-25 (अप्रैल'24- जून'24)
जेरिएट्रिक ओपीडी में देखे गए रोगियों की संख्या	2,62,13,170	1,50,21,264
जेरिएट्रिक वार्ड में भर्ती रोगियों की संख्या	10,66,469	6,87,688
पुनर्वास सेवाएँ प्राप्त करने वाले बुजुर्ग रोगियों की संख्या	19,97,574	8,96,441
बुजुर्गों पर किए गए लैब परीक्षणों की संख्या	52,13,483	69,95,339
घर पर देखभाल प्राप्त करने वाले बुजुर्ग रोगियों की संख्या	15,95,663	7,95,164
सहायक उपकरण प्राप्त करने वाले बुजुर्ग रोगियों की संख्या	49,839	45,074

क्षेत्रीय जराचिकित्सा केन्द्रों से प्राप्त आंकड़े

प्रदान की गई सेवाएँ	वित्त वर्ष 2023-24 (अप्रैल'23- मार्च'24)	वित्त वर्ष 2024- 25 (अप्रैल'24- जून'24)
ओपीडी में देखे गए रोगियों की संख्या	1,26,452	18,880
वार्ड में भर्ती रोगियों की संख्या	10,425	2,919
बुजुर्गों पर किए गए प्रयोगशाला परीक्षणों की संख्या	1,13,123	21,145
पुनर्वास सेवाएँ प्राप्त करने वाले बुजुर्ग रोगियों की संख्या	34,928	8,021

टिप्पणी: एम्स, नई दिल्ली में एनसीए का उद्घाटन 13 दिसंबर 2023 को किया गया। मद्रास मेडिकल कॉलेज, चेन्नई में एनसीए का उद्घाटन 25 फरवरी 2024 को किया गया।

### मेडिकल कॉलेजों में बहु-विषयक अनुसंधान को बढ़ावा देना

#### 1914. डॉ. मन्ना लाल रावत:

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

(क) क्या सरकार का विचार देश के सरकारी मेडिकल कॉलेजों और अस्पतालों में बहु-विषयक अनुसंधान को बढ़ावा देने का है;

(ख) यदि हां, तो देश में अब तक स्थापित ऐसी अनुसंधान इकाइयों, मेडिकल कॉलेज का राजस्थान सहित जिले-वार, राज्य/संघ राज्यक्षेत्र ब्यौरा क्या है; और

(ग) उदयपुर में आरएनटी मेडिकल कॉलेज में बहु-विषयक अनुसंधान के अंतर्गत किन विषयों को शामिल किया गया है?

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

(क) और (ख): जी हाँ श्रीमान। अब तक देश भर के सरकारी मेडिकल कॉलेजों/रिसर्च यूनिटों में 117 बहु-विषयक अनुसंधान इकाइयाँ (एमडीआरयू) स्थापित की जा चुकी हैं। ऐसे एमडीआरयू की सूची का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(ग): एमडीआरयू के अंतर्गत आने वाले अनुसंधान विषयों का निर्णय संबंधित एमडीआरयू द्वारा किया जाता है। रवींद्र नाथ टैगोर मेडिकल कॉलेज (आरएनटी), उदयपुर में एमडीआरयू के अंतर्गत आने वाले अनुसंधान विषयों का ब्यौरा संलग्न **विवरण -II** में दिया गया है।

### विवरण-I

#### बहु-विषयक अनुसंधान इकाइयाँ (एमआरयू)

क्र.सं.	राज्य/संघ राज्य क्षेत्र	ज़िला	एमआरयू की स्थापना के लिए अनुमोदित मेडिकल कॉलेजों के नाम
1.	आंध्र प्रदेश (4)	एनटीआर जिला	सिद्धार्थ चिकित्सा महाविद्यालय, विजयवाड़ा
2.		काकीनाडा	रंगाराया चिकित्सा महाविद्यालय, काकीनाडा
3.		विशाखापत्तनम	आंध्र चिकित्सा महाविद्यालय, विशाखापत्तनम
4.		चित्तूर	एसवी चिकित्सा महाविद्यालय, तिरुपति
5.	अरुणाचल प्रदेश (1)	पापुम पारे	तोमो रीबा इंस्टीट्यूट ऑफ हेल्थ एंड मेडिकल साइंसेज, नाहरलागुन

क्र.सं.	राज्य/संघ राज्य क्षेत्र	ज़िला	एमआरयू की स्थापना के लिए अनुमोदित मेडिकल कॉलेजों के नाम
6.	असम (7)	कछार	सिलचर चिकित्सा महाविद्यालय और अस्पताल, सिलचर
7.		जोरहाट	जोरहाट चिकित्सा महाविद्यालय, जोरहाट
8.		बारपेटा	फखरुद्दीन अली अहमद चिकित्सा महाविद्यालय, बारपेटा
9.		डिब्रूगढ़	असम चिकित्सा महाविद्यालय और अस्पताल, डिब्रूगढ़
10.		कामरूप	गुवाहाटी चिकित्सा महाविद्यालय एवं अस्पताल, गुवाहाटी
11.		कार्बी आंगलोंग	दीफू चिकित्सा महाविद्यालय एवं अस्पताल, दीफू
12.		सोनितपुर	तेजपुर चिकित्सा महाविद्यालय एवं अस्पताल
13.	बिहार (1)	पटना	इंदिरा गांधी आयुर्विज्ञान संस्थान, पटना
14.	चंडीगढ़ (1)	----	राजकीय चिकित्सा महाविद्यालय, चंडीगढ़
15.	छत्तीसगढ़ (1)	रायपुर	पं. जेएनएम चिकित्सा महाविद्यालय, रायपुर
16.	दिल्ली (एनसीटी) (4)	दक्षिण	यूनिवर्सिटी कॉलेज ऑफ मेडिकल साइंसेज
17.		उत्तर	वल्लभ भाई पटेल चेस्ट इंस्टिट्यूट
18.		मध्य दिल्ली	मौलाना आज़ाद चिकित्सा महाविद्यालय
19.		दक्षिण-पश्चिम	वर्धमान महावीर चिकित्सा महाविद्यालय और सफदरजंग अस्पताल
20.	गोवा (1)	उत्तर गोवा	गोवा चिकित्सा महाविद्यालय, पणजी



क्र.सं.	राज्य/संघ राज्य क्षेत्र	ज़िला	एमआरयू की स्थापना के लिए अनुमोदित मेडिकल कॉलेजों के नाम
21.	गुजरात (2)	जामनगर	एमपी शाह चिकित्सा महाविद्यालय, जामनगर
22.		सूरत	सूरत म्युनिसिपल इंस्टीट्यूट ऑफ मेडिकल एजुकेशन एंड रिसर्च, सूरत
23.	हरियाणा (3)	रोहतक	पं. बी.डी. शर्मा पोस्ट ग्रेजुएट इंस्टीट्यूट ऑफ मेडिकल साइंसेज, रोहतक
24.		करनाल	कल्पना चावला राजकीय चिकित्सा महाविद्यालय, करनाल
25.		फरीदाबाद	ईएसआईसी चिकित्सा महाविद्यालय एवं अस्पताल, फरीदाबाद
26.	हिमाचल प्रदेश (3)	शिमला	इंदिरा गांधी चिकित्सा महाविद्यालय एवं अस्पताल, शिमला
27.		कांगड़ा	डॉ. आरपी राजकीय चिकित्सा महाविद्यालय, कांगड़ा, टांडा
28.		हमीरपुर	डॉ. राधा कृष्णन राजकीय चिकित्सा महाविद्यालय, हमीरपुर
29.	जम्मू और कश्मीर (3)	जम्मू	राजकीय चिकित्सा महाविद्यालय, जम्मू
30.		श्रीनगर	राजकीय चिकित्सा महाविद्यालय, श्रीनगर
31.		श्रीनगर	शेर - ए -कश्मीर इंस्टीट्यूट ऑफ मेडिकल साइंसेज, श्रीनगर

क्र.सं.	राज्य/संघ राज्य क्षेत्र	ज़िला	एमआरयू की स्थापना के लिए अनुमोदित मेडिकल कॉलेजों के नाम
32.	झारखंड (3)	पूर्वी सिंहभूम	एमजीएम चिकित्सा महाविद्यालय एवं अस्पताल, जमशेदपुर
33.		रांची	राजेंद्र आयुर्विज्ञान संस्थान, रांची
34.		देवगढ़	अखिल भारतीय आयुर्विज्ञान संस्थान, देवगढ़
35.	कर्नाटक (8)	धारवाड़	धारवाड़ आयुर्विज्ञान संस्थान, धारवाड़
36.		मांड्या	मांड्या इंस्टीट्यूट ऑफ मेडिकल साइंसेज, मांड्या
37.		धारवाड़	कर्नाटक आयुर्विज्ञान संस्थान, हुबली
38.		शिमोगा	शिमोगा इंस्टीट्यूट ऑफ मेडिकल साइंसेज, शिमोगा
39.		कलबुर्गी	गुलबर्गा इंस्टीट्यूट ऑफ मेडिकल साइंसेज, कालाबुरागी
40.		रायचूर	रायचूर इंस्टीट्यूट ऑफ मेडिकल साइंसेज, रायचूर
41.		मैसूर	मैसूर चिकित्सा महाविद्यालय एवं अनुसंधान संस्थान, मैसूर
42.		हसन	हसन इंस्टीट्यूट ऑफ मेडिकल साइंसेज, हसन
43.	केरल (4)	तिरुवनंतपुरम	राजकीय चिकित्सा महाविद्यालय, तिरुवनंतपुरम
44.		कोझिकोड	कालीकट चिकित्सा महाविद्यालय, कोझिकोड
45.		कोट्टायम	राजकीय चिकित्सा महाविद्यालय, कोट्टायम
46.		त्रिशूर	राजकीय चिकित्सा महाविद्यालय, त्रिशूर
47.	मध्य प्रदेश	रीवा	एसएस चिकित्सा महाविद्यालय, रीवा

क्र.सं.	राज्य/संघ राज्य क्षेत्र	ज़िला	एमआरयू की स्थापना के लिए अनुमोदित मेडिकल कॉलेजों के नाम
48.	(7)	जबलपुर	नेताजी सुभाष चंद्र बोस चिकित्सा महाविद्यालय, जबलपुर
49.		इंदौर	एमजीएम चिकित्सा महाविद्यालय, इंदौर
50.		भोपाल	गांधी चिकित्सा महाविद्यालय, भोपाल
51.		ग्वालियर	जीआर चिकित्सा महाविद्यालय, ग्वालियर
52.		सागर	बुन्देलखण्ड राजकीय चिकित्सा महाविद्यालय, सागर
53.		भोपाल	अखिल भारतीय आयुर्विज्ञान संस्थान, भोपाल
54.		महाराष्ट्र (4)	मुंबई
55.	सोलापुर		डॉ. वैशम्पायन मेमोरियल राजकीय चिकित्सा महाविद्यालय, सोलापुर
56.	पुणे		सशस्त्र सेना चिकित्सा महाविद्यालय, पुणे
57.	पुणे		बी.जे. चिकित्सा महाविद्यालय, पुणे
58.	मणिपुर (2)	इम्फाल पश्चिम	क्षेत्रीय आयुर्विज्ञान संस्थान, इम्फाल
59.		इम्फाल पूर्व	जवाहरलाल नेहरू आयुर्विज्ञान संस्थान, इम्फाल, मणिपुर
60.	मिजोरम (1)	आइजोल	ज़ोरम चिकित्सा महाविद्यालय, फ़ॉकवान

क्र.सं.	राज्य/संघ राज्य क्षेत्र	ज़िला	एमआरयू की स्थापना के लिए अनुमोदित मेडिकल कॉलेजों के नाम
61.	नगालैंड (1)	कोहिमा	नागा अस्पताल प्राधिकरण, कोहिमा
62.	उड़ीसा (5)	कटक	एससीबी चिकित्सा महाविद्यालय और अस्पताल, कटक
63.		संबलपुर	वीएसएस इंस्टीट्यूट ऑफ मेडिकल साइंसेज एंड रिसर्च, बुर्ला
64.		गंजम	एमकेसीजी चिकित्सा महाविद्यालय, बेरहामपुर
65.		बलांगीर	भीमा भोई चिकित्सा महाविद्यालय एवं अस्पताल, बलांगीर
66.		मयूरभंज	पंडित रघुनाथ मुर्मू मेडिकल कॉलेज एवं अस्पताल, बारीपदा
67.	पंजाब (3)	अमृतसर	राजकीय चिकित्सा महाविद्यालय, अमृतसर
68.		पटियाला	राजकीय चिकित्सा महाविद्यालय, पटियाला
69.		फरीदकोट	गुरु गोबिंद सिंह चिकित्सा महाविद्यालय एवं अस्पताल, फरीदकोट
70.	राजस्थान (12)	जोधपुर	डॉ. संपूर्णानंद चिकित्सा महाविद्यालय, जोधपुर
71.		कोटा	राजकीय चिकित्सा महाविद्यालय, कोटा
72.		बीकानेर	सरदार पटेल मेडिकल कॉलेज और एसोसिएटेड ग्रुप ऑफ पीबीएम हॉस्पिटल्स, बीकानेर
73.		अजमेर	जेएलएन चिकित्सा महाविद्यालय, अजमेर

क्र.सं.	राज्य/संघ राज्य क्षेत्र	ज़िला	एमआरयू की स्थापना के लिए अनुमोदित मेडिकल कॉलेजों के नाम	
74.		जयपुर	एसएमएस चिकित्सा महाविद्यालय, जयपुर	
75.		उदयपुर	आरएनटी मेडिकल कॉलेज, उदयपुर	
76.		जयपुर	राजस्थान स्वास्थ्य विज्ञान विश्वविद्यालय, जयपुर	
77.		डूंगरपुर	राजकीय चिकित्सा महाविद्यालय, डूंगरपुर	
78.		पाली	राजकीय चिकित्सा महाविद्यालय, पाली	
79.		झालावाड़	राजकीय चिकित्सा महाविद्यालय, झालावाड़	
80.		भरतपुर	श्री जगन्नाथ पहाड़िया राजकीय चिकित्सा महाविद्यालय, भरतपुर	
81.		चुरू	पं. दीनदयाल उपाध्याय राजकीय चिकित्सा महाविद्यालय, चुरू	
82.		तमिलनाडु (9)	चेन्नई	मद्रास चिकित्सा महाविद्यालय, चेन्नई
83.			तिरुनेलवेली	तिरुनेलवेली चिकित्सा महाविद्यालय, तिरुनेलवेली
84.			कोयंबटूर	कोयंबटूर चिकित्सा महाविद्यालय, कोयंबटूर
85.	चेन्नई		डॉ. एएलएम पोस्ट ग्रेजुएट इंस्टीट्यूट ऑफ बेसिक मेडिकल साइंसेज, तारामणि	
86.	तंजावुर		तंजावुर चिकित्सा महाविद्यालय, तंजावुर	
87.	सलेम		सरकारी मोहन कुमारमंगलम मेडिकल कॉलेज, सेलम	
88.	तब मैं		गवर्नमेंट थेनी चिकित्सा महाविद्यालय, थेनी	
89.	चेंगलपट्टूर		चेंगलपट्टूर चिकित्सा महाविद्यालय, चेंगलपट्टूर	
90.	मदुरै		मदुरै चिकित्सा महाविद्यालय, मदुरै	

क्र.सं.	राज्य/संघ राज्य क्षेत्र	ज़िला	एमआरयू की स्थापना के लिए अनुमोदित मेडिकल कॉलेजों के नाम
91.	तेलंगाना (7)	हैदराबाद	उस्मानिया चिकित्सा महाविद्यालय, हैदराबाद
92.		हैदराबाद	गांधी चिकित्सा महाविद्यालय, सिकंदराबाद
93.		हैदराबाद	निज़ाम इंस्टीट्यूट ऑफ मेडिकल साइंसेज, हैदराबाद
94.		महबूबनगर	राजकीय चिकित्सा महाविद्यालय, महबूबनगर
95.		यदाद्री भुवनागरी	अखिल भारतीय आयुर्विज्ञान संस्थान, बीबीनगर, तेलंगाना
96.		सिद्धीपेट	राजकीय चिकित्सा महाविद्यालय, सिद्धीपेट
97.		हनुमानकोंडा	काकतीय चिकित्सा महाविद्यालय, हनुमाकोंडा
98.	त्रिपुरा (1)	पश्चिमी त्रिपुरा	अगरतला राजकीय चिकित्सा महाविद्यालय, अगरतला
99.	उत्तर प्रदेश (11)	कानपुर	जीएसवीएम चिकित्सा महाविद्यालय, कानपुर
100.		लखनऊ	किंग जॉर्ज चिकित्सा विश्वविद्यालय, लखनऊ
101.		वाराणसी	चिकित्सा विज्ञान संस्थान, बनारस हिंदू विश्वविद्यालय, वाराणसी
102.		इटावा	उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय, सैफई, इटावा
103.		गौतम बुद्ध नगर	राजकीय आयुर्विज्ञान संस्थान, ग्रेटर नोएडा
104.		रायबरेली	अखिल भारतीय आयुर्विज्ञान संस्थान, रायबरेली

क्र.सं.	राज्य/संघ राज्य क्षेत्र	ज़िला	एमआरयू की स्थापना के लिए अनुमोदित मेडिकल कॉलेजों के नाम
105.		गोरखपुर	बाबा राघव दास चिकित्सा महाविद्यालय, गोरखपुर
106.		गोरखपुर	अखिल भारतीय आयुर्विज्ञान संस्थान, गोरखपुर
107.		आगरा	एसएन चिकित्सा महाविद्यालय, आगरा
108.		कन्नौज	राजकीय चिकित्सा महाविद्यालय, कन्नौज
109.		प्रयागराज	मोती लाल नेहरू चिकित्सा महाविद्यालय, प्रयागराज
110.	उत्तराखंड (3)	नैनीताल	राजकीय चिकित्सा महाविद्यालय, हलद्वानी (नैनीताल)
111.		पौड़ी गढ़वाल	वीर चंद्र सिंह गढ़वाली राजकीय आयुर्विज्ञान संस्थान एवं शोध संस्थान, श्रीनगर, पौड़ी गढ़वाल
112.		देहरादून	अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश
113.	पश्चिम बंगाल (5)	कोलकाता	आरजी कर चिकित्सा महाविद्यालय एवं अस्पताल, कोलकाता
114.		कोलकाता	चिकित्सा महाविद्यालय एवं अस्पताल, कोलकाता
115.		कोलकाता	इंस्टीट्यूट ऑफ पोस्ट ग्रेजुएट मेडिकल कॉलेज एजुकेशन एंड रिसर्च, कोलकाता
116.		कोलकाता	नील रतन सरकार चिकित्सा महाविद्यालय एवं अस्पताल, कोलकाता
117.		नादिया	अखिल भारतीय आयुर्विज्ञान संस्थान, कल्याणी, पश्चिम बंगाल

### विवरण-II

रवींद्र नाथ टैगोर मेडिकल कॉलेज (आरएनटी), उदयपुर में एमडीआरयू के अंतर्गत आने वाले

### अनुसंधान विषयों का ब्यौरा

क्र. सं.	परियोजना का नाम	विषय
1	मौजूदा कारणों के अलावा न्यूट्रोफिल में हाइपरसेगमेंटेशन के कारणों का पता लगाना।	पैथोलॉजी
2	नवजात शिशुओं में वंशानुगत चयापचय विकारों की जांच और प्रबंधन।	बाल चिकित्सा, जैव रसायन
3	पुनरावर्ती डर्मेटोफाइटोसिस का नैदानिक और प्रतिरक्षाविकृति विज्ञान संबंधी अध्ययन	त्वचा एवं वी.डी., पैथोलॉजी
4	दक्षिणी राजस्थान में दुबले/कम वजन वाले मधुमेह रोगियों के ऑटोएंटीबॉडी प्रोफाइल का अध्ययन करना।	एंडोक्राइनोलॉजी, बायोकेमिस्ट्री
5	स्तन कैंसर इम्यूनोहिस्टोकेमिस्ट्री परियोजना में ईआर, पीआर और एचईआर2/एनईयू मार्कर अध्ययन।	पैथोलॉजी
6	दक्षिणी राजस्थान में कार्सिनोमा ब्रेस्ट की आणविक प्रोफाइल और मेटास्टेसिस, पुनरावृत्ति और जीवन की गुणवत्ता पर इसका प्रभाव।	निवारक और सामाजिक चिकित्सा
7	मूत्र विश्लेषण के आधार पर चिंता और अवसाद विकारों में मादक द्रव्यों के सेवन की व्यापकता	मनोचिकित्सा
8	गर्भवती महिलाओं में टायरोसिन 1 से प्लेसेंटल ग्रोथ फैक्टर अनुपात जैसे घुलनशील एफएमएस का उपयोग करके प्रीक्लेम्पसिया की बायोमार्कर स्क्रीनिंग और पूर्व-	स्त्री रोग एवं प्रसूति विज्ञान, जैव रसायन



	सूचना।	
9	त्वचा संबंधी मस्सों में एमएमआर वैक्सीन के साथ इंटरलेसिनल थेरेपी का प्रतिरक्षाविज्ञान संबंधी अध्ययन।	त्वचा एवं वी.डी., पैथोलॉजी
10	COVID-19 की गंभीरता का अनुमान लगाने के लिए सीरम इंटरल्यूकिन-6 और फेरिटिन का आकलन।	जैव रसायन
11	स्वास्थ्य कर्मियों में Anti-SARS-CoV2एंटीबॉडी का सीरोप्रिवलेन्सा।	जैव रसायन
12	आरएनटी मेडिकल कॉलेज, उदयपुर में राजस्थान के आदिवासी क्षेत्र में सिकल सेल रोग के लिए उत्कृष्टता केंद्र	बाल चिकित्सा, जैव रसायन
13	राजस्थान के उदयपुर जिले के आदिवासी छात्रावासों में रहने वाले बच्चों में हीमोग्लोबिनोपैथी की व्यापकता की जांच तथा संबंधित जीन में भिन्नता की पहचान।	बाल चिकित्सा, जैव रसायन
14	ओस्टियोपोन्टिन वेरिगेंट और गुर्दे की पथरी रोग के साथ उनके संबंध को चित्रित करना।	जैव रसायन, यूरोलॉजी
15	दक्षिणी राजस्थान की जनजातीय बाल चिकित्सा आबादी में घेंघा की व्यापकता और थायरॉयड रोग के पैटर्न का अध्ययन करना तथा बाल चिकित्सा थायरॉयड विकारों और घेंघा के बीच कारणात्मक सहसंबंध स्थापित करना।	एंडोक्राइनोलॉजी
16	अज्ञात कारण वाले जीर्ण किडनी रोग से पीड़ित रोगियों में सीरम ट्रेस तत्वों और फ्लोराइड के स्तर का आकलन	औषधि, जैव रसायन
17	कीमोथेरेपी, रेडियोथेरेपी या दोनों से पहले और बाद में कैंसर रोगियों में सीरम ट्रेस तत्वों के स्तर का आकलन	जैव रसायन, ऑन्कोलॉजी

19	कोलोरेक्टल कैंसर में क्लिनिकोपैथोलॉजिकल विशेषता के साथ HER2 स्तर के सहसंबंध का आकलन करने के लिए संभावित अध्ययन	ओन्कोलॉजी, जैव रसायन
20	त्वचा के घावों की पुष्टि के लिए त्वचा बायोप्सी में प्रत्यक्ष इम्यूनोफ्लोरेसेंस की भूमिका।	पैथोलॉजी, त्वचा एवं वीडि
21	राजस्थान के उदयपुर जिले में जैन समुदाय में $\beta$ -थैलेसीमिया की व्यापकता का निर्धारण करना।	जैव रसायन, औषधि

## LEGAL REFORMS

### 1915. DR. KADIYAM KAVYA:

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

- (a) the legal reforms and initiatives implemented by the Government to improve access to justice during the last three years;
- (b) the measures taken to streamline the judicial system and foster legal awareness among citizens;
- (c) the manner in which Government envisages fulfilling its constitutional duty under Article 39A by providing free legal services to vulnerable and marginalized sections of society; and
- (d) the details on the effectiveness of Tele-Law in delivering legal aid to disadvantaged groups, especially focusing on women, SCs and STs and variations that exist across different States?

**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) : Yes Sir. Department of Justice (DoJ), Ministry of Law and Justice has undertaken various initiatives/projects and developed scheme to increase free legal aid and ensure access to justice to the citizens with the aim to fulfil the obligation as enunciated under Article 39A of the Indian Constitution.

In 2021, a comprehensive, pan- India scheme titled“ Designing Innovative Solutions for Holistic Access to Justice in India” (DISHA) was launched for a period of five years (2021- 2026) with a total outlay of Rs. 250 crores. The DISHA scheme aims to provide easy, accessible, affordable and citizen- centric delivery of legal services through the scheme of Tele-Law, Nyaya Bandhu (Pro Bono Legal Services) and Legal Literacy and Legal awareness programme. Till 30<sup>th</sup> November 2024, Tele-Law service has been made available across 2.5 lakh Gram Panchayats in 785 districts across 36 States and UTs and has rendered pre - litigation advice to 1,03,06,149 beneficiaries. The Nyaya Bandhu (Pro Bono Legal services) enables seamless connect through the Nyaya Bandhu Application (available on Android/iOS) between the interested Pro Bono Advocates and registered beneficiaries who are entitled for free legal aid under Section 12 of the Legal Services Authorities Act, 1987. As on 30<sup>th</sup> November 2024, there are 8614 Pro Bono advocates registered under the Nyaya Bandhu program. Through the Legal Literacy and Legal Awareness programme approximately 86 lakh beneficiaries at

the State and district and local level have been made aware and sensitized on various rights, duties and entitlements.

Further, the eCourts Mission Mode Project, a national eGovernance project for ICT enablement of district/subordinate courts of the country was launched with a view to facilitate faster disposal of cases by speeding up court processes and providing transparent on-line flow of information on case status, orders/judgments etc. to the judiciary as well as litigants, lawyers, and other stakeholders. In Phase II of the project which started in 2015, 99.5 % of total Court Complexes across India inter-linked through WAN connectivity and in addition, various citizen centric services have been initiated. Accessibility to more than 27.64 crore orders/judgments is available on the National Judicial Data Grid (NJDG). In addition, through Video conferencing, 3.38 crore cases have been heard by the District and Subordinate Courts and High Courts and 7.54 lakh cases by the Supreme Court. Live streaming started in 9 High Courts and constitutional bench of Supreme Court of India. Virtual Courts have been established in 21 States/UTs to try traffic offences. The additional features include CIS, NJDG, JustIS app for judges, eFiling, epayments, Judgements and Order Search portal, NSTEP, Justice Clock etc.

Presently, eCourts Phase- III has been approved, at an outlay of Rs.7,210 crore. This phase aims to create a unified technology platform for the judiciary and provide a seamless and paperless interface between the courts, the litigants and other stakeholders. The important features of the eCourts Phase- III includes Digitisation of the court records, both legacy records and pending cases; state of the art and

latest Cloud based data repository for easy retrieval; saturating all court complexes across India with e-Sewa Kendras to provide easy access to citizens not having the necessary know-how or computer equipment; Paperless Courts aiming to bring court proceedings under a digital format leading to transparency and accountability in the Indian Judiciary and speedy disposal of cases; Online Courts aimed at eliminating the presence of litigants or lawyers in the court, thus saving time and money; Use of emerging technologies like Artificial Intelligence and its subsets like optical Character Recognition (OCR) etc for case pendency, forecasting future litigation, etc.; expansion of scope of Virtual Courts beyond adjudication of traffic challans etc.

In addition, the Government has set up National Legal Services Authority (NALSA) under the Legal Services Authorities (LSA) Act, 1987 to provide free and competent legal services to the weaker sections of the society as covered under Section 12 of the Act, to ensure that opportunities for securing justice are not denied to any citizens by reason of economic or other disabilities, and to organize Lok Adalats to secure that the operation of the legal system promotes justice on the basis of equal opportunities. For this purpose, the legal services institutions have been setup from the Taluk Court level to the Supreme Court. The activities/programmes undertaken by Legal Services Authorities include Legal Aid and advice; Legal Awareness Programmes; Legal Services/Empowerment camps; Legal Service Clinics; Legal Literacy Clubs; Lok Adalats and implementation of Victim Compensation Scheme. The details of activities /programmes undertaken by Legal Services Authorities is given in the enclosed **Statement-I**.

(d): The State/UT- wise details of women, Scheduled Castes (SCs) and Scheduled Tribes (STs) who received pre-litigation advice under Tele –Law is given in the enclosed **Statement-II**.

**STATEMENT-I**

**Statement on Legal Reforms, Legal aid and advice:**

<b>Years</b>	<b>Persons provided Panel Advocates</b>	<b>Persons benefited through Advice/ Counselling</b>	<b>Persons benefited through other services</b>	<b>Total</b>
2022-23	2,91,410	6,39,230	2,84,129	12,14,769
2023-24	3,24,914	9,47,087	2,78,163	15,50,164
2024-25 (upto Sept,24)	1,68,380	5,05,386	86,012	7,59,778

**Legal Awareness Programmes:**

<b>Years</b>	<b>No of Legal Awareness programmes organised</b>	<b>No. of Persons attended</b>
2022-23	4,90,055	6,75,17,665

2023-24	4,30,306	4,49,22,092
2024-25 (upto Sept. 24)	1,90,231	1,61,35,058

**Legal Services / Empowerment Camps:**

Year	2021	2022	2023
No. of camps organised	3502	38,541	30043
No. of beneficiaries in camps	1,40,94,600	1,15,10,207	1,14,64,230

**Legal Services Clinics:**

Years	2021-22		2022-23	
Categories	Legal Services Clinics	Number of persons provided legal assistance	Legal Services Clinics	Number of persons provided legal assistance
Law Colleges/ Universities	1014	5989	1093	37351
Villages	4723	727955	4134	282140

Community Centres	1019	141404	776	88638
Courts	762	54871	904	116563
Jails	1181	218501	1177	264593
JJB/CWC/ Observation Homes	447	15742	439	29280
For the people of North-East	75	373	64	1170
Others	3755	139529	3124	194729
<b>Total</b>	<b>12976</b>	<b>1304364</b>	<b>11711</b>	<b>1014464</b>

<b>Years</b>	<b>2023-24</b>		<b>2024-25 (upto Sept.24)</b>	
<b>Categories</b>	<b>Legal Services Clinics</b>	<b>Number of persons provided legal assistance</b>	<b>Legal Services Clinics</b>	<b>Number of persons provided legal assistance</b>
Law Colleges/ Universities	1034	27545	944	9689
Villages	3659	234515	3771	137556
Community Centres	971	75114	831	44351



Courts	1018	141539	1081	85278
Jails	1215	324867	1227	194229
JJB/CWC/ Observation Homes	479	48565	520	38072
For the people of North-East	47	615	49	1131
Others	2961	183280	3568	117173
<b>Total</b>	<b>11384</b>	<b>1036040</b>	<b>11991</b>	<b>627479</b>

**Lok Adalats:****National Lok Adalats**

Years	Pre-litigation Cases disposed of	Pending Cases disposed of	Total Cases disposed of
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 (upto 0911.24)	6,46,35,285	1,26,34,580	7,72,69,865

### State Lok Adalats

<b>Years</b>	<b>No. of benches constituted</b>	<b>Pre-litigation Cases disposed of</b>	<b>Pending Cases disposed of</b>	<b>Total Cases disposed of</b>
2021-22	74,480	114278	418251	532529
2022-23	62,194	94939	756370	851309
2023-24	9,865	219230	987873	1207103
2024-25 (upto Sept.24)	5,944	681938	329974	1011912

#### Permanent Lok Adalats (Public Utility Services)

<b>Years</b>	<b>Cases settled</b>
2021-22	1,18,136
2022-23	1,71,138
2023-24	2,32,763
2024-25 (upto Sept.,24)	98,776

#### Implementation of Victim Compensation Schemes:

Years	Compensation Awarded in (Rs.)
2021-22	2,21,87,47,426
2022-23	3,47,80,37,352/-
2023-24	4,02,90,06,736/-
2024-25 (upto Sept.,24)	2,27,12,83,081/-

**STATEMENT-II**

<b>State/UT-wise Details of Advice Enabled to Women, Scheduled Caste - Scheduled Tribes under Tele-Law Programme from 2017 to Nov-2024.</b>				
<b>Sr. No.</b>	<b>States/UT's</b>	<b>Female</b>	<b>Scheduled Caste</b>	<b>Scheduled Tribe</b>
1	Andaman And Nicobar	1,759	2,232	136
2	Andhra Pradesh	1,57,161	70,679	22,041
3	Arunachal Pradesh	11,633	8,459	3,686
4	Assam	86,974	26,975	12,391
5	Bihar	2,86,713	2,30,607	40,117
6	Chandigarh	3,858	3,694	528
7	Chhattisgarh	2,15,299	1,23,428	1,21,218
8	Dadra And Nagar Haveli and Daman and Diu	2,712	882	709

9	Delhi	4,665	3,309	237
10	Goa	4,522	4,392	568
11	Gujarat	1,31,135	77,952	1,89,284
12	Haryana	62,319	65,574	10,393
13	Himachal Pradesh	38,603	40,890	12,663
14	Jammu And Kashmir	2,00,198	1,25,923	67,805
15	Jharkhand	1,98,250	95,093	82,159
16	Karnataka	1,81,377	83,696	23,508
17	Kerala	18,618	13,857	1,306
18	Ladakh	1,171	419	1,452
19	Lakshadweep	1,224	1,634	5
20	Madhya Pradesh	3,58,011	3,86,046	1,79,067
21	Maharashtra	2,76,008	3,21,237	1,51,815
22	Manipur	585	171	495
23	Meghalaya	13,768	1,146	25,865
24	Mizoram	15,713	1,672	24,136
25	Nagaland	12,508	910	25,038
26	Odisha	1,34,779	1,30,919	88,619
27	Puducherry	1,186	1,082	49
28	Punjab	1,01,954	1,74,512	16,011
29	Rajasthan	2,56,893	2,20,151	94,473
30	Sikkim	1,152	991	482
31	Tamil Nadu	1,38,036	67,365	17,489
32	Telangana	95,869	61,107	31,329
33	Tripura	42,083	29,423	20,100
34	Uttar Pradesh	8,01,086	7,07,453	1,02,535

35	Uttarakhand	71,875	94,642	10,809
36	West Bengal	1,02,269	79,785	10,201
	Total	40,31,966	32,58,307	13,88,719

### महाराष्ट्र में आंगनवाड़ी

#### 1916. श्री श्यामकुमार दौलत बर्वे:

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

(क) क्या सरकार ने कामकाजी महिलाओं के लिए सक्षम आंगनवाड़ी, आंगनवाड़ी-सह-क्रेच और सखी निवास छात्रावास की स्थापना की है;

(ख) यदि हां, तो महाराष्ट्र राज्य में विशेषकर नागपुर के ग्रामीण जिलों का तत्संबंधी ब्यौरा क्या है;

(ग) तीन प्रमुख योजनाओं – मिशन पोषण 2.0, मिशन वात्सल्य और मिशन शक्ति के प्रभावी कार्यान्वयन को सुनिश्चित करने के लिए सरकार द्वारा उठाए गए/उठाए जाने वाले कदमों का ब्यौरा क्या है और पिछले पांच वर्षों के दौरान नागपुर के ग्रामीण क्षेत्रों में उक्त योजनाओं के तहत कितनी धनराशि खर्च की गई है;

(घ) रामटेक लोक सभा निर्वाचन क्षेत्र में तहसील/तालुका-वार आंगनवाड़ी केंद्रों और उनमें पंजीकृत बच्चों की संख्या कितनी है;

(ड.) विशेष रूप से जनजातीय क्षेत्रों में छह वर्ष तक के बच्चों की ऊंचाई और वजन माप सहित इस विषय पर सरकार द्वारा क्या कदम उठाए गए/उठाए जाने का प्रस्ताव है; और

(च) खून की कमी से पीड़ित लोगों, स्वस्थ मां और बच्चों के लिए पारंपरिक पौष्टिक भोजन के साथ-साथ महिलाओं के प्रति संवेदनशील जल प्रबंधन सुनिश्चित करने के लिए सरकार द्वारा क्या कदम उठाए गए/उठाए जाने का प्रस्ताव है?

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

(क) और (ख) : नागपुर के ग्रामीण जिलों सहित महाराष्ट्र राज्य में स्थापित सक्षम आंगनवाड़ी, आंगनवाड़ी-सह-क्रेच और सखी निवास का विवरण निम्नानुसार है:

क्रम सं		अनुमोदित/क्रियाशील इकाइयों की संख्या
1.	सक्षम आंगनवाड़ी	14745
2.	आंगनवाड़ी-सह-क्रेच	345
3.	सखी निवास	73

(ग): बेहतर कार्यान्वयन और कुशल निगरानी के लिए, महिलाओं को सशक्त बनाने और बच्चों के विकास के लिए मंत्रालय द्वारा कार्यान्वित सभी योजनाओं को तीन व्यापक मिशनों में शामिल किया गया है अर्थात (1) देश में पोषण और स्वास्थ्य संकेतकों में सुधार के लिए मिशन सक्षम आंगनवाड़ी और पोषण 2.0 (2) महिलाओं की सुरक्षा, संरक्षा और सशक्तीकरण के लिए मिशन शक्ति; और (3) कठिन परिस्थितियों में रह रहे बच्चों की सुरक्षा, देखरेख तथा कल्याण के लिए मिशन वात्सल्या। इन योजनाओं का विवरण निम्नानुसार है:

(i) **सक्षम आंगनवाड़ी और पोषण 2.0 (पोषण 2.0):** इस कार्यक्रम के तहत, आंगनवाड़ी सेवा योजना, पोषण अभियान और किशोरियों के लिए योजना को 3 प्राथमिक उप-घटकों में अवसंरचना में पुनर्गठित किया गया है (i) पोषण और किशोरियों के लिए पोषण सहायता, (ii) प्रारंभिक बाल्यावस्था देखरेख और शिक्षा [3-6 वर्ष] और (iii) आधुनिक, उन्नत सक्षम आंगनवाड़ियों सहित आंगनवाड़ी।

(ii) **मिशन शक्ति:** मिशन शक्ति में दो उप-घटक अर्थात महिलाओं की सुरक्षा और संरक्षा के लिए 'संबल' और महिलाओं के सशक्तीकरण के लिए 'सामर्थ्य' शामिल हैं। वन स्टॉप सेंटर (ओएससी), महिला हेल्पलाइन (181-डब्ल्यूएचएल) और बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) को संबल उप-घटक का हिस्सा बनाया गया है; जबकि प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई), उज्ज्वला, स्वाधार गृह (शक्ति सदन के रूप में पुनर्नामित) और कामकाजी महिला छात्रावास (सखी निवास के रूप में पुनर्नामित)

और महिलाओं के सशक्तीकरण के लिए राष्ट्रीय हब (एनएचईडब्ल्यू) राष्ट्रीय शिशु गृह स्कीम (पालना के रूप में पुनर्नामित) की मौजूदा स्कीमों को "सामर्थ्य" में शामिल किया गया है।

(iii) **मिशन वात्सल्य** : (i) कठिन परिस्थितियों में बच्चों की सहायता करने और उनका पोषण करने (ii) विभिन्न पृष्ठभूमियों से आने वाले बच्चों के समग्र विकास के लिए संदर्भ-आधारित समाधान विकसित करने (iii) नवोन्वेषी समाधानों को प्रोत्साहित करने के लिए ग्रीन फील्ड परियोजनाओं हेतु अवसर प्रदान करने (iv) यदि आवश्यक हो तो अंतराल वित्तपोषण द्वारा अभिसरण कार्रवाई पुष्ट करने इत्यादि उद्देश्यों के साथ मिशन मोड में देखरेख और जरूरतमंद बच्चों के लिए बेहतर पहुंच तथा सुरक्षा हेतु एकीकृत बाल संरक्षण स्कीम (आईसीपीएस) को मिशन वात्सल्य का नया नाम दिया गया है। पिछले पांच वर्षों के दौरान नागपुर जिले सहित महाराष्ट्र राज्य को उपरोक्त योजनाओं के तहत जारी की गई निधियों का ब्यौरा संलग्न **विवरण** में दिया गया है।

(घ): पोषण ट्रैकर के अनुसार, नागपुर जिले में कुल 3404 आंगनवाड़ी केंद्र कार्यशील हैं और 6 वर्ष तक की आयु के 8794 बच्चे पंजीकृत हैं, जिसके अंतर्गत रामटेक लोकसभा निर्वाचन क्षेत्र आता है। मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत निर्वाचन क्षेत्रवार डेटा नहीं रखा जाता है।

(ड.)और (च): चूंकि कुपोषण के लिए भोजन, स्वास्थ्य, पानी, स्वच्छता और शिक्षा के आयामों को शामिल करते हुए बहु-क्षेत्रीय दृष्टिकोण की आवश्यकता होती है, इसलिए कुपोषण के मुद्दे का प्रभावी ढंग से समाधान करना महत्वपूर्ण है। मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत 18 मंत्रालयों/विभागों के बीच क्रॉस कटिंग अभिसरण स्थापित करके कुपोषण की चुनौतियों का समाधान किया जाता है। इसके लिए निम्नलिखित कदम उठाए गए हैं –

(i) सामुदायिक जुड़ाव, आउटरीच, व्यवहार परिवर्तन और एडवोकेसी जैसी क्रियाकलापों के माध्यम से कुपोषण में कमी लाने और बेहतर स्वास्थ्य, कल्याण और प्रतिरक्षा के लिए नई कार्यनीति बनाई गई है। यह मातृत्व पोषण, शिशु और छोटे बच्चे के आहार मानदंडों, गंभीर तीव्र कुपोषण (एसएएम)/ मध्यम तीव्र कुपोषण (एमएएम) के उपचार और आयुष प्रथाओं के माध्यम से कल्याण पर ध्यान केंद्रित करता है ताकि बच्चों में कुपोषण, ठिगनापन, एनीमिया और कम वजन की व्यापकता को कम किया जा सके।

(ii) जीवन चक्र दृष्टिकोण अपनाकर कुपोषण के अंतर-पीढ़ीगत अवधि का उन्मूलन करने के लिए बच्चों (6 महीने से 6 वर्ष), गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों को पूरक पोषण प्रदान किया जाता है। पूरक पोषण राष्ट्रीय खाद्य सुरक्षा अधिनियम की अनुसूची-II में निहित पोषण मानदंडों के अनुसार प्रदान किया जाता है। इन मानदंडों को पिछले वर्ष संशोधित और उन्नत किया गया है। पुराने मानदंड काफी हद तक कैलोरी-विशिष्ट थे; हालाँकि, संशोधित मानदंड आहार विविधता के सिद्धांतों के आधार पर पूरक पोषण की मात्रा और गुणवत्ता दोनों के संदर्भ में अधिक व्यापक और संतुलित हैं जो गुणवत्तापूर्ण प्रोटीन, स्वस्थ वसा और सूक्ष्म पोषक तत्व प्रदान करते हैं।

(iii) सूक्ष्म पोषक तत्वों की आवश्यकता को पूरा करने तथा महिलाओं और बच्चों में एनीमिया को नियंत्रित करने के लिए आंगनवाड़ी केंद्रों में फोर्टिफाइड चावल की आपूर्ति की जा रही है। आंगनवाड़ी केंद्रों पर सप्ताह में कम से कम एक बार पका हुआ गर्म भोजन तथा टेक होम राशन तैयार करने के लिए मिलेट(श्री अन्न) के उपयोग पर अधिक जोर दिया जा रहा है।

(iv) महिला एवं बाल विकास तथा स्वास्थ्य एवं परिवार कल्याण मंत्रालय ने बच्चों में गंभीर कुपोषण की रोकथाम तथा उपचार करने तथा इससे संबंधित रुग्णता और मृत्यु दर को कम करने के लिए सामुदायिक कुपोषण प्रबंधन (सीएमएएम) के लिए संयुक्त रूप से प्रोटोकॉल जारी किया है।

(v) लोगों को पोषण संबंधी पहलुओं पर शिक्षित करने के लिए जन आंदोलन की ओर आगे बढ़ाने के लिए शुरू की गई प्रमुख क्रियाकलापों में से एक सामुदायिक जुड़ाव और जागरूकता एडवोकेसी है। राज्य और संघ राज्य क्षेत्र क्रमशः सितंबर और मार्च-अप्रैल के महीनों में मनाए जाने वाले पोषण माह और पोषण पखवाड़ा के दौरान सामुदायिक जुड़ाव कार्यक्रमों के तहत नियमित रूप से संवेदीकरण क्रियाकलापों का आयोजन और रिपोर्टिंग कर रहे हैं। सामुदायिक आधारित कार्यक्रम (सीबीई) पोषण संबंधी प्रथाओं को बदलने में एक महत्वपूर्ण कार्यनीति के रूप में काम कर रहे हैं और सभी आंगनवाड़ी कार्यकर्त्रियों को प्रत्येक महीने दो सामुदायिक आधारित कार्यक्रम आयोजित करने की आवश्यकता है।

(vi) कुपोषित बच्चों की पहचान करने और समय पर पहल करने के लिए विकास मापदंडों की नियमित निगरानी आवश्यक है। आंगनवाड़ी केंद्रों को शिशु मीटर, स्टेडियोमीटर, शिशु वजन मापने वाला पैमाना,



माता और बच्चे का वजन मापने वाला पैमाना जैसे विकास निगरानी उपकरणों से सुसज्जित किया गया है।

### विवरण

पिछले पांच वर्षों के दौरान मंत्रालय की योजनाओं के तहत महाराष्ट्र राज्य को जारी की गई निधियों का विवरण

(करोड़ रुपये में)

क्रम सं.	मिशन	स्कीम	जारी की गई निधि				
			वित्त वर्ष 2019-20	वित्त वर्ष 2020-21	वित्त वर्ष 2021-22	वित्त वर्ष 2022-23	वित्त वर्ष 2023-24
1	मिशन सक्षम आंगनवाड़ी और पोषण 2.0	आंगनवाड़ी सेवा योजना, पोषण अभियान और किशोरियों के लिए योजना	1669.4	1205.99	1713.39	1646.17	1699.5
2	मिशन वात्सल्य (पूर्ववर्ती एकीकृत बाल संरक्षण योजना)		24.5	34.33	54.67	71.33	95.38
3	मिशन शक्ति – संबल	बेटी बचाओ बेटी पढ़ाओ	2.94	2.56	1.23	0	0

		वन स्टॉप सेंटर	6.7	6.46	5.61	0.69	15.4
		महिला हेल्प लाइन	0	0	0	0	0
4	मिशन शक्ति – सामर्थ्य	शक्ति सदन (एकीकृत स्वधार गृह और उज्ज्वला)	0	0	0	0	3.38
		सखी निवास (एकीकृत कामकाजी महिला छात्रावास)	0	0	0	0	0
		प्रधानमंत्री मातृ वंदना योजना	294.14	113.11	99.5	240.83	0
		पालना	0	0	0	0	2.32

### PASSPORT SEVA KENDRAS IN WEST BENGAL

#### 1917. SHRI SAUMITRA KHAN:

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

(a) the number of officers and employees working in the Passport Seva Kendras across the country at present, State-wise;

- (b) the total number of Passport Seva Kendras in the State of West Bengal;
- (c) the overall percentage increase witnessed in the number of passport applications in West Bengal during the last five years, year-wise; and
- (d) whether the number of officers and employees in passport centres has been increased in proportion to the increase in the number of the said applications 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):**

- (a) Number of Officers and employees working in the Passport Seva Kendras across the country State-wise is given in the enclosed **Statement-I**.
- (b) All the Lok Sabha Constituencies of West Bengal either have a Passport Seva Kendra (PSK) or a Post Office Passport Seva Kendra (POPSK). There are 3 PSKs and 40 POPSKs in West Bengal. This is placed at the enclosed **Statement-II**.
- (c) Percentage increase in the number of passport applications in West Bengal during last five years is placed at **the enclosed Statement -III**.
- (d) Number of passport applications is dynamic and changes every year. The recruitment of the number of officers and officials belonging to the Central Passport Organization (CPO) is however, decided as per the Recruitment Rules approved by the Central Government. Revision of sanctioned strength and deployment of

CPO personnel at Passport Offices is a regular exercise and the Ministry takes appropriate measures to cater to the increased demand for passports in the country including in West Bengal.

**STATEMENT-I**

**Officers/Employees of CPO working in PSKs (State-wise)**

Sl. No.	State	No. of Officers/Employees
(a)	Andhra Pradesh	19
(b)	Assam	15
(c)	Bihar	19
(d)	Chhattisgarh	3
(e)	Goa	3
(f)	Gujarat	47
(g)	Himachal Pradesh	3
(h)	Jammu and Kashmir	10
(i)	Jharkhand	4
(j)	Karnataka	38
(k)	Kerala	83
(l)	Madhya Pradesh	10
(m)	Maharashtra	79

(n)	Odisha	6
(o)	Punjab	29
(p)	Rajasthan	18
(q)	Tamil Nadu	63
(r)	Telangana	43
(s)	Chandigarh	36
(t)	Delhi	50
(u)	Uttar Pradesh	72
(v)	Uttarakhand	6
(w)	West Bengal	29
Total		685

**STATEMENT-II**

<b>List of Passport Seva Kendras (PSKs)/Post Office Passport Seva Kendras (POPSKs) in West Bengal</b>		
<b>Sl. No.</b>	<b>PSK</b>	<b>POPSK</b>
1		Alipurduar
2		Arambagh

3		Asansol
4	Baharampur	
5		Balurghat
6		Bangaon
7		Bankura
8		Ashoknagar
9		Katwa
10		Bardhaman
11		Barrackpur
12		Basirhat
13		Rampurhat
14		Bishnupur
15		Bolpur
16		Coochbehar
17	Siliguri	Darjeeling

18		Diamond Harbour
19		Dum Dum
20		Ghatal
21		Chinsurah
22		Howrah
23		Jadavpur
24		Jalpaiguri
25		Raghunathganj
26		Canny Town Ferry Ghat
27		JHARGRAM
28		Kanthi
29	Kolkata	
30		Beadon Street
31		Krishnanagar
32		Makdumpur

33		Samsi
34		Kakdweep
35		Kharagpur
36		Jiyaganj
37		Purulia
38		Raiganj
39		Ranaghat
40		Serampore
41		Tamluk
42		Amta
	3	40



**STATEMENT-III**

<b>Passport Applications Received in West Bengal - District-wise</b>											
	<b>2019</b>	<b>2020</b>		<b>2021</b>		<b>2022</b>		<b>2023</b>		<b>2024 (upto 31 Oct)</b>	
<b>District Name</b>	<b>Applications Received</b>	<b>Percent Increase / Decrease</b>	<b>Applications Received</b>	<b>Percent Increase / Decrease</b>	<b>Applications Received</b>	<b>Percent Increase / Decrease</b>	<b>Applications Received</b>	<b>Percent Increase / Decrease</b>	<b>Applications Received</b>	<b>Percent Increase / Decrease</b>	<b>Applications Received</b>
Alipurduar	5013	-58%	2083	58%	3290	56%	5134	3%	5295	-29%	3746
Bankura	4508	-60%	1820	59%	2885	56%	4514	11%	5032	-15%	4268
Barrackpore	44678	-55%	20135	30%	26104	58%	41191	16%	47600	-29%	33934
Baruipur	17326	-53%	8076	19%	9632	85%	17774	7%	18950	-27%	13927
Basirhat	6964	-20%	5581	6%	5922	122%	13157	14%	14947	-39%	9164

Bidhanna gar	28477	-50%	14110	36%	19216	56%	29975	7%	31997	-24%	24477
Birbhum	7335	-52%	3521	29%	4527	88%	8508	4%	8887	-26%	6545
Bongaon	7	11186 %	790	978%	8515	69%	14384	9%	15672	-34%	10319
Chandan nagar	16796	-57%	7193	43%	10266	50%	15404	7%	16550	-20%	13269
Cooch Behar	6939	-66%	2348	23%	2877	124%	6434	13%	7292	-35%	4738
Darjeeling	15021	-60%	6001	42%	8544	47%	12579	7%	13426	-28%	9704
Diamond Harbour	13216	-48%	6922	34%	9300	53%	14200	-1%	14081	-23%	10807
East Medinipur	15547	-53%	7286	34%	9781	50%	14673	10%	16211	-20%	13040
Hooghly Rural	14533	-55%	6495	38%	8944	80%	16063	7%	17182	-25%	12845
Howrah	20749	-48%	10853	27%	13816	65%	22797	13%	25806	-23%	19863

Howrah Rural	9996	-69%	3130	31%	4101	79%	7321	3%	7525	-25%	5609
Islampur Police District	12	13608 %	1645	40%	2306	107%	4762	2%	4844	-17%	4007
Jalpaiguri	11244	-61%	4378	26%	5510	108%	11471	6%	12176	-37%	7648
Jangipur	0	0%	0	0%	4	2000%	84	6564%	5598	-26%	4135
Jhargram	0	0%	0	0%	1	900%	10	8980%	908	-9%	828
Kalimpong	0	0%	0	0%	1714	122%	3807	16%	4422	-18%	3609
Kolkata	114346	-50%	56924	28%	72932	50%	109708	5%	114742	-23%	88006
Malda	11970	-49%	6091	40%	8508	74%	14822	2%	15126	-28%	10869
Murshidabad	41317	-51%	20044	48%	29757	92%	57063	-28%	41149	-32%	27789
Nadia	36345	-74%	9574	51%	14430	78%	25642	-6%	23980	-29%	17018
North 24 Parganas	42831	-60%	17021	-17%	14184	86%	26330	6%	27807	-30%	19429

Paschim Bardhaman	17611	-51%	8593	28%	10981	53%	16790	16%	19521	-24%	14797
Purba Bardhaman	14689	-51%	7258	37%	9961	68%	16777	7%	17884	-27%	13050
Purulia	2884	-61%	1136	75%	1988	49%	2957	11%	3280	-13%	2839
RANAGHAT	5079	78%	9052	67%	15081	58%	23805	4%	24698	-30%	17209
Raiganj	8983	-79%	1924	35%	2596	99%	5162	12%	5768	-33%	3884
SUNDARBAN	4323	-45%	2386	41%	3363	54%	5178	-6%	4851	-23%	3732
Siliguri	12708	-57%	5484	24%	6785	45%	9813	10%	10788	-26%	7998
South Dinajpur	7392	-70%	2181	36%	2966	143%	7221	23%	8873	-48%	4642
West Medinipur	12146	-58%	5161	37%	7071	68%	11875	3%	12202	-15%	10430

Total Applications Received with Percentage Increase / Decrease	570985	-54%	265196	35%	357858	67%	597385	5%	625070	-27%	458174
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## **IMPACT OF HIDDEN HUNGER**

### **1918. DR. SHASHI THAROOR:**

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

- whether the Government has conducted any study to assess the impact of hidden hunger across different age groups in the Country;
- if so, the percentage of people affected by hidden hunger across different age groups;
- the steps taken/proposed to be taken by the Government to tackle hidden hunger; and
- whether the Government promotes awareness on hidden hunger through advocacy programs, if so, the details thereof?

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

(a) to (d) The Government has accorded high priority to the issue of malnutrition and is implementing several schemes/programmes of different Ministries/Departments through States/UTs to address various aspects related to nutrition which includes Anaemia Mukht Bharat (AMB), Nutrition Rehabilitation Centres (NRCs), Mothers' Absolute Affection (MAA) Program, Village Health Sanitation and Nutrition Days (VHSNDs), Mother and Child Protection Card, National Deworming Day (NDD), Lactation Management Centres, Calcium Supplementation, Janani Shishu Suraksha Karyakram(JSSK), Rashtriya

Bal Swasthya Karyakram (RBSK), National Food Security Act (NFSA) 2013 and Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY).

The Ministry of Women and Child Development has launched Mission Poshan 2.0. Under the Mission Poshan 2.0, a strategic shift has been made for reduction in malnutrition and for improved health, wellness and immunity through community engagement, outreach, behavioral change and advocacy. Mission Poshan 2.0 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 wasting, underweight prevalence, stunting and anaemia. Immunization, Health Check-up and Referral Services to the beneficiaries are supported by Ministry of Health and Family Welfare.

Under Mission Poshan 2.0, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to Jan Andolan to educate the people on nutritional aspects. State and UTs are conducting and reporting regular sensitisation activities under community engagement programmes during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutrition practices and all Anganwadi workers are required to conduct two Community Based Events every month.

The Pradhan Mantri Poshan Shakti Nirman Yojana (PM POSHAN) under Ministry of Education, provides one hot cooked meal in Government and Government-aided schools as per nutrition norms under Schedule II of National Food Security Act,

2013 to school going children from Balvatikas (pre-school) to Class VIII. Under this programme, iron fortified rice is promoted. Also, Iron Folic Acid tablets are distributed to school going children on weekly basis through fixed day approach in schools and to out of school going children in Anganwadi Centres. The Anganwadi Centre plays a very important role in this aspect by providing health and nutrition education using Social and Behavioural Change Communication (SBCC).

Indian Council of Medical Research-National Institute of Nutrition (ICMR-NIN) periodically conducts national surveys, such as National Nutrition Monitoring Board Survey and Diet and Biomarker Survey, which provide data on micronutrient deficiency. These data are used by the Program Divisions of the Ministries to guide interventions.

With a view to enhance the nutritional quality improvement in high yielding varieties, the Government has developed 171 biofortified varieties of field crops and horticultural crops. These biofortified varieties assume great significance to achieve nutritional security of the country.

### **INTEGRATED NUTRITION SUPPORT PROGRAMME**

**1919. SHRI ARVIND GANPAT SAWANT:**

**SHRI DHARMENDRA YADAV:**

**SHRIMATI BHARTI PARDHI:**

**SHRI SHRIRANG APPA CHANDU BARNE:**

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



- (a) whether States are facing challenges of malnutrition in children, adolescent girls, pregnant women and lactating mothers;
- (b) if so, the details thereof, State-wise, particularly in Maharashtra, Uttar Pradesh and Madhya Pradesh;
- (c) whether the Government has implemented an Integrated Nutrition Support Programme to address the said challenges;
- (d) if so, the details of the success achieved so far in addressing the said challenges, State-wise particularly in Maharashtra, Uttar Pradesh and Madhya Pradesh;
- (e) whether there are any gaps and shortcomings in the on-going nutrition programme which create hindrances to improve implementation of an Integrated Nutrition Support Programme; and
- (f) if so, the details of the steps taken by the Government to overcome and address the shortcomings in the on-going nutrition programme along with the success achieved therein particularly in the said States?

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

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

address the challenge of malnutrition. It is a Centrally Sponsored Scheme, where the responsibility of implementation of the scheme is with the States/UTs.

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

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

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

quantity and quality of supplementary nutrition based on the principles of diet diversity that provides quality protein, healthy fats and micronutrients.

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

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

Under Mission Poshan 2.0, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to Jan Andolan to educate people on nutritional aspects. State and UTs are conducting and reporting regular sensitisation activities under community engagement programmes during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

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

<b>NFHS Survey</b>	<b>Stunting %</b>	<b>Underweight %</b>	<b>Wasting %</b>
NFHS-1 (1992-93)*	52	53.4	17.5
NFHS-2 (1998-99)**	45.5	47	15.5
NFHS-3 (2005-6)***	48.0	42.5	19.8
NFHS-4 (2015-16)***	38.4	35.8	21.0
NFHS-5 (2019-21)***	35.5	32.1	19.3

\* Under 4 years

\*\* Under 3 years

\*\*\* Under 5 years

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

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

Further, the projected population of all children in India up to 6 years for the year 2021 is approximately 16.1 crores (source: Population Projections for India and States 2011-2036, National Commission on Population, Ministry of Health and Family Welfare). As per the October 2024 data of Poshan Tracker, 8.82 crores children (0-6 years) are enrolled in Anganwadis out of whom 8.55 crores were measured on growth parameters of height and weight. 37% of these children (0-6 years) have been found to be stunted and 17% children (0-6 years) have been found to be underweight.

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

The State wise details of malnourished children including Maharashtra, Uttar Pradesh and Madhya Pradesh for the last three years are given in the enclosed **Statement**.

**STATEMENT**

**State wise details of malnourished children (0-5 years) in the country for October 2022, October 2023 and October 2024 from Poshan Tracker are as follows:**

State	Oct, 2022			Oct, 2023			Oct, 2024		
	Stunted (%)	Wasted (%)	Underweight (%)	Stunted (%)	Wasted (%)	Underweight (%)	Stunted (%)	Wasted (%)	Underweight (%)
Andhra Pradesh	21.2	5.3	10.5	18.2	5.4	8.7	22.6	5.3	10.8
Arunachal Pradesh	33.3	5.3	14.6	27.2	4.6	9.1	32.7	4.1	9.6
Assam	39	8.2	19	39	5	15.9	42.4	3.8	16.3
Bihar	42.9	11	25.8	45	9	22.7	43.8	9.2	22.9
Chhattisgarh	39	10.4	17.9	29.4	11.3	15.5	21.5	7	13.1
Goa	37.2	9	16.2	18.8	2.3	5.8	4.1	0.6	1.7
Gujarat	53.6	8.1	23.1	43.6	8.9	20.7	40.8	7.8	21

Haryana	30.1	8.5	14	25.9	5.7	8.9	28.2	4.1	8.7
Himachal Pradesh	26.1	4.6	10.8	21.7	2.4	7.2	18.4	1.7	6.3
Jharkhand	43.2	12.1	25.9	38.8	8.8	18.8	43.8	6.2	19.3
Karnataka	41	8.9	20.7	39.7	7.5	17.5	39.7	3.2	17.1
Kerala	37.2	9.5	15.3	33.1	4.8	10.1	34.4	2.3	9.5
Madhya Pradesh	52.4	9.7	33	40.5	8.2	23.6	46.5	6.9	26.5
Maharashtra	49.5	7.1	21.8	48.1	5.6	17.5	47.7	4.1	16.5
Manipur	17.8	2.8	7.6	16.3	1.2	7.7	7.7	0.3	2.6
Meghalaya	27.4	3.1	8.7	24.7	1.8	6.6	18.2	0.4	4.5
Mizoram	20	4.2	6.2	23.5	3.7	5.6	26.7	2.3	5.9
Nagaland	27.8	6.9	9.8	22.9	4.6	7	28	5.3	6.6
Odisha	30.6	5.9	14.7	34.3	4	14.8	29.1	2.9	12.8
Punjab	32.9	9.2	12.9	18	5.4	7.9	18.4	3	5.9

Rajasthan	37	11.6	20	35.7	7.5	16.7	36.6	5.5	17.7
Sikkim	12.2	2.8	2.7	14.1	2.8	3.1	9.2	1.5	1.7
Tamil Nadu	22.6	6.1	10.5	16.6	4.8	8.1	13.4	3.6	7.1
Telangana	29.6	5.7	14.3	30.8	4.6	13.5	32.6	5.6	16.2
Tripura	36.9	9.2	16.3	37.8	7.2	15.4	40.5	6.3	16.6
Uttar Pradesh	45.2	9.5	21.7	45.7	5.7	19.4	48	3.9	19.4
Uttarakhand	31.8	6.7	8.4	33.4	6.3	8.4	21	1.5	5.4
West Bengal	41.1	10.1	16.2	38.1	8.6	12.5	38	7.5	13
Andaman and Nicobar Islands	24	6.9	10.8	20.7	4.5	8.2	8.7	2.3	3.9
Dadra and Nagar	52.9	15.4	40.1	45.2	12.5	32.8	35.9	3.3	16.1



Haveli - Daman and Diu									
Delhi	32.8	4.5	16.5	33.6	4.8	19.1	41.9	3	20.6
JandK	14.5	2.5	5.6	18.1	2.5	5.1	12.1	0.7	3
Ladakh	27.9	5.3	8	15.9	1.8	3.5	11	0.2	2
Lakshadwee p	100	0	75	39.9	11.8	19.4	46.5	11.9	25.1
Puducherry	26	9.3	12	29	7.9	11.6	40.2	6.8	13
UT- Chandigarh	36.6	4.5	18	34.1	0.7	12	26.3	1.8	11.8

## NATIONAL WATERWAYS PROJECT

### 1920. SHRI VISHALDADA PRAKASHBAPU PATIL:

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

(a) the status of the development of 26 new National Waterways (NWs) based on techno-economic feasibility studies including the details of physical and financial targets and the extent to which these targets have been achieved;

(b) whether the Government has established a task force to address the challenges of varying and limited depths during the lean season, which can lead to erosion or excessive siltation of riverbanks earmarked for Inland Water Transport;

(c) if so, the details of the task force and its objectives and if not, the reasons therefor;

(d) the impact of the Ro-Ro/Ro-Pax services initiated on various NWs on the growth of traffic on these waterways; and

(e) whether any impact assessment has been carried out in this regard, if so, the details thereof and if not, the reasons for not conducting such an assessment?

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

(a) Status of the development of 26 New National Waterways (NWs) with progress achieved till 31.10.2024 is given in the enclosed **Statement**.

(b) and (c) To address the challenges of varying and limited depths during the lean season, Inland Waterways Authority of India (IWAI) maintains the fairway through dredging and River conservancy works in the National Waterways.

(d) and (e) The deployment of Ro-Ro / Ro-Pax vessels ensures safer and comfortable commute for travellers while travelling across waterways and also reduces their travel time. This facilitates multi modal handling and provides seamless last mile connectivity as well. The Ro-Ro/ Ro-Pax service reduces congestion on road with clean and green mode of transportation. Further, Ro-Ro/ Ro-Pax vessels have also been handed over to various State Governments for operation in National Waterways across the country. The introduction of these services on National Waterway has resulted in increase in traffic on waterways. 40,201 Tourists/ passengers in Uttar Pradesh, 1,59,732 passengers and 24820 MT cargo in Assam and 34081 Twenty Equivalent Units (TEU) in Kerala moved by these Ro-Ro/Ro-Pax vessels on the National Waterways during the last year.

### **STATEMENT**

**Status of the development of 26 New National Waterways (NWs) with progress achieved till 31.10.2024:**

Sl. No	NW	Details of Waterways	Status
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1	NW 1	Ganga-Bhagirathi-Hooghly River System (Haldia - Allahabad)	<p>Jal Marg Vikas Project (JMVP). The major components are Multi-modal Terminal at Varanasi, Sahibganjand Haldia, Construction of New Navigational Lock at Farakka, modernisation of old lock gate at Farakka, Kalughat Intermodal Terminal, and Fairway Development</p> <p>Physical progress - 61.79%</p> <p>Financial progress - 61.57%</p>
2	NW 2	Brahmaputra River (Dhubri - Sadiya)	<p>Comprehensive Development of NW-2. The major components are Construction of Bogibeel cargo terminal, Construction of terminal at Jogighopa, Development of Approach Road from Pandu Port Terminal to NH-27 and Development of Ship Repair Facility at Pandu, Guwahati (Assam) and fairway development.</p> <p>Physical progress – 71.23%</p> <p>Financial progress - 71.23%</p>
3	NW 16	Barak River (Lakhipur - Toker Gram)	<p>Comprehensive Development of NW-16 and Indo Bangladesh Protocol Route (IBP)</p>

			<p>The major components are Construction of Terminal at Sonamura on Gumti river, Up gradation of Badarpur and Karimganj Terminals, Construction of Office building, and residential complex alongwith boundary wall in Silchar and Procurement of one Amphibian Dredger and Survey Vessel and fairway development.</p> <p>Physical progress – 16.39%</p> <p>Financial progress - 16.39%</p>
4	NW 3	West Coast Canal (Kottapuram - Kollam), Champakara and Udyogmandal Canals	

5	NW 4	Krishna River (Vijayawada – Muktyala)	Development of 23 nos. National Waterways (consisting of NW-3, NW-4, NW-5 and 16 new NWS) for the purpose of shipping and navigation. The major components are Fairway Development, Terminal Development and allied Infrastructure, Hydrography Survey, charting and RIS etc.
6	NW 5	Dhamra-Paradip via Mangalagadi to Pankopal	Physical progress – 47.84%
7	NW 8	Alappuzha-Changanassery Canal	
8	NW 9	Alappuzha - Kottayam – Athirampuzha Canal	Financial progress – 47.56%
9	NW 27	Cumberjua River (Cortalim-Ferry to Sao MartiasVidhanParisad)	
10	NW 68	Mandovi River (Usgoan bridge to Arabian Sea)	
11	NW 111	Zuari River (Sanvorden bridge to Marmugao Port)	
12	NW 86	Rupnarayan River (PratapPur to Geonkhali)	

13	NW 97	Sunderbans Waterway (Namkhana to AtharaBankiKhal)
14	NW 40	Ghagra River (Faizabad to ManjhiGhat)
15	NW 52	Kali River (Kodasalli Dam to Sadashivgad Bridge, Arabian Sea)
16	NW 44	Ichamati River (Bridge at Gobra to Bansjhari near Bangladesh Border)
17	NW 57	Kopili River (BanthaiGaonTinali Bus Stop to Chandrapur No.2 confluence with Brahmaputra)
18	NW 31	Dhansiri River (MorongiT.E. village Bridge to Numaligarh)
19	NW 10	Amba River (Arabian Sea, Dharamtaar Creek to Nagothane ST Stand)
20	NW 28	Dabhol Creek Vasisti River (Arabian Sea at Dabhol to Bridge at Pedhe)

21	NW 73	Narmada River (Pandhariya to Gulf of Khambhat)	Mostly operational waterways for development by 2030.
22	NW 100	Tapi River (Hatnur Dam to Gulf of Khambhat)	
23	NW 37	Gandak River (Bhaisalotal Barrage to Hazipur)	
24	NW 25	Chapora River (Bridge near Maneri village to Morjim, Arabian Sea)	
25	NW 85	Revadanda Creek - Kundalika River System (Arabian Sea at Revadanda to Bridge near Roha Nagar)	
26	NW 94	Sone River (Sone Barrage, Dehri to Confluence with the Ganga)	

### MATERNAL AND CHILD HEALTH

#### 1921. SHRIMATI HARSIMRAT KAUR BADAL:

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



- (a) whether any health initiatives have been taken for improving maternal and child health specifically among women within rural areas like Punjab, if so, the details thereof;
- (b) whether the Government have received any complaints regarding rampant corruption being reported by Anganwadi and health workers in Government schemes;
- (c) if so, the details thereof and the action taken thereon; and
- (d) whether this has affected the health of the child and lactating mothers in Punjab, if so, the details thereof?

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

(a) to (d) : Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (14-18 years in Aspirational Districts and North-East region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) during the period of 15<sup>th</sup> Finance Commission. Mission Poshan 2.0 seeks to address the challenge of malnutrition through improved nutrition content and delivery. It is a Centrally Sponsored Scheme, where the responsibility of implementation lies with the States/UTs.

Under this Mission, a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioral change, and advocacy. It focuses on Maternal

Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices.

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

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

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

Ministry of Health and Family Welfare has taken several initiatives to improve child survival in the country including in rural areas. They are given below:

- **Facility Based New-born Care:** Neonatal Intensive Care Units (NICUs)/ Special New-born Care Units (SNCUs) are established at Medical College and District Hospital, New-born Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/ Community Health Centres (CHCs) for care of sick and small babies.

- **Kangaroo Mother Care (KMC)** is implemented at facility and community level for low birth weight/ pre-term babies. It includes early and prolonged skin-to-skin contact with the mother or family member and exclusive and frequent breastfeeding.
- **Community Based care of New-born and Young Children:** Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits are performed by ASHAs to improve child rearing practices and to identify sick new-born and young children in the community for referral to health facility.
- **Janani Shishu Suraksha Karyakram (JSSK):** Sick infants up to one year of age are entitled to free treatment in public health institutions along with the provision of free transport, diagnostics, medicines, blood and consumables.
- **Universal Immunization Programme (UIP)** is implemented to provide 11 vaccines to protect children against 12 preventable diseases.
- **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative has been implemented since 2019 for reduction of childhood morbidity and mortality due to Pneumonia.
- **STOP Diarrhoea** initiative is implemented for promoting use of ORS and Zinc and for reducing morbidity and mortality due to childhood diarrhoea.
- **Rashtriya Bal Swasthya Karyakram (RBSK):** Children from 0 to 18 years of age are screened for 32 health conditions (i.e. Diseases,

Deficiencies, Defects and Developmental delay) under Rashtriya Bal Swasthya Karyakram (RBSK) to improve child survival. District Early Intervention Centres (DEICs) at district health facility level are established for confirmation and management of children screened under RBSK.

Besides this, 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 undernutrition all across the country and activities undertaken to address undernutrition as placed below:

u) **Anemia Mukta Bharat (AMB)** strategy is implemented to reduce anemia among six beneficiaries age group - children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant and lactating women and in women of reproductive age group (15-49 years) in life cycle approach through implementation of six interventions via robust institutional mechanism.

v) **Nutrition Rehabilitation Centers (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years suffering from Severe Acute Malnourishment (SAM) with medical complications.

1. **Mothers' Absolute Affection (MAA) Programme** is implemented to improve breastfeeding coverage which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by counselling on age-appropriate complementary feeding practices through ASHA workers during mother's meetings and health care provider at health facilities.

2. Under **National Deworming Day (NDD)** albendazole tablets are administered in a single fixed day approach via schools and Anganwadi centres in two rounds (February and August) to reduce the soil transmitted helminth (STH) infestation among all children and adolescents (1-19 years).

3. **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.

Under National Health Mission (NHM), Government of India has taken various initiatives to improve maternal and child health services across all States and Union Territories including the rural areas in Punjab, which are as follows:

- a) **Janani Suraksha Yojana (JSY)** is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- b) **Janani Shishu Suraksha Karyakram (JSSK)** entitles all pregnant women and sick infants (up to one year of age) delivering in public health institutions to have absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs, consumables, free diet during stay, free diagnostics, free transportation and free blood transfusion, if required. Similar entitlements are also in place for sick infants up to one year of age.
- c) **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.
- d) **Extended PMSMA** strategy ensures quality antenatal care (ANC) to

pregnant women, especially to high-risk pregnant (HRP) women and individual HRP tracking until a safe delivery is achieved by means of financial incentivization for the identified high-risk pregnant women and accompanying ASHA for extra 3 visits over and above the PMSMA visit.

e) **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.

f) **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.

g) **Mother and Child Protection (MCP) Card and Safe Motherhood Booklet** are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.

h) **Regular IEC/BCC** is also a part of all the schemes for greater demand generation. Health and nutrition education through mass and social media is also promoted to improve healthy practices and to generate demand for service uptake.

Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored Scheme and the implementation of the scheme falls under the ambit of State Government/ UT Administration. The Scheme aims to address the challenge of child malnutrition and maternal under-nutrition through proper nutrition content and its delivery. It

further aims to create conditions and a convergent eco-system to develop practices that nurture health, wellness and immunity.

This Ministry continuously monitors the implementation of Mission 2.0 through sustained engagement with the States/UTs through Video Conferences, meetings and through Online Poshan Tracker System.

Since Anganwadi Services is a Centrally Sponsored Scheme and the implementation and monitoring of the Scheme including service-related matters fall under the ambit of concerned States/ UTs, all grievances/complaints are forwarded to the concerned States/UTs for taking necessary action.

Ministry has issued guidelines to all States/UTs on 13.01.2021 to streamline several aspects such as quality assurance, roles and responsibilities of duty holders, procedure for procurement, integrating AYUSH concepts and data management and monitoring through "Poshan Tracker" for transparency, efficiency and accountability in the delivery of Supplementary Nutrition.

Under the guidelines, the District Magistrate (DM) has been designated as the Nodal Point in the district for monitoring nutritional status of beneficiaries and quality standards. A District Nutrition Committee under the chairpersonship of DM/Collector with certified nutrition experts as members has been constituted to review the progress every month.

## **GLOBAL ACCEPTANCE OF AYUSH SYSTEM**

### **1922. DR. C. M. RAMESH:**

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

- a) whether the Government has taken note of the global shift in perception towards AYUSH, particularly Yoga and Ayurveda and if so, the details thereof;
- b) the details of the efforts made/proposed to be made to push global acceptance of AYUSH system;
- c) the extent to which the proposed setting up of 10 more AYUSH institutes is likely to help in achieving the goals set up at the global level; and
- d) the details of AYUSH exports during the last five years and the current year, year-wise and country-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 actively engaged in promoting and propagating Ayush globally through a comprehensive Central Sector Scheme for the Promotion of International Cooperation in Ayush (IC Scheme). This scheme has several objectives aimed at the promotion and propagation of Ayush globally through offering Ayush scholarships to foreign nationals for undertaking Ayush courses in recognized Ayush institutions in India; collaboration with Foreign Countries by signing of country level Memorandum of Understanding (MoU) for undertaking Ayush related activities on mutual interest; signing of MoUs with



foreign institute for research/academic collaboration; establishment of Ayush Chairs in Foreign Universities/Institutes; deputation of Ayush expert (short term/long term); collaboration with World Health Organization (WHO) or United Nation (UN) agencies for cooperation in the field of Ayush, support or organizing international training; conference, seminar, expo etc. In India or abroad for promoting and strengthening awareness and interest about Ayush Systems of Medicine at international level; establishment of Ayush information cell (centre) in foreign countries to provide authentic information about Ayush system; representing Ayush in various bilateral meetings and multilateral forums, support for undertaking clinical research in Ayush at international level; provides support to Indian Ayush Manufacturers/ Ayush Service providers to give boost to export of Ayush products and services etc.

International Day of Yoga (IDY), Celebrated annually on June 21, IDY has become a flagship event following its adoption by the United Nations in 2014, with large-scale participation across the globe through embassies, Yoga practitioners, and local communities.

Educational Initiatives such as support for Yoga education through courses, and the establishment of Ayush chairs in foreign universities. The Yoga Certification Board (YCB), established by the Ministry of Ayush, provides internationally recognized certification for Yoga professionals and institutions, ensuring quality standards in teaching and practice. This helps build a credible global network of certified Yoga professionals.

(c) As of now there is no such proposal under consideration of Ministry of Ayush.

(d) The export of Ayush and Herbal products in different countries the last five years and the current year, year-wise and country-wise is given in the enclosed **Statement**.

### **STATEMENT**

**The details of the export of Ayush and Herbal products in different countries the last five years and the current year, year-wise and country-wise**

Country	Financial Year (Value in Million USD)					
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25 (Till Sep)
AFGHANISTAN	6.53	4.35	2.18	3.32	1.52	0.68
ALBANIA	0.03	0.01	0.04	0.01	0.03	0.01
ALGERIA	2.33	2.77	1.7	3.3	6.49	2.31
ANDORRA		0		0.01		
ANGOLA	0.42	0.51	0.96	1.61	1.3	0.39
ANGUILLA	0					
ANTIGUA	0.03	0.02	0.04	0.04	0.03	0.04
ARGENTINA	0.25	0.58	0.49	0.36	0.69	0.34
ARMENIA	0.02	0.02	0.01	0.01	0.03	0
ARUBA			0	0	0	0

AUSTRALIA	7	10.01	10.78	12.61	14.98	6.83
AUSTRIA	1.74	3.48	3.57	4.7	5.05	1.29
AZERBAIJAN	0.17	0.15	0.05	0.1	0.03	0.03
BAHAMAS	0.01	0		0	0	0
BAHARAIN IS	0.49	0.58	0.72	0.99	0.6	0.35
BANGLADESH PR	14.15	14.79	14.15	12.35	11.19	3.67
BARBADOS	0.11	0.13	0.16	0.13	0.06	0.07
BELARUS	0.16	0.16	0.16	0.08	0.01	0.07
BELGIUM	5.69	4.4	4.33	4.28	7.19	2.67
BELIZE			0.02	0.02	0.03	0.01
BENIN	0.05	0.08	0.06	0.14	0.1	0.03
BERMUDA				0	0	
BHUTAN	0.54	0.44	0.48	0.52	0.51	0.17
BOLIVIA	0.04	0.03	0.03	0.04	0.01	0.01
BOSNIA-HRZGOVIN	0	0	0	0.02	0.04	
BOTSWANA	0.04	0.02	0.02	0.04	0	0
BR VIRGN IS			0	0	0	0
BRAZIL	3.14	4.19	3.1	3.92	6.91	4
BRUNEI	0.04	0.03	0.04	0.03	0.01	0.02
BULGARIA	0.93	0.91	0.7	0.88	1.09	0.28
BURKINA FASO	0.13	0.13	0.02	0.02	0	0
BURUNDI	0.06	0.01	0.04	0.04	0.03	0
C AFRI REP	0.01	0.01	0.01	0.01	0.01	0
CAMBODIA	0.37	0.53	0.56	0.75	0.54	0.12
CAMEROON	0.04	0.02	0.09	0.07	0.04	0.03
CANADA	5.41	7.77	8.88	8.18	10.79	5.77

CAYMAN IS	0.01	0.02	0.04	0.02	0.04	0.01
CHAD	0	0.07	0.01	0.02	0.01	
CHILE	0.55	0.71	0.78	0.31	0.42	0.26
CHINA P RP	11.82	24.4	25.93	26.91	27.95	10.8 8
COLOMBIA	0.67	0.85	1.59	0.83	1.02	0.7
COMOROS	0		0			
CONGO D. REP.	0.71	0.91	1.08	1.25	0.83	0.51
CONGO P REP	0.07	0.02	0.01	0.01	0.05	0
COSTA RICA	0.51	0.8	0.42	0.76	1.23	0.27
COTE D'IVOIRE	0.02	0.02	0.14	0.1	0.12	0.03
CROATIA	0.1	0.14	0.18	0.39	0.14	0.14
CUBA			0.01	0		
CYPRUS	0.01	0	0.02	0.02	0.03	0.01
CZECH REPUBLIC	0.8	1.24	0.62	0.66	0.66	0.62
DENMARK	1.96	3.57	3.5	4.02	1.16	0.77
DJIBOUTI	0.15		0.49	0	0.09	0.07
DOMINIC REP	0.02	0.05	0.07	0.03	0.07	0.05
DOMINICA	0.03	0.02	0	0.01	0.01	0
ECUADOR	0.34	0.4	0.58	0.84	0.5	0.43
EGYPT A RP	1.79	1.25	1.84	0.49	2.1	1.13
EL SALVADOR	0.1	0.06	0.07	0.29	0.03	0.01
EQUATL GUINEA		0	0.01	0	0	
ERITREA	0			0		
ESTONIA	0.09	0.2	0.21	0.25	0.29	0.07
ETHIOPIA	0.03	0.07	0.13	0.1	0.04	0.01

FIJI IS	0.27	0.29	0.38	0.68	0.36	0.19
FINLAND	0.35	0.46	0.75	0.69	0.47	0.61
FR GUIANA		0		0	0	
FRANCE	11.2	17.41	19.52	19.6	16.24	11.9 5
GABON		0	0	0	0	0
GAMBIA	0.08	0.08	0.03	0.08	0.05	0.01
GEORGIA	0.31	0.16	0.19	0.57	0.47	0.15
GERMANY	35.42	48.73	55.04	57.62	62.71	41.3 5
GHANA	2.09	2.64	2.71	2.67	2.12	1.36
GREECE	0.1	0.34	0.41	0.2	0.1	0.09
GRENADA	0.03	0.02	0.07	0.03	0.05	0.03
GUADELOUPE	0.05	0.01	0.01	0	0.01	
GUAM					0	
GUATEMALA	0.64	0.83	1.07	1.18	1.43	0.7
GUINEA	0.05	0.13	0.04	0.03	0	0.01
GUINEA BISSAU	0	0	0	0	0	0
GUYANA	0.07	0.11	0.15	0.14	0.2	0.11
HAITI	0		0.03	0.01	0.03	0.01
HONDURAS	0.06	0.13	0.07	0.13	0.24	0.02
HONG KONG	0.95	1.19	0.48	0.61	0.84	0.36
HUNGARY	0.45	0.59	0.47	0.46	0.7	0.28
ICELAND	0			0.15	0	
INDONESIA	1.79	2.52	3.22	4.11	3.87	2.5
IRAN	4.71	1.16	2.28	1.69	1.52	1.78

IRAQ	2.41	3.06	3.21	2.4	3.46	2.04
IRELAND	2.26	2.62	3.57	3.27	5.32	1.72
ISRAEL	0.23	0.47	0.72	0.54	0.99	0.63
ITALY	18.23	21.58	24.6	28.46	36.26	19.2 4
JAMAICA	0.01	0.01	0.06	0.05	0.07	0.01
JAPAN	4.29	6.76	5.98	4.87	7.44	4.83
JORDAN	0.32	0.25	0.36	0.44	0.46	0.36
KAZAKHSTAN	1.98	2.18	1.23	4.58	5.98	4.09
KENYA	3.12	4.29	5.71	4.88	4.08	1.37
KIRIBATI REP	0		0	0	0	0
KOREA DP RP		0				
KOREA RP	4.78	5.5	11.3	10.98	10.63	5.28
KUWAIT	1.78	1.79	2.28	2.23	1.95	1.01
KYRGHYZSTAN	0.3	0.34	0.16	0.43	0.21	0.11
LAO PD RP	0.01	0.03	0.16	0.06	0.04	0.01
LATVIA	3.05	2.46	3.39	2.99	3.52	0.85
LEBANON	0.4	0.25	0.32	0.58	0.19	0.29
LESOTHO	0.01	0	0.01	0	0	0
LIBERIA	0.12	0.18	0.24	0.25	0.19	0.04
LIBYA	0.1	0.08	0.11	0.11	0.1	0.05
LITHUANIA	1.1	1.97	1.44	1.94	1.69	0.47
LUXEMBOURG	0	0				0
MACEDONIA	0.07	0.05	0.05	0.08	0.08	0.01
MADAGASCAR	0.1	0.02	0.21	0.17	0.3	0.14
MALAWI	0.14	0.12	0.1	0.08	0.13	0.02

MALAYSIA	6.07	6.69	9	7.1	6.64	2.45
MALDIVES	0.31	0.21	0.39	0.53	0.39	0.21
MALI	0.17	0.06	0.06	0.16	0	0.01
MALTA	0.03	0		0	0.01	
MARTINIQUE	0.01	0.01	0.02	0.01	0.01	0.01
MAURITANIA	0.01	0	0.01	0.01	0.01	0.02
MAURITIUS	1.65	1.15	1.49	1.27	2.5	0.52
MAYOTTE				0	0	
MEXICO	4.01	4.76	5.6	8.24	6.76	5.48
MICRONESIA	0.01	0	0	0.01	0	
MOLDOVA	0.14	0.07	0.11	0.06	0.04	0.02
MONGOLIA	0.56	0.7	0.93	1.01	0.42	0.22
MONTENEGRO	0.01				0.01	0.01
MONTSERRAT	0	0	0	0	0	0
MOROCCO	1.02	1.27	1.75	1.35	1.23	0.67
MOZAMBIQUE	0.07	0.16	0.25	0.13	0.39	0.15
MYANMAR	1.04	1.48	1.18	1.61	0.53	0.17
N. MARIANA IS.				0		
NAMIBIA	0	0	0	0	0	
NEPAL	17.41	15.44	21	14.55	15.68	7.88
NETHERLAND	6.03	5.43	9.82	13.13	7.41	5.91
NETHERLANDANTIL	0.08	0.08	0.1	0.11	0.08	0.07
NEW CALEDONIA	0		0	0	0	
NEW ZEALAND	0.96	1.29	1.54	1.39	1.21	0.8
NICARAGUA	0.14	0.1	0.1	0.1	0.21	0.08
NIGER	0	0	0	0.01	0	0.01

NIGERIA	1.82	2.71	3.86	5.28	3.13	1.25
NORFOLK IS	0.02					
NORWAY	0.1	0.2	0.15	0.17	0.08	0.09
OMAN	0.94	1.57	2.22	3.14	3.56	0.88
PAKISTAN IR	2.91	0.31	2.19	6.31	2.76	1.08
PANAMA REPUBLIC	0.06	0.09	0.25	0.42	0.69	0.38
PAPUA N GNA	0.08	0.04	0.05	0.14	0.13	0.02
PARAGUAY	0.02	0.02	0.03	0.03	0.02	0
PERU	0.06	0.13	0.16	0.07	0.13	0.21
PHILIPPINES	4.32	2.44	2.98	4.17	3.47	1.96
POLAND	2.11	3.37	5.89	5.6	3.79	2.52
PORTUGAL	0.07	0.05	0.15	0.19	0.18	0.11
PUERTO RICO						0
QATAR	1.1	1.36	1.8	1.64	2.29	1.07
REUNION	0.03	0.03	0.03	0.04	0.02	0.02
ROMANIA	3.5	3.93	3.17	3.95	3.22	2.09
RUSSIA	6.79	9.81	9.88	16.48	13.77	8.41
RWANDA	0.04	0	0.01	0.04	0.01	0
SAMOA	0	0	0	0	0	
SAUDI ARAB	2.09	2.72	2.57	2.71	4.22	2.97
SENEGAL	0.03	0.19	0.22	0.24	0.13	0.1
SERBIA	0.07	0.08	0.13	0.1	0.11	0.05
SEYCHELLES	0.03	0.05	0.07	0.14	0.08	0.02
SIERRA LEONE	0.04	0.06	0.08	0.35	0.13	0.04
SINGAPORE	3.86	2.06	2.25	2.9	2.61	1.43
SLOVAK REP	0.25	0.26	0.27	0.3	0.23	0.12



SLOVENIA	0.17	0.91	0.41	0.17	0.45	0.48
SOLOMON IS		0	0.01	0.01	0.01	0
SOMALIA	0.08	0.16	0.32	0.48	0.32	0.16
SOUTH AFRICA	3.21	4.51	8.05	10.5	10.44	4.01
SOUTH SUDAN	0	0	0.01	0	0.01	0.01
SPAIN	5.97	7.04	6.29	7.14	8.83	4.45
SRI LANKA DSR	3.07	3.49	4.1	6.5	3.86	1.93
ST KITT N A	0	0	0.01	0.01	0.01	0
ST LUCIA	0.04	0.04	0.06	0.07	0.06	0.03
ST VINCENT	0.03	0.03	0.05	0.03	0.04	0.03
SUDAN	1.23	0.87	1.15	0.97	0.81	0.12
SURINAME	0.04	0.01	0.03	0.03	0.01	0.01
SWAZILAND	0.08	0.01	0.01	0.01	0	0
SWEDEN	0.75	1.51	2.63	2.99	4.67	2.73
SWITZERLAND	0.6	0.59	0.92	0.3	0.41	0.24
SYRIA	0.14	0.06	0.21	0.09	0.22	0.15
TAIWAN	1.45	1.55	1.41	1.34	2.13	0.64
TAJIKISTAN	0.71	1.15	0.92	1.06	1.21	0.5
TANZANIA REP	0.62	1.19	1.34	1.7	1.41	0.85
THAILAND	2.7	5.44	7.78	4.63	8.59	3
TIMOR-LESTE	0		0	0		
TOGO	0.28	0	0.04	0.02	0.05	0.05
TONGA	0		0	0	0	
TRINIDAD	0.18	0.33	0.24	0.42	0.3	0.2
TUNISIA	0.03	0.11	0.11	0.22	0.09	0.08
TURKEY	1.73	1.81	2.03	2.29	2.72	1.88

TURKMENISTAN	0.85	0.77	0.87	1	1.11	0.41
U ARAB EMTS	18.9	22.39	26.51	26.8	25.13	14.95
U K	11.66	12.89	13.14	16.63	16.2	9.3
U S A	100.34	155.29	175.43	171.78	183.49	93.13
UGANDA	2.05	2.21	2.36	1.49	0.55	0.28
UKRAINE	5.02	4.38	4.15	1.09	0.73	0.34
URUGUAY	0.05	0.07	0.05	0.08	0.16	0.04
US MINOR OUTLYING ISLANDS	0.07					
UZBEKISTAN	1.52	2.9	4.22	3.09	0.96	0.51
VANUATU REP			0	0	0	
VENEZUELA	0	0.01	0.03	0.04	0.04	0.02
VIETNAM SOC REP	19.23	12.99	9.32	1.63	4.64	4.26
VIRGIN IS US			0			
YEMEN REPubLC	1.57	2.51	1.95	1.8	1.75	1.43
ZAMBIA	0.46	0.46	0.89	0.88	0.81	0.38
ZIMBABWE	0.03	0.02	0.06	0.11	0.1	0.03

## ENVIRONMENTAL IMPACT MITIGATORS IN CHEMICAL INDUSTRY

### 1923. SHRI BIDYUT BARAN MAHATO:

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

(a) the measures taken / proposed to be taken to ensure that chemical plants and fertilizer manufacturing units in India comply with environmental regulations and are equipped with pollution control technologies.

(b) whether the government is working to mitigate the impact of hazardous chemical spills or leaks, particularly in sensitive areas, where agriculture and water resources are heavily reliant on environmental quality, if so, the details thereof: and

(c) whether any initiatives are being implemented to encourage green chemistry and the development of environmental friendly alternatives to chemical fertilizers, especially in context of agriculture in Jharkhand and Rajasthan, 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 Government of India has implemented various measures to ensure that chemical plants and fertilizer manufacturing units in India comply with environmental regulations and are equipped with effective pollution control technologies. The Ministry of Environment, Forest and Climate Change (MoEFandCC) has prescribed environmental standards for various pollutants under the Environment Protection Act, 1986. All industrial units, including chemical and fertilizer plants, are required to comply with these standards to control air, water, and soil pollution.

Various environment regulations that have been formulated are as under:

- **The Environment Impact Assessment Notification 2006** by MoEFandCC, mandates any project or activity likely to cause significant environmental impacts, including chemical and fertilizer manufacturing units, must undergo an Environment Impact Assessment (EIA) and prepare Environment Management Plan before obtaining Environmental Clearance (EC).
- These industries are also required to obtain Consent to Operate (CTO) under the Air (Prevention and Control of Pollution) Act, 1981, and the Water (Prevention and Control of Pollution) Act, 1974, to ensure compliance with pollution control norms.
- The compliance of EC conditions is monitored by the Regional Office of MoEFandCC for Category 'A' projects and by the State Pollution Control Boards (SPCBs) or Pollution Control Committees (PCCs) for Category 'B' projects. Similarly, the compliance of CTO conditions is monitored by the respective SPCBs/PCCs. This multi-layered monitoring system ensures that industries operate in an environmentally responsible manner.
- **Hazardous Chemicals Safety Regulations:** The MoEFandCC administers the Manufacture, Storage and Import of Hazardous Chemicals (MSIHC) Rules, 1989 (as amended), and the Chemical Accidents (Emergency Planning, Preparedness and Response) Rules, 1996 (CAEPPR Rules, 1996) (as amended). These rules establish preventive mechanisms for chemical safety in industrial operations. The occupiers of Major Accident Hazard (MAH) units are required to

conduct annual safety audits and update their Safety Audit Reports. They must also prepare and update the On-site Emergency Plan.

- **Off-site Emergency Plans:** The MSIHC Rules, 1989 assign responsibility for preparing the Off-site Emergency Plan to the District Collector or designated District Emergency Authority (DEA) in each district. The Chief Inspector of Factories (CIF), appointed under the Factories Act, 1948, assists the DEA in preparing these plans, ensuring coordinated action in case of chemical emergencies.

Initiative taken by the Government with respect to pollution control technologies are

as under:

- It is mandatory for all the Chemical industries including Chemical Fertilizer industries to have adequate Effluent Treatment System and adequate Air Pollution Control System and to comply with the prescribed effluent and emission discharge standards.
- Central Pollution Control Board (CPCB) has issued directions to all 17 categories of highly polluting industries including Certain Chemicals and Fertilizer industries to install Online Continuous Effluent / Emission Monitoring System (OCEMS) with real time data connectivity with CPCB. CPCB conducts regular inspections of the industries based on the alerts of OCEMS or if OCEMS becomes offline. Based on the observations of inspections, CPCB takes action on the defaulter industries as per extant rules.

Initiative taken by the Government to ensure the compliance w.r.t. Regulations/notifications are as under:

- Central Pollution Control Board / State Pollution Control Boards / Pollution Control Committees take action on those industries that fail to comply with the notified effluent and emission discharge standards.
- In case of any environmental damage caused by the chemical industries, then environmental compensation is being paid by the companies based on the estimates as per the laid down guidelines

**(b)** To avoid incidents that include spills and leakages of hazardous chemicals, Central Pollution Control Board along with Ministry of Environment, Forests and Climate Change in coordination with other concerned authorities has prepared the guidelines titled “Integrated Guidance Framework for Chemicals Safety” in respect of isolated storage and industries covered under the Manufacture, Storage and Import of Hazardous Chemicals Rules, 1989. These guidelines were circulated by CPCB to all state pollution control board / pollution control committees in 2021 for implementation.

Considerable spills and leakages of hazardous chemical are likely to cause significant contamination of environment viz. soil, surface water and groundwater, such contaminated sites are further required to be investigated for assessing extent of contamination and for planning of necessary remediation work. In this regard, CPCB has prepared Reference Document on Identification, Inspection and Assessment of Contaminated Sites.

The Ministry of Environment, Forest and Climate Change has also prepared Guidance document for assessment and remediation of contaminated sites in India.

(c) Various initiatives taken by the Government are as under:

- Centres of Excellence have been established by the Department of Chemicals and Petrochemicals (DCPC) to undertake research in development of biodegradable and bio-based chemicals and polymers for various applications.
- The Government has approved the Market Development Assistance (MDA) at Rs. 1500/MT to promote organic fertilizers produced at plants under GOBARdhan initiative.
- HIL (India) Ltd. (a Govt. of India Enterprise, under the Dept. of Chemicals and Petrochemicals) is working on the commercialisation of neem based biopesticides with technology support from Institute of Pesticide Formulation Technology (IPFT).
- HIL (India) Ltd. is also working on the commercialization of Bti (*Bacillus thuringiensis israelensis*) based bio-larvicides with technology support of Indian Council of Medical Research's Vector Control Research Institute.
- The Dept. of Biotechnology has launched BioE3 policy which will play a catalytic role to drive industrial biotransformation in the country and to ensure sustainable bio-based production of high-value specialty chemicals, enzymes and biopolymers through synthetic biology and genetic engineering.

## **IMPLEMENTATION OF NHM IN KARNATAKA**

### **1924. SHRI GOVIND MAKTHAPPA KARJOL:**

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

(a) the details of funds allotted, sanctioned and utilised under National Health Mission (NHM) in the State of Karnataka including Chitradurga and Tumkuru districts since its inception, district wise and year-wise;

(b) the details of Community Health Centres (CHCs) and Primary Health Centres (PHCs) established under NHM in the State of Karnataka including Chitradurga and Tumkuru district since its inception, district-wise;

(c) whether the Government has taken/proposes to take steps to allocate more funds to strengthen the said mission and make it more effective, if so, the details thereof;

(d) whether the Government has taken/proposes to take steps to assess the implementation and progress of NHM in the State of Karnataka, if so, the details thereof; and

(e) if not, the reasons therefor?

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

(a)to(e): With the objective of attainment of universal access to equitable, affordable and quality health care services, the Ministry of Health and Family Welfare is implementing National Health Mission. Government provides technical



and financial support to the States/UTs for improvement in health infrastructure, availability of adequate human resources to health facilities, to improve availability and accessibility to quality health care especially for the underserved and marginalized groups. The details of funds released and utilized under the National Health Mission (NHM) from the FY 2013-14 to FY 2024-25 to the State of Karnataka is as follows:

(Rs. in Cr.)

<b>Financial Year</b>	<b>Central Release</b>	<b>Expenditure</b>
2013-14	660.39	861.84
2014-15	803.86	964.8
2015-16	772.15	1173.31
2016-17	714.09	1291.49
2017-18	1,345.50	2,016.65
2018-19	1254.82	1942.61
2019-20	1173.77	2384.28
2020-21	1232.19	2320.37
2021-22	1274.71	2200.92
2022-23	1,246.67	2,376.94
2023-24	1,187.60	2,272.27
2024-25	661.7	550.36

Note:

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

II. Release for the F.Y. 2024-25 is updated up-to 13.11.2024 and is provisional.

III. Expenditure includes expenditure against Central Release, State release and unspent balances at the beginning of the year. Expenditure is as per FMRs submitted by States/UTs and is provisional. The expenditure is updated up-to 31.07.2024.

As per Health Dynamics of India (Infrastructure and Human Resources) 2022-23 report, the details of district wise Community Health Centres (CHCs) and Primary Health Centres (PHCs) functioning under NHM in the State of Karnataka has been provided at the enclosed **Statement**.

Under National Health Mission (NHM), Rs. 36,000.00 crore has been allocated in Budget Estimate (BE) during the FY 2024-25, as against the BE of Rs. 29,085.26 crore in the FY 2023-24.

Under NHM, regular interactions are held with States/UTs. Various mechanisms exist to assess the implementation and progress of NHM like:

- Review of key deliverables of Record of Proceedings of previous financial year during the NPCC meetings,
- Common Review Missions are conducted regularly in the States/UTs which looks at financial systems and physical implementation of the program,
- Implementation of Public Financial Management System for monitoring and management of funds.
- Release of subsequent instalments is done on the basis of compliance of guidelines of Department of Expenditure, Ministry of Finance

- Submission of Financial Monitoring Reports (FMRs) by the States/UTs,

Further, monitoring and evaluation of the progress of all States/ UTs including State of Karnataka is assessed, through review meetings, video conferences and field visits of senior officials.

### **STATEMENT**

**Details of district wise Community Health Centres (CHCs) and Primary Health Centres (PHCs) functioning under NHM in the State of Karnataka**

S No.	State	Name of the District	(As on 31st March 2023)			
			Number of functional			
			PHCs		CHCs	
			Rural	Urban	Rural	Urban
1	Karnataka	Bagalkote	43	12	3	5
		Ballari	30	9	4	2
		Belagavi	126	20	15	1
		Bengaluru Rural	48	2	2	0
		Bengaluru Urban	36	167	3	8
		Bidar	52	6	7	1
		Chamarajanagara	60	2	3	0

		Chikkaballapura	57	4	2	0
		Chikkamagaluru	89	2	4	1
		Chitradurga	81	5	11	0
		Dakshina Kannada	64	12	7	1
		Davangere	79	10	2	2
		Dharwad	33	20	0	0
		Gadag	39	3	2	0
		Hassan	134	4	15	0
		Haveri	68	4	5	0
		Kalaburagi	87	15	16	0
		Kodagu	29	1	7	0
		Kolar	59	9	2	0
		Koppal	44	4	5	4
		Mandya	113	3	10	0
		Mysuru	119	28	7	3
		Raichur	50	7	6	0
		Ramanagara	61	4	4	0

		Shivamogga	97	10	7	0
		Tumakuru	142	8	4	0
		Udupi	62	2	6	0
		Uttara Kannada	82	3	2	1
		Vijayanagar	47	7	6	1
		Vijayapura	60	6	9	0
		Yadgir	41	3	6	0
		<b>Total Districts = 31</b>	<b>2132</b>	<b>392</b>	<b>182</b>	<b>30</b>
<b>Data Source: Health Dynamics of India (Infrastructure and Human Resources) 2022-23</b>						

### JANANI SHISHU SURAKSHA KARYAKARAM

#### 1925. SHRI KESINENI SIVANATH:

Will the MINISTER OF **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the total amount of funds that have been allocated and utilised under Janani Shishu Suraksha Karyakaram (JSSK) in the State of Andhra Pradesh, district-wise;
- (b) the total number of beneficiaries under the said scheme during the last five years, State-wise and year-wise;

- (c) whether the Government has conducted any impact analysis of the scheme;
- (d) if so, the details thereof; and
- (e) 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 details of amount of funds allocation and utilized under Janani Shishu Suraksha Karyakram (JSSK) in the State of Andhra Pradesh, district-wise is placed at the enclosed **Statement-I** and **II**.

(b) The total number of beneficiaries under the scheme during the last five years, State-wise and year-wise is placed at enclosed **Statement -III** and **IV**.

(c) to (e) The Government assesses the impact of JSSK under National Health Mission (NHM) by undertaking periodic Regional/State level review meetings, field visits in various States/Union Territories (UTs) and Common Review Missions (CRMs). The steps taken by Government of India are as follows:

w) Communications through multiple channels with State Governments including letters, videoconferencing, etc.

x) Popularizing the Scheme through Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) strategies including mass media.

y) Field level workers like ANMs, ASHAs and CHOs are promoting this programme at the ground level through interpersonal communication.

z) A system of regular supportive supervisory visits to the states and districts to monitor the implementation of JSSK is in place.

**STATEMENT -I**

**Approval and Expenditure of Janani Shishu Suraksha Karyakram (JSSK-Maternal Health) under National Health Mission (NHM) in Andhra Pradesh**

In lakhs

Financial Year	Approval	Expenditure
2023-24	8,174.58	6,579.04

**Approval and Expenditure of Janani Shishu Suraksha Karyakram(JSSK-Child Health) under National Health Mission (NHM) in Andhra Pradesh**

In lakhs

Financial Year	Approval	Expenditure
2023-24	378.00	377.50

**Note-**The above data is as per the available Financial Management Reports (FMR reported by the States/UTs and are provisional.

2. Expenditure includes expenditure against Central Release, State release and unspent balances at the beginning of the year. Expenditure is as per FMRs submitted by States/UTs and is provisional. The expenditure is updated up-to 30.09.2024 except

Arunachal Pradesh, Punjab (updated up-to 31.08.2024), Karnataka, Mizora (updated up-to 31.07.2024) and Meghalaya (updated up-to 30.06.2024).

**STATEMENT -II**

**District wise approval and expenditure of Janani Shishu Suraksha Karyakram (JSSK) under National Health Mission (NHM) in Andhra Pradesh**

(In lakhs)

Sl. No	District	2023-24	
		Sanction Funds	Expenditure
1	Alluri Sitharama Raju	56.00	101.21
2	Anakapalli	100.00	44.83
3	Ananthapur	142.30	134.46
4	Annamayya	60.00	85.15
5	Bapatla	49.55	45.70
6	Chittoor	103.00	66.35
7	East Godavari	84.17	104.70
8	Eluru	119.86	81.75
9	Guntur	184.18	40.53
10	Kakinada	127.50	2.50
11	Konaseema	67.00	137.45
12	Krishna	64.20	70.53



13	Kurnool	367.43	108.75
14	Nandyal	203.46	20.65
15	Nellore	123.73	42.95
16	NTR	10.00	73.96
17	Palnadu	25.00	24.10
18	Parvathi Puram Manayam	95.00	84.89
19	Prakasam	88.90	41.28
20	Sri Satya Sai	101.26	35.20
21	Srikakulam	114.76	265.05
22	Tirupathi	107.70	35.21
23	Visakhapatnam	180.00	163.84
24	Vizianagaram	156.98	27.34
25	West Godavari	95.64	139.80
26	YSR Kadapa	81.66	74.91
<b>Total</b>		<b>2909.28</b>	<b>2053.08</b>

**Source:** JSSK Release and Expenditure Statement (State report – Andhra Pradesh)

**STATEMENT -III****State/UT wise total number of Pregnant Women benefitted under JSSK  
scheme**

<b>States/UTs</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
<b>All India</b>	1,31,37,308	1,50,33,749	1,52,88,954	1,85,24,52	1,51,74,118
Andaman and Nicobar Islands	2,638	0	2,514	2,715	5,471
Andhra Pradesh	3,01,868	2,72,922	2,96,983	2,72,620	2,61,001
Arunachal Pradesh	17,007	17,735	18,462	22,217	22,734
Assam	7,90,501	5,91,248	5,64,857	6,51,106	8,69,382
Bihar	3,74,252	3,77,326	3,98,245	9,53,825	7,08,846
Chandigarh	21,388	12,480	14,689	17,762	36,591
Chhattisgarh	2,97,726	3,56,085	3,09,456	4,39,107	3,34,711
Delhi	1,65,075	1,57,522	1,43,758	1,85,220	2,36,546
Goa	26,163	16,162	18,383	19,254	29,245
Gujarat	8,57,061	8,26,051	8,34,662	9,04,265	7,52,872
Haryana	3,28,779	3,88,198	4,20,868	4,68,745	4,36,595
Himachal Pradesh	2,14,804	1,45,932	1,04,469	74,227	1,42,051
Jammu and Kashmir	3,91,835	1,23,340	1,32,691	1,66,274	2,34,207
Jharkhand	4,39,584	3,96,461	4,33,600	4,43,592	4,79,257
Karnataka	2,16,426	1,29,054	2,18,772	1,61,033	5,83,966
Kerala	1,18,586	2,37,377	2,42,471	2,73,762	5,58,415

<b>States/UTs</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
Ladakh	0	3,623	967	4,238	4,637
Lakshadweep	13	18	16	17	627
Madhya Pradesh	8,19,367	11,93,124	9,25,696	13,63,143	11,66,711
Maharashtra	19,33,112	19,02,311	19,56,966	19,57,975	12,54,143
Manipur	53,345	7,530	11,387	18,609	19,479
Meghalaya	98,448	83,726	95,856	1,09,043	1,46,227
Mizoram	5,199	4,033	3,479	2,79,459	9,394
Nagaland	11,684	6,035	7,750	9,481	12,522
Odisha	4,60,880	4,78,277	4,99,643	4,39,727	7,30,828
Puducherry	14,382	6,480	9,304	6,408	5,543
Punjab	4,10,660	1,73,477	1,76,014	1,88,247	4,56,890
Rajasthan	5,95,251	15,24,940	18,47,036	31,60,037	6,40,801
Sikkim	1,065	1,798	1,257	3,962	4,661
Tamil Nadu	5,07,189	5,33,348	5,46,208	5,17,981	8,49,564
Telangana	97,957	66,400	1,29,447	1,29,890	1,87,430
The Dadra and Nagar Haveli, Daman and Diu	11,154	7,540	9,597	10,332	14,063
Tripura	35,879	42,105	44,377	39,586	43,704
Uttarakhand	1,56,871	1,80,110	1,56,446	1,68,774	2,66,803
Uttar Pradesh	29,97,781	38,42,866	39,41,553	42,44,292	26,60,050
West Bengal	3,63,378	9,28,115	7,71,075	8,17,596	10,08,151

**Data source:** HMIS portal, MoHFW, Government of India.

**STATEMENT - IV****State/UT wise total number of Sick infants benefitted under JSSK scheme**

<b>States/UTs</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
<b>All India</b>	22,94,480	24,43,696	24,98,702	31,52,931	16,06,462
Andaman and Nicobar Islands	447	0	126	501	437
Andhra Pradesh	30,466	34,513	50,504	45,128	43,531
Arunachal Pradesh	590	741	764	629	938
Assam	1,01,552	74,406	83,319	1,16,047	61,332
Bihar	39,674	14,279	18,288	2,23,171	45,159
Chandigarh	7,176	3,653	5,021	6,668	7,932
Chhattisgarh	61,758	58,263	51,990	71,109	42,080
Delhi	26,874	17,010	13,212	19,776	9,807
Goa	6,837	1,991	1,790	1,000	774
Gujarat	2,29,056	1,59,963	1,82,880	2,30,414	1,20,779
Haryana	50,249	34,957	37,015	32,197	28,256
Himachal Pradesh	87,554	50,251	65,261	82,398	19,951
Jammu and Kashmir	32,910	29,528	34,987	54,230	50,648
Jharkhand	99,007	75,178	1,08,029	1,19,396	21,644
Karnataka	1,49,892	59,986	58,138	37,033	59,755

<b>States/UTs</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
Kerala	9,384	29,429	29,066	32,221	30,703
Ladakh	0	567	209	781	922
Lakshadweep	13	18	22	9	47
Madhya Pradesh	1,96,273	3,01,166	2,19,253	3,34,560	1,18,472
Maharashtra	1,62,008	3,28,617	2,97,562	2,17,859	1,22,307
Manipur	3,067	1,272	1,482	2,832	2,110
Meghalaya	9,680	7,420	5,856	8,668	10,622
Mizoram	1,147	695	596	752	1,763
Nagaland	703	518	572	379	1,116
Odisha	1,15,711	1,19,603	97,805	1,01,235	72,718
Puducherry	2,098	0	828	0	1,356
Punjab	88,765	54,633	60,362	70,174	33,784
Rajasthan	3,06,099	2,63,261	3,47,730	5,00,709	1,10,265
Sikkim	813	291	382	979	1,103
Tamil Nadu	35,061	1,24,045	1,38,321	1,58,270	1,19,011
Telangana	4,260	3,729	3,593	11,686	6,895
The Dadra and Nagar Haveli, Daman and Diu	5,217	2,877	3,299	4,060	7,219
Tripura	6,730	6,545	10,160	20,268	8,718
Uttarakhand	12,525	9,515	13,762	18,005	14,260
Uttar Pradesh	3,29,515	3,34,209	3,29,121	3,82,354	1,65,791

<b>States/UTs</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
West Bengal	81,369	2,40,567	2,27,397	2,47,433	2,64,257

*Data source: HMIS portal, MoHFW, Government of India*

### **IMPROVEMENT OF AYUSH SERVICES**

#### **1926. DR. KIRSAN NAMDEO:**

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

(a) whether the Government has taken/proposes to take measures to improve the infrastructure and accessibility of AYUSH services in the country, State/UT-wise including Maharashtra;

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

(c) the steps taken/proposed to be taken by the Government to promote the development of AYUSH practices and medicines under National AYUSH Mission (NAM) across the country, State/UT-wise including Maharashtra till date; and

(d) the amount of funds sanctioned/allocated/utilized under NAM in the country during the last three years and the current year, State/UT-wise including Maharashtra?

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

(a) to (c) Ministry of Ayush is implementing Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments including

Maharashtra and providing financial assistance for overall development and promotion of AYUSH system which also includes improvement of infrastructure and accessibility of AYUSH services, practices and medicines in the country. The mission inter-alia makes provision for the following activities:

(i) Operationalization of Ayush Health and Wellness Centres now renamed as Ayushman Arogya Mandir (Ayush) by upgrading existing Ayush dispensaries and Sub health Centres.

(ii) Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs).

(iii) Upgradation of existing standalone Government Ayush Hospitals.

(iv) Upgradation of existing Government/Panchayat/Government aided Ayush Dispensaries/ Construction of building for existing Ayush Dispensary (Rented/ dilapidated accommodation)/ Construction of building to establish new Ayush Dispensary in the area where there are no Ayush facilities available.

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

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

(vii) Ayush Public Health Programmes.

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

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

(d) As per the proposals received from the State/UT Governments through the State Annual Action Plans (SAAPs), Ministry of Ayush has released an amount of Rs. 2535.65 Crore during last three years for implementation of different approved activities of SAAPs. The amount of funds sanctioned/allocated/utilized under NAM in the country during the last three years and the current year, State/UT-wise including Maharashtra is furnished at the enclosed **Statement**.

### **STATEMENT**

**Funds sanctioned/allocated/utilized under National Ayush Mission in the country during the last three years and the current year, State/UT-wise including Maharashtra**

(Rs. In Lakhs)									
Sl. No.	Name of States / UTs	2021-22		2022-23		2023-24		2024-25	
		Sanctioned / Allocated	Utilised	Sanctioned / Allocated	Utilised	Sanctioned / Allocated	Utilised	Sanctioned / Allocated	Utilised
1	Andaman and Nicobar Islands	296.06	295.44	142.39	142.39	407.29	387.65	542.76	Not reported by State / UT Govts.
2	Andhra Pradesh	0	0	0	0	0	0	2497.19	
3	Arunachal Pradesh	180.85	180.85	402.04	402.04	1186.04	1016.6	0	
4	Assam	639.52	507.91	1011.77	908.67	3471.45	2883.72	4263.25	
5	Bihar	1686.08	1686.08	0	0	1161.06	197.03	0	
6	Chandigarh	94.86	94.05	189.73	155.02	226.32	210.86	447.58	
7	Chhattisgarh	841.31	735.01	0	0	2151.43	1217.82	3194.06	



8	Dadra and Nagar Haveli and Daman and Diu	0	0	0	0	408.45	296.1	0
9	Delhi	0	0	0	0	0	0	0
10	Goa	218.99	218.99	142.29	105.37	628.3	517.22	610.67
11	Gujarat	466.93	450.55	1908.62	794.41	2961.42	920.27	0
12	Haryana	647.7	623.62	1219.91	1219.91	3026.59	2705.72	1371.9
13	Himachal Pradesh	1261.8	1256.4	3873.58	3723.53	3659.22	2244.07	0
14	Jammu and Kashmir	1313.11	1245.61	4895.09	4699.57	7510.36	7079.61	4361.6
15	Jharkhand	1309.77	1309.77	7752.57	7752.57	2390.42	2090.39	0
16	Karnataka	1821.46	1777.8	1714.09	1546.45	5031.54	4605.48	3675.79
17	Kerala	1153.39	1153.39	4399.83	4122	7989.4	7381.76	6237.96
18	Ladakh	187.45	180.89	72.27	72.27	47.32	41.77	190.29
19	Lakshadweep	64.26	64.26	116.32	116.32	332.01	319.69	220.48
20	Madhya Pradesh	3123.2	3116.93	1716	1649.9	6120	5132.34	4689.59
<b>21</b>	<b>Maharashtra</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2235.54</b>	<b>1291.86</b>	<b>0</b>
22	Manipur	170.04	128.72	1723	1590.54	0	0	1276.67
23	Mizoram	259.08	259.08	117.27	117.27	1057.86	986.48	550.74
24	Meghalaya	609.78	609.78	796.84	796.84	1722.6	1341.01	0
25	Nagaland	232.27	232.27	495.78	495.78	1016.97	934.53	892.11
26	Odisha	1075.38	1071.08	0	0	0	0	2369.21
27	Puducherry	200.27	199.03	623.95	615.88	197.08	146.16	0
28	Punjab	527.28	527.28	0	0	109.85	61.46	0
29	Rajasthan	3189	2940.51	0	0	3731.51	1797.4	10088.3
30	Sikkim	99.3	99.3	626.06	626.06	492.37	492.37	217.39
31	Tamil Nadu	2348.27	2147.03	2428.69	1879.99	6635.76	4727.45	0
32	Telangana	3132.25	3044.95	0	0	1225.17	852.4	2491.38
33	Tripura	138.71	127.32	1030.9	1008.4	566.99	412.31	815.77
34	Uttar Pradesh	13809.72	13601.37	14437.6	13723.78	12418.6	11105.3	13903.18
35	Uttarakhand	2622.5	2622.5	1855.8	1855.8	3234.38	2713.15	1337.83
36	West Bengal	2118.05	2118.05	1056.58	900.33	3379.39	2220.14	0
<b>Total</b>		<b>45838.62</b>	<b>44625.78</b>	<b>54748.94</b>	<b>51021.07</b>	<b>86732.66</b>	<b>68330.12</b>	<b>66245.68</b>

## **ALTERNATIVE TO DAP FERTILIZER**

**1927: DR. KALANIDHI VEERASWAMY:**

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

- (a) the reasons for the ongoing shortage of Diammonium Phosphate (DAP) fertilizer in the country;
- (b) whether the shortage of DAP has impacted farmers, particularly in terms of crop production and costs of farming inputs;
- (c) the measures taken/proposed to be taken by the Government to ensure the timely and adequate supply of DAP fertilizer to farmers across the country;
- (d) whether there are any efforts underway to diversify the sources of DAP or find alternative fertilizers to mitigate the reliance on imported DAP in the long term; and
- (e) whether the Government is considering to implement any subsidies or support programs to assist farmers who are being disproportionately affected by the increased costs or unavailability of 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): The requirement of DAP in the country for the ongoing Rabi 2024-25 season, as per the assessment by Department of Agriculture and Farmers Welfare, is 52.05 LMT. Against the pro-rata requirement, for the period 01.10.2024 to 03.12.2024, of 35.52 LMT, 38.27 LMT of DAP has been made available across the

States. Further, the sales of DAP during the said period is 29.22 LMT and the States are having closing stock of 9.05 LMT of DAP.

(c): The following steps are taken by the Government every season for ensuring timely and adequate supply of fertilizers in the country:

- i. Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DAandFW), in consultation with all the State Governments, assesses the state-wise and month-wise requirement of fertilizers.
- ii. On the basis of requirement projected, Department of Fertilizers allocates sufficient/ adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.
- iii. The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web based monitoring system called integrated Fertilizer Monitoring System (iFMS);
- iv. Regular Weekly Video Conference is conducted jointly by DAandFW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.
- v. The gap between demand (requirement) and production of fertilizers is met through imports. The import for the season is also finalized well in advance to ensure timely availability.

(d): Government of India (GOI), through fertilizer companies, is actively engaging with DAP producing nations to procure additional supplies of DAP. Accordingly, opportunities for increasing the procurement of DAP have been explored in countries including Morocco, Egypt and Saudi Arabia. Moreover, Government of India (GOI) has implemented Nutrient Based Subsidy Policy w.e.f. 01.04.2010 for Phosphatic and Potassic (PandK) Fertilizers, under which subsidy is provided on notified PandK fertilizers, which includes Single Super Phosphate (SSP) also. Besides, GOI has notified Nano DAP under the Fertilizer Control Order (FCO) – 1985.

(e): Government of India has laid down reasonable guidelines for PandK fertilizers which ensure that PandK fertilizers are available at reasonable prices to farmers. Accordingly, all farmers are being supplied fertilizers at the subsidized rates.

### **ARREST OF INDIAN FISHERMEN FROM TAMIL NADU**

#### **1928. SHRI ROBERT BRUCE C.:**

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

(a) the steps taken/proposed to be taken by the Union Government to tackle the issue of innocent Indian Fishermen from Tamil Nadu being arrested in the Middle Eastern Countries;

(b) the steps taken/proposed to be taken by the Union Government to raise the issue of arrest, detention and illegal execution of Indian Fishermen from Tamil Nadu by the Sri Lankan Authorities; and

(c) the number of Indian Fishermen from the State of Tamil Nadu presently detained/incarcerated in foreign jails as on date, country-wise?

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

(a) to (c) Government of India attaches highest priority to the safety, security and welfare of Indian fishermen. The fishermen issue is dealt with in a bilateral manner and the Government has been taking up the fishermen 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. The matter of early release and repatriation of Indian fishermen is consistently raised with respective countries at all levels and it is conveyed that this issue may be considered purely on humanitarian and livelihood grounds. Further, our Missions and Consulates in respective countries make regular visits to local jails and detention centres to ascertain the condition of Indian fishermen and provide requisite help and support, including legal assistance. Our Missions also provide necessary travel documents to facilitate repatriation of released fishermen to India.

With respect to Sri Lanka, during his visit in October 2024, EAM discussed the issues related to fishermen with the new political leadership. The issue is also dealt with through bilateral institutional mechanisms such as the regular meetings of the bilateral 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.

Country	Number of Indian fishermen from Tamil Nadu in custody
Sri Lanka	486
Pakistan	07
Bahrain	37
Saudi Arabia	25 (Number represents total Indians in custody. Host government does not share passport details of Indian nationals arrested and hence state-wise data unavailable)

### DIGITISATION OF COURT RECORDS

#### 1929. SHRIMATI ROOPKUMARI CHOUDHARY:

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

- (a) the current status of the facilitation of e-inspection of digitized records in the courts of Chhattisgarh;
- (b) the details regarding the extent of its implementation and challenges has been faced by the Government;
- (c) the progress report regarding the digitisation of court records in Chhattisgarh;
- (d) the number of records digitised and the timeframe by which the entire process will be completed;
- (e) the steps taken to promote and facilitate e-filing in the High Court of Chhattisgarh indicating the number of cases filed electronically and comprehensive report on the current system of e-filing; and
- (f) whether the Government has any plans for its expansion or improvement, if so, the details thereof and the measures taken to ensure the security and privacy of digitized court records and e-filing systems in Chhattisgarh?

**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 apprised by the High Court of Chhattisgarh, the e-inspection facility of digitized records in the courts of Chhattisgarh is currently not available.

(b): Does not arise in view of reply to part (a) above.

(c) and (d): As per the inputs provided by the High Court of Chhattisgarh, as on 30.11.2024, the number of case records digitized is 84,059. In addition, number of scanned records is 3,86,680 and records pending for verification is 3,02,621. The expected time of completion of the entire process is about 2 years.

(e) As per the information made available by the High Court of Chhattisgarh, from 01.01.2024 till date, 1315 cases have been filed through e-filing. At present about 2 to 5 cases of different types are being filed per day through e-filing. The Company Appeal (COMA), Company Petition (COMP), Arbitration Request (ARBR), Arbitration Application (ARBAP), Arbitration Appeal (ARBA) are mandatory to be filed through e-filing portal, while e-filing in other cases is optional. Trainings regarding e-filing have been given to the advocates several times.

(f) In the eCourts Project Phase-III, an amount of Rs. 215.97 crore has been allocated for e-filing component, including for the High Court of Chhattisgarh. A Sub-Committee consisting of six judges of the various High Courts, assisted by technical working group members consisting of domain experts, has been constituted by the Chairperson of the eCommittee of the Supreme Court of India to suggest/recommend secure connectivity and authentication mechanisms for data protection, to preserve the right to privacy. The Sub-Committee is mandated to critically assess and examine the digital infrastructure, network and service delivery solutions created under the eCourts project for giving solutions for strengthening data security and for protecting the privacy of citizens.

As per the information provided by the High Court of Chhattisgarh, for the security and privacy of digitized court records and e-filing systems in Chhattisgarh, these data are stored in local servers, Central Server in the High Court and further, it is stored in the server of the Supreme Court. All these servers are Firewall protected.



## CHANDIPURA VIRUS INFECTION

### 1930. SHRI SELVAGANAPATHI T.M.:

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

(a) whether it is a fact that according to World Health Organisation, the current outbreak of Chandipura virus infection in India is considered the largest in the last 20 years;

(b) if so, the details thereof;

(c) whether it is also a fact that the World Health Organisation advised that surveillance efforts should be enhanced in high risk areas, focusing on people at risk, such as children younger than 15 years presenting with acute onset of fever and central nervous system symptoms and if so, the details thereof;

(d) whether it is true that a 43 districts in the country are currently reporting acute encephalitis syndrome; and

(e) if so, the details thereof?

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

(a) and (b) A total of 64 laboratory confirmed cases of Chandipura virus infection have been reported in the year 2024. Year wise details of the confirmed cases are enclosed **Statement-I**.

(c) Integrated Disease Surveillance Program (IDSP) is an important program under National Health Mission that does the disease surveillance in the country. IDSP is implemented in all 36 States/UTs. The program is responsible for the surveillance

of 33 plus epidemic prone diseases. Surveillance of Acute Encephalitis Syndrome (AES) cases across the country including the high-risk area is being performed through IDSP.

Government has issued a advisory to ensure proper vector control measures on Chandipura Virus (CHPV). The advisory provides guidance to the States for ensuring timely referral of suspected AES cases to designated facilities for improving the health outcomes. It also aims to create awareness among the community regarding prevention measures.

(d) and (e) Presumptive cases of Acute Encephalitis Syndrome are being reported by all States/UTs. Details of these cases reported during the month of November-2024 are enclosed as **Statement-II**.

### **STATEMENT-I**

**Year wise details of the confirmed cases Chandipura virus infection.**

<b>Year</b>	<b>Number of lab. confirmed Chandipura infection cases</b>
2003	28
2004	12
2006	25
2007	39
2009	10
2010	1

2011	18
2012	28
2013	1
2014	25
2015	12
2016	5
2017	4
2018	9
2019	18
2020	4
2021	2
2022	4
2023	1
2024	64

**STATEMENT -II**

**Details of Presumptive cases of Acute Encephalitis Syndrome reported during the month of November-2024**

S.No	State	Presumptive Cases	
		Cases	Deaths
1	Andaman and Nicobar Islands	1	0
2	Andhra Pradesh	33	0

3	Arunachal Pradesh	0	0
4	Assam	206	1
5	Bihar	78	0
6	Chandigarh	1	0
7	Chhattisgarh	25	0
8	Delhi	5	0
9	Goa	0	0
10	Gijarat	16	0
11	Haryana	1	0
12	Himachal Pradesh	1	0
13	Jammu and Kashmir	20	1
14	Jharkhand	1	0
15	Karnataka	52	0
16	Kerala	7	0
17	Ladakh	0	0
18	Lakshadweep	0	0
19	Madhya Pradesh	12	0
20	Maharashtra	17	0
21	Manipur	0	0
22	Meghalay	64	0
23	Mizoram	0	0
24	Nagaland	0	0

25	Odisha	11	0
26	Puducher	0	0
27	Punjab	7	0
28	Rajasthan	22	0
29	Skkim	1	0
30	Tamilnadu	40	0
31	Telangana	4	0
32	The Dadra and Nagar Haveli And Daman And Diu	0	0
33	Tripura	1	0
34	Uttrakhand	4	0
35	Uttar Pradesh	64	0
36	West Bengal	23	0
	total	717	2

### **PRADHAN MANTRI MATRU VANDANA YOJANA (PMMVY) 2.0**

**1931. SHRI RAJU BISTA:**

**SHRI RAHUL KASWAN:**

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

(a) the steps taken/proposed by the Government to create awareness regarding Maternity Benefits since 2023 and to ensure timely disbursement of benefits;

- (b) the amount allocated and utilised under the Pradhan Mantri Matru Vandana Yojana (PMMVY) since January, 2022, State/UT-wise along with the allocation in the districts of Darjeeling, Kalimpong and North Dinajpur district in West Bengal during the last five years;
- (c) the number of beneficiaries under the aforementioned Yojana since January 2022, year-wise;
- (d) the details of amount dispensed to the beneficiaries for the second child under the Janani Suraksha Yojana (JSY) since January 2022;
- (e) whether the Government is considering to extend the scope of PMMVY and include other components, therein if so, the details thereof; and
- (f) the details of the steps taken to address the gap between PMMVY 2.0 compensation and the state monthly wages for unskilled workers including the high discrepancy States?

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

- (a) The Ministry conducts various awareness programs including those on Maternity Benefits through SANKALP-Hub for Empowerment of Women (HEW) scheme. It includes various Information, Education and Communication (IEC) and Behavior Change Communication (BCC) activities such as Prabhat Pheri, Nukkad Natak, Newspaper Advertisements, Airing Radio Jingles, Selfie Campaign, Door to Door Campaign, Community Programmes which are conducted at field functionary

levels. Further, the Ministry is also running special campaign for registration of eligible beneficiaries in all the States and UTs under PMMVY on a periodic basis.

(b) The State/UT-wise details of central share of funds released and utilization reported by States/UTs during the financial years 2021-22, 2022-23 and 2023-24 are given in the enclosed **Statement**. Funds are released to States/UTs and no district-wise funds are allocated/released under PMMVY.

(c) The year-wise details of beneficiaries enrolled under PMMVY during the years 2021-22, 2022-23, 2023-24 and (till 30.11.2024) are as under:

<b>Financial Year</b>	<b>Number of Beneficiaries Enrolled</b>
2021-22	52,30,822
2022-23	61,58,404
2023-24	53,07,969
2024-25 (Till 30.11.2024)	28,38,487

(d) The Ministry of Health and Family Welfare provides financial assistance under Janani Suraksha Yojana (JSY) to all pregnant women in those States/UTs that have low institutional delivery rates, namely, the States/UTs of Assam, Bihar, Chhattisgarh, Jharkhand, Jammu and Kashmir, Ladakh, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand are categorized as Low Performing States (LPS). However, in remaining States/UTs where the levels of institutional delivery are satisfactory, pregnant women from BPL/SC/ST households only are entitled for JSY benefit. These states are categorized as High Performing States (HPS) under JSY. The conditionalities of age of pregnant women i.e. 19 years or

above and only up to two children have been removed w.e.f. 08.05.2013. The details of total expenditure incurred during the FY 2021-22, 2022-23, 2023-24 and 2024-25 are as under:

<b>Financial Year</b>	<b>Expenditure (Rs. In Crore)</b>
2021-22	1,478.73
2022-23	1,778.10
2023-24	1,814.86
2024-25 (Up to Quarter 2)	607.00

(e) No such proposal is under consideration of the Ministry of Women and Child Development under PMMVY.

(f) One of the objectives of PMMVY is to provide cash incentive for partial compensation for the wage loss so that the woman can take adequate rest before and after the delivery. There is no proposal under consideration of the Ministry of Women and Child Development to address the gap between PMMVY 2.0 compensation and the State monthly wages.



**STATEMENT**

**Statement showing State/UT-wise details of Central share of funds released and Utilization reported by States/UTs during the Financial Years 2021-22, 2022-23, 2023-24 and 2024-25 under Pradhan Mantri Matru Vandana Yojana (PMMVY)**

Sl. No.	State/UT	2021-22		2022-23		2023-24		2024-25 (As on 03.12.2024)	
		(Rs. In Crores)		(Rs. In Crores)		(Rs. In Crores)		(Rs. In Crores)	
		Released	Utilised	Released	Utilised	Released	Utilised	Released	Utilised
1	Andaman and Nicobar Islands	1.19	0.71	0.18	0.74 <sup>^</sup>	0	0.40 <sup>^</sup>	0.33	
2	Andhra Pradesh	20.22	14.43	71.89	95.81 <sup>^</sup>	57.99	63.18 <sup>*^</sup>	0	
3	Arunachal Pradesh	1.13	6.31 <sup>^</sup>	1.43	2.29 <sup>^</sup>	0	0.63 <sup>*^</sup>	0	
4	Assam	35.47	95.78 <sup>^</sup>	79.18	NR	155.05	69.23 <sup>*</sup>	0	
5	Bihar	211.74	113.71	171.74	216.12 <sup>^</sup>	0	11.1 <sup>^</sup>	0	
6	Chandigarh	1.89	2.27 <sup>^</sup>	0.62	0.05	4.08	0	0	
7	Chhattisgarh	38.66	34.78	72.75	45	0	19.03 <sup>^</sup>	24.43	
8	Dadra and Nagar Haveli	1.71	0.04	1.84	1.82	0.91	1.37 <sup>^</sup>	0	

9	Daman and Diu								UC not yet Due
10	Goa	1.09	0.73	1.61	1.12	0	0.4^	0.8	
11	Gujarat	46.32	25.21	10.75	94.37^	75.64	64.87*	0	
12	Haryana	40.02	40.91^	63.66	95.81^	0	4.41*^	0	
13	Himachal Pradesh	21.17	18.88	14.19	16.24^	10.56	3.68	11.43	
14	Jammu and Kashmir	39.34	32.85	20.6	24.43^	33.6	2.67	0	
15	Jharkhand	58.39	35.24	29.27	NR	0	26.14*^	0	
16	Karnataka	142.77	72.57	148.87	210.10^	113.96	44.22	64.44	
17	Kerala	53.37	57.5^	53.96	45.93	61.06	20.33	0	
18	Ladakh*	0.38	0.36	0.31	0.07	0.69	0.63*	0	
19	Lakshadweep	0.11	0.14^	0.14	0.11	0.23	0.23	0.27	
20	Madhya Pradesh	130.29	102.19	204.02	101.21	105.51	95.27	105.52	
21	Maharashtra	99.5	149.02^	240.83	NR	0	44.74^	0	
22	Manipur	1.15	2.90^	3.45	3.14	7.93	3.70*	0	
23	Meghalaya	5.08	6.06^	6.26	6.04	0	1.96*	0	
24	Mizoram	2.9	2.99^	1.99	1.78	1.4	1.09*	0.7	

25	Nagaland	4.98	2.13	2.03	6.95^	2.42	1.91	3.1
26	NCT of Delhi	28.31	25.82	31.46	31.09	27.15	18.46*	0
27	Odisha	0	0	0	0	0	0	0
28	Puducherry	2.39	2.98^	1.96	NR	0	0.09*^	0
29	Punjab	16.47	9.9	18.82	34.54^	32.05	29.72	17.25
30	Rajasthan	108.2	98.06	81.84	114.15^	123.23	56.33	0
31	Sikkim	0.42	0.44^	0.7	1.11^	1.28	0.39	0
32	Tamil Nadu	35.02	111.21^	68.03	78.86^	0	37.63*^	0
33	Telangana	0	0	0	0	0	0	0
34	Tripura	4.53	4.49	3.27	4.71^	11.31	2.79	0
35	Uttar Pradesh	290.85	199.7	500.68	640.89^	0	123.97*^	0
36	Uttarakhand	20.71	23.81^	16.69	NR	30.35	19.68	0
37	West Bengal	162.58	0.005	63.22	NR	0	0	0
	<b>Total</b>	<b>1628.35</b>	<b>1294.12</b>	<b>1988.14</b>	<b>1874.48</b>	<b>856.42</b>	<b>770.25</b>	<b>228.27</b>

^ - This amount includes the unspent balance of previous years.

\* - This amount includes the State share also.

NR - Not Reported.

## कैंसर के उपचार के लिए विशेष नैदानिक केन्द्र

### 1932. श्री काली चरण सिंह:

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

(क) क्या सरकार का कैंसर के बढ़ते मामलों के मद्देनजर देश में कैंसर की रोकथाम, जांच और उपचार के लिए विशेष नैदानिक केन्द्र स्थापित करने का विचार है;

(ख) यदि हां, तो इस संबंध में सरकार की नीतियों सहित तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार का देश में कैंसर के बढ़ते मामलों और मृत्यु दर को देखते हुए कैंसर की रोकथाम और उपचार के लिए होमी भाभा कैंसर अस्पताल जैसे संस्थानों का विस्तार करके प्रत्येक जिले और राज्य में कैंसर रोगियों को बेहतर सुविधाएं प्रदान करने का विचार है; और

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

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

(क) और (ख): भारत सरकार का स्वास्थ्य और परिवार कल्याण विभाग राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के हिस्से के रूप में गैर-संचारी रोगों की रोकथाम और नियंत्रण के लिए राष्ट्रीय कार्यक्रम (एनपी-एनसीडी) के तहत राज्यों और संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। यह कार्यक्रम कैंसर सहित गैर-संचारी रोगों के उपचार और प्रबंधन के लिए बुनियादी ढांचे को मजबूत करने, मानव संसाधन विकास, शीघ्र निदान, उचित स्तर के स्वास्थ्य परिचर्या सुविधा केंद्र के लिए रेफरल और इनकी रोकथाम के लिए स्वास्थ्य संवर्धन और जागरूकता पैदा करने पर केंद्रित है। एनपी-एनसीडी के तहत, कीमोथेरेपी के लिए 770 जिला एनसीडी क्लीनिक, 372 जिला डे केयर सेंटर और 6410 सामुदायिक स्वास्थ्य केंद्र एनसीडी क्लीनिक स्थापित किए गए हैं।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत देश में व्यापक प्राथमिक स्वास्थ्य परिचर्या के एक हिस्से के रूप में कैंसर सहित आम गैर-संचारी रोगों की जांच, प्रबंधन और रोकथाम के लिए जनसंख्या-

आधारित पहल शुरू की गई है। मुख, गर्भाशय-ग्रीवा और स्तन कैंसर की जांच सेवा-प्रदायगी का एक अभिन्न अंग है।

इसके अतिरिक्त, कैंसर के लिए जन जागरूकता बढ़ाने और स्वस्थ जीवन शैली को बढ़ावा देने के लिए किए गए उपायों में राष्ट्रीय कैंसर जागरूकता दिवस, विश्व कैंसर दिवस मनाना, सामुदायिक जागरूकता की निरंतरता के लिए प्रिंट, इलेक्ट्रॉनिक और सोशल मीडिया का उपयोग करना शामिल है। कैंसर सहित गैर-संचारी रोगों के लिए जागरूकता पैदा करने के कार्यक्रमों के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत राज्यों/संघ राज्य क्षेत्रों को उनकी कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के अनुसार वित्तीय सहायता प्रदान की जाती है।

भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण (एफएसएसआई) के "ईट राइट इंडिया मूवमेंट" के माध्यम से "स्वस्थ खानपान" को बढ़ावा दिया जाता है। युवा कार्यक्रम और खेल मंत्रालय द्वारा "फिट इंडिया मूवमेंट" को क्रियान्वित किया जाता है। आयुष मंत्रालय द्वारा योग से संबंधित विभिन्न कार्यक्रमों आयोजित किए जाते हैं।

(ग) और (घ): केंद्र सरकार विशिष्ट स्वास्थ्य परिचर्या स्तर पर कैंसर परिचर्या के लिए सुविधाकेंद्रों को बढ़ाने के लिए कैंसर के विशिष्ट स्वास्थ्य परिचर्या सुविधाकेंद्रों को सुदृढ़ करने की योजना को लागू करती है। इस योजना के तहत, 19 राज्य कैंसर संस्थानों (एससीआई) और 20 विशिष्ट स्वास्थ्य परिचर्या कैंसर केंद्रों (टीसीसीसी) को मंजूरी दी गई है। झज्जर (हरियाणा) में राष्ट्रीय कैंसर संस्थान और चित्तरंजन राष्ट्रीय कैंसर संस्थान, कोलकाता के दूसरे परिसर को भी अत्याधुनिक नैदानिक, उन्नत विकिरण, चिकित्सा और शल्य चिकित्सा देखभाल सुविधाओं के साथ स्थापित किया गया है। प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के तहत स्थापित सभी नए एम्स और उन्नत मौजूदा सरकारी मेडिकल कॉलेज/संस्थान भी कैंसर के उपचार पर ध्यान केंद्रित करते हैं।

परमाणु ऊर्जा विभाग ने टाटा मेमोरियल सेंटर के अंतर्गत मुंबई, नवी मुंबई, न्यू चंडीगढ़, संगरूर, वाराणसी (2), मुजफ्फरपुर, गुवाहाटी, विशाखापत्तनम में 9 कैंसर अस्पतालों की स्थापना की है।

## FUNDS ALLOCATION UNDER AB PM-JAY

### 1933. SHRI ARUN BHARTI:

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

- (a) the amount of funds allocated, disbursed and utilized under AB PM-JAY since January 2021, year-wise;
- (b) the total number of the beneficiaries under AB PM-JAY during the said period;
- (c) the steps taken by the Government to make the said successful since January 2021; and
- (d) whether the Government is considering to expand the AB PM-JAY for the next five years, if so, the details thereof, 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): Under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), funds are released to States/UTs as per the actual utilization. The Financial Year-wise details of funds allocated and released to States/UTs under AB-PMJAY are as under:

Financial Year	Funds allocated for release to States/UTs as Grant-In-Aid (In crore of Rupees)	Funds released to States/UTs as Grant-In-Aid (In crore of Rupees)

2020-21	5995	2978.86
2021-22	5995	2940.65
2022-23*	6000	6048.63
2023-24	6220	6060.44
2024-25	6878	4106.14 (as on 25.11.2024)

\*Budget for FY 2022-23 was revised to ₹6,295 crore at the RE stage.

(b): AB-PMJAY aims to provide health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to approximately 55 crore beneficiaries corresponding to 12.37 crore families constituting the bottom 40% of India's population.

Initially, 10.74 crore beneficiary families under AB-PMJAY were targeted on the basis of the Socio-economic Caste Census (SECC) of 2011 using select deprivation and occupational criteria across rural and urban areas respectively to identify the families. Further, in January 2022, on the basis of decadal growth rate of 11.7%, Government of India revised the beneficiary base to 12 crore families and States/UTs have been given the flexibility to use other databases for verification of beneficiaries against such SECC beneficiaries who could not be identified and verified.

In March 2024, 37 lakh families of ASHA, Anganwadi Worker and Anganwadi Helpers were also included in the scheme. Further, on 29.10.2024, the Government of India expanded the scheme to provide free treatment benefits of up to ₹5 lakh per year on a family basis to all senior citizens aged 70 years and above, irrespective of their socio-economic status. Additionally, many States/UTs implementing the scheme have expanded the beneficiary base at their own cost. The Financial Year-wise details of Ayushman cards created under AB-PMJAY are as under:

Financial Year	Number of Ayushman cards created
2020-21	3.2 crore
2021-22	2.3 crore
2022-23	9.4 crore
2023-24	11.4 crore
2024-25	2.2 crore (as on 30.11.2024)

(c) and (d): Several measures are taken for effective implementation of Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). These are improved beneficiary identification, service uptake, awareness and monitoring. To enhance beneficiary identification, the National Health Authority (NHA) has enriched



databases, upgraded technology with BIS 2.0 for easier card generation and implemented campaigns like "Aapke Dwar Ayushman" to mobilize millions. Service uptake is boosted through rationalization of Health Benefit Packages (HBP 2022), introduction of beneficiary facilitation agencies. Beneficiary empowerment efforts include partnerships with grassroots workers, initiatives like Ayushman Mitra and the issuance of Adhikar and Abhinandan Patras to inform and engage beneficiaries. Awareness campaigns leverage diverse media platforms to disseminate information. Monitoring is ensured through a dedicated Monitoring and Research division, anti-fraud units and periodic evaluations. Together, these initiatives aim to improve access, ensure transparency and maximize the scheme's reach and impact.

As a result of the persistent efforts, as on 31.10.2024, more than 35.8 crore Ayushman cards have been created across the country and a total of 29,870 hospitals are empaneled under the scheme including 13,173 private hospitals, to ensure delivery of quality healthcare services to the beneficiaries. Further, a total of 8.19 crore hospital admissions worth Rs. 1.13 lakh crore have been authorized under the scheme.

### **IMPLEMENTATION OF AYURGYAN SCHEME**

#### **1934. SHRI TEJASVI SURYA:**

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

(a) the details of the progress made in implementing the AYURGYAN scheme from its inception in FY 2021-22 till date;

(b) the number of professionals who have been benefitted from training and capacity building programs since its inception; and

(c) the steps being taken/proposed to be taken by the Government to increase enrolment in AYUSH educational institutions through this scheme?

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

(a)The Ministry of Ayush is implementing a Central Sector Scheme namely AYURGYAN since 2021-22 with the aim to support Research and Innovation in Ayush through Extra Mural Research activities and Education by providing academic activities, training, capacity building etc.

The Scheme has three components viz. (i) Capacity Building and Continuing Medical Education (CME) in Ayush (ii) Research and Innovation in AYUSH and (iii) Ayurveda Biology Integrated Health Research. Ayurveda Biology Integrated Health Research has been added under the scheme from the year 2023-24 as a 3<sup>rd</sup> component. The detailed scheme guidelines are available on the portal of Ministry of Ayush (<https://ngo.ayush.gov.in/ayurgyan>).

Notable milestones/Progress made under Ayurgyan scheme since inception is as under:

i) **Under Capacity Building and CME in Ayush Component:**

➤ Fund to the tune of Rs.2.70 Crore during FY 2021-22, Rs.6.25 Crore during FY 2022-23, Rs.4.50 Crore during FY 2023-24 and Rs.2.99 Crore (as on 02.12.2024) was released/disbursed to conduct 28, 73, 49 and 36 training programmes respectively for Ayush personnel.

ii) **Research and Innovation in Ayush component**

➤ Fund to the tune of Rs.1.76 Crore during FY 2021-22, Rs.2.82 Crore during FY 2022-23, Rs.4.00 Crore during FY 2023-24 and Rs.2.07 Crore during FY 2024-25 (as on 02.12.2024) was released for 21, 25, 37 and 16 Research Projects respectively.

(iii) **Ayurveda Biology Integrated Health Research**

➤ Fund to the tune of Rs.6.16 Crore during FY 2023-24 and Rs.19.96 Crore (as on 02.12.2024) was released for 02 and 04 Research Projects respectively.

(b) Under Capacity Building and CME in Ayush Component of Ayurgyan scheme, 4717 number of Ayush personnel has been trained since inception of the scheme.

(c) Ministry of Ayush has developed a portal i.e. NGO Ayush portal ([www.ngo.ayush.gov.in](http://www.ngo.ayush.gov.in)) for online submission of proposals, which is open throughout the year, to increase the enrolment of AYUSH educational institutions under the scheme.

**WELFARE OF NEWBORN BABIES AND MOTHERS UNDER NHM**

**1935: DR. BYREDDY SHABARI:**

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

- (a) whether the Government has any data regarding the funds made available under NHM for the welfare of newborn babies and mothers for Andhra Pradesh during FY 2024-25, if so, the details thereof;
- (b) the steps taken/proposed to be taken by the Government to ensure quality of Mother Newborn Care Unit (MNCU) across the country, if so the details thereof;
- (c) whether any funds have been allocated to Andhra Pradesh for providing the best MNCU units, if so, the details thereof;
- (d) whether the Government has any data regarding non-institutional deliveries happening across the country, if so, the details thereof, State-wise;
- (e) whether the Government has any data regarding the funds allocated for Andhra Pradesh under Janani Shishu Suraksha Karyakaram during the FY 2024-25, if so, the details thereof; and
- (f) the steps taken/proposed to be taken by the Government to improve primary healthcare for Nandyal Lok Sabha constituency?

**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, an allocation of Rs. 13352.19 lakhs has been made for Child Health and Rs. 19080.03 lakhs for Maternal Health for the State of Andhra Pradesh in the FY 2024-25.
- (b) To ensure quality of Mother Newborn Care Unit (MNCU) across the country, the Ministry of Health and Family Welfare implements capacity-building programs as

Facility-Based Newborn Care (FBNC). Navjat Shishu Suraksha Karyakram (NSSK) strengthens the skills of healthcare providers working in Newborn Care Units and Mother Newborn Care Units (MNCUs) to deliver quality newborn care services.

MusQan is the initiative to enhance the quality of care and promote adherence to standard treatment protocols for newborn and paediatric care at public health facilities.

(c) A total of Rs. 920 lakhs were allocated for establishment of 10 MNCU in the State of Andhra Pradesh in FY 2020-21.

(d) The details of non-institutional deliveries for FY 2023-24, State/UTs wise is placed at enclosed **Statement**.

(e) An amount of Rs. 9494.72 lakhs is allocated in State Programme Implementation Plan (SPIP) 2024-25 for Andhra Pradesh under Janani Shishu Suraksha Karyakram.

(f) The Ministry of Health and Family Welfare provides technical and financial support to State/UTs to strengthen the Primary Health Care system, based on the proposal received in the form of Programme Implementation Plan (PIP) under National Health Mission. As per Ayushman Aarogya Mandir (AAM) portal, 51 Primary Health Centres and 16 Urban Primary Health Centres provide comprehensive primary health care services in the Nandayal of Andhra Pradesh.

### **STATEMENT**

<b>State/UT-wise details of Non institutional deliveries for FY 2023-24</b>	
<b>State/UTs</b>	<b>Number of Non Institutional Deliveries for FY 2023-24</b>

<b>All India</b>	<b>552601</b>
Andaman and Nicobar Islands	23
Andhra Pradesh	57
Arunachal Pradesh	1316
Assam	22291
Bihar	199149
Chandigarh	8
Chhattisgarh	2460
Delhi	4811
Goa	6
Gujarat	574
Haryana	10667
Himachal Pradesh	3817
Jammu and Kashmir	4290
Jharkhand	5043
Karnataka	150
Kerala	523
Ladakh	13
Lakshadweep	0
Madhya Pradesh	19067
Maharashtra	4247
Manipur	4315

Meghalaya	24581
Mizoram	1862
Nagaland	2990
Odisha	4199
Puducherry	2
Punjab	1808
Rajasthan	5498
Sikkim	37
Tamil Nadu	37
Telangana	0
The Dadra and Nagar Haveli and Daman and Diu	3
Tripura	833
Uttarakhand	9435
Uttar Pradesh	207238
West Bengal	11251

*Data source: HMIS portal, MoHFW, Government of India*

### **PATIENTS ADMISSION IN NIMHANS**

#### **1936. SHRI MADHAVANENI RAGHUNANDAN RAO:**

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

- (a) whether the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru has a separate division to cater to out of State patients from Telangana;

(b) if so, the details of this mechanism thereof;

(c) whether any steps have been taken by the Government to facilitate out of State patient admissions in NIMHANS; 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) All the patients visiting National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru irrespective of their domicile are treated in the same facility. However, 1921 patients from Telengana have visited NIMHANS in FY 2023-24 and have been provided treatment facilities in OPD, IPD, Emergency and Casualty.

(c) and (d) Patients from all the States and Union Territories of India who visit NIMHANS are treated alike. Patients are admitted in the same facilities, irrespective of their domicile, as per requirement.

**SETTING UP OF FOOD LABORATORIES**

**1937. SHRI SRIBHARAT MATHUKUMILLI:**

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

(a) the number of samples analyzed under the Food Safety and Standards Authority of India (FSSAI) during the last five years, year-wise;

(b) the number of samples that were found non-conforming to FSSAI standards during the said period;



(c) the number of food quality monitoring and testing laboratories operating in both Government and private sectors, State/UT-wise;

(d) the details of the Memorandum of Understanding (MoU) signed between the State of Andhra Pradesh and FSSAI for food safety;

(e) the amount of funds sanctioned and locations identified to set up State Food Laboratories in Andhra Pradesh; and

(f) the steps taken/proposed to be taken by the Government to raise awareness on food safety aspects among consumers, the food industry and farmers across the country?

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

(a) and (b): The number of samples analyzed and samples found non-conforming during enforcement of various Food Safety and Standards Regulations for the last four years are as below:

S.No	Year	No of Samples Analysed	No of Samples found non-conforming
1	2020-21	107829	28347

2	2021-22	144345	32934
3	2022-23	177511	44626
4	2023-24	170513	33808

(c): State-wise number of Food Testing Laboratories in the Country is given in the enclosed **Statement**.

(d) and (e): Memorandum of Understanding (MoU) was signed between Food Safety and Standards Authority of India (FSSAI) and Andhra Pradesh in 2022-23, which was further extended to 2023-24 and subsequently to 2024-25. The objectives of the MoU are:

- (i) Strengthening of enforcement and compliance system
- (ii) Strengthening of food safety system
- (iii) Implementation of various initiatives under the Eat Right movement
- (iv) Any other matter consequential to ensuring food safety

The locations identified for setting up of State Food Testing Laboratories in Andhra Pradesh are Guntur, Tirupati, Vishakhapatnam, Kurnool, Tirumala, Elluru and Ongole. Total funds released to set up State Food Testing Laboratories in Financial Year 23-24 is Rs 53.22 Crores.

(f): FSSAI has implemented several initiatives to raise awareness about food safety among consumers, the food industry, and citizens. The initiatives are as follows:

- Public awareness campaigns like Aaj Se Thoda Kam, which encourages reducing salt, sugar, and fat in diets, and the Trans-Fat Free India@75 initiative to eliminate trans fats have been instrumental.
- Social media campaigns such as Monday Motivation, Recipe Ravivaar, Know Your Food Labels, Adulteration Awareness, and the Myth Busters series further educate consumers on safe food practices and empower them to make informed choices.
- Resources like the DART Book offer simple tests for detecting food adulterants at home.
- Food Safety on Wheels (FSWs) or mobile food testing laboratories are deployed to reach remote areas and for conducting food testing and raising awareness.
- For the food industry, FSSAI's Food Safety Training and Certification (FoSTaC) program ensures the presence of trained Food Safety Supervisors at food business premises. These training programmes are in food safety and standards for persons who are or intend to become involved in food businesses, whether as food business operators or employees or otherwise.
- Certification programs such as Eat Right Campus, Eat Right Schools, Eat Right Street Food Hubs, Eat Right Fresh Fruit and Vegetable Markets, Eat Right Place of Worships for places of worship, and the Hygiene Rating Scheme

encourage better hygiene and self compliance to the food safety standards.

- Sustainability efforts like Jaivik Bharat for organic food certification and the RUCO (Repurpose Used Cooking Oil) initiative, which repurposes used cooking oil, promote safe and sustainable practices within the industry.
- Public awareness campaigns have been a cornerstone of the Government's efforts to promote food safety and healthy eating practices. As part of Azadi Ka Amrit Mahotsav, Walkathons and Melas were conducted in 122 cities, engaging communities in celebrating and understanding the importance of safe and sustainable food practices.
- Competitions such as the Eat Right Creativity Challenge, Eat Right Challenge for Cities and Districts which saw participation from each districts of the country raises awareness amongst the citizens on food safety, and the Eat Smart Cities Challenge have further motivated citizens and local bodies to actively participate in fostering a culture of healthy eating and food safety.
- Further, FSSAI has focused on promoting nutri-cereals like millets as part of the International Year of Millets campaign. Events such as Eat Right Millet Melas help connect consumers while raising awareness about the nutritional and economic benefits of these grains.
- The Government has effectively leveraged a wide range of platforms to disseminate key messages about food safety, healthy diets, and sustainability. Social media channels have been extensively utilized alongside public communication mediums such as Doordarshan channels like DD News, DD

Kisaan, All India Radio, and banners on food safety displayed on the IRCTC website and mobile app. Furthermore, dedicated campaigns have been rolled out on FM radio channels and at Railway stations, ensuring that these important messages reach a broad and diverse audience across the country.

**STATEMENT**

<b>No. of Primary labs notified by FSSAI u/s 43 (1), FSSA 2006</b>							<b>No. of Referral labs notified by FSSAI u/s 43 (2), FSSA 2006</b>
<b>Sl.No</b>	<b>STATES</b>	<b>State Government Owned Labs</b>	<b>FSSAI Owned Labs</b>	<b>FSSAI Owned and Run on PPP (Public Private Partnership) mode</b>	<b>Labs owned by Government Institutions (Other than FSSAI)</b>	<b>Private Owned Labs</b>	<b>Referral labs (All Government Owned Labs)</b>
1	Andhra Pradesh	0	0	0	1	4	1

2	Andman and Nicorbar Islands	0	0	0	0	0	0
3	Arunachal Pradesh	0	0	0	0	0	0
4	Assam	1	0	0	1	0	0
5	Bihar	1	1	0	0	0	0
6	Chandigarh	0	0	0	0	0	0
7	Chhattisgarh	1	0	0	0	0	0
8	Dadar Nagar Haveli and Daman and Diu	0	0	0	0	1	0
9	GNCT of Delhi	1	0	0	1	17	0
10	Goa	1	0	0	0	1	0
11	Gujarat	6	0	0	3	10	1
12	Haryana	2	0	0	1	15	2
13	Himachal Pradesh	1	0	0	0	1	0
14	Jammu and Kashmir	2	0	0	0	0	0
15	Jharkhand	1	0	0	0	1	0

16	Karnataka	3	0	0	0	17	2
17	Kerala	3	0	0	6	6	2
18	Ladakh	0	0	0	0	0	0
19	Lakshadweep	0	0	0	0	0	0
20	Madhya Pradesh	1	0	0	0	8	0
21	Maharashtra	5	0	1	1	25	4
22	Manipur	1	0	0	0	0	0
23	Meghalaya	1	0	0	0	0	0
24	Mizoram	0	0	0	0	0	0
25	Nagaland	1	0	0	0	0	0
26	Odisha	1	0	0	0	1	0
27	Puducherry	0	0	0	0	0	0
28	Punjab	1	0	0	1	2	1
29	Rajasthan	10	0	0	1	6	0
30	Sikkim	0	0	0	0	0	0
31	Tamil Nadu	6	0	1	1	17	3



<b>32</b>	<b>Telangana</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>9</b>	<b>3</b>
<b>33</b>	<b>Tripura</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>34</b>	<b>Uttar Pradesh</b>	<b>6</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>2</b>
<b>35</b>	<b>Uttarakhand</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>36</b>	<b>West Bengal</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>4</b>	<b>1</b>
<b>Total</b>		<b>61</b>	<b>2</b>	<b>3</b>	<b>25</b>	<b>151</b>	<b>22</b>

## गर्भाशयग्रीवा कैंसर के लिए टीकाकरण

### 1938. श्री मुरारी लाल मीना:

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

(क) क्या सरकार का राजस्थान में महिलाओं में गर्भाशयग्रीवा कैंसर की रोकथाम के लिए ह्यूमन पैपीलोमा वायरस (एचपीवी) टीकाकरण कार्यक्रम के प्रथम चरण में राजस्थान को शामिल करने का प्रस्ताव है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) यदि नहीं, तो उक्त राज्य को कब तक इस कार्यक्रम में शामिल किए जाने की संभावना है;

(ग) क्या एचपीवी टीकों की उपलब्धता केन्द्र सरकार द्वारा सुनिश्चित की जानी है या राज्य सरकारों द्वारा सीधे खरीद की जानी है; और

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

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

(क) से (घ) सार्वभौमिक टीकाकरण कार्यक्रम (यूआईपी) के तहत, बारह टीका रोकथाम योग्य रोगों के खिलाफ ग्यारह टीके प्रदान किए जाते हैं। एचपीवी टीका वर्तमान में सार्वभौमिक टीकाकरण कार्यक्रम का हिस्सा नहीं है।

## DELAY IN COMPENSATION FOR LAND ACQUISITION

### 1939. SHRI AGA SYED RUHULLAH MEHDI:

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

(a) whether the Government is aware that over 600 families from Budgam and Srinagar have been awaiting full compensation for over 10 years for approximately

480 acres of land acquired by the Defence Estates Department in 2011-2012 at Karewa Damodar near Srinagar airport;

(b) if so, the reasons for the delay;

(c) whether it is a fact that farmers were initially paid 4.80 lakh per kanal in 2012-2013, and that the final rate decided was between 18–20 lakh per kanal but remains undisbursed, despite current market rates exceeding 2 crore per kanal in adjoining areas and if so, the details thereof;

(d) whether the Government intends to reassess the compensation under the Right to Fair Compensation and Transparency in Land Acquisition, Rehabilitation and Resettlement Act, 2013—which now applies to Jammu and Kashmir—potentially entitling the affected families to higher compensation; and

(e) if so, the details thereof?

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

(a) to (c): MoD has issued sanction on 04.03.2011 for acquisition of requisitioned land in Villages Karewa Damodar, Wathora and Karalpora, District Budgam (UT of JandK) at an estimated cost of Rs. 234.25 crore. An amount of Rs. 181.54 crore has already been deposited by the Defense Estates Office Srinagar with Deputy Commissioner (DC) Budgam for release of compensation to the landowners.

However, the area of acquired land reflected in the Form J Notification issued by Government of JandK under the JandK Requisitioning and Acquisition of

Immovable Property (RAIP) Act, 1968 is found to be more than the actual area acquired on ground. DGDE has taken up the matter with the Government of JandK for amendment in the said notification. The Award made by the Collector can be considered once requisite amendment is made under the Form J Notification.

(d) and (e): No, Sir. Since the land already stands acquired under the provisions of the JandK RAIP Act 1968, there is no such provision to reassess the compensation under the Right to Fair compensation and Transparency in Land Acquisition, Rehabilitation and Resettlement Act (RFCTLARR), 2013.

### **FINANCIAL SUPPORT TO ADVOCATES**

#### **1940. SHRI RAJA RAM SINGH:**

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

- (a) whether the Ministry has taken specific measures to financially support advocates, especially the young advocates from marginalised communities;
- (b) if so, the details thereof and if not, the reasons therefor;
- (c) whether the Government is considering to introduce a stipend system for young advocates, particularly from marginalized communities to address the issue of severe underpayment; and
- (d) if so, the details of the proposed initiative, if not, the reasons therefor?

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

(a) to (d): With respect to above mentioned question, it is submitted that under the Advocate Act,1961, the Advocate Welfare Fund Act, 2001 and respective State Welfare Acts, Bar Council of India and State Bar Councils are empowered to provide financial help to Advocates in various exigencies. As per the provision of section 6(2) and section 7(2) of the Advocates Act,1961, the State Bar Council and Bar Council of India (BCI) respectively have power to constitute one or more funds in the prescribed manner for the purpose of giving financial assistance to organize welfare schemes for indigents, disabled or other advocates. In this regard, some of the State Governments have also constituted 'Advocates Welfare Fund' and Advocates Welfare Fund Trustee Committee' under their respective State enactments to provide financial help to Advocates. The Government of India, M/o Law and Justice does not have any specific measures to financially support advocates, especially the young advocates from marginalised communities.

### **PROMOTION OF INLAND WATERWAYS IN ODISHA**

#### **1941. SHRIMATI SANGEETA KUMARI SINGH DEO:**

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

- (a) the steps taken/proposed to be taken by the Government to promote the use of inland waterways in State of Odisha for cargo movement to reduce carbon emissions;
- (b) the challenges and outcomes associated with increasing the use of inland water transport in Odisha; and
- (c) whether any specific projects have been initiated to enhance infrastructure and connectivity for inland water transport in Odisha and if so, details thereof?

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

(a) A Special Purpose Vehicle (SPV), namely, Inland Waterways Consortium of Odisha Limited comprising of Inland Waterways Authority of India (IWAI), Govt. of Odisha and Paradip Port Authority, has been formed to evacuate coal from the hinterland of Talcher Area and industrial belt of Kalinganagar through Paradip/Dhamra Port. The environmental friendly inland water transport helps to decongest the already choked railway/road network.

(b) The key challenges are acquisition of land, dismantling/reconstruction of bridges with less vertical and horizontal clearances and insufficient discharge from upper reaches of NW-5 (Brahmani River) to ensure round the year navigation.

(c) The project includes regular river survey on National Waterway-5 (NW-5 Brahmani River), NW-14 (Baitarni River) and NW-64 (Mahanadi River) to assess the navigability of the waterways and installation of navigation aids in NW-64 from IFFCO Paradip plant to Sea mouth near Paradip port for safe movement of vessels. Further, a jetty has been installed by IFFCO for waterway movement of gypsum from IFFCO Paradip plant on NW-64.

**KANYA SHIKSHA PRAVESH UTSAV ABHIYAN**

**1942. SHRI RAJESHBHAI NARANBHAI CHUDASAMA:**

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

a) whether the evaluation of the success of Kanya Shiksha Parvesh Utsav Abhiyan has been completed;

- (b) if so, the details thereof;
- (c) the details of the out-of-school children that have been brought back into the time-bound education system after counselling them;
- (d) whether any similar Abhiyan/Schemes have been prepared for implementation; and
- (e) if so, the details thereof?

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

- (a) to (c): A special campaign namely Kanya Shiksha Pravesh Utsav Abhiyan was launched on 07<sup>th</sup> March, 2022 to re-enroll Out of School Adolescent Girls (OoS AG) into formal schooling. As per the final report of PRABANDH portal, a total of 1,44,107 OoS AG were identified and mapped in 22 States/UTs. Out of these, 1,00,786 OoS AG have been enrolled back in to the education system.
- (d) and (e): No such proposal is under consideration of the Government.

**PASSPORT MELAS AND PASSPORT SEVA CAMPS IN JHARKHAND**

**1943. SHRI DULU MAHATO:**

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

- (a) whether the Government has any plan to organize passport melas and passport seva camps in Jharkhand to expedite passport issuance and address seasonal demand;

(b) if so, the details thereof including plans and schedules of the same, district-wise;

(c) if not, the reasons therefor; and

(d) the details of funds allocated for passport melas and passport seva camps in the said State during the last three years, district-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):**

(a) to (d) Ministry of External Affairs has been working continuously to improve availability of appointments cycle by taking various steps including organizing special drives, which are conducted during weekends or holidays at the Passport Seva Kendras. Appointment is available on the next day at all the Passport Seva Kendras (PSKs)/ Post Office Passport Seva Kendras (POPSKs) in Jharkhand, except in case of POPSK Jamshedpur, where the appointment cycle is around 5 days. However, Ministry has deployed a mobile van exclusively for Jamshedpur for which 40 appointments are being released daily for the ease of passport applicants.

Due to the rise in demand, the Ministry has been working continuously to speed up passport issuance and meet high or seasonal demand for passports by taking various steps including increasing the number of daily appointments and organising special drives on weekends. Staff from Ministry and other passport offices is also being deployed to clear the pendency as part of the special drive.



Expenditure, if any, towards organizing the special drives is met from the budgetary grant of the Ministry.

### अभिप्रमाणित आयुष्मान आरोग्य मंदिर

1944. श्री प्रदीप कुमार सिंह:

श्री मितेश पटेल (बकाभाई):

डॉ. जयंत कुमार राय:

श्री हंसमुखभाई सोमाभाई पटेल:

श्री खगेन मुर्मु:

श्री बिभु प्रसाद तराई:

डॉ. विनोद कुमार बिंद:

श्री प्रताप चंद्र षडङ्गी:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) देश में अस्पतालों और स्वास्थ्य सेवा प्रदाताओं के लिए स्थापित राष्ट्रीय प्रत्यायन बोर्ड द्वारा अभिप्रमाणित आयुष्मान आरोग्य मंदिरों की राज्य/संघ राज्यक्षेत्र-वार कुल संख्या कितनी है;

(ख) क्या आयुष्मान आरोग्य मंदिर राष्ट्रीय आयुष मिशन के तहत गुणवत्तापूर्ण स्वास्थ्य सेवा सुनिश्चित कर रहे हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) देश में आयुष्मान आरोग्य मंदिरों की राज्य/संघ राज्यक्षेत्र-वार विशेषकर पश्चिम बंगाल के जलपाईगुड़ी संसदीय क्षेत्र में कुल संख्या कितनी है?

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

(क): दिनांक 02.12.2024 तक, 1039 आयुष्मान आरोग्य मंदिरों (आयुष) को राष्ट्रीय अस्पताल और स्वास्थ्यचर्या-प्रदाता प्रत्यायन बोर्ड (एनएबीएच) द्वारा एनएबीएच आयुष प्रवेश स्तर प्रमाणन (एईएलसी) प्रदान किया गया है।

(ख): राज्य/संघ राज्य क्षेत्र की सरकारों द्वारा प्रस्तुत रिपोर्टों के अनुसार, आयुष्मान आरोग्य मंदिर (आयुष) लाभार्थियों को प्रदान की जा रही सेवाओं की गुणवत्ता सुनिश्चित करने के लिए एक टीम-आधारित दृष्टिकोण में योग्य और कुशल जनशक्ति द्वारा निवारक, प्रोत्साहक, उपचारात्मक और पुनर्वास स्वास्थ्य देखभाल पर ध्यान केंद्रित करते हुए आयुष सिद्धांतों और प्रथाओं के आधार पर विभिन्न आयुष उपचारों के माध्यम से व्यापक प्राथमिक स्वास्थ्य देखभाल प्रदान कर रहा है।

(ग): राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, राज्य/संघ राज्य क्षेत्र की सरकारों से उनकी राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के अनुसार, विभिन्न राज्यों/संघ राज्य क्षेत्रों में आयुष्मान आरोग्य मंदिर (आयुष) के रूप में उन्नयन के लिए मौजूदा आयुष औषधालयों और उप स्वास्थ्य केंद्रों की 12,500 इकाइयों को मंजूरी दी गई है। राज्यों/संघ राज्य क्षेत्रों से प्राप्त रिपोर्टों के अनुसार, अब तक 12250 आयुष्मान आरोग्य मंदिर (आयुष) को कार्यशील बनाया गया है। पश्चिमी बंगाल के जलपाईगुड़ी संसदीय क्षेत्र सहित अनुमोदित और कार्यशील आयुष्मान आरोग्य मंदिर (आयुष) की राज्य/संघ राज्य क्षेत्र-वार स्थिति का ब्यौरा संलग्न **विवरण** में दिया गया है। इसके अलावा, जहां तक पश्चिमी बंगाल के जलपाईगुड़ी संसदीय क्षेत्र का संबंध है, आयुष्मान आरोग्य मंदिर (आयुष) की 21 इकाइयों को मंजूरी दी गई है।

### विवरण

**स्वीकृत और कार्यात्मक आयुष्मान आरोग्य मंदिर (आयुष) की राज्य/संघ राज्य क्षेत्रवार स्थिति**

क्र.सं.	राज्य/संघ राज्य क्षेत्र	आयुष्मान आरोग्य मंदिर (आयुष) की स्थिति	
		अनुमोदित इकाइयों की संख्या	कार्यशील इकाइयों की संख्या
1	अंडमान और निकोबार द्वीप	6	6
2	आंध्र प्रदेश	126	126
3	अरुणाचल प्रदेश	89	89

4	असम	500	500
5	बिहार	294	113
6	चंडीगढ़	12	11
7	छत्तीसगढ़	400	400
8	दिल्ली	0	0
9	दादरा नगर हवेली और दमण दीव	1	1
10	गोवा	100	100
11	गुजरात	365	365
12	हरियाणा	538	506
13	हिमाचल प्रदेश	740	740
14	जम्मू-कश्मीर	523	523
15	झारखंड	745	745
16	कर्नाटक	376	376
17	केरल	700	700
18	लद्दाख	0	0
19	लक्षद्वीप	7	7
20	मध्य प्रदेश	800	800
21	महाराष्ट्र	390	377
22	मणिपुर	15	15
23	मेघालय	45	22
24	मिजोरम	41	41
25	नागालैंड	49	49
26	ओडिशा	422	422
27	पुडुचेरी	4	4
28	पंजाब	158	158

29	राजस्थान	2019	2019
30	सिक्किम	18	18
31	तमिलनाडु	650	650
32	तेलंगाना	421	421
33	त्रिपुरा	72	72
34	उत्तर प्रदेश	1034	1034
35	उत्तराखंड	300	300
36	पश्चिमी बंगाल	540	540
<b>कुल</b>		<b>12500</b>	<b>12250</b>

### **SIGNIFICANT MEDICINAL WEALTH AND BIODIVERSITY**

#### **1945. SHRI PRADEEP PUROHIT:**

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

- (a) whether the Government is aware of the significant medicinal wealth and biodiversity of the Gandhamardan Mountain in Narsinghnath, Bargarh district and if so, the details thereof;
- (b) whether the Government has plan to establish a Central Research Institute (CRI) and Regional Research Institute (RRI) focused on medicinal plants in this region to preserve its unique biodiversity and if so, the details thereof;
- (c) whether the Government is considering setting up a specialized hospital/college of naturopathy and AYUSH Yoga Center at Narsinghnath to promote traditional medicine and health care;

(d) if so, the details thereof along with the steps being taken by the Government to declare the Gandhamardan Mountain a national protected area to safeguard its natural and medicinal resources; and

(e) whether there is any collaborations with Ayurvedic medicine industries to utilize and promote the medicinal resources of this region for healthcare and research purposes and if so, the details thereof?

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

**(a)** Yes Sir, the Government is aware of the significant medicinal wealth and biodiversity of the Gandhamardan Mountain in Narsinghnath, Bargarh district. As per information received from State Medicinal Plants Board, Odisha, there are 220 medicinal plants in Gandhamardan Mountain and the Bargarh Forest Division and Odisha Bio-diversity Board have recorded 150 species having traditional medicinal uses.

**(b)** The Government has no such plan, however, Central Ayurveda Research Institute (CARI), Bhubaneswar, a peripheral unit under Central Council for Research in Ayurvedic Sciences (CCRAS), Ministry of Ayush, Government of India is engaged in Medico-Ethno-Botanical Studies of Gandhamardan Hills in Odisha.

**(c)** No Sir.

(d) The Government of Odisha have declared the Gandhamardan Hills located under Bolangir and Bargarh Forest Divisions as a Biological Heritage Site (BHS) on 20.03.2023 for conserving and protecting the biodiversity including medicinal plants occurring in the area, more effectively.

(e) No Sir.

### “छत्तीसगढ़ में आयुर्वेद पैकेज”

**1946. श्री राधेश्याम राठिया:**

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) देश में विशेषकर छत्तीसगढ़ में आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी पीएम-जेएवाई) के अंतर्गत कवर किए जाने वाले आयुर्वेदिक पैकेजों की संख्या सहित उनका ब्यौरा क्या है; और  
(ख) छत्तीसगढ़ राज्य में उक्त योजना के अंतर्गत लाभार्थियों पर पारंपरिक आयुर्वेदिक उपचारों की विस्तृत श्रृंखला के प्रभाव का ब्यौरा क्या है?

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

(क): आयुष्मान भारत प्रधानमंत्री-जन आरोग्य योजना (एबी-पीएमजेएवाई) का उद्देश्य भारत की जनसंख्या के निचले 40% हिस्से से संबंधित 12.37 करोड़ परिवारों के लगभग 55 करोड़ लाभार्थियों को द्वितीयक और तृतीयक देखभाल अस्पताल में भर्ती के लिए प्रति परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य कवर प्रदान करना है।

नवीनतम राष्ट्रीय स्वास्थ्य लाभ पैकेजों में 27 विशेषज्ञताओं के अंतर्गत 1,961 पैकेज शामिल किए गए हैं, जो पीएम-जेएवाई लाभार्थियों को द्वितीयक और तृतीयक देखभाल संबंधी सेवाएं प्रदान करते हैं। सभी

पूर्ववर्ती स्थितियों को पहले दिन से ही कवर किया जाता है और इन सेवाओं में उपचार से संबंधित सभी लागतों को कवर करने वाली पूर्व निर्धारित प्रक्रियाओं की सूची शामिल होती है।

राष्ट्रीय स्वास्थ्य लाभ पैकेजों में नए पैकेजों को, विभिन्न विशेषज्ञताओं के लिए स्थापित चिकित्सा विशेषज्ञ समितियों द्वारा जोड़ा जाता है, जिसमें प्रमुख संस्थाओं के विशेषज्ञ शामिल होते हैं।

यह समिति नए पैकेज को शामिल करने की आवश्यकता का मूल्यांकन करती है, जिसमें नैदानिक प्रासंगिकता, लागत-प्रभावशीलता, और प्रस्तावित पैकेजों के रोगी देखभाल और स्वास्थ्य परिणामों पर समग्र प्रभाव का मूल्यांकन किया जाता है। यह समिति उपचार के मानक दिशानिर्देशों और आवश्यक दस्तावेजों को भी अंतिम रूप देती है, जो स्वास्थ्य देखभाल सेवा प्रदाताओं को मार्गदर्शन देने और दावा प्रक्रिया को सुव्यवस्थित करने में मदद करते हैं। इस समिति की सिफारिशों की समीक्षा राष्ट्रीय स्वास्थ्य प्राधिकरण (एनएचए) के स्वास्थ्य नीति और गुणवत्ता आश्वासन प्रभाग द्वारा की जाती है और राज्य स्वास्थ्य प्राधिकारियों के साथ परामर्श के बाद, पैकेजों को राष्ट्रीय स्वास्थ्य लाभ पैकेज में शामिल करने के लिए सक्षम प्राधिकारी की स्वीकृति के साथ अंतिम रूप दिया जाता है।

आयुष पैकेजों को अभी आयुष्मान भारत प्रधानमंत्री-जन आरोग्य योजना (एबी-पीएमजेएवाई) में शामिल नहीं किया गया है।

(ख): प्रश्न नहीं उठता।

## **BORDER ROADS ORGANISATION AS SKILL DEVELOPMENT AGENCY**

### **1947. SHRI S. JAGATHRATCHAKAN:**

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

(a) whether the Government subscribes to the view that the Border Roads Organisation (BRO) should be designated as the skill development agency for all border areas of the country and tasked to create skilled manpower for improving life near borders including in the sectors of education and health;

(b) if so, the details thereof along with the initiatives proposed to be taken by the Government in this regard; and

(c) if not, the reasons therefor?

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

(a): No, Sir. A proposal of this nature is not under consideration in the Ministry at this point in time.

(b): Question does not arise.

(c): The mandate of the Border Roads Organisation (BRO) during peace is to develop and maintain the operational road infrastructure in the border areas. This also contributes to the socio-economic development of the Border States. During war, the role of BRO is to develop and maintain roads to keep lines of communication open in the original/re-deployed sectors. Creating skilled manpower for improving life near borders including in the sectors of education and health is not an area of expertise for the BRO nor is it manned to meet such an objective.

**वायु प्रदूषण के कारण होने वाली मौतें**

**1948. श्रीमती विजयलक्ष्मी देवी:**

**श्री नलिन सोरेन:**

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

(क) क्या सरकार के पास देश में वायु प्रदूषण के कारण होने वाली मौतों से संबंधित आंकड़े हैं;

(ख) यदि हां, तो पिछले पांच वर्षों का वर्ष-वार और राज्य-वार ब्यौरा क्या है;



(ग) देश में राज्य-वार सबसे खराब वायु गुणवत्ता वाले शहरों का ब्यौरा क्या है; और

(घ) मानव स्वास्थ्य के लिए स्वच्छ वायु के महत्व को ध्यान में रखते हुए वायु प्रदूषण को कम करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है?

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

(क) और (ख): वायु प्रदूषण श्वसन रोगों और संबंधित बीमारियों के लिए गंभीर कारकों में से एक है, हालांकि, देश में वायु प्रदूषण के कारण होने वाली मृत्यु/बीमारी के बीच सीधा संबंध स्थापित करने के लिए कोई निर्णायक डेटा उपलब्ध नहीं है। वायु प्रदूषण के स्वास्थ्य प्रभाव कारकों की सहक्रियात्मक अभिव्यक्ति हैं, जिसमें लोगों की खाद्य आदतें, पेशेवर आदतें, सामाजिक आर्थिक स्थिति, चिकित्सा इतिहास, प्रतिरक्षा और आनुवंशिकता आदि शामिल हैं।

(ग): शहरों की सूची (राज्यवार) जहां वायु गुणवत्ता राष्ट्रीय परिवेशी वायु गुणवत्ता मानकों को पूरा नहीं करती है, लिंक [https://cpcb.nic.in/AQI\\_Bulletin.php](https://cpcb.nic.in/AQI_Bulletin.php) पर देखी जा सकती है।

(घ): भारत सरकार ने वायु प्रदूषण के मुद्दों का समाधान करने के लिए कई कदम उठाए हैं जो संलग्न विवरण में दिए गए हैं।

### विवरण

**भारत सरकार ने देश भर में वायु प्रदूषण की समस्या से निपटने के लिए कई कदम उठाए हैं। इनमें शामिल हैं:**

1. राष्ट्रीय जलवायु परिवर्तन और मानव स्वास्थ्य के लिए कार्यक्रम (एनपीसीसीएचएच) का कार्यान्वयन किया है जिसका उद्देश्य 2019 से देश में जलवायु संबंधी संवेदनशील स्वास्थ्य मुद्दों पर जागरूकता, क्षमता निर्माण, स्वास्थ्य क्षेत्र की तैयारी और अनुक्रिया तथा भागीदारी संबंधी गतिविधियाँ बनाना है;

i. एनपीसीसीएचएच, स्वास्थ्य और परिवार कल्याण मंत्रालय ने वायु प्रदूषण के कारण होने वाली बीमारियों के प्रति स्वास्थ्य अनुकूलन योजना विकसित की है।

- ii. एनपीसीसीएचएच, स्वास्थ्य और परिवार कल्याण मंत्रालय ने सभी 36 राज्यों/संघ राज्य क्षेत्रों के लिए जलवायु परिवर्तन और मानव स्वास्थ्य पर राज्य कार्य योजना भी विकसित की है। इस राज्य विशिष्ट कार्य योजना में वायु प्रदूषण पर समर्पित अध्याय शामिल है जो प्रभाव को कम करने के लिए क्रियाकलाप का सुझाव देता है।
- iii. स्वास्थ्य और परिवार कल्याण मंत्रालय वायु प्रदूषण के प्रभाव को कम करने के तरीकों का सुझाव देते हुए राज्य/ संघ राज्य क्षेत्रों को सार्वजनिक स्वास्थ्य एडवाइजरी जारी करता है।
- iv. विश्व पर्यावरण दिवस (जून), अंतरराष्ट्रीय स्वच्छ आसमान के लिए स्वच्छ हवा दिवस (सितंबर) और राष्ट्रीय प्रदूषण नियंत्रण दिवस (दिसंबर) के लिए राज्यों के समन्वय में प्रतिवर्ष राष्ट्रव्यापी जन जागरूकता अभियान आयोजित किए जाते हैं।
- v. कार्यक्रम प्रबंधकों, चिकित्सा अधिकारियों और नर्सों, नोडल अधिकारियों प्रहरी साइटों, आशाकर्मी जैसे अग्रिम पंक्ति के कार्यकर्ताओं, महिलाओं और बच्चों जैसे संवेदनशील समूहों, यातायात पुलिस, नगरपालिका कर्मियों जैसे व्यावसायिक रूप से जोखिम का सामना करने वाले समूहों के लिए वायु प्रदूषण के क्षेत्र में समर्पित प्रशिक्षण मॉड्यूल विकसित किए गए हैं।
- vi. वायु प्रदूषण से संबंधित बीमारियों को लक्षित करके अंग्रेजी, हिंदी और क्षेत्रीय भाषाओं में भी सूचना, शिक्षा, संचार सामग्री विकसित की गई है। एनपीसीसीएचएच ने स्कूली बच्चों, महिलाओं, नगर पालिका कर्मचारियों जैसे व्यावसायिक रूप से असुरक्षित समूहों तथा विभिन्न कमजोर समूहों को लक्षित करते हुए अनुकूलित आईईसी सामग्री भी विकसित की है।
- vii. मास्टर प्रशिक्षकों (राज्य स्तरीय प्रशिक्षकों) को तैयार करने के लिए प्रतिवर्ष राष्ट्रीय स्तर की क्षमता निर्माण कार्यशालाओं की श्रृंखला आयोजित की गई है, जो वायु प्रदूषण से संबंधित बीमारियों और निगरानी के क्षेत्रों में राज्य/जिला स्तर पर प्रशिक्षण को आगे बढ़ा सकते हैं। एनपीसीसीएचएच ने वायु प्रदूषण के डोमेन क्षेत्रों पर जिला नोडल अधिकारी की क्षमता निर्माण के लिए विभिन्न राज्य स्तरीय प्रशिक्षणों का भी सहयोग किया।

viii. वायु प्रदूषण के लिए प्रारंभिक चेतावनी प्रणाली/अलर्ट और साथ ही वायु गुणवत्ता पूर्वानुमान भारतीय मौसम विज्ञान विभाग से राज्यों और भारतीय शहरों में प्रसारित किए जाते हैं ताकि स्वास्थ्य क्षेत्र के साथ-साथ असुरक्षित आबादी सहित समुदाय को तैयार किया जा सके।

II. प्रधानमंत्री उज्ज्वला योजना (पीएमयूवाई) का उद्देश्य महिलाओं और बच्चों को स्वच्छ खाना पकाने के ईंधन लिक्विड पेट्रोलियम गैस (एलपीजी) उपलब्ध कराकर उनके स्वास्थ्य की रक्षा करना है।

III. स्वच्छ भारत मिशन भारत के शहरों, छोटे कस्बों और ग्रामीण क्षेत्रों की गलियों, सड़कों और बुनियादी ढांचे को साफ करने के लिए है। स्वच्छ हवा स्वच्छ भारत का एक अभिन्न अंग है।

IV. पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय ने देश भर में वायु प्रदूषण के स्तर को कम करने के लिए राष्ट्रीय स्तर की रणनीति के रूप में 2019 में राष्ट्रीय स्वच्छ वायु कार्यक्रम शुरू किया है।

### **AYUSH PHARMA PARK**

#### **1949. THIRU D. M. KATHIR ANAND:**

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

(a) whether the Government has framed any policy for establishing Ayush Pharma park and if so, the details thereof;

(b) whether the Government has any proposal for establishing All India Institute of Siddha Research and Development on the lines of AIIMS in Tamil Nadu and if so, the details thereof; and

(c) the total amount of funds allocated to Tamil Nadu for the development of Siddha medical system and siddha medicines 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): No such policy has been framed in Ministry of Ayush.

(b): Presently, no such proposal is under consideration of Ministry of Ayush.

(c): Ministry of Ayush has established National Institute of Siddha (NIS) at Chennai, Tamil Nadu and the headquarters of Central Council for Research in Siddha (CCRS) at Chennai, Tamil Nadu for the development of Siddha medical system and Siddha Medicines. The following Peripheral Institutes / Units of CCRS located at Tamil Nadu:-

i.Siddha Central Research Institute, Chennai.

ii.Siddha Clinical Research Unit, Palayamkottai.

iii.Siddha Medicinal Plants Garden, Mettur Dam.

Ministry of Ayush is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments including Tamil Nadu and supporting their efforts for overall development and promotion of Ayush system including Siddha medical system in the country by providing financial assistance under different activities against their proposals received through State Annual Action Plans (SAAPS) as per the provisions of NAM guidelines. The State Government of Tamil Nadu has availed funds for different activities including Siddha medical system and siddha medicines under NAM Scheme.

Ministry of Ayush is also implementing the Central Sector Scheme for augmenting quality of AYUSH drugs - AYUSH Oushadhi Gunvatta Evam Utpadan Samvardhan Yojana (AOGUSY). Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories is one of the components under AOGUSY scheme. The State Government of Tamil Nadu has availed funds under this component.

Funds allocated to CCRS Headquarters and its peripheral institutes/units in Tamil Nadu and NIS and released to the State Government of Tamil Nadu under NAM Scheme and AOGUSY Scheme, during the last five years, year-wise are given at enclosed **Statement**.

### **STATEMENT**

**Funds allocated to CCRS Headquarters and its peripheral institutes/units in Tamil Nadu and NIS and released to the State Government of Tamil Nadu under NAM Scheme and AOGUSY Scheme, during the last five years, year-wise:**

S.No	Financial Year	(Amount in Crores)				
		CCRS	NIS	Released as Central Share under NAM Scheme	Under AOGUSY Scheme	Total
1	2019-20	22.22	50.56	19.93	-	92.71

2	2020-21	26.98	47.58	6.16	-	80.72
3	2021-22	30.71	44.76	23.48	-	98.95
4	2022-23	37.97	59.01	24.28	-	121.26
5	2023-24	36.65	68.4	66.35	0.2	171.6
<b>Total</b>		<b>154.53</b>	<b>270.31</b>	<b>140.2</b>	<b>0.2</b>	<b>565.24</b>

## DEVELOPMENT OF NATIONAL WATERWAYS

### 1950. SHRIMATI RACHNA BANERJEE:

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

(a) the details of National Waterways that have been considered for development during the last three financial years including the current year;

(b) the amount of funds sanctioned/released for development/augmentation of National Waterways, waterway-wise; and

(c) the current status of the development/augmentation work of the National Waterways in the country including the number of such waterways started/completed and pending till date?

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

(a) and (b) Details of projects on National Waterways (NWs) that have been taken up for development during the last three years including the current year and the funds sanctioned/released for development/augmentation of National Waterways projects are given the enclosed **Statement-I**.

(c) Current status of the development/ augmentation work of the 26 National Waterways found feasible on the basis of feasibility and detailed project reports is given in the enclosed **Statement-II**.

**STATEMENT-I**

**DETAILS OF PROJECTS ON NATIONAL WATERWAYS THAT HAVE BEEN TAKENUP FOR DEVELOPMENT DURING THE LAST THREE FINANCIAL YEARS INCLUDING THE CURRENT YEAR 2024-25 AND FUNDS SANCTIONED/RELEASED:**

(Rs. in Cr.)

Sl.	Name of Project	Sanctioned Cost	Expenditure till 31.10.2024
<b>A</b>	<b>Ongoing sanctioned NWs projects -</b>		
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	3115.95

2	Comprehensive Development of NW-2 (River brahmaputra from B'desh Border –Dhubri to Sadiya) in Assam	474	378.6
3	Comprehensive Development of NW-16 (River Barak from LakhipurtoTuker Gram) in Assam and Indian Portion of Indo-Bangladesh Route in Assam	148	24.26
<b>B.</b>	<b>NWs projects sanctioned since 3 years-</b>		
4	Development of Approach Road from Pandu Port Terminal to NH-27 on NW-2	180	235.44
5	Development of Ship Repair Facility at Pandu, Guwahati(Assam) on NW-2	208	



6	Development of 23 NW's (Phase-1) (** 3 existing and 13 new NW's) -- Development of 16 NWs (NW-3, 4, 5 and 13 new NWs) in the States of Kerala, Andhra Pradesh, Odisha, Goa, West Bengal, Uttar Pradesh, Bihar, Maharashtra and Assam		
(i)	NW-3-West Coast Canal (Kottapuram - Kollam), Champakara and Udyogmandal Canals in Kerala	267	127.3
(ii)	Part of NW-4- Krishna River (Vijayawada – Muktyala) in Andhra Pradesh		
(iii)	NW-5- Dhamra-Paradip via Mangalagadi to Pankopal of river Brahmani in Odisha		
(iv)	NW-8- Alappuzha-Changanassery Canal in Kerala		

(v)	NW-9- Alappuzha-Athirampuza Canal in Kerala
(vi)	NW-27-Cumberjua River in Goa
(vii)	NW-68- Mandovi River in Goa
(viii)	NW-111- Zuari River in Goa
(ix)	NW-86- River Rupnarayan in West Bengal
(x)	NW-97- Sundarbans Waterways in West Bengal
(xi)	NW-40- Ghaghra River in U.P. and Bihar
(xii)	NW-44- Ichamati River in West Bengal
(xiii)	NW-10- Amba River in Maharashtra
(xiv)	NW-28-Dabhol Creek Vashisthi River in Maharashtra
(xv)	NW-57- Kopili River in Assam

(xvi)	NW-31- Dhansiri River in Assam		
	<b>Total</b>	<b>6338.15</b>	<b>3646.11</b>

**STATEMENT-II**

**CURRENT STATUS OF THE DEVELOPMENT/AUGMENTATION WORK OF  
THE 26 NATIONAL WATERWAYS (NWS) FOUND FEASIBLE FOR  
CARGO/PASSENGER MOVEMENT**

Sl. No	NW	Details of Waterways	Status
1.	NW 1	Ganga-Bhagirathi- Hooghly River System (Haldia - Allahabad)	Jal Marg Vikas Project (JMVP). The major components are Multi-modal Terminal at Varanasi, Sahibganj and Haldia, Construction of New Navigational Lock at Farakka, modernisation of old lock gate at Farakka, Kalughat Intermodal Terminal, and Fairway Development

			Physical progress - 61.79%
			Financial progress - 61.57%
2	NW 2	Brahmaputra River (Dhubri - Sadiya)	<p>Comprehensive Development of NW-2. The major components are Construction of Bogibeel cargo terminal, Construction of terminal at Jogighopa, Development of Approach Road from Pandu Port Terminal to NH-27 and Development of Ship Repair Facility at Pandu, Guwahati (Assam) and fairway development.</p> <p>Physical progress – 71.23%</p> <p>Financial progress - 71.23%</p>

3	NW 16	Barak River (Lakhipur - Toker Gram)	<p>Comprehensive Development of NW-16 and Indo Bangladesh Protocol Route (IBP)</p> <p>The major components are Construction of Terminal at Sonamura on Gumti river, Up gradation of Badarpur and Karimganj Terminals, Construction of Office building, and residential complex alongwith boundary wall in Silchar and Procurement of one Amphibian Dredger and Survey Vessel and fairway development.</p> <p>Physical progress – 16.39%</p> <p>Financial progress - 16.39%</p>
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4	NW 3	West Coast Canal (Kottapuram - Kollam), Champakara and Udyogmandal Canals	
5	NW 4	Krishna River – (Vijayawada Muktyala)	Development of 23 nos. National Waterways (consisting of NW-3, NW-4, NW-5 and 16 new NWs) for the purpose of shipping and navigation. The major components are Fairway Development, Terminal Development and allied Infrastructure, Hydrography Survey, charting and RIS etc.
6	NW 5	Dhamra-Paradip via Mangalagadi to Pankopal	Physical progress – 47.84%

7	NW 8	Alappuzha- Changanassery Canal	Financial progress – 47.56%
8	NW 9	Alappuzha - Kottayam – Athirampuzha Canal	
9	NW 27	Cumberjua River (Cortalim-Ferry to Sao MartiasVidhanParisad)	
10	NW 68	Mandovi River (Usgoan bridge to Arabian Sea)	
11	NW 111	Zuari River (Sanvorden bridge to Marmugao Port)	
12	NW 86	Rupnarayan River (PratapPur to Geonkhali)	

13	NW 97	Sunderbans Waterway (Namkhana to AtharaBankiKhal)
14	NW 40	Ghagra River (Faizabad to ManjhiGhat)
15	NW 52	Kali River (Kodasalli Dam to Sadashivgad Bridge, Arabian Sea)
16	NW 44	Ichamati River (Bridge at Gobra to Bansjhari near Bangladesh Border)



17	NW 57	Kopili River (BanthaiGaonTinali Bus Stop to Chandrapur No.2 confluence with Brahmaputra)
18	NW 31	Dhansiri River (MorongiT.E. village Bridge to Numaligarh)
19	NW 10	Amba River (Arabian Sea, Dharamtaar Creek to Nagothane ST Stand)

20	NW 28	Dabhol Creek Vasisti River (Arabian Sea at Dabhol to Bridge at Pedhe)	
21	NW 73	Narmada River (Pandhariya to Gulf of Khambhat)	
22	NW 100	Tapi River (Hatnur Dam to Gulf of Khambhat)	
23	NW 37	Gandak River (Bhaisalotal Barrage to Hazipur)	
24	NW 25	Chapora River (Bridge near Maneri village to Morjim, Arabian Sea)	Mostly operational waterways for development by 2030.

25	NW 85	Revadanda Creek - Kundalika River System (Arabian Sea at Revadanda to Bridge near Roha Nagar)
26	NW 94	Sone River (Sone Barrage, Dehri to Confluence with the Ganga)

## SHORTAGE OF HEALTHCARE AND INFRASTRUCTURE IN PUNJAB

### 1951. SHRI CHARANJIT SINGH CHANNI:

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

( a) whether the Government is aware of the acute shortage of healthcare facilities and infrastructure in Punjab as reported in recent studies and media reports, if so the details thereof;

(b) whether the Union Government proposes to collaborate with the State Government to address the gaps in healthcare infrastructure particularly in rural and semi-urban areas; and

(c) whether the Government has any plan to launch schemes or allocate additional funds to upgrade healthcare facilities 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 (c): The details of healthcare facilities and infrastructure in India 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_RE%20%281%29.pdf)

Under the National Health Mission, funds are allocated to States based on the State Programme Implementation Plans (SPIPs) submitted by the States duly appraised by National Programme Coordination Committee (NPCC). The details are available in public domain at:

<https://nhm.gov.in/index4.php?lang=1andlevel=0andlinkid=57andlid=70>

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

- **PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)** envisages increased investments in public health and other health reforms to provide better access to health in rural areas. Administrative approvals have been accorded to the State of Punjab, for four years (i.e. FY 2021-22, 2022-23, 2023-24 and 2024-25) for an amount of Rs 534.81 Cr. for establishment and strengthening of 14 Integrated Public Health Laboratories (IPHLs) and 17 Critical Care Blocks (CCBs), as per proposal of the State.
- Under **Fifteenth Finance Commission (FC-XV)**, for the State of Punjab, an approval of Rs.2129.37 Cr. has been given over the five year period from FY 2021-22 to FY 2025-26 for establishment and strengthening of 1292 Building-less Sub Health Centres/ Primary Health Centres/ Community Health Centres (1222 SHCs, 54 PHCs and 16 CHCs) and 120 Block Public Health Units (BPHUs) as per proposal of the State.
- The **Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)** aims at correcting regional imbalances in the availability of affordable tertiary healthcare services and to augment facilities for quality medical education in the country. Under the Scheme approvals has been accorded for Establishment of One new All India Institute of Medical Sciences (AIIMS) at Bhatinda and upgradation of two Government Medical Colleges/ Institutions (GMCI) at Amritsar and Patiala for the State of Punjab.
- Under Centrally Sponsored Scheme (CSS), 'Establishment of new medical colleges attached with existing district/referral hospitals', with preference to

underserved areas and aspirational districts, where there is no existing Government or private medical college. 03 Medical Colleges were approved in the State of Punjab at Districts SAS Nagar, Kapurthala and Hoshiarpur.

### **REDUCTION IN PRICE OF CANCER DRUGS**

#### **1952. SHRI V. K. SREEKANDAN:**

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

- (a) whether it is a fact that the National Pharmaceutical Pricing Authority has directed the manufacturers to reduce the maximum retail price of three anti-cancer drugs Trastuzumab, Osimertinib, and Durvalumab, if so, the details thereof;
- (b) whether it is also a fact that this initiative was undertaken in view of the fact that the customs duty on these three drugs has been reduced to nil;
- (c) if so, the response received from the manufacturers in this regard;
- (d) whether it is true that the anti-cancer drug manufacturers have been advised to put QR codes to check fakes; 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 (c): Department of Revenue, Ministry of Finance reduced the Customs Duty to Nil in respect of three anticancer drugs viz., Trastuzumab Deruxtecan, Osimertinib, and Durvalumab vide Notification 30/2024 dated 23.07.2024. Further, GST rates were also reduced on these anticancer drugs from 12% to 5% vide Notification no. 05/2024 dated 08.10.2024. As per the Drugs (Prices Control) Order,

2013 (DPCO, 2013), Maximum Retail Price (MRP) of drugs/formulations is inclusive of taxes and duties, as applicable. Accordingly, the National Pharmaceutical Pricing Authority (NPPA) has issued an Office Memorandum directing the companies to reduce MRP on these drugs on account of reduction in GST rates and exemption from Custom Duties so as to pass on the benefit of reduced taxes and duties to the consumer and to file Form II/V furnishing information about change in prices.

In compliance to the aforesaid notification, manufacturers reduced the MRP on these drugs and filed the information with NPPA. (details are given in the enclosed **Statement**)

(d) and (e): As per information received from Ministry of Health and Family Welfare (MoHFW), on 17.11.2022, the Drugs Rules, 1945 were amended vide G.S.R. 823 (E) w.e.f. 01.08.2023 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 various data or information legible with software application to facilitate authentication.

**STATEMENT**

**Information filed by the Companies with NPPA regarding reduction in MRP  
on account of reduction in Custom Duty and GST**

**Durvalumab**

<b>S. No</b>	<b>Formulation</b>	<b>Company</b>	<b>Unit</b>	<b>Pre Revised MRP (in Rs) (including taxes)</b>	<b>Revised MRP (in Rs) (including taxes)</b>
1	Imfinzi 120 Mg Injection 2.4ML(1.00 Vial) (Durvalumab INJECTION)	AstraZeneca Pharma India Limited	per vial	45500	40790.96
2	Imfinzy 500 Mg Injection 10 ML(1.00 Vial) (Durvalumab INJECTION)	AstraZeneca Pharma India Limited	per vial	189585	171324.27



**Osimertinib**

<b>S. No</b>	<b>Formulation</b>	<b>Company</b>	<b>Unit</b>	<b>Pre Revised MRP (in Rs) (including taxes)</b>	<b>Revised MRP (in Rs) (including taxes)</b>
1*	Tagrisso 40 Mg Tablet 10	AstraZeneca Pharma India Limited	per 10 tablets	150154	140769.38
2	Tagrisso 80 Mg Tablet 30	AstraZeneca Pharma India Limited	per 30 tablets	455010	416492.48
3	Tagrisso 80 Mg Tablet 10	AstraZeneca Pharma India Limited	per 10 tablets	151670	138830.83

**Trastuzumab Deruxtecan**

<b>S. No</b>	<b>Formulation</b>	<b>Company</b>	<b>Unit</b>	<b>Pre Revised MRP (in Rs) (including taxes)</b>	<b>Revised MRP (in Rs) (including taxes)</b>
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1	Enhertu 100mg/5ml Inj. Vial(1.00 Vial) (Trastuzumab VIAL)	AstraZeneca Pharma India Limited	per vial	187000	167069.17
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\*As informed by the company vide letter dated 19.11.2024, downward revision on account of BCD becoming Nil shall be implemented when the stocks benefitting from BCD relief are released for commercial sales in the market.

### चिकित्सा, स्वास्थ्य एवं परिवार कल्याण योजनाएं

#### 1953. श्री उम्मेदा राम बेनीवाल:

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

(क) सरकार द्वारा संचालित चिकित्सा, स्वास्थ्य एवं परिवार कल्याण योजनाओं का ब्यौरा क्या है तथा उनकी मुख्य विशेषताएं क्या हैं;

(ख) उक्त योजनाओं के क्रियान्वयन हेतु आवंटित एवं व्यय की गई कुल धनराशि क्या है तथा गत पांच वर्षों एवं वर्तमान वर्ष के दौरान योजना-वार, वर्ष-वार एवं राज्य-वार अब तक क्या उपलब्धियां हासिल की गई हैं;

(ग) क्या सरकार का राजस्थान के अंतरराष्ट्रीय सीमावर्ती रेगिस्तानी क्षेत्र के बाड़मेर एवं जैसलमेर जिलों के वंचित एवं दूर-दूर स्थित गांवों के निवासियों को चिकित्सा सुविधाएं उपलब्ध कराने के लिए निर्धारित मानदंडों में शिथिलता प्रदान करते हुए नई चिकित्सा इकाइयां एवं योजनाएं खोलने/शुरू करने का विचार है; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा 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 (घ): स्वास्थ्य और परिवार कल्याण मंत्रालय विभिन्न केन्द्र प्रायोजित योजनाओं के माध्यम से स्वास्थ्य परिचर्या क्षेत्र में राज्यों/संघ राज्य क्षेत्रों के प्रयासों में सहायता करता है। विभिन्न केन्द्र प्रायोजित योजनाएं इस मंत्रालय के तहत योजनाओं के प्रत्येक घटक के लिए अलग-अलग बजट लाइनों के साथ कार्यान्वित की जाती हैं। इन योजनाओं के लिए सरकारी खर्च तिमाही व्यय योजना के अनुसार सर्वोत्तम आउटपुट के लिए किया जाता है। राज्यों/संघ राज्य क्षेत्रों को उपयोगिता प्रमाण-पत्र के आधार पर धनराशि जारी की जाती है। राज्यों/संघ राज्य क्षेत्रों के माध्यम से कार्यान्वित विभिन्न योजनाओं की निगरानी के लिए एक सुदृढ़ प्रणाली मौजूद है। विभिन्न प्रशासनिक, तकनीकी और वित्तीय मुद्दों के समाधान के माध्यम से योजनाओं के त्वरित कार्यान्वयन को सुनिश्चित करने और सुविधाजनक बनाने के लिए समीक्षाएं की जाती हैं। राजस्थान सहित राज्यों/संघ राज्य क्षेत्रों के माध्यम से कार्यान्वित विभिन्न प्रमुख केन्द्र प्रायोजित योजनाओं/कार्यक्रमों का विवरण तथा जारी/उपयोग की गई धनराशि का विवरण निम्नवत है।

- i. राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) ब्यौरा संलग्न **विवरण -I** में दिया गया है।
- ii. प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) ब्यौरा संलग्न **विवरण -II** में दिया गया है।
- iii. मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना ब्यौरा संलग्न **विवरण -III** में दिया गया है।
- iv. देश में एमबीबीएस सीटों को बढ़ाने के लिए मौजूदा राज्य सरकार/केंद्र सरकार के मेडिकल कॉलेजों का उन्नयन और नए पीजी विषयों को शुरू करने और पीजी सीटों को बढ़ाने के लिए राज्य सरकार के मेडिकल कॉलेजों को सुदृढ़ और उन्नत करना ब्यौरा संलग्न **विवरण -IV** में दिया गया है।
- v. नर्सिंग शिक्षा को बढ़ावा ब्यौरा संलग्न **विवरण -V** में दिया गया है।
- vi. नर्सिंग सेवाओं का विकास ब्यौरा संलग्न **विवरण -VI** में दिया गया है।
- vii. आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी पीएम-जेएवाई) ब्यौरा संलग्न **विवरण -VII** में दिया गया है।

- viii. प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) ब्यौरा संलग्न **विवरण -VIII** में दिया गया है।
- ix. केंद्र सरकार की स्वास्थ्य योजनाएं (सीजीएचएस) ब्यौरा संलग्न **विवरण -IX** में दिया गया है।
- x. स्वास्थ्य क्षेत्र आपदा तैयारी एवं अनुक्रिया योजना (एचएसडीपीआर) ब्यौरा संलग्न **विवरण -X** में दिया गया है।
- xi. आपातकालीन चिकित्सा सेवाओं के लिए मानव संसाधन विकास योजना (एचआरडीईएमएस) ब्यौरा संलग्न **विवरण -XI** में दिया गया है।

विवरण -I

वित्त वर्ष 2019-20 से वित्त वर्ष 2024-25 के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत राज्य/संघ राज्य क्षेत्र-वार निर्गत निधि और व्यय

(करोड़ रुपए में)

क्र. सं.	राज्य/संघ राज्य क्षेत्र का नाम	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
1	अंडमान व निकोबार द्वीप समूह	34.92	36.91	43.68	45.26	37.84	27.72
2	आंध्र प्रदेश	1,111.07	1,097.81	1,199.37	1,489.45	1,096.01	894.35
3	अरुणाचल प्रदेश	185.95	243.04	188.53	233.82	404.55	194.06
4	असम	1,749.24	1,807.48	1,955.93	1,981.83	2,257.06	1,195.58
5	बिहार	1,510.68	1,814.63	1,748.76	1,586.57	2,032.95	1,513.13
6	चंडीगढ़	22.77	22.21	17.47	38.09	30.58	22.96
7	छत्तीसगढ़	816.07	979.41	969.61	1,195.08	875.8	464.31
8	दादरा एवं नगर हवेली	25.33	36.39	38.59	58.28	39.92	19.36
	दमन और दीव	16.79					
9	दिल्ली	138.74	125.73	127.37	35.15	150.54	165.12
10	गोवा	35.47	34.81	26.01	55.42	48.97	16.6
11	गुजरात	1,110.80	1,005.66	1,094.48	1,120.06	1,506.96	874.93

12	हरियाणा	567.71	531.5	577.07	681.21	524.01	414.11
13	हिमाचल प्रदेश	504.84	441.94	555.09	494.65	470.36	344.51
14	जम्मू और कश्मीर	702.2	667.46	459.1	651.52	805.22	469.13
15	झारखंड	830.63	602.8	640.18	810.3	958.06	503.64
16	कर्नाटक	1,173.77	1,232.19	1,274.71	1,246.67	1,187.60	661.7
17	केरल	836.14	788.22	771.47	1,036.76	189.15	702.63
18	लद्दाख	-	91.89	44.79	94.95	120.44	70.03
19	लक्षद्वीप	6.16	7.11	8.41	9.97	3.79	6.03
20	मध्य प्रदेश	1,728.73	2,377.14	2,295.66	2,582.10	2,545.68	1,806.66
21	महाराष्ट्र	1,724.99	1,833.59	1,769.67	2,187.13	2,729.30	1,717.66
22	मणिपुर	185.65	189.49	95.59	61.4	169.12	138.31
23	मेघालय	141.17	202.63	282.46	261.56	261.39	203.64
24	मिजोरम	127.24	143.73	93.82	111.82	134.42	39.57
25	नागालैंड	123.23	188.21	126.66	91.38	184.84	121.56
26	ओडिशा	1,475.14	1,617.63	1,263.07	1,284.69	1,901.77	958.93
27	पुदुचेरी	31.56	25.55	21.33	20.73	30.8	12.93

28	पंजाब	712.02	568.14	349.21	448.89	91.49	27.82
29	राजस्थान	1,781.83	2,000.58	1,924.95	1,460.80	2,785.46	1,637.41
30	सिक्किम	53.55	70.13	51.86	73.3	68.17	50.08
31	तमिलनाडु	1,424.22	1,522.71	1,631.91	1,652.24	1,996.06	1,208.86
32	तेलंगाना	964.34	671.88	725.67	683.77	564.93	772.27
33	त्रिपुरा	239.47	225.91	217.95	231.9	264.31	126.45
34	उत्तर प्रदेश	4,749.05	3,772.95	3,235.46	5,133.59	4,928.14	3,153.57
35	उत्तराखंड	348.83	583.25	553.47	505.01	711.33	263.59
36	पश्चिम बंगाल	1,749.32	1,895.01	1,654.26	1,252.32	890.42	132.94

टिप्पणी:

1. उपरोक्त निर्गत केन्द्रीय सरकार के अनुदान से संबंधित है तथा इसमें राज्य का अंशदान शामिल नहीं है।
2. वित्त वर्ष 2024-25 के लिए केंद्रीय निर्गत को 13-11-2024 तक अद्यतन किया गया है।

विवरण -II

प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के अंतर्गत प्रारंभ से लेकर वित्त वर्ष 2023-24 तक राज्य/संघ राज्य क्षेत्र-वार निर्गत निधि और व्यय।

(करोड़ रुपए में)

क्र. सं.	राज्य/संघ राज्य क्षेत्र का नाम	2021-22	2022-23	2023-24	2024-25
1	अंडमान व निकोबार द्वीप समूह	-	1.11	-	1.05
2	आंध्र प्रदेश	3.75	15.76	35.78	0.32
3	अरुणाचल प्रदेश	0.56	0.1	8.83	-
4	असम	57.9	2.26	91.45	75.18
5	बिहार	125.86	7.17	-	-
6	चंडीगढ़	-	4.79	10.38	-
7	छत्तीसगढ़	11.25	1.34	32.23	9.91
8	दादरा और नगर हवेली तथा दमन और दीव	-	0.24	0.28	0.26
9	दिल्ली	-	-	-	-
10	गोवा	-	0.06	3.75	-
11	गुजरात	-	29.54	46.04	39.69
12	हरियाणा	11.06	1.31	17.67	-



13	हिमाचल प्रदेश	-	28.05	15.69	15.17
14	जम्मू और कश्मीर	16.11	1	44.01	30.22
15	झारखंड	44.7	183.04	102.27	2.26
16	कर्नाटक	11.25	37.1	100.57	36.53
17	केरल	3.75	24.89	-	12.29
18	लद्दाख	-	0	0.62	-
19	लक्षद्वीप	-	0.63	-	-
20	मध्य प्रदेश	22.85	98.7	228.52	59.75
21	महाराष्ट्र	17.45	4.07	31.76	34.63
22	मणिपुर	4.56	10.92	13.78	2.87
23	मेघालय	9.65	43.28	4.42	-
24	मिजोरम	0.28	1.52	4.52	1.86
25	नागालैंड	0.28	0.08	4.42	-
26	ओडिशा	32.15	211.46	171.58	61.39
27	पुदुचेरी	0.42	0.19	2.67	1.25
28	पंजाब	-	24.16	-	-
29	राजस्थान	45.37	83.59	173.06	45.01
30	सिक्किम	-	0.75	3.88	0.84
31	तमिलनाडु	17.45	150.42	279.36	112.48
32	तेलंगाना	11.25	53.88	95.21	74.17
33	त्रिपुरा	-	0.9	2.48	2.04
34	उत्तर प्रदेश	124.63	173.71	247.96	133.65
35	उत्तराखंड	1.56	32.31	-	18.25

36	पश्चिम बंगाल	9.95	-	30.91	35.99
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टिप्पणी:

- उपरोक्त निर्गत केन्द्रीय सरकार के अनुदान से संबंधित है तथा इसमें राज्य का अंशदान शामिल नहीं है।
- वित्त वर्ष 2024-25 के लिए केन्द्रीय निर्गत को 13-11-2024 तक अद्यतन किया गया है।

### विवरण -III

उन संसदीय निर्वाचन क्षेत्रों/जिलों में “मौजूदा जिला/रेफरल अस्पतालों से समबद्ध नए मेडिकल कॉलेजों की स्थापना” के लिए केंद्र प्रायोजित योजना, जिनमें सरकारी या निजी क्षेत्र में एक भी मेडिकल कॉलेज नहीं है।

(i) 'मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना' के लिए केंद्र प्रायोजित योजना के चरण-I के अंतर्गत जारी की गई राज्यवार धनराशि।

(करोड़ रुपए में)

क्र. सं.	राज्य/संघ राज्य क्षेत्र	अनुमोदित कॉलेजों की संख्या <sup>^</sup>	जारी की गई राशि 2019-20	जारी की गई राशि 2020-21	पिछले 5 वर्षों में जारी कुल राशि	भौतिक प्रगति/संचालनरत कॉलेजों की संख्या
1	अंडमान और निकोबार द्वीप समूह	1	0	0	0	1
2	अरुणाचल प्रदेश	1	0	0	0	1
3	असम	4	0	0	0	4
4	बिहार	3	50	33.4	83.4	1

5	छत्तीसगढ़	2	0	0	0	2
6	हिमाचल प्रदेश	3	0	0	0	3
7	हरियाणा	1	0	0	0	-
8	झारखंड	3	0	0	0	3
9	जम्मू और कश्मीर	5	0	0	0	5
10	मध्य प्रदेश	7	0	0	0	7
11	महाराष्ट्र	1		0	0	1*
12	मेघालय	1	0	0	0	-
13	मिजोरम	1	0	0	0	1
14	नागालैंड	1	0	0	0	1
15	ओडिशा	5	0	0	0	5
16	पंजाब	1	0	0	0	1
17	राजस्थान	7	0	0	0	7
18	उत्तर प्रदेश	5	0	0	0	5
19	उत्तराखंड	1	0	0	0	1
20	पश्चिम बंगाल	5	0	0	0	5
	<b>कुल</b>	<b>58</b>	<b>50</b>	<b>33.4</b>	<b>83.4</b>	<b>54</b>

\*कॉलेज अस्थायी तौर पर संचालित है, तथा इसकी इमारत अभी निर्माणाधीन है

इन कॉलेजों को वर्ष 2014 में शुरू हुई योजना के चरण-I के तहत मंजूरी दी गई है और 2014-15 और 2018-19 के बीच इन राज्यों को 7457.7 करोड़ रुपये की राशि जारी की गई है।

(ii) 'मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना' के लिए केंद्र प्रायोजित योजना के चरण-II के अंतर्गत जारी की गई राज्यवार धनराशि।

(करोड़ रुपए में)

क्र.सं.	राज्य/संघ राज्य क्षेत्र	अनुमो दित कॉले जों की संख्या	केंद्रीय हिस्से से जारी धनराशि			पिछले 5 वर्षों में जारी कुल राशि	भौतिक प्रगति/संचालनर त कॉलेजों की संख्या
			2019- 20	2020- 21	2021- 22		
1	बिहार	5	200	422.99	127.0 1	750	-
2	झारखंड	2	147.4	40.6	0	188	-
3	मध्य प्रदेश	1	71.59	22.41	0	94	-
4	ओडिशा	1	50	87.71	12.29	150	1
5	राजस्थान	1	71.59	22.41	0	94	1
6	उत्तर प्रदेश	8	410.47	341.53	0	752	8
7	पश्चिम बंगाल	5	286.36	189.64	50	526	5*
8	सिक्किम	1	100	57.6	0	157.6	-
	<b>कुल</b>	<b>24</b>	<b>1337.4 1</b>	<b>1184.8 9</b>	<b>189.3</b>	<b>2711. 6</b>	<b>16</b>

\*5 कॉलेजों में से पश्चिम बंगाल में 2 कॉलेज अस्थायी परिसर में संचालनरत हैं और उनकी इमारतें अभी निर्माणाधीन हैं।

^इन कॉलेजों को वर्ष 2018 में शुरू हुई योजना के चरण-II के तहत मंजूरी दी गई है। कुल केंद्रीय हिस्सा 3675 करोड़ रुपये था और 2018-19 में इन राज्यों को 963.4 करोड़ रुपये की राशि जारी की गई थी।

(iii) 'मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना' के लिए केंद्र प्रायोजित योजना के चरण-III के अंतर्गत जारी की गई राज्यवार धनराशि।

(करोड़ रुपए में)

क्र.सं.	राज्य/संघ राज्य क्षेत्र	अनुमोदित कॉलेजों की संख्या	केंद्रीय हिस्से से जारी धनराशि					पिछले पांच वर्षों में जारी की गई कुल राशि	भौतिक प्रगति संचालनरत कॉलेजों की संख्या
			2019-20	2020-21	2021-22	2022-23	2023-24		
1	आंध्र प्रदेश	3	3.04	150	150	0	70.47	373.51	2
2	असम	1	0	163	79.5	50	0	292.5	1
3	छत्तीसगढ़	3	0	150	120	0	0	270	3*
4	गुजरात	5	4.74	215.26	430	0	0	650	5*
5	जम्मू और कश्मीर	2	46.81	276.19	0	0	0	323	2*
6	कर्नाटक	4	79.64	181	519.36	0	0	780	4
7	लद्दाख	1	0	127	0	0	0	127	-

8	मध्य प्रदेश	6	4.1	295.9	0	0	217.5	517.5	4
9	महाराष्ट्र	1	0	50	100	0	0	150	1*
10	मणिपुर	1	2.37	163	77.13	0	0	242.5	1
11	नागालैंड	1	0	155	87.5	0	0	242.5	1
12	ओडिशा	1	3.54	46.46	50	0	23.75	123.75	1
13	पंजाब	2	0.81	99.19	0	0	0	100	-
14	राजस्थान	15	234.1	515.9	750	0	0	1500	8
15	उत्तराखंड	3	3.04	225	146.96	0	502.5	877.5	1
16	उत्तर प्रदेश	14	121.56	578.44	700	1232.24	0	2632.24	13
17	तमिलनाडु	11	150.71	409.57	1584.72	0	0	2145	13
18	पश्चिम बंगाल	1	3.04	50	20.53	0	0	73.57	1*
	<b>कुल</b>	<b>75</b>	<b>657.5</b>	<b>3850.91</b>	<b>4815.7</b>	<b>1282.24</b>	<b>814.22</b>	<b>11420.57</b>	<b>61</b>

\*ये कॉलेज अस्थायी तौर पर संचालित हैं तथा इनके भवन अभी निर्माणाधीन हैं।

**विवरण -IV**

देश में एमबीबीएस सीटें बढ़ाने के लिए मौजूदा राज्य सरकार/केंद्र सरकार के मेडिकल कॉलेजों का उन्नयन और नए पीजी विषयों को शुरू करने और पीजी सीटें बढ़ाने के लिए राज्य सरकार के मेडिकल कॉलेजों को सुदृढ़ करना और उनका उन्नयन करना।

(i) नए पीजी विषयों को शुरू करने और पीजी सीटों को बढ़ाने के लिए राज्य सरकार के मेडिकल कॉलेजों के सुदृढ़ीकरण और उन्नयन के लिए सीएसएस

(चरण - II)

(करोड़ रुपए में)

क्र. सं.	राज्य का नाम	स्वीकृत मेडिकल कॉलेजों की संख्या	पीजी सीटों की संख्या बढ़ाई जाएगी	स्वीकृत लागत	केंद्रीय शेयर	जारी की गई राशि					कुल निर्गत केन्द्रीय हिस्सा
						2019-20	2020-21	2021-22	2022-23	2023-24	
1	आंध्र प्रदेश	11	630	756	453.6	0	0	0	113.4	85.05	198.45
2	बिहार	1	115	138	82.8	0	0	41.4	0	0	41.4
3	राजस्थान	8	1160	1332.298	683.066	317.48	43.414	5	32.83	0	398.724

4	जम्मू और कश्मीर	3	69	80.4796	72.4237	0	0	0	11.47	7	18.47
5	कर्नाटक	2	70	66.62015	39.97	29.9	7.07	0	0	0	36.97
6	केरल	3	43	13.81	8.29					2.07	2.07
7	गुजरात	3	128	139.5256	83.71	29.4	3.386	0	0	11.44	44.226
8	मध्य प्रदेश	6	646	614.4616	368.68	223.22	7	0	0	0	230.22
9	तेलंगाना	9	232	261.83	159.25	0	0	0	63.74	0	63.74
10	उत्तर प्रदेश	11	291	335.412	201.24	0	0	0	72.82	0	72.82
11	पश्चिम बंगाल	8	606	724.84	434.9	0	0	0	108.73	0	108.73
	<b>कुल</b>	<b>65</b>	<b>4000</b>	<b>4478.25</b>	<b>2711.07</b>	<b>600</b>	<b>60.87</b>	<b>46.4</b>	<b>402.99</b>	<b>105.56</b>	1215.82

(ii) एमबीबीएस सीटों में वृद्धि के लिए राज्य सरकार के मेडिकल कॉलेजों के सुदृढीकरण और उन्नयन के लिए सीएसएस

(करोड़ रुपए में)



क्र. सं.	राज्य	अनुमोदित कॉलेजों की संख्या	सीटों की संख्या स्वीकृत यूजी सीटें	स्वीकृत लागत	केंद्रीय शेयर	केंद्रीय शेयर से जारी धनराशि				पिछले 5 वर्षों में जारी कुल केन्द्रीय हिस्सा
						2019-20	2020-21	2022-23	2023-24	
1	आंध्र प्रदेश	3	150	180	108	18	0	0	0	18
2	छत्तीसगढ़	3	150	180	108	0	0	27	0	27
3	गुजरात	4	270	324	194.4	28	0	18	0	46
4	हिमाचल प्रदेश	6	120	144	129.6	0	0	35.64	0	35.64
5	मध्य प्रदेश	11	850	1020	612	144.68	44.32	0	0	189
6	उड़ीसा	2	200	240	144	20.89	0	0	0	20.89
7	पंजाब	2	100	120	72	0	0	0	0	0
8	राजस्थान	11	750	899.95	539.97	233.3	87.2	0	0	320.5
9	तमिलनाडु	4	345	414	248.4	60.84	0	0	0	60.84
10	उत्तराखंड	1	50	60	54	18	0	0	0	18
11	पश्चिम बंगाल	2	100	120	72	18	0	0	0	18
12	मणिपुर	1	50	60	54	14	0	0	0	14

13	कर्नाटक	9	550	660	396	79	0	0	0	79
14	झारखंड	1	100	120	72	33	0	0	0	33
15	उत्तर प्रदेश	7	432	518.39	311.034	24.2	11.8	110	0	146
16	जम्मू और कश्मीर	2	60	72	64.8	0	64.8	0	0	64.8
17	महाराष्ट्र	14	700	839.86	503.9	24.19	47.81	99	9	180
<b>कुल</b>		<b>83</b>	<b>4977</b>	<b>5972.2</b>	<b>3684.104</b>	<b>716.1</b>	<b>255.93</b>	<b>289.64</b>	<b>9</b>	<b>1270.67</b>

**विवरण -V**

'नर्सिंग शिक्षा को बढ़ावा देने ' के लिए केंद्रीय प्रायोजित योजना (सीएसएस)

क्र.सं.	राज्य	अनुमोदित कॉलेजों की संख्या	जारी की गई धनराशि (करोड़ रुपए में)	वर्ष	वास्तविक प्रगति
1	आंध्र प्रदेश	3	6	2023-24	3 नर्सिंग कॉलेजों की आधारशिला रखी
2	असम	5	10	2023-24	
3	गुजरात	5	20	2023-24	
4	हरियाणा	1	2	2023-24	
5	हिमाचल प्रदेश	3	9	2023-24	
6	जम्मू और कश्मीर	1	2	2023-24	एक नर्सिंग कॉलेज की आधारशिला रखी
7	झारखंड	5	10	2023-24	दो नर्सिंग कॉलेजों की आधारशिला रखी
8	मेघालय	1	6.5	2023-24	
9	महाराष्ट्र	2	5	2023-24	
10	मध्य प्रदेश	14	29	2023-24	पांच नर्सिंग कॉलेजों की आधारशिला रखी
11.	नागालैंड	2	12	2023-24	

12	राजस्थान	23	50	2023-24	23 नर्सिंग कॉलेजों की आधारशिला रखी गई
13	सिक्किम	1	6.5	2023-24	
14	ओडिशा	7	28	2023-24	
15	उत्तर प्रदेश	27	54	2023-24	24 नर्सिंग कॉलेजों की आधारशिला रखी गई
16	लद्दाख	1	2.5	2024-25	
17	उत्तराखंड	4	9	2024-25	

### विवरण -VI

केंद्रीय क्षेत्र योजना "नर्सिंग सेवाओं का विकास"

राज्य	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	वास्तविक प्रगति/उन्नयनाधीन महाविद्यालय	आयोजित प्रशिक्षण पाठ्यक्रमों की संख्या
हिमाचल प्रदेश	0	0.0661	0	0	3.075	0	2	4
मणिपुर	0	2.3491	0.3884	2.5327	0.2285	0.2285	2	58
उत्तर प्रदेश	0.0306	0	0	0	0.0457	0	0	4
पश्चिम बंगाल	0	0	0	0	0.0914	0	0	4
महाराष्ट्र	11.25	0	0	0.0457	0.081	0.0914	3	10

जम्मू और कश्मीर	26.25	11.25	0	0	0	0	10	0
अरुणाचल प्रदेश	0	0	8	2.1	7.5218	3.1752	4	0
त्रिपुरा	0	0	0	1.8471	1.7382	0	1	6
मेघालय	0	0	2	2.5	0	0	2	0
नागालैंड	0	0	0	8.3253	0.1142	0	3	13
तेलंगाना	0	0	0	5.5932	4.575	0	5	2
मिजोरम	0.1653	0	0.2285	0	3.75	1.6621	2	26
तमिलनाडु	0	0.1653	0.1142	0	0	0	0	15
मध्य प्रदेश	0.3471	0	0	0	0	0	0	21
ओडिशा	0.03	0	0.0457	0.0457	0	0	0	6
दिल्ली	0.711	0	0.4798	0.0914	0.5027	0.2285	0	100
छत्तीसगढ़	0.1653	0	0	0	0	0	0	10
आंध्र प्रदेश	0	0	0.1599	0.297	0.1142	0.0228	0	26
केरल	0	0	0.297	0	0	0	0	13
सिक्किम	0	0	0	0.0457	0.1828	0	0	10
झारखंड	0	0	0	0.0685	0.2285	0	0	13
चंडीगढ़	0	0	0	0.1371	0	0.0914	0	10
गोवा	0	0	0	0.297	0	0	0	13
पुडुचेरी	0	0	0	0	0.0685	0	0	3
कर्नाटक	0	0	0	0	0	0.0457	0	2
पंजाब	0	0	0	0	0	0.0685	0	3

### विवरण -VII

**आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी पीएम-जेएवाई )**

(i) आयुष्मान भारत जन आरोग्य योजना (पीएमजेएवाई) के अंतर्गत जारी धनराशि का राज्यवार एवं वर्षवार विवरण

राज्यों/संघ राज्य क्षेत्रों का नाम	वित्त वर्ष 2019-20 के लिए जारी केंद्रीय हिस्सा (करोड़ में)	वित्त वर्ष 2020-21 के लिए जारी केंद्रीय हिस्सा (करोड़ में)	वित्त वर्ष 2021-22 के लिए जारी केंद्रीय हिस्सा (करोड़ में)	वित्त वर्ष 2022-23 के लिए जारी केंद्रीय हिस्सा (करोड़ में)	वित्त वर्ष 2023-24 के लिए जारी केंद्रीय हिस्सा (करोड़ में)	वित्त वर्ष 2024-25 के लिए जारी केंद्रीय हिस्सा (करोड़ में)
अंडमान एवं निकोबार द्वीप समूह	0.41	0.27	0.76	1	0.59	0.77
आंध्र प्रदेश	374.07	261.23	223.95	480.89	451.45	203.24
अरुणाचल प्रदेश	0	0.67	0	3.8	3.47	3.76
असम	133.23	12.1	87.91	209.33	292.06	289.68
बिहार	82.49	0	59.77	145.51	172.5	300
चंडीगढ़	3.82	1.84	2.49	6.41	8.96	4.51
छत्तीसगढ़	280.37	112.62	66	352.94	195.47	242.31
दादरा और नगर हवेली तथा दमन और दीव	2.02	4.24	1.76	2.93	7.79	2.89
गोवा	0.06	0.49	0.6	0.53	1.2	0
गुजरात	212.33	99.84	330.55	660.15	267.48	0

हरियाणा	58.69	71.92	89.95	143.5	95.17	51.19
हिमाचल प्रदेश	19.12	32.93	33.71	64.32	47.91	49.71
जम्मू और कश्मीर	33.44	22.7	75.12	85.62	42.22	3
झारखंड	126.5	100.32	7.98	0	83.55	270.63
कर्नाटक	254.13	160.85	414.11	647.74	320.59	371.74
केरल	97.56	145.61	138.9	151.34	155.49	75.67
लद्दाख	0	1.62	0.51	1.92	1.93	1.15
लक्षद्वीप	0	0	0.31	0.15	0.07	0
मध्य प्रदेश	118.46	164.8	355.25	665.73	790.35	413.61
महाराष्ट्र	241.88	376.65	324.75	388.03	548.4	371.88
मणिपुर	17.1	11.45	22.5	38.55	29.17	0
मेघालय	18.07	49.52	22.28	47.31	49.74	3.65
मिजोरम	12.41	14.97	16.58	26.3	23.35	11.66
नागालैंड	10.89	12.27	14.09	21.69	28.6	11.05
पुदुचेरी	0	1.23	0.11	7.98	5.3	2.15
पंजाब	55.55	46.85	80.5	111.38	57.96	43.91
राजस्थान	200.07	258.31	96.39	416.96	606.04	209.48
सिक्किम	0.09	1.85	1.04	2.3	6.01	2.95
तमिलनाडु	441.77	359.81	75.14	578.67	681.74	0
तेलंगाना	0	0	150.26	173.54	135.75	170.48
त्रिपुरा	20.18	8.98	35.6	45.25	48.81	27.76
उत्तर प्रदेश	147.49	167.63	157.56	501.78	841.11	933.5
उत्तराखंड	30.73	40.52	54.23	65.11	60.21	34.07

नोट: डेटा 25 नवंबर 2024 तक

(ii) आयुष्मान भारत जन आरोग्य योजना (पीएमजेएवाई) के तहत बनाए गए आयुष्मान कार्डों का राज्यवार और वर्षवार विवरण

राज्य/संघ राज्य क्षेत्र	वित्त वर्ष 2019-20	वित्त वर्ष 2020-21	वित्त वर्ष 2021-22	वित्त वर्ष 2022-23	वित्त वर्ष 2023-24	वित्त वर्ष 2024-25
अंडमान व निकोबार द्वीप समूह	11,518	18,795	6,095	813	30,462	3,479
आंध्र प्रदेश	5	14	49	1,22,23,916	33,35,699	26,032
अरुणाचल प्रदेश	1,493	13,603	32,165	37,235	51,211	11,809
असम	908	1,45,776	2,18,004	1,00,12,553	65,35,793	9,11,546
बिहार	41,41,614	14,66,273	7,22,832	3,29,024	2,01,24,309	81,02,525
चंडीगढ़	24,813	11,893	7,401	81,887	29,123	68,617
छत्तीसगढ़	21,16,614	88,88,421	37,34,603	19,43,316	43,38,434	14,45,291
दादरा और नगर हवेली तथा दमन और दीव	81,422	13,329	11,356	15,934	9,278	5,673
गोवा	13,965	317	263	5,139	53,150	2,993
गुजरात	28,27,816	1,66,961	45,71,063	53,33,222	77,97,722	12,98,175
हरियाणा	12,98,633	3,37,403	3,01,903	53,70,263	33,36,424	7,83,923
हिमाचल प्रदेश	3,19,610	2,14,540	69,740	18,272	1,77,390	38,007
जम्मू और कश्मीर	50,279	34,01,007	21,10,270	15,41,248	3,45,574	1,56,087
झारखंड	56,36,121	2,35,192	4,08,189	13,76,486	12,61,854	3,57,193
कर्नाटक	336	79	48	1,35,55,309	27,29,649	13,79,904
केरल	63,63,179	1,76,134	2,80,201	3,27,477	4,47,414	4,00,685



लद्दाख	509	58,033	16,614	23,107	57,557	1,581
लक्षद्वीप	1,559	93	16,593	7,793	6,884	3,629
मध्य प्रदेश	48,62,322	91,27,418	37,12,054	93,35,962	36,88,609	19,76,300
महाराष्ट्र	62,97,711	2,70,779	3,72,000	17,67,033	1,79,88,254	17,72,735
मणिपुर	1,45,702	70,137	1,02,612	84,725	1,06,287	45,204
मेघालय	12,82,954	41,373	1,45,262	78,430	1,34,596	1,11,031
मिजोरम	2,09,925	11,031	3,934	78,403	1,11,873	21,678
नागालैंड	2,06,756	16,648	21,680	1,91,171	2,30,312	65,473
पुदुचेरी	1,13,996	15,791	2,56,502	23,457	94,097	17,890
पंजाब	36,84,680	22,61,785	15,79,195	1,98,965	8,72,250	4,29,386
राजस्थान	0	0	0	1,02,79,284	1,09,32,764	3,87,666
सिक्किम	27,207	2,701	10,791	7,921	20,134	6,519
तमिलनाडु	188	179	373	32,47,688	39,45,041	4,79,990
तेलंगाना	0	0	0	69,49,448	12,97,866	9,879
त्रिपुरा	7,68,202	1,17,875	37,516	41,307	5,30,126	1,80,142
उत्तर प्रदेश	65,28,640	44,05,932	41,53,506	91,81,397	2,32,56,644	13,87,547
उत्तराखण्ड	8,57,669	5,49,944	3,53,410	3,77,527	5,63,069	2,87,419

नोट: डेटा 30 नवंबर 2024 तक

### विवरण -VIII

पिछले पांच वर्षों के दौरान पीएमएसएसवाई ( प्रधानमंत्री स्वास्थ्य सुरक्षा योजना) के कार्यान्वयन के लिए आवंटित और व्यय की गई धनराशि।

(करोड़ रुपए में)

वर्ष	आवंटित बजट	कुल व्यय
2019-20	4714.78	6876.47**

2020-21	7517.25	7360.23**
2021-22	9601.31	9601.31
2022-23	8269.56	7744.92
2023-24	8635.00*	8036.08

\*इसमें पीएमएसएसवाई योजना के अंतर्गत बजट प्रावधान और नए एम्स की स्थापना व्यय दोनों शामिल हैं।

\*\* एचईएफए (ईबीआर) अनुदान से भी व्यय शामिल है।

### विवरण -IX

#### केंद्र सरकार स्वास्थ्य योजनाएं ( सीजीएचएस)

क्र. सं.	वित्त वर्ष	बजट अनुमान	संशोधित अनुमान	व्यय
1.	2019-20	2850.00	4036.08	3966.19
2.	2020-21	3047.69	4344.62	4236.86
3.	2021-22	4069.95	4463.00	4368.02
4.	2022-23	4495.00	6585.69	6419.89
5.	2023-24	6066.43	6152.40	6109.82

### विवरण -X

#### स्वास्थ्य क्षेत्र आपदा तैयारी और अनुक्रिया” योजना (एचएसडीपीआर)

क्र. सं.	वित्त वर्ष	आबंटित धनराशि (करोड़ रुपए में)	व्यय (करोड़ रुपए में)
1.	2020-21	65.95	9.50
2.	2021-22	65.95	3.46
3.	2022-23	65.95	26.76
4.	203-24	66.50	20.24
5	2024-25 (02.12.2024 तक)	60.55	3.12

### विवरण-XI

आपातकालीन चिकित्सा सेवाओं के लिए मानव संसाधन विकास योजना (एचआरडीईएमएस)

क्र. सं.	वित्त वर्ष	आबंटित धनराशि (करोड़ रुपए में)	व्यय (करोड़ रुपए में)
1.	2020-21	64.05	17.31
2.	2021-22	64.05	28.66
3.	2022-23	64.05	48.24
4.	203-24	61.64	8.45
5	2024-25 (02.12.2024 तक की स्थिति के अनुसार)	33.45	0.57

## **E-SEWA KENDRAS IN COURTS**

### **1954. SHRI A. MANI:**

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

- (a) whether the Government has established e-Sewa Kendras in courts across the country;
- (b) if so, the details of their implementation including the number of such operational e-sewa Kendras;
- (c) the primary service offered by these Kendras to litigants and advocates;
- (d) the number of litigants who have availed services through e-Sewa Kendras in the last one year, State-wise including Tamil Nadu;
- (e) the impact of e-Sewa Kendras on reducing delays and simplifying processes for litigants; and
- (f) whether training programmes are being conducted for stakeholders such as advocates and litigants to make effective use of e-Sewa Kendras 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) to (c): Yes Sir. Under eCourts Mission Mode Project, eSewa Kendras have been established in High Courts and District Courts across the country. These centers, located in the court complexes have been established to bridge the digital

divide and extend assistance to lawyers and litigants. These Kendras aim to serve as a one-stop centre offering free of cost information on court cases/orders/judgments, facilitation of court related matters, and e-filing services, particularly benefiting those who may lack access to technology or reside in remote areas.

A total of 1394 eSewa Kendras (Facilitation Centres) in District Courts and 36 eSewa Kendras (Facilitation Centres) in High Courts have been established nationwide as on 31.10.2024, underscoring the positive impact of this initiative in providing valuable services to legal practitioners and litigants. High Court wise details of eSewa Kendras set up in High Courts as well as District Courts across the country under the project is placed at enclosed **Statement**.

The following services are provided at eSewa Kendras for the litigants and lawyers:

- Handling of inquiries about case status, next date of hearing and other details.
- Facilitation of online Applications for certificate copies and other such filing.
- Facilitation of eFiling of petitions right from scanning of hardcopy petitions, appending eSignatures, uploading them into CIS (Case Information System) and generation of filing number.
- Assistance in online purchase of eStamp papers/ePayments.
- Helping in applying for obtaining Aadhaar based digital signature.
- Publicising of and assistance in downloading the Mobile App of eCourts for Android and IOS.

- Facilitation in booking of eMulakat appointment for meeting relatives locked in jail.
- Handling queries about Judges on leave.
- Handling queries about location of the particular Court, its cause-list and whether the case has been taken up for hearing or not.
- Guidance on how to avail free legal services from District Legal Service Authority, High Court Legal Service Committee and Supreme Court Legal Service Committee.
- Facilitation of disposal of traffic challan in virtual Courts as also online compounding of traffic challans and other petty offences.
- Assistance with respect to all other queries and assistance in respect of facilities which are digitally available under the eCourts Project.

(d): The data with respect to the functioning of eSewa Kendras is maintained by the respective High Court. Accordingly, as per the information provided by the High Court of Madras, under Phase II of eCourts Project, the Madras High Court established 4 eSewa Kendras i.e. one at the Principal Seat of Madras High Court, one at Madurai Bench, one at Yercaud Taluk in Salem District and another in Krishnagiri District, in the state of Tamil Nadu using the existing infrastructure.

Under Phase-III of eCourts Project, the Madras High Court has established 298 eSewa Kendra in 250 Court Complexes in the State of Tamil Nadu and U.T. of Puducherry. These new eSewa Kendras have been made operational from 05.08.2024.

Depending upon the number of courts functioning in the Court Complex, approximately 20 to 30 Queries per day are being handled in the eSewa Kendras of Tamil Nadu.

(e): eSewa Kendras promote paperless processes by reducing the time and effort required for filing and retrieving documents and enable litigants to easily monitor the progress of their cases through the online portal. Guidance and assistance provided at these centres enables simplification of complex legal procedures for those who are unfamiliar with the legal system.

(f): Yes Sir. A total of 112 training programmes for the advocates/ advocate clerks have been conducted by eCommittee, Supreme Court of India in every state in coordination with the State Judicial Academies of the respective High Courts. These training programmes have interalia covered the topic of eSewa Kendras.

### **STATEMENT**

**The High Court wise details of eSewa Kendras set up in High Courts as well as District Courts across the country under the project are as below:**

Sr.No	High Court	Whether the e-Sewa Kendra is implemented in High Court	Functioning e- Sewa Kendras in High Courts (A)	Whether the e- Sewa Kendra is implemented in District Courts	Functioning e- Sewa Kendras in District Courts (B)	Total (A+B)
.						)

1	Allahabad	Yes	2	Yes	74	76
2	AndhraPradesh	Yes	0	No	0	0
3	Bombay	Yes	3	Yes	43	46
4	Calcutta	Yes	1	Yes	8	9
5	Chhattisgarh	Yes	1	Yes	23	24
6	Delhi	Yes	1	Yes	13	14
7	Gauhati- ArunachalPrades h	Yes	0	Yes	24	24
8	Gauhati-Assam	Yes	2	Yes	78	80
9	Gauhati-Mizoram	Yes	1	Yes	8	9
10	Gauhati- Nagaland	Yes	1	Yes	11	12
11	Gujarat	Yes	1	Yes	148	149
12	HimachalPradesh	Yes	1	Yes	11	12
13	Jammu and Kashmir	Yes	1	Yes	9	10
14	Jharkhand	Yes	2	Yes	24	26
15	Karnataka	Yes	3	Yes	26	29
16	Kerala	Yes	1	Yes	161	162
17	MadhyaPradesh	Yes	3	Yes	40	43



18	Madras	Yes	1	Yes	300	301
19	Manipur	Yes	1	Yes	15	16
20	Meghalaya	Yes	1	Yes	15	16
21	Orissa	Yes	1	Yes	126	127
22	Patna	Yes	1	Yes	37	38
23	Punjab and Haryana	Yes	1	Yes	111	112
24	Rajasthan	Yes	2	Yes	1	3
25	Sikkim	Yes	1	Yes	9	10
26	Telangana	Yes	1	Yes	34	35
27	Tripura	Yes	1	Yes	15	16
28	Uttarakhand	Yes	1	Yes	30	31
	<b>Implemented</b>	<b>28</b>	<b>36</b>	<b>27</b>	<b>1394</b>	<b>1430</b>
	<b>Not Implemented</b>	<b>0</b>		<b>1</b>		

## **RESEARCH AND TECHNOLOGY HUB IN DEFENCE SECTOR**

### **1955. SHRI ANANTA NAYAK:**

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

(a) whether the Government proposes to develop the country into a research and technology hub in defence sector;

(b) if so, the details thereof;

(c) whether the Government has taken an initiative 'Dare to Dream' to attract new generation through research and start-ups;

(d) if so, the details thereof along with the steps taken by the Government in this regard;

(e) whether the Government has earmarked/sanctioned/released any fund for the said initiative; and

(f) if so, the details thereof?

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

(a) and (b): Yes, Sir. Government has taken various initiatives to develop India into a research and technology hub. Some of them are as follows: -

(i) Technology Development Fund (TDF) Scheme: Technology Development Fund Scheme is a flagship program of MoD (Ministry of Defence) executed by DRDO under Make in India initiative. The Government has approved TDF Scheme to encourage industries especially MSMEs and Startups to develop various Defence technologies. The scheme aligns with the vision of 'Aatmanirbhar Bharat' by bringing new industries in the fold of design and manufacturing of defense technology. Funding of up to Rs. 50 Cr. per project is provided to the industry as Grant-in-Aid.

(ii) DRDO Industry Academia Centre of Excellence (DIA-CoE): DRDO has established, DRDO Industry Academia Centre of Excellence (DIA-CoE) across the country at IISc Bangalore, various IITs and Central/State Universities to encourage

directed research for developing new technologies for Defence and Security in identified areas. State-of-the-Art lab/research facilities and infrastructure for attracting researchers and scholars are established at these Centres of excellence. Through these DIA-CoEs, DRDO will have effective collaboration with start-ups/industry which will further help in product development.

(iii) Innovations for Defence Excellence (iDEX) framework was launched by the Government with the aim to foster innovation and technology development in Defence and Aerospace Sector by engaging Industries including MSMEs, startups, individual innovators, RandD institutes and academia to promote self-reliance. Further, a scheme for scaling up iDEX has been launched in May 2021 with a budgetary support of Rs. 498.80 crore for the next five years i.e. from 2021-22 to 2025-26. The Scheme aims at providing financial support to nearly 300 Start-ups/MSMEs/ individual innovators and 20 partner incubators under the Defence Innovation Organisation (DIO) framework.

So far, a total of 79 Projects of costing INR Rs. 334.02 Cr. has been sanctioned to various industries under the TDF scheme for development of Defence technologies and DRDO has established 15 DIA-CoEs across the country. 264 projects of cost approximately Rs. 930 Crores are sanctioned so far, under the Grants-in-Aid scheme of DRDO.

(c) to (f): Yes, Sir. DRDO has been launching Pan India Dare to Dream Innovation Contest every year since 2019 to bring together innovators, entrepreneurs, individuals above 18 years and start-ups (recognized by DPIIT and with Indian

founders) for innovative ideas in the field of Defence and Aerospace. Through this contest, DRDO invites innovative ideas and best ideas are selected and awarded.

Four versions of Dare to Dream Contest have already been successfully conducted. Dare to Dream (D2D) 5.0 has been launched by the Hon'ble Raksha Mantri on 18 October, 2024 and presently going on. A fixed amount in each category is provided as cash prize to the winners of this contest. A total of Rs. 543 lakh has been released to the winners of four editions of Dare to Dream Contest as cash prize money. The selected individual/ company are getting benefitted as DRDO supports them to realize awarded ideas into Prototype through TDF scheme.

## **SHORTAGE OF HEALTHCARE INFRASTRUCTURE**

### **1956. SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:**

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

- a) whether there is a significant variation in doctor-population ratios across the country, State/districts-wise particularly Haryana, if so, the details thereof and the reasons therefor;
- b) the manner in which the Government is likely to address the shortage of doctors in States district hospitals and reduce the gap between sanctioned and available doctors;
- c) the steps taken/proposed to be taken by the Government to fill the 28.7% vacant doctor posts in Haryana and other States, State-wise;
- d) whether the Government is reconsidering the outsourcing/contractual engagement policies, if so, the details thereof;

- e) whether the Government is considering to develop a long-term strategy to address healthcare staffing issues;
  - f) the details of the implementation of Indian Public Health Standards (IPHS) norms in the country;
  - g) the manner in which the Government is likely to allocate resources to address healthcare infrastructure shortcomings and ensure equal access to healthcare services across States in the country; and
- whether the Government is planning to increase funding for National Health Mission (NHM) programmes and if so, the details thereof?

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

(a) to (e) : As per information provided by National Medical Commission (NMC), there are 13,86,145 allopathic doctors registered with the State Medical Councils (SMCs) and the National Medical Commission (NMC) as on November, 2024. Assuming 80% availability of registered allopathic doctors and 6.14 lakh AYUSH doctors, the doctor-population ratio in the country is 1:811, which is better than World Health Organization (WHO) standard of 1:1000.

The State/UT wise list of Doctors registered with State Medical Councils / The Erstwhile Medical Council Of India/ National Medical Commission is given at enclosed **Statement**.

All the administrative and personnel matters related to health human resource lies with the respective State/UT Governments. Under National Health Mission,

Ministry (NHM) of Health and 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) within their overall resource envelope.

Under NHM, following types of guidelines for encouraging doctors to practice in rural and remote areas of the country to minimize the gap between supply and demand for doctors:

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
- Honorarium to Gynecologists/ Emergency Obstetric Care (EmOC) trained, Pediatricians and Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural and remote area.
- Incentives like special incentives for doctors, incentive for Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (ANC) checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.

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

(f): The Indian Public Health Standards (IPHS) are essential benchmarks that ensure the delivery of minimum essential services through public healthcare facilities. Developed in 2007 and revised in 2012 and 2022, these standards align with recent public health initiatives and are fundamental to our healthcare system. Ministry of Health and Family Welfare has launched an open-source toolkit (ODK) and a dashboard under Indian Public Health Standards on 28th June 2024 that will aid the national, state and district health facilities in quickly monitoring compliance with respect to Indian Public Health Standards and enable action accordingly. The dashboard provides comprehensive data on various health facilities' assessment and compliance status are available at website of National Health Mission (NHM) at the Uniform Resource Locator (URL) as under:

<https://www.iphs.mohfw.gov.in>

(g): Government of India has launched several schemes to address healthcare infrastructure shortcomings and ensure equal access to healthcare services across States in addition to National Health Mission:

- **Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)** envisages increased investments in public health and other health reforms to provide better access to health in rural areas by i) Strengthening of Health and Wellness Centres in villages and cities for early detection of diseases; ii) Addition of new critical care-related beds at district level hospitals; iii) Support for Block Public Health Units (BPHU) in 11 high focus States; and iv) Integrated district public health laboratories in all districts.

- **The Fifteenth Finance Commission (FC-XV)** has recommended grants through local governments for specific components of the health sector and spread over the five-year period from FY 2021-22 to FY 2025-26 to facilitate strengthening of health system at the grass-root level.

- **The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)** aims at correcting regional imbalances in the availability of affordable tertiary healthcare services and to augment facilities for quality medical education in the country. The Scheme has two components, namely, (i) setting up of all India Institute of Medical Sciences (AIIMS); and (ii) Upgradation of existing Government Medical Collages/ Institution (GMCI). So far setting up of 22 new AIIMS (Establishment of One new AIIMS, Raipur in Chhattisgarh) and 75 projects of upgradation of GMCI have been approved under the Scheme in various phases. The setting up of AIIMS contains Medical College, Nursing College, Hospital, Trauma Centre, Emergency, Blood Bank, ICU, Diagnostic and Pathology, Research etc. Upgradation of GMCI under



PMSSY broadly involves construction of Super Specialty Block (SSB) and/ or Trauma Centre/ or other facilities and/ or procurement of medical equipment.

●Under Centrally Sponsored Scheme (CSS), '**Establishment of new medical colleges attached with existing district/referral hospitals**', with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college. The fund sharing mechanism between the Centre and State Governments is in the ratio of 90:10 for North Eastern and Special Category States, and 60:40 for others.

(h): Under, National Health Mission, the financial allocation FY 2024-2025 is Rs.36,000 Cr. and the details of central release for the FY 2021-22 to FY 2023-24 is as under:

(Rs. In Cr.)

Sl. No.	Financial Year	Central Release
4.	2021-22	28,033.63
5.	2022-23	31,195.82
6.	2023-24	33,356.75

Note: The above releases relate to Central Government Grant and do not include State share contribution.

### **STATEMENT**

**STATE/ UT-WISE LIST OF DOCTORS POSSESSING RECOGNISED MEDICAL QUALIFICATIONS AND REGISTERED WITH STATE MEDICAL COUNCILS / THE ERSTWHILE MEDICAL COUNCIL OF INDIA/ NATIONAL MEDICAL**

**COMMISSION AS ON NOVEMBER, 2024**

<b>SR No.</b>	<b>Name of State Medical Council</b>	<b>Total number of allopathic doctors</b>
1.	Andhra Pradesh Medical Council	105805
2.	Arunachal Pradesh Medical Council	1660
3.	Assam Medical Council	25980
4.	Bihar Medical Council	48200
5.	Chhattisgarh Medical Council	10962
6.	Delhi Medical Council	31481
7.	Goa Medical Council	4720

8.	Gujarat Medical Council	79169
9.	Haryana Medical Council	15714
10.	Himachal Pradesh Medical Council	7296
11.	Jammu and Kashmir Medical Council	18720
12.	Jharkhand Medical Council	8544
13.	Karnataka Medical Council	141155
14.	Madhya Pradesh Medical Council	49730
15.	Maharashtra Medical Council	209540

16.	Erstwhile Medical Council of India	52672
17.	Mizoram Medical Council	156
18.	Nagaland Medical Council	166
19.	Odisha Council of Medical Registration	29792
20.	Punjab Medical Council	53446
21.	Rajasthan Medical Council	49049
22.	Sikkim Medical Council	1880
23.	Tamil Nadu Medical Council	149399

24.	Kerala Medical Council	73070
25.	Uttar Pradesh Medical Council	99737
26.	Uttarakhand Medical Council	10249
27.	West Bengal Medical Council	78759
28.	Tripura Medical Council	2683
29.	Telangana Medical Council	26411
	<b>Grand Total</b>	<b>1386145</b>

Source: The National Medical Commission

**Note:- Erstwhile MCI had stopped the registration since 2015.**

कैंसर और हृदय रोगों के बढ़ते मामले

**1957. श्री राजीव राय:**

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

(क) क्या सरकार को जानकारी है कि देश में पिछले तीन वर्षों के दौरान कैंसर रोगियों और हृदयाघात रोगियों की संख्या में अचानक वृद्धि हुई है, और यदि हां, तो तत्संबंधी वर्ष-वार ब्यौरा क्या है;

(ख) क्या सरकार ने ऐसे मामलों के कारणों का पता लगाने के लिए कोई शोध कराया है;

(ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसके क्या परिणाम रहे; और

(घ) सरकार द्वारा देश में पिछले तीन वर्षों के दौरान कैंसर रोगियों और हृदयाघात रोगियों की संख्या को कम करने के लिए क्या विशेष उपचारात्मक कदम उठाए गए/ उठाए जाने का विचार है?

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

(क) से (ग): भारतीय आयुर्विज्ञान अनुसंधान परिषद के राष्ट्रीय कैंसर रजिस्ट्री कार्यक्रम (आईसीएमआर-एनसीआरपी) के अनुसार, पिछले तीन वर्षों के दौरान राज्य/संघ राज्य क्षेत्रों के अनुसार कैंसर के व्याप्तता के मामलों की अनुमानित संख्या नीचे दी गई है;

<b>कैंसर के व्याप्तता के मामलों की अनुमानित संख्या (2021-2023) – स्त्री पुरुष दोनों</b>			
<b>वर्ष</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
भारत में कैंसर के व्याप्तता के मामलों की अनुमानित संख्या	1426447	1461427	1496972

आईसीएमआर द्वारा दी गई जानकारी के अनुसार, कैंसर के व्याप्तता के मामलों की संख्या में वृद्धि का कारण कैंसर का पता लगाने के लिए बेहतर नैदानिक तकनीकों की पहुँच और उपलब्धता, जीवन प्रत्याशा में वृद्धि, जरावस्था की बढ़ती आबादी, स्वास्थ्य के प्रति अधिक जागरूकता और स्वास्थ्य संबंधी

व्यवहार में सुधार है। आईसीएमआर ने यह भी बताया है कि गैर-संचारी रोगों (एनसीडी) कैंसर और हृदय संबंधी रोगों सहित) से जुड़े पारंपरिक जोखिम कारकों जैसे तंबाकू और शराब का सेवन, कम शारीरिक कार्यकलाप, अस्वास्थ्यकर आहार, अधिक नमक, चीनी और संतृप्त वसा का सेवन आदि में उल्लेखनीय वृद्धि हुई है।

(घ): भारत सरकार के स्वास्थ्य और परिवार कल्याण विभाग, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के हिस्से के रूप में गैर-संचारी रोगों की रोकथाम और नियंत्रण के लिए राष्ट्रीय कार्यक्रम (एनपी-एनसीडी) के तहत राज्यों और संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। यह कार्यक्रम बुनियादी ढांचे को मजबूत करने, मानव संसाधन विकास, शीघ्र निदान, उपचार और प्रबंधन के लिए उचित स्तर की स्वास्थ्य सेवा सुविधा के लिए रेफरल और कैंसर तथा संबंधी बीमारियों सहित गैर-संचारी रोगों की रोकथाम के लिए स्वास्थ्य संवर्धन और जागरूकता पैदा करने पर केंद्रित है। एनपी-एनसीडी के तहत, 770 जिला एनसीडी क्लीनिक, 372 जिला डे केयर सेंटर, 233 कार्डियक केयर यूनिट और 6410 सामुदायिक स्वास्थ्य केंद्र एनसीडी क्लीनिक स्थापित किए गए हैं।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत देश में व्यापक प्राथमिक स्वास्थ्य परिचर्या के एक हिस्से के रूप में कैंसर और हृदय संबंधी बीमारियों सहित आम गैर-संचारी रोगों की जांच, प्रबंधन और रोकथाम के लिए जनसंख्या-आधारित पहल शुरू की गई है। इन आम गैर-संचारी रोगों की जांच सेवा वितरण का एक अभिन्न अंग है।

इसके अलावा, कैंसर और हृदय रोगों सहित गैर-संचारी रोगों के बारे में जन जागरूकता बढ़ाने और स्वस्थ जीवन शैली को बढ़ावा देने के लिए पहलों में राष्ट्रीय कैंसर जागरूकता दिवस, विश्व कैंसर दिवस, विश्व उच्च रक्तचाप दिवस और विश्व हृदय दिवस मनाना, निरंतर सामुदायिक जागरूकता के लिए प्रिंट, इलेक्ट्रॉनिक और सोशल मीडिया का उपयोग करना शामिल है। कैंसर और हृदय रोगों सहित गैर-संचारी रोगों के लिए जागरूकता पैदा करने के कार्यक्रमों के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत राज्यों/संघ राज्य क्षेत्रों को उनकी कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के अनुसार वित्तीय सहायता प्रदान की जाती है।

भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण (एफएसएसएआई) के "ईट राइट इंडिया मूवमेंट" के माध्यम से "स्वास्थ्यकर भोजन" को बढ़ावा दिया जाता है। युवा कार्यक्रम और खेल मंत्रालय द्वारा "फिट इंडिया मूवमेंट" को क्रियान्वित किया जाता है। आयुष मंत्रालय द्वारा योग से संबंधित विभिन्न कार्यक्रमलाप आयोजित किए जाते हैं।

## **PROMOTION OF AYUSH IN UTTAR PRADESH**

### **1958. SHRI PRAVEEN PATEL:**

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

(a) the details of the budget allocation made under various heads like Ayurveda education, Ayurveda medicines, AYUSH doctors, AYUSH publicity department etc.

in the country including Uttar Pradesh; and

(b) the facilities, resources, medicines provided/likely to be provided by the Government for the promotion of AYUSH in view of affordability of this system in rural areas of Uttar 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) and (b) Ministry of Ayush is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments for overall development and promotion of Ayush system in the country including rural areas of Uttar Pradesh by providing financial assistance under different activities as per provision of NAM guidelines to provide affordable health services to the community through different types of Ayush systems interventions.

The NAM inter-alia makes provision for following activities:



- (i) Operationalization of Ayush Health and Wellness Centres (AHWCs) now renamed as Ayushman Arogya Mandir (Ayush).
- (ii) Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs)
- (iii) Upgradation of existing standalone Government Ayush Hospitals
- (iv) Upgradation of existing Government/Panchayat/Government aided Ayush Dispensaries/ Construction of building for existing Ayush Dispensary (Rented/dilapidated accommodation) /Construction of building to establish new Ayush Dispensary
- (v) Setting up of 10/30/50 bedded integrated Ayush Hospitals
- (vi) Supply of essential drugs to Government Ayush Hospitals, Government Dispensaries and Government/Government aided Teaching Institutional Ayush Hospitals
- (vii) Ayush Public Health Programs
- (viii) 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.
- (x) Behaviour Change Communication (BCC)

Under NAM, every year resource pool/budgetary allocation is made to all State/UT Governments including Uttar Pradesh for submitting proposals through State Annual Action Plans (SAAPs) as per their requirements.

As per proposals received from State/UT Governments through SAAPs, consolidated grant-in-aid is being released to them for implementation of different activities. The State/UT-wise status of grant-in-aid released from 2014-15 to 2023-24 is furnished at **enclosed Statement**.

### **STATEMENT**

**State/UT-wise status of grant-in-aid released from 2014-15 to 2023-24 under NAM for different activities**

S. No.	Name of States/UTs	Amount released (Rs. In lakhs)
1	Andaman and Nicobar Islands	2629.77
2	Andhra Pradesh	7578.05
3	Arunachal Pradesh	5018.04
4	Assam	13911.37
5	Bihar	8091.86
6	Chandigarh	1759.12
7	Chhattisgarh	10741.83
8	Dadra and Nagar Haveli and Daman and Diu	892.70
9	Delhi	726.31
10	Goa	2324.91

11	Gujarat	13504.05
12	Haryana	14105.67
13	Himachal Pradesh	14997.06
14	Jammu and Kashmir	21829.78
15	Jharkhand	13647.80
16	Karnataka	20452.17
17	Kerala	24534.46
18	Lakshadweep	1721.78
19	Madhya Pradesh	33012.60
20	Maharashtra	10675.05
21	Manipur	8227.99
22	Mizoram	4833.38
23	Meghalaya	5776.16
24	Nagaland	7898.27
25	Odisha	8710.18
26	Puducherry	2367.08
27	Punjab	5201.82
28	Rajasthan	26782.82
29	Sikkim	3897.82
30	Tamil Nadu	21206.83
31	Telangana	9789.23
32	Tripura	4915.42

33	Uttar Pradesh	90103.74
34	Uttarakhand	14964.02
35	West Bengal	16292.30
36	Ladakh	307.04
	<b>Total</b>	<b>453428.45</b>

### मध्य प्रदेश में महिला शक्ति केंद्र

#### 1959. श्रीमती संध्या राय:

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

(क) मध्य प्रदेश में मंत्रालय द्वारा कार्यान्वित की जा रही योजनाओं की संख्या और ब्यौरा क्या है;

(ख) ऐसी योजनाओं पर व्यय की जा रही निधियों की राशि का योजना-वार और वर्ष-वार ब्यौरा क्या है;

(ग) भिंड और दतिया जिले में महिलाओं के सशक्तीकरण के लिए क्या कदम उठाए जा रहे हैं;

(घ) भिंड और दतिया जिले में खोले गए शक्ति केन्द्रों की संख्या सहित खोले जाने के लिए प्रस्तावित महिला शक्ति केन्द्रों की संख्या कितनी है; और

(ङ) इनसे लाभान्वित होने वाली महिलाओं का ब्यौरा क्या है?

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

(क) एवं (ख): महिला एवं बाल विकास मंत्रालय मध्य प्रदेश राज्य सहित पूरे देश में महिलाओं और बच्चों के कल्याण के लिए केंद्र प्रायोजित योजनाओं को लागू कर रहा है जिन्हें तीन व्यापक मिशन में बांटा गया है: (1) मिशन शक्ति, महिलाओं की सुरक्षा, संरक्षण और सशक्तीकरण के लिए; (2) सक्षम आंगनवाड़ी और पोषण 2.0, देश में पोषण और स्वास्थ्य संकेतकों में सुधार के लिए; और (3) मिशन वात्सल्य, बच्चों की सुरक्षा और कल्याण के लिए। इन योजनाओं का विवरण इस प्रकार है:

(i) **मिशन शक्ति:** 'मिशन शक्ति' का उद्देश्य महिलाओं की सुरक्षा, संरक्षण और सशक्तीकरण के लिए कार्यकलापों को सुदृढ़ करना है। इसका उद्देश्य मंत्रालयों/विभागों तथा शासन के विभिन्न स्तरों पर

अभिसरण में सुधार के लिए कार्यनीति प्रस्तावित करने पर ध्यान केंद्रित करना है। मिशन शक्ति में दो घटक 'संबल' और 'सामर्थ्य' शामिल हैं।

“संबल” घटक महिलाओं की सुरक्षा के लिए है। इसमें वन स्टॉप सेंटर (ओएससी), महिला हेल्पलाइन (डब्ल्यूएचएल), बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) और नारी अदालत शामिल हैं।

- **वन स्टॉप सेंटर (ओएससी)-** जिला स्तर पर स्थित एक संस्था जो संकटग्रस्त महिलाओं को एक ही छत के नीचे अस्थायी आश्रय, चिकित्सा एवं पुलिस सहायता, परामर्श और कानूनी सहायता जैसी तत्काल सहायता प्रदान करती है।

- **महिला हेल्पलाइन (डब्ल्यूएचएल)-** महिला हेल्पलाइन 181 सहायता और जानकारी चाहने वाली महिलाओं को 24 घंटे टोल-फ्री टेलीफोन सेवा प्रदान करती है। इसे सभी आपातकालीन सेवाओं के लिए आपातकालीन प्रतिक्रिया सहायता प्रणाली (ईआरएसएस) 112 के साथ भी एकीकृत किया गया है और सभी वन स्टॉप सेंटरों के साथ इसके एकीकरण का काम प्रगति पर है।

- **बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी)-** बीबीबीपी एक मानसिकता परिवर्तन कार्यक्रम है जो बहु-क्षेत्रीय कार्यकलापों के माध्यम से बालिकाओं के महत्व के प्रति जागरूकता पैदा करने में मदद करता है।

- **नारी अदालत-** यह एक प्रयोगात्मक मंच है जो महिलाओं को त्वरित, सुलभ और किफायती न्याय के लिए आपसी सहमति से बातचीत, मध्यस्थता और सुलह के माध्यम से ग्राम पंचायत स्तर पर वैकल्पिक शिकायत निवारण तंत्र प्रदान करता है। इसे असम और संघ राज्य क्षेत्र जम्मू और कश्मीर की 50-50 ग्राम पंचायतों में पायलट आधार पर शुरू किया गया है।

“सामर्थ्य” घटक महिलाओं के सशक्तीकरण के लिए है। इसमें प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई), शक्ति सदन, सखी निवास, पालना और संकल्प: महिला सशक्तीकरण केंद्र (एचईडब्ल्यू) के घटक शामिल हैं।

क. **प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई)-** पीएमएमवीवाई एक केंद्र प्रायोजित मातृत्व लाभ योजना है जिसके तहत पहले बच्चे के लिए प्रत्यक्ष लाभ अंतरण (डीबीटी) मोड में लाभार्थी के

बैंक/डाकघर खाते में सीधे 5,000/- रुपये की नकद प्रोत्साहन राशि प्रदान की जाती है। पात्र लाभार्थियों को दूसरे बच्चे के लड़की होने पर भी पीएमएमवीवाई के तहत 6,000/- रुपये की नकद प्रोत्साहन राशि प्रदान की जाती है।

ख. **शक्ति सदन-** शक्ति सदन संकटग्रस्त एवं कठिन परिस्थितियों में रहने वाली महिलाओं के लिए एक एकीकृत राहत एवं पुनर्वास गृह है।

ग. **सखी निवास-** सखी निवास योजना (कामकाजी महिला छात्रावास) एक मांग आधारित केन्द्र प्रायोजित योजना है जिसके तहत राज्यों/संघ राज्य क्षेत्रों को सीधे निधि जारी की जाती है और इसका उद्देश्य शहरी, अर्ध-शहरी और यहां तक कि ग्रामीण क्षेत्रों में जहां महिलाओं के लिए रोजगार के अवसर मौजूद हैं, कामकाजी महिलाओं के लिए सुरक्षित और सुविधाजनक स्थान पर आवास की उपलब्धता को बढ़ावा देना है।

घ. **पालना-** पालना योजना डे-केयर क्रेच सुविधाओं के माध्यम से बच्चों के लिए सुरक्षित और संरक्षित स्थान प्रदान किया जाता है। क्रेच सेवाएं अब तक घरेलू काम के हिस्से के रूप में मानी जाने वाली बाल देखभाल सुविधाओं को औपचारिक रूप देती हैं और अंतिम लाभार्थी तक देखभाल सुविधाओं की प्रदायगी सुनिश्चित करने के लिए आंगनवाड़ी बुनियादी ढांचे का उपयोग करती हैं।

ड. **संकल्प: महिला सशक्तीकरण केंद्र (एचईडब्ल्यू)-** संकल्प: एचईडब्ल्यू महिलाओं के लिए उपलब्ध योजनाओं और सुविधाओं के बारे में जानकारी और ज्ञान के अंतर को पाटने के लिए एक माध्यम के रूप में कार्य करता है। यह मिशन शक्ति के तहत सभी घटकों के लिए एक परियोजना निगरानी इकाई (पीएमयू) के रूप में भी कार्य करता है।

**(ii) सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 2.0):** इस कार्यक्रम के अंतर्गत आंगनवाड़ी सेवा योजना, पोषण अभियान और किशोरियों के लिए योजना को 3 प्राथमिक घटकों में पुनर्गठित किया गया है: (i) 6 वर्ष से कम आयु के बच्चों, गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों (14-18 वर्ष) के लिए पोषण सहायता; (ii) प्रारंभिक बाल्यावस्था देखभाल और शिक्षा [3-6 वर्ष] तथा (iii) आधुनिक, उन्नत सक्षम आंगनवाड़ी सहित आंगनवाड़ी अवसंरचना।

**(iii) मिशन वात्सल्य:** मिशन वात्सल्य (पूर्ववर्ती बाल संरक्षण सेवा योजना (आईसीपीएस)) एक केन्द्र प्रायोजित योजना (सीएसएस) है, जिसे राज्यों/संघ राज्य क्षेत्रों (यूटी) के माध्यम से कार्यान्वित किया जाता है ताकि देखभाल और संरक्षण की आवश्यकता वाले बच्चों (सीएनसीपी) और कानून का उल्लंघन करने वाले बच्चों (सीसीएल) के लिए बेहतर पहुंच और सुरक्षा हेतु सेवाएं प्रदान की जा सकें जिसमें मिशन मोड में संस्थागत देखभाल और गैर-संस्थागत देखभाल शामिल है, जिसका उद्देश्य है: (i) कठिन परिस्थितियों में बच्चों को सहायता और सहारा देना (ii) विभिन्न पृष्ठभूमियों के बच्चों के समग्र विकास के लिए संदर्भ-आधारित समाधान तैयार करना (iii) नवीन समाधानों को प्रोत्साहित करने के लिए ग्रीन फील्ड परियोजनाओं के लिए गुंजाइश प्रदान करना (iv) यदि आवश्यक हो तो गैप फंडिंग द्वारा अभिसरण कार्रवाई को सुदृढ़ करना।

यह योजना कठिन परिस्थितियों में रहने वाले बच्चों के लिए चाइल्ड हेल्पलाइन (1098) के माध्यम से आपातकालीन आउटरीच सेवाएं (24x7) भी प्रदान करती है।

पिछले तीन वर्षों के दौरान मध्य प्रदेश राज्य को जारी की गई निधि का योजनावार और वर्षवार ब्यौरा संलग्न **विवरण** में दिया गया है।

(ग): मिशन शक्ति की सामर्थ्य घटक के अंतर्गत दतिया और भिंड जिलों में महिलाओं को सशक्त बनाने के लिए कई पहल की गई हैं जिनमें महिलाओं से संबंधित विभिन्न प्रमुख योजनाओं और कार्यक्रमों जैसे पीएमएमवीवाई पंजीकरण अभियान, संकल्प: एचईडब्ल्यू के अंतर्गत 100 दिवसीय विशेष अभियान आदि पर जागरूकता शिविर/सत्र शामिल हैं।

(घ) और (ङ): सामुदायिक भागीदारी के माध्यम से ग्रामीण महिलाओं को सशक्त बनाने के लिए केंद्र प्रायोजित योजना के रूप में नवंबर, 2017 में महिला शक्ति केंद्र (एमएसके) योजना को मंजूरी दी गई थी। नीति आयोग द्वारा वर्ष 2020 में एमएसके योजना का एक तृतीय पक्ष मूल्यांकन अध्ययन किया गया था। मूल्यांकन के निष्कर्षों को ध्यान में रखते हुए और राज्यों/संघ राज्य क्षेत्रों और हितधारकों से परामर्श करने के बाद योजना को दिनांक 01.04.2022 से बंद कर दिया गया है।

### विवरण

पिछले तीन वर्षों के दौरान मध्य प्रदेश राज्य को जारी की गई निधि का योजनावार और वर्षवार ब्यौरा:-

क्र. सं.	योजना	जारी की गई निधि (करोड़ रुपये में)		
		2021-22	2022-23	2023-24
1.	मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0	1085.47	1011.57	1123.11
2.	मिशन वात्सल्य	30.57	46.91	60.85
3.	मिशन शक्ति			
	क. संबल	18.19	8.86	22.27
	ख. सामर्थ्य	132.95	204.25	113.88

### PM-POSHAN SCHEME

#### 1960. SHRI NAVEEN JINDAL:

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

- (a) whether the Government has replaced the National Midday Meal Programme with PM-POSHAN Scheme;
- (b) if so, the details of the difference between two schemes;
- (c) the details of the improvement noted in the outcome due to introduction of the new scheme; and
- (d) the steps taken/proposed to be taken by the Government to ensure nutritious and affordable food for school going children across the country?



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

(a) to (d) The PM POSHAN scheme is being implemented by the Ministry of Education. As per the inputs received from Department of School Education and Literacy, Ministry of Education, Government has approved the Centrally Sponsored Scheme 'Pradhan Mantri Poshan Shakti Nirman (PM POSHAN)' earlier known as 'National Programme for Mid-Day Meal in Schools' for providing hot cooked meal to eligible children in Government and Government – aided Schools from 2021-22 to 2025-26. The Government has also approved following additional features under PM POSHAN Scheme:-

- i. **Inclusion of Balvatika:** The provision of hot cooked meal to children of pre-schools or Balvatika (before class I) and children studying in classes I to VIII in Government and Government-aided schools.
- ii. **Tithi Bhojan:** Tithi Bhojan is a community participation programme in which people provide special food to children on special occasions/festivals in addition to regular meal.
- iii. **School Nutrition Gardens:** Under the Scheme, development of School Nutrition Gardens in schools is being promoted, to give children first hand experience with nature and gardening.
- iv. **Social Audit:** Social Audit in all districts is made mandatory under the Scheme. Social Audit is collective monitoring of a scheme by people's active involvement covering issues of equity, equality and expenditure management.

- v. **Vocal for local:** Under 'Vocal for local', the States and Union Territories are encouraged to decide menu suitable to the local conditions within the prescribed nutrition and food norms and to procure locally grown food items like millets, vegetables, condiments etc. from Farmers' Producers Organizations, Federation of Women's Self-Help Groups etc. so as to promote local employment and economic development and improving the nutrition standards.
- vi. **Special Focus:** Adequate provision for supplementary nutrition in aspirational districts / tribal districts / districts with identified high cases of malnutrition etc.
- vii. **Disaster Management:** Provision of hot cooked meal or Food Security Allowance to children when schools are closed due to disaster impacting the State/Union Territory, part of State/Union Territory, in a State/Union Territory or whole country as may be declared by the State/Central Government under its powers as Disaster Management Authority.

The overall responsibility for smooth functioning of the scheme including providing hot cooked and nutritious meal to the eligible children lies with the State Governments and Union Territory Administrations. The Government of India has issued detailed guidelines on quality, safety and hygiene to ensure serving of good quality meal under the Scheme to all the States/UTs. These guidelines are available on official website <https://pmposhan.education.gov.in>. These guidelines, inter-alia, provides for instructions to schools to procure Agmark quality and branded items for preparation of meals, training to Cook-cum-Helpers, tasting of meals by 2-3

members of School Management Committee including at least one teacher before serving to children.

### **SALE OF FIXED DOSE COMBINATION DRUGS**

#### **1961: SHRI HIBI EDEN:**

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

(a) the details of the procedure for banning of pharmaceutical drugs in the market, including Fixed Dose Combination (FDCs) drugs;

(b) whether the already produced drugs falling within the banned list continue to be sold in the market from the existing stock, if so, the details thereof and if not, the reasons therefor;

(c) the steps taken/proposed to be taken by the Government to stop the sale of such drugs in the country;

(d) whether the sale of combination drugs that have been banned in August 2024 is continuing in the commercial market from the stock already produced before the ban and if so, the details thereof; and

(e) the steps taken/proposed to be taken by the Government to stop such sale 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): 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.

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

In August 2024, the Central Government issued gazette notifications prohibiting the manufacture for sale, sale and distribution of certain FDCs for human use on the basis of recommendations of Expert Committee/DTAB. List of such banned FDCs is available on the website of CDSCO i.e [www.cdsc.gov.in](http://www.cdsc.gov.in).

However, many a times after issuance of prohibition notification, stakeholders have challenged them in the Courts and Courts have granted interim protection for the drugs already in the distribution network.

Earlier, Government also has filed application in Hon'ble Supreme Court against such stay order of the Court in respect of banned drugs.

### पोषण भी पढ़ाई भी

**1962. श्री सतपाल ब्रह्मचारी:**

**श्री संदिपनराव आसाराम भुमरे:**

**श्रीमती कलाबेन मोहनभाई देलकर:**

### श्री ज्ञानेश्वर पाटील:

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

(क) देश के विभिन्न राज्यों में राज्य-वार तथा जिले-वार विशेषकर हरियाणा के सोनीपत संसदीय निर्वाचन क्षेत्र में पोषण भी पढाई भी कार्यक्रम के अंतर्गत लाभार्थियों की संख्या कितनी है;

(ख) हरियाणा के सोनीपत संसदीय निर्वाचन क्षेत्र सहित देश में कितने आंगनवाड़ी केन्द्रों को उक्त कार्यक्रम के अंतर्गत कौशल विकास सुविधा प्रदान की जानी है;

(ग) क्या सरकार उक्त कार्यक्रम के अंतर्गत दिव्यांग बच्चों के लिए कोई विशेष पहल कर रही है;

(घ) यदि हां, तो महाराष्ट्र, दादरा और नागर हवेली तथा मध्य प्रदेश सहित तत्संबंधी राज्य-वार ब्यौरा क्या है; और

(ङ) उक्त योजना के समग्र प्रभाव का ब्यौरा क्या है?

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

(क) से (ङ.) भारत सरकार ने सभी आंगनवाड़ी कार्यकर्त्रियों के कौशल उन्नयन के लिए 10 मई, 2023 को पोषण भी पढाई भी (पीबीपीबी) पहल शुरू की ताकि दिव्यांग बच्चों सहित छह वर्ष से कम आयु के बच्चों को प्रारंभिक बाल्यावस्था देखभाल और शिक्षा तथा पोषण सेवा प्रदान करने की उनकी क्षमता को बढ़ाया जा सके।

आंगनवाड़ी कार्यकर्त्रियों की क्षमता निर्माण की परिकल्पना आंगनवाड़ी को एक शिक्षण केंद्र में बदलने के प्रथम चरण के रूप में की गई है जिसमें उच्च गुणवत्ता वाले बुनियादी ढांचे, खेल के उपकरण और अच्छी तरह से प्रशिक्षित आंगनवाड़ी कार्यकर्त्री होंगे। एमडब्ल्यूसीडी इस कार्यक्रम के तहत दो स्तरीय प्रशिक्षण कार्यान्वयन मॉडल पर विशेष ध्यान देता है। निपसिड को नई दिल्ली स्थित उसके मुख्यालय और देश भर में स्थित पाँच क्षेत्रीय केंद्रों के माध्यम से पोषण भी पढाई भी के तहत आंगनवाड़ी कार्यकर्त्रियों का क्षमता निर्माण का काम सौंपा गया है।

प्रथम स्तर में निपसिड मुख्यालय और इसके पांच क्षेत्रीय केंद्रों के माध्यम से सीडीपीओ, पर्यवेक्षकों और राज्य-नामित अतिरिक्त संसाधन व्यक्तियों सहित राज्य स्तरीय मास्टर प्रशिक्षकों (एसएलएमटी) का

प्रशिक्षण शामिल है। उन्हें ऑनलाइन और ऑफलाइन (व्यक्तिगत रूप से) दोनों तरह के प्रशिक्षणों वाले हाइब्रिड मॉडल में 2 दिन का प्रशिक्षण दिया जाता है। इसके अलावा द्वितीय स्तर में देश भर में आंगनवाड़ी कार्यकर्त्रियों के लिए ऑफलाइन मोड में 3-दिवसीय प्रशिक्षण कार्यशाला शामिल है।

इस मंत्रालय ने आंगनवाड़ी कार्यकर्त्रियों को सशक्त बनाने और दिव्यांग बच्चों सहित सभी बच्चों के लिए इष्टतम शिक्षा सुनिश्चित करने के उद्देश्य से पोषण भी पढ़ाई भी कार्यक्रम के तहत दो पाठ्यक्रम ढांचे विकसित किए हैं - "नवचेतना- जन्म से 3 वर्ष तक के बच्चों के लिए प्रारंभिक बाल्यावस्था प्रोत्साहन हेतु राष्ट्रीय ढांचा" और "आधारशिला- 3 से 6 वर्ष तक के बच्चों के लिए प्रारंभिक बाल्यावस्था देखभाल और शिक्षा हेतु राष्ट्रीय पाठ्यक्रम"।

राष्ट्रीय फ्रेमवर्क – "नवचेतना" घर के अंदर और साथ ही आंगनवाड़ी केंद्रों में सहभागिता का मार्गदर्शन करती है, जीवन के पहले तीन वर्षों में बच्चे की वृद्धि और विकास में समर्थन करने और मापने के लिए प्रेरक गतिविधियां संचालित करने वालों में देखभाल करने वालों की सहायता करती है। इसमें पहले तीन वर्षों में बौद्धिक विकास के महत्व पर विस्तृत जानकारी की जाती है और प्रारंभिक प्रेरक गतिविधियों के संचालन के लिए देखभाल करने वालों और फ्रंटलाइन कार्यकर्ताओं का चरण-दर-चरण निर्देश दिया जाता है। इसमें दिव्यांग बच्चों की स्क्रीनिंग, समावेशन और रेफरल पर भी ध्यान केंद्रित किया जाता है। राष्ट्रीय पाठ्यक्रम - "आधारशिला" आंगनवाड़ी केंद्रों में जाने वाले 3-6 वर्ष की आयु के सभी बच्चों के लिए प्रारंभिक बाल्यावस्था शिक्षा की गुणवत्ता में सुधार करता है और सीखने के सभी डोमेन को शामिल करते हुए योग्यता आधारित पाठ योजनाओं और गतिविधियों को प्राथमिकता देता है। यह दस्तावेज आयु के अनुसार उपयुक्त गतिविधियों और आकलन के साथ आसान योजना बनाने में सहायता करता है, स्वदेशी खिलौनों और कम लागत वाली, बिना लागत वाली सामग्रियों के उपयोग पर जोर देता है। वार्षिक योजना को 4+36+8 सप्ताह में विभाजित किया गया है अर्थात् 36 सप्ताह सक्रिय सीखने के, 4 सप्ताह प्रारम्भिक शिक्षा के और 8 सप्ताह सुदृढीकरण के। प्रत्येक सप्ताह को 5+1 दिनों में विभाजित किया गया है, अर्थात् 5 दिन गतिविधियों के परिचय और अभ्यास के लिए और एक दिन साप्ताहिक सुदृढीकरण के

लिए। प्रत्येक दिन में 3 ब्लॉक होते हैं, एक स्वागत और मुक्त खेल के लिए, एक सीखने और गतिविधियों के माध्यम से खेलने के लिए और एक चिंतन और समापन के लिए।

दिनांक 02.12.2024 तक हरियाणा राज्य सहित पूरे देश में कुल 24,447 राज्य स्तरीय मास्टर प्रशिक्षकों (सीडीपीओ, पर्यवेक्षकों और अतिरिक्त संसाधन व्यक्ति) और 42,308 आंगनवाड़ी कार्यकर्त्रियों को पोषण भी पढ़ाई भी कार्यक्रम संचालन के लिए प्रशिक्षित किया गया है।

महिला एवं बाल विकास मंत्रालय ने दिव्यांगजन सशक्तिकरण विभाग (डीईपीडब्ल्यूडी) और स्वास्थ्य एवं परिवार कल्याण मंत्रालय (एमओएचएण्डएफडब्ल्यू) से प्राप्त सूचना के साथ 28 नवंबर, 2015223 को “दिव्यांग बच्चों के लिए आंगनवाड़ी प्रोटोकॉल” लॉन्च किया। इस प्रोटोकॉल में दिव्यांगों के लिए पोषण अभियान के तहत समावेशी देखभाल के लिए सामाजिक मॉडल शामिल है जिसमें चरण-दर-चरण दृष्टिकोण शामिल है। यह प्रोटोकॉल दिव्यांग बच्चों की शिक्षा और पोषण से संबंधित विशेष आवश्यकताओं का समाधान करने के लिए जिला प्रशासन को मार्गदर्शन प्रदान करता है। यह प्रोटोकॉल विशुद्ध रूप से चिकित्सा मॉडल के बजाय दिव्यांगता के सामाजिक मॉडल अपनाता है। इसे दिव्यांग बच्चों को बेहतर गुणवत्ता वाली देखभाल और सेवा प्रदान करने के लिए जमीनी स्तर पर अधिक प्रभावी बनाने के उद्देश्य से सुगम संचार के लिए सरल बनाया गया है।

### रक्तदान कार्ड

#### 1963. श्रीमती मंजू शर्मा:

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

- i. क्या सरकार का विचार रक्तदाताओं को अपने परिवार के जरूरतमंद सदस्यों के लिए रक्त प्राप्त करने के अतिरिक्त मानवीय आधार पर अन्य लोगों को रक्तदान करने के लिए रक्तदान कार्ड के उपयोग की अनुमति देने का है:
- ii. यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

iii. रक्तदाता कार्ड धारक को वर्तमान समय में किस प्रकार के संबंध के लिए रक्त प्राप्त होने की संभावना है?

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

(क) से (ग): रक्त की आवश्यकता को पूरा करने के लिए रक्त केंद्रों की स्थापना करना प्राथमिक रूप से राज्य सरकारों की जिम्मेदारी है क्योंकि लोक स्वास्थ्य राज्य का विषय है।

सरकार का उद्देश्य परोपकारी सिद्धांतों के आधार पर स्वैच्छिक, गैर-पारिश्रमिक रक्तदान को बढ़ावा देना है। रक्तदान कार्ड का उपयोग रक्त-दाता के प्रथम-श्रेणी रिश्तेदारों के लिए किया जा सकता है, किन्तु गैर-रिश्तेदारों के लिए उनके उपयोग का विस्तार संभवतः रक्तदान के व्यावसायीकरण को प्रोत्साहित कर सकता है।

हालांकि, गैर-रिश्तेदारों के लिए डोनर कार्ड का उपयोग एक नीतिगत निर्णय है तथापि इसे राज्य के विवेक पर छोड़ दिया गया है।

## **INDIGENOUS PRODUCTION OF CONTAINER BOXES**

**1964. SUSHRI S. JOTHIMANI:**

**SHRI SRIBHARAT MATHUKUMILLI:**

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

(a) the details of containers manufactured in India over the past five years including the cost of per container, year-wise;

(b) the status of availability of containers at each major port in the country along with the number of containers currently leased from other countries, port-wise including VPT;

(c) whether the Government has acknowledged the shortage of containers in the country;



- (d) if so, the extent to which this shortage has impacted freight costs and the strategic role of Indian ports in global logistics;
- (e) whether the Government proposes any initiatives to promote the indigenous production of container boxes in the country to boost trade;
- (f) if so, the incentives provided by the Government to boost domestic/indigenous production of container boxes, including details of direct subsidies and viability gap funding offered; and
- (g) whether the Government proposes to introduce Production Linked Incentives (PLI) in the production of containers and if so, the details thereof and if not, the reasons therefor?

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

(a) to (g) Container Corporation of India Limited (CONCOR), which is one of the major container operators in India, is sourcing the containers from Indian manufacturers. Total orders placed by CONCOR since 2021 are 20,890 containers. However, total orders delivered till November, 2024 are 14,607 containers.

There is limited demand of containers manufactured in India and accordingly limited manufacturing capacity for containers in India. The container manufacturing industry is dominated by economies of scale that favor established manufacturers from other countries, who benefit from lower production costs, advanced technologies, and immediate cargo loading opportunities.

The long voyage time due to ships taking longer routes through Cape of Good Hope has impacted global trade, including Indian exports. This has resulted in increased

time for goods to reach international markets. No shortage of containers has been reported on account of the longer voyage time or the Red Sea conflicts issues and Russia-Ukraine War. Regular interactions are done with shipping lines, port/terminal, and export/import associations to assess for possible interventions.

For the domestic shipping sector, following policies are there:

- i. Right of First Refusal (RoFR): It grants Indian-flagged vessels the priority to match the lowest bid offered by foreign-flagged vessels thereby raising the demand for Indian-flagged vessels.
- ii. Subsidy Scheme for the Promotion of Flagging of Merchants Ships in India: By providing subsidy support to Indian shipping companies in global tenders floated by Ministries and Central Public Sector Enterprises (CPSEs). The rate of subsidy support is based on age of the vessel. The scheme encourages entrepreneur to register ships under Indian flag.

### **FERTILIZER PRICES**

#### **1965. ADV. FRANCIS GEORGE:**

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

- (a) whether the Government has taken note of the impact of rising fertilizer prices on the farming community particularly on pineapple growers in Kerala and if so, the details thereof;
- (b) whether there are reasons for persistent shortages of fertilizers in the Indian market despite increased indigenous production and imports and if so, the details thereof; and

(c) whether the Government is considering reforms to reduce inefficiencies in the fertilizer distribution network to support farmers 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 ensure that fertilizers are available to the farmer at affordable prices, Urea is provided to the farmers at a statutorily notified Maximum Retail Price (MRP) irrespective of the cost of production. The subsidized MRP of 45 kg bag of urea is Rs.242 per bag (exclusive of charges towards neem coating and taxes applicable). The difference between the delivered cost of urea at farm gate and net market realization by the urea units is given as subsidy to the urea manufacturer/importer by the Government of India.

In case of Phosphatic and Potassic (PandK) fertilizers, Government has implemented Nutrient Based Subsidy (NBS) Policy w.e.f. 1.4.2010. Under the policy, a fixed amount of subsidy, decided on annual/bi-annual basis, is provided to manufacturer / importer on subsidized PandK fertilizers depending on their nutrient content i.e. Nitrogen (N), Phosphorus (P), Potassium (K) and Sulphur (S) to improve availability of fertilizers to farmers. Import of PandK fertilizers is decontrolled and companies are free to import / produce fertilizer raw materials, intermediaries and finished fertilizers as per their business dynamics. However, the Government monitors international prices of key fertilizers and raw materials and fluctuations, if any, are subsumed while fixing NBS rates for PandK fertilizers

annually / bi-annually. NBS policy is implemented on Pan India basis uniformly and no state wise differentiation is made.

The availability of fertilizers in Kerala during Rabi 2024-25 has remained adequate. The detailed availability and requirement of fertilizers in Kerala is placed at enclosed **Statement-I**.

**(b):** The availability of fertilizers in the country during the current Rabi 2024-25 season (upto 01.12.2024) has remained comfortable. The details of availability of fertilizers is placed at enclosed **Statement-II**.

**(c):** To ensure timely and adequate supply of fertilizers in the country, before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DAandFW), in consultation with all the State Governments, assesses the state-wise and month-wise requirement of fertilizers. On the basis of requirement projected, Department of Fertilizers allocates sufficient/ adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability. 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). Regular Weekly Video Conference is conducted jointly by DAandFW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments. The gap between demand (requirement) and production of fertilizers is met through imports. The import for the season is also finalized well in advance to ensure timely availability.

However, distribution of fertilizers within the state at district level is the mandate of the State Government.

<b><u>STATEMENT-I</u></b>						
<b>KERALA POSITION FOR RABI 2024-25 (UPTO 03/12/2024 )</b>						
<b>Fig. in LMT</b>						
<b>S.NO</b>	<b>Product</b>	<b>Seasonal Requirement for RABI 2024-25</b>	<b>Pro rata Requirement From 01/10/2024 to 03/12/2024</b>	<b>Availability From 01/10/2024 to 03/12/2024</b>	<b>Cumulative DBT Sales From 01/10/2024 to 03/12/2024</b>	<b>Closing Stock as on 03/12/2024</b>
<b>1</b>	<b>UREA</b>	0.57	0.26	0.47	0.31	0.16
<b>2</b>	<b>DAP</b>	0.07	0.02	0.06	0.06	0.01
<b>3</b>	<b>MOP</b>	0.4	0.2	0.45	0.24	0.21
<b>4</b>	<b>NPKS</b>	0.6	0.27	0.53	0.36	0.18
<b>5</b>	<b>SSP</b>	0.02	0.01	0.02	0.01	0.01

<b><u>STATEMENT-II</u></b>
<b>ALL INDIA POSITION FOR RABI 2024-25 (UPTO 01/12/2024 )</b>
<b>Fig. in LMT</b>

Sl.	Product	Seasonal Requirement for RABI 2024-25	Pro rata Requirement From 01/10/2024 to 01/12/2024	Availability From 01/10/2024 to 01/12/2024	Cumulative DBT Sales From 01/10/2024 to 01/12/2024	Closing Stock as on 01/12/2024
No.						
1	<b>UREA</b>	186.89	78.76	124.02	60.16	63.82
2	<b>DAP</b>	52.05	35.05	37.46	28.15	9.46
3	<b>MOP</b>	11.95	5.77	13.37	5.06	8.36
4	<b>NPKS</b>	77.1	37.59	57.42	33.01	25.06
5	<b>SSP</b>	36.48	19.93	31.75	12.83	19.23

### **MALNUTRITION IN TELANGANA**

#### **1966. SHRI ARVIND DHARMAPURI:**

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

- (a) the details of child protection and welfare initiatives undertaken under Mission Vatsalya to enhance the nutrition level and safety of women and children with specific data for Telangana including Nizamabad;
- (b) the funds allocated and utilized for child welfare programmes under Mission Vatsalya nutrition programme in Telangana including Nizamabad during the last three years;
- (c) the number of children benefiting from the initiatives in institutional care and non-institutional care settings in Telangana; and

(d) the details of the outcome observed in term of malnutrition reduction and safety improvement in Telangana?

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

(a) to (d): Mission Vatsalya is a Centrally Sponsored Scheme which is implemented by States/ Union Territories (UTs) to deliver various services for Children in Need of Care and Protection (CNCP) as well as Children in Conflict with Law (CCL). These services include Institutional Care and Non-Institutional Care. The fund sharing pattern between Centre and States is in the ratio of 60:40 for all States and UTs with legislature except the North-Eastern States and Hilly States - Himachal Pradesh and Uttarakhand and UT of Jammu and Kashmir, where the cost sharing is in the ratio of 90:10. In Union Territories without legislature, 100% cost is borne by the Central Government.

Government is committed to provide a security net of statutory and service delivery structures to the children in need of care and protection and children in conflict with law. Mission Vatsalya envisages setting up of Child Care Institutions (CCIs) which support, *inter-alia*, age-appropriate education, access to vocational training, recreation, health care, counselling and nutrition to children.

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

The Ministry of Women and Child Development is also implementing Women 24x7x365 Helpline-181 (WHL-181) under Mission Shakti Scheme, which aims to provide emergency and non-emergency response, both in public and private spaces by linking the needy women with appropriate authorities such as Police, One Stop Centres, Hospitals, Legal Services Authorities etc. It also supports women in distress with counseling services in addition to providing information about schemes of women welfare across the country.

Ministry of Women and Child Development is implementing Mission Poshan 2.0 which provides nutritional support through Supplementary Nutrition Programme (SNP), to children (06 months to 6 years), Pregnant Women and Lactating Mothers (PWandLM) and Adolescent Girls (14 to 18 years).

Funds under Mission Vatsalya Scheme are released to the States/UTs. Details of fund released and utilised for State of Telangana under Mission Vatsalya Scheme are as under :

**(Rs. in Crore)**

2021-22		2022-23		2023-24	
Amount released	Amount utilised	Amount released	Amount utilised	Amount released	Amount utilised
38.51	9.74	28.25	27.84	39.98	Not available yet

The information regarding release of funds by State Government to the districts under Mission Vatsalya Scheme is not maintained centrally.



In FY 2023-24, the total number of children supported for Institutional and Non-Institutional care under Mission Vatsalya Scheme in Telangana is 2243 and 4858 respectively.

Under Mission Poshan 2.0, details of improvement in malnutrition indicators for children (0-5 years) in the State of Telangana, as per Poshan Tracker (October 2024) data in comparison to National Family Health Survey-5 (NFHS-5) (2019-21) report, are as follows:

NFHS-5 (2019-21)			Poshan Tracker (Oct, 2024)		
Stunted (%)	Wasted (%)	Underweight (%)	Stunted (%)	Wasted (%)	Underweight (%)
33.1	21.7	31.8	32.6	5.6	16.2

### INTEGRATED AYUSH PRACTICES

#### 1967. SHRI ANURAG SHARMA:

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

- whether the Government is working to integrate AYUSH practices with mainstream healthcare in the country;
- if so, the details thereof; and
- the details of the current initiatives aimed at validating the efficacy of traditional treatments through research?

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

(a) and (b) Government of India has adopted a strategy of Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), thus enabling the choice to the patients for different systems of medicines under a single window. The engagement of Ayush doctors/paramedics and their training is being supported by the Ministry of Health and 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 NAM, as shared responsibilities. The State/UT status of co-located Ayush facilities at PHCs, CHCs and DHs is furnished at enclosed **Statement**.

(c) Various research initiatives and clinical trials are being conducted by 05 Research Councils and 12 National Institutes under the aegis of Ministry of Ayush to validate the efficacy and safety of Ayush treatments for various health conditions and the details regarding the same are available on Ayush Research Portal (<https://ayushportal.nic.in>).

### **STATEMENT**

#### **The State/UT status of co-located Ayush facilities at PHCs, CHCs and DHs**

Sl. No	Name of the State/UT	DH	CHC	PHC	Total
1	Andhra Pradesh	9	105	273	387
2	Arunachal Pradesh	16	34	50	100
3	Assam	21	110	364	495
4	Bihar	36	0	0	36
5	Chhattisgarh	18	98	454	570

6	Goa	2	6	22	30
7	Gujarat	0	0	868	868
8	Haryana	21	101	106	228
9	Himachal Pradesh	0	0	0	0
10	Jharkhand	24	188	97	309
11	Karnataka	15	78	375	468
21	Kerala	0	0	0	0
13	Madhya Pradesh	36	99	285	420
14	Maharashtra	23	238	20	281
15	Manipur	7	17	78	102
16	Meghalaya	11	25	54	90
17	Mizoram	12	9	10	31
18	Nagaland	9	20	9	38
19	Odisha	0	302	858	1160
20	Punjab	15	72	100	187
21	Rajasthan	0	52	146	198
22	Sikkim	4	1	4	9
23	Tamil Nadu	37	388	475	900
24	Telangana	0	42	352	394
25	Tripura	3	21	84	108
26	Uttarakhand	13	53	44	110
27	Uttar Pradesh	102	666	627	1395

28	West Bengal	8	280	368	656
29	Andaman and Nicobar Islands	3	4	20	27
30	Chandigarh	1	2	29	32
31	Dadra and Nagar Haveli and Daman and Diu	2	4	9	15
32	NCT of Delhi	0	0	0	0
33	Jammu and Kashmir	13	13	372	398
34	Ladakh	2	7	32	41
35	Lakshadweep	2	3	4	9
36	Puducherry	4	4	39	47
		<b>469</b>	<b>3042</b>	<b>6628</b>	<b>0139</b>

Source: as per NHM-MIS database as on 31st March 2024

### **PRICE CAP ON CORONARY STENTS**

#### **1968. SHRI S. VENKATESAN:**

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

- (a) whether it has come to the notice of the Government through the revelation/report of the National Pharmaceutical Pricing Authority (NPPA) indicating that many institutions increased the cost of non-stent components to compensate for their post-price cap losses;
- (b) if so, the details of the action that has been initiated to make private hospitals adhere to the cap on coronary stents;

(c) the reasons for the inflated bills as per the findings of NPPA and the manner in which those loopholes were plugged;

(d) whether there is a mechanism in NPPA to monitor the private hospitals to check the violations in pricing, if so, the details thereof;

(e) whether there is any study to ensure transfer of price advantages to patients on account of cap on Prices of stent; and

(f) if so, the details thereof?

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

(a) to (d): The National Pharmaceutical Pricing Authority (NPPA), under Department of Pharmaceuticals (DoP), issued notification S.O. no. 639(E) dated 12.02.2018 whereby it was mandated that apart from the details of coronary stents, all the healthcare institutions performing angioplasty shall also mention the details of billing costs related to non-stent components like cardiac catheters, balloon catheters and guide wire separately along with name of the company, brand name, batch number and specifications in order to bring in greater transparency in the billing and for effective monitoring of the maximum retail prices (MRPs) under the relevant provisions of DPCO, 2013. Further, non-stent components such as balloon catheters, delivery catheters etc., are non-schedule medical devices and as per the provisions of the DPCO, 2013 these non-scheduled medical devices are not allowed to increase their MRP by more than 10% of the MRP during the preceding

12 months. NPPA monitors the Form V/VI filled by the importers and manufacturers, wherein, the companies report the MRP of the coronary stents.

(e) and (f): DoP commissioned a study in the year 2023, titled "Impact of the Drugs (Price Control) Order (DPCO, 2013) on the Price of Eight Medical Devices, on Industry and Consumers in Terms of Availability and Affordability". The Coronary stents were also included in the eight medical devices in this study. The study, inter alia, mentions that the fixation of ceiling prices on cardiac/coronary stents has stimulated the availability and distribution of cardiac stents, making them more accessible to patients in need.

### **SETTING UP OF AIIMS IN DHALAI, TRIPURA**

#### **1969. SHRIMATI KRITI DEVI DEBBARMAN:**

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

(a) whether the Government is aware of the urgent need and growing demand for an AIIMS or a similar medical college and hospital to improve healthcare infrastructure in Dhalai District of the Tripura East Lok Sabha Parliamentary Constituency, if so the details thereof;

(b) whether the Government is considering setting up of such an institution in the State and if so, the details thereof alongwith the current status of the said project;

(c) whether any land acquisition process has been completed for the said project and if so, the timeline fixed for the construction and completion of the hospital and medical college; and

(d) the other steps taken/proposed to be taken by the Government to enhance healthcare infrastructure in Tripura, particularly in remote and tribal areas including Tripura East Lok Sabha Parliamentary Constituency?

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

(a) to (c) "Public Health and Hospitals" is a State subject. However, under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), setting up of 22 All India Institute of Medical Sciences (AIIMS) has been approved including AIIMS in Guwahati, which is functional. Further, for expansion and strengthening of tertiary healthcare facilities under another component of PMSSY, upgradation of Agartala Govt. Medical College, Agartala has been approved by way of construction of a Super Speciality block at cost of Rs.150 Crore on Centre-State sharing basis (Central share-Rs.120 Crore and State share-Rs.30 Crore). The 169 bedded Super Speciality Block has 7 departments, viz. Cardiology, CTVS, Neurology, Neurosurgery, Urology, Medical Gastroenterology and Surgical Gastroenterology. In current phase of PMSSY, there is no proposal for establishment of AIIMS in the state of Tripura.

(d) Under Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM): Centrally Sponsored Scheme (CSS) component, for the state of Tripura an amount of **Rs. 37.41 Cr.** has been allocated for the scheme period (FY 2021-22 to 2025-26) for establishment of 7 Integrated Public Health Laboratories (IPHLs) and 1 Critical Care Block (CCB).

Under National Health Mission (NHM) for strengthening health infrastructure approval of fund for the state of Tripura is as below:

(Rs. in Lakhs)

2021-22	2022-23	2023-24	2024-25
4998.54	5149.70	4518.05	9110.17

### उर्वरक में आत्मनिर्भर भारत

**1970. श्री संदिपनराव आसाराम भुमरे:**

**श्रीमती कलाबेन मोहनभाई देलकर:**

**श्री ज्ञानेश्वर पाटील:**

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

(क) क्या सरकार उर्वरक क्षेत्र में आत्मनिर्भर भारत के लक्ष्य को प्राप्त करने के लिए प्रयास कर रही है अथवा ऐसा कोई प्रस्ताव विचाराधीन है, यदि हां, तो तत्संबंधी राज्य-वार ब्यौरा क्या है;

(ख) क्या सरकार ने उर्वरक उत्पादन और गुणवत्ता बढ़ाकर कुल उर्वरक खपत में घरेलू उर्वरक उद्योग की हिस्सेदारी बढ़ाने के लिए कोई रूपरेखा तैयार की है;

(ग) यदि हां, तो महाराष्ट्र, दादरा और नागर हवेली तथा मध्य प्रदेश सहित तत्संबंधी राज्य-वार/जिला-वार ब्यौरा क्या है;

(घ) क्या विगत पांच वर्षों में सरकार के प्रयासों से उर्वरक क्षेत्र के योगदान से देश के सकल घरेलू उत्पाद को बेहतर बनाने में मदद मिली है; और

(ड.) यदि हां, तो महाराष्ट्र, दादरा और नागर हवेली तथा मध्य प्रदेश सहित तत्संबंधी राज्य-वार 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):** यूरिया के संबंध में, सरकार ने यूरिया क्षेत्र में नए निवेश को सुविधाजनक बनाने और यूरिया क्षेत्र में भारत को आत्मनिर्भर बनाने के लिए 2 जनवरी, 2013 को नई निवेश नीति (एनआईपी)-2012 की घोषणा की और 7 अक्टूबर, 2014 को इसमें संशोधन किया। एनआईपी-2012 के तहत कुल 6 नई यूरिया इकाइयां स्थापित की गई हैं जिनमें नामित सार्वजनिक क्षेत्र उपक्रमों की संयुक्त उद्यम कंपनियों (जेवीसी) के माध्यम से स्थापित 4 यूरिया इकाइयां और निजी कंपनियों द्वारा स्थापित 2 यूरिया इकाइयां शामिल हैं। तेलंगाना में रामागुंडम फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (आरएफसीएल) की 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 हैं। इनमें से प्रत्येक इकाई की संस्थापित क्षमता 12.7 लाख मीट्रिक टन प्रति वर्ष (एलएमटीपीए) है। ये इकाइयां अत्यधिक ऊर्जा कार्यकुशल हैं क्योंकि ये अद्यतन प्रौद्योगिकी पर आधारित हैं। अतः, इन इकाइयों ने मिलकर यूरिया उत्पादन क्षमता में 76.2 एलएमटीपीए की वृद्धि की है जिससे वर्ष 2014-15 के दौरान की 207.54 एलएमटीपीए की कुल स्वदेशी यूरिया उत्पादन क्षमता (पुनर्आकलित क्षमता, आरएसी) बढ़कर वर्तमान में 283.74 एलएमटीपीए हो गई है।

इसके अतिरिक्त, सरकार ने आरएसी के अतिरिक्त स्वदेशी यूरिया उत्पादन को 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 2014-15 के दौरान हुए वार्षिक उत्पादन की तुलना में 20-25 एलएमटीपीए तक अतिरिक्त बढ़ा है।

इन उपायों से यूरिया उत्पादन 2014-15 के दौरान 225 एलएमटी प्रतिवर्ष से बढ़कर 2023-24 के दौरान रिकार्ड यूरिया उत्पादन 314.07 एलएमटी हो गया है।

पीएण्डके उर्वरकों के संबंध में, सरकार ने फास्फेटयुक्त और पोटेशियुक्त (पीएण्डके) उर्वरकों के लिए 1.4.2010 से पोषक-तत्व आधारित सब्सिडी नीति लागू की है। नीति के अंतर्गत पीएण्डके उर्वरकों पर उनकी पोषक-तत्व मात्रा के आधार पर उर्वरकों के आयात मूल्यों और देश में पोषक तत्वों की आवश्यकता, उर्वरकों का संतुलित उपयोग, सब्सिडी और एमआरपी आदि जैसे अन्य संगत कारकों पर आधारित वार्षिक/अर्ध-वार्षिक आधार पर तय की गई सब्सिडी की एक नियत राशि प्रदान की जाती है। इसके अलावा, पीएण्डके उर्वरक मुक्त सामान्य लाइसेंस (ओजीएल) के अंतर्गत आते हैं और कंपनियां अपने कारोबार के उतार-चढ़ाव के अनुसार इन उर्वरकों का आयात/उत्पादन करने के लिए स्वतंत्र हैं। उर्वरक क्षेत्र में आत्मनिर्भर भारत बनने के लिए, उत्पादन को बढ़ावा देने और उर्वरक उत्पादन में देश को आत्मनिर्भर बनाने की दृष्टि से एनबीएस सब्सिडी स्कीम के तहत नई उत्पादन इकाइयों या मौजूदा इकाइयों की उत्पादन क्षमता में वृद्धि को मान्यता दी गई है/रिकॉर्ड में लिया गया है। इसके अतिरिक्त, शीरे (पीडीएम) से प्राप्त पोटेश, जो 100% स्वदेशी रूप से उत्पादित उर्वरक है, को बढ़ावा देने के लिए इसे 13.10.2021 से पोषक तत्व आधारित सब्सिडी (एनबीएस) प्रणाली के तहत अधिसूचित किया गया है। इसके अलावा, एसएसपी पर मालभाड़ा सब्सिडी, जो एक स्वदेशी रूप से उत्पादित उर्वरक है, को खरीफ 2022 से लागू किया गया है ताकि मृदा को फॉस्फेटयुक्त या "पी" पोषक तत्व प्रदान करने के लिए एसएसपी के उपयोग को बढ़ावा देने में मदद मिल सके। इन उपायों से वर्ष 2014-15 में 159.54 एलएमटी से पीएण्डके उर्वरकों का उत्पादन बढ़कर वर्ष 2023-24 में 182.85 तक हो गया है।

**(घ) और (ड.):** जी, हां। आर्थिक सर्वेक्षण 2023-24 में उल्लेख किया गया है कि भारतीय कृषि क्षेत्र लगभग 42.3 प्रतिशत आबादी को आजीविका सहायता प्रदान करता है और मौजूदा कीमतों पर देश के सकल घरेलू उत्पाद में इसकी हिस्सेदारी 18.2 प्रतिशत है। देश में अधिकतम कृषि उत्पादन प्राप्त करने के लिए उर्वरक, पानी और बीज महत्वपूर्ण आदान हैं। सरकार ने पिछले दशक के दौरान विभिन्न प्रयास किए हैं जिसके कारण कुल सभी उर्वरक उत्पादन 2014-15 में 385.39 एलएमटी से बढ़कर 2023-24 में 503.35 एलएमटी हो गया है।

देश में कुल उर्वरक उत्पादन बढ़ाने के लिए सरकार द्वारा कई उपाय किए गए जैसे कि यूरिया सब्सिडी स्कीम, नई यूरिया नीति 2015, पोषक तत्व आधारित सब्सिडी स्कीम आदि।

### राष्ट्रीय बाल स्वास्थ्य कार्यक्रम

†1971. श्री अशोक कुमार रावत:

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

(क) उत्तर प्रदेश राज्य में, विशेष रूप से मिसरिख संसदीय निर्वाचन क्षेत्र में, पिछले तीन वर्षों के दौरान राष्ट्रीय बाल स्वास्थ्य कार्यक्रम के अंतर्गत कितने बच्चों को शामिल किया गया है तथा राज्य-वार और वर्ष-वार कितनी निधियां आवंटित और उपयोग की गई हैं;

(ख) क्या सरकार का विचार प्रसव पूर्व निदान के माध्यम से आनुवंशिक विकारों/अन्य रोगों का शीघ्र पता लगाने के लिए केन्द्र सरकार के अस्पतालों/स्वास्थ्य केन्द्रों में उच्च स्तरीय प्रयोगशालाएं स्थापित करने का है; और

(ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा उक्त प्रयोजन के लिए कितनी निधियां आवंटित की गई हैं?

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

(क): उत्तर प्रदेश राज्य द्वारा दी गई सूचना के अनुसार, राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके) के अंतर्गत वित्तीय वर्ष 2021-22 से वित्तीय वर्ष 2023-24 तक 6.18 करोड़ बच्चों की जांच की गई है, 23.43 लाख बच्चों की चुनिंदा स्वास्थ्य स्थितियों के साथ पहचान की गई है और 18.21 लाख बच्चों को मध्यम /विशिष्ट परिचर्या प्रदान की गई है।

उत्तर प्रदेश राज्य सहित आरबीएसके के लिए राज्य/संघ राज्य क्षेत्र-वार बजट आबंटन और उपयोग का ब्यौरा संलग्न **विवरण** में दिया गया है।

(ख) और (ग): जैवप्रौद्योगिकी विभाग द्वारा दी गई सूचना के अनुसार, देश में आनुवंशिक विकारों के भार का समाधान करने के लिए उनके द्वारा वंशानुगत विकारों के प्रबंधन के लिए विशिष्ट तरीके

(यूएमएमआईडी) पहल शुरू की गई थी। यूएमएमआईडी पहल के घटकों में से एक नैदानिक परिचर्या प्रदान करने के लिए निदान केंद्रों (राष्ट्रीय वंशानुगत रोग प्रशासन केंद्र) की स्थापना कर रहा है, जिसमें आनुवंशिक विकारों के लिए प्रसवपूर्व परीक्षण, अपेक्षाकृत सामान्य उपचार योग्य आनुवंशिक चयापचय विकारों के लिए नवजात शिशु की जांच और आनुवंशिक विकारों के उच्च जोखिम वाले भ्रूण वाली गर्भवती माताओं की आनुवंशिक परामर्श के कार्यक्रमलाप शामिल हैं। इस पहल के तहत, देश के 15 राज्यों/संघ राज्य क्षेत्रों में फैले सरकारी अस्पतालों में 26 निदान केंद्र स्थापित किए गए हैं। डीबीटी-उम्मीद-निदान केंद्रों की पहल के लिए आवंटित कुल राशि लगभग 47.65 करोड़ रुपये है।

### विवरण

**वित्तीय वर्ष 2021-22 से 2023-24 की अवधि के दौरान राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके) के तहत एसपीआईपी अनुमोदन और व्यय का विवरण**

(लाख रु में)

क्र.सं.	राज्य	2021-22		2022-23		2023-24	
		एसपीआईपी अनुमोदन	व्यय	एसपीआईपी अनुमोदन	व्यय	एसपीआईपी अनुमोदन	व्यय
1	अंडमान और निकोबार द्वीप समूह	140.47	97.4	40.98	11.83	38.51	23.81
2	आंध्र प्रदेश	2,699.79	2,588.46	2666.97	991	742.93	744.04
3	अरुणाचल प्रदेश	875.73	781.69	362.4	345.61	382.95	65.88
4	असम	6,937.97	6,625.21	1988.05	1762.73	1,908.56	1,985.72

5	बिहार	3,464.51	5,364.53	4588.31	2831.79	4,637.23	3,362.91
6	चंडीगढ़	177.21	164.26	80.5	14.01	52.5	24.81
7	छत्तीसगढ़	6,416.74	5,139.74	2571.56	1976.74	2,602.08	1,767.17
8	दादरा और नागर हवेली और दमन और दीव	261	166.61	51.35	33.96	50.6	27.44
9	दिल्ली	389.56	-	1127.67	674.48	963.4	571.26
10	गोवा	367.68	253.36	119.64	49.37	101.65	85.5
11	गुजरात	16,491.77	14,768.49	7497.93	5614.82	7,000.65	9,342.25
12	हरियाणा	3,858.99	2,740.98	1849.16	1415.77	1,633.22	1,707.75
13	हिमाचल प्रदेश	2,176.26	2,098.90	977.93	793.89	1,030.53	964.69
14	जम्मू और कश्मीर	5,176.20	4,966.26	1533.54	902.79	1,807.94	840.76
15	झारखंड	5,515.02	1,668.88	1630.42	649.52	1,544.21	866.63
16	कर्नाटक	7,047.66	6,349.53	2805.64	1773.11	2,026.96	2,029.84
17	केरल	5,738.44	6,119.49	4524.74	4351.3	4,367.06	1,253.76
18	लद्दाख	444.77	397.78	157.6	106.73	153.4	144.54
19	लक्षद्वीप	10.54	-	6.41	0	3.5	-
20	मध्य प्रदेश	15,461.51	13,346.65	6082.33	5562.25	6,268.15	5,876.47
21	महाराष्ट्र	22,714.47	18,719.86	10336.18	6668.33	6,612.24	5,405.08

22	मणिपुर	2,575.41	320.39	2581.43	1742.88	1,100.70	233.34
23	मेघालय	1,641.05	930.61	827.54	819.88	770.34	692.61
24	मिजोरम	662.39	615.51	234.63	123.67	216.34	194.06
25	नागालैंड	358.57	174.8	183.81	28.54	172.6	71.21
26	ओडिशा	11,997.79	10,627.72	4003.81	5149.23	3,458.60	3,773.59
27	पुडुचेरी	105.87	51.81	58.45	9.42	52.78	23.44
28	पंजाब	4,231.52	4,322.30	1912.08	1370.6	1,552.08	1,552.08
29	राजस्थान	12,875.76	5,206.94	4140.24	1949.51	4,140.24	1,739.96
30	सिक्किम	228.57	59.72	83.64	67.93	63.85	40.89
31	तमिलनाडु	10,248.43	7,080.80	5368.93	3401.87	5,215.92	4,535.13
32	तेलंगाना	6,417.94	5,723.84	2210.62	719.54	1,813.52	682.61
33	त्रिपुरा	1,007.92	613.34	531.05	283.33	434.16	235.97
34	उत्तर प्रदेश	35,703.40	23,127.42	8696.49	7253.34	10,914.11	7,356.60
35	उत्तराखंड	3,534.96	3,280.54	1792.79	1073.9	1,611.49	1,168.97
36	पश्चिम बंगाल	14,419.37	9,773.06	4833.84	3244.9	4,707.27	3,352.01

नोट:1. एसपीआईपी अनुमोदन और व्यय राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तुत उपलब्ध वित्तीय प्रबंधन रिपोर्टों के अनुसार है और अनंतिम हैं।

2. व्यय में केंद्र द्वारा जारी धनराशि, तदनुसूची राज्य के हिस्से की जारी धनराशि और वर्ष के आरंभ में अव्ययित शेष राशि के व्यय शामिल है और अनंतिम है।

### POLLUTION CLINIC IN RML HOSPITAL

**1972. SHRI PARVATAGOUDA CHANDANAGOUDA GADDIGOUDAR:**

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

- (a) whether the Government has recently started pollution clinic in the RML Hospital, Delhi to assist the patients who are suffering from pollution related health issues;
- (b) if so, the details thereof along with the response received thereon;
- (c) whether it is proposed to open more such clinics at the major hospitals in the pollution hit States across the country; and
- (d) if so, the details thereof along with the time by which the above proposal is likely to be implemented and if not, the reasons therefor, State/UT-wise?

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

(a) and (b) A 'Pollution Related illness clinic' has been started in Dr. RML Hospital to assist the patients who are suffering from pollution related health issues. The clinic runs every Monday from 02:00 PM to 04:00 PM on the ground floor of the OPD building. All the patients are evaluated clinically, depending upon their symptoms by the specialists concerned viz., Respiratory/ Eye/ Skin/ Psychiatry, and are thereafter, advised investigations and medication. Patients are also counselled on how to protect themselves from the ill effects of pollution, and are also given an advisory pamphlet. In the month of October and November, 21 and 18 number of patients respectively visited this clinic.

(c) and (d) At present, no such proposal is under consideration as far as the Central Government is concerned.

### **CAP ON CONSUMPTION OF CHEMICAL FERTILIZERS**

#### **1973: SHRI DURAI VAIKO:**

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

- a) whether the Government plans to cap the consumption of the chemical fertilizers like urea, DAP and muriate of potash;
- b) if so, the details thereof and if not, the reasons therefor;
- c) whether the Government has tracked the percentage reduction in demand for chemical fertilizers after the introduction of the PM Programme for Restoration, Awareness, Nourishment and Amelioration of Mother Earth' (PM-PRANAM) scheme; and
- d) if so, the details thereof, year-wise and State-wise, 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): Government of India (GOI) has no plan to cap the consumption of the chemical fertilizers. However, GOI is promoting the balanced use of fertilizers on soil test based recommendation and encouraging the use of innovative fertilizers such as Nano Urea and Nano DAP etc.



(c) and (d): The Cabinet Committee on Economic Affairs (CCEA), on June 28, 2023, approved the “PM Programme for Restoration, Awareness Generation, Nourishment, and Amelioration of Mother-Earth (PM-PRANAM).” This initiative aims to support the mass movement initiated by States and Union Territories (UTs) to preserve the health of Mother Earth through the promotion of sustainable and balanced fertilizer use, adoption of alternative fertilizers, promotion of organic farming, and implementation of resource conservation technologies. The incentives to States/UTs for reduction of consumption of chemical fertilizers (Urea, DAP, NPK, MOP) in a given financial year, compared to the average consumption over the previous three years, under the Scheme is equivalent to 50% of the fertilizer subsidy saved by the State.

### **ONE STOP CENTRE IN ANDHRA PRADESH**

**1974. SHRI B. K. PARTHASARATHI:**

**SHRI DAGGUMALLA PRASADA RAO:**

**SHRI G. M. HARISH BALAYOGI:**

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

- (a) the number of proposals received and approved by the Ministry to establish One Stop Centres (OSCs) in Andhra Pradesh, district-wise during the last five years;
- (b) the details of the fund allocated and utilised by the Ministry for construction of OSC in Andhra Pradesh, district-wise and year-wise during the past five years;

- (c) the number of functional OSCs in Andhra Pradesh, district-wise and year-wise for the last five years;
- (d) the number of non-functional/yet to be made functional Centres in Andhra Pradesh particularly Konaseema district along with the challenges being faced in making them functional;
- (e) the mechanism in place to overcome these challenges and make the Centres functional; and
- (f) whether the Government has taken any measures to review the implementation of the said Scheme at regular intervals with the State Government/UT, if so the details thereof?

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

(a): **One Stop Centre** scheme was launched on **01 April 2015**. The number of proposals received and approved by the Ministry to establish One Stop Centres (OSCs) in Andhra Pradesh, district-wise during the last five years is placed at enclosed **Statement -I**

(b): Details of the funds released and utilised for construction of OSCs in Andhra Pradesh, district-wise and year-wise, during the past five years are placed at enclosed **Statement -II**.

(c) to (e): In the State of Andhra Pradesh, 26 OSCs have been approved, one each in all 26 districts. All the 26 OSCs are operational. Details are given at enclosed **Statement -III**.

(f): Once in a year during Programme Approval Board Meeting with States/UTs, the Ministry of Women and Child Development monitors the progress of the overall activities under OSC and reviews status of achievement of objectives. Apart from this, officials of the Ministry review the scheme through meetings, video conferencing and by making field visits to States/UTs from time to time.

### **STATEMENT -I**

#### **Details of one Stop Centres (OSCs) in Andhra Pradesh**

Year	2019-20		2020 -	2021 -	2022-23		2023-24	
			21	22				
Sl. No	Name of districts	Present names of the old District			Name of districts	Present names of the old District	Name of districts	Present names of the old District
1	Ananthapuram	Ananthapuram	NIL	NIL	1. Paderu	Alluri sitharama Raju	1.Machilipatnam	Krishna
2	Chittoor	Chittoor			2.Rajahmundry	East Godavari	2. Tirupati	Tirupati
3	Guntur	Guntur			3.Bhimavaram	West Godavari	3.Parvatipuram	Parvatipuram Manyam
4	Kadapa	Kadapa			4.Puttaparthi	Sri Satya Sai	4.Bapatla	Bapatla
5	Nellore	Nellore			5. Rayachoti	Annamayya	5.Anakapalli	Anakapalli
6	Ongole	Prakasam					6.Narasaraopet	Palnadu
7	Kakinada	Kakinada					7.Amalapuram	Konaseema

						(Rented Building)	
8	Visakhapatnam	Visakhapatnam				8.Nandyala	Nandyala
9	Vizianagaram	Vizianagaram					
10	Eluru	Eluru					
11	Srikakulam	Srikakulam					
12	Vijayawada	NTR					
13	Kurnool	Kurnool					
<b>Total</b>	<b>13</b>		<b>0</b>	<b>0</b>	<b>5</b>	<b>8</b>	

**STATEMENT -II**

The details of funds released and utilised for construction of OSC in Andhra Pradesh, district-wise and year-wise, during the past five years on the basis of demand received from State and SNA compliance.

(Amount in lakhs)

S. No	One Stop Center	2019-20		2020-21		2021-22		2022-23		2023-24	
		Released	Utilized	Released	Utilized	Released	Utilized	Released	Utilized	Released	Utilized
1	Ananthapuram	0	0	0	0	0	0	0	0	0	0
2	Chittoor	24.25	0	0	24.25	0	0	0	0	0	0
3	Tirupathi	0	0	0	0	24.35	0	0	0	0	0
4	Kakinada	0	0	6	0	0	0	0	0	0	0
5	Guntur	0	32.37 <sup>^</sup>	0	0	0	9.67	0	0	0	0
6	Kadapa	0	21.72 <sup>^</sup>	0	0	0	11.78	0	0	0	0

7	NTR (formerly part of Krishna)	0	0	6	0	0	12.70 <sup>^</sup>	0	0	0	0
8	Kurnool	0	0	6	22.71 <sup>^</sup>	0	0	0	0	0	0
9	SPSR Nellore	0	19.94 <sup>^</sup>	0	18.62	0	10.13 <sup>^</sup>	0	0	0	0
10	Prakasam	0	0	6	24.25 <sup>^</sup>	18.25	24.25	0	0	0	0
11	Srikakulam	0	0	6	0	0	0	0	10.00 <sup>^</sup>	0	0
12	Visakhapatnam	0	6.12 <sup>^</sup>	0	0	0	0	0	0	0	0
13	Vizianagaram	0	13.71 <sup>^</sup>	0	0	0	0	0	0	0	0
14	Eluru	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>24.25</b>	<b>93.86</b>	<b>30</b>	<b>89.83</b>	<b>42.6</b>	<b>88.53</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>0</b>

<sup>^</sup>Includes grant released prior to reporting year.

**STATEMENT -III**

**The details of district-wise approved and operational OSCs in the State of Andhra Pradesh:**

<b>S. No</b>	<b>District</b>	<b>Approved</b>	<b>Operational Status</b>
1	Srikakulam	1	Yes
2	Parvathipuram	1	Yes
3	Vizianagaram	1	Yes
4	Visakhapatnam	1	Yes
5	Anakapalli	1	Yes
6	Alluru Sitha Ramaraju	1	Yes
7	East Godawari	1	Yes
8	Kakinada	1	Yes
9	Konaseema	1	Yes
10	West Godawari	1	Yes
11	Eluru	1	Yes
12	Krishna	1	Yes
13	NTR	1	Yes
14	Guntur	1	Yes
15	Bapatla	1	Yes
16	Palnadu	1	Yes
17	Prakasam	1	Yes

18	Nellore	1	Yes
19	Tirupati	1	Yes
20	Chittoor	1	Yes
21	Annamayya	1	Yes
22	Kadapa	1	Yes
23	Nadyal	1	Yes
24	Kurnool	1	Yes
25	Ananthapuram	1	Yes
26	Sri Sathya Sai	1	Yes

### न्यायिक अधिकारी की भर्ती

#### 1975. श्री अमरा राम :

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

(क) क्या सरकार का विचार न्यायिक अधिकारियों की भर्ती के लिए एक केन्द्रीकृत भर्ती आयोग स्थापित करने का है;

(ख) यदि हां, तो इसे कब तक स्थापित किए जाने की संभावना है;

(ग) यदि नहीं, तो इसके क्या कारण हैं;

(घ) न्यायिक अधिकारियों की भर्ती आयोग द्वारा नहीं किए जाने के क्या कारण हैं, क्योंकि भर्ती संघ लोक सेवा आयोग, राज्य लोक सेवा आयोग और कर्मचारी चयन आयोग द्वारा की जाती है;

(ङ) क्या सरकार का विचार न्यायिक सेवाओं में आरक्षण नीति लागू करने का है;

(च) यदि हां, तो इसे कब तक कार्यान्वित किए जाने की संभावना है; और



(छ) यदि नहीं, तो इसके क्या कारण हैं?

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

**(क) से (छ) :** भारत के संविधान के अनुच्छेद 235 के अनुसार, जिला और अधीनस्थ न्यायालयों पर प्रशासनिक नियंत्रण संबंधित उच्च न्यायालय में निहित है। इसके अतिरिक्त, भारत के संविधान के अनुच्छेद 233 और अनुच्छेद 234 के साथ पठित अनुच्छेद 309 के परंतुक के अधीन प्रदत्त शक्तियों का प्रयोग करते हुए, जिला और अधीनस्थ न्यायालयों में न्यायिक अधिकारियों की भर्ती, नियुक्ति, पदोन्नति, आरक्षण आदि सहित सेवा शर्तें संबंधित उच्च न्यायालयों के परामर्श से संबंधित राज्य सरकारों द्वारा शासित होती हैं।

मलिक मजहर सुल्तान और अन्य बनाम यू.पी. लोक सेवा आयोग और अन्य (सिविल अपील संख्या 1867/2006) के मामले में, उच्चतम न्यायालय ने निचली अदालतों में बड़ी संख्या में न्यायिक रिक्तियों का स्वतः संज्ञान लिया। उक्त मामले में तारीख 04.01.2007 के न्यायिक आदेश के माध्यम से, उच्चतम न्यायालय ने जिला और अधीनस्थ न्यायालयों में न्यायिक रिक्तियों को समयबद्ध तरीके से भरने के लिए समयसीमा निर्धारित की है। उच्चतम न्यायालय ने राज्य सरकारों/उच्च न्यायालयों को राज्य में विशिष्ट भौगोलिक और जलवायु परिस्थितियों या अन्य सुसंगत स्थितियों के आधार पर किसी भी कठिनाई के मामले में समय सारणी में बदलाव करने की अनुमति भी दी है। वर्ष 2007 से मलिक मजहर सुल्तान मामले को उच्चतम न्यायालय के समक्ष कई बार सूचीबद्ध किया गया है, जिसमें जिला और अधीनस्थ न्यायालयों में न्यायिक रिक्तियों को भरने के लिए विभिन्न उच्च न्यायालयों द्वारा उठाए गए कदमों की न्यायालय निगरानी करता रहा है।

## **HEALTH COVERAGE FOR SENIOR CITIZEN UNDER PM-JAY**

**1976. SHRIMATI KANIMOZHI KARUNANIDHI:**

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

- (a) the total number of senior citizens aged 70 years and above who have benefitted from expanded PM-JAY health cover since the inception of the said scheme, State/UT-wise;
- (b) the details of age-specific health services under the new initiative;
- (c) the details of the data on senior citizens aged 70 years and above who are able to pay for medical expenses but are still covered under the said scheme; and
- (d) the steps taken/proposed to be taken by the Government for awareness campaigns of the said health cover?

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

(a): As on 02.12.2024, a total of 17,978 senior citizens aged 70 years and above have availed the benefits under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). State/UT-wise details of number of senior citizens aged 70 years and above who have availed the benefits under the scheme are given in the enclosed **Statement**.

(b): In the latest national master of the Health Benefit Package (HBP), the scheme provides cashless healthcare services related to 1961 procedures across 27 medical specialties including General Medicine, General Surgery, Orthopaedics, Cardiology, Oncology etc. which can be availed by different age groups. Among these, treatment services like Hemodialysis / Peritoneal Dialysis, Acute Ischemic Stroke, Accelerated hypertension, Total Hip Replacement, Total Knee Replacement, Percutaneous Transluminal Coronary Angioplasty (PTCA), inclusive

of diagnostic angiogram, Single Chamber Permanent Pacemaker Implantation, Double Chamber Permanent Pacemaker Implantation, etc. are available to eligible senior citizens as well. Further, States have been provided flexibility to further customize the Health Benefit Packages to local context.

(c): Since the scheme's mandate is to provide free treatment benefits of up to ₹5 lakh per year on a family basis to all senior citizens aged 70 years and above, irrespective of their socio-economic status, the data specific to socio-economic categories is not maintained.

Further, to ensure that beneficiaries claim benefits under only one government-funded scheme, two validations are implemented. Firstly, the beneficiaries must declare that they are not receiving free healthcare services under any other scheme partially or fully funded by the Government of India or State Government. Secondly, if the beneficiaries indicate they are covered under another scheme, they have the option to either retain their current scheme coverage or choose to avail benefits under AB-PMJAY. This choice is one-time and final.

However, coverage under private health insurance policy would not be a bar for availing the benefits of AB-PMJAY scheme for senior citizens. Further, beneficiaries of Employees' State Insurance Scheme would also remain eligible under the scheme.

(d): Senior citizens are issued a separate Ayushman card as Ayushman Vay Vandana card. Various activities to raise awareness about Ayushman Vay Vandana among senior citizens and their families were conducted including several

radio and television campaigns, social media campaign, print media advertisement, radio and television interviews, advertisement, etc. Further, Government of India has issued directions to the States to undertake extensive IEC activities to raise the awareness about the expansion of AB-PMJAY for all senior citizens of the age 70 years and above.

### **STATEMENT**

**State/UT-wise details of number of senior citizens aged 70 years and above who have availed the benefits under the scheme**

<b>State/UT</b>	<b>Number of hospital admissions</b>
Andhra Pradesh	1
Assam	115
Bihar	835
Chandigarh	28
Chhattisgarh	133
DNHandDD	1
Goa	98
Gujarat	720
Haryana	1543
Himachal Pradesh	283
Jammu And Kashmir	12
Karnataka	4

Kerala	403
Ladakh	6
Madhya Pradesh	2111
Maharashtra	5
Manipur	148
Meghalaya	1
Nagaland	4
Puducherry	7
Punjab	432
Sikkim	9
Tamil Nadu	11
Tripura	28
Uttar Pradesh	10893
Uttarakhand	147

Note: Centrally available data as on 02.12.2024

### मिनी आंगनवाड़ी केन्द्र

#### 1977. डॉ. बच्छाव शोभा दिनेश:

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

(क) लघु आंगनवाड़ी केन्द्रों (एमएसी) की स्थापना के लिए क्या दिशानिर्देश हैं और महाराष्ट्र राज्य में वर्तमान 152 में कार्यरत एमएसी की संख्या कितनी है और इनमें प्रदान की जा रही सुविधाओं का ब्यौरा क्या है;

(ख) क्या महाराष्ट्र से और अधिक एमएसी स्थापित करने के प्रस्ताव प्राप्त हुए हैं;

(ग) यदि हां, तो इस पर की गई कार्रवाई सहित तत्संबंधी ब्यौरा क्या है;

(घ) क्या सरकार का ऐसे केन्द्रों को उन्नत करने का प्रस्ताव है और क्या उसने उनके स्थायी भवनों के निर्माण के लिए अतिरिक्त निधियां आवंटित की हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ङ) क्या सरकार ने इन केन्द्रों के कार्यकरण में कोई अनियमितताएं पाई हैं और उनके कार्यकरण और निधियों के उपयोग की जांच करने के लिए कोई निरीक्षण किया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ङ.) पहले मिनी आंगनवाड़ी केंद्र स्थापित करने का प्रावधान था जिसके लिए जनसंख्या मानदंड निम्नानुसार थे;

परियोजना	जनसंख्या	मिनी आंगनवाड़ी केंद्र की संख्या
ग्रामीण/शहरी परियोजनाएँ	150-400	1
जनजातीय/नदी/मरुस्थलीय/पर्वतीय/ और अन्य दुर्गम क्षेत्रों में परियोजनाएँ	150-300	1

भारत सरकार ने पोषण और प्रारंभिक बाल्यावस्था देखभाल एवं शिक्षा के महत्व को ध्यान में रखते हुए सक्षम आंगनवाड़ी और पोषण 2.0 के तहत विभिन्न जिम्मेदारियों को अधिक प्रभावी ढंग से पूरा करने के लिए प्रत्येक में एक कार्यकर्ती और एक सहायिका के साथ सभी मिनी आंगनवाड़ी केंद्रों को पूर्ण आंगनवाड़ी केंद्रों में उन्नयन करने का नीतिगत निर्णय लिया है।

23 राज्यों/संघ राज्य क्षेत्रों में 1,16,852 मिनी आंगनवाड़ी केंद्रों में से 86,351 मिनी आंगनवाड़ी केंद्रों को महाराष्ट्र राज्य सहित 20 राज्यों/ संघ राज्य क्षेत्रों द्वारा प्रस्तुत प्रस्तावों के अनुसार उन्नयन करने की मंजूरी दी गई है। महाराष्ट्र राज्य में 13011 मिनी आंगनवाड़ी केंद्र थे। इसने नियमित आंगनवाड़ी केंद्रों में उन्नयन के लिए प्रस्ताव भेजा था। इस प्रस्ताव को मंत्रालय द्वारा अनुमोदित कर दिया गया है।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 एक केंद्र प्रायोजित योजना है। केंद्र सरकार समग्र नीति और व्यापक योजना के लिए जिम्मेदार है और राज्य सरकारें दिन-प्रतिदिन के कार्यक्रम कार्यान्वयन के लिए जिम्मेदार हैं।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के अंतर्गत प्रति वर्ष 10000 आंगनवाड़ी केंद्रों की दर से पांच वर्षों की अवधि में 50000 आंगनवाड़ी केंद्रों के भवनों के निर्माण का प्रावधान है। महात्मा गांधी राष्ट्रीय ग्रामीण रोजगार गारंटी योजना (एमजीएनआरईजीएस) के साथ समन्वय करते हुए आंगनवाड़ी केंद्रों के निर्माण के लिए लागत मानदंड 7 लाख रुपये प्रति आंगनवाड़ी केंद्र से संशोधित कर 12 लाख रुपये प्रति आंगनवाड़ी केंद्र कर दिया गया है जिसमें 8.00 लाख रुपये एमजीएनआरईजीएस के तहत, 2.00 लाख रुपये 15वें वित्त आयोग (एफसी) (या किसी अन्य अनियोजित निधि) के तहत और 2.00 लाख रुपये एमडब्ल्यूसीडी द्वारा प्रति आंगनवाड़ी केंद्र निर्धारित लागत साझाकरण अनुपात में केंद्र और राज्यों/संघ राज्य क्षेत्रों के बीच साझा किए जाएंगे। इसके अलावा, राज्यों/ संघ राज्य क्षेत्रों को यह भी सलाह दी गई है कि वे आंगनवाड़ी केंद्रों के निर्माण के लिए विभिन्न योजनाओं जैसे संसद सदस्य स्थानीय क्षेत्र विकास योजना(एमपीएलएडीएस), ग्रामीण अवसंरचना विकास निधि (आरआईडीएफ), पंचायती राज संस्थाओं को वित्त आयोग अनुदान, राष्ट्रीय ग्रामीण रोजगार गारंटी अधिनियम (एनआरईजीए), अल्पसंख्यक मामलों के मंत्रालय के बहु-क्षेत्रीय विकास कार्यक्रम (एमएसडीपी) इत्यादि से धनराशि प्राप्त करना जारी रखें।

मिशन पोषण 2.0 के तहत आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू) को आंगनवाड़ी गतिविधियों की कुशल निगरानी और लाभार्थियों के लिए बेहतर सेवा प्रदायगी हेतु स्मार्टफोन के प्रावधान के साथ तकनीकी रूप से सशक्त बनाया गया है। मोबाइल एप्लिकेशन, पोषण ट्रैकर आंगनवाड़ी कार्यकर्त्रियों द्वारा उपयोग किए जाने वाले वास्तविक रजिस्ट्रों को डिजिटल बनाता है। इससे उनके कार्य की गुणवत्ता में सुधार होता है और साथ ही उन्हें एक साथ चल रही सभी गतिविधियों की निगरानी के लिए अधिक समय मिलता है।

## **MAHILA SHAKTI KENDRA SCHEME**

### **1978. SHRI BAIJAYANT PANDA:**

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

- (a) the details of the implementation of the Mahila Shakti Kendra (MSK) Scheme, including the number of functional centres established under the said scheme;
- (b) the details of funds allocated and utilised for MSK at the Central and State levels during the last three years, and the measures taken to ensure effective fund utilisation;
- (c) the number of women beneficiaries who have received assistance through the MSK, with a focus on those from rural and underserved regions;
- (d) whether any training capacity-building initiatives have been conducted for the staff and volunteers working in MSK centres to enhance their efficiency and impact, if so, the details thereof;
- (e) whether any challenges have been faced in the implementation of the said scheme, especially in remote and rural areas; and
- (f) if so, the details of the steps being taken by the Government to address these challenges and improve outreach?

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



(a) to (f): The Mahila Shakti Kendra (MSK) Scheme was approved in November, 2017 as a centrally sponsored scheme to empower rural women through community participation. A third party evaluation study of MSK scheme was conducted by NITI Aayog in 2020. Taking into account the findings of the evaluation and after consultation with States/ UTs and stakeholders, the scheme has been discontinued with effect from 01.04.2022.

The Ministry of Women and Child Development is implementing the Umbrella Mission named as 'Mission Shakti' with effect from 01.04.2024 which aims at strengthening interventions for women safety, security and empowerment. The Mission Shakti has two verticals 'Sambal' and 'Samarthya'.

The "Sambal" vertical is for safety and security of women. It has the schemes of One Stop Centres (OSCs), Women Helpline (WHL), Beti Bachao Beti Padhao (BBBP) and Nari Adalat.

The "Samarthya" vertical is for empowerment of women. It has the schemes of Pradhan Mantri Matru Vandana Yojana (PMMVY), Shakti Sadan, Sakhi Niwas, Palna and SANKALP: Hub for Empowerment of Women (HEW).

### **AVAILABILITY OF DAP IN RAJASTHAN**

**1979: SHRI RAHUL KASWAN:**

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

(a) whether the sowing of Rabi 2024-25 has started in Rajasthan, due to which there is a huge demand for DAP in the area, if so, the details thereof;

- (b) whether DAP has been made available to the Government of Rajasthan by the Government from October till now;
- (c) if so, the details of the demands and supply thereof;
- (d) whether DAP has not been made available in the State of Rajasthan as per the demand, district-wise details should be provided, if so, the details thereof and the reasons therefor, district wise; and
- (e) the details of the steps taken/proposed to be taken by the Government to ensure adequate supply of Urea which would be in huge demand after 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) to (c): The requirement of DAP in the State of Rajasthan for the ongoing Rabi 2024-25 season, as per the assessment by Department of Agriculture and Farmers Welfare, is 3.00 LMT. Against the pro-rata requirement, for the period 01.10.2024 to 03.12.2024, of 2.80 LMT, 3.02 LMT of DAP has been made available in the State. Further, the sales of DAP during the said period is 2.62 LMT and the State is having closing stock of 0.40 LMT of DAP.

(d): The mandate of Department of Fertilizers is to ensure adequate availability of fertilizers at State level. However, the distribution of fertilizers within the State is done by the State Government. In this regard, the district-wise details of DAP as per the information received by the State Government of Rajasthan is placed at enclosed **Statement**.

(e) : Following steps are taken by the Government every season for ensuring timely and adequate supply of fertilizers in the country:

i. Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DAandFW), in consultation with all the State Governments, assesses the state-wise and month-wise requirement of fertilizers.

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ii. On the basis of requirement projected, Department of Fertilizers allocates sufficient/ adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.

iii. The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web based monitoring system called integrated Fertilizer Monitoring System (iFMS);

iv. Regular Weekly Video Conference is conducted jointly by DAandFW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.

v. The gap between demand (requirement) and production of fertilizers is met through imports. The import for the season is also finalized well in advance to ensure timely availability.

**STATEMENT****The district-wise details of DAP as per the information received by the State****Government of Rajasthan****(Qty. in MT)**

District	Oct, 2024		Nov.,2024		Total	
	Demand	Supply	Demand	Supply	Demand	Supply
Ajmer	9000	675	1500	1650	10500	2325
Alwar	4360	6473	5000	980	9360	7454
Banswara	2000	1679	2500	3270	4500	4949
Baran	9000	1966	6000	12962	15000	14928
Barmer	2000	2120	1500	2436	3500	4556
Bharatpur	3000	7203	4000	3855	7000	11059
Bhilwara	10000	537	5000	1813	15000	2350
Bikaner	10000	5669	4000	7507	14000	13176
Bundi	7000	2280	6000	5838	13000	8118
Chittorgarh	5000	5040	4000	3061	9000	8100
Churu	3000	1579	1500	2674	4500	4252
Dausa	3000	2819	2000	1482	5000	4301
Dholpur	4000	2483	2000	3340	6000	5823
Dungarpur	500	213	500	520	1000	733
Ganganagar	15000	9301	6500	12961	21500	22262
Hanumangarh	10000	5441	6000	15074	16000	20515
Jaipur	13560	6449	8300	4247	21860	10696

Jaisalmer	2000	4045	1500	2258	3500	6303
Jalor	7000	2065	1500	2458	8500	4523
Dhalawar	8000	2736	2000	4421	10000	7157
Jhujhnunu	1786	1634	2500	1900	4286	3534
Jodhpur	3000	6132	2000	9697	5000	15830
Karauli	4000	2213	2000	1243	6000	3457
Kota	7725	3869	7000	11586	14725	15455
Nagour	9000	5995	2000	6828	11000	12823
Pali	4000	1566	1000	1915	5000	3481
Pratapgarh	2000	1202	1000	2015	3000	3217
Rajsamand	1000	295	1500	523	2500	818
Sawaimadhopur	5500	4575	1000	3514	6500	8089
Sikar	5569	2539	2700	2088	8268	4627
Sirohi	2000	831	1500	503	3500	1334
Tonk	6000	3247	3000	1868	9000	5115
Udaipur	1000	2441	1500	1988	2500	4429
Total	180000	10731 2	100000	13847 4	280000	24578 5

### उर्वरकों पर डीलर मार्जिन

#### 1980. श्री भाऊसाहेब राजाराम वाकचौरे:

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

- (क) सरकार ने कब जटिल उर्वरकों, डीएपी और एमओपी पर डीलर मार्जिन 20 से 22 रुपये प्रति बैग और यूरिया पर कुल डीलर मार्जिन 15.88 रुपये प्रति बैग निर्धारित किया था;
- (ख) आज की तिथि के अनुसार इन उर्वरकों पर चढ़ाई और उतराई व्यय पृथक-पृथक कितना है;

(ग) कॉम्प्लेक्स उर्वरक, डीएपी और एमओपी पर खुदरा विक्रेताओं के लिए 6 प्रतिशत और थोक विक्रेताओं के लिए 2 प्रतिशत का न्यूनतम मार्जिन निर्धारित करने के लिए क्या कदम उठाए गए/उठाए जाने का प्रस्ताव है; और

(घ) यूरिया में खुदरा विक्रेताओं के लिए 23 रुपये प्रति बैग और थोक विक्रेताओं के लिए 7 रुपये प्रति बैग का मार्जिन सुनिश्चित करने के लिए क्या कदम उठाए गए/उठाए जाने का प्रस्ताव है?

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

**(क) से (घ):** सरकार ने पोषक तत्व आधारित सब्सिडी (एनबीएस) स्कीम के तहत फॉस्फेटयुक्त और पोटेशियुक्त (पीएंडके) उर्वरकों के अधिकतम खुदरा मूल्य (एमआरपी) की तर्कसंगतता के मूल्यांकन के लिए दिनांक 18.01.2024 को दिशानिर्देश जारी किए हैं। इन दिशा-निर्देशों के अंतर्गत, डीएपी और एमओपी के मामले में एमआरपी के 2% तक और एनबीएस के अंतर्गत पीएण्डके उर्वरकों के अन्य सभी ग्रेडों के लिए 4% की सीमा तक की डीलर मार्जिन की अनुमति है। एनबीएस नीति के अंतर्गत, एमआरपी विनियंत्रित है और इसे उर्वरक कंपनियों द्वारा बाजार के उतार चढ़ाव के अनुसार युक्तिसंगत स्तर पर नियत किया जाता है।

यूरिया के मामले में, भारत सरकार ने निजी व्यापार के साथ-साथ संस्थागत एजेंसियों के माध्यम से यूरिया की बिक्री के लिए डीलर/वितरण मार्जिन की दर को 01 अप्रैल, 2018 से संशोधित कर 354 रुपये प्रति मी.टन कर दिया है।

### **HIKE IN MEDICINE PRICE**

**1981. SHRI DEEPAK ADHIKARI (DEV):**

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

(a) the reason for 50% price hike in price of essential medicines;

(b) whether there is any plan by the Government to give subsidy on top ten life saving drugs, if so, the details thereof; and

(c) if not, the reasons therefor?

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

(a): The National Pharmaceutical Pricing Authority (NPPA) under Department of Pharmaceuticals received applications in respect of 77 formulations from various pharmaceutical manufacturing/marketing companies and industry associations requesting for upward revision of price for their formulation(s). This request was made on the grounds that ensuring continued availability of these drugs at existing rates was not viable due to reasons like increase in cost of production, increase in cost of active pharmaceutical ingredients (APIs), changes in exchange rate, request for discontinuation of some of the formulations etc. After detailed scrutiny, NPPA approved increase in the price of 11 formulations of 8 drugs to ensure their continued availability so that the public is not forced to switch to expensive alternatives due to non-availability of these drugs in the market.

(b) to (c): Under Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), quality medicine at affordable prices is offered to people. The price of Jan Aushadhi medicines are cheaper by at least by 50%, and in some cases, by 80% to 90% of the market price of branded medicines available in the market. Further the Ministry of Health and Family Welfare (MoHFW), under National Health Mission, has rolled out the Free Drugs Service Initiative to under which financial support is provided to States/UTs for provision of free essential medicines in public healthcare facilities. Also, MoHFW under the initiative Affordable Medicines and Reliable Implants for

Treatment (AMRIT) provides affordable medicines for treatment of cancer, cardiovascular and other diseases, implants, surgical disposables and other consumables etc., at a significant discount of upto 50% on market rates through AMRIT Pharmacy stores set up in some hospitals/institutions.

### **SHIP REPAIR FACILITY IN ASSAM**

**1982. SHRI BHARTRUHARI MAHTAB:**

**SHRIMATI BIJULI KALITA MEDHI:**

**SHRI PARBHUBHAI NAGARBHAI VASAVA:**

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

- (a) the status of ongoing construction of Northeast India's First Ship Repair Facility at Pandu Multi Modal Terminal in the State of Assam;
- (b) the total cost of ongoing projects developed along the river Brahmaputra; and
- (c) the role of maritime transportation in boosting the economy of north-east region of the country?

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

- (a) As on 31.10.2024, the Ship Repair Facility at Multi Modal Terminal at Pandu has achieved 60% physical progress and 52.60% financial progress.
- (b) The total cost of ongoing major projects along the river Brahmaputra is Rs.773.21 Cr. List of the ongoing projects is given in the enclosed **Statement**.
- (c) North Eastern Region (NER) of the country is connected to the other parts of the country by rail/road through a narrow land corridor. A few National Highways pass through the States away from the hinterland and as such these are not sufficient to



cater to the entire need of transportation. Also, the highways are facing frequent landslides in monsoon season which disrupt the supply routes. However, NER is endowed with a number of rivers. Thus, Inland Water Transport (IWT), being reliable and economical mode of transport, is an alternate mode of connecting NER states with the rest of the country as well as with the Sea Ports located on the Eastern Coast of India leading to overall economic growth of the NER.

### **STATEMENT**

#### **Total cost of ongoing major projects**

<b>Name of Project</b>	<b>Cost (In Rupees Crore)</b>
□ Development of Inland Waterways Terminal facility at Jogighopa	82.04
□ Construction of Alternative road from Pandu Port to NH-27.	180.00
□ Construction Ship Repair Facility at Pandu	208.00
□ Construction of Cargo-cum-tourist Terminal at Bogibeel.	56.00
□ Bogibeel Terminal Extension of Jetty(50m)	23.52
□ Construction of Multistory RCC building (G+2) at IWT Tourist-cum-cargo Terminal at Bogibeel.	8.87
□ Construction of RCC building at Dhubri	9.31

□ Bank Protection at Bogibeel Terminal	4.24
□ Construction, supply, installation of 2Nos. of Floating jetties at Bogibeel and Guijan/Pandu	8.26
□ Construction of Boundary Wall at Jogighopa Terminal.	18.44
□ Fairway Development on assured LAD basis of Bangladesh Border-Jogighopa stretch of NW-2 by DCI.	73.00
Fairway Development on assured LAD basis of Jogighopa-Pandu stretch of NW-2 by DCI.	62.00
Fairway Development on assured LAD Basis of Bhanga-Badarpur stretch of NW-16 by DCI.	39.53
<b>Total</b>	<b>773.21</b>

### STUDY ON ILLICIT CIGARETTES

**1983. SHRI MAGUNTA SREENIVASULU REDDY:**

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

- (a) whether the Government has undertaken any recent survey/study on the issue of illicit cigarettes in the contry;

- (b) if so, the details thereof along with the total quantity and value of illicit cigarettes seized over the last five years State/UT-wise particularly in Prakasam district of Andhra Pradesh;
- (c) the details the estimated value of the entire illicit cigarette operation in the country during the last five years, year-wise;
- (d) whether the Government has introduced any plan / initiative to regulate, reduce and stop the trade of illicit cigarettes throughout the country; and
- (e) if so, the details thereof, State/UT-wise, especially 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 (e) : The Ministry of Health and Family Welfare has not undertaken any study on the issue.

The Central Board of Indirect Taxes and Customs (CBIC), Department of Revenue, Ministry of Finance informed that the field formations of CBIC and the Directorate General of Revenue Intelligence (DGRI) keep constant vigil on the illicit imports/smugglings of cigarettes. On detection of cases, strict action is taken in accordance with the Customs Act, 1962 and other existing provisions of laws, as applicable.

State/UT-wise date of total quantity and value of smuggled cigarettes seized by CBIC over the last five years particularly in Prakasam district of Andhra Pradesh is given in the enclosed **Statement-I**.

The Government of Andhra Pradesh has informed that the State Government has introduced various plans/initiatives to regulate, reduce and stop the trade of illicit cigarettes. The details is given in the enclosed **Statement-II**.

<b>STATEMENT-I</b>												
<b>Details of Seizure of Smuggled Cigarettes</b>												
<b>Name of State / UT</b>	<b>2019-20</b>		<b>2020-21</b>		<b>2021-22</b>		<b>2022-23</b>		<b>2023-24</b>		<b>2024-25 (Upto October 2024)</b>	
	<b>Quantity of Cigarettes Seized (in No. of sticks)</b>	<b>Value of Cigarettes Seized (in Rs. Crore)</b>	<b>Quantity of Cigarettes Seized (in No. of sticks)</b>	<b>Value of Cigarettes Seized (in Rs. Crore)</b>	<b>Quantity of Cigarettes Seized (in No. of sticks)</b>	<b>Value of Cigarettes Seized (in Rs. Crore)</b>	<b>Quantity of Cigarettes Seized (in No. of sticks)</b>	<b>Value of Cigarettes Seized (in Rs. Crore)</b>	<b>Quantity of Cigarettes Seized (in No. of sticks)</b>	<b>Value of Cigarettes Seized (in Rs. Crore)</b>	<b>Quantity of Cigarettes Seized (in No. of sticks)</b>	<b>Value of Cigarettes Seized (in Rs. Crore)</b>
Andhra Pradesh	1896212	0.81	3035832	3.17	112320	0.08	21401600	17.72	2487036	1.24	6507020	6.5
Bihar and Jharkhand	7141362	4.05	2116589	2.21	4434310	3.36	129680	0.08	2207295	3.11	3299480	4.84
Chhattisgarh	0	0	0	0	675460	0.88	3365250	2.97	0	0	0	0

Delhi	1756120	33.56	18715920	36.92	17196394	28.46	1248471 4	22.36	7393656	11.84	2236407	3.96
Gujarat	25509	0.03	22000	0.01	1351720	1.53	2886880 0	48.4	1868500 0	32.37	2313103	3.25
Karnataka	3813840	7.39	418340	0.72	4505376	7.34	743280	2.65	1989222	4.54	6468462	11.46
Kerala	4806841	2.54	1351920	0.74	2082442	1.68	4139290	3.43	4148417	7.3	9073996	11.86
Madhya Pradesh	0	0	100420	0.18	0	0	0	0	3800	0	30000	0.06
Maharashtra and Goa	5869478	6.34	19261080	35.56	23180331	34.82	3324468 2	11.42	5638384 8	85.73	3274020 0	41.94
North Eastern Region	3122808 0	46.19	44429840	66.07	55586109	70.35	7139162 4	109.88	7073276 0	111.41	9129265 4	65.8
Odisha	79800	0.12	194400	0.29	0	0	0	0	0	0	20000	0.03
Punjab	7362336	0.15	8257832	0.01	6946600	7.12	285100	0.37	206282	0.28	834960	1.52
Rajasthan	1672264 0	0.18	4341400	1.48	387200	0.55	1333442	1.84	121200	0.18	88000	0.15
Tamil Nadu	9537514	13.77	1377390	2.22	7992861	10.97	8853698	12.24	2402169 9	33.03	2454731 0	25.7

Telangana	1640010	1.82	242200	0.36	86400	0.1	798160	0.79	1342308	1.72	3095880	3.44
Uttar Pradesh and Uttarakhand	7351760	17	22836080	35.6	3118000	4.63	25256280	11.34	34508420	8.86	5368650	5.91
West Bengal	10204760	11.53	10139768	6.16	32838310	23.82	4759588	5.17	3042223	4.58	9179482	18.31

<b>Details of Seizure of Cigarettes for Prakasham District, Andhra Pradesh</b>		
<b>Year</b>	<b>Quantity of Cigarettes Seized (in No. of sticks)</b>	<b>Value of Cigarettes Seized(in Rs. Crore)</b>
2019-20	143800	0.13
2020-21	218800	0.18
2021-22	66920	0.05
2022-23	0	0.00
2023-24	0	0.00
2024-25 (upto Oct 2024)	0	0.00

### **STATEMENT-II**

#### **PLAN AND INITIATIVE TAKEN BY GOVERNMENT OF ANDHRA PRADESH TO REGULATE THE TRADE OF ILLICIT CIGARETTES**

1. Zonal Enforcement Drives Home, MAandUD, Panchayat, Education and Customs/Excise/Commercial tax departments.
2. District Enforcement Drives including illicit trade annually.
3. 18/26 District level enforcement drives conducted in 2024-25.
4. Sensitization to Stake holder departments in High Power Committee meetings.



5. Monitoring tobacco control laws quarterly (COTPA 2003).
6. Special IEC activities and Printing activities.

### पोत मुद्रीकरण परियोजना

#### 1984. श्री इमरान मसूद :

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

(क) वित्तीय वर्ष 2024-25 के लिए पोत मुद्रीकरण से अनुमानित राजस्व लक्ष्य का पोत-वार ब्यौरा क्या है;

(ख) पोत मुद्रीकरण परियोजनाओं के लिए निजी निवेश को आकर्षित करने तथा प्रतिस्पर्धी किन्तु निष्पक्ष निलामी प्रक्रिया सुनिश्चित करने के लिए क्या कार्यनीतियां और तंत्र अपनाए जा रहे हैं; और

(ग) उक्त कार्यनीतियां और तंत्रों के कार्यान्वयन की वर्तमान स्थिति क्या है तथा मुद्रीकरण प्रक्रिया की अनुमानित समय-सीमा क्या है?

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

(क) से (ग):महापत्तन प्राधिकरण और रियायतप्राप्तकर्ता के बीच राजस्व शेयर/रॉयल्टी पर खुली प्रतिस्पर्धी बोली प्रक्रिया के द्वारा एक निर्धारित अवधि के लिए रियायत करार के माध्यम से विशिष्ट परियोजनाओं/बर्थों/टर्मिनलों हेतुमहापत्तनों में निजी क्षेत्र भागीदारी को अनुमति दी गई है। रियायत अवधि समाप्त होने के पश्चात्,पत्तन प्राधिकरण कोपरिसंपत्ति सौंप दी जाती हैं। वित्त वर्ष 2024-25 के लिए, लगभग 10,000 करोड़ रु. के निवेश का लक्ष्य, वी. ओ. चिदंबरनार पत्तन (7,055 करोड़ रु.), दीनदयाल पत्तन (1,880 करोड़ रु.) तथा श्यामा प्रसाद मुखर्जी पत्तन (1,065 करोड़ रु.) को सार्वजनिक-निजी-भागीदारी (पीपीपी) परियोजनाओं को सौंपा कर पूरा किया जाना है। इन परियोजनाओं पर पहले ही सरकार ने अनुमोदन कर दिया गया है। अधिक स्वायत्तता, लचीलापन प्रदान करने और निजी निवेश को आकर्षित करने के लिए, महापत्तन न्यास अधिनियम, 1963 के प्रतिस्थापित करके महापत्तन प्राधिकरण अधिनियम, 2021 का अधिनियमन, मॉडल रियायत करार (एमसीए)का संशोधन तथा पीपीपी परियोजनाओं के लिए प्रशुल्क निर्धारण हेतु दिशा-निर्देशोंको निरूपित किया गया है।

## **PRODUCTION CAPACITY OF NANO DAP FERTILIZER**

### **1985. SHRI APPALANAIDU KALISSETTI:**

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

- a) whether the Government has introduced Nano DAP as a new fertilizer in India, and if so, the details of its composition, benefits, and effectiveness compared to conventional DAP (Di-Ammonium Phosphate);
- b) the current production capacity of Nano DAP and its availability in the market;
- c) the details regarding distribution and sales of Nano DAP across the country, particularly in Andhra Pradesh during the last year;
- d) the steps taken by the Ministry to promote awareness among farmers regarding the usage of Nano DAP;
- e) the reported impact of Nano DAP on crop yield, cost of production and environmental sustainability; and
- f) whether any challenges are being taken in the large-scale production and distribution of Nano DAP and the measures being taken to overcome these challenges?

**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 Government of India has notified Nano DAP under the Fertilizer Control Order (FCO) – 1985 on the basis of the bio efficacy trials and toxicology tests. M/s Coromandel International Limited (CIL), M/s Zuari Farm Hub Limited and

M/s Indian Farmers Fertiliser Cooperative Limited (IFFCO) have been granted permission to manufacture Nano DAP.

Indian Council of Agricultural Research (ICAR) has informed that IFFCO and CIL have developed Nano DAP and have conducted preliminary field trials on selected crops in selected ICAR Institutes/State Agriculture Universities. The report indicated that with the use of Nano DAP as seed treatment and foliar application, there is a possibility of saving of granular DAP conventionally applied.

The current production capacity along with the actual production and sales of Nano DAP is as below:

**(In lakh Bottles of 500ml equivalent)**

<b>S. No.</b>	<b>Company Name</b>	<b>Production Capacity</b>	<b>Actual Production</b>	<b>Sales</b>
1.	IFFCO, Kalol Plant	600	177.06	111.98
2.	Zuari Farm Hub Ltd Bhatinda (PPL)	24	11.72	9.02
3.	CIL Kakinada	140	73.66	60.25
<b>Total</b>		<b>764</b>	<b>262.44</b>	<b>181.25</b>

In addition to this, the State-wise Sales data of Nano DAP across the country is placed at enclosed **Statement**.

Furthermore, in order to promote the use of Nano Fertilizers amongst the farmers, the following steps have been taken:

- i. Use of Nano Urea is promoted through different activities such as awareness camps, webinars, nukkad nataks, field demonstrations, Kisan Sammelans and films in regional languages etc.
- ii. Nano Urea is made available at Pradhan Mantri Kisan Samridhi Kendras (PMKSKs) by concerned companies.
- iii. Nano Urea has been included under monthly supply plan issued by Department of Fertilizers regularly.
- iv. ICAR through Indian Institute of Soil Science, Bhopal recently organized National Campaign on “Efficient and Balanced Use of Fertilizer (including Nano-fertilizers)”.
- v. Promotion of use of nano fertilizers was done during the Viksit Bharat Sankalp Yatra (VBSY) which was launched on 15th November, 2023.
- vi. With an aim to provide drones to 15,000 women Self Help Groups (SHGs), the Government of India has launched the 'Namo Drone Didi' Scheme. Under the said scheme, 1094 drones have been made available by fertilizer companies to Namo Drone Didis of Women Self Help Groups, which is ensuring increased application of nano fertilizers through drones.
- vii. DoF in collaboration with fertilizer companies has initiated a Maha Abhiyan for adoption of Nano DAP in all 15 agro-climatic zones of the country through consultations and field level demonstrations. Further, DoF in collaboration with fertilizer companies has also launched campaign for field level demonstrations and awareness programs of Nano Urea plus in 100 districts of the country.

According to information provided by the fertilizer companies, there are no significant challenges in the manufacturing and logistics of Nano DAP.

### **STATEMENT**

#### **Details of the State-wise Sales data of Nano DAP across the country**

**(In lakh Bottles of 500ml equivalent)**

<b>S.No.</b>	<b>State/UTs</b>	<b>Sales of Nano DAP</b>
1	Andhra Pradesh	10.57
2	Assam and NE	1.42
3	Bihar	5.31
4	Chhattisgarh	2.46
5	Gujarat	9.13
6	Haryana and Delhi	2.35
7	Himachal Pradesh	0.83
8	Jammu and Kashmir	0.73
9	Jharkhand	0.71
10	Karnataka	13.17
11	Kerala	0.33
12	Madhya Pradesh	18.75
13	Maharashtra and Goa	35.39
14	Odisha	3.58
15	Puducherry	0.48

16	Punjab	6.88
17	Rajasthan	12.89
18	Tamil Nadu	4.05
19	Telangana	7.08
20	Uttar Pradesh	31.48
21	Uttarakhand	1.20
22	West Bengal	12.45
<b>Total</b>		<b>181.25</b>

### NATIONAL AYUSH MISSION IN KERALA

#### 1986. SHRI KODIKUNNIL SURESH:

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

(a) whether the Government is aware of the current status of the National Ayush Mission (NAM) in Kerala, including ongoing and completed projects for FY 2024-2025 and if so, the

details thereof, district-wise;

(b) the total amount of funds allocated under NAM for Kerala for the FY 2024-2025 alongwith the division between the Central and State shares;

(c) the current utilization status of the allocated funds alongwith the physical achievements reported under NAM in Kerala during the FY 2024-2025;

(d) the details of the total sanctioned HR strength and the current actual posted strength under various categories on a contractual basis under NAM in the said State; and

(e) the steps taken by the Government to address any delays or gaps in project implementation and fund utilization under NAM 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) to (c) As reported by the State Government of Kerala, they have made expenditure of Rs 23633.98 Lakhs against total released grant-in-aid of Rs 24534.46 lakhs from the year of 2014-15 to 2023-24 for implementation of different approved activities of the submitted State Annual Action Plans (SAAPs) of the said period. Further, with regard to financial year 2024-25, SAAP has been approved for an amount of Rs 20793.207 Lakhs ( Central share- Rs. 12475.90 Lakhs and State share-Rs. 8317.30 Lakhs ) and grant-in-aid of Rs 6237.96 Lakhs has been released as first instalment of Central share. However, implementation of the scheme comes under the purview of State Government and at present physical and financial progress report for the year 2024-25 has not been received from State Government of Kerala.

(d) As implementation of the NAM Scheme comes under the purview of respective State Government and accordingly data of total sanctioned HR strength and the current posted strength under various categories on a contractual basis under NAM in Kerala is being maintained by the State Government. However, as reported by the State Government most categories of the posts are filled and recruitment process for some of the categories is undergoing stages.

(e). The Central Government is taking following steps to address the delays and gaps in project implementation and fund utilization under NAM:

- i. To seek activity-wise physical/financial progress on regular interval from the State Government.
- ii. Central teams are conducting the field visits from time to time to analyse the actual progress of implementation of different activities.
- iii. Regional Review Meetings under the Chairmanship of Secretary are being conducted for different States including Kerala from time to time and during the meeting detailed progress of activity-wise expenditure as well as submission of utilization certificates are being reviewed.
- iv. Ministry is also conducting one to one meeting with States for detailed discussion of activity-wise physical/financial progress on regular intervals.

## **SHORTAGE OF SPECIALIST DOCTORS IN RURAL COMMUNITY HEALTH CENTRES**

### **1987. SHRI SASIKANTH SENTHIL:**

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

- (a) whether the Government is aware that there is nearly an 80% shortage of specialist doctors in rural community health centres across the country, if so, the details thereof alongwith the steps taken/proposed to be taken by the Government to address the shortage;
- (b) whether there are any proposal to provide incentives/support for postgraduate doctors who choose to work in rural health facilities and if so, the details thereof;



(c) the measures taken/proposed to be taken to increase postgraduate medical seats in essential specialties such as pediatrics and obstetrics to better serve rural populations; and

(d) whether the Government has a long-term strategy/policies to attract and retain specialist doctors in rural areas, particularly in the light of ongoing healthcare challenges 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 (d): The details of specialist doctors in Community Health Centres in India 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)

All the administrative and personnel matters related to health human resource lies with the respective State/UT Governments. Under National Health Mission, Ministry (NHM) of Health and 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) within their overall resource envelope.

Under NHM, following types of guidelines for encouraging doctors to practice in rural and remote areas of the country to minimize the gap between supply and demand for doctors:

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
- Honorarium to Gynecologists/ Emergency Obstetric Care (EmOC) trained, Pediatricians and Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural and remote area.
- Incentives like special incentives for doctors, incentive for Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (ANC) checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.

The Government has increased 135% in Postgraduate Medical Seats from 31,185 before 2014 to 73,157 including pediatrics and obstetrics as of now.

The measures/steps taken by the Government to increase the doctor/medical professional in the country include:-

- Centrally Sponsored Scheme for establishment of new medical college by upgrading district/ referral hospital under which 157 medical colleges have been approved.
- Centrally Sponsored Scheme for strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS and PG seats.
- Under “Upgradation of Government Medical Colleges by construction of Super Specialty Blocks” of Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) scheme, a total of 75 projects have been approved.
- Under the Central Sector Scheme for setting up of new AIIMS, 22 AIIMS have been approve.
- 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.

**SUPPLY OF MEDICINES TO JAN AUSHADHI KENDRAS****1988. SHRI RAJESH RANJAN:****DR. AMAR SINGH:**

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

(a) the details of generic drug manufacturers supplying medicines to Jan Aushadhi Kendras, State-wise;

(b) the total number of drug inspection officers in the country, State-wise;

(c) whether the Government has taken note of the apprehensions raised that the proposed changes by the CDSCO could result in poor-quality drugs being sold in Jan Aushadhi outlets; and

(d) if so, the steps taken/proposed to be taken by the Government to ensure proper quality control?

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

(a): As on date, 206 pharmaceutical manufacturers are associated with Pharmaceuticals and Medical Devices Bureau of India (PMBI), the implementation agency of Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) for supplies of medicines, surgical devices, nutraceuticals and ayurvedic products. List of these pharmaceutical manufacturers is given in the enclosed **Statement..**

(b): The number of sanctioned posts of Drugs Inspector in CDSCO is 504 which include 419 posts of Drugs Inspector and 85 posts of Drugs Inspector (Medical

device). State-wise information of Drug Inspection Officers is not maintained centrally.

(c): As informed by Ministry of Health and Family Welfare, there is no such proposal.

(d): For ensuring the quality of products, Pharmaceuticals and Medical Devices Bureau of India (PMBI) procures medicines only from World Health Organization – Good Manufacturing Practices (WHO-GMP) certified suppliers. Each batch of drug is tested at laboratories accredited by 'National Accreditation Board for Testing and Calibration Laboratories' (NABL). Only after passing the quality tests, the medicines are dispatched to Jan Aushadhi Kendras (JAKs).

Central Drugs Standard Control Organization (CDSCO) and Ministry of Health and Family Welfare have taken various measures to ensure quality, efficacy and safety of medicines manufactured in the country. The key measures are as stated below;

i. In order to assess the regulatory compliance of drug manufacturing premises in the country, the Central Drugs Standard Control Organization (CDSCO) along with State Drugs Controllers (SDCs) have conducted risk-based inspections of more than 400 premises. The firms have been identified based on risk criteria like number of drugs declared as Not of Standard Quality, complaints, criticality of the products etc. Based on findings of inspections, more than 300 actions like issuance of show cause notices, stop production order, suspension, cancellation of licenses /product licenses etc., have been taken by the State Licensing Authorities as per the provisions of the Drugs Rules 1945.

ii. 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. As per the amendment, the revised Good Manufacturing Practices and Requirements shall come into force for manufacturers for implementation as under:

<b>Category of manufacturers [Based on turnover (INR)]</b>	<b>Time line for implementation</b>
Large manufacturers (Turnover > 250 crores)	Six months from the date of publication of these rules.
Small and Medium manufacturers (Turnover $\leq$ 250 crores)	Twelve months from the date of publication of these rules.

iii. 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.

- iv. 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.
- v. 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.
- vi. 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.
- vii. States/ UTs have set up special Courts for trial of offences under the Drugs and Cosmetics Act for speedy disposal.
- viii. 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.
- ix. The Drugs and Cosmetics Rules, 1945 have been amended making it mandatory that before the grant of manufacturing license, the manufacturing establishment is

to be inspected jointly by the Drugs Inspectors of Central Government and State Government.

- x. 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.
- xi. 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.
- xii. Central government is providing regular Residential, regional training and workshops to CDSCO, State Drug Regulatory Authorities on Good Manufacturing Practices. In the training Financial Year 2023-24 CDSCO has trained 22854 persons while in F.Y 2024-25 so far 13007 persons have been trained.
- xiii. Further, for strengthening the drug regulatory system in the country both at the Central and State level, the Government had approved Rs.1750 Crore. Out of this, Rs. 900 Crore was for strengthening the central drug regulatory structures and Rs. 850 Crore is for the Centrally Sponsored Scheme 'Strengthening of States' Drug Regulatory System (SSDRS) which envisages to strengthen the laboratory infrastructure and up-gradation of existing State Drug Controller offices in States. So far under the SSDRS scheme, 17 New Drug Testing Labs have been constructed and 24 existing labs have been up-graded.



**STATEMENT****List of these pharmaceutical manufacturers**

<b>S. No</b>	<b>Name of the Manufacturer</b>	<b>Category</b>
1	Aculife Healthcare Pvt. Ltd.	Private
2	Admac Lifesciences	Private
3	Aegis Lifesciences Private Limited	Private
4	Affy Parenterals	Private
5	Agio Pharmaceuticals Ltd.	Private
6	Aishwarya Healthcare	Private
7	Ak Health Tech Private Limited	Private
8	Akums Drugs and Pharmaceuticals Limited (Plant-1)	Private
9	All Heavens Exim	Private
10	Amkay Products Pvt. Ltd.	Private
11	Andhra Pradesh Medtech Zone Limited	SPSU
12	Asoj Soft Caps Pvt. Ltd	Private
13	Bajaj Healthcare Limited	Private
14	Bal Pharma Ltd.	Private
15	Bdr Pharmaceuticals International Pvt. Ltd.	Private
16	Bharat Parenteral Ltd	Private
17	Bharti Milk Foods Pvt Ltd	Private
18	Biocon Biologics Limited	Private
19	Biodeal Pharmaceuticals Limited	Private

20	Biogenix Inc Pvt. Ltd.	Private
21	Biological E Limited	Private
22	Brisk Surgical Cotton Limited	Private
23	Briyosis Soft Caps Private Limited	Private
24	Cadila Pharmaceuticals Ltd.	Private
25	Care Medical Devices Limited	Private
26	Centaur Pharmaceuticals Pvt. Ltd.	Private
27	Centurion Remedies Pvt. Ltd.	Private
28	Cian Healthcare Pvt. Ltd.	Private
29	Cipco Pharmaceuticals	Private
30	Cipla Limited	Private
31	Cmg Biotech Pvt. Ltd.	Private
32	Concept Pharmaceuticals Ltd	Private
33	Consern Pharma Ltd.	Private
34	Continental Milkose (India) Limited	Private
35	Coral Laboratories Ltd	Private
36	Crescenza Wellness Private Limited	Private
37	Cupid Limited	Private
38	Daffodills Pharmaceuticals Ltd.	Private
39	Divine Laboratories Pvt Ltd	Private
40	Dynamic Techno Medicals Private Limited	Private
41	East African (India) Overseas	Private

42	Elnova Pharma	Private
43	Eris Lifesciences Limited	Private
44	Eskag Pharma Pvt.Ltd	Private
45	Essenzaa Nutrition Pvt. Ltd.	Private
46	Eucare Pharmaceuticals Pvt Ltd	Private
47	Fdc Limited	Private
48	Fertin India Private Limited	Private
49	Geno Pharmaceuticals Pvt Ltd	Private
50	Gentech Healthcare Pvt. Ltd.	Private
51	Globela Pharma Pvt. Ltd.	Private
52	Gls Pharma Ltd	Private
53	Gnosis Pharmaceuticals Pvt Ltd	Private
54	Hab Pharmaceuticals and Research Ltd.	Private
55	Halewood Laboratories Pvt. Ltd.	Private
56	Haseeb Pharmaceuticals Pvt. Ltd.	Private
57	Health Biotech Limited	Private
58	Healthium Medtech Limited	Private
59	Healthy Life Pharma Pvt. Ltd.	Private
60	Hetero Healthcare Limited	Private
61	Hi Care Gloves Pvt Ltd	Private
62	Hindustan Antibiotics Ltd	CPSU
63	Hindustan Laboratories Limited	Private

64	Imperial Medcare Private Limited	Private
65	Indian Medicines Pharmaceutical Corporation Limited	CPSU
66	Innova Captab Limited	Private
67	Innovative Linen Co. Pvt. Ltd.	Private
68	Integrated Laboratories Pvt. Ltd.	Private
69	Inventia Healthcare Limited	Private
70	Iscon Surgicals Ltd.	Private
71	J Duncan Healthcare Pvt Ltd	Private
72	Jajoo Surgicals Pvt. Ltd.	Private
73	K.A.Enterprises	Private
74	K.S. Surgical Pvt. Ltd.	Private
75	Kag Industries	Private
76	Karnataka Antibiotics And Pharmaceuticals Limited	CPSU
77	Kms Manufacturing Company	Private
78	Laborate Pharmaceuticals India Limited	Private
79	Lark Laboratories (India) Ltd.	Private
80	Legency Remedies Pvt Ltd	Private
81	Logos Pharma	Private
82	Lokbeta Pharmaceuticals (I) Pvt Ltd	Private
83	Lupin Ltd.	Private
84	M D Hygiene Pvt. Ltd	Private
85	Maan Pharmaceuticals Ltd	Private

86	Macleods Pharmaceuticals Limited	Private
87	Macsur Pharmaa (India) Private Ltd	Private
88	Mahalaxmi Malt Products Pvt. Ltd.	Private
89	Malik Lifesciences Private Limited	Private
90	Mancare Laboratories Pvt. Ltd.	Private
91	Mankind Pharma Limited	Private
92	Marc Laboratories Limited	Private
93	Martin And Brown Biosciences Pvt. Ltd.	Private
94	Maruti Meditech Pvt Ltd	Private
95	Mascot Health Series Pvt. Ltd	Private
96	Matins Healthcare Pvt Ltd	Private
97	Maxtar Bio-Genics	Private
98	Med Manor Organics Pvt. Ltd.	Private
99	Medevis Rubplast India Private Ltd	Private
100	Medipol Pharmaceuticals India Pvt Ltd	Private
101	Mepromax Lifesciences Pvt Ltd	Private
102	Merril Pharma Pvt. Ltd.	Private
103	Mformillet Foods Private Limited	Private
104	Mgrm Medicare Pvt. Ltd.	Private
105	Micron Pharmaceuticals	Private
106	Micropure Parenterals Pvt Ltd	Private
107	Midas Care Pharmaceuticals Pvt. Ltd.	Private

108	Mj Biopharm Pvt Ltd	Private
109	Modern Laboratories	Private
110	Morepen Laboratories Limited	Private
111	Msn Laboratories Private Limited	Private
112	Multani Pharmaceuticals Ltd	Private
113	Nandani Medical Laboratories Pvt. Ltd.	Private
114	Nanz Medscience Pharma Pvt. Ltd.	Private
115	Naprod Life Sciences Pvt. Ltd	Private
116	Naulakha Industries	Private
117	Navkar Lifesciences	Private
118	Nem Laboratories Private Limited	Private
119	Nutrizo Advancis Healthcare Pvt Ltd	Private
120	Om Sai Pharma Pack	Private
121	Omega Pharma	Private
122	Optimus Pharma Pvt. Ltd.	Private
123	Overseas Health Care Pvt. Ltd.	Private
124	P. Bhogilal Pvt. Ltd.	Private
125	Paramount Surgimed Limited	Private
126	Penta Kraft	Private
127	Penta Latex Llp	Private
128	Perfect Surgicare Industries Private Limited	Private
129	Pharma Impex Laboratories Pvt. Ltd.	Private

130	Pharose Remedies Ltd.	Private
131	Polestar Power Industries	Private
132	Pontika Aerotech Ltd.	Private
133	Precise Chemipharma Pvt Ltd	Private
134	Preet Remedies Ltd.	Private
135	Proactive Health Inc	Private
136	Prochem Pharmaceuticals Pvt. Ltd.	Private
137	Pulse Pharma Pvt. Ltd.	Private
138	Pure and Cure Healthcare Pvt. Ltd.	Private
139	Ravenbhel Healthcare Pvt. Ltd.	Private
140	Ravian Life Science Pvt. Ltd.	Private
141	Regent Ajanta Biotech	Private
142	Reliance Formulation Pvt. Ltd.	Private
143	Relief Biotech Pvt. Ltd.	Private
144	Renown Pharmaceuticals Pvt. Ltd.	Private
145	Revat Laboratories Pvt. Ltd.	Private
146	Rhydburg Pharmaceuticals Limited	Private
147	Rivpra Formulation Pvt Ltd	Private
148	Rv Lifesciences Limited	Private
149	Saar Biotech Pvt. Ltd.	Private
150	Sai Parenterals Limited	Private
151	Saimirra Innopharm Pvt. Ltd.	Private

152	Saksham Life	Private
153	Salud Care (India) Limited	Private
154	Samarth Life Sciences Pvt. Ltd.	Private
155	Sance Laboratories Pvt. Ltd.	Private
156	Savi Health Science	Private
157	Sekhani Industries Private Limited	Private
158	Shamshree Lifesciences Limited	Private
159	Sharda Health Care Private Limited	Private
160	Shine Pharmaceuticals Ltd.	Private
161	Shivalik Remedies Private Limited	Private
162	Shourya Hygienes	Private
163	Shree Radhe Hygiene Products Pvt. Ltd.	Private
164	Signature Phytochemical Industries	Private
165	Smart Hygeia	Private
166	Smilax Healthcare Drug Company	Private
167	Spm Medicare Pvt Ltd	Private
168	Sterimed Medical Devices Pvt. Ltd.	Private
169	Sterimed Surgicals (India) Pvt. Ltd.	Private
170	Suncare Formulations Pvt Ltd	Private
171	Sunlife Sciences	Private
172	Suparshva Swabs (I) Limited	Private
173	Supermax Drugs and Pharmaceuticals Pvt. Ltd.	Private



174	Susheel Yarns Pvt. Ltd.	Private
175	Swear Healthcare Private Limited	Private
176	Swiss Garnier Life Sciences	Private
177	Swiss Garniers Biotech Private Limited	Private
178	Synmedic Laboratories	Private
179	Synokem Pharmaceuticals Limited	Private
180	Systochem Laboratories Ltd	Private
181	Tablets (India) Limited	Private
182	Themis Medicare Limited	Private
183	Theon Pharmaceuticals Limited	Private
184	Tirupati Medicare Ltd.	Private
185	Tmt Med Source	Private
186	Ultra Drugs Pvt. Ltd. (Unit-I)	Private
187	Unicure India Ltd.	Private
188	Unimarck Healthcare Ltd	Private
189	Universal Prophylactic Pvt. Ltd.	Private
190	Vaishali Hygiene Products	Private
191	Venus Remedies Limited	Private
192	Vidhyasha Pharmaceutical	Private
193	Vidit Healthcare	Private
194	Vivimed Labs Ltd.	Private
195	Wallace Pharmaceuticals Pvt Ltd	Private

196	Windlas Biotech Limited	Private
197	Wings Biotech Llp	Private
198	Wockhardt Limited	Private
199	Yacca Lifesciences Pvt. Ltd.	Private
200	Yacca Pharmaceuticals Pvt Ltd	Private
201	Zee Laboratories Ltd.	Private
202	Zenith Drugs Pvt. Ltd.	Private
203	Zeon Lifesciences Limited,	Private
204	Zest Pharma	Private
205	Zim Laboratories Limited	Private
206	Zydus Lifesciences Limited	Private

### धोखाधड़ी के माध्यम से डबल पासपोर्ट

1989. श्री रामभुआल निषाद:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार को इस बात की जानकारी है कि कुछ लोग धोखाधड़ी करके एक से अधिक पासपोर्ट प्राप्त कर रहे हैं जो देश की सुरक्षा के लिए बड़ा खतरा है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और सरकार द्वारा इन घटनाओं को रोकने के लिए क्या कदम उठाए गए हैं/उठाए जाने का विचार है; और

(ग) पिछले चार महीनों के दौरान विदेशी मंत्री और क्षेत्रीय पासपोर्ट कार्यालय, लखनऊ को संसद सदस्यों द्वारा कितनी शिकायतें भेजी गई हैं/ प्राप्त हुई हैं और उन पर 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) एवं (ख) विधि के अनुसार, आवेदक द्वारा प्रस्तुत पहचान और पते के प्रमाण संबंधी दस्तावेजों तथा पासपोर्ट जारी करने से पहले या बाद में पुलिस सत्यापन रिपोर्ट के आधार पर आवेदक की पहचान, जिसमें नाम, पता और नागरिकता शामिल है, की पुष्टि करने के बाद भारतीय नागरिकों को पासपोर्ट जारी किया जाता है। जब भी संदिग्ध विदेशी नागरिकों द्वारा भारतीय पासपोर्ट प्राप्त करने या फर्जी पहचान वाले लोगों द्वारा पासपोर्ट प्राप्त करने या एक से अधिक पासपोर्ट प्राप्त करने से संबंधित मामले सामने आते हैं, तो पासपोर्ट अधिनियम, 1967 के तहत पासपोर्ट रद्द करने और आपराधिक कार्यवाही शुरू करने जैसी उपयुक्त कार्रवाई तत्काल की जाती है।

(ग) विगत चार महीनों के दौरान, क्षेत्रीय पासपोर्ट कार्यालय (आरपीओ), लखनऊ को संसद सदस्य की एक शिकायत प्राप्त हुई है, जिसके संबंध में उत्तर प्रदेश पुलिस प्राधिकारियों से अनुरोध किया गया है कि वे इस मामले की जांच करने तथा जांच के परिणाम से आरपीओ को अवगत कराएँ।

## PACT SIGNED BETWEEN INDIA AND RUSSIA

**1990. DR. THOL. THIRUMAAVALAVAN. :**

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

(a) whether the Government has signed any pact, agreement, understanding with Russia during the past three years;

(b) if so, the details of defence agreement and general trade agreements, year-wise;

(c) whether the private business houses in our country have signed any pact, agreement, understanding with Russia or with any of the Russian private business houses during the past three years; and

(d) if so, the details of such agreements, 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):**

(a and b) The details of the agreements signed between the Governments of India and Russia related to defence and general trade over the past three years, are given below:

(i) Agreement between the Government of the Republic of India and the Government of the Russian Federation on Program of the Military- Technical Cooperation from 2021 to 2031, signed on December 06, 2021.

(ii) Memorandum of Cooperation in the Field of Intellectual Property between the Department for Promotion of Industry and Internal Trade, Ministry of Commerce and Industry, Government of the Republic of India and the Federal Service for Intellectual Property, the Russian Federation, signed on December 03, 2021.

(c) and (d) Information regarding pacts, agreements, understandings, signed by private business houses of India with Russia or with Russian private business houses, is not available.

## **RISING DIABETES CASES**

**1991. SHRI BENNY BEHANAN:**

**ADV. DEAN KURIAKOSE:**

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

(a) the measures taken/proposed to be taken by the Government to address the rising diabetes cases in the country, particularly in States having higher prevalence rates, State-wise;

(b) whether the Government has taken note that India contributes to 30 per cent of the world's untreated diabetes cases and if so, the steps taken/proposed to be taken to improve access to treatment in this regard and if so, the details thereof;

(c) whether the Government is running or planning any nationwide campaigns to raise awareness about lifestyle modifications to prevent diabetes in the country; and

(d) if so, the details thereof along with the campaigns, including their reach and impact assessments?

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

(a) to (d): The Department of Health and Family Welfare, Government of India, provides technical and financial support to the States and Union Territories under the National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) as part of National Health Mission (NHM). The programme focuses on strengthening infrastructure, human resource development, early

diagnosis, referral to an appropriate level of healthcare facility for treatment and management and health promotion and awareness generation for prevention, of Non-Communicable Diseases (NCDs) including diabetes. Under National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD), 753 District NCD Clinics and 6410 Community Health Center NCD Clinics have been set up.

A population-based initiative for screening, management and prevention of common NCDs including diabetes has been rolled out as a part of Comprehensive Primary Health Care in the country under NHM. Screening of common NCDs is an integral part of service delivery. As per National NCD portal, till 30th November 2024, **32.33 crores** are **screened** for diabetes, **2.96 crores** diagnosed and **3.13 crores** put on treatment for diabetes respectively. (State-wise list is given in the enclosed **Statement**).

Indian Council of Medical Research (ICMR) has informed that it is not true that India contributes 30 % of the untreated diabetes in the world. In the recent publication at link [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02317-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02317-1/fulltext); the data included only those on allopathic drugs and excluded all those on lifestyle modifications and alternative systems of medicine. It included people who did not know that they had diabetes.

Under the free drugs initiative of NHM essential drugs including for diabetes are provided free of cost in all public health facilities.

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) aims to provide health cover of Rs. 5 lakhs per family per year for secondary and tertiary

care hospitalization to approximately 55 Cr beneficiaries corresponding to 12.37 Crore families constituting the bottom 40% of India's population.

In the latest national master of the Health Benefit Package (HBP) the scheme provides cashless healthcare services related to 1961 procedures across 27 specialties including Diabetes and complications arising due to diabetes through a network of more than 29,870 hospitals empanelled in the scheme.

Some of the packages related to the complications arising from the diabetes are Diabetic foot, diabetic ketoacidosis, diabetic retinopathy, etc.

Further initiatives for increasing public awareness about NCDs including diabetes and for promotion of healthy lifestyle includes observation of World Diabetes Day, use of print, electronic and social media for continued community awareness. Financial support under National Health Mission (NHM) for awareness generation activities for NCDs including diabetes is provided to States/Union Territories as per their Programme Implementation Plans (PIPs).

“Healthy Eating” is promoted through “Eat Right India movement” of Food Safety and Standards Authority of India (FSSAI). “Fit India movement” is implemented by Ministry of Youth Affairs and Sports. Various Yoga related activities are carried out by Ministry of AYUSH.

<b><u>STATEMENT</u></b>			
<b>State-wise list of Screened, Diagnosed, Under Treatment for Diabetes as per National NCD Portal as on 30<sup>th</sup> November 2024</b>			
<b>State</b>	<b>Screened</b>	<b>Diagnosed</b>	<b>Under Treatment</b>

<b>Pan India</b>	<b>32,33,32,732</b>	<b>2,96,26,225</b>	<b>3,13,97,907</b>
Andaman and Nicobar Islands	69,026	16,288	16,263
Arunachal Pradesh	85,696	4,894	4,885
Assam	48,85,107	4,84,780	4,84,774
Bihar	2,21,06,230	2,43,432	2,42,970
Chandigarh	3,41,094	21,401	21,330
Chhattisgarh	92,12,582	9,39,202	9,32,171
Delhi	1,25,212	1,112	1,108
Goa	2,12,598	90,473	89,950
Gujarat	2,92,81,053	24,04,186	24,01,979
Haryana	67,95,930	4,32,376	4,30,213
Himachal Pradesh	30,52,860	2,04,034	2,04,034
Jammu and Kashmir	43,18,708	3,41,071	3,40,236
Jharkhand	37,23,768	53,565	53,271
Karnataka	2,37,00,475	28,83,541	28,74,257
Ladakh	1,22,934	8,768	8,741
Lakshadweep	14,701	1,223	1,207
Madhya Pradesh	2,19,54,953	23,89,724	23,75,604
Maharashtra	2,49,73,153	40,03,484	39,81,750
Manipur	1,46,406	23,484	23,354



Meghalaya	3,09,322	29,563	29,519
Mizoram	4,20,682	4,527	4,511
Nagaland	68,806	22,637	22,127
Odisha	1,66,08,189	15,12,414	15,04,728
Puducherry	1,01,821	56,542	56,298
Punjab	20,51,004	6,73,243	6,67,270
Rajasthan	1,25,16,333	16,21,613	15,96,432
Sikkim	1,31,601	33,866	33,467
Telangana	1,75,29,700	24,52,989	24,52,989
Tripura	6,55,590	72,781	72,590
Uttar Pradesh	1,93,07,695	2,06,347	2,05,950
Uttarakhand	19,91,482	80,965	80,797
Andhra Pradesh*	3,85,10,834	20,92,505	20,92,505
Kerala*	0	47,92,854	0
Tamil Nadu*	5,76,66,670	14,25,409	80,90,626
The Dadra And Nagar Haveli And Daman And Diu*	3,38,314	961	0
West Bengal*	2,203	1	1
	<b>32,33,32,732</b>	<b>2,96,26,255</b>	<b>3,13,97,907</b>

\*States using their own application and sending aggregate data to the National NCD Portal.

## दूध उत्पादों में मिलावट

†1992. श्री मनसुखभाई धनजीभाई वसावा:

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

(क) क्या दुग्ध उत्पादों, खाद्य तेलों, सब्जियों, मिठाइयों और अन्य वस्तुओं में मिलावट से देश की जनता के स्वास्थ्य पर प्रतिकूल प्रभाव पड़ रहा है;

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

(ग) विगत तीन वर्षों और चालू वर्ष के दौरान देश में विभिन्न खाद्य पदार्थों में राज्य-वार और वर्ष-वार, प्राप्त मिलावट का प्रतिशत क्या रहा है;

(घ) सरकार द्वारा ऐसी गतिविधियों में संलिप्त दोषी व्यक्तियों के विरुद्ध क्या कार्रवाई की गई है/किए जाने का विचार है; और

(ङ) सरकार द्वारा इस संबंध में क्या सुधारात्मक उपाय किए गए हैं/किए जाने का विचार है?

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

(क) से (ङ): भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) ने देश के लोगों के स्वास्थ्य पर मिलावटी भोजन के सेवन के प्रतिकूल प्रभावों का आकलन करने के लिए कोई अध्ययन नहीं किया है। तथापि, मिलावटी भोजन के सेवन से दस्त, मतली, एलर्जी आदि जैसे कुछ स्वास्थ्य संबंधी दुष्प्रभाव हो सकते हैं।

वर्ष 2008 में भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण (एफएसएसएआई) की स्थापना खाद्य सुरक्षा एवं मानक अधिनियम, 2006 के अंतर्गत की गई थी, जिसका मुख्य उद्देश्य खाद्य पदार्थों के लिए विज्ञान आधारित मानक निर्धारित करना तथा मानव उपभोग के लिए सुरक्षित एवं पौष्टिक भोजन की उपलब्धता सुनिश्चित करने के लिए उनके विनिर्माण, भंडारण, वितरण, बिक्री और आयात को विनियमित करना है।

खाद्य सुरक्षा एवं मानक अधिनियम में घटिया भोजन, भ्रामक ब्रांड वाले भोजन और असुरक्षित भोजन के संबंध में दंडात्मक कार्रवाई के लिए विशिष्ट प्रावधान शामिल हैं। एफएसएसएआई अपने क्षेत्रीय कार्यालयों

और राज्य/संघ राज्य क्षेत्रों के माध्यम से खाद्य उत्पादों की नियमित निगरानी, निरीक्षण और यादृच्छिक नमूनाकरण करता है। ऐसे मामलों में जहां खाद्य नमूने अननुरूप पाए जाते हैं, खाद्य सुरक्षा और मानक अधिनियम, नियमों और विनियमों के प्रावधानों के अनुसार दोषी खाद्य व्यवसाय संचालकों के खिलाफ दंडात्मक कार्रवाई की जाती है। इसके अलावा, दूरदराज के क्षेत्रों में भी बुनियादी परीक्षण सुविधा केन्द्रों की पहुंच बढ़ाने के लिए, एफएसएसएआई ने फूड सेफ्टी ऑन व्हील्स (एफएसडबल्यू) नामक मोबाइल खाद्य परीक्षण प्रयोगशालाएं प्रदान की हैं। एफएसएसएआई खाद्य उत्पादों की समय-समय पर अखिल भारतीय निगरानी भी करता है, खासकर मुख्य खाद्य पदार्थों और उन वस्तुओं पर जिनमें मिलावट की संभावना होती है।

विगत तीन वर्षों और वर्तमान वर्ष के दौरान विभिन्न खाद्य पदार्थों में पाई गई मिलावट के प्रतिशत का राज्यवार ब्यौरा संलग्न **विवरण -I** से **विवरण-IV** में दिया गया है।

### विवरण-I

**वर्ष 2024-25 (सितंबर तक) के दौरान विश्लेषण किए गए और अननुरूप पाए गए प्रवर्तन नमूनों का विवरण**

क्र.सं.	राज्य क्षेत्र/संघ राज्य क्षेत्र	विश्लेषण किए गए नमूनों की संख्या	वर्ष के दौरान अननुरूप पाए गए नमूनों की संख्या	अननुरूप पाए गए नमूनों का प्रतिशत (%)
1	अंडमान और निकोबार द्वीप समूह	44	0	0
2	आंध्र प्रदेश	2997	298	9.9
3	अरुणाचल प्रदेश	34	2	5.9
4	असम	742	121	16.3

5	बिहार	1543	43	2.8
6	चंडीगढ़	114	24	21.1
7	छत्तीसगढ़	683	115	16.8
8	दादरा और नागर हवेली और दमन और दीव	10	0	0
9	दिल्ली	1192	42	3.5
10	गोवा	294	24	8.2
11	गुजरात	4316	360	8.3
12	हरियाणा	694	176	25.4
13	हिमाचल प्रदेश	724	155	21.4
14	जम्मू और कश्मीर	1338	78	5.8
15	झारखंड	151	54	35.8
16	कर्नाटक	3955	316	8
17	केरल	4425	564	12.7
18	लद्दाख	76	5	6.6
19	लक्षद्वीप	0	0	0
20	मध्य प्रदेश	7091	924	13
21	महाराष्ट्र	1878	352	18.7
22	मणिपुर	3	1	33.3
23	मेघालय	139	1	0.7
24	मिजोरम	8	0	0
25	नागालैंड	135	2	1.5
26	उड़ीसा	1144	91	8
27	पुडुचेरी	63	0	0
28	पंजाब	1628	358	22

29	राजस्थान	6576	1865	28.4
30	सिक्किम	90	0	0
31	तमिलनाडु	7839	1095	14
32	तेलंगाना	1660	167	10.1
33	त्रिपुरा	66	3	4.5
34	उत्तर प्रदेश	13305	7030	52.8
35	उत्तराखंड	687	94	13.7
36	पश्चिम बंगाल	6464	423	6.5

विवरण-II

वर्ष 2023-24 के दौरान विश्लेषण किए गए और अननुरूप पाए गए प्रवर्तन नमूनों का विवरण

क्र.सं.	राज्य क्षेत्र/संघ राज्य क्षेत्र	विश्लेषण किए गए नमूनों की संख्या	वर्ष के दौरान अननुरूप पाए गए नमूनों की संख्या	अननुरूप पाए गए नमूनों का प्रतिशत (%)
1	अंडमान और निकोबार द्वीप समूह	0	0	0
2	आंध्र प्रदेश	6439	472	7.33
3	अरुणाचल प्रदेश	501	11	2.2
4	असम	1139	125	10.97
5	बिहार	2806	126	4.49
6	चंडीगढ़	311	49	15.76
7	छत्तीसगढ़	1373	167	12.16
8	दादरा और नागर हवेली और दमन और दीव	185	0	0
9	दिल्ली	3412	150	4.4
10	गोवा	599	16	2.67
11	गुजरात	15841	910	5.74
12	हरियाणा	3485	856	24.56
13	हिमाचल प्रदेश	1618	401	24.78
14	जम्मू और कश्मीर	9057	750	8.28
15	झारखंड	384	292	76.04
16	कर्नाटक	5492	286	5.21

17	केरल	10792	1304	12.08
18	लद्दाख	638	11	1.72
19	लक्षद्वीप	0	0	0
20	मध्य प्रदेश	13998	2022	14.44
21	महाराष्ट्र	5087	1174	23.08
22	मणिपुर	168	3	1.79
23	मेघालय	123	7	5.69
24	मिजोरम	0	0	0
25	नागालैंड	138	3	2.17
26	उड़ीसा	2003	252	12.58
27	पुडुचेरी	31	0	0
28	पंजाब	6041	929	15.38
29	राजस्थान	18536	3493	18.84
30	सिक्किम	231	0	0
31	तमिलनाडु	18146	2237	12.33
32	तेलंगाना	6156	973	15.81
33	त्रिपुरा	87	0	0
34	उत्तर प्रदेश	27750	16183	58.32
35	उत्तराखंड	1998	192	9.61
36	पश्चिम बंगाल	5948	414	6.96

**विवरण - III**

**वर्ष 2022-23 के दौरान विश्लेषण किए गए और अननुरूप पाए गए प्रवर्तन नमूनों का विवरण**

क्र.सं.	राज्य क्षेत्र/संघ राज्य क्षेत्र	विश्लेषण किए गए नमूनों की संख्या	वर्ष के दौरान अननुरूप पाए गए नमूनों की संख्या	अननुरूप पाए गए नमूनों का प्रतिशत (%)
1	अंडमान और निकोबार द्वीप समूह	1200	46	3.83
2	आंध्र प्रदेश	3607	314	8.71
3	अरुणाचल प्रदेश	258	11	4.26
4	असम	602	99	16.45
5	बिहार	2935	92	3.13
6	चंडीगढ़	473	64	13.53
7	छत्तीसगढ़	1468	96	6.54
8	दादरा और नगर हवेली और दमन और दीव	164	10	6.1
9	दिल्ली	3133	255	8.14
10	गोवा	699	103	14.74
11	गुजरात	14562	978	6.72
12	हरियाणा	4445	1425	32.06
13	हिमाचल प्रदेश	2720	729	26.8
14	जम्मू और कश्मीर	13502	1195	8.85
15	झारखंड	943	370	39.24
16	कर्नाटक	3416	322	9.43



17	केरल	8533	1362	15.96
18	लद्दाख	220	6	2.73
19	लक्षद्वीप	0	0	0
20	मध्य प्रदेश	12507	2092	16.73
21	महाराष्ट्र	11077	1340	12.1
22	मणिपुर	169	4	2.37
23	मेघालय	409	41	10.02
24	मिजोरम	140	0	0
25	नागालैंड	109	6	5.5
26	उड़ीसा	1368	367	26.83
27	पुडुचेरी	0	0	0
28	पंजाब	8179	1724	21.08
29	राजस्थान	13184	3965	30.07
30	सिक्किम	279	0	0
31	तमिलनाडु	24188	7924	32.76
32	तेलंगाना	4809	894	18.59
33	त्रिपुरा	31	8	25.81
34	उत्तर प्रदेश	30140	18108	60.08
35	उत्तराखंड	1839	342	18.6
36	पश्चिम बंगाल	6203	334	5.38

विवरण- IV

वर्ष 2021-22 के दौरान विश्लेषण किए गए और अननुरूप पाए गए प्रवर्तन नमूनों का विवरण

क्र.सं.	राज्य क्षेत्र/संघ राज्य क्षेत्र	विश्लेषण किए गए नमूनों की संख्या	वर्ष के दौरान अननुरूप पाए गए नमूनों की संख्या	अननुरूप पाए गए नमूनों का प्रतिशत (%)
1	अंडमान और निकोबार द्वीप समूह	850	4	0.47
2	आंध्र प्रदेश	5290	533	10.08
3	अरुणाचल प्रदेश	108	2	1.85
4	असम	520	66	12.69
5	बिहार	555	17	3.06
6	चंडीगढ़	388	28	7.22
7	छत्तीसगढ़	1436	180	12.53
8	दादरा और नगर हवेली और दमन और दीव	234	0	0
9	दिल्ली	1956	218	11.15
10	गोवा	200	14	7
11	गुजरात	13663	824	6.03
12	हरियाणा	4235	1182	27.91
13	हिमाचल प्रदेश	1745	308	17.65
14	जम्मू और कश्मीर	8109	1735	21.4
15	झारखंड	175	85	48.57

16	कर्नाटक	5844	150	2.57
17	केरल	7855	925	11.78
18	लद्दाख	47	19	40.43
19	लक्षद्वीप	0	0	0
20	मध्य प्रदेश	16059	2900	18.06
21	महाराष्ट्र	9580	1454	15.18
22	मणिपुर	236	3	1.27
23	मेघालय	70	5	7.14
24	मिजोरम	0	0	0
25	नागालैंड	127	14	11.02
26	उड़ीसा	1168	260	22.26
27	पुडुचेरी	5	2	0
28	पंजाब	6768	1059	15.65
29	राजस्थान	10386	2891	27.84
30	सिक्किम	66	5	7.58
31	तमिलनाडु	16363	3778	23.09
32	तेलंगाना	3077	353	11.47
33	त्रिपुरा	31	0	0
34	उत्तर प्रदेश	21987	13153	59.82
35	उत्तराखंड	2511	560	22.3
36	पश्चिम बंगाल	2701	207	7.66

### CHILD NUTRITION IN ODISHA

**1993. SHRI SUKANTA KUMAR PANIGRAHI:**

**SHRI BIDYUT BARAN MAHATO:**

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

- (a) the current status of the Integrated Child Development Services (ICDS) scheme, and its impact on reducing malnutrition rates in Odisha and Jharkhand, especially in tribal and rural areas where child mortality rates and percentage of anaemic children aged between 6 to 59 months remain high;
- (b) whether any initiatives are being undertaken by the Ministry to ensure effective implementation of community-based management of malnutrition and stunting among tribal children, if so, the details of targeted schemes or schemes such as ICDS and Anganwadi being implemented in the said States;
- (c) whether the Ministry has assessed the adequacy of food supplements and nutritional support provided to children through Anganwadis ICDS in the said States, if so, the details of any improvements or new strategies planned, therefor;
- (d) the details of the estimated allocation of funds for child nutrition programs in said States, for the next five years, year-wise and
- (e) whether the Government has any plan to collaborate with NGOs to enhance child nutrition services in rural and tribal areas, if so, the details thereof?

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

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

address the challenge of malnutrition. This is a universal self-selecting (no entry barriers) scheme available to all the eligible beneficiaries who enroll at the Anganwadi Centers (AWCs) and is being implemented in all States/UTs including the State of Odisha and Jharkhand. The scheme is being implemented through the State/UT Governments; this Ministry does not collaborate with any NGOs.

The objectives of Mission Poshan 2.0 are as follows:

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

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

Ministries of Women and Child Development and Health and Family Welfare have jointly released the protocol for Community Management of Malnutrition (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality. The community-based approach involves timely detection and screening of children with severe acute malnutrition in the

community, management for those without medical complications with wholesome, local nutritious foods at home and supportive medical care. Those malnourished children which have medical complications are referred for facility-based care.

Under Mission Poshan 2.0, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to Jan Andolan to educate people on nutritional aspects. State and UTs are conducting and reporting regular sensitisation activities under community engagement programmes during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

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

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

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

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:

<b>NFHS Survey</b>	<b>Stunting %</b>	<b>Underweight %</b>	<b>Wasting %</b>
NFHS-1 (1992-93)*	52	53.4	17.5
NFHS-2 (1998-99)**	45.5	47	15.5
NFHS-3 (2005-6)***	48.0	42.5	19.8
NFHS-4 (2015-16)***	38.4	35.8	21.0
NFHS-5 (2019-21)***	35.5	32.1	19.3

\* Under 4 years

\*\* Under 3 years

\*\*\* Under 5 years

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

The projected population of all children up to 5 years in India for the year 2021 is 13.75 crores approximately (source: Population Projections for India and States 2011-2036, National Commission on Population, Ministry of Health and Family Welfare). However, only 7.54 crores children up to 5 years are enrolled in Anganwadis and registered on Poshan Tracker of the Ministry of Women and Child

Development as per the October 2024 data. 7.31 crores of these children were measured on growth parameters of height and weight. 38.9% of these children have been found to be stunted, 17% children have been found to be underweight and 5.2% wasted.

Further, the projected population of all children in India up to 6 years for the year 2021 is approximately 16.1 crores (source: Population Projections for India and States 2011-2036, National Commission on Population, Ministry of Health and Family Welfare). As per the October 2024 data of Poshan Tracker, 8.82 crores children (0-6 years) are enrolled in Anganwadis out of whom 8.55 crores were measured on growth parameters of height and weight. 37% of these children (0-6 years) have been found to be stunted and 17% children (0-6 years) have been found to be underweight.

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

Details of nutritional indicators of children in Odisha and Jharkhand as per NFHS 4, NFHS 5 and Poshan Tracker are given in the enclosed **Statement-I**.

Mission Poshan 2.0 has a total financial implication of ₹1,81,703 crore, comprising ₹1,02,031 crore as Central share and ₹79,672 crore as State share for the 5 years period starting from FY 2021-22 till FY 2025-26. Details of funds released to Odisha and Jharkhand are provided at enclosed **Statement-II**.



**STATEMENT-I**

**Details of malnourished children (0 – 5 years) in Odisha and Jharkhand as per NFHS 4, NFHS 5 and Poshan Tracker are as follows:**

State	NFHS-4 (2015-16)			NFHS-5 (2019-21)			Poshan Tracker (Oct, 2024)		
	Stunted (%)	Wasted (%)	Underweight (%)	Stunted (%)	Wasted (%)	Underweight (%)	Stunted (%)	Wasted (%)	Underweight (%)
Jharkhand	45.3	29	47.8	39.6	22.4	39.4	43.8	6.2	19.3
Odisha	34.1	20.4	34.4	31	18.1	29.7	29.1	2.9	12.8

**STATEMENT-II**

**Under Mission Poshan 2.0, the total amount released to the States of Odisha and Jharkhand, from FY 2021-22 to FY 24-25 (till November 2024), is as follows:**

Year	Fund released to Odisha (in crore)	Fund released to Jharkhand (in crore)
2021-22	1065.98	352.98
2022-23	923.92	430.91
2023-24	968.80	664.30
2024-25	665.91*	333.40*

\* funds released up to 20 November 2024

## EVOLUTION OF NEUROTECHNOLOGIES

### 1994. DR. D. RAVI KUMAR:

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

- (a) the steps taken/proposed to be taken by the Government to recognize and protect neurorights similar to Chile's constitutional amendment that ensured technological developments, respect people's physical and mental integrity;
- (b) whether the Government proposes to address the rapid evolution of neurotechnologies and the diverse contexts in which these technologies are used to develop suitable neuroethical standards in the country and if so, the details thereof;
- (c) the role of the Government in international efforts to ensure ethical standards for the neurotechnologies in the light of UNESCO's initiative to develop the first global framework on the ethics of neurotechnology;
- (d) whether the Government proposes to consider Colorado's recent law to protect individuals neurological privacy and California's deliberations on a similar instrument and if so, the details thereof;
- (e) whether the Government has taken/proposes to take steps to safeguard neurological privacy for its citizens and if so, the details thereof along with the measures taken in this regard; and
- (f) the actions taken/being taken by the Government to collaborate with intergovernmental organizations working on the human rights dimension of neurotechnologies to ensure the protection of citizens rights?

**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) In India, there are currently no specific laws that explicitly address the protection of neuro rights in the context of advancing neurotechnology. However, certain general legal and regulatory frameworks for protecting personal data and privacy are:

- i. Information Technology (IT) Act, 2000 provides for data protection and cybersecurity under the IT Act. Section 43A mandates that entities handling sensitive personal data, ensure its protection.
- ii. Digital Personal Data Protection Act, 2023 provides a framework for the collection, processing, and sharing of personal data
- iii. Mental Healthcare Act, 2017 provides for protection of the rights of individuals with mental health conditions and emphasizes consent, autonomy, and non-discrimination

Further, ICMR Guidelines for Biomedical Research (2017) emphasize ethical considerations in medical and scientific research, including neurotechnology. ICMR has also developed Ethical guidelines for application of Artificial Intelligence in Biomedical Research and Healthcare. Researchers must ensure informed consent and protect participant confidentiality.

## आंगनवाड़ी कार्यकर्ताओं की नियमित नियुक्ति हेतु नीति

### 1995. श्री देवेश चन्द्र ठाकुर:

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

(क) क्या सरकार को आंगनवाड़ी 152 कार्यकर्ताओं और आंगनवाड़ी सहायकों में सरकारी कर्मचारियों के समान उनकी नियुक्ति, उनकी सेवा संबंधी नियमित नीति और लाभों के संबंध में अभ्यावेदन प्राप्त हुए हैं;

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

(ग) क्या उनकी मांगें अभी भी सरकार के पास लंबित हैं;

(घ) यदि हां, तो इसके क्या कारण हैं; और

(ङ) सरकार द्वारा इस संबंध में कब तक निर्णय लिए जाने की संभावना है?

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

(क) से (ङ.): मिशन सक्षम आंगनवाड़ी और पोषण 2.0 एक केंद्र प्रायोजित योजना है, इसका कार्यान्वयन राज्य सरकार/संघ राज्य क्षेत्र प्रशासन के दायरे में आता है। इस योजना का उद्देश्य उचित पोषण सामग्री प्रदान करके बाल और मातृ कुपोषण की चुनौती का समाधान करना है। इसका उद्देश्य स्वास्थ्य, तंदुरुस्ती और प्रतिरक्षा को बढ़ावा देने वाली पद्धतियों को विकसित करने के लिए परिस्थितियां तथा अभिसरण तंत्र का निर्माण करना है।

आंगनवाड़ी कार्यकर्त्री और आंगनवाड़ी सहायिका स्थानीय समुदाय के "मानद कार्यकर्ता" हैं जो बाल देखभाल और विकास के क्षेत्र में अंशकालिक आधार पर अपनी सेवाएं देने के लिए आगे आते हैं।

मिशन पोषण 2.0 के अंतर्गत आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू) और आंगनवाड़ी सहायिकाओं (एडब्ल्यूएच) की सेवा की शर्तों सहित योजना के विभिन्न घटकों के कार्यान्वयन के संबंध में प्रशासन, प्रबंधन और निगरानी राज्य सरकारों/संघ राज्य क्षेत्र प्रशासनों के दायरे में आती है।

राज्यों/संघ राज्य क्षेत्रों से निरंतर संवाद, वीडियो कॉन्फ्रेंसिंग और परामर्श के माध्यम से बार-बार अनुरोध किया गया है कि वे आंगनवाड़ी कार्यकर्त्रियों / सहायिकाओं को योजना से असंबंधित कार्यों में शामिल न करें, ताकि योजना के अधिक प्रभावी कार्यान्वयन के लिए उनके समय का बेहतर उपयोग किया जा सके।

भारत सरकार ने 1 अक्टूबर, 2018 से आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं के मानदेय में वृद्धि की है। वर्तमान में, मुख्य आंगनवाड़ी केंद्रों (एडब्ल्यूसी) पर आंगनवाड़ी कार्यकर्त्री का मानदेय 4,500/- रुपये प्रति माह है; मिनी आंगनवाड़ी केंद्रों पर आंगनवाड़ी कार्यकर्त्री का मानदेय 3,500/- रुपये प्रति माह है और सहायिकाओं का मानदेय 2,250/- रुपये प्रति माह है। इसके अलावा, आंगनवाड़ी सहायिकाओं को 250/- रुपये प्रति माह और आंगनवाड़ी कार्यकर्त्रियों को 500/- रुपये का प्रदर्शन आधारित प्रोत्साहन दिया जाता है। इसके अलावा, राज्य/संघ राज्य क्षेत्र अपने स्वयं के संसाधनों से इन कार्यकर्ताओं को अतिरिक्त मौद्रिक प्रोत्साहन/मानदेय भी दे रहे हैं जो राज्य दर राज्य अलग-अलग है।

आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को प्रोत्साहित करने के उद्देश्य से निम्नलिखित सहित विभिन्न उपाय/पहल शुरू की गई हैंः

- i. पदोन्नति: मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के अंतर्गत आंगनवाड़ी कार्यकर्त्रियों के लिए पदोन्नति के अवसर बढ़ाए गए हैं। आंगनवाड़ी कार्यकर्त्रियों के 50% पद 5 वर्ष के अनुभव वाले आंगनवाड़ी सहायिकाओं द्वारा भरे जाने हैं तथा पर्यवेक्षकों के 50% पद 5 वर्ष के अनुभव वाले आंगनवाड़ी कार्यकर्त्रियों की पदोन्नति द्वारा भरे जाने हैं, बशर्ते कि वे अन्य मानदंडों को पूरा करते हों।
- ii. अवकाश : आंगनवाड़ी कार्यकर्त्रियों को मातृत्व अवकाश के रूप में 180 दिनों की सवेतन अनुपस्थिति, गर्भपात/ अकाल प्रसव पर एक बार 45 दिनों की सवेतन अनुपस्थिति की अनुमति दी गई है। इसके अलावा 20 दिनों के वार्षिक अवकाश की अनुमति है।
- iii. सामाजिक सुरक्षा बीमा योजनाएं: प्रधानमंत्री जीवन ज्योति बीमा योजना (पीएमजेजेबीवाई) के अंतर्गत 18 से 50 वर्ष की आयु वर्ग की आंगनवाड़ी कार्यकर्त्रियों /सहायिकाओं को 2.00 लाख रुपये का जीवन बीमा (जीवन जोखिम, किसी भी कारण से मृत्यु को कवर करता है) और प्रधानमंत्री सुरक्षा बीमा योजना

के अंतर्गत 18-59 वर्ष की आयु वर्ग में 2.00 लाख रुपये(दुर्घटनावश मृत्यु और स्थायी पूर्ण विकलांगता)/1.00 लाख रुपये (आंशिक लेकिन स्थायी विकलांगता) का दुर्घटना कवर प्रदान किया गया है।

- iv. प्रधानमंत्री गरीब कल्याण पैकेज के तहत बीमा कवर: कोविड-19 से संबंधित कार्यों में लगी आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं को कुछ शर्तों के साथ "प्रधानमंत्री गरीब कल्याण पैकेज" के तहत 50 लाख रुपये का बीमा कवर प्रदान किया गया है
- v. प्रधानमंत्री श्रम योगी मान-धन (पीएम-एसवाईएम): राज्य सरकारों/संघ राज्य क्षेत्र प्रशासनों से अनुरोध किया गया है कि वे पात्र आंगनवाड़ी कार्यकर्त्रियों/सहायिकाओं को प्रधानमंत्री श्रम योगी मान-धन (पीएम-एसवाईएम) पेंशन योजना के अंतर्गत नामांकित होने के लिए प्रोत्साहित करें, जो वृद्धावस्था सुरक्षा सुनिश्चित करने के लिए देश में असंगठित क्षेत्रों के लिए स्वैच्छिक और अंशदायी पेंशन योजना है।
- vi. सेवानिवृत्ति तिथि: राज्यों/संघ राज्य क्षेत्रों से अनुरोध किया गया है कि वे उचित मानव संसाधन नियोजन सुनिश्चित करने के लिए आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं के संबंध में एक समान सेवानिवृत्ति तिथि अर्थात् प्रत्येक वर्ष 30 अप्रैल को अपनाएं।
- vii. अंतरिम बजट वित्त वर्ष 2024-25 में सभी आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत 5 लाख रुपये की वार्षिक स्वास्थ्य देखभाल कवरेज देने की घोषणा की गई है।

इसके अलावा, मंत्रालय ने सभी मिनी आंगनवाड़ी केंद्रों को नियमित आंगनवाड़ी केंद्रों में उन्नयन करने के आदेश जारी किए हैं। इससे देशभर में इन मिनी आंगनवाड़ी केंद्रों में आंगनवाड़ी कार्यकर्त्री का बोझ साझा करने के लिए एक आंगनवाड़ी सहायिका शामिल हो जाएगी।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत पोषण ट्रैकर के माध्यम से कार्यभार कम करने के लिए आईटी सिस्टम का लाभ उठाया गया है जिसके तहत आंगनवाड़ी कार्यकर्त्रियों द्वारा तैयार और उपयोग किए जाने वाले ग्यारह में से नौ वास्तविक रजिस्ट्रों को डिजिटल और स्वचालित किया गया है।

## न्यायपालिका में कमजोर वर्ग से न्यायाधीशों की नियुक्ति

**1996. श्री दरोगा प्रसाद सरोज :**

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

(क) क्या सरकार देश की उच्च न्यायपालिका में अनुसूचित जातियों, अनुसूचित जनजातियों, अन्य पिछड़े वर्गों और अल्पसंख्यकों की श्रेणियों के न्यायाधीशों की आनुपातिक रूप से नियुक्ति करने के प्रति गंभीर और ईमानदार है;

(ख) क्या न्यायाधीशों की नियुक्ति के लिए आमंत्रित आवेदनों और आवेदकों द्वारा प्रस्तुत किए गए आवेदनों में अनुसूचित जाति, अनुसूचित जनजाति, अन्य पिछड़ा वर्ग और अल्पसंख्यकों जैसी श्रेणियों की प्रविष्टियों का उल्लेख किया जाता है;

(ग) यदि हां, तो विगत दस वर्षों के दौरान उच्च न्यायालयों और उच्चतम न्यायालय के न्यायाधीशों के रूप में नियुक्ति के लिए प्राप्त कुल आवेदनों में से उक्त वर्गों से कितने आवेदन प्राप्त हुए हैं; और

(घ) आंकड़े एकत्र करने और उच्चतम न्यायपालिका में नियुक्तियों को और अधिक प्रतिनिधिमूलक स्वरूप का बनाने में किन-किन बाधाओं का सामना करना पड़ा?

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

**(क) से (घ) :** उच्चतम न्यायालय तथा उच्च न्यायालयों के न्यायाधीशों की नियुक्ति, भारत के संविधान के अनुच्छेद 124, अनुच्छेद 217 तथा अनुच्छेद 224 के अधीन की जाती है, जो व्यक्तियों की किसी जाति या वर्ग के लिए आरक्षण का उपबंध नहीं करते हैं। इसलिए, उच्च न्यायालयों के न्यायाधीशों के बीच अनुसूचित जातियों, अनुसूचित जनजातियों तथा अन्य पिछड़े वर्गों के प्रतिनिधित्व से संबंधित प्रवर्ग-वार डाटा केंद्रीय रूप से अनुरक्षित नहीं किया जाता है। तथापि, 2018 से उच्च न्यायालयों के न्यायाधीशों के पद के लिए सिफारिश किए गए व्यक्तियों से विहित रूपविधान में उनकी सामाजिक पृष्ठभूमि से संबंधित ब्यौरा उपबंध किया जाना अपेक्षित होता है (उच्चतम न्यायालय के साथ परामर्श से तैयार

किया गया)। सिफारिश किए गए व्यक्तियों द्वारा उपबंधित सूचना के आधार पर, 2018 से नियुक्त किए गए उच्च न्यायालयों के 684 न्यायाधीशों में से 21 अनुसूचित जाति प्रवर्ग से संबंधित हैं, 14 अनुसूचित जनजाति प्रवर्ग से संबंधित हैं, 82 अन्य पिछड़ा वर्ग प्रवर्ग से संबंधित हैं तथा 37 अल्पसंख्यक वर्गों से संबंधित हैं।

2. प्रक्रिया के ज्ञापन के अनुसार, उच्चतम न्यायालय में न्यायाधीशों की नियुक्ति के लिए प्रस्तावों की शुरुआत का उत्तरदायित्व भारत के मुख्य न्यायाधीश के साथ निहित होता है, जब कि उच्च न्यायालयों में न्यायाधीशों की नियुक्ति के लिए प्रस्तावों की शुरुआत का उत्तरदायित्व, उच्च न्यायालय के दो ज्येष्ठतम अवर न्यायाधीशों के परामर्श से, संबद्ध उच्च न्यायालय के मुख्य न्यायाधीश के साथ निहित होता है। तथापि, सरकार ने उच्च न्यायालयों के मुख्य न्यायाधीशों से अनुरोध किया है कि न्यायाधीशों की नियुक्ति के लिए प्रस्ताव भेजने के दौरान, उच्च न्यायालयों में न्यायाधीशों की नियुक्ति में सामाजिक विविधता को सुनिश्चित करने के लिए अनुसूचित जातियों, अनुसूचित जनजातियों, अन्य पिछड़े वर्गों, अल्प संख्यकों और महिलाओं से संबंधित उपयुक्त अभ्यर्थियों पर सम्यक ध्यान दिया जाए। केवल वही व्यक्ति, जिनके नाम उच्चतम न्यायालय के कॉलेजियम द्वारा सिफारिश किए गए हैं, उच्चतम न्यायालय और उच्च न्यायालयों के न्यायाधीशों के रूप में नियुक्त किए जाते हैं।

## **FIXED COMPONENT FOR DOMESTIC UREA PRODUCERS**

### **1997: SHRI PARSHOTTAMBHAI RUPALA:**

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

- (a) the last time Fixed Component for Domestic Urea producers was revised;
- (b) whether few years ago, the Government had set up a Committee to discuss the Fixed Component issue for implementing the policy of Rs. 2300 per metric tonne, as announced in 2014, for Rashtriya Chemicals and Fertilizers Ltd., National Fertilizers Ltd., KRIBHCO and Cooperative urea producers;



(c) If so, the details of recommendations of the Committee and implementation status thereof; and

(d) the details of correspondence with the Department of Expenditure in this matter?

**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 Fixed Cost Component for Urea Units was last revised based on cost data of 2002-03 under New Pricing Scheme-III notified on 08.03.2007. Thereafter, the Department of Fertilizers issued Modified NPS-III on 2nd April 2014 for existing Urea units, which includes payment of an Additional Fixed Cost of Rs.350/MT to all the units; Special compensation of Rs.150/MT to Urea Plants that have completed 30 Years and Converted to Gas; and Minimum fixed cost of Rs. 2300/MT or actual fixed cost prevailing during 2012-13, whichever is lower.

However, vide notification dated 30.03.2020, the provision of Minimum fixed cost of Rs.2300/MT had been deleted from the Modified NPS-III while there was no change in the rest of the provisions of Modified NPS-III.

(b) to (d): As per the observation of Expenditure Finance Committee (EFC) that the issues related to the costing of Urea units may be referred to Chief Advisor (Cost) in the Ministry of Finance for examination and recommendation, the Department of Fertilizers requested Department of Expenditure that the Chief Advisor (Cost) may examine and give recommendations on reinstating the

provisions of the minimum fixed cost of Rs. 2300/MT under the Modified NPS-III with retrospective effect i.e. from 2<sup>nd</sup> April 2014. The matter is under examination.

### **REDUCTION IN PRICE OF FERTILIZERS and PESTICIDES**

#### **1998. SHRI ABU TAHER KHAN:**

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

- (a) whether the price of pesticides and Fertilizers for agriculture sector need to be reduced significantly so that the marginal farmers can increase their meagre income;
- (b) whether it is a fact that at present, marginal farmers have to buy pesticides and fertilizers from the market at very high prices and as a result they are facing financial loss; and
- (c) if so, the steps taken/proposed to be taken by the Government to ensure that the best pesticides and fertilizers are available at affordable prices?

#### **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): Urea is provided to the farmers at a statutorily notified Maximum Retail Price (MRP) irrespective of the cost of production. The subsidized MRP of 45 kg bag of urea is Rs.242 per bag (exclusive of charges towards neem coating and taxes applicable). The difference between the delivered cost of urea at farm gate and net market realization by the urea units is given as subsidy to the urea manufacturer/importer by the Government of India.

In case of Phosphatic and Potassic (PandK) fertilizers, Government has implemented Nutrient Based Subsidy (NBS) Policy w.e.f. 1.4.2010. Under the policy, a fixed amount of subsidy, decided on annual/bi-annual basis, is provided to manufacturer / importer on subsidized PandK fertilizers depending on their nutrient content i.e. Nitrogen (N), Phosphorus (P), Potassium (K) and Sulphur (S) to improve availability of fertilizers to farmers. Under NBS policy, MRP is fixed by fertilizer companies as per market dynamics at reasonable level which is monitored by the Government.

Accordingly, under the subsidy schemes, the fertilizers are sold at affordable rates as per Fertilizer (Control) Order, 1985. FCO, 1985 has laid down fertilizer wise detailed specification. Any fertilizer, not meeting the said specifications can not be sold in the country for agricultural purpose. Clause 19 of FCO strictly prohibits the sale or manufacture of fertilizers which are not of prescribed standards, and any such sale is punishable under Essential Commodities Act. 1955.

In case of pesticides, there is no mechanism to regulate pricing of pesticides in the Insecticides Act, 1968 and Insecticides Rules, 1971. Pricing of pesticides is market driven and to make available pesticides at reasonable prices, the Registration Committee grants registration certificates for generic pesticides expeditiously.

### **AYUSH HOSPITAL AND CLINICS**

#### **1999. SHRI BALABHADRA MAJHI:**

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

(a) the details of the number of AYUSH Hospitals and Clinics in the country, State/UT-wise;

(b) whether there is any plan to open AYUSH Hospital and Clinic in each Blocks in the country and if so, the details thereof;

(c) the details of the number of branches of AYUSH having regular Cadre of Doctors; and

(d) the action taken/proposed to be taken by the Government for creating regular cadre with

promotional avenues for the branches not having regular cadre?

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

(a) State/UT-wise details of the number of Ayush Hospitals and Clinics in the country are furnished as enclosed **Statement.-I and II.**

(b) Public Health being a State subject, opening of Ayush Hospital and Clinic in each Blocks in the country comes under purview of respective State/UT Governments. However under Centrally Sponsored Scheme of National Ayush Mission (NAM), there is a provision of establishment of 10/30/50 bedded Integrated Ayush Hospitals and State Government may avail financial assistance by submitting suitable proposals through State Annual Action Plans (SAAPs), as per the provisions of the NAM guideline.

(c) and (d) The details of the number of branches of Ayush having regular cadre of Doctors/ Medical Officers/ Research Officers in the Ministry of Ayush along with the respective promotional avenues is given in the enclosed **Statement.-III**.

**STATEMENT-I****State/ UT-wise Number of Ayush Hospitals as on 01.04.2023**

<b>S. No.</b>	<b>State / UT</b>	<b>Ayurveda</b>	<b>Unani</b>	<b>Siddha</b>	<b>Yoga</b>	<b>Naturo pathy</b>	<b>Homoeo pathy</b>	<b>Sowa- Rigpa</b>	<b>Total</b>
<b>-1</b>	<b>-2</b>	<b>-3</b>	<b>-4</b>	<b>-5</b>	<b>-6</b>	<b>-7</b>	<b>-8</b>	<b>-9</b>	<b>-10</b>
<b>A. States/Union Territories</b>									
1	Andhra Pradesh	3	2	0	0	0	3	0	8
2	Arunachal Pradesh	10	0	0	0	0	1	0	11
3	Assam	1	0	0	0	0	1	0	2
4	Bihar	5	1	0	0	0	2	0	8
5	Chhattisgarh	11	1	0	1	0	3	0	16
6	Delhi	2	2	0	0	0	2	0	6

7	Goa	1	0	0	0	0	1	0	<b>2</b>
8	Gujarat	39	0	0	0	0	1	0	<b>40</b>
9	Haryana	15	1	0	0	0	1	0	<b>17</b>
10	Himachal Pradesh	34	0	0	0	1	0	0	<b>35</b>
11	Jammu and Kashmir	4	6	0	0	0	0	0	<b>10</b>
12	Jharkhand	0	0	0	0	0	1	0	<b>1</b>
13	Karnataka	195	25	0	0	18	36	0	<b>274</b>
14	Kerala	129	0	1	0	1	34	0	<b>165</b>
15	Madhya Pradesh	41	4	0	0	6	26	0	<b>77</b>
16	Maharashtra	91	7	0	0	0	62	0	<b>160</b>
17	Manipur	6	5	0	5	0	9	0	<b>25</b>
18	Meghalaya	4	0	0	0	0	8	0	<b>12</b>
19	Mizoram	2	0	0	0	0	8	0	<b>10</b>

20	Nagaland	2	0	0	2	0	2	0	<b>6</b>
21	Odisha	5	0	0	0	0	4	0	<b>9</b>
22	Punjab	21	1	0	0	0	3	0	<b>25</b>
23	Rajasthan	119	11	0	1	2	6	0	<b>139</b>
24	Sikkim	2	0	0	1	0	2	1	<b>6</b>
25	Tamil Nadu	2	1	289	2	0	1	0	<b>295</b>
26	Tripura	3	0	0	1	0	3	0	<b>7</b>
27	Uttar Pradesh	1788	183	0	0	0	11	0	<b>1982</b>
28	Uttarakhand	430	3	0	0	0	0	0	<b>433</b>
29	West Bengal	6	1	0	0	0	12	1	<b>20</b>
30	AandN Islands	1	0	0	1	0	1	0	<b>3</b>
31	Chandigarh	1	0	0	0	0	1	0	<b>2</b>



32	DandN Haveli and Daman and Diu	2	0	0	0	0	2	0	4
33	Ladakh	0	0	0	0	0	0	0	0
34	Lakshadweep	1	0	0	0	0	1	0	2
35	Puducherry	3	0	2	0	0	1	0	6
36	Telangana	4	3	0	0	1	3	0	11
<b>TOTAL(A)</b>		<b>2983</b>	<b>257</b>	<b>292</b>	<b>14</b>	<b>29</b>	<b>252</b>	<b>2</b>	<b>3829</b>
B. CGHS and Central Government Organizations		22	10	6	1	5	9	3	56
<b>TOTAL(A+B)</b>		<b>3005</b>	<b>267</b>	<b>298</b>	<b>15</b>	<b>34</b>	<b>261</b>	<b>5</b>	<b>3885</b>

**Source:** State / UT Governments and Concerned agencies.

**STATEMENT - II****State/ UT-wise Number of Ayush Dispensaries as on 01.04.2023**

S. No.	State / UT	Ayurveda	Unani	Siddha	Yoga	Naturo pathy	Homoeo pathy	Sowa Rigpa	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	Andhra Pradesh	373	92	0	0	25	245	0	735
2	Arunachal Pradesh	38	1	0	0	0	133	2	174
3	Assam	505	0	0	0	0	68	0	573
4	Bihar	799	333	0	0	0	458	0	1590
5	Chhattisgarh	956	26	0	0	0	112	0	1094
6	Delhi	55	25	0	0	0	117	0	197
7	Goa	140	0	0	0	0	67	0	207
8	Gujarat	579	0	0	0	0	273	0	852
9	Haryana	625	23	0	18	0	164	0	830
10	Himachal Pradesh	1185	3	0	0	0	14	4	1206
11	Jammu and Kashmir	311	267	0	0	0	16	0	594
12	Jharkhand	362	147	0	0	0	272	0	781
13	Karnataka	7432	89	1	0	22	97	0	7641
14	Kerala	1041	16	34	0	1	1078	0	2170
15	Madhya Pradesh	1496	64	0	0	0	213	0	1773
16	Maharashtra	462	24	0	0	0	0	0	486
17	Manipur	0	0	0	0	0	1	0	1
18	Meghalaya	39	0	0	2	0	54	0	95
19	Mizoram	1	0	0	0	0	20	0	21
20	Nagaland	10	0	0	2	0	34	0	46

21	Odisha	620	9	0	0	0	562	0	1191
22	Punjab	672	34	0	1	0	225	0	932
23	Rajasthan	3664	341	0	0	3	329	0	4337
24	Sikkim	2	0	0	0	0	10	1	13
25	Tamil Nadu	101	65	790	174	0	108	0	1238
26	Tripura	35	0	0	0	0	66	0	101
27	Uttar Pradesh	2112	73	0	0	0	1576	0	3761
28	Uttarakhand	412	2	0	0	0	148	0	562
29	West Bengal	545	6	0	12	0	2105	0	2668
30	AandN Islands	13	0	0	6	0	18	0	37
31	Chandigarh	12	2	0	0	0	16	0	30
32	DandN Haveli and Daman and Diu	10	0	0	0	0	10	0	20
33	Ladakh	3	8	0	0	0	2	35	48
34	Lakshadweep	9	0	0	0	0	9	0	18
35	Puducherry	30	0	28	4	0	18	0	80
36	Telangana	423	184	0	0	28	199	0	834
	<b>TOTAL (A)</b>	<b>25072</b>	<b>1834</b>	<b>853</b>	<b>219</b>	<b>79</b>	<b>8837</b>	<b>42</b>	<b>36936</b>
	B.CGHS and Central Government Organizations	354	40	65	94	15	289	11	868
	<b>TOTAL (A+B)</b>	<b>25426</b>	<b>1874</b>	<b>918</b>	<b>313</b>	<b>94</b>	<b>9126</b>	<b>53</b>	<b>37804</b>

**Source:** State / UT Governments and Concerned agencies.

**STATEMENT-III**

**The details of the branches of Ayush having regular cadre of Doctors/ Medical Officers/ Research Officers in the Ministry of Ayush along with the respective promotional avenues is as under –**

<b>S. No.</b>	<b>Branch of Ayush</b>	<b>Promotional Avenues</b>
1.	Ayurveda	As per the RRs notified by the Ministry of Ayush vide Notification dated 06.06.2018 the Medical Officers recruited on the basis of Direct Recruitment in Level – 10 of the pay matrix are promoted to the post of Senior Medical Officer, Chief Medical Officer, Chief Medical Officer (NFSG) and Chief Medical Officer (SAG) under the Dynamic Assured Career Progression (DACP) Scheme. Furthermore, for functional purposes, a Doctor when posted in the Ministry of Ayush are designated as Research Officer, Assistant Adviser, Deputy Adviser, Joint Adviser and Adviser as per the respective pay matrix.
2.	Unani	
3.	Siddha	
4.	Homoeopathy	
5.	Yoga	
6.	Naturopathy	
		As per the RRs notified by the Ministry of Ayush vide Notification dated 06.10.2021 the Research Officer (Yoga) and Research Officer (Naturopathy) recruited

		on the basis of Direct Recruitment in Level – 10 of the pay matrix are promoted to the post of Deputy Adviser (Yoga and Naturopathy) in Level – 12 of the pay matrix. Thereafter, the next promotional post in line created by the Ministry is Joint Adviser (Yoga) in Level – 13.
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### **NHRI IN MENTAL HEALTH KERALA**

#### **2000. SHRI N. K. PREMACHANDRAN:**

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

- (a) whether the Government proposes to develop the National Homoeopathy Research Institute(NHRI) in Mental Health Kerala and if so, the details thereof;
- (b) whether the Government has taken note of the crisis faced by the Institute due to delay in convening of the meetings of Finance Standing Committee (SFC) and Governing Council of the committee for taking administrative financial and academic decision for the functioning of the institute and if so, the details thereof;
- (c) whether the Government proposes to convene the committees and council responsible for various matters pending for decision for the improvement and functioning of NH RIMH Kottayam in Kerala and if so, the details thereof;
- (d) whether the Government formulate master plan for development of the Institute considering its prosperity; and
- (e) if so, the details thereof along with the action taken thereon?

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

(a) Yes, Ministry of Ayush has upgraded the Central Research Institute of Homoeopathy (CRIH) to the National Homoeopathy Research Institute in Mental Health (NHRIMH) during the year 2016-17 to conduct MD (Hom.) courses. The Institute started MD (Hom.) in 02 subjects i.e. Practice of Medicine and Psychiatry since the year 2018 under the affiliation of Kerala University of Health Sciences (KUHS). The Institute has also been approved as an examination centre for conducting the MD (Hom.) examinations by the University and got registered/ approved as a centre for Ph.D.

(b) and (c) No sir, the Institute has so far conducted four (04) meetings of the Standing Finance Committee and two (02) meetings of the Governing Council. The recommendations of the Standing Finance Committee (SFC) and the Governing Council are accordingly implemented to avoid any crisis at the Institute.

(d) and (e) No sir, at present no such master plan is formulated.

**सैनिक स्कूल**

**2001. श्री वीरेन्द्र सिंह:**

क्या रक्षा मंत्री यह बताने की कृपा करेंगे कि :

- (क) देश में वर्तमान में कितने सैनिक स्कूल हैं;
- (ख) क्या सरकार का विचार और अधिक सैनिक स्कूल खोलने का है;
- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या सरकार का विचार उत्तर प्रदेश के चंदौली जिले और देश के अन्य पिछड़े क्षेत्रों में सैनिक स्कूल खोलने का है;

(ड.) यदि हां, तो तत्संबंधी ब्यौरा क्या है और ऐसा कब तक किए जाने की संभावना है; और

(च) यदि नहीं, तो इसके क्या कारण हैं?

**रक्षा मंत्रालय में राज्य मंत्री (श्री संजय सेठ):**

(क) से (च): देश में पाँच (05) राष्ट्रीय सैनिक स्कूल (आरएमएस) हैं। नए राष्ट्रीय सैनिक स्कूल खोलने का कोई प्रस्ताव नहीं है।

## **PRODUCTION OF DAP FERTILIZER**

**2002. SHRI ANAND BHADAURIA:**

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

(a) the details of production of Diammonium Phosphate (DAP) fertilizer in the country during 2023-24 and 2024-25;

(b) the details of DAP fertilizer imported from other countries during 2023-24 and 2024-25 along with the names of country and date of import of DAP; and

(b) the details of DAP fertilizer supplied to States during 2023-24 and 2024-25, State-wise and year-wise?

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

The details of production of Di-ammonium Phosphate (DAP) fertilizer in the country during 2023-24 and 2024-25 are given as under:-

Product Name	Production of Di-ammonium Phosphate (DAP) (Figures in LMT)	
	2023-24	2024-25 (upto October 2024)
<b>DAP</b>	42.93	25.03

(a) : The details of DAP fertilizer imported from different countries during 2023-24 and 2024-25(Till October, 2024) are given as under:-

Import of DAP from different countries during 2023-24 and 2024-25 (Till October, 2024)		
(Figures in LMT)		
Name of the Country	Quantity of DAP imported during 2023-24	Quantity of DAP imported during 2024-25 (Till October, 2024)
Australia	0	1.82
China	22.28	5.93
Egypt	0.18	0.44
Finland	0.33	0
Jordan	1.74	1.36
Morocco	11.13	5.64
Russia	3.41	0.66
Saudi Arabia	16.29	11.99



USA	0.31	0
<b>Grand Total</b>	<b>55.67</b>	<b>27.84</b>

(c): The details of the State-wise supply of DAP fertilizer to States during 2023-24 and 2024-25 are given in the enclosed **Statement**.

**STATEMENT**

<b>State-wise supply of DAP during 2023-24 and 2024-25 (Till October, 2024)</b>			
<b>(Figures in 'LMT)</b>			
<b>S.No</b>	<b>State</b>	<b>Supply during 2023-24</b>	<b>Supply during 2024-25 (Till 02.12.2024)</b>
1	Andaman and Nicobar Islands	0	0
2	Andhra Pradesh	4.86	3.57
3	Arunachal Pradesh	0	0
4	Assam	0.87	0.52
5	Bihar	7.78	4.09
6	Chandigarh	0	0
7	Chhattisgarh	5.28	3.33
8	Dadra and Nagar Haveli	0	0

9	Daman and Diu	0	0
10	Delhi	0.05	0.04
11	Goa	0.01	0
12	Gujarat	6.71	4.79
13	Haryana	6.29	5.03
14	Himachal Pradesh	0.01	0.03
15	Jammu and Kashmir	0.59	0.37
16	Jharkhand	1.06	0.74
17	Karnataka	8.13	4.93
18	Kerala	0.18	0.17
19	Lakshadweep	0	0
20	Madhya Pradesh	17.81	10.82
21	Maharashtra	8.93	5.6
22	Manipur	0.01	0.02
23	Meghalaya	0	0
24	Mizoram	0	0
25	Nagaland	0	0
26	Odisha	3.12	2.18
27	Puducherry	0.01	0.02
28	Punjab	8.23	6.23
29	Rajasthan	9.8	6.58
30	Sikkim	0	0
31	Tamil Nadu	3.22	2.11
32	Telangana	4.34	2.96
33	Tripura	0.04	0.01
34	Uttarakhand	0.49	0.41

35	Uttar Pradesh	25.76	17.06
36	West Bengal	3.83	2.21
	<b>ALL INDIA</b>	<b>127.4</b>	<b>83.8</b>

### नकली दवाएं

†2003. श्री कौशलेन्द्र कुमार:

श्री रामप्रीत मंडल:

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

(क) क्या पिलखुआ (उत्तर प्रदेश) में नकली दवाओं का एक कारखाना जब्त किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या हिसार (हरियाणा) में हर्बल कंपनी की आड़ में एल्कोहोल वाली दवाओं का कारोबार पकड़ा गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या विगत दो-तीन महीनों के दौरान दिल्ली में 5600 करोड़ रुपए और 2500 करोड़ रुपए मूल्य की नशीली दवाओं की बड़ी खेप जब्त की गई है; और

(घ) यदि हां, तो सरकार द्वारा इस संबंध में अब तक की गई कार्रवाई सहित 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): दिनांक 26.09.2024 को मैसर्स रुस्तम इंडस्ट्रीज, पिलखुवा, हापुड़, उत्तर प्रदेश - 245304 की जांच की गई और पाया गया कि यह फर्म नकली दवाइयां बना रही है। केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) ने दवाओं का पूरा स्टॉक जब्त कर लिया, जिसमें खुली गोलियां,

प्राथमिक स्तर और द्वितीयक स्तर पैकेजिंग सामग्री आदि शामिल हैं। एक आरोपी को भी गिरफ्तार किया गया।

राज्य औषधि नियंत्रक, एफडीए हरियाणा से प्राप्त जानकारी के अनुसार एफडीए हरियाणा द्वारा हर्बल कंपनी से हिसार (हरियाणा) में कोई अल्कोहल आधारित दवा जब्त नहीं की गई है। इसके अलावा, सीडीएससीओ ने हिसार (हरियाणा) में हर्बल कंपनी की आड़ में अल्कोहल आधारित दवाओं का कोई कारोबार नहीं पकड़ा है।

नारकोटिक्स कंट्रोल ब्यूरो (एनसीबी) द्वारा दी गई जानकारी के अनुसार दिल्ली में बड़ी मात्राओं जब्त की गई है। इसके अलावा, विभिन्न औषध कानून प्रवर्तन एजेंसियों द्वारा वर्ष 2024 (सितंबर तक) के लिए दी गई अनंतिम विवरण इस प्रकार है:

वर्ष 2024 (सितंबर तक) में संघ राज्य क्षेत्र दिल्ली में नशीली दवाओं की जब्त/मामलों/गिरफ्तारी का विवरण	
मामले	751
गिरफ्तार व्यक्ति	939
जब्त की गई नशीली दवाएं (किलोग्राम में)	3978
जब्त की गई नशीली दवाओं की अनुमानित मात्रा	2,66,02,31,790 (लगभग 266 करोड़)

## **SUBSIDY ON FERTILIZER**

### **2004: SHRI DARSHAN SINGH CHOUDHARY:**

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

- (a) the extent of subsidy being provided by the Government on total fertilizer allocation for the year 2024-25;
- (b) the scheme of the Government for upgradation of the fertilizer plants; and
- (c) the initiatives being taken to promote organic and natural farming methods?

### **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): Budget Estimates (BE) for the year 2024-25 for subsidy on fertilizers is Rs.1,68,054 Crore.

(b): There is no scheme for upgradation of fertilizer plants. PandK fertilizers are covered under Open General License (OGL) and companies are free to import/produce these fertilizers as per their business dynamics. Based on examination of requests received, permission is granted to the fertilizer companies for increasing their manufacturing capacity and for induction of new PandK companies and their fertilizer products under Nutrient Based Subsidy Policy, with a view to boost manufacturing and make country self-reliant in fertilizer production.

Under New Investment Policy (NIP), to facilitate fresh investment in the Urea Sector and to make India self-sufficient in the Urea Sector under which 6 new urea units have been set up, with a production capacity of 12.7 Lakh MT each. Further, an exclusive policy for the revival of Talcher unit of FCIL through JVC of nominated

PSUs namely Talcher Fertilizers Limited (TFL) by setting up a new Greenfield urea plant of 12.7 LMTPA at coal gasification route has also been approved. In addition, the Government also notified the New Urea Policy (NUP) – 2015 on 25th May, 2015 for the existing 25 gas-based urea units with one of the objectives of maximizing indigenous urea production beyond RAC. These steps together have facilitated increase of Urea production from level of 225 LMT per annum during 2014-15 to a record Urea Production at 314.09 LMT during 2023-24.

(c): Government is promoting organic farming on priority in the country for improving soil health and water retention through of Paramparagat Krishi Vikas Yojana (PKVY) in all the States/UTs and Mission Organic Value Chain Development for North Eastern Region (MOVCDNER). Under PKVY, assistance of Rs. 31,500 per ha for a period of three years is provided for promotion of organic farming to cover different components. Out of this, assistance of Rs. 15,000 per ha for a period of three years is provided to farmers through Direct Benefit Transfer for on- farm /off –farm organic inputs majority biofertilizers. Under MOVCDNER, assistance of Rs. 46,500/ha for 3 years is provided for creation of Farmers Producer Organization, support to farmers for organic inputs etc. Out of this, assistance @ Rs. 32500/ ha for 3 years is provided to farmers for off -farm /on –farm organic inputs under the scheme including Rs. 15,000 as Direct Benefit Transfer to the farmers.

The Government has approved the Market Development Assistance (MDA) @ Rs.1500/MT to promote organic fertilizers, viz., FOM/LFOM/PROM 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 MoPNG, 'Waste to Energy' programme of MNRE, Swachh Bharat Mission (Rural) of DDWS, etc. with total outlay of Rs. 1451.84 Crore (FY 2023-24 to 2025-26).

To promote natural farming methods, the Government of India has approved the National Mission on Natural Farming (NMNF) in its Cabinet meeting held on 25th November 2024 as a standalone centrally sponsored scheme with an overall outlay of ₹2481 crore. The Mission has a target to initiate natural farming in 7.5 Lakh ha land across the country.

### **UPGRADATION OF DISTRICT HOSPITAL KARGIL**

#### **2005. SHRI MOHMAD HANEEFA:**

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

(a) whether the Government has any plan to upgrade the District Hospital in Kargil to 300 bedded hospital in view of the substantial increase in the population of the district and the present 100 bed having no space and human resource to cater to the need of the increasing in number of patients and thereby contemplating, the urgent need to upgrade the hospital on priority; and

(b) if so, the details thereof along with the timeline by which it is likely to be done?

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

(a) and (b): As informed by the Union Territory Administration of Ladakh, no proposal is submitted for upgradation of the District Hospital in Kargil to 300 bedded hospital.

### **HPV VACCINATION**

#### **2006. DR. PRABHA MALLIKARJUN :**

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

(a) whether it is a fact that India has one of the highest rates of cervical cancer in the world and Human Papillomavirus (HPV) is the primary cause and vaccinating early, reduces risk by 90% and if so, the details thereof;

(b) whether it is a fact that the action taken by the Government to increase/administer the HPV vaccine among girls helps to create a healthier society, reducing costs and helping our healthcare resources reach more people in need;

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

(d) the details of the likely time by which the HPV will be rolled out 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) to (d): As per the Indian Council of Medical Research's National Cancer Registry Programme (ICMR-NCRP), the estimated number of incidences of cervical cancer is 81121 cases in the country during the year 2023-2024. Human Papilloma Virus (HPV) vaccine is not a part of the Universal Immunization Program.



## **UG/PG ADMISSION IN MEDICAL COLLEGES**

### **2007. SHRI VE. VAITHILINGAM:**

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

- a) the total number of UG and PG medical seats in respect of Government and Private medical Colleges in the country, State/UT-wise;
- b) whether 50% of the total seats being obtained from private medical colleges have to be filled under Government Quota and if so, the details thereof;
- c) the percentage of seats earmarked for NRIs under All India seats;
- d) the total number of UG and PG medical seats in the country, State/UT-wise particularly in Puducherry under Government and private medical colleges;
- e) whether 50% of seats for UG and PG medicine admission are obtained from private medical colleges in UT of Puducherry have to be filled through centralized admission committee; and
- f) if so, the details thereof along with the total number of seats earmarked for NRIs in UT of Puducherry?

### **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 Government has increased number of medical colleges and subsequently increased MBBS and PG seats. There are a total of 1,18,137 MBBS and 73,157 Post-Graduate seats in the country as of now. The State/UT-wise details of UG and PG seats in the country are given in the enclosed **Statement**.

As informed by the National Medical Commission (NMC), 15% of MBBS seats and 50% of the PG seats in Government Medical Colleges and all seats in Deemed Universities are filled through All India Quota. The remaining seats of Government Medical Colleges and seats in private Medical Colleges are filled through the concerned State Counselling Authorities. Further, 15% of the total All India seats of deemed universities are earmarked for NRIs. The All India Quota seats in Puducherry for the Academic year 2024-25 are as under:

i.MBBS seats

- a. Indira Gandhi Medical College and Research Institute, Puducherry (Government Institution) - 37 seats
- b. Sri Lakshmi Narayana Institute of Medical Sciences, Puducherry (Deemed University) - 250 seats
- c. Aarupadai Veedu Medical College and Hospital, Puducherry (Deemed University) - 150 seats

ii.Post Graduate seats

- a. Sri Lakshmi Narayana Institute of Medical Sciences, Puducherry (Deemed University) - 63 Seats
- b. Indira Gandhi Medical College and Research Institute, Puducherry (Government Institution) - 27 Seats

**STATEMENT**

**State UT - wise break-up of the UG seats for the year 2024-25**

<b>S. No.</b>	<b>Name of the State/UT</b>	<b>Govt. Seats</b>	<b>Pvt. Seats</b>	<b>Grand Total Seats</b>
1	Andaman and Nicobar Island	114	0	114
2	Andhra Pradesh	3385	3400	6785
3	Arunachal Pradesh	100	0	100
4	Assam	1650	0	1650
5	Bihar	1645	1350	2995
6	Chandigarh	150	0	150
7	Chhattisgarh	1755	700	2455
8	Dadra and Nagar Haveli	177	0	177
9	Delhi	1247	250	1497
10	Goa	200	0	200
11	Gujarat	4250	3000	7250
12	Haryana	835	1350	2185
13	Himachal Pradesh	770	150	920
14	Jammu and Kashmir	1239	100	1339
15	Jharkhand	805	250	1055
16	Karnataka	3800	8745	12545
17	Kerala	1755	3150	4905
18	Madhya Pradesh	2700	2500	5200

19	Maharashtra	6025	5820	11845
20	Manipur	375	150	525
21	Meghalaya	50	150	200
22	Mizoram	100	0	100
23	Nagaland	0	100	100
24	Odisha	1725	1000	2725
25	Puducherry	380	1450	1830
26	Punjab	850	1000	1850
27	Rajasthan	4425	2050	6475
28	Sikkim	0	150	150
29	Tamil Nadu	5450	6600	12050
30	Telangana	4290	4750	9040
31	Tripura	175	250	425
32	Uttar Pradesh	5575	6850	12425
33	Uttarakhand	800	600	1400
34	West Bengal	3625	1850	5475
<b>Total</b>		<b>60422</b>	<b>57715</b>	<b>118137</b>

**State/UT wise details of PG seats in the country in the year 2024-25**

<b>S.No</b>	<b>State/UT</b>	<b>Govt. Seats</b>	<b>Pvt. Seats</b>	<b>Total Seats</b>
1	Andhra Pradesh	1979	1673	3652
2	Assam	742	0	742

3	Bihar	910	446	1356
4	Chandigarh	585	0	607
5	Chhattisgarh	479	132	589
6	Dadra and Nagar Haveli and Daman and Diu	10	0	10
7	Delhi	2889	49	2938
8	Goa	149	0	149
9	Gujarat	2292	828	3120
10	Haryana	434	524	958
11	Himachal Pradesh	270	92	362
12	Jammu and Kashmir	606	51	657
13	Jharkhand	272	0	272
14	Karnataka	1983	4923	6906
15	Kerala	1095	911	2006
16	Madhya Pradesh	1555	1032	2587
17	Maharashtra	3615	2733	6348
18	Manipur	255	0	255
19	Meghalaya	37	0	37
20	Odisha	736	521	1257
21	Puducherry	329	747	1076
22	Punjab	408	413	821
23	Rajasthan	2311	1291	3602

24	Sikkim	0	34	34
25	Tamil Nadu	2803	2536	5339
26	Telangana	1522	1824	3346
27	Tripura	89	8	97
28	Uttar Pradesh	2482	2189	4671
29	Uttarakhand	1578	336	1914
30	West Bengal	1793	365	2158
<b>Total</b>		<b>34208</b>	<b>23658</b>	<b>57866*</b>

**\* Except NBEMS Seats (DNB = 11472, FNB Seats = 590, Post MBBS Diploma = 3229)**

**Total PG Seats = 57866 + 11472+ 590+ 3229= 73157**

**Note:** Data for 2024-25 may vary on granting of permission by NMC for new Colleges/ increase of seats and on withdrawal of permission for Colleges /Seats.

### **CHILD WELFARE AND PROTECTION**

**2008. SHRI AMARSING TISSO:**

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

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

- (a) the details of the steps taken/proposed by the Government to address child malnutrition and healthcare needs for children in underserved areas including Karbi Anglong and Dima Hasao district of Assam;

- (b) whether the Government is ensuring that child protection laws are being strengthened and enforced, to prevent abuse, trafficking and child labour especially in Karbi Anglong in Assam;
- (c) if so, the details thereof and if not, the reasons therefor; and
- (d) the details of the steps being taken to improve access to quality education for girls, especially in rural areas?

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

(a) Under the 15th Finance Commission, various components like Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) to address the challenge of malnutrition. This is a self-selecting (no entry barriers) scheme available to all the eligible beneficiaries who enroll at the Anganwadi Centers (AWCs) and is being implemented in all States/UTs including Karbi Angling and Dima Hasao districts of Assam.

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

through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight.

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

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

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

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 etc. The challenges of malnutrition is being addressed



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

Under Mission Poshan 2.0, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to Jan Andolan to educate people on nutritional aspects. State and UTs are conducting and reporting regular sensitisation activities under community engagement programmes during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

(b) and (c) The Ministry of Women and Child Development is administering the Juvenile Justice (Care and Protection of Children) Act, 2015 (as amended in 2021) which is the primary legislation for ensuring the safety, security, dignity and wellbeing of children.

Further, this Ministry is implementing a Centrally Sponsored Scheme namely 'Mission Vatsalya' to support the State Governments and UT Administrations for delivering services for Children in Need of Care and Protection (CNCP) and Children in Conflict with Law (CCL) under Institutional and Non-Institutional Care.

Also, the Ministry in collaboration with Lal Bahadur Shastri National Academy of Administration (LBSNAA), Mussoorie has developed an online training module on Juvenile Justice (Care and Protection for Children) Act, 2015 for capacity building of multiple stakeholders such as State Governments/ UT Administrations, district authorities and others.

Further details on the initiatives by the Ministry are given in the enclosed **Statement.**

(d) The Department of School Education and Literacy (DoSEL), Ministry of Education is implementing an integrated centrally sponsored scheme for School education-Samagra Shiksha. The scheme treats school education holistically, without segmentation from pre-primary to class XII and is in accordance with Sustainable Development Goal for Education (SDG-4). The scheme provides support for the implementation of the RTE Act. The scheme of Samagra Shiksha has been aligned with National Education Policy, 2020 with focus on improving the quality of education through various measures such as introduction of new pedagogical and curricular structure, Early Childhood Care and Education, Foundational Literacy and Numeracy and Transforming Assessment for Student Development, Experiential and Competency based Learning, etc.

Under Samagra Shiksha, financial assistance is provided to States and UTs for providing various facilities to the children for implementing the Right of Children to Free and Compulsory Education (RTE) Act, 2009. Bridging gender and social category gaps at all levels of school education is one of the major objectives of Samagra Shiksha. The scheme reaches out to girls, and children belonging to SC, ST, minority communities and transgender. In order to ensure greater participation of girls in school education, various interventions have been targeted, which include opening of schools for girls, free uniform and text-books to girls up to Class VIII, additional teachers and residential quarters for teachers in remote/hilly areas, appointment of additional teachers including women teachers, stipend to CWSN

girls from class I to class XII, separate toilets for girls, menstrual hygiene (incinerator etc.), teachers sensitization programmes to promote girls participation, gender-sensitive teaching-learning materials including text books, self-defense training. In addition, to reduce gender gaps at all levels of school education and ensure access and quality education to girls, under Samagra Shiksha, there is a provision of Kasturba Gandhi Balika Vidyalayas (KGBVs) which are residential schools for girls from class VI to XII from age 10-18 years belonging to disadvantaged groups such as SC, ST, OBC, Minority and Below Poverty Line (BPL).

Also, under the Scheme financial assistance is provided to the State and UTs for Universalization of School Education including opening/strengthening of new schools up to senior secondary level, construction of school buildings and additional classrooms, development/strengthening of school infrastructure in northern border areas under Vibrant Village Program, setting up, up-gradation and running of Kasturba Gandhi Balika Vidyalayas, construction of hostels for PVTGs under PM-JANMAN, setting up of Netaji Subhash Chandra Bose Avasiya Vidyalayas, construction of hostels under Dharti Aaba Janjatiya Gram Utkarsh Abhiyan for unsaturated ST population, reimbursement under RTE Act, various qualitative components, strengthening of teacher education and strengthening of DIETs/BRCs/CRCs, provision of ICT, Smart Class and digital interventions.

## **STATEMENT**

### **(i) Mission Vatsalya**

As per Mission Vatsalya Scheme guidelines, States and Districts are mandated to execute a 24x7 helpline service for children as defined under the JJ Act, 2015. The Child Helpline (CHL)-1098 has been integrated for synergies with Emergency Response Support System-112 (ERSS-112) Helpline of Ministry of Home Affairs through State/UT Control Rooms. It has also been integrated with Women Helpline 181.

The Ministry constantly engages with the States/ UTs from time to time as regards implementation of Mission Vatsalya Scheme. The Ministry has issued various advisories and held Zonal Conferences and Sensitization/ Dissemination Workshops under the Scheme for supporting on ground implementation.

The initiative taken under the Mission Vatsalya Scheme includes collaboration with National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore under "SAMVAD" (Support Advocacy and Mental Health Interventions for Children in Vulnerable Circumstances and Distress). SAMVAD works in areas of Mental Health, Care and Protection, Education and Policy and Law. Various training and capacity building programmes have been conducted for child protection functionaries and others stakeholders across the States/ UTs.

**(ii) Initiatives undertaken by National Commission for Protection of Child Rights (NCPCR) to combat trafficking are as follows:**

1. Conducted a national level multi-stakeholder "E-Consultative Meeting to Combat Child Trafficking Post Lockdown Situation due to COVID-19" on 8th May,

2020 comprising of representative from the NITI Aayog, SCPCRs, Police, State CID, Anti Human Trafficking Units and experts in the field of Human Trafficking.

2. NCPCR has started to drive a periodic campaign on combating child trafficking viz., “बाल तस्करी से आज़ादी”. This campaign was started on 1st August 2022 in 75 bordering Districts of India, in commemoration of World Day against Human Trafficking observed on 30th July each year. As an extension of this campaign, this year the Commission is holding similar such campaigns in 100 bordering and adjoining districts of India.

3. The Commission has set up a Quick Response Cell (QRC) to deal with instances of children getting trafficked or missing as reported to the Commission from time to time.

4. A month-long pan-India rescue and rehabilitation of Child and Adolescent Labour Campaign was conducted from 20th November 2023 till 10th December 2023 wherein total 1464 children and Adolescents have been rescued.

5. Special Rescue Initiatives:

i. A significant rescue operation was conducted at International Agro Food, a slaughterhouse in Dasna, Ghaziabad, Uttar Pradesh through which 57 children were rescued from exploitative conditions in May 2024.

ii. Another rescue mission was conducted at Som Distilleries in Sehatganj, Raisen, Madhya Pradesh through which 59 children were rescued from dire conditions out of which 43 were minor.

- iii. The Go Home and Reunite (GHAR) portal has been developed to digitally monitor and track the restoration and repatriation of children according to the protocol.
- iv. Additionally following monitoring portals have been developed to cater to different categories of children in India
  - a. MASI- Monitoring App for Seamless Inspection
  - b. Baal Swaraj Portal- Covid Care
  - c. Baal Swaraj Portal- CISS
  - d. Baal Swaraj Portal- Citizen Login (Portal)
  - e. Tracking Portal for out of School Children
  - f. POCSO Tracking Portal
  - g. NCPDR's Management Information System (MIS) Portal
  - h. POCSO E-Box
  - i. E-baalnidaan

**(iii) Protection of Children from Sexual Offences (POCSO) Act, 2012:**

The Government accords highest priority for ensuring safety and security of children and has undertaken various initiatives in this regard. To safeguard children against sexual abuse and sexual harassment, Government has enacted Protection of Children from Sexual Offences (POCSO) Act, 2012. The act defines a child as any person below the age of 18 years.

The Act was amended in 2019 to introduce more stringent punishment including death penalty for committing sexual crimes on children, with a view to deter the perpetrators and prevent such crimes.

For example in case of penetrative sexual assault, Section 4 prescribes a penalty of imprisonment for a minimum of 10 years which may extend to imprisonment for life and also liable to fine. If the penetrative sexual assault is on a child below 16 years, imprisonment for a minimum of 20 years which may extend to imprisonment for the remainder of natural life, shall also be liable to fine. In case of aggravated penetrative sexual assault, Section 6 prescribes imprisonment a minimum of 20 years which may extend to imprisonment for life for the remainder of natural life, fine or with death. Section 8 provides for punishment for sexual assault, which is imprisonment for a minimum of 3 years which may extend to 5 years and fine while for aggravated sexual assault Section 10 increases this to a minimum of 5 years which may extend to 7 years. The Act also includes Section 14, which imposes up to 7 years of imprisonment for using children for pornographic purposes.

Additionally, the Act mandates special courts for speedy trials under Section 28; ensuring cases are handled with the utmost urgency and sensitivity, reflecting the law's zero-tolerance approach to crimes against children.

Further the POCSO Rules, 2020 were also notified by the Ministry to protect the children from exploitation/violence and sexual exploitation. POCSO Rules under Rule-3 provides that any institution housing children or coming in regular contact with children including schools, creches, sports academies or any other facility for children must ensure a police verification and background check on periodic basis, of every staff, teaching or non-teaching, regular or contractual, or any other person being an employee of such Institution coming in contact with the child. Such

Institution shall also ensure that periodic training is organized for sensitizing them on child safety and protection.

Ministry of Women and Child Development (MWCD) from the financial year 2023-2024, has also introduced a centrally funded scheme namely “Scheme for Care and Support to Victims under Section 4 and 6 of the Protection of Children from Sexual Offenses (POCSO) Act, 2012” from NIRBHAYA Fund to address the challenges faced by the minor pregnant girl child victims for implementation by the State/UT Governments. The main objectives of this Scheme are:

- i. To provide integrated support and assistance to minor pregnant girl child victims under one roof;
- ii. To facilitate their immediate, emergency and non-emergency access to a range of services for long term rehabilitation in terms of:
  - access to education,
  - police assistance,
  - medical (also comprising maternity, neo-natal and infant care),
  - psychological, mental health counselling,
  - legal support,
  - non-institutional care support, place of stay in Child Care Institutions/Aftercare facilities, and health insurance cover for the girl child victim and her new-born baby under one roof to enable access to justice to such victimized girls.



## **MEDICAL ALLOWANCE FOR PENSIONERS**

### **2009. SHRI T. R. BAALU:**

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

- (a) whether the Government has any proposal to increase the monthly medical allowance of pensioners who are not availing of CGHS facilities;
- (b) if so, the details thereof; and
- (c) if not, the mechanism adopted by the Government to enable retired employees meet the medical needs of self and the dependent spouse with a paltry sum of Rs. 1000 per month?

### **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) Fixed Medical Allowance (FMA) is granted to the Central Government pensioners family pensioners residing in areas not covered under Central Government Health Scheme (CGHS) for meeting the expenditure on their day-to-day medical expenses. The last increase for FMA to Rs. 1000/- was done as per the recommendations of Central Pay Commission. At present, there is no proposal to increase the Fixed Medical Allowance.

Further, the Central Government Pensioners residing in non-CGHS covered areas also have the following options:

- They can avail Fixed Medical Allowance (FMA) in lieu of OPD facilities under CGHS.

- They can also avail benefits of CGHS (OPD and IPD) by registering themselves in the nearby CGHS covered city after making the required subscription.
- They also have the option to avail FMA for OPD treatment and CGHS for IPD treatments after making the required subscriptions as per CGHS guidelines.

### न्यायालयों में न्यायिक प्रक्रिया में तेजी लाना

#### 2010. श्री जिया उर रहमान :

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

(क) क्या सरकार देश में विशेषकर लंबित मामलों की संख्या को कम करने के लिए न्यायिक प्रक्रिया में तेजी लाने के लिए कोई कदम उठा रही है;

(ख) यदि हां, तो इस संबंध में क्या नीतियां अपनाई गई हैं; और

(ग) यदि नहीं, तो इसके क्या कारण हैं?

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

**(क) से (ग) :** न्यायालयों में मामलों का निपटारा न्यायपालिका के विशेष अधिकार क्षेत्र में है। तथापि, संविधान के अनुच्छेद 21 के अधीन यथा आदेशित मामलों के शीघ्र निपटारे और लंबित मामलों को कम करने के प्रति केंद्रीय सरकार की अटूट प्रतिबद्धता है। इस उद्देश्य से, सरकार ने न्यायपालिका द्वारा मामलों के शीघ्र निपटारे के लिए एक पारिस्थितिकी तंत्र प्रदान करने के लिए कई पहल की हैं:

i. न्याय प्रदान करने और कानूनी सुधारों के लिए राष्ट्रीय मिशन की स्थापना अगस्त, 2011 में की गई थी, जिसका दोहरा उद्देश्य था - प्रणाली में देरी और बकाया को कम करके पहुंच बढ़ाना और संरचनात्मक परिवर्तनों के माध्यम से जवाबदेही बढ़ाना और प्रदर्शन मानकों और क्षमताओं को निर्धारित करना। मिशन

न्यायिक प्रशासन में बकाया मामलों और लंबित मामलों के चरणबद्ध परिसमापन के लिए एक समन्वित दृष्टिकोण अपना रहा है, जिसमें अन्य बातों के साथ-साथ, कम्प्यूटरीकरण सहित न्यायालयों के लिए बेहतर अवसंरचना, जिला और अधीनस्थ न्यायालयों की स्वीकृत संख्या में वृद्धि, अत्यधिक मुकदमेबाजी वाले क्षेत्रों में नीति और विधायी उपाय और मामलों के शीघ्र निपटारे के लिए न्यायालय प्रक्रिया की पुनः संरचना और मानव संसाधन विकास पर जोर देना सम्मिलित है।

ii. न्यायिक अवसंरचना के विकास के लिए केंद्रीय प्रायोजित स्कीम के अंतर्गत राज्यों/ संघ राज्यक्षेत्रों को न्यायालय हॉल, न्यायिक अधिकारियों के लिए आवासीय क्वार्टर, वकीलों के हॉल, शौचालय परिसर और डिजिटल कंप्यूटर कक्ष 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 न्यायपालिका के लिए अवसंरचना सुविधाओं के विकास के लिए केंद्रीय प्रायोजित स्कीम (सीएसएस) की आरम्भ के बाद से अब तक 11571.57 करोड़ रुपये जारी किए जा चुके हैं। इस स्कीम के अधीन न्यायालय हॉल की संख्या 30.06.2014 को 15,818 से बढ़कर 31.10.2024 तक 23,590 हो गई है और आवासीय इकाइयों की संख्या 30.06.2014 को 10,211 से बढ़कर 31.10.2024 तक 21,076 हो गई है।

iii. इसके अलावा, ई-न्यायालय मिशन मोड परियोजना के चरण I और II के अधीन, जिला और अधीनस्थ न्यायालयों की आईटी सक्षमता के लिए सूचना और संचार प्रौद्योगिकी (आईसीटी) का लाभ उठाया गया है। 2023 तक 18,735 जिला और अधीनस्थ न्यायालयों को कम्प्यूटरीकृत किया गया। 99.5% न्यायालय परिसरों को डब्लूएन कनेक्टिविटी प्रदान की गई है। 3,240 न्यायालय परिसरों और 1,272 संबंधित जेलों के बीच वीडियो कॉन्फ्रेंसिंग की सुविधा सक्षम की गई है। 30.09.2024 तक, जिला न्यायालयों में 1375 ई-सेवा केंद्र और उच्च न्यायालयों में 28 ई-सेवा केंद्रों को वकीलों और वादियों को नागरिक केंद्रित सेवाएं प्रदान करके डिजिटल डिवाइड को पाटने के लिए कार्यात्मक बनाया गया है। 21 राज्यों/ संघ राज्यक्षेत्रों में 28 आभासी न्यायालय स्थापित किए जा चुके हैं। 30.09.2024 तक इन न्यायालयों ने 5.82 करोड़ मामलों को संभाला है और जुर्माने के रूप में 634.74 करोड़ रुपए से अधिक

वसूल किए हैं। मंत्रिमंडल ने 13.09.2023 को 7,210 करोड़ रुपये के परिव्यय पर ई- न्यायालय चरण-III को मंजूरी दी है। चरण-I और चरण-II के लाभों को अगले स्तर पर ले जाते हुए, ई- न्यायालय चरण-III का उद्देश्य डिजिटल, ऑनलाइन और पेपरलेस न्यायालय की ओर बढ़ते हुए न्याय की सुगमता की व्यवस्था की आरम्भ करना है। इसका उद्देश्य न्याय वितरण को सभी हितधारकों के लिए उत्तरोत्तर अधिक मजबूत, आसान और सुलभ बनाने के लिए कृत्रिम बुद्धिमत्ता (AI), ब्लॉक चेन आदि जैसी नवीनतम तकनीक को सम्मिलित करना है।

iv. सरकार भारत के उच्चतम न्यायालय और उच्च न्यायालयों में न्यायाधीशों के रिक्त पदों को नियमित रूप से भरती रही है। 01.05.2014 से 21.11.2024 तक उच्चतम न्यायालय में 64 न्यायाधीशों की नियुक्ति की गई। इसी अवधि के दौरान उच्च न्यायालयों में 999 नए न्यायाधीशों की नियुक्ति की गई और 767 अतिरिक्त न्यायाधीशों को स्थायी किया गया। उच्च न्यायालयों में न्यायाधीशों की स्वीकृत संख्या मई, 2014 में 906 से बढ़कर अब तक 1122 हो गई है। जिला और अधीनस्थ न्यायालयों में न्यायिक अधिकारियों की स्वीकृत और कार्यरत संख्या में निम्नानुसार वृद्धि हुई है:

तारीख तक	स्वीकृत संख्या	कार्यरत संख्या
31.12.2013	19,518	15,115
30.11.2024	25,727	20,480

तथापि, जिला और अधीनस्थ न्यायपालिका में रिक्तियों को भरना राज्य सरकारों और संबंधित उच्च न्यायालयों के अधिकार क्षेत्र में आता है।

v. अप्रैल, 2015 में आयोजित मुख्य न्यायमूर्तियों के सम्मेलन में पारित प्रस्ताव के अनुसरण में, पांच वर्ष से अधिक समय से लंबित मामलों को निपटाने के लिए सभी 25 उच्च न्यायालयों में बकाया समितियों का गठन किया गया है। जिला न्यायालयों के अधीन भी बकाया समितियों का गठन किया गया है।

vi. चौदहवें वित्त आयोग के तत्वावधान में जघन्य अपराधों के मामलों; वरिष्ठ नागरिकों, महिलाओं, बच्चों आदि से जुड़े मामले से निपटने के लिए त्वरित न्यायालय स्थापित किए गए हैं। 30.09.2024 तक, जघन्य अपराधों, महिलाओं और बच्चों के खिलाफ अपराध आदि के मामलों से निपटने के लिए 862 त्वरित न्यायालय कार्यरत हैं। निर्वाचित सांसदों/विधायकों से जुड़े आपराधिक मामलों को त्वरित करने के लिए, नौ (9) राज्यों/ संघ राज्यक्षेत्रों में दस (10) विशेष न्यायालय कार्यरत हैं। इसके अलावा, केंद्र सरकार ने बलात्कार और पॉक्सो अधिनियम के लंबित मामलों के शीघ्र निपटारे के लिए देश भर में त्वरित विशेष न्यायालय (एफटीएससी) स्थापित करने की स्कीम को अनुमोदित किया है। 30.09.2024 तक, देश भर के 30 राज्यों/ संघ राज्यक्षेत्रों में 408 विशिष्ट पॉक्सो (ईपीओसीओ) न्यायालयों सहित 750 एफटीएससी कार्यरत हैं, जिन्होंने 2,81,000 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 कानूनों जैसे कि परक्राम्य लिखत (संशोधन) अधिनियम, 2018, वाणिज्यिक न्यायालय (संशोधन) अधिनियम, 2018, विनिर्दिष्ट अनुतोष (संशोधन) अधिनियम, 2018, मध्यस्थता और सुलह (संशोधन) अधिनियम, 2019 और दंड विधि (संशोधन) अधिनियम, 2018 में संशोधन किया है।

viii. वैकल्पिक विवाद समाधान पद्धतियों का पूर्ण मनोयोग से संवर्धन किया गया है। तदनुसार, वाणिज्यिक विवादों के मामले में पूर्व सांस्थानिक मध्यस्थता और निपटान (पीआईएमएस) को अनिवार्य बनाते हुए, अगस्त, 2018 में वाणिज्यिक न्यायालय अधिनियम, 2015 में संशोधन किया गया। विवादों के त्वरित समाधान में समयसीमा निर्धारित करके तेजी लाने के लिए मध्यस्थता और सुलह अधिनियम, 1996 में संशोधन किया गया है।

वाणिज्यिक न्यायालय अधिनियम, 2015 के अधीन, केस प्रबंधन सुनवाई का प्रावधान है जो किसी मामले के कुशल, प्रभावी और उद्देश्यपूर्ण न्यायिक प्रबंधन के लिए उपबंध करता है ताकि विवाद का समय पर और गुणवत्तापूर्ण समाधान प्राप्त किया जा सके। यह तथ्य और विधि के विवादित मुद्दों की जल्द पहचान, मामले के निरंतर रहने के लिए प्रक्रियात्मक कैलेंडर की स्थापना और विवाद के समाधान की संभावनाओं की खोज में सहायता करता है।

वाणिज्यिक न्यायालयों के लिए आरम्भ की गई एक और नई विशेषता रंग बैंडिंग की प्रणाली है जो किसी भी वाणिज्यिक मामले में दिए जा सकने वाले स्थगन की संख्या को तीन तक सीमित करती है और न्यायाधीशों को लंबित मामलों के चरण के अनुसार सूचीबद्ध करने के बारे में सचेत करती है।

ix. लोक अदालत आम लोगों के लिए उपलब्ध एक महत्वपूर्ण वैकल्पिक विवाद समाधान तंत्र है। यह एक ऐसा मंच है जहां न्यायालय में या वाद-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 की डिग्री मानी जाती है और यह सभी पक्षों पर अंतिम और बाध्यकारी होता है और इसके विरुद्ध किसी भी न्यायालय में कोई अपील नहीं की जा सकती है। लोक अदालत एक स्थायी प्रतिष्ठान नहीं है। राष्ट्रीय लोक अदालतें सभी तालुकों, जिलों और उच्च न्यायालयों में एक साथ पूर्व-निर्धारित तिथि पर आयोजित की जाती हैं।

पिछले चार वर्षों के दौरान राष्ट्रीय लोक अदालतों में निपटाए गए मामलों का विवरण निम्नानुसार है: -

वर्ष	वाद पूर्व मामले लंबित	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 (09.11.24 तक)	6,46,35,285	1,26,34,580	7,72,69,865
कुल	<b>17,38,89,774</b>	<b>4,34,36,355</b>	<b>21,73,26,129</b>

x. सरकार ने 2017 में टेली-लॉ कार्यक्रम आरम्भ 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 कानूनी सलाह और परामर्श चाहने वाले जरूरतमंद और वंचित वर्गों को जोड़ने वाला एक प्रभावी और विश्वसनीय ई-इंटरफ़ेस प्लेटफ़ॉर्म प्रदान करता है।

\*टेली-लॉ डेटा का प्रतिशतवार विवरण

प्रवर्ग	पंजीकृत मामले	% वार ब्रेक अप	समर्थ की गई सलाह	% वार ब्रेक अप
लिंग वार				
स्त्री	4014611	39.12	3963499	39.06
पुरुष	6247980	60.88	6183286	60.94
जातिप्रवर्ग वार				
सामान्य	2387060	23.26	2352649	23.19
अ पि व	3252495	31.69	3213067	31.67
अ जा	3246025	31.63	3215657	31.68
अ ज जा	1377011	13.42	1366312	13.47
कुल	<b>10262591</b>		<b>10146785</b>	

\* 31-10-2024 तक डाटा.

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, जहाँ प्रो बोनो कार्य के लिए अपना समय और सेवाएँ देने वाले अधिवक्ता न्याय बंधु (एंड्रॉइड और आईओएस और ऐप्स) पर प्रो-बोनो अधिवक्ता के रूप में पंजीकरण कर सकते हैं। न्याय बंधु सेवाएँ उमंग प्लेटफ़ॉर्म पर भी उपलब्ध हैं। राज्य स्तर पर 23 उच्च न्यायालयों में अधिवक्ताओं का प्रो बोनो पैनल आरम्भ किया गया है। नवोदित वकीलों में प्रो बोनो संस्कृति को बढ़ावा देने के लिए 109 लॉ स्कूलों में प्रो बोनो क्लब आरम्भ किए गए हैं।

## **DROP IN FERTILITY RATE**

### **2011. SHRI SUNIL DATTATREY TATKARE:**

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

- (a) whether it is a fact that Total Fertility Rate (TFR) has dropped from 2.6% in 2010 to 1.99% this year and expected to further drop in the country;
- (b) if so, the details thereof along with the reasons therefor;
- (c) whether any measures have been taken/proposed to be taken by the Government to prevent further dropping of TFR; and
- (d) if so, the details thereof?

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

As per the National Family Health Survey (NFHS), Total Fertility Rate (TFR) of India stands at 2.0 in NFHS-5 (2019–21) from 2.7 in NFHS-3 (2005–06).

(b) to (d) The Government is implementing various schemes under Family Planning programme across the country. The details are given below -

**Expanded Contraceptive Choices**, comprises of Condoms, Combined oral contraceptive pills, Emergency contraceptive pills, intrauterine contraceptive device (IUCD) and Sterilization are provided to the beneficiaries. The Contraceptive basket has also been expanded with new contraceptives, namely Injectable contraceptive MPA (Antara Programme) and Centchroman (Chhaya).

i. **Mission Parivar Vikas**, is implemented in seven high-focussed states and six



North-Eastern states to improve access to contraceptives and family planning services.

- ii. **Compensation scheme for sterilization acceptors**, is provided to beneficiaries to compensate for the loss of wages incurred.
- iii. **Post-pregnancy contraception** in the form of Post-Partum Intrauterine Contraceptive Device (PPIUCD), Post-Abortion Intrauterine Contraceptive Device (PAIUCD), and Post-partum Sterilization (PPS) is provided to beneficiaries.
- iv. **'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.
- v. **Home Delivery of Contraceptives Scheme**, contraceptives delivered at the doorstep of beneficiaries by ASHAs.
- vi. **Family Planning Logistics Management Information System (FP-LMIS)** is in place for the management of family planning commodities at all levels of health facilities.

#### **BENEFICIARIES ABOVE 70 YEARS OF AGE UNDER AB-PMJAY**

##### **2012. ADV. DEAN KURIAKOSE:**

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

- (a) the total number of beneficiaries above the age of 70 years eligible for the PMJAY programme in the country, State-wise;
- (b) the total amount of additional premium that is calculated for the additional beneficiaries of above 70 years of age;

(c) whether this premium is different for each State considering the morbidity and demographic profile of the State, if so, the details thereof, State-wise; and

(d) the details of financial estimation of additional resources that is required for all States implementing the said programme indicating the ratio of Central/State share, State-wise?

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

(a): The estimated number of beneficiary families aged 70 years and above is 4.5 crore, which corresponds to the 6 crore individuals under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). State/UT-wise details of estimated number of eligible beneficiaries (70 years and above) under the scheme are given in the enclosed **Statement**.

(b) to (d): Expenditure of an amount of Rs. 3,437 crore is estimated, out of which Rs. 2,165 crore is the central share expenditure which is likely to be incurred during Financial Year 2024-25 and 2025-26, for the said scheme.

The additional cost for inclusion of senior citizens shall be shared between Central and State Governments in the ratio as per the extant directives issued by the Ministry of Finance in this regard. 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.

In States/UTs, where the scheme is implemented through insurance mode, the central share of premium is paid based on market determined rate in such States/UTs. In States/UTs, where the scheme is implemented in Trust / Society mode, the central share of funds is provided based on actual expenditure. In both the cases, it is subject to a ceiling rate decided by the government from time to time.

Central Government's share of Grant-in-Aid is based on the above sharing pattern for the actual cost of treatment of AB-PMJAY beneficiary families (which include existing AB-PMJAY beneficiary families + new families of senior citizens aged 70 years and above) or maximum ceiling amount decided by Government of India, whichever is less. The premium ceiling decided by the Government of India presently is Rs. 1052. As new beneficiary families are added over the course of time, the release of the central share of funds would be done as per the latest available beneficiary family base and utilisation data of the State/UT, subject to the maximum ceiling amount as stated above.

### **STATEMENT**

**State/UT-wise details of estimated number of eligible beneficiaries (70 years and above) under the scheme**

State/UT	Estimated number of senior citizens of 70 years and above	
	Families	Individuals
Andaman And Nicobar Islands	9,984	13,329
Andhra Pradesh	19,43,486	25,94,554
Arunachal Pradesh	26,281	35,085
Assam	9,04,507	12,07,517
Bihar	29,53,168	39,42,479
Chandigarh	28,790	38,434
Chhattisgarh	8,22,062	10,97,453
DNH and DD	9,784	13,062
Goa	69,458	92,727
Gujarat	21,37,596	28,53,690
Haryana	9,56,300	12,76,661
Himachal Pradesh	3,54,275	4,72,957
Jammu And Kashmir	4,37,276	5,83,763
Jharkhand	8,64,437	11,54,024
Karnataka	25,02,165	33,40,390
Kerala	20,10,672	26,84,247
Ladakh	10,861	14,500
Lakshadweep	2,063	2,754
Madhya Pradesh	260,1,742	34,73,325
Maharashtra	49,64,017	66,26,963
Manipur	92,210	1,23,101
Meghalaya	59,327	79,201
Mizoram	31,664	42,272

Nagaland	47,493	63,403
Puducherry	55,032	73,468
Punjab	13,01,116	17,36,990
Rajasthan	23,55,898	31,45,124
Sikkim	18,922	25,261
Tamil Nadu	32,35,454	43,19,331
Telangana	13,50,558	18,02,995
Tripura	1,38,001	1,84,232
Uttar Pradesh	66,71,437	89,06,369
Uttarakhand	3,99,505	5,33,339

### **REGIONAL AYUSH OFFICES**

#### **2013. SUSHRI IQRA CHOUDHARY:**

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

- (a) the total number of regional Ayush offices that have been sanctioned but not set up by the Government, State/UT-wise;
- (b) whether the Government plans to implement Central Government schemes without all regional AYUSH Offices being set-up and if so, the details thereof;
- (c) the amount of funds allocated and utilised by the State Government of Uttar Pradesh under National Ayush Mission;
- (d) whether integrated AYSUH hospitals have been set up in Uttar Pradesh under National Ayush Mission; 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) Ministry of Ayush is functioning from its headquarter situated at GPO Complex, INA, New Delhi and NBCC Office Block, East Kidwai Nagar, New Delhi. Ministry of Ayush is implementing its Central Government schemes through its five Research Councils along with their peripheral institutes and twelve National Institutes situated across the country.

(c): As reported by State Government of Uttar Pradesh, an amount of Rs. 878.67 crore has been utilized against Central share released amount of Rs, 901.03 crore under National Ayush Mission (NAM).

(d) and (e): Yes. As Public Health is a State subject, establishment of Ayush hospitals in the Uttar Pradesh comes under the purview of respective State Government. However, under the Centrally Sponsored Scheme of the National Ayush Mission (NAM) of the Ministry of Ayush, there is a provision of financial assistance to State/UT for setting up of 50/30/10-bedded integrated Ayush hospitals. As per the proposals received from State Government of Uttar Pradesh through State Annual Action Plans (SAAPs), 26 integrated Ayush hospitals has been approved under NAM from 2014-15 to 2023-24. The status of these integrated Ayush hospitals is furnished at enclosed **Statement..**

**STATEMENT****Status of Setting-up of Integrated Ayush Hospital in Uttar Pradesh from  
2014-15 to 2023-24**

<b>S. No.</b>	<b>Location</b>	<b>System of medicine</b>	<b>No. of beds</b>	<b>Amount approved (Rs. in lakhs)</b>	<b>Status</b>
1	Jaunpur	Ayurveda, Unani, Homoeopathy and Yoga	30	525	Under construction
2	Bulandshahar	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Construction completed
3	Bilhour, Kanpur	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Functional
4	West Kalli, Lucknow	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Functional
5	Badrasi, Varanasi	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Functional

6	Nawab Ganj, Bareilly	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Functional
7	Basti	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Construction Completed
8	Sirathu Kaushambi	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Functional
9	Sonbhadra	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Functional
10	Orai Jalaun	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Construction Completed
11	Sant Kabir Nagar	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Functional
12	Saharanpur	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Under construction
13	Deoria	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Functional



14	Lalitpur	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Functional
15	Amethi	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Functional
16	Kanpur Dehat	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Functional
17	Firozpur, Balia District	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Construction Completed
18	Raebareli	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Construction Completed
19	Baghpat	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Construction Completed
20	Fatehpur	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Construction Completed
21	Shravasti	Ayurveda, Unani, Homoeopathy and Yoga	50	899.98	Under construction

22	Unnao	Ayurveda, Unani, Homoeopathy and Yoga	50	899.98	Under construction
23	Hardoi	Ayurveda, Unani, Homoeopathy and Yoga	50	1165	Under construction
24	Gorakhpur	Ayurveda, Unani, Homoeopathy and Yoga	50	1165	Under construction
25	Sambhal	Ayurveda, Unani, Homoeopathy and Yoga	50	1165	Under construction
26	Mirzapur	Ayurveda, Unani, Homoeopathy and Yoga	50	900	Under construction

### **RISING CASES OF TB AMONG PRISONERS**

**2014. SHRI A. RAJA:**

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

- (a) whether as per WHO report, prisoners in India are 5 times more at risk of developing tuberculosis than the general population and if so, the details thereof;
- (b) whether any study has been made to address the issue and if so, the details thereof;

(c) whether it is a fact that number of prisoners who develop TB remain undiagnosed for long periods, resulting in increasing the incidence of TB and deaths of many jail-mates and if so, the details thereof; and

(d) the efforts made to detect, treat and prevent TB in prisons 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 (d) The government has developed and issued guidelines titled “The Operational Guidelines on HIV/TB Intervention in Prisons and other Closed Settings” to address the challenges of TB in prisons and to provide TB prevention, screening and treatment services to all inmates living in prisons and other closed settings. Under the National TB Elimination Programme (NTEP) periodic screening for TB is conducted in prisons and free diagnostic and treatment services are provided to those prison inmates detected with TB. The details of TB cases notified among general population and among prison inmates during the last 3 years are as under:

Type of Population	2022 (Jan-Dec)	2023 (Jan-Dec)	2024 (Jan-Oct)
General population	2425974	2552257	2169438
Among prison inmates	1296	1252	911
Deaths reported among prisoners with TB	28	35	16

(Data source: Ni-kshay).

## CASES OF ANTIMICROBIAL RESISTANCE

### 2015. SHRI VAMSI KRISHNA GADDAM:

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

(a) whether it is a fact that India accounts for nearly 40 per cent of the world's cases of Anti Microbial Resistance (AMR), contributing to around 60,000 deaths annually across the country, if so, the details thereof;

(b) whether it is a fact that resistance of key pathogens like E. coli and Klebsiella pneumoniae

to critical antibiotics has risen sharply, with susceptibility rates dropping below 20 per cent in

2023 and if so, the details thereof;

(c) whether the current regulatory framework for antibiotic prescriptions has been found inadequate in the country and if so, the details thereof and if not, the reasons therefor;

(d) the steps taken/proposed to be taken by the Government to address this gap;

(e) whether the National Programme on AMR Containment and the National Antimicrobial Surveillance Network (NARS-Net) have been effective in combating AMR and if so, the details thereof along with the measures taken by the Government in this regard; and

(f) whether the Government plans to invest more in research and public awareness to combat AMR and if so, the details thereof along with the specific action plan 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) Government does not possess the information on total number of cases of Antimicrobial Resistance (AMR) and deaths related to AMR.

(b) The susceptibility to many antibiotics have declined in both E. coli and Klebsiella pneumoniae. The susceptibility has not dropped below 20 percent to any of the antibiotics for any pathogen. The data and report can be seen at the following link; [https://www.icmr.gov.in/icmrobject/uploads/Documents/1725536060\\_annual\\_report\\_2023.pdf](https://www.icmr.gov.in/icmrobject/uploads/Documents/1725536060_annual_report_2023.pdf)

(c) and (d) Government has taken various steps to regulate antibiotic prescriptions. The details are given in the enclosed **Statement-I**.

(e) National Programme on AMR Containment and the National AMR Surveillance Network (NARS-Net) have been effective in combating AMR. The details are given in the enclosed **Statement-II**.

(f) Government has emphasized research on AMR and has allocated funds towards development of typhoid diagnostics, expanding AMR surveillance to secondary level hospitals, antimicrobial stewardship implementation in tertiary care hospitals, study impact of vaccination on prevention of AMR and Centre of Advanced Research (CAR) for treatment of drug resistant infections. Public awareness material for promoting judicious use of antibiotics and on infection prevention practices including importance of hand hygiene have been developed and being used to increase public awareness.

## **STATEMENT-I**

### **Details regardig cases of antimicrobial resistance**

1. Standard Treatment Guidelines (STGs) have been issued by Ministry of Health and Family Welfare, Government of India and the same are available in public domain. and can be accessed at <https://ncdc.mohfw.gov.in/guidelines-resources/>
2. Government has issued Guidelines on Infection Prevention and Control which aim at prevention and control of healthcare associated infections to reduce the use of antibiotics in healthcare settings.
3. Standard Treatment Guidelines have also been prescribed under various National Health Programs.
4. The Government of India through Central Drugs Standard Control Organization (CDSCO) regulates safety, efficacy and quality of the drugs under the provisions of Drugs and Cosmetics Act, 1940 and its rules. Antibiotics have been included in Schedule H and H1 of the Drugs and Cosmetic Rules and are required to be sold by retail only under the prescription of a Registered Medical Practitioner.
5. States have also been advised to ensure prescription of generic drugs and conduct regular prescription audits in public health facilities.
6. Practice of prescription audit is one of the prerequisites for getting certified under the National Quality Assurance Standards (NQAS).

## **STATEMENT-II**

### **Details regarding deaths due to air pollution related illness.**

1. Laboratories of NARS-Net sites are being strengthened so as to ensure generation of quality AMR Surveillance data to generate National AMR surveillance reports. For improving the AMR data Quality, data monitoring and feedback is done on monthly basis with all the NARS-Net sites.
2. Technical trainings are imparted to the sites for specialised lab tests (broth microdilution test) and for critical antibiotics such as colistin and vancomycin
3. NARS-Net sites are being trained to use AMR data locally to guide evidence based use of antimicrobials. They are trained to develop antibiograms and share with the clinicians to promote judicious use of antimicrobials.
4. National Infection Prevention and Control (IPC) guidelines have been released and translated into training modules. The training modules have been used to conduct trainings of trainers for all States and UTs and have been made available on NCDC website for use by states to further cascade trainings within the states.
5. Healthcare associated infection Surveillance has been initiated in 40 sites and training to evaluate Healthcare Associated Infection (HAI) rates in their Intensive Care Units (ICUs) has been imparted to monitor and strengthen the Infection prevention practices

6. Information Education and Communication (IEC) material has been developed for creating awareness among general public and healthcare workers. The IEC material is available on NCDC website <https://ncdc.mohfw.gov.in/iec-on-amr/>

### **SALE OF NARCOTIC MEDICINES**

**2016: DR. AMAR SINGH:**

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

(a) whether the Government has taken note that some pharmacies, particularly those operating at night, are selling narcotic medicines without valid prescriptions, creating a risk of abuse;

(b) if so, the details thereof; and

(c) the preventive steps taken/proposed to be taken by the Government keeping in mind that the narcotic prescription drugs, often used for pain management or anxiety treatment, can also be misused for recreational purposes?

**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): Licenses for sale and distribution of the drugs are granted by State Licensing Authorities appointed by respective State Governments. State Licensing Authorities are empowered to take action against any violations of the conditions of license.



Central Drugs Standard Control Organization (CDSCO) has not received any specific complaint on the sale of the narcotics medicines at night without prescription. However, isolated complaints are received time to time on the sale of prescription drugs without prescription and the same are forwarded to the State Licensing Authorities (SLAs) concerned for appropriate action.

(c): CDSCO and Ministry of Health and Family Welfare have taken following regulatory measures to prevent the misuse of Narcotic drugs and Psychotropic substances (NDPS) in the country:-

(i). All narcotic drugs listed under NDPS Act, 1985 and certain habit forming drugs are regulated as prescription drugs under the provisions applicable of the Drugs Rule, 1945 which mandates that such drugs are to be sold in retail against a valid prescription from registered medical practitioner (RMP) only.

(ii). The State Drugs Controllers/other stake holders have been sensitized about concerns regarding sale of prescription drugs by retail without prescription of Registered Medical Practitioners. Various Notices/Advisories/Letters have been issued to State Drugs Controllers and other stake holders for strict compliance of the requirements of Drugs and Cosmetics Act and Rules.

(iii). Further, the Narcotics Control Bureau (NCB) under Ministry of Home Affairs have taken following measures to curb drug menace in the country:

(a) Visit of NCB representatives to schools for conducting awareness programmes, making the vulnerable classes of society aware of the abuse of narcotic drugs and its ill effects.

(b) Awareness against drug use through NCB Facebook page and Twitter Handle: to inform the public/students about the ill effects of drug abuse and drug trafficking.

(c) NCB organizes International Day against Drugs Abuse and Illicit Trafficking on 26th June every year in all field units of NCB to spread awareness among the general public/students about the ill effects of drug abuse and drug trafficking.

(d) Rallies, Dramas are conducted regularly in association with NGOs to spread awareness programs in educational institutions all over the country.

(e) SMS alerts of Drug Awareness are flashed through mobile service providers on special occasions to general public.

(f) Workshops and Seminars are organized in coordination with various Government agencies and NGOs in the country to sensitize about the ill effects of drug abuse and trafficking

### हिमाचल प्रदेश में आयुष्मान भारत योजना

#### 2017. डॉ. राजीव भारद्वाज:

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

(क) देश में आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना के अंतर्गत पैनलबद्ध निजी और सरकारी अस्पतालों की राज्य-वार कुल संख्या कितनी है और हिमाचल प्रदेश, विशेषकर कांगड़ा और चम्बा जिलों, में जिला-वार ब्यौरा क्या है;

(ख) हिमाचल प्रदेश में उक्त योजना के अंतर्गत कितने लाभार्थी पंजीकृत/लाभान्वित हुए हैं; और

(ग) क्या उक्त योजना के अंतर्गत अस्पताल में भर्ती होने/उपचार से पहले और बाद में किए गए व्यय को भी शामिल किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख): आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत 29,870 से अधिक अस्पतालों को पैनलबद्ध किया गया है, ताकि योजना के लाभार्थियों को स्वास्थ्य सेवाएं प्रदान की जा सकें। इसमें 13,173 निजी अस्पताल भी शामिल हैं।

हिमाचल प्रदेश राज्य में इस योजना के अंतर्गत पैनलबद्ध सार्वजनिक और निजी अस्पतालों की संख्या का राज्य/संघ राज्य क्षेत्र-वार और जिला-वार ब्यौरा क्रमशः **विवरण -I** और **विवरण -II** में दिया गया है।

31.10.2024 तक हिमाचल प्रदेश राज्य में कुल 13,39,890 आयुष्मान कार्ड बनाए गए हैं। इसके अलावा, हिमाचल प्रदेश राज्य में 408.38 करोड़ रुपये की लागत से 3.06 लाख लोगों को उपचार प्रदान किए गए हैं।

(ग): सभी पहले से मौजूद बीमारियों को पहले दिन से ही कवर किया जाता है और सेवाओं में योजना के तहत उपचार से संबंधित सभी लागतों को कवर करने वाली पूर्व निर्धारित प्रक्रियाओं की एक सूची शामिल होती है। एबी-पीएमजेएवाई के तहत उपचार पैकेज इस तरह से डिज़ाइन किए गए हैं कि लाभार्थियों को अपनी जेब से कोई भुगतान नहीं करना पड़ता है। एबी-पीएमजेएवाई के तहत उपचार पैकेज बहुत व्यापक हैं, जिसमें निदान, पूर्व-चिकित्सा, ऐनिस्थेटिक-पूर्व जांच और वर्तमान बीमारी से संबंधित परामर्श सहित अस्पताल में भर्ती होने से पहले के खर्च 3 दिनों तक और योजना के तहत 15 दिनों तक की दवा के खर्च सहित अस्पताल में भर्ती होने के बाद के खर्च शामिल हैं।

### विवरण -I

योजना के अंतर्गत सार्वजनिक और निजी व्यक्तियों की संख्या का राज्य/संघ राज्य क्षेत्र-वार

### विवरण

राज्य/संघ राज्य क्षेत्र	निजी अस्पताल	सार्वजनिक अस्पताल
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अंडमान व निकोबार द्वीप समूह	0	7
आंध्र प्रदेश	1053	1414
अरुणाचल प्रदेश	4	46
असम	170	183
बिहार	436	586
चंडीगढ़	24	7
छत्तीसगढ़	585	1038
दादरा और नगर हवेली	2	11
दमन और दीव	3	4
दिल्ली	56	11
गोवा	2	14
गुजरात	912	1752
हरियाणा	724	502
हिमाचल प्रदेश	144	138
जम्मू और कश्मीर	133	120
झारखंड	322	240
कर्नाटक	579	2970
केरल	383	202
लद्दाख	0	9
लक्षद्वीप	0	5
मध्य प्रदेश	556	496
महाराष्ट्र	800	208

मणिपुर	34	34
मेघालय	18	154
मिजोरम	8	80
नगालैंड	26	50
ओडिशा	1	11
पुदुचेरी	18	12
पंजाब	557	217
राजस्थान	974	930
सिक्किम	5	14
तमिलनाडु	1209	1004
तेलंगाना	374	1015
त्रिपुरा	5	133
उत्तर प्रदेश	2854	2948
उत्तराखंड	189	105
पश्चिम बंगाल	15	27

### विवरण - II

हिमाचल प्रदेश राज्य में योजना के अंतर्गत सूचीबद्ध सार्वजनिक और निजी अस्पतालों की संख्या का जिलावार विवरण

ज़िला	निजी अस्पताल	सार्वजनिक अस्पताल
बिलासपुर	4	10

चंबा	5	8
हमीरपुर	9	8
कांगड़ा	33	25
किन्नौर	0	6
कुल्लू	13	9
लाहुल और स्पीति	0	6
मंडी	21	22
शिमला	5	18
सिरमौर	8	8
सोलन	24	8
ऊना	22	10

### छत्तीसगढ़ में स्वास्थ्य केन्द्र

#### 2018. श्री भोजराज नाग:

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

(क) विगत पांच वर्षों के दौरान छत्तीसगढ़ में वर्ष-वार कितने सामुदायिक स्वास्थ्य केन्द्र (त्रीएचसी) कितने हैं और कितने खोले जाने हेतु स्वीकृत हुए हैं;

(ख) देश में ऐसे नए केन्द्र खोलने के लिए क्या मानदंड निर्धारित किए गए हैं;

(ग) छत्तीसगढ़ राज्य सरकार द्वारा ऐसे केन्द्रों के लिए कितनी निधि का उपयोग किया गया है;

(घ) क्या छत्तीसगढ़ की भौगोलिक स्थिति को देखते हुए स्वास्थ्य सुविधाएं स्थापित करने की कोई विशेष योजना है; और

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

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

(क) से (ग): हेल्थ डायनेमिक्स ऑफ इंडिया, 2022-23 के अनुसार, छत्तीसगढ़ राज्य में 169 सामुदायिक स्वास्थ्य केंद्र (सीएचसी) हैं। राष्ट्रीय स्वास्थ्य मिशन के तहत, विगत पाँच वर्षों के लिए प्रकरण के अभिलेख (आरओपी) के अनुसार छत्तीसगढ़ राज्य को दी गई वर्षवार स्वीकृति निम्नानुसार है:

क्र. सं.	वित्तीय वर्ष	अनुमोदित कुल यूनिट
1.	2019-20	5
2.	2020-21	2
3.	2021-22	3
4.	2022-23	3
5.	2023-24	3

छत्तीसगढ़ राज्य द्वारा दी गई जानकारी के अनुसार, इस प्रयोजन के लिए राज्य द्वारा उपयोग की गई कुल निधियां 17.47 करोड़ रुपये हैं।

भारत सरकार द्वारा निर्धारित भारतीय सार्वजनिक स्वास्थ्य मानक (आईपीएचएस) 2022 ग्रामीण और शहरी दोनों क्षेत्रों में सार्वजनिक स्वास्थ्य प्रणाली को मजबूत करने के लिए जनसंख्या मानदंड प्रदान करते हैं। आईपीएचएस मानदंडों के अनुसार, 80,000-1,20,000 की जनसंख्या पर एक सीएचसी स्थापित किया जाना है।

(घ) और (ङ): जन स्वास्थ्य और अस्पताल राज्य का विषय है, विशेष रूप से भौगोलिक स्थिति में स्वास्थ्य सुविधा केंद्रों की स्थापना सहित जन स्वास्थ्य सेवा प्रणाली के सुदृढीकरण की जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की है।

राष्ट्रीय स्वास्थ्य मिशन के तहत, राज्यों द्वारा प्रस्तुत राज्य कार्यक्रम कार्यान्वयन योजनाओं (एसपीआईपी) के आधार पर राज्यों को निधियां आवंटित की जाती हैं, जिसका राष्ट्रीय कार्यक्रम समन्वय समिति (एनपीसीसी) द्वारा उचित मूल्यांकन किया जाता है। विवरण पब्लिक डोमेन पर उपलब्ध हैं: <https://nhm.gov.in/index4.php?lang=1andlevel=0andlinkid=44andlid=57>

राष्ट्रीय स्वास्थ्य मिशन के अतिरिक्त, भारत सरकार ने छत्तीसगढ़ को जन स्वास्थ्य अवसंरचना और सेवाओं के विकास के लिए निम्नलिखित निधियां आवंटित की हैं:

g) **पीएम आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम)** में ग्रामीण क्षेत्रों में स्वास्थ्य की बेहतर सुलभता प्रदान करने के लिए जन स्वास्थ्य और अन्य स्वास्थ्य सुधारों में निवेश बढ़ाने की परिकल्पना की गई है। राज्य के प्रस्ताव के अनुसार, 54 ब्लॉक जन स्वास्थ्य इकाइयों (बीपीएचयू), 21 एकीकृत सार्वजनिक स्वास्थ्य प्रयोगशालाओं (आईपीएचएल) और 15 गहन परिचर्या केयर ब्लॉक (सीसीबी) की स्थापना और सुदृढीकरण के लिए छत्तीसगढ़ राज्य को चार वर्षों (यानी वित्त वर्ष 2021-22, 2022-23, 2023-24 और 2024-25) के लिए 518.39 करोड़ रुपए की राशि के लिए छत्तीसगढ़ राज्य को प्रशासनिक स्वीकृति दी गई है।

h) पंद्रहवें वित्त आयोग (एफसी-XV) के तहत, छत्तीसगढ़ राज्य के लिए, राज्य के प्रस्ताव के अनुसार 628 भवनहीन उप स्वास्थ्य केंद्रों / प्राथमिक स्वास्थ्य केंद्रों (608 एसएचसी और 20 पीएचसी) और 41 ब्लॉक जन स्वास्थ्य इकाइयों (बीपीएचयू) की स्थापना और सुदृढीकरण के लिए वित्त वर्ष 2021-22 से वित्त वर्ष 2025-26 तक पांच साल की अवधि में 1027.64 करोड़ रुपए की स्वीकृति दी गई है।

i) प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) का उद्देश्य किफायती विशिष्ट स्वास्थ्य



सेवाओं की उपलब्धता में क्षेत्रीय असंतुलन को सुधारना और देश में गुणवत्तापूर्ण चिकित्सा शिक्षा के लिए सुविधा केंद्रों को बढ़ाना है। इस योजना के तहत रायपुर में एक नए अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) की स्थापना और छत्तीसगढ़ राज्य के लिए बिलासपुर और जगदलपुर में दो सरकारी मेडिकल कॉलेज/संस्थानों (जीएमसीआई) के उन्नयन को मंजूरी दी गई है।

j) केंद्र प्रायोजित योजना (सीएसएस) के तहत 'मौजूदा जिला/रेफरल अस्पतालों के साथ नए मेडिकल कॉलेजों की स्थापना' के लिए ऐसे वंचित क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जाएगी, जहां कोई मौजूदा सरकारी या निजी मेडिकल कॉलेज नहीं है। छत्तीसगढ़ राज्य में राजनांदगांव, सरगुजा, कोरबा, महासमुंद और कांकेर जिलों में 05 मेडिकल कॉलेजों को स्वीकृति दी गई।

### **AYUSH HEALTH AND WELLNESS CENTRES**

**2019. SHRI K. GOPINATH:**

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

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

- (a) the total 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 Tamil Nadu; and
- (c) the total number of personnels 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) and (b) Under Centrally Sponsored Scheme of National Ayush Mission (NAM), as per the proposals received from the State Government of Tamilnadu, 650 Ayush

dispensaries have been approved for upgradation as Ayush Health and Wellness centres, which is now known as Ayushman Arogya Mandir (Ayush). As reported by the State Government, all 650 Ayushman Arogya Mandirs (Ayush) are operational. District-wise list of Ayushman Arogya Mandir (Ayush) is furnished as enclosed **Statement.**

(c) Public Health being a State subject, deployment of personnels to these facilities comes under purview of respective State/UT Governments and no such data is maintained by the Ministry.

### **STATEMENT**

List of Ayushman Arogya Mandir (Ayush) approved and operational/functional under the National Ayush Mission in the State of Tamil Nadu

<b>S. No</b>	<b>State</b>	<b>Name of District</b>	<b>No. of Approved Ayushman Arogya Mandir (Ayush)</b>	<b>No. of Functional Ayushman Arogya Mandir (Ayush)</b>
1	<b>Tamil Nadu</b>	Coimbatore	25	25
2		Ramanathapuram	16	16
3		Sivagangai	21	21
4		Thanjavur	22	22
5		Kanchipuram	8	8
6		Chengalpet	9	9
7		Thiruvallur	19	19

8	Virudhunagar	34	34
9	Dharmapuri	20	20
10	Erode	34	34
11	Vellore	11	11
12	Madurai	23	23
13	Theni	14	14
14	Nilgiris	6	6
15	Nagapattinam	12	12
16	Villupuram	18	18
17	Salem	37	37
18	Tirunelveli	17	17
19	Cuddalore	18	18
20	Trichy	22	22
21	Karur	12	12
22	Ariyalur	7	7
23	Pudukottai	14	14
24	Dindigul	24	24
25	Kanyakumari	25	25
26	Tenkasi	21	21
27	Thiruvarur	19	19
28	Thiruvannamalai	25	25
29	Kallakurichi	13	13
30	Krishnagiri	13	13
31	Mayiladudurai	16	16
32	Nammakkal	13	13
33	Perambalur	4	4

34		Ranipet	11	11
35		Thirupattur	8	8
36		Thoothukudi	27	27
37		Tiruppur	12	12
<b>Total</b>			<b>650</b>	<b>650</b>

### TURA MEDICAL COLLEGE

#### 2020. SHRI SALENG A. SANGMA:

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

- (a) the current status of the construction of Tura Medical College in Meghalaya, including expected timelines fixed for completion;
- (b) whether there is a proposal for construction of a 500-bedded hospital as part of this project and if so, the details thereof;
- (c) the details of any specific challenges causing delays in the Tura Medical College project along with measures being taken by the Government to address them;
- (d) the total budget allocated for Tura Medical College and additional funds provisioned for the proposed 500-bedded hospital in the budget;
- (e) whether the Government has fixed any timeline for operationalizing both the medical college and the hospital to ensure access to quality healthcare for the region; and
- (f) the steps being taken by the Government to ensure that the local population including indigenous communities to benefit from employment and training opportunities?

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

(a) to (f): The Ministry of Health and Family Welfare administers a Centrally Sponsored Scheme (CSS) for 'Establishment of new medical colleges attached with existing district/referral hospitals' with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college. The fund sharing mechanism between the Centre and State Governments is in the ratio of 90:10 for North Eastern and Special Category States, and 60:40 for others. Under Phase-I of the Scheme, Tura Medical College at Doldegre, West Garo Hills, Meghalaya was approved in the year 2017 at a cost of Rs.189 crores to be shared between Centre and State Government in the ratio of 90:10. Entire Central Share of Rs.171.10 crores has been released to Government of Meghalaya. The project aimed to cater the needs of local population including indigenous communities.

As per guidelines of the Scheme, the planning, execution and commissioning of the medical colleges approved under the scheme is to be done by the State Government. As informed by Govt. of Meghalaya, geographical region, short working hours and climate conditions are amongst the prominent challenges causing delay in completion of project. The overall physical progress of project stands at 73%. Further, at present there is no plan under consideration for the construction of a 500-bedded hospital as a part of this project.

**ILLEGAL ORGAN TRANSPLANT RACKET****2021. SHRIMATI SAJDA AHMED:**

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

- (a) whether the Government has taken note of the increasing trends of busting illegal organ transplant in the country and if so, the details thereof;
- (b) the details of the organ transplants that have been reported for international patients and domestic patients in Indian healthcare institution during the last three years, year-wise;
- (c) whether the Government has adopted any policy to combat organ transplant rackets in the country and if so, the details thereof;
- (d) whether States with high illegal transplant cases are being monitored and regulated in the country; and
- (e) if so, the details thereof?

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

(a) to (e) 'Health' and 'Law and Order' are State subjects. Thus, it is primarily the responsibility of the State Government / UT Administration to take action for prevention and control of organ trade and monitor the same. The Transplantation of Human Organs and Tissues Act (THOTA), 1994 provides for an appropriate authority to be appointed by every State for investigating any complaint or breach of any of the provisions of this act, or any of the rules thereunder. The State Appropriate Authority shall, for the purposes of this act, have all the powers of a

civil court to try a suit under the Code of Civil Procedure, 1908(5 of 1908). Whenever any complaint regarding organ trade is received in this Ministry, the same is referred to the concerned State/UT for appropriate action. The data in this regard is not maintained in this Ministry.

The following steps have been taken by the Government to curb illegal organ transplants:

- National Organ and Tissue Transplant Organization (NOTTO), a national apex level organization has been set up in pursuance of the mandate given to Central Government under THOTA 1994, for establishing a network for procurement and distribution of organs and tissues and to maintain a national registry for surveillance of organ donation and transplantation in the country. States/UTs have been requested to ensure that every hospital performing organ transplantation or retrieval needs to be linked to the website of NOTTO and data related to both deceased and living donors and recipients of transplants is required to be uploaded in the National Registry maintained by NOTTO. Further, each donor and recipient of human organ will have a unique NOTTO ID in cases of both deceased as well as living donor transplant and the same is to be generated by the concerned Hospitals.
- NOTTO, along with Regional Organ and Tissue Transplant Organizations (ROTTOs), State Organ and Tissue Transplant Organizations (SOTTOs) and other institutions organize awareness programs across the country to disseminate information about provisions of The Transplantation of Human Organs and Tissues Act and rules, so that people are cognizant towards the Government recognized

process of organ donation permitted by the law, along with the illegality and repercussions associated with indulgence in organ trade, in order to make it easy for them to comply with the provisions of law.

- All States/UTs have been advised to constitute an Advisory Committee as per provisions of the Transplantation of Human Organs and Tissues Act (THOTA), 1994 to aid and advise the Appropriate Authority in discharging its functions of controlling illegal organ transplant activities.
- A letter was sent by Ministry of Health and Family Welfare to Ministry of External Affairs (MEA) after which, a note verbale has been circulated by MEA to all the Embassies/ Foreign Missions in India apprising them about the legal provisions of organ transplant Act in India so as to prevent illegal organ transplants involving foreigners. Rules for transplants involving foreigners have been shared with Ministry of External Affairs for dissemination to Indian Missions abroad and the same have also been displayed on ports and Airports.
- The specific rules, guidelines and legal requirements that regulate transplantation in India, have been disseminated to all foreign diplomatic missions based in India for their information and further dissemination to their respective citizens seeking transplantation treatment in India.

The number of organ transplants that have been reported from States / UTs to NOTTO for international patients and domestic patients in Indian healthcare Institutions during the last three years, year-wise is provided in the table below:



Year	International patients		Domestic patients		Total
	Living donor transplants	Deceased donor transplants	Living donor transplants	Deceased donor transplants	
2021  (COVID pandemic period)	Nil reported	Nil reported	10640	1619	12259
2022	902	4	12445	2690	16041
2023	1842	9	13601	2926	18378
2024*  (Till 30 <sup>th</sup> September)	1066	9	11673	2410	15158

\*Data for 2024 is subject to change upon updates from States/Institutions

### ICDS SCHEME

#### 2022. SHRIMATI DAGGUBATI PURANDESWARI:

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

- (a) whether the Government has data regarding the performance of Integrated Child Development Scheme (ICDS) run through Anganwadis in Andhra Pradesh and if so, the details thereof;

(b) whether the Government has noticed that anganwadi workers are the centre point of primary healthcare in India and if so, the details of steps being taken for their welfare; and

(c) whether the Government proposes to increase honorarium to anganwadi workers and if so, the details thereof?

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

(a) to (c) During the 15<sup>th</sup> Finance Commission (FC) period, various components such as nutritional support for children from 6 months to the age of 6 years, pregnant women and lactating mothers and Adolescent Girls; Early Childhood Care and Education of children (3-6 years) and Anganwadi infrastructure including modern, upgraded Saksham Anganwadi have been reorganised under an umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0). The package of following six services is provided under the Mission Poshan 2.0 scheme through a network of Anganwadi centres across the country:

- i. Supplementary Nutrition (SNP),
- ii. Pre-school Non-formal Education,
- iii. Nutrition and Health Education,
- iv. Immunization,
- v. Health Check-up,
- vi. Referral Services

Three of the six services, viz., Immunization, Health Check-up and Referral Services are related to health and are provided through National Health Mission (NHM) and Public Health Infrastructure.

The beneficiaries under Mission Poshan 2.0 are children up to the age of 6 years, Pregnant Women and Lactating Mothers across the country and Adolescent Girls in the age group of 14 to 18 years in Aspirational Districts of States and all districts of North Eastern Region. Under the scheme, a total of 31,64,138 beneficiaries are registered in 55607 operational Anganwadi centres on Poshan Tracker as on October, 2024 in the State of Andhra Pradesh.

Government of India increased the honorarium of Anganwadi Workers (AWWs)/Anganwadi Helpers (AWHs) from 1<sup>st</sup> October, 2018. At present, the honorarium of AWW at main Anganwadi Centres (AWCs) is Rs.4,500/- per month; AWW at mini- AWCs is Rs.3,500/- per month and AWH is Rs.2,250/- per month. Besides, performance linked incentive of Rs.250/- per month is provided to AWHs and Rs.500/- provided to AWWs. In addition, States/UTs are also paying additional monetary incentives/honorarium to these functionaries from their own resources which vary from State to State.

With a view to incentivize and encourage the Anganwadi Workers and Anganwadi Helpers, various steps/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. 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) to AWWs/AWHs 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.
- iii. Pradhan Mantri Shram Yogi Maan-Dhan (PM-SYM): State Governments/UT Administrations have been requested to encourage eligible AWWs/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. Retirement date: States/ UTs have been requested to adopt a uniform retirement date i.e 30<sup>th</sup> April of each year with respect to Anganwadi Workers and Helpers to ensure proper human resource planning.
- v. It has been announced in the interim budget FY 2024-25 to extend healthcare annual coverage of Rs. 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to all Anganwadi workers and helpers.

Government has issued orders for upgradation of all mini-AWC to regular AWCs. This would add an Anganwadi Helper in these Mini Anganwadi Centres across the country to share the burden of Anganwadi Worker.

Besides under Mission Saksham Anganwadi and Poshan 2.0, IT systems through the Poshan Tracker App have been leveraged to reduce the workload which has digitized and automated nine physical registers out of eleven prepared and used by AWWs.

### स्नातक डिग्रीधारक को जन औषधि केन्द्रों का आवंटन

#### 2023. श्री दिनेश चंद्र यादव:

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

- (क) क्या सरकार का विचार देश में जन औषधि केन्द्र स्नातक डिग्रीधारकों को आवंटित करने का है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या फार्मसी में डिप्लोमा की अनिवार्य अर्हता के कारण अनेक बेरोजगार युवा जन औषधि केन्द्र का संचालन करने से वंचित रह जाते हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ग) क्या सरकार का विचार बेरोजगार स्नातक डिग्रीधारक व्यक्तियों को जन औषधि केंद्र आवंटित करने हेतु नियमों में संशोधन करने का है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ग): प्रधानमंत्री भारतीय जन औषधि परियोजना (पीएमबीजेपी) के अन्तर्गत, कोई भी व्यक्ति जिसके पास स्वयं डी. फार्मा/बी. फार्मा की डिग्री है अथवा कोई व्यक्ति/संगठन जिसने संबंधित राज्य सरकार से औषधि लाइसेंस प्राप्त करने के लिए डी.फार्मा/बी.फार्मा डिग्री धारक को फार्मासिस्ट के रूप में नियुक्त किया है, जन औषधि केंद्र (जेएके) खोलने के लिए पात्र हैं।

स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा दी गई जानकारी के अनुसार, फार्मासिस्ट के रूप में पंजीकरण के लिए आवश्यक न्यूनतम योग्यता फार्मैसी अधिनियम, 1948 की धारा 12 के तहत भारतीय फार्मैसी परिषद द्वारा अनुमोदित संस्थान से फार्मैसी में डिप्लोमा (भाग-I और भाग-II) में उत्तीर्ण होना और फार्मैसी में डिप्लोमा (भाग-III) का संतोषजनक समापन होना आवश्यक है।

जन औषधि केंद्र आवंटित करने के लिए नियमों में संशोधन करने का कोई प्रस्ताव नहीं है।

### **INTERNSHIP PROGRAMME BY MEA**

#### **2024. SHRI GODAM NAGESH:**

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

- (a) whether the Ministry has launched the first edition of the Internship Programme in 2022;
- (b) if so, the details thereof;
- (c) whether the State Governments have any role in the implementation of this scheme; and
- (d) if so, the details thereof along with the number of students who have benefitted from this scheme in the State of Telangana?

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

(a) and (b) The first edition of the MEA Internships Programme was launched in 2021. Conducted in two terms annually from April to September and from October

to March, thirty interns are engaged by the Ministry during each term under the Programme.

The Programme aims to develop broader understanding of External Affairs Ministry work and impart experiential value to interns. In its implementation, gender inclusivity and diversity in terms of qualifications, domicile and socio-economic status is ensured.

(c) No

(d) Not applicable

### **MATERNAL AND CHILD HEALTH OF SC/ST POPULATION**

#### **2025. ADV. CHANDRA SHEKHAR:**

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

- a) whether the Government has any plan to implement/improve maternal and child health outcomes among Scheduled Castes (SC) and Scheduled Tribes (ST) populations, who are often disproportionately affected by health inequalities, in the context of the budgetary allocation for the financial year 2024-25; and
- b) if so, the details thereof along with the steps taken/proposed to be taken by the Government in this regard?

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

(a) and (b) Under National Health Mission (NHM), the Government of India implements programs for all pregnant women and children to improve maternal and

child health outcomes, including Scheduled Castes (SC) and Scheduled Tribes (ST) population across all States and Union Territories (UTs). The programs implemented for pregnant women and children 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 woman and sick infants (up to one year of age) delivering in public health institutions to have absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs, consumables, free diet during stay, free diagnostics, free transportation and free blood transfusion, if required. Similar entitlements are also in place for sick infants up to one year of age.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost, assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month.

**Extended PMSMA** strategy ensures quality antenatal care (ANC) to pregnant women, especially to high-risk pregnant (HRP) women and individual HRP tracking until a safe delivery is achieved by means of financial incentivization for the identified high-risk pregnant women and accompanying Accredited Social Health Activists (ASHAs) for extra 3 visits over and above the PMSMA visit.

- **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.

- **Reproductive and child health (RCH) portal** is a name-based web-enabled tracking system for pregnant women and newborn so as to ensure seamless provision of regular and complete services to them including antenatal care, institutional delivery and postnatal care.
- **Mother and Child Protection (MCP) Card and Safe Motherhood Booklet** are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.
- **Facility Based Newborn Care:** Neonatal Intensive Care Units (NICUs)/ Special Newborn Care Units (SNCUs) are established at Medical College and District Hospital, Newborn Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/ Community Health Centres (CHCs) for care of sick and small babies.
- **Kangaroo Mother Care (KMC)** is implemented at facility and community level for low birth weight/ pre-term babies. It includes early and prolonged skin-to-skin contact with the mother or family member and exclusive and frequent breastfeeding.
- **Community Based care of Newborn and Young Children:** Under Home Based Newborn Care (HBNC) and Home-Based Care of Young Children (HBYC)

program, home visits are performed by ASHAs to improve child rearing practices and to identify sick newborn and young children in the community for referral to health facility.

- **Universal Immunization Programme (UIP)** is implemented to provide 11 vaccines to protect children against 12 preventable diseases.
- **Mothers' Absolute Affection (MAA):** Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted under Mothers' Absolute Affection (MAA).
- **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative has been implemented since 2019 for reduction of childhood morbidity and mortality due to Pneumonia.
- **STOP Diarrhoea** initiative is implemented for promoting use of ORS and Zinc and for reducing morbidity and mortality due to childhood diarrhoea.
- **Rashtriya Bal Swasthya Karyakram (RBSK):** Children from 0 to 18 years of age are screened for 32 health conditions (i.e. Diseases, Deficiencies, Defects and Developmental delays) 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 established at public health facilities where children with Severe Acute Malnutrition (SAM) and medical complications are admitted for treatment.
- **Regular IEC/BCC** is also a part of all the schemes for greater demand generation. Health and nutrition education through mass and social media is also promoted to improve healthy practices and to generate demand for service uptake.

**Further, under NHM, tribal areas have following relaxed norms addressing the need-based intervention in terms of healthcare infrastructure and human resources:**

- **Health facility:** The population norms for setting up SHC, PHC and CHC in tribal and hilly areas has been relaxed from 5,000, 30,000, and 1,20,000 to 3000, 20,000 and 80,000 respectively.
- **ASHAs:** The States/ UTs have been provided with the flexibility of relaxing the norm of one ASHA per 1000 population to one ASHA per habitation in tribal/hilly and difficult areas.
- **Mobile Medical Units (MMUs):** The 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 (PVTG) areas under Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM JANMAN). There is a provision of additional

ANM in Multi-Purpose Centre (MPC) with basic drugs and diagnostics facilities under PM JANMAN.

### बच्चों की मृत्यु दर

#### 2026. श्री रमाशंकर राजभर:

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

- (क) 0-5 वर्ष की आयु के बच्चों की मृत्यु दर का ब्यौरा क्या है;
- (ख) क्या सरकार ने इस संबंध में कोई अध्ययन कराया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या देश के ग्रामीण क्षेत्रों में अल्प आयु वर्ग के बच्चों में मृत्यु दर को न्यूनतम करने हेतु कोई कदम उठाए गए हैं; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

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

(क) और (ख): भारत के महापंजीयक कार्यालय (ओआरजीआई) नमूना पंजीकरण प्रणाली (एसआरएस) रिपोर्ट के तहत बाल मृत्यु दर पर अनुमानिक आंकड़े प्रदान करने के लिए सभी राज्यों/संघ राज्य क्षेत्रों में जनसांख्यिकीय सर्वेक्षण आयोजित करता है।

भारत के महापंजीयक कार्यालय की नवीनतम नमूना पंजीकरण प्रणाली (एसआरएस) 2020 रिपोर्ट के अनुसार, नवजात मृत्यु दर (एनएमआर) प्रति 1000 जीवित जन्मों पर 20 है, शिशु मृत्यु दर (आईएमआर) प्रति 1000 जीवित जन्मों पर 28 है और 5 वर्ष से कम आयु के बच्चों की मृत्यु दर (यू5एमआर) राष्ट्रीय स्तर पर प्रति 1000 जीवित जन्मों पर 32 है।

(ग) और (घ): स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचएफ़डब्ल्यू) राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तुत वार्षिक कार्यक्रम कार्यान्वयन योजना (एपीआईपी) के आधार पर राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत प्रजनन, मातृ, नवजात, बाल, किशोर स्वास्थ्य और पोषण (आरएमएनसीएच+

एन) कार्यनीति के कार्यान्वयन में सभी राज्यों/ संघ राज्य क्षेत्रों को सहायता प्रदान करता है। पूरे देश में बाल जीवन दर में सुधार के लिए किए गए उपायों का ब्यौरा संलग्न **विवरण** में दिया गया है।

### विवरण

देश भर में बाल उत्तरजीविता में सुधार के लिए किए गए उपायों का विवरण निम्नवत है:

- **सुविधा केंद्र आधारित नवजात परिचर्या:** मेडिकल कॉलेज और जिला अस्पताल में नवजात गहन परिचर्या इकाइयां (एनआईसीयू)/विशेष नवजात परिचर्या इकाइयां (एसएनसीयू) स्थापित की गई हैं, बीमार और छोटे शिशुओं की परिचर्या के लिए प्रथम रेफरल इकाइयों (एफआरयू)/सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) में नवजात स्थिरीकरण इकाइयां (एनबीएसयू) स्थापित की गई हैं।
- **मातृ नवजात शिशु परिचर्या इकाइयों (एमएनसीयू)** की स्थापना मां और शिशु के बीच 'शून्य पृथक्करण' के उद्देश्य से की गई है, जिसमें छोटे और बीमार शिशु भी शामिल हैं जिन्हें नवजात शिशु परिचर्या की आवश्यकता होती है।
- कम वजन वाले/समय से पहले जन्मे बच्चों के लिए सुविधा केंद्र और सामुदायिक स्तर पर **कंगारू मदर केयर (केएमसी)** की जाती है। इसमें माँ या परिवार के सदस्य के साथ जल्दी और लंबे समय तक शारीरिक स्तर पर आत्मीय और विशेष और लगातार स्तनपान शामिल है।
- **नवजात एवं छोटे बच्चों की समुदाय आधारित परिचर्या:** गृह आधारित नवजात परिचर्या (एचबीएनसी) और गृह आधारित छोटे बच्चों की परिचर्या (एचबीवाईसी) कार्यक्रम के अंतर्गत, आशाकर्मियों द्वारा बच्चों के पालन-पोषण के तरीकों में सुधार लाने और समुदाय में बीमार नवजात एवं छोटे बच्चों की पहचान कर उन्हें स्वास्थ्य सुविधा केंद्र के लिए रेफर करने के लिए घर पर दौरे किए जाते हैं।
- **जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके):** एक वर्ष तक की आयु के बीमार शिशुओं को सार्वजनिक स्वास्थ्य संस्थानों में निःशुल्क उपचार के साथ-साथ मुफ्त परिवहन, निदान, दवाएं, रक्त और उपभोग्य सामग्रियों की सुविधा भी मिलती है।

- **सार्वभौमिक टीकाकरण कार्यक्रम (यूआईपी)** को 12 निवारण योग्य बीमारियों से बच्चों की सुरक्षा के लिए 11 टीके प्रदान करने के लिए लागू किया गया है।
- **माँ का संपूर्ण स्नेह (एमएए)** : माँ का संपूर्ण स्नेह (एमएए) के तहत पहले छह महीनों के लिए प्रारंभिक दीक्षा और विशेष स्तनपान तथा उचित शिशु और छोटे बच्चे को आहार देने (आईवाईसीएफ) प्रथाओं को बढ़ावा दिया जाता है।
- निमोनिया के कारण होने वाली बाल रुग्णता और मृत्यु दर में कमी लाने के लिए वर्ष 2019 से **सामाजिक जागरूकता और निमोनिया को सफलतापूर्वक बेअसर करने के लिए कार्रवाई (सांस) पहल** लागू की गई है।
- ओआरएस और जिंक के उपयोग को बढ़ावा देने और बाल्यावस्था में दस्त होने के कारण होने वाली रुग्णता और मृत्यु दर में कमी लाने के लिए **स्टॉप डायरिया** पहल लागू की गई है।
- **राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके)**: 0 से 18 वर्ष की आयु के बच्चों की 32 स्वास्थ्य स्थितियों (जैसे रोग, कमियाँ, दोष और विकासात्मक देरी) की जांच की जाती है ताकि बाल जीवन दर में सुधार हो सके। आरबीएसके के तहत जांच किए गए बच्चों की पुष्टि और प्रबंधन के लिए जिला स्वास्थ्य सुविधा केंद्र स्तर पर जिला प्रारंभिक कार्यकलाप केंद्र (डीईआईसी) स्थापित किए जाते हैं।
- **सार्वजनिक स्वास्थ्य सुविधा केंद्रों पर पोषण पुनर्वास केंद्र (एनआरसी)** स्थापित किए जाते हैं जहाँ गंभीर तीव्र कुपोषण (एसएएम) और चिकित्सा जटिलताओं वाले बच्चों को इलाज के लिए भर्ती किया जाता है।

### डीएपी उर्वरक की कालाबाजारी

#### 2027. श्री रामप्रीत मंडल:

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

- (क) क्या देश में वर्तमान बुआई मौसम के दौरान डीएपी उर्वरक की भारी कमी है और यदि हां, तो इसके क्या कारण हैं;

(ख) क्या देश में डीएपी उर्वरक की कालाबाजारी के कारण किसानों को इसकी खरीद हेतु दुगुना मूल्य चुकाने के लिए बाध्य होना पड़ रहा है; और

(ग) यदि हां, तो कालाबाजारी को रोकने और उर्वरकों की पर्याप्त उपलब्धता सुनिश्चित करने हेतु सरकार द्वारा उठाए गए/उठाए जाने वाले कदमों का ब्यौरा क्या है?

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

**(क):** कृषि एवं किसान कल्याण विभाग के आकलन के अनुसार, चालू रबी मौसम 2024-25 के लिए देश में डीएपी की आवश्यकता 52.05 एलएमटी है। 01.10.2024 से 03.12.2024 की अवधि के लिए 35.52 एलएमटी की यथानुपात आवश्यकता के लिए, राज्यों में 38.27 एलएमटी डीएपी उपलब्ध कराया गया है। इसके अतिरिक्त, उक्त अवधि के दौरान डीएपी की बिक्री 29.22 एलएमटी है और राज्यों के पास 9.05 एलएमटी डीएपी का अंतिम स्टॉक है।

**(ख) और (ग):** उर्वरकों को आवश्यक वस्तु अधिनियम, 1955 के अंतर्गत आवश्यक वस्तु घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 के अंतर्गत अधिसूचित किया गया है। राज्य सरकारों को आवश्यक वस्तु अधिनियम के उपबंधों के अनुसार कालाबाजारी, जमाखोरी और तस्करी में संलिप्त व्यक्तियों के विरुद्ध कार्रवाई करने के लिए सशक्त बनाया गया है। उर्वरकों की कालाबाजारी/अधिक मूल्य निर्धारण के संबंध में उर्वरक विभाग को प्राप्त किसी भी शिकायत को आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 के अंतर्गत समुचित कार्रवाई करने के लिए संबंधित राज्य सरकार को भेज दिया जाता है।

## **INVITATION OF INDIANS FOR WORK IN RUSSIA**

**2028. DR. MALLU RAVI:**

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

- (a) whether the recent statement by Russian officials inviting Indians to come to Russia for work is part of a broader bilateral initiative;
- (b) if so, the details thereof;
- (c) the key opportunities and sectors where India and Russia are seeking collaboration, particularly in light of President Putin's recent remarks; and
- (d) the manner in which Russia's reaffirmation of its commitment to the Free Trade Agreement (FTA) between India and the European Union has impacted India's trade and economic relations with both countries?

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

- (a) and (b) India and Russia have wide-ranging bilateral cooperation, including in areas such as human resources, in which both sides have agreed to explore further possibilities of collaboration.
- (c) India-Russia relations are multi-faceted and span several sectors of cooperation such as defence, energy, space, science and technology, health, agriculture, culture and education. Further, India and Russia have explored new avenues for cooperation while further strengthening engagement in traditional areas.
- (d) Initial discussions on a Free Trade Agreement between India and the Eurasian Economic Union, of which Russia is a part, have taken place. In the recent past, there has been significant growth in bilateral trade between India and Russia.



Bilateral merchandise trade for the Financial Year 2023-24, stood at USD 65.4 billion, with a growth rate of 32.5% over the previous year.

### प्रवासी भारतीय कामगार

2029. श्री चन्द्र प्रकाश चौधरी:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार विदेश विशेषकर मलेशिया, इंडोनेशिया आदि जैसे दक्षिण पूर्वी एशियाई देशों में कार्यरत प्रवासी भारतीय कामगारों के सामने आ रही कठिनाइयों से अवगत है और यदि हां तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार संबंधित कामगारों की शिकायतों के निवारण के लिए उनके संपर्क में है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;

(ग) क्या सरकार के पास ऐसे कामगारों के संपर्क में रहने के लिए कोई तंत्र विद्यमान है; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

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

(क) सरकार को समय-समय पर मलेशिया और इंडोनेशिया जैसे दक्षिण-पूर्वी एशियाई देशों सहित विदेश में काम करने वाले भारतीय नागरिकों से विभिन्न प्रकार की शिकायतें प्राप्त होती रहती हैं। इन शिकायतों में धोखाधड़ी, भुगतान में देरी/वेतन का भुगतान न करना, पासपोर्ट रोक लेना, अनुपयुक्त कार्य परिस्थितियाँ, घटिया आवास, काम की बढ़ी हुई अवधि, दुर्यवहार, उत्पीड़न, अत्यधिक काम, प्रवेश/निकास परमिट/वीजा का नवीनीकरण/अंतिम निकास परमिट देने से इनकार करना, वेतन का भुगतान न करना, उपयुक्त स्वास्थ्य सेवा का न होना और आश्वासन के अनुरूप नौकरी न देना आदि बातें शामिल हैं।

(ख) से (घ) सरकार विदेशों में भारतीय नागरिकों की सुरक्षा, संरक्षा और कल्याण को सर्वोच्च प्राथमिकता देती है। हमारे मिशन और केन्द्र हर समय सतर्क रहते हैं और विदेशों में भारतीय नागरिकों की कार्य

स्थितियों की सक्रिय रूप से निगरानी करते हैं। सरकार ने विदेशों में काम कर रहे भारतीय नागरिकों को किसी सहायता की आवश्यकता होने पर मिशन/केन्द्र तक पहुंचने में सक्षम बनाने के लिए विभिन्न चैनल स्थापित किए हैं। वे वॉक-इन इंटरव्यू, ईमेल, बहुभाषी 24x7 आपातकालीन नंबरों, मदद, सीपीजीआरएमएस और ईमाइग्रेट जैसे शिकायत निवारण पोर्टलों और सोशल मीडिया आदि के माध्यम से मिशन/केन्द्रों से संपर्क कर सकते हैं। जब भी ऐसे मामले रिपोर्ट किए जाते हैं, मिशन/केन्द्र, नियोक्ता/प्रायोजक/एजेंट और स्थानीय प्राधिकारियों के साथ समन्वय करते हुए त्वरित कार्रवाई करते हैं और पीड़ित भारतीय कामगार को बचाने और भारत प्रत्यावर्तन सहित सभी संभव सहायता प्रदान करते हैं। सभी मामलों पर भारतीय कामगारों को मार्गदर्शन और परामर्श प्रदान करने के लिए कुआलालंपुर (मलेशिया) सहित प्रवासी भारतीय सहायता केंद्र (पीबीएसके) स्थापित किए गए हैं।

जिन देशों में भारतीय प्रवासी कामगारों की संख्या काफी अधिक है, वहां के मिशनों/केंद्रों में विशिष्ट श्रमिक शाखा की स्थापना की गई है, जो श्रमिकों से संबंधित शिकायतों का शीघ्र निवारण सुनिश्चित करती है। मलेशिया सहित कई देशों में संकटग्रस्त भारतीय नागरिकों के लिए आश्रय गृह स्थापित किए गए हैं। ये आश्रय गृह संकट में फंसे भारतीय नागरिकों को भारत वापस भेजे जाने तक निःशुल्क भोजन और आवास प्रदान करते हैं।

भारतीय मिशन/केंद्र नियमित रूप से दूरदराज के क्षेत्रों में भारतीय नागरिकों और ऐसे क्षेत्रों में रहने वाले श्रमिकों के लिए ओपन हाउस और कोउंसली कैंप आयोजित करते हैं, ताकि उनकी शिकायतों, यदि कोई हो, का समाधान करने सहित कोउंसली सेवाएं प्रदान की जा सकें। रोजगार संबंधी मुद्दों से जुड़ी शिकायतों को भी शीघ्र निवारण के लिए मेजबान देश के स्थानीय श्रम विभाग और अन्य संबंधित प्राधिकारियों के समक्ष उठाया जाता है। मेजबान देशों के साथ हस्ताक्षरित समझौता ज्ञापनों (एमओयू) के आधार पर, श्रमिकों के कल्याण और सुरक्षा से संबंधित मामलों को भी मेजबान देशों के साथ संयुक्त कार्य समूहों की नियमित बैठकों के दौरान उठाया जाता है। इसके अतिरिक्त, ऐसे मामलों को नियमित रूप से राजनयिक माध्यमों से संबंधित सरकारों के समक्ष भी उठाया जाता है।

मिशन/केंद्र, विदेश में संकटग्रस्त भारतीय नागरिकों को 'साधन परीक्षण आधार' पर वित्तीय और कानूनी सहायता प्रदान करने के लिए समय-समय पर भारतीय सामुदायिक कल्याण कोष (आईसीडब्ल्यूएफ) का उपयोग करते हैं। भारतीय सामुदायिक कल्याण कोष के तहत दी जाने वाली मुख्य सहायता में भोजन एवं आवास, भारत वापस आने के लिए हवाई यात्रा की व्यवस्था, कानूनी सहायता, आपातकालीन चिकित्सा देखभाल, पार्थिव अवशेषों को भारत लाना और छोटे-मोटे जुमाने और दंड का भुगतान शामिल है।

### राजस्थान में पैनलबद्ध अस्पताल

#### 2030. श्री हरीश चंद्र मीना:

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

विगत तीन वर्षों में प्रत्येक वर्ष और वर्तमान वर्ष के दौरान राजस्थान के टोंक सवाई माधोपुर जिले सहित देश में

आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत पैनलबद्ध सार्वजनिक/निजी अस्पतालों का राज्य-वार/वर्ष-वार ब्यौरा क्या है?

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

विगत तीन वर्षों और वर्तमान वर्ष के दौरान आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत पैनलबद्ध सार्वजनिक और निजी अस्पतालों की राज्य/संघ राज्य क्षेत्र-वार और वर्ष-वार संख्या का ब्यौरा संलग्न **विवरण -I** में दिया गया है।

टोंक और सवाई माधोपुर जिले में विगत तीन वर्षों और वर्तमान वर्ष के दौरान योजना के अंतर्गत पैनलबद्ध सार्वजनिक और निजी अस्पतालों का ब्यौरा संलग्न **विवरण -I** में दिया गया है।

#### विवरण -I

विगत तीन वर्षों और वर्तमान वर्ष के दौरान एबी-पीएमजेएवाई के अंतर्गत पैनलबद्ध सार्वजनिक  
और निजी अस्पतालों की राज्य/संघ राज्य-वार और वर्ष-वार संख्या

राज्य/संघ राज्य क्षेत्र	2021-2022		2022-2023		2023-2024		2024-2025*	
	सार्वजनिक	निजी	सार्वजनिक	निजी	सार्वजनिक	निजी	सार्वजनिक	निजी
अंडमान व निकोबार द्वीप समूह	0	0	4	0	0	0	0	0
आंध्र प्रदेश	590	99	44	88	33	87	30	65
अरुणाचल प्रदेश	17	0	9	0	2	1	0	2
असम	0	11	2	28	16	26	6	7
बिहार	2	34	1	69	1	80	2	79
चंडीगढ़	0	4	0	1	0	2	0	2
छत्तीसगढ़	28	94	28	122	22	19	6	50
डीएनएच और डीडी	0	0	0	0	8	5	0	0
गोवा	2	0	0	0	0	0	0	0
गुजरात	13	135	97	158	80	134	18	101
हरियाणा	2	57	0	126	338	121	1	79
हिमाचल प्रदेश	0	24	2	24	1	30	0	11

जम्मू और कश्मीर	1	32	2	30	3	37	4	0
झारखंड	4	34	1	24	1	22	1	8
कर्नाटक	16	24	49	87	58	103	7	30
केरल	7	72	1	43	3	1	1	18
लद्दाख	0	0	0	0	0	0	0	0
लक्षद्वीप	0	0	0	0	0	0	0	0
मध्य प्रदेश	25	116	21	91	9	87	7	49
महाराष्ट्र	5	63	3	86	5	92	2	16
मणिपुर	9	3	0	11	0	8	0	3
मेघालय	1	0	0	0	4	0	2	2
मिजोरम	0	0	1	0	0	1	1	0
नागालैंड	3	0	0	2	1	11	2	0
राष्ट्रीय राजधानी क्षेत्र दिल्ली	1	7	0	2	0	16	0	6
ओडिशा	0	0	0	1	1	0	0	0
पीएसयू	1	0	0	0	0	0	0	0
पुदुचेरी	0	6	0	2	0	0	0	0
पंजाब	1	63	3	25	2	65	5	35
राजस्थान	42	421	60	209	31	64	0	0

सिक्किम	6	0	0	1	1	1	2	2
तमिलनाडु	524	146	22	51	86	40	9	17
तेलंगाना	142	246	826	52	2	56	1	18
त्रिपुरा	2	0	2	1	3	2	1	0
उत्तर प्रदेश	3	267	12	579	1810	579	62	236
उत्तराखंड	0	20	0	25	1	48	1	27
पश्चिम बंगाल	0	0	2	0	0	5	0	7

\*नोट: दिनांक 25 नवंबर, 2024 की स्थिति के अनुसार आंकड़े

### विवरण -II

टोंक एवं सवाई माधोपुर जिले में विगत तीन वर्षों एवं वर्तमान वर्ष के दौरान पैनलबद्ध सार्वजनिक एवं निजी अस्पताल

अस्पताल का नाम	अस्पताल का प्रकार	जिले का नाम	पैनलबद्ध करने का माह और वर्ष
रिद्धि सिद्धि हॉस्पिटल	निजी	सवाई माधोपुर	22-जुलाई
सीएचसी मलारना चौर	सरकारी	सवाई माधोपुर	23-फरवरी
गर्ग अस्पताल और अनुसंधान केंद्र	निजी	सवाई माधोपुर	23 मई

सामुदायिक स्वास्थ्य केंद्र तलवाड़ा	सरकारी	सवाई माधोपुर	23 अगस्त
सामुदायिक स्वास्थ्य केंद्र फलोदी	सरकारी	सवाई माधोपुर	24-अक्टूबर
सामुदायिक स्वास्थ्य केंद्र बालेर	सरकारी	सवाई माधोपुर	24-अक्टूबर
अनन्या हॉस्पिटल	निजी	टोंक	22 अप्रैल
रेखा देवी मेमोरियल हॉस्पिटल मालपुरा	निजी	टोंक	22-जून
ज्योति किरण अस्पताल	निजी	टोंक	22-जून
ओजस हॉस्पिटल	निजी	टोंक	22-जुलाई
लव कुश हॉस्पिटल	निजी	टोंक	22-जुलाई
श्री दयाल अस्पताल	निजी	टोंक	22-जुलाई
सामुदायिक स्वास्थ्य केंद्र	सरकारी	टोंक	22-नवंबर
सामुदायिक स्वास्थ्य केंद्र दतवास	सरकारी	टोंक	23-फरवरी
अशोक हॉस्पिटल	निजी	टोंक	23 मई
सामुदायिक स्वास्थ्य केंद्र	सरकारी	टोंक	23 अगस्त
वीरा हॉस्पिटल	निजी	टोंक	23-अक्टूबर
चंद्रभान हॉस्पिटल	निजी	टोंक	24 जनवरी

## **CONNECTIVITY TO CUDDALORE PORT**

### **2031. DR. M. K. VISHNU PRASAD:**

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

(a) the steps taken/proposed to be taken by the Government to improve road and rail connectivity to Cuddalore Port;

(b) whether there are any proposals for enhancing logistics efficiency and reducing transportation costs for cargo moving through the said port and if so, the details thereof;

(c) the initiatives taken/proposed to be taken by the Government to promote trade and commerce through the said port;

(d) whether there is any plan to establish a National Maritime University or a Central Government maritime college in Tamil Nadu particularly in Cuddalore; 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 (c) Cuddalore is a port other than Major Port in the State of Tamil Nadu. Ministry of Ports, Shipping and Waterways under Sagarmala Scheme has partially funded the project of development of Cuddalore port which includes breakwater, berth and dredging.

Govt. of Tamil Nadu has informed that the current demand at Cuddalore Port is modest and the existing infrastructure is adequate to meet the operational needs.

With the objective of boosting cargo handling operations, Govt. of Tamil Nadu is in



the process of selecting a port operator through tendering process for Marketing, Operation and Maintenance of Cuddalore Port.

Ministry of Railways has informed that Final Location Survey for rail connectivity between Cuddalore Port and Cuddalore Junction has been approved. However, final development depends on volume of cargo upon operationalisation of port. Further, Ministry of Road, Transport and Highways has included Cuddalore Port in the Port Connectivity Master Plan for enhancing port logistics and efficiency.

(d) and (e) Ministry of Ports, Shipping and Waterways has already established Indian Maritime University (IMU), as a Central University, in Tamil Nadu which is headquartered at Chennai. The IMU Campus in Chennai also caters to Cuddalore which is around 150 Kms from Chennai on the same east coast.

### **MAINTENANCE OF FERTILIZER STOCKS**

**2032: SHRI SHREYAS M. PATEL:**

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

- a) the details of fertiliser stocks maintained by the Government for different agricultural seasons over the past five years, along with the details of distribution against the requirement, State-wise;
- b) whether there have been any instances of insufficient fertiliser stocks in various states during key farming seasons, and if so, the reasons for the shortages;
- c) the specific measures taken to address fertilizer shortages and ensure adequate and timely availability to farmers; and

d) the steps being implemented to improve fertilizer stock forecasting and distribution to avoid future shortages during peak agricultural periods?

**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 details regarding requirement, availability, sales and closing stock of Urea, DAP, MOP and NPKS across the country in last five years and in Kharif 2024 and Rabi 2024-25 season is given in the enclosed **Statement**.

(c) and (d): Following steps are taken by the Government every season for ensuring timely and adequate supply of fertilizers in the country:

- i. Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DAandFW), in consultation with all the State Governments, assesses the state-wise and month-wise requirement of fertilizers.
- ii. On the basis of requirement projected, Department of Fertilizers allocates sufficient/ adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.
- iii. The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web based monitoring system called integrated Fertilizer Monitoring System (iFMS);
- iv. Regular Weekly Video Conference is conducted jointly by DAandFW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.

v. The gap between demand (requirement) and production of fertilizers is met through imports. The import for the season is also finalized well in advance to ensure timely availability.



	Pradesh																
4	Assam	0.76	1.29	0.57	0.74	0.12	0.26	0.15	0.11	0.14	0.18	0.05	0.13	0.17	0.22	0.09	0.13
5	Bihar	4.77	7.7	2.98	4.75	1.8	2.28	1.62	0.69	0.76	1.56	0.65	0.91	2.85	3.03	1.73	1.34
6	Chandigarh	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Chhattisgarh	1.34	2	0.44	1.55	0.46	0.48	0.18	0.31	0.08	0.34	0.04	0.3	0.34	0.41	0.1	0.31
8	Dadra and Nagar Haveli	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Daman and Diu	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Delhi	0	0.12	0.07	0.04	0	0.03	0.02	0	0	0	0	0	0	0	0	0
11	Goa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Gujarat	5.99	6.06	4.05	2.02	1.82	2.18	1.81	0.38	0.37	0.63	0.35	0.29	2.05	3.48	2.46	1.03

13	Haryana	5.18	8.08	5.26	2.81	2.26	2.44	2.27	0.17	0.1	0.39	0.11	0.27	0.57	0.73	0.58	0.15
14	Himachal Pradesh	0.1	0.19	0.07	0.12	0	0.02	0.01	0.01	0.02	0.02	0	0.02	0.09	0.16	0.07	0.09
15	Jammu and Kashmir	0.08	0.43	0.08	0.34	0.07	0.2	0.08	0.12	0.03	0.04	0.01	0.03	0	0	0	0
16	Jharkhand	0.37	1.11	0.34	0.77	0.16	0.32	0.15	0.17	0.02	0.03	0.01	0.02	0.21	0.29	0.11	0.18
17	Karnataka	2.36	5.89	2.38	3.56	0.69	1.12	0.62	0.51	0.27	1.08	0.36	0.74	1.94	6.55	3.14	3.46
18	Kerala	0.26	0.47	0.3	0.17	0.02	0.06	0.06	0.01	0.2	0.43	0.23	0.2	0.27	0.53	0.35	0.18
19	Lakshadweep	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Madhya Pradesh	13.32	14.21	10.1	4.08	5.83	5.09	3.9	1.19	0.31	0.88	0.38	0.5	3.56	4.99	4.01	0.98

21	Maharashtra	2.34	9.1	3.14	5.95	0.8	1.79	0.94	0.85	0.27	1.28	0.32	0.97	3.89	8.66	3.79	4.9
22	Manipur	0.03	0.02	0	0.02	0	0	0	0	0.01	0	0	0	0	0	0	0
23	Meghalaya	0.01	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Mizoram	0	0.07	0.03	0.04	0	0	0	0	0	0	0	0	0	0	0	0
25	Nagaland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Odisha	0.41	1.81	0.5	1.29	0.13	0.4	0.15	0.25	0.06	0.3	0.05	0.25	0.15	0.75	0.19	0.56
27	Puducherry	0.03	0.05	0.03	0.02	0	0.01	0	0	0	0.01	0	0	0.01	0.04	0.02	0.02
28	Punjab	8.46	9.66	5.4	4.23	4.26	3.48	3.01	0.46	0.3	0.54	0.19	0.35	1.21	0.99	0.71	0.27
29	Rajasthan	9.52	10.32	7.85	2.48	2.8	2.99	2.59	0.42	0.06	0.16	0.08	0.08	1.31	1.61	1.34	0.27
30	Sikkim	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Tamil Nadu	3.09	4.57	2.72	1.87	0.67	1.09	0.69	0.41	0.54	0.96	0.43	0.54	2.88	3.35	2.08	1.31
32	Telangana	3.51	5.29	1.46	3.86	0.62	0.79	0.42	0.37	0.26	0.48	0.16	0.32	2.67	3.97	1.58	2.56

33	Tripura	0.03	0.11	0.02	0.09	0	0	0	0	0	0.05	0.01	0.04	0	0.02	0.01	0.01
34	Uttarakhand	0.34	0.55	0.26	0.29	0.11	0.25	0.16	0.1	0.04	0.06	0.01	0.05	0.1	0.08	0.08	0.01
35	Uttar Pradesh	12.65	24.68	9.64	15.04	11.15	10.03	8.26	1.78	0.91	1.6	0.89	0.72	6.35	6.57	5.29	1.33
36	West Bengal	2.58	5.88	1.96	3.85	0.7	1.04	0.64	0.44	0.69	1.51	0.5	1.02	3.57	4.69	2.22	2.51
	<b>All India</b>	<b>80.08</b>	<b>125.02</b>	<b>62.05</b>	<b>62.92</b>	<b>35.29</b>	<b>37.89</b>	<b>28.71</b>	<b>9.33</b>	<b>5.82</b>	<b>13.48</b>	<b>5.16</b>	<b>8.36</b>	<b>38.03</b>	<b>57.91</b>	<b>33.57</b>	<b>24.98</b>

**DEMAND, AVAILABILITY, CONSUMPTION and CLOSING STOCK OF FERTILIZERS DURING THE KHARIF 2024**

fig. in LMT

		UREA	DAP	MOP	NPKS
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7	Chhattisgarh	6.5	8.63	7.2	1.44	3.4	3.13	2.89	0.29	0.58	0.84	0.59	0.25	1.2	2.2	1.8	0.35
8	Dadra and Nagar Haveli	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Daman and Diu	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Delhi	0.08	0.22	0.18	0.04	0.01	0.02	0.02	0	0	0	0	0	0	0	0	0
11	Goa	0.01	0.01	0.01	0	0.01	0	0	0	0	0	0	0	0.03	0.02	0.02	0
12	Gujarat	11.85	13.13	10.73	2.4	3.5	3.22	2.61	0.61	0.35	0.64	0.26	0.38	3	5.68	3.86	1.83
13	Haryana	10.3	14.04	10.05	3.98	3.2	3.14	2.6	0.54	0.3	0.56	0.26	0.3	0.5	0.77	0.34	0.43
14	Himachal Pradesh	0.34	0.46	0.35	0.12	0.01	0.02	0.01	0.01	0.01	0.02	0.01	0.01	0.16	0.19	0.13	0.06
15	Jammu and Kashmir	0.78	1.13	0.75	0.39	0.24	0.28	0.17	0.11	0.09	0.1	0.07	0.04	0.02	0.01	0	0

16	Jharkhand	1.65	2.63	2.02	0.6	0.65	0.55	0.42	0.12	0.03	0.04	0.02	0.02	0.35	0.66	0.5	0.17
17	Karnataka	10.75	15.13	11.55	3.58	3.9	4.38	3.87	0.58	1.3	1.89	1.24	0.67	9.9	17.06	12.17	4.81
18	Kerala	0.54	0.73	0.52	0.21	0.1	0.13	0.1	0.03	0.42	0.5	0.38	0.12	0.77	0.96	0.61	0.35
19	Lakshadweep	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Madhya Pradesh	15.38	23.06	17.57	5.49	8.57	6.78	5.75	1.05	0.45	1.05	0.44	0.6	2.5	7.09	4.73	2.33
21	Maharashtra	13.73	21.67	15.54	6.14	5	4.63	3.96	0.82	1.3	2.23	1.13	1.1	18	24.98	18.34	6.48
22	Manipur	0.16	0.13	0.1	0.02	0.02	0.01	0.01	0	0.02	0.01	0.01	0	0	0.01	0.01	0
23	Meghalaya	0.02	0.03	0.03	0	0.01	0	0	0	0	0	0	0	0.01	0	0	0
24	Mizoram	0.07	0.11	0.1	0.01	0.01	0	0	0	0	0	0	0	0	0	0	0
25	Nagaland	0	0.01	0.01	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Odisha	4.2	6.01	4.75	1.26	2.16	2.02	1.79	0.24	0.6	0.71	0.55	0.16	2	3.05	2.42	0.64
27	Puducherry	0.08	0.08	0.07	0.01	0.01	0.01	0.01	0	0.01	0.01	0	0	0.04	0.06	0.03	0.03

28	Punjab	11.5	21.02	17.27	3.75	3.6	3.74	2.75	0.98	0.5	0.69	0.34	0.35	1	1.03	0.44	0.59
29	Rajasthan	11.2	14.94	10.58	4.36	5.5	4.11	3.57	0.54	0.11	0.15	0.08	0.07	0.75	1.66	0.99	0.68
30	Sikkim	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Tamil Nadu	4.91	6.35	4.43	1.93	1.4	1.46	1.01	0.44	1.04	1.11	0.74	0.37	4.54	5.57	3.54	2.03
32	Telangana	10.4	12.89	9.66	3.23	2.4	2.53	2.17	0.35	0.6	0.74	0.48	0.25	10	11.22	8.55	2.69
33	Tripura	0.08	0.19	0.07	0.11	0.03	0.01	0.01	0	0.01	0.06	0.01	0.05	0.03	0.03	0.02	0.01
34	Uttarakhand	1	1.54	1.29	0.25	0.15	0.29	0.16	0.14	0.03	0.07	0.01	0.05	0.2	0.14	0.09	0.05
35	Uttar Pradesh	38	52.5	39	13.51	9.05	10.43	7.02	3.41	0.47	1.53	0.48	1.05	6	6.8	3.42	3.4
36	West Bengal	5.6	10.13	6.64	3.51	1.8	1.62	1.13	0.49	0.8	1.41	0.89	0.52	4	8.2	5.28	2.93
	<b>All India</b>	<b>177.12</b>	<b>252.1</b>	<b>189.12</b>	<b>63.02</b>	<b>59.87</b>	<b>58.08</b>	<b>46.12</b>	<b>12.23</b>	<b>10.26</b>	<b>16.6</b>	<b>9.27</b>	<b>7.33</b>	<b>74.19</b>	<b>111.66</b>	<b>75.46</b>	<b>35.94</b>

DEMAND, AVAILABILITY, CONSUMPTION and CLOSING STOCK OF FERTILIZERS DURING THE FY 2023-24																	
fig. in LMT																	
S. No	State	UREA				DAP				MOP				NPKS			
		DEMAND	AVAILABILITY	CONSUMPTION	CLOSING STOCK	DEMAND	AVAILABILITY	CONSUMPTION	CLOSING STOCK	DEMAND	AVAILABILITY	CONSUMPTION	CLOSING STOCK	DEMAND	AVAILABILITY	CONSUMPTION	CLOSING STOCK
1	Andaman and Nicobar Islands	0	0.01	0	0.01	0	0	0	0	0	0.01	0	0	0	0	0	0
2	Andhra Pradesh	15.73	17.89	14.99	2.9	4.13	4.86	4.2	0.66	1.84	1.81	1.31	0.49	13.28	17.87	14.02	3.85
3	Arunachal Pradesh	0.01	0.01	0.01	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Assam	3.46	4.56	3.73	0.83	0.75	0.87	0.72	0.15	0.66	0.69	0.44	0.24	0.3	0.39	0.23	0.16
5	Bihar	22.63	27.46	23.24	4.22	6.82	7.78	6.51	1.27	2.28	1.75	1.39	0.36	4.5	6.09	4.39	1.7

6	Chandigarh	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Chhattisgarh	8.4	11.37	8.99	2.38	3.1	5.28	4.34	0.93	0.66	0.97	0.6	0.36	1.07	1.9	1.3	0.6
8	Dadra and Nagar Haveli	0.01	0	0	0	0.01	0	0	0	0	0	0	0	0	0	0	0
9	Daman and Diu	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Delhi	0	0.37	0.32	0.05	0	0.05	0.04	0	0	0	0	0	0	0	0	0
11	Goa	0.03	0.02	0.02	0	0.01	0.01	0.01	0	0.01	0	0	0	0.04	0.03	0.02	0
12	Gujarat	24.71	26.78	24.3	2.47	5.86	6.71	6.29	0.42	1.3	1	0.8	0.2	6	8.93	6.97	1.96
13	Haryana	20.63	24.86	21.77	3.08	5.6	6.29	5.83	0.46	0.55	0.5	0.36	0.14	1.2	0.64	0.44	0.2
14	Himachal Pradesh	0.68	0.82	0.68	0.14	0.01	0.01	0.01	0	0.05	0.05	0.03	0.02	0.37	0.39	0.32	0.07



25	Nagaland	0	0.01	0.01	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Odisha	5.46	7.7	5.84	1.86	2.33	3.12	2.74	0.39	1.03	0.93	0.66	0.27	2.8	3.16	2.42	0.74
27	Puducherry	0.16	0.15	0.13	0.01	0.02	0.01	0.01	0	0.01	0.01	0.01	0	0.06	0.1	0.07	0.03
28	Punjab	29.48	37.35	30.68	6.67	8	8.23	7.24	1	0.85	0.62	0.5	0.12	1.5	1.02	0.73	0.28
29	Rajasthan	24.28	29.23	25.39	3.84	8.95	9.8	9.37	0.44	0.23	0.2	0.15	0.06	1.11	1.4	1.08	0.31
30	Sikkim	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Tamil Nadu	10.23	11.86	10.11	1.75	2.95	3.22	2.71	0.51	2.45	2.05	1.63	0.42	7.3	10.19	7.94	2.25
32	Telangana	18.94	23.77	19.03	4.74	3.8	4.34	3.68	0.66	2	1.18	0.92	0.26	15.99	17.09	13.62	3.47
33	Tripura	0.24	0.26	0.14	0.12	0.05	0.04	0.03	0.01	0.07	0.06	0.02	0.03	0.02	0.03	0.02	0.01
34	Uttarakhand	1.84	2.67	2.31	0.36	0.35	0.49	0.38	0.11	0.08	0.08	0.04	0.04	0.35	0.24	0.2	0.04
35	Uttar Pradesh	76.15	91.83	74.53	17.3	24.5	25.76	21.61	4.15	2.35	1.62	1.21	0.41	9.5	10.13	7.93	2.2
36	West Bengal	14.32	17.34	12.2	5.14	4.02	3.83	3.2	0.63	3.35	2.85	1.83	1.03	10.65	12.74	9.2	3.54



	All India	356.08	437.47	357.81	79.66	110.18	127.42	109.73	17.69	27.62	22.74	16.45	6.29	126.31	156.51	116.8	39.71
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DEMAND, AVAILABILITY, CONSUMPTION and CLOSING STOCK OF FERTILIZERS DURING THE FY 2022-23																	
fig. in LMT																	
		UREA				DAP				MOP				NPKS			
S. No	State	DEMAND	AVAILABILITY	CONSUMPTION	CLOSING STOCK	DEMAND	AVAILABILITY	CONSUMPTION	CLOSING STOCK	DEMAND	AVAILABILITY	CONSUMPTION	CLOSING STOCK	DEMAND	AVAILABILITY	CONSUMPTION	CLOSING STOCK
1	Andaman and Nicobar Islands	0	0.01	0	0.01	0	0.01	0	0	0	0.01	0	0.01	0.01	0	0	0

2	Andhra Pradesh	16.65	18.39	15.87	2.52	4.2	5.43	4.64	0.8	3.09	1.42	1.18	0.24	15.97	16.27	13.73	2.55
3	Arunachal Pradesh	0.01	0.01	0.01	0	0.01	0	0	0	0.01	0	0	0	0	0	0	0
4	Assam	3.85	4.07	3.56	0.51	0.85	0.83	0.63	0.2	0.75	0.58	0.47	0.11	0.26	0.22	0.19	0.03
5	Bihar	22.8	24.68	21.96	2.72	6.82	7.15	5.66	1.49	2.16	1.55	1.26	0.29	3.72	5.35	4.25	1.1
6	Chandigarh	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Chhattisgarh	8.74	10.57	8.38	2.19	3.7	4.68	3.14	1.54	1.01	0.77	0.56	0.21	1.45	1.63	1.06	0.57
8	Dadra and Nagar Haveli	0.01	0.01	0.01	0	0.01	0	0	0	0	0	0	0	0	0	0	0
9	Daman and Diu	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Delhi	0.2	0.32	0.28	0.04	0.04	0.06	0.05	0	0.01	0	0	0	0.01	0	0	0
11	Goa	0.03	0.02	0.02	0	0.01	0	0	0	0.01	0	0	0	0.04	0.03	0.03	0

12	Gujarat	24	27.3	24.73	2.58	5.5	7.48	6.1	1.39	1.15	0.91	0.81	0.09	5.85	7.08	5.23	1.84
13	Haryana	21.5	23.68	20.46	3.22	5.7	6.48	5.59	0.89	0.6	0.43	0.35	0.07	0.7	0.3	0.26	0.05
14	Himachal Pradesh	0.76	0.85	0.74	0.11	0.02	0.02	0.02	0	0.07	0.07	0.04	0.03	0.39	0.41	0.35	0.05
15	Jammu and Kashmir	1.68	1.93	1.6	0.33	0.59	0.6	0.48	0.13	0.4	0.23	0.17	0.06	0.04	0	0	0
16	Jharkhand	2.6	3.04	2.56	0.49	1	0.89	0.77	0.13	0.2	0.05	0.04	0.01	0.46	0.52	0.45	0.08
17	Karnataka	17.2	22.22	18.21	4.01	5.9	8.44	6.21	2.23	3	1.68	1.41	0.27	17.16	21.53	16.67	4.86
18	Kerala	1.23	1.32	1.12	0.2	0.2	0.22	0.19	0.03	1.07	0.86	0.78	0.08	1.42	1.32	1.02	0.3
19	Lakshadweep	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Madhya Pradesh	33	36.94	32.39	4.55	18.5	17.61	13.85	3.77	1.57	0.76	0.62	0.14	4.85	6.25	4.79	1.46
21	Maharashtra	25.29	30.39	24.66	5.73	8.2	9.34	7.18	2.16	4.3	1.68	1.38	0.29	23.5	28.89	20.46	8.43

22	Manipur	0.22	0.35	0.31	0.04	0.12	0.04	0.04	0	0.12	0.05	0.04	0.02	0	0.03	0.03	0
23	Meghalaya	0.02	0.01	0	0.01	0.01	0	0	0	0.01	0	0	0	0.01	0	0	0
24	Mizoram	0.09	0.11	0.1	0	0.06	0.01	0.01	0	0.04	0	0	0	0	0	0	0
25	Nagaland	0	0.01	0.01	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Odisha	5.84	7.08	5.6	1.47	2.69	2.55	1.94	0.61	1.35	0.84	0.61	0.23	3.05	3.26	2.63	0.63
27	Puducherry	0.15	0.18	0.17	0.01	0.01	0.02	0.02	0	0.02	0.01	0.01	0	0.07	0.09	0.06	0.02
28	Punjab	29.25	34.9	29.45	5.44	7.25	8.46	7.17	1.28	0.9	0.49	0.41	0.09	1.7	0.71	0.58	0.14
29	Rajasthan	21.5	27.91	25.17	2.74	7.4	9.7	8.47	1.23	0.3	0.18	0.14	0.04	0.95	0.85	0.72	0.13
30	Sikkim	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Tamil Nadu	9.96	11.38	10.05	1.33	2.73	3.49	2.76	0.73	2.53	1.85	1.65	0.2	6.45	9.19	7.38	1.81
32	Telangana	18.39	21.63	18.83	2.79	3.55	4.7	3.71	0.99	2.27	0.86	0.74	0.12	15.16	16.24	12.9	3.35
33	Tripura	0.27	0.28	0.19	0.08	0.05	0.02	0.02	0.01	0.09	0.06	0.02	0.04	0.02	0.03	0.02	0
34	Uttarakhand	2.2	2.38	2.05	0.33	0.35	0.64	0.52	0.12	0.09	0.07	0.03	0.04	0.35	0.15	0.11	0.04

35	Uttar Pradesh	77.5	87.39	74.72	12.67	24.7	27.69	22.38	5.3	3.36	1.42	1.22	0.2	7	6.64	4.79	1.85
36	West Bengal	14.25	16.49	14.05	2.43	4.05	4.36	3.77	0.58	3.7	2.7	2.36	0.35	10.12	11.16	9.61	1.55
	All India	359.19	415.82	357.26	58.56	114.2	130.93	105.31	25.62	34.17	19.55	16.32	3.23	120.69	138.15	107.31	30.84

DEMAND, AVAILABILITY, CONSUMPTION and CLOSING STOCK OF FERTILIZERS DURING THE FY 2021-22																	
fig. in LMT																	
S · N o	State	UREA				DAP				MOP				NPKS			
		DEMAND	AVAILABILITY	CONSUMPTION	CLOSING STOCK	DEMAND	AVAILABILITY	CONSUMPTION	CLOSING STOCK	DEMAND	AVAILABILITY	CONSUMPTION	CLOSING STOCK	DEMAND	AVAILABILITY	CONSUMPTION	CLOSING STOCK



9	Daman and Diu	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Delhi	0.2	0.3	0.26	0.03	0.04	0.05	0.03	0.01	0.01	0	0	0	0.02	0	0	0
11	Goa	0.02	0.02	0.02	0	0.01	0	0	0	0.01	0.01	0	0	0.02	0.03	0.03	0
12	Gujarat	24	24.93	21.9	3.03	5	5.43	5	0.43	1.2	1.22	1.09	0.13	5.95	7.35	6.69	0.66
13	Haryana	20.5	23.26	20.75	2.51	6	5.33	4.96	0.37	0.56	0.67	0.57	0.1	0.7	0.63	0.54	0.09
14	Himachal Pradesh	0.79	0.9	0.74	0.15	0.02	0.01	0	0	0.08	0.1	0.04	0.06	0.38	0.34	0.19	0.15
15	Jammu and Kashmir	1.43	2.11	1.67	0.44	0.8	0.57	0.44	0.13	0.4	0.25	0.19	0.05	0.03	0.02	0	0.02
16	Jharkhand	2.6	3.01	2.57	0.44	1	0.97	0.91	0.06	0.2	0.05	0.01	0.04	0.46	0.49	0.45	0.04
17	Karnataka	16.5	21.04	17.84	3.19	6.54	6.37	5.73	0.63	3.17	2.74	2.54	0.2	17.2	20.82	18.72	2.11
18	Kerala	1.22	1.29	1.15	0.14	0.2	0.14	0.14	0	1.1	0.86	0.77	0.09	1.45	1.43	1.26	0.17

19	Lakshadweep	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Madhya Pradesh	35	33.01	29.18	3.83	19.5	12.54	12.03	0.51	1.8	1.31	1.18	0.13	4.35	5.31	4.96	0.35
21	Maharashtra	25.5	28.29	23.68	4.61	8.5	6.42	5.87	0.55	4.5	3.63	3.26	0.37	21.5	28.97	25.75	3.22
22	Manipur	0.27	0.24	0.14	0.09	0.14	0.03	0.01	0.02	0.14	0	0	0	0	0.02	0.01	0.01
23	Meghalaya	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Mizoram	0.09	0.03	0.01	0.02	0.06	0	0	0	0.04	0	0	0	0	0	0	0
25	Nagaland	0.02	0.01	0.01	0	0.02	0	0	0	0.01	0	0	0	0	0	0	0
26	Odisha	5.64	6.36	5.53	0.82	2.68	2.51	2.37	0.14	1.43	1.17	1.07	0.1	2.8	2.77	2.49	0.28
27	Puducherry	0.12	0.15	0.15	0	0.02	0.01	0.01	0	0.02	0.02	0.02	0	0.07	0.08	0.07	0.01
28	Punjab	28	34.95	31.34	3.61	8	6.58	6.27	0.31	1	0.87	0.64	0.22	0.76	1.47	1.21	0.26



29	Rajasthan	21	25.43	22.59	2.84	7.7	6.59	6.1	0.49	0.3	0.31	0.24	0.07	0.63	1.23	1.2	0.03
30	Sikkim	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Tamil Nadu	10.1	10.85	10.4	0.45	2.9	2.56	2.39	0.17	3	2.8	2.53	0.27	6.92	9.25	8.17	1.07
32	Telangana	19	19.19	17.12	2.08	4.2	3.14	2.98	0.16	3.1	1.5	1.39	0.11	18.6	15.07	13.24	1.83
33	Tripura	0.27	0.32	0.18	0.14	0.05	0.04	0.01	0.03	0.09	0.05	0.01	0.05	0.02	0.03	0.01	0.02
34	Uttarakhand	2.16	2.3	2.09	0.21	0.32	0.43	0.31	0.11	0.09	0.09	0.04	0.05	0.3	0.24	0.22	0.02
35	Uttar Pradesh	78	82.3	71.12	11.18	29.5	23.75	21.2	2.56	3.8	2.12	1.91	0.21	8	6.78	6.36	0.42
36	West Bengal	14.23	15.84	13.3	2.54	4.05	3.03	2.7	0.33	3.7	2.09	1.89	0.2	10.12	11.3	10.34	0.96
	All India	356.53	389.68	341.73	47.95	123.9	100.49	92.64	7.84	37.1	27.06	23.93	3.13	122.74	135.74	121.37	14.36

DEMAND, AVAILABILITY, CONSUMPTION and CLOSING STOCK OF FERTILIZERS DURING THE FY 2020-21																	
fig. in LMT																	
		UREA				DAP				MOP				NPKS			
S. No	State	DEMAND	AVAILABILITY	CONSUMPTION	CLOSING STOCK	DEMAND	AVAILABILITY	CONSUMPTION	CLOSING STOCK	DEMAND	AVAILABILITY	CONSUMPTION	CLOSING STOCK	DEMAND	AVAILABILITY	CONSUMPTION	CLOSING STOCK
1	Andaman and Nicobar Islands	0.01	0.01	0	0.01	0.02	0	0	0	0.01	0	0	0	0.01	0	0	0
2	Andhra Pradesh	17.5	18.84	15.92	2.93	4	4.66	4.21	0.45	2.8	3.6	2.94	0.66	13.5	19.78	17.27	2.5
3	Arunachal Pradesh	0.01	0	0	0	0	0	0	0	0.01	0	0	0	0	0	0	0

4	Assam	4.15	4.11	3.46	0.66	0.83	0.92	0.79	0.13	0.82	0.99	0.8	0.19	0.2	0.17	0.14	0.02
5	Bihar	22	26.21	23.3	2.91	7	8.93	8.12	0.81	2.5	3.44	2.61	0.83	3.5	4.58	3.63	0.95
6	Chandigarh	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Chhattisgarh	6.5	11.08	9.17	1.91	3.35	5.42	4.51	0.91	1.01	1.52	1.12	0.39	1.6	1.72	1.19	0.52
8	Dadra and Nagar Haveli	0	0.01	0.01	0	0	0.01	0.01	0	0	0	0	0	0	0	0	0
9	Daman and Diu	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Delhi	0.23	0.24	0.22	0.02	0.05	0.04	0.04	0	0.02	0.01	0	0	0.02	0	0	0
11	Goa	0.02	0.03	0.02	0	0.02	0	0	0	0.01	0.01	0.01	0	0.03	0.04	0.03	0
12	Gujarat	24	26.22	23.82	2.4	5	7.02	6.55	0.46	1.3	1.7	1.51	0.19	5.35	9.48	7.79	1.69
13	Haryana	21	23.64	21.52	2.11	6.3	6.86	6.32	0.54	0.7	0.98	0.6	0.37	0.4	0.35	0.23	0.12
14	Himachal Pradesh	0.7	0.88	0.72	0.16	0.02	0.02	0.02	0	0.09	0.12	0.08	0.04	0.41	0.45	0.34	0.1

15	Jammu and kashmir	1.43	2.58	2.16	0.42	0.79	0.93	0.8	0.13	0.26	0.6	0.48	0.12	0	0.04	0.02	0.02
16	Jharkhand	2.6	3.07	2.58	0.49	1	1.27	1.08	0.19	0.11	0.07	0.05	0.02	0.38	0.44	0.36	0.08
17	Karnataka	16.5	20.62	16.43	4.18	6.5	7.97	6.82	1.15	3.15	4.57	3.35	1.22	14.15	23.28	18.24	5.04
18	Kerala	1.13	1.51	1.27	0.23	0.19	0.22	0.21	0.01	0.85	1.28	1.09	0.18	1.25	1.72	1.44	0.28
19	Lakshadweep	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Madhya Pradesh	31	34.73	30.18	4.55	13.55	18.04	16.07	1.96	1.5	2.03	1.5	0.53	3.75	4.85	3.98	0.87
21	Maharashtra	25	29.76	24.62	5.14	7	9.44	8.17	1.28	4.5	5.43	4.09	1.34	21	35.89	26.89	9
22	Manipur	0.27	0.24	0.22	0.03	0.16	0.06	0.04	0.02	0.14	0.03	0.03	0	0	0	0	0
23	Meghalaya	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Mizoram	0.09	0.02	0.02	0	0.05	0	0	0	0.04	0	0	0	0	0	0	0

25	Nagaland	0.01	0.01	0.01	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Odisha	5.65	6.66	5.27	1.39	2.2	2.82	2.52	0.3	1.3	1.81	1.38	0.43	2.8	3.26	2.65	0.61
27	Puducherry	0.13	0.15	0.14	0.01	0.02	0.01	0.01	0	0.02	0.03	0.02	0	0.04	0.11	0.09	0.02
28	Punjab	28.3	32.85	29.37	3.49	8.25	8.87	7.73	1.14	1.5	1.21	0.85	0.36	0.76	0.47	0.36	0.11
29	Rajasthan	22	25.78	23.21	2.57	8	9.72	9.17	0.55	0.3	0.46	0.32	0.14	0.55	0.76	0.64	0.13
30	Sikkim	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Tamil Nadu	10	11.58	9.88	1.7	3.25	3.07	2.72	0.35	3.1	3.88	3.07	0.81	6.3	9.08	7.38	1.69
32	Telangana	19.5	22.2	17.54	4.67	2.7	3.62	3.14	0.48	2.6	3	2.47	0.54	13.5	18.38	15.18	3.2
33	Tripura	0.25	0.25	0.14	0.11	0.06	0.07	0.05	0.03	0.1	0.07	0.04	0.03	0.02	0.02	0.01	0.01
34	Uttarakhand	2.25	2.57	2.4	0.17	0.4	0.46	0.38	0.08	0.1	0.11	0.06	0.05	0.38	0.34	0.31	0.04
35	Uttar Pradesh	74	84.55	74.13	10.42	23	29.02	25.76	3.26	3.5	3.74	2.78	0.96	8	8.2	6.26	1.95
36	West Bengal	14.43	16.08	12.78	3.3	4.05	4.48	3.94	0.55	3.2	3.89	3.06	0.83	10.12	13.16	11.39	1.77

	All India	350.6 4	406.49	350.51	55.98	107.76	133.98	119.2	14.8	35.51	44.56	34.32	10.24	108	156.55	125.82	30.73
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## ब्रह्मपुत्र नदी में गाद की समस्या

†2033. श्री दिलीप शङ्कीया :

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

(घ) क्या ब्रह्मपुत्र नदी में भारी मात्रा में गाद जमा होने के कारण निमाटी- कमलाबाड़ी चैनल के बीच नौका सेवा बाधित हो गई है;

(ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस संबंध में सरकार की क्या प्रतिक्रिया है;

(च) क्या ऐसी समस्याएं देश की अन्य नदियों में भी देखी जा रही हैं;

(छ) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ज) वर्तमान में देश में उपयोग में लाई जा रही विभिन्न प्रकार की ड्रेजिंग तकनीकों का ब्यौरा क्या है?

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

**(क) और (ख):** जी, हां। निमाटी से कमलाबाड़ी तक के एक द्वितीय चैनल में गाद जमा हो गई थी जिससे नौका सेवा बाधित हुई थी। भारतीय अंतर्देशीय जलमार्ग प्राधिकरण (आईडब्ल्यूआई) ने यह जानकारी मिलने के बाद विस्तृत रूप से थलवेग सर्वेक्षण किया और अपेक्षित फेयरवे को बनाए रखने के लिए अन्य तरीकों (जैसे बैंडलिंग और चैनल मार्किंग) द्वारा संवर्धित ड्रेजर तैनात किए। दिनांक 30.10.2024 को नौका सेवा फिर से शुरू की गई। हालांकि, इस चैनल में बहुत कम डिस्चार्ज है और द्वितीयक/संकीर्ण चैनल का उपयोग नहीं किया जा सकता है। निमाटी-कमलाबाड़ी मार्ग को फिर से शुरू करने के लिए, कमलाबाड़ी पर बर्थिंग स्थान को बदलकर मुख्य चैनल कर दिया गया है। वर्तमान में, फैरी नए बर्थिंग स्थान से चालू है।

**(ग) और (घ):** जी, हां। ऊर्ध्वाधर जल स्तर में परिवर्तनशील वाली नदियों में नदी तट बर्थिंग पॉइंट के पास कम गहराई होना सामान्य है। यह गंगा नदी और ब्रह्मपुत्र नदी में सामान्य है। उदाहरण के लिए, कोलकाता में जी आर जेट्टी, हल्दिया जेट्टी, त्रिबेनी जेट्टी आदि में टर्मिनलों के पास कम गहराई / गाद जमा होना।

(ड): नदी में नौचालन चैनल की गहराई बढ़ाने के लिए ड्रेजिंग की जाती है। नौचालन चैनल आमतौर पर 35 से 45 मीटर चौड़ा होता है। हर दो सप्ताह में हाइड्रोग्राफिक सर्वेक्षण के दौरान नौचालन के लिए, जहां कहीं भी अपेक्षित गहराई से कम गहराई दर्ज की जाती है, वहां गहराई बढ़ाने के लिए ड्रेजिंग की जाती है। यह विभिन्न ड्रेजिंग तकनीकों की तैनाती द्वारा किया जाता है जिसमें विभिन्न ड्रेजर का उपयोग शामिल होता है जैसे कटर सक्शन ड्रेजर (सीएसडी), हाइड्रोलिक सरफेस ड्रेजर (एचएसडी) और एम्फीबियन ड्रेजर (एडी) जो सीएसडी, बकेट/ग्रेब ड्रेजिंग और हैमरिंग तकनीक दोनों पर काम करते हैं।

## **ERADICATION OF CHRONIC ENDEMIC DISEASES**

**2034. SHRI G. SELVAM :**

**SHRI C. N. ANNADURAI:**

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

(a) whether the Government has a list of major health projects and special programmes currently being implemented in the country and if so, the details thereof;

(b) whether the Government has identified any area where specific programmes are required for eradication of chronic endemic diseases in the country including Tamil Nadu and if so, the details thereof;

(c) whether the Government has reviewed the work done so far in this regard and if so, the details thereof;

(d) the present status and details of the said projects being implemented in the aspirational districts of the country including Tamil Nadu; and

(e) the steps taken/proposed to be taken by the Government to improve healthcare infrastructure in rural and underserved urban areas along with the progress of the said projects?



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

**(a)** : Public Health and Hospital is a State subject. Under National Health Mission (NHM), financial and technical support is provided to the States/UTs to strengthen their healthcare systems upto District Hospitals based on the requirements posed by States/UTs in their Programme Implementation Plans (PIPs) within their overall Resource Envelope. Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms and available resources. All details of health projects launched, cost incurred, specific programme for eradication of chronic endemic diseases to all States/UTs is accessible and can be downloaded from the link <https://nhm.gov.in/index1.php?lang=1andlevel=1andsublinkid=1377andlid=744>

**(b) and (c):** The National Center for Vector Borne Diseases Control (NCVBDC) administers an umbrella programme, namely, National Vector Borne Disease Control programme (NVBDCP) for prevention and control of six vector borne diseases (VBDs) namely Malaria, Kala-azar, Japanese Encephalitis, Dengue, Chikungunya and Lymphatic Filariasis in States/UTs including Tamil Nadu wherever these diseases are endemic. Government of India is working towards achieving Measles and Rubella Elimination across India including Tamil Nadu. To eliminate these diseases, two doses of Measles and Rubella Vaccine are provided to children at 9 months and 16-24 months of age under Universal Immunization Programme. A nationwide Measles and Rubella Vaccination campaign has been

conducted wherein children in the age group of 9 months to 15 years were vaccinated with an additional dose of MR vaccine.

The implementation, progress and performance of various health programmes are regularly assessed through review meetings, field visits as well as through Annual Program Planning and Review by National Programme Coordination Committee (NPCC), Common Review Missions (CRMs), Health Monitoring Information System (HMIS), Reproductive Child Health (RCH) portal, Ayushman Aarogya Mandir (AAM) portal, Non Communicable Diseases (NCD) portal.

**(d) and (e):** In Aspirational Districts, a total of 13 core indicators and 31 sub-indicators have been identified as key performance indicators from the Health and nutrition sector. In addition, MoHFW has come out with a short and long-term health plan for bringing reformative changes across Aspirational Districts. The Government of India has initiated to strengthen healthcare systems across the country through Indian Public Health Standards (IPHS), Ayushman Arogya Mandir under Ayushman Bharat, Pradhan Mantri Jan Arogya Yojana (PM-JAY) under Ayushman Bharat, Free Drugs Service Initiative, Free Diagnostics Service Initiatives, Pradhan Mantri National Dialysis Program, Pradhan Mantri Ayushman Bharat Health Infrastructure Mission, 15<sup>th</sup> Finance Commission Grants, India COVID-19 Emergency Response and Health System Preparedness Package (ECRP-I and II package), National Quality Assurance Standards (NQAS), Ayushman Bharat Digital Health Mission, e-Sanjeevani teleconsultation services.

## औषधि परीक्षण प्रयोगशाला

### 2035. श्री बाबू सिंह कुशवाहा:

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

(क) देश में औषधियों की गुणवत्ता, सुरक्षा और प्रभावकारिता सुनिश्चित करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है;

(ख) औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 के अंतर्गत राज्यों में औषधि विनियामक तंत्र को सुदृढ़ करने के लिए सरकार द्वारा प्रदान की जा रही सहायता का ब्यौरा क्या है;

(ग) राज्य औषधि नियंत्रण प्राधिकरणों के समक्ष प्रमुख चुनौतियों के मद्देनजर देश में औषधि परीक्षण प्रयोगशालाओं और मानव संसाधनों को मजबूत करने के लिए सरकार द्वारा राज्य/संघ राज्यक्षेत्र-वार विशेष रूप से उत्तर प्रदेश में क्या विशिष्ट पहल की गई है/की जाने का प्रस्ताव है; और

(घ) सरकार दवाओं की गुणवत्ता और सुरक्षा में सुधार लाने के लिए क्या कदम उठाएगी?

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

(क) और (घ): केन्द्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) और स्वास्थ्य और परिवार कल्याण मंत्रालय ने देश में औषधियों की गुणवत्ता, सुरक्षा और प्रभावकारिता सुनिश्चित करने के लिए निम्नानुसार कई उपाय किए हैं:

- i. देश में औषधि विनिर्माण परिसरों के विनियामक अनुपालन का आकलन करने के लिए, दिसंबर 2022 से केन्द्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) ने राज्य औषधि नियंत्रकों (एसडीसी) के साथ औषधि विनिर्माण फर्मों का जोखिम-आधारित निरीक्षण शुरू किया था। अब तक 500 से अधिक परिसरों का जोखिम आधारित निरीक्षण किया जा चुका है। औषधि विनिर्माण फर्मों की पहचान जोखिम संबंधी मानदंडों जैसे घटिया गुणवत्ता वाली औषधि के रूप में घोषित औषधियों की संख्या, शिकायतों, उत्पादों की गंभीरता आदि के आधार पर की गई है। निरीक्षणों के निष्कर्षों के आधार पर, औषधि नियमावली, 1945 के प्रावधानों के अनुसार,

राज्य लाइसेंसिंग प्राधिकारियों द्वारा कारण बताओ नोटिस जारी करने, उत्पादन रोकने के आदेश, निलंबन, लाइसेंसों/उत्पाद लाइसेंसों को रद्द करने आदि जैसी 400 से अधिक कार्रवाइयां की गई हैं।

- ii. केंद्र सरकार ने सा.का.नि. 922 (अ) दिनांक 28.12.2023 के माध्यम से औषध नियमावली, 1945 में संशोधन किया है ताकि अच्छी विनिर्माण परिपाटियों और फार्मास्युटिकल उत्पादों के लिए परिसर, संयंत्र और उपकरणों की आवश्यकताओं से संबंधित उक्त नियमों की अनुसूची एम को संशोधित किया जा सके। संशोधित 250 करोड़ के अधिक कारोबार करने वाले औषधि निर्माताओं के लिए 29.06.2024 से अनुसूची एम प्रभावी की गई है।
- iii. दिनांक 17.11.2022 को, औषध नियमावली, 1945 को सा.का.नि. 823 (अ) के तहत संशोधित किया गया था, जो संशोधन 1 अगस्त, 2023 से लागू किए गए हैं, जिनमें यह प्रावधान किया गया है कि अनुसूची एच2 में विनिर्दिष्ट औषधि विनिर्माण उत्पादों के शीर्ष 300 ब्रांडों के विनिर्माता, इसके प्राथमिक पैकेजिंग लेबल पर या, प्राथमिक पैकेज लेबल में अपर्याप्त स्थान होने के मामले में, द्वितीयक पैकेज लेबल पर, जो प्रमाणीकरण की सुविधा के लिए सॉफ्टवेयर अनुप्रयोग के साथ सुपाठ्य डेटा या जानकारी संग्रहीत करता है, बार कोड या क्विक रिस्पांस कोड प्रिंट करेंगे या चिपकाएंगे।
- iv. औषध नियमावली, 1945 को सा.का.नि. 20 (अ), दिनांक 18.01.2022 के तहत संशोधित किया गया था, जिसमें यह प्रावधान किया गया था कि भारत में विनिर्मित या आयातित प्रत्येक सक्रिय फार्मास्युटिकल घटक (बल्क ड्रग) भी पैकेजिंग के प्रत्येक स्तर पर उसके लेबल पर क्विक रिस्पांस कोड होगा जो ट्रेकिंग और ट्रेसिंग की सुविधा के लिए सॉफ्टवेयर एप्लिकेशन के साथ पठनीय डेटा या जानकारी को संग्रहीत करता है। संग्रहीत डेटा या जानकारी में अद्वितीय उत्पाद पहचान कोड, बैच नंबर, विनिर्माण की तारीख, समाप्ति की तारीख आदि सहित न्यूनतम विवरण शामिल होंगे।
- v. सा.का.नि. 101 (अ), दिनांक 11.02.2020 के तहत औषध नियमावली, 1945 को संशोधित किया गया था, जिसमें यह प्रावधान किया गया था कि दिनांक 01.03.2021 से कोई भी विपणनकर्ता जो किसी

भी औषधि को बेचता या वितरित करता है, वह उस औषधि की गुणवत्ता के साथ-साथ इन नियमों के तहत विनिर्माता के साथ अन्य विनियामक अनुपालनों के लिए उत्तरदायी होगा।

- vi. नकली और मिलावटी औषधियों के विनिर्माण के लिए कठोर दंड का प्रावधान करने के लिए औषध और प्रसाधन सामग्री (संशोधन) अधिनियम, 2008 के तहत औषध और प्रसाधन सामग्री अधिनियम, 1940 में संशोधन किया गया था। इसमें कुछ अपराधों को संज्ञेय और गैर-जमानती भी बनाया गया है।
- vii. राज्यों/संघ राज्य क्षेत्रों द्वारा शीघ्र निपटान के लिए औषध एवं प्रसाधन सामग्री अधिनियम के तहत अपराधों की जांच-परख के लिए विशेष न्यायालयों का गठन किया है।
- viii. औषधियों की प्रभावकारिता सुनिश्चित करने के लिए, औषध प्रसाधन सामग्री नियमावली, 1945 में संशोधन किया गया है जिसमें यह प्रावधान किया गया है कि आवेदक को कुछ औषधियों की ओरल डोसेज फॉर्म के विनिर्माण लाइसेंस की मंजूरी के लिए आवेदन पत्र के साथ जैव-समानता अध्ययन के निष्कर्ष प्रस्तुत करने होंगे।
- ix. औषधि और प्रसाधन सामग्री नियम, 1945 में संशोधन किया गया है, जिसमें यह अनिवार्य किया गया है कि आवेदक प्राधिकरण द्वारा विनिर्माण लाइसेंस प्रदान करने से पहले राज्य लाइसेंसिंग प्राधिकरण को स्थिरता, सुरक्षा आदि के प्रमाण प्रस्तुत करेंगे।
- x. पिछले 10 वर्षों में केंद्रीय औषध मानक नियंत्रण संगठन (सीडीएससीओ) में स्वीकृत पदों की संख्या में काफी वृद्धि हुई है।
- xi. केन्द्रीय विनियामक राज्य औषध नियंत्रण संगठनों के कार्यकलापों में समन्वय करता है और औषध एवं प्रसाधन सामग्री अधिनियम के कार्यान्वयन में एकरूपता लाने के लिए राज्य औषध नियंत्रकों के साथ आयोजित औषध परामर्शदात्री समिति (डीसीसी) की बैठकों के माध्यम से विशेषज्ञ सलाह प्रदान करता है।
- xii. केन्द्र सरकार अच्छी विनिर्माण परिपाटियों के संबंध में सीडीएससीओ और राज्य औषध विनियामक प्राधिकरणों के अधिकारियों को नियमित रूप से आवासीय, क्षेत्रीय प्रशिक्षण प्रदान कर रही है और

कार्यशालाएं आयोजित कर रही है। वित्तीय वर्ष 2023-24 में, सीडीएससीओ द्वारा 22854 व्यक्तियों को प्रशिक्षित किया गया है, जबकि वित्तीय वर्ष 2024-25 में अब तक 13007 व्यक्तियों को प्रशिक्षित किया गया है।

(ख) और (ग): देश में औषधि विनियामक प्रणाली को मजबूत करने के लिए, सरकार ने केंद्र प्रायोजित योजना 'राज्यों की औषधि विनियामक प्रणाली (एसएसडीआरएस) का सुदृढीकरण' के लिए 850 करोड़ रुपये मंजूर किए हैं, जिसके तहत मौजूदा राज्य प्रयोगशालाओं को उन्नत करने, नई औषधि के परीक्षण हेतु प्रयोगशालाओं की स्थापना और मौजूदा राज्य औषधि नियंत्रण कार्यालयों के उन्नयन की परिकल्पना की गई है। एसएसडीआरएस योजना के तहत, अब तक केंद्रीय भाग के हिस्से के रूप में राज्यों/संघ राज्य क्षेत्रों को कुल 737.87 करोड़ रुपये की धनराशि जारी की गई है और 17 नई औषधियों के परीक्षण के लिए प्रयोगशालाओं का निर्माण किया गया है और विभिन्न राज्यों/संघ राज्य क्षेत्रों में 24 मौजूदा प्रयोगशालाओं का उन्नयन किया गया है।

उत्तर प्रदेश राज्य को लखनऊ, मेरठ, वाराणसी, गोरखपुर और आगरा में स्थित 05 मौजूदा औषधि परीक्षण प्रयोगशालाओं के उन्नयन, जनशक्ति को हायर करने और प्रयोगशाला उपकरणों के प्रापण के लिए सहायता प्रदान की गई है। इसके अलावा, लखनऊ में माइक्रोबायोलॉजी लैब और सहारनपुर तथा कानपुर में दो नई औषधियों के परीक्षण हेतु प्रयोगशालाओं के निर्माण के लिए निधियां जारी की गई हैं।

## **RESEARCH AND DEVELOPMENT OF HINDUSTAN AERONAUTICS LIMITED**

### **2036. SHRI SACHITHANANTHAM R:**

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

(a) whether the Government has proposals to improve RandD of Hindustan Aeronautical Limited; and

(b) if so, the details thereof?

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

(a) and (b): Yes, Sir. Improving RandD is a continuous process and appropriate action is being taken from time to time.

**DATA COLLECTION FOR PERSONS WITH DISABILITIES**

**2037: DR. RANI SRIKUMAR:**

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

(a) whether the Government is aware of the disparity in estimates between Census 2011, identifying the disabled population at 2.21%, and National Family Health Survey-5 (NFHS-5) which estimates it at 1%, if so, the details thereof and the reasons therefor;

(b) whether the Government has any plan to include all persons with 21+ recognized disabilities in its national health surveys, research studies and reports in compliance with Article 31 of the UN Convention on the Rights of Persons with Disabilities;

(c) if so, the details thereof; and

(d) if not, the reasons therefor alongwith the steps taken/proposed to be taken by the Government to ensure comprehensive data collection for persons with disabilities?

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

(a) to (d): The Department of Empowerment of Persons with Disabilities (DEPwD), Ministry of Social Justice and Empowerment (MoSJE) relies on Census 2011 for data on the population of persons with disabilities in the country. According to the Census 2011, in India, out of 121 Cr population, there are an estimated 2.68 Cr persons with disabilities, which is 2.21% of the total population.

As per the Census 2011, the details of disabled population by type of disability are as under:

<b>Category wise Number of Persons with Disabilities</b>	
<b>Type of Disability</b>	<b>Persons</b>
Total number of disabled persons	2,68,14,994
In seeing	50,33,431
In Hearing	50,72,914
In Speech	19,98,692
In Movement	54,36,826
Mental Retardation	15,05,964
Mental Illness	7,22,880
Any Other	49,27,589
Multiple Disability	21,16,698



The primary focus of National Family Health Survey (NFHS), which is an integrated survey conducted by Ministry of Health and Family Welfare, is maternal and child health and other associated domains.

As per the Rights of Persons with Disabilities (RPwD) Act 2016, there are 21 specified disabilities. The DEPwD has launched the Unique Disability ID (UDID) sub-scheme with a view of creating a National Database for Persons with Disabilities across the country. Under the UDID project, certificates of disability and Unique Disability Identity cards are issued to Persons with Disabilities through competent medical authorities notified by respective State Governments/Union Territories. The project aims to encourage transparency, and efficiency in the system of delivering government benefits to persons with disabilities. As per the available record, almost 1.15 crore UDID card has been issued since the launch of the project. The UDID database can be used as a reliable platform to ascertain the estimate of PwD population in the Country in due course.

### ग्रामीण क्षेत्रों में आयुष चिकित्सकों की तैनाती

**2038. श्री अजय भट्ट:**

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार को इस बात की जानकारी है कि देश में प्रति हजार जनसंख्या पर चिकित्सकों की संख्या एक चिकित्सक से भी कम है और ग्रामीण क्षेत्रों में यह अनुपात और भी खराब है;

(ख) यदि हां, तो क्या देश में चिकित्सकों की कमी को पूरा करने के लिए आयुष चिकित्सकों को एलोपैथी उपचार अर्थात् क्रैश कोर्स में एक वर्ष का प्रशिक्षण देने और उन्हें ग्रामीण क्षेत्रों में तैनात करने की कोई योजना है;

(ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(घ) यदि नहीं, तो इसके क्या कारण हैं?

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

(क): राष्ट्रीय चिकित्सा आयोग (एनएमसी) द्वारा दी गई जानकारी के अनुसार, नवंबर 2024 तक राज्य चिकित्सा परिषदों (एसएमसी) और राष्ट्रीय चिकित्सा आयोग (एनएमसी) में 13,86,145 एलोपैथिक चिकित्सक पंजीकृत हैं। पंजीकृत एलोपैथिक चिकित्सकों की 80% उपलब्धता और आयुष चिकित्सकों की संख्या लगभग 6.14 लाख मानते हुए, देश में चिकित्सक-जनसंख्या अनुपात लगभग 1:811 है जो विश्व स्वास्थ्य संगठन के 1:1000 मानकों से बेहतर है।

(ख) से (घ): आयुष मंत्रालय में एलोपैथी उपचार में आयुष चिकित्सकों को एक साल का प्रशिक्षण देने और उन्हें ग्रामीण क्षेत्रों में तैनात करने की कोई योजना नहीं है। चूंकि जन स्वास्थ्य राज्य का विषय है, अतः आयुष चिकित्सकों को तैनात करना और उन्हें प्रशिक्षण देना राज्य/संघ राज्य क्षेत्र की सरकारों का उत्तरदायित्व है।

### **गर्भाशय ग्रीवा कैंसर के मामले**

**2039. श्री उज्ज्वल रमण सिंह:**

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

(क) वर्ष 2023-24 के दौरान देश में गर्भाशय ग्रीवा कैंसर के कुल कितने मामले दर्ज किए गए हैं;

(ख) क्या सरकार द्वारा देश में महिलाओं, विशेषकर ग्रामीण महिलाओं को एचपीवी के कारण होने वाले ह्यूमन

पेपीलोमा वायरस (एचपीवी) और गर्भाशय ग्रीवा कैंसर के बारे में जागरूकता पैदा करने/शिक्षित करने के लिए कोई जागरूकता अभियान चलाए जा रहे हैं;

(ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं; और

(घ) क्या एचपीवी के लिए टीकाकरण, स्क्रीनिंग, कैंसर पूर्व सर्वाइकल उपचार और वर्ष 2030 तक गर्भाशय ग्रीवा कैंसर से पूरी तरह छुटकारा पाने के संबंध में कोई लक्ष्य निर्धारित किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क): भारतीय आयुर्विज्ञान अनुसंधान परिषद के राष्ट्रीय कैंसर रजिस्ट्री कार्यक्रम (आईसीएमआर-एनसीआरपी) के अनुसार, वर्ष 2023-24 के दौरान देश में गर्भाशय ग्रीवा के कैंसर के मामलों की अनुमानित संख्या 81121 है।

(ख) और (ग): भारत सरकार का स्वास्थ्य और परिवार कल्याण विभाग, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के हिस्से के रूप में गैर-संचारी रोगों (एनपी-एनसीडी) की रोकथाम और नियंत्रण के लिए राष्ट्रीय कार्यक्रम के तहत राज्यों और संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। यह कार्यक्रम बुनियादी ढांचे को मजबूत करने, मानव संसाधन विकास, शीघ्र निदान, उपचार और प्रबंधन के लिए उचित स्तर के स्वास्थ्य सेवा सुविधा केंद्र के लिए रेफरल और गर्भाशय ग्रीवा के कैंसर सहित गैर-संचारी रोगों (एनसीडी) की रोकथाम के लिए स्वास्थ्य संवर्धन और जागरूकता पैदा करने पर केंद्रित है। एनपी-एनसीडी के तहत, 770 जिला एनसीडी क्लिनिक, 372 जिला डे केयर सेंटर और 6410 सामुदायिक स्वास्थ्य केंद्र एनसीडी क्लिनिक स्थापित किए गए हैं।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत देश में व्यापक प्राथमिक स्वास्थ्य परिचर्या के एक हिस्से के रूप में गर्भाशय ग्रीवा के कैंसर सहित आम गैर-संचारी रोगों की जांच, प्रबंधन और रोकथाम के लिए जनसंख्या-आधारित पहल शुरू की गई है। इन आम गैर-संचारी रोगों की जांच सेवा प्रदायगी का एक अभिन्न अंग है। राष्ट्रीय एनसीडी पोर्टल के अनुसार, दिनांक 2 दिसंबर 2024 तक 8.88 करोड़ महिलाओं की गर्भाशय ग्रीवा के कैंसर के लिए जांच की जा चुकी है।

समुदाय में, मान्यता प्राप्त सामाजिक स्वास्थ्य कर्मी (आशा) गर्भाशय ग्रीवा के कैंसर सहित गैर-संक्रामक रोगों के बारे में जागरूकता फैलाने में महत्वपूर्ण भूमिका निभाते हैं। आशा कर्मी व्यक्तियों और परिवारों को

पौष्टिक आहार, नियमित शारीरिक कार्यकलाप और तंबाकू और शराब से परहेज सहित स्वस्थ जीवन शैली अपनाने के महत्व के बारे में शिक्षित करती हैं। आशा कर्मी नियमित स्वास्थ्य जांच और स्क्रीनिंग के माध्यम से प्रारंभिक पहचान के महत्व पर जोर देती हैं, जिससे घर के दौरे, समूह बैठकों और स्वास्थ्य अभियानों में भागीदारी के माध्यम से समय पर अंतर्क्षेप संभव हो पाता है।

इसके अलावा, कैंसर सहित एनसीडी के बारे में जन जागरूकता बढ़ाने और स्वस्थ जीवनशैली को बढ़ावा देने के लिए पहलों में राष्ट्रीय कैंसर जागरूकता दिवस, विश्व कैंसर दिवस मनाना, निरंतर सामुदायिक जागरूकता के लिए प्रिंट, इलेक्ट्रॉनिक और सोशल मीडिया का उपयोग करना शामिल है। कैंसर सहित एनसीडी के लिए जागरूकता पैदा करने वाले कार्यक्रमों के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत राज्यों/संघ राज्य क्षेत्रों को उनके कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के अनुसार वित्तीय सहायता प्रदान की जाती है।

भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण (एफएसएसएआई) के "ईट राइट इंडिया मूवमेंट" के माध्यम से "स्वस्थ भोजन" को बढ़ावा दिया जाता है। युवा कार्यक्रम एवं खेल मंत्रालय द्वारा "फिट इंडिया मूवमेंट" को क्रियान्वित किया जाता है। आयुष मंत्रालय द्वारा योग से संबंधित विभिन्न कार्यक्रम आयोजित किए जाते हैं।

(घ): ह्यूमन पेपिल्लोमा वायरस (एचपीवी) का टीका सार्वभौमिक प्रतिरक्षण कार्यक्रम का भाग नहीं है।

## **INFRASTRUCTURE OF AYUSH SERVICES**

### **2040. SHRI HARIBHAI PATEL:**

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

(a) whether the Government has taken or proposes to take any measures to improve the infrastructure of AYUSH services and accessibility thereof in various States in the country, stream-wise;

(b) if so, the details thereof and if not, the reasons therefor, State/UT-wise including Gujarat;

(c) the steps taken by the Government under the National AYUSH Mission (NAM) to promote the development of AYUSH system and medicines during the last three years, State/UT-wise; and

(d) the details of the funds sanctioned, allocated and utilized under NAM during the last three years, 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 (d) Ministry of Ayush is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments including Gujarat and providing financial assistance for overall development and promotion of different Ayush systems of medicine which also includes improvement of infrastructure of Ayush services and its accessibility in various states of the country.

The mission inter-alia makes provision for the following activities:

(i) Operationalization of Ayush Health and Wellness Centres now renamed as Ayushman Arogya Mandir (Ayush) by upgrading existing Ayush dispensaries and Sub health Centres.

(ii) Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs).

- (iii) Upgradation of existing standalone Government Ayush Hospitals.
- (iv) Upgradation of existing Government/Panchayat/Government aided Ayush Dispensaries/ Construction of building for existing Ayush Dispensary (Rented/dilapidated accommodation)/ Construction of building to establish new Ayush Dispensary in the area where there are no Ayush facilities available.
- (v) Setting up of 10/30/50 bedded Integrated Ayush Hospitals.
- (vi) Supply of essential drugs to Government Ayush Hospitals, Government Dispensaries and Government/Government aided Teaching Institutional Ayush Hospitals.
- (vii) Ayush Public Health Programmes.
- (viii) Establishment of new Ayush colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector.
- (ix) Infrastructural development of Ayush Under-Graduate Institutions and Ayush Post-Graduate Institutions/ add on PG/ Pharmacy /Para-Medical Courses.

Under NAM, as per the proposals received from the State/UT Governments through the State Annual Action Plans (SAAPs), Ministry of Ayush has released an amount of Rs. 227038.95 lakhs to States/UTs for implementation of different approved activities of SAAPs during last three years. The State/UT –wise status of funds sanctioned/allocated/utilized during the last three years is furnished at enclosed **Statement.**

**STATEMENT**

The funds sanctioned, allocated and utilized under NAM during the last three years, State/UT-wise (as reported by State/UT Governments)

(Rs. In lakhs)

Sl. No.	Name of States/UTs	2021-22		2022-23		2023-24		Total	
		Release	Utilized	Release	Utilized	Release	Utilized	Approved	Utilized
1	Andaman and Nicobar Islands	296.06	295.44	142.39	142.4	407.29	387.65	1097.54	1077
2	Andhra Pradesh	0	0	0	0	0	0	385.4	358.8
3	Arunachal Pradesh	180.85	180.85	402.04	402	1186	1016.6	2447.02	2278
4	Assam	639.52	507.91	1011.77	908.7	3471.5	2883.72	5469.89	4647

5	Bihar	1686.08	1686.08	0		1161.1	194.66	3363.67	1913
6	Chandigarh	94.86	94.05	189.73	155	226.32	210.86	706.73	655.7
7	Chhattisgarh	841.31	735.01	0	0	2151.4	1171.44	5683.8	3875
8	Dadra and Nagar Haveli and Daman and Diu	0	0	0	0	408.45	275.92	408.45	275.9
9	Delhi	0	0	0	0	0	0	0	0
10	Goa	218.99	218.99	142.29	105.4	628.3	491.63	1055.57	882
11	Gujarat	466.93	450.55	1908.62	794.4	2961.4	920.27	5580.98	2354
12	Haryana	647.7	610.23	1219.91	1158	3026.6	1782.27	7928.62	6352
13	Himachal Pradesh	1261.8	1178.08	3873.58	3720	3659.2	1927.83	9289.54	7321
14	Jammu and Kashmir	1313.11	1245.61	4895.09	4700	7510.4	7079.61	16004.31	15260



15	Jharkhand	1309.77	1309.77	7752.57	7753	2390.4	1976.57	11452.76	11039
16	Karnataka	1821.46	1776.49	1714.09	1336	5031.5	2602.21	10751.46	7808
17	Kerala	1153.39	1153.39	4399.83	4122	7989.4	6872.35	15880.2	14470
18	Ladakh	187.45	180.89	72.27	72.27	47.32	41.77	307.04	294.9
19	Lakshadweep	64.26	64.26	116.32	116.3	332.01	270.51	532.2	470.3
20	Madhya Pradesh	3123.2	3116.93	1716	1650	6120	5132.34	16567.83	15399
21	Maharashtra	0	0	0	0	2235.5	1237.81	2235.54	1238
22	Manipur	170.04	126.41	1723	1538	0	0	2464.76	2215
23	Mizoram	259.08	259.08	117.27	117.3	1057.9	980.51	2091.94	2015
24	Meghalaya	609.78	609.78	796.84	796.8	1722.6	1293.22	3377.19	2948
25	Nagaland	232.27	232.27	495.78	495.8	1017	926.33	2999.91	2909
26	Odisha	1075.38	1065.32	0	0	0	0	1792.02	1760
27	Puducherry	200.27	199.03	623.95	615.9	197.08	146.16	1068.97	1009
28	Punjab	527.28	527.28	0	0	109.85	58.85	726.9	660.5

29	Rajasthan	3189	2940.43	0	0	3731.5	1795.87	9196.91	6927
30	Sikkim	99.3	99.3	626.06	626.1	492.37	492.37	1568.17	1568
31	Tamil Nadu	2348.27	2147.03	2428.69	1880	6635.8	4669.45	12029.3	9313
32	Telangana	3132.25	3044.95	0	0	1225.2	852.4	4357.42	3897
33	Tripura	138.71	127.32	1030.9	1004	566.99	375.47	2006.68	1777
34	Uttar Pradesh	13809.72	13601.37	14437.6	13724	12419	10779.8	51039.77	48479
35	Uttarakhand	2622.5	2622.5	1855.8	1856	3234.4	2713.15	8369.13	7848
36	West Bengal	2118.05	2115.78	1056.58	895.6	3379.4	2104.63	6801.36	5363
<b>Total</b>		<b>45838.63</b>	<b>44522.37</b>	<b>54748.94</b>	<b>50684</b>	<b>86733</b>	<b>63664.2</b>	<b>227038.95</b>	<b>2E+05</b>

## **PARAMEDICAL COLLEGE**

### **2041. SHRI SUDHAKAR SINGH:**

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

- (a) the number of paramedical colleges established in the country, State/UT-wise;
- (b) whether there is any provision for special assistance to States with poor health indicators to establish paramedical colleges and strengthen healthcare infrastructure in the country and if so, the details thereof;
- (c) whether the Government has conducted any study to assess the current and projected demand for paramedical staff across the country and if so, the key findings thereof; and
- (d) the measures being implemented to address the shortage of paramedical staff, particularly in underserved regions to ensure equitable healthcare delivery 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 (d): The data regarding the number of paramedical colleges in the country is not maintained by Government centrally. However, the National Commission for Allied and Healthcare Profession has been constituted vide notification dated 11.03.2024 under the National Commission for Allied and Healthcare Professions (NCAHP) Act, 2021 to regulate the education and services of the 57 allied and healthcare professionals; assessment and rating of all allied and healthcare institutions to ensure uniform standards and quality assurance; maintenance of live

National and State Registers for registration of all allied and healthcare professionals. The Commission has launched a portal on 29.10.2024 for enrolment of the existing institutions imparting education related to the 57 professions listed in the Schedule of the Act. The Portals for enrolment of Allied and Healthcare Professionals and Allied and Healthcare Institutes/Colleges covered under the Schedule of the Act will create a centralized database of existing Allied and Healthcare Professionals and Allied and Healthcare Institute/College.

### **RISING CASES OF NON-COMMUNICABLE DISEASES**

#### **2042. DR. DHARAMVIRA GANDHI:**

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

- (a) whether the Government has recognised the rising incidence of non-communicable diseases (NCDs) among women, such as endometriosis and polycystic ovary syndrome(PCOS) in the country and if so, the details thereof;
- (b) the steps taken/proposed to be taken by the Government to integrate the management of these diseases into existing healthcare programs for women;
- (c) whether the Government plans to allocate specific resources and funding for the research and treatment of women-specific NCDs and if so, the details thereof; and
- (d) whether the Government is addressing the psychological and mental health impacts of these conditions on women and if so, the details thereof?

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

(a):- As per Indian Council of Medical Research (ICMR) study report “India: Health of the Nation's States”, the burden of Non-communicable Diseases (NCDs) in India have increased from 37.9% in 1990 to 61.8% in 2016. The detailed report is available at the following link-

[https://www.healthdata.org/sites/default/files/files/policy\\_report/2017/India\\_Health\\_of\\_the\\_Nation%27s\\_States\\_Report\\_2017.pdf](https://www.healthdata.org/sites/default/files/files/policy_report/2017/India_Health_of_the_Nation%27s_States_Report_2017.pdf)

Data relating to number of women suffering from polycystic ovarian syndrome (PCOS) and endometriosis are not centrally maintained.

(b) and (c): The Department of Health and Family Welfare, Government of India provides technical and financial support to the States and Union Territories under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) as part of National Health Mission (NHM). The programme focusses on strengthening infrastructure, human resource development, early diagnosis, referral to an appropriate level of healthcare facility for treatment and management and health promotion and awareness generation for prevention of Non Communicable Diseases (NCDs) including cancer. Under NP-NCD, 770 District NCD Clinics, 372 District Day Care Centres for chemotherapy and 6410 Community Health Centre NCD Clinics has been set up.

A population-based initiative for prevention, control and screening for common NCDs has been rolled out as a part of Comprehensive Primary Health Care in the country under NHM. Screening of these common NCDs is an integral part of service delivery under Ayushman Arogya Mandir.

Preventive aspect of Non-Communicable Diseases is strengthened under Comprehensive Primary Health Care through Ayushman Aarogya Mandir Scheme, by promotion of wellness activities and targeted communication at the community level. Other initiatives for increasing public awareness about non-communicable diseases and for promotion of healthy lifestyle includes observation of National and International Health Days and use of print, electronic and social media for continued community awareness. Furthermore, healthy eating is also promoted through Food Safety and Standards Authority of India (FSSAI). Fit India movement is implemented by Ministry of Youth Affairs and Sports, and various Yoga related activities are being carried out by Ministry of AYUSH. In addition, financial support under National Health Mission (NHM) for awareness generation activities for NCDs is provided to States/Union Territories as per their Programme Implementation Plans (PIPs).

Patients with non-communicable diseases are getting treatment at various health facilities in the health care delivery system including District Hospitals, Medical Colleges, Central Institutes like AIIMS and private sector hospitals. The treatment provided in Government Hospitals is either free or subsidized.

Under Pradhan Mantri Jan Arogya Yojana (PMJAY), health insurance cover of Rs. 5 lakhs per family per year for secondary or tertiary care hospitalization is provided.

(d): Mental Health infrastructure development is being implemented across the primary, secondary, and tertiary care facilities for implementing the measures detailed in National Mental Health Policy 2014. As part of the National Mental Health Programme (NMHP), the District Mental Health Programme (DMHP)

component has been sanctioned for implementation of mental health programme in districts of the country, for which support is provided to States/UTs through the National Health Mission.

In addition, the Government is also taking steps to strengthen mental healthcare services at primary healthcare level. Mental health services have been added in the package of services under Comprehensive Primary Health Care provided at these Ayushman Arogya Mandirs. Besides, 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.

### **FERTILIZER PRODUCTION CAPACITY**

#### **2043. SHRIMATI APARAJITA SARANGI:**

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

- (a) whether the Government has details of current production capacity of fertilizers in the country, if so, the details thereof alongwith the total production of fertilizers during the last three years, year-wise;
- (b) whether the Government has taken any steps to make fertilizers subsidy system more transparent and accessible to farmers, especially in remote areas, if so, the details thereof; and
- (c) whether the Government has taken any steps to coordinate with State Governments to ensure the effective distribution of fertilizers during the peak demand season of rabi and kharif crops at the grassroot level, 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 details of the current production capacity of fertilizers in the country and the total production of fertilizers during the last three years from 2021-22 to 2023-24 are given as under:

<b>Product Name</b>	<b>Production Capacity of fertilizers as on 01/04/2024 (in 'LMT')</b>	<b>Production of all fertilizers</b>		
		<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
<b>Urea</b>	283.77	250.72	284.94	314.09
<b>DAP</b>	53.88	42.22	43.47	42.93
<b>NPK</b>	123.17	89.67	100.40	101.85

(b) Government has taken various steps to make fertilizers subsidy system more transparent and accessible to farmers, especially in remote areas. Under 'DBT (Direct Benefit Transfer) in Fertilizers' system, 100% subsidy on various fertilizer grades is released to the fertilizer companies, on actual sales to the beneficiaries based on Aadhar authentication through POS (Point of Sales) devices installed at each retail shop. Accordingly, all farmers across the country (including farmers in backward areas) buying fertilizers from 3.42 lakh fertilizer retail shops, get the



benefit of subsidy. Fertilizer buyers receive SMS on Aadhar linked mobile number containing amount of subsidy provided by the Government of India on each purchase of subsidized fertilizers.

Besides, 'DBT in Fertilizers' created Aadhaar seeded database of beneficiaries, made the transactions visibility at the end point/retail point and tracking of movement of fertilizers transparent and faster along the value chain i.e. from manufacturers to beneficiaries ensuring smooth and timely availability of fertilizers at the retail points.

(c) The steps taken by the Government to coordinate with State Governments to ensure the effective distribution of fertilizers during the peak demand season of rabi and kharif crops at the grassroot level are given below:

- i. Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DAandFW), in consultation with all the State Governments, assesses the state-wise and month-wise requirement of fertilizers.
- ii. On the basis of requirement projected, Department of Fertilizers allocates sufficient/ adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.
- iii. The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web based monitoring system called integrated Fertilizer Monitoring System (iFMS);
- iv. Regular Weekly Video Conference is conducted jointly by DAandFW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.

v. The gap between demand (requirement) and production of fertilizers is met through imports. The import for the season is also finalized well in advance to ensure timely availability.

However, distribution of fertilizers within the State at district level is the mandate of the State Government.

### आयुष्मान भारत योजना के अंतर्गत लाभार्थी

#### 2044. श्री राम शिरोमणि वर्मा:

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

(क) क्या सरकार ने आयुष्मान भारत योजना के अंतर्गत देश में सभी पात्र लाभार्थियों की पहचान कर ली है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण है;

(ग) क्या सरकार ने आयुष्मान भारत योजना के अंतर्गत पर्याप्त संख्या में अस्पतालों को पैनल में शामिल करने की प्रक्रिया को चिह्नित कर उसे पूरा कर लिया है;

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

(ङ) उत्तर प्रदेश सहित वर्तमान में पैनल में शामिल अस्पतालों का राज्य/संघ राज्यक्षेत्र-वार 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) एक पात्रता-आधारित योजना है, राज्य/संघ राज्य क्षेत्रों में इस योजना के कार्यान्वयन के पहले दिन से ही सभी पात्र लाभार्थी परिवारों को कवर किया जाता है। एबी-पीएमजेएवाई के लिए नामांकन की आवश्यकता नहीं है, हालाँकि, लाभार्थी की वास्तविकता को सत्यापित करने के लिए लाभार्थी सत्यापन प्रक्रिया की जाती है। इस प्रक्रिया के तहत सभी पात्र लाभार्थियों को आयुष्मान कार्ड जारी किए जाते हैं।

पिछले छह वर्षों में इस योजना के बारे में जागरूकता फैलाने और योजना का लाभ अंतिम पात्र व्यक्ति तक पहुंचाने के लिए अनेक प्रयास किए गए हैं। इन पहलों के परिणामस्वरूप 35.8 करोड़ से अधिक आयुष्मान कार्ड बनाए गए हैं। ऐसी पहलों का विवरण इस प्रकार है:

- i. आशा कार्यकर्ताओं, पंचायती राज के तहत अग्रिम पंक्ति के कार्यकर्ताओं, राष्ट्रीय ग्रामीण आजीविका मिशन (एनआरएलएम) के तहत स्वयं सहायता समूहों जैसे क्षेत्र स्तरीय कार्यकर्ताओं (एफएलडब्ल्यू) को लाभार्थी जुटाने और आईईसी से संबंधित कार्यकलापों की जिम्मेदारी सौंपी गई है।
- ii. रेडियो और टेलीविजन के माध्यम से अभियान, एसएमएस के माध्यम से बड़े पैमाने पर संदेश, प्रिंट मीडिया विज्ञापन, रेलवे स्टेशनों पर घोषणाएं, रेडियो और टेलीविजन साक्षात्कार, दो लंबी दूरी की ट्रेनों की ब्रांडिंग, आउटडोर होर्डिंग के माध्यम से विज्ञापन, ऑटो रिक्शा ब्रांडिंग आदि।
- iii. आयुष्मान कार्ड निर्माण प्रक्रिया में तेजी लाने के लिए आयुष्मान भव अभियान और विकसित भारत संकल्प यात्रा शुरू की गई।

(ग) से (ड): दिनांक 31 अक्टूबर 2024 तक कुल 29,870 अस्पताल इस योजना के अंतर्गत सूचीबद्ध हैं, जिनमें से 13,173 निजी अस्पताल हैं। इसके अलावा, अस्पतालों को सूचीबद्ध करना एक सतत प्रक्रिया है और यह किसी राज्य/संघ राज्य क्षेत्र में स्वास्थ्य सेवा प्रदाताओं (एबी-पीएमजेएवाई मानदंडों को पूरा करने वाले) की आवश्यकताओं और उपलब्धता के आधार पर किया जाता है। इसलिए, अस्पतालों को सूचीबद्ध करने के संबंध में कोई लक्ष्य तय नहीं किया गया है। चूंकि सार्वजनिक स्वास्थ्य राज्य का विषय है, इसलिए पीएमजेएवाई के तहत अस्पतालों को सूचीबद्ध करने की जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र की है। भारत सरकार सभी पात्र लाभार्थियों को गुणवत्तापूर्ण स्वास्थ्य सेवा तक पहुंच सुनिश्चित करने के लिए राज्यों/संघ राज्य क्षेत्रों को इस योजना के अंतर्गत अधिक अस्पतालों को सूचीबद्ध करने के लिए प्रोत्साहित करती है। स्वास्थ्य और परिवार कल्याण मंत्रालय, रेल मंत्रालय और गृह मंत्रालय जैसे विभिन्न केंद्रीय मंत्रालयों को इन मंत्रालयों द्वारा संचालित अस्पतालों की पहचान करने

और उन्हें सूचीबद्ध करने के लिए लगाया गया है। इस योजना के अंतर्गत पैनलबद्ध अस्पतालों का राज्य/संघ राज्य क्षेत्रवार ब्योरा संलग्न **विवरण** में दिया गया है।

### विवरण

#### योजना के अंतर्गत पैनलबद्ध अस्पतालों का राज्य/संघ राज्य क्षेत्र-वार ब्योरा

राज्य/संघ राज्य	पैनलबद्ध अस्पतालों की संख्या
अंडमान और निकोबार द्वीप समूह	7
आंध्र प्रदेश	2467
अरुणाचल प्रदेश	50
असम	353
बिहार	1022
चंडीगढ़	31
छत्तीसगढ़	1623
दादरा और नागर हवेली	13
दमन और दीव	7
दिल्ली	67
गोवा	16
गुजरात	2664
हरियाणा	1226
हिमाचल प्रदेश	280
जम्मू और कश्मीर	253
झारखंड	562
कर्नाटक	3549

केरल	585
लद्दाख	9
लक्षद्वीप	5
मध्य प्रदेश	1052
महाराष्ट्र	1008
मणिपुर	68
मेघालय	172
मिज़ोरम	88
नागालैंड	76
ओड़िसा	12
पुद्दुचेरी	30
पंजाब	774
राजस्थान	1904
सिक्किम	19
तमिलनाडु	2213
तेलंगाना	1389
त्रिपुरा	138
उत्तर प्रदेश	5802
उत्तराखंड	294
पश्चिम बंगाल	42

नोट: डेटा दिनांक 31 अक्टूबर 2024 तक

**STATUS OF NATIONAL WATERWAYS IN PATNA****2045. SHRI RAJIV PRATAP RUDY:**

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

(a) whether there is any proposal to construct community jetties in the State of Bihar on National Waterway Number 01 (Ganga River) and National Waterways 37;

(b) if so, the details thereof;

(c) whether the Government has any plan for community jetties services between Digha, Patna to AamiDighwara Saran in the said State; and

(d) if so, the details thereof?

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

(a) and (b) Yes. Inland Waterways Authority of India (IWAI) has constructed twenty one (21) community jetties under Jal Marg Vikas Project (JMVP) on National Waterway 1 in the State of Bihar. Twelve (12) of these jetties are made of Steel and nine (9) of High Density Poly-Ethylene (HDPE). Tender has been floated by IWAI for construction of two (2) steel jetties on National Waterway 37 (River Gandak).

(c) and (d) There is already an Inter Model Terminal (IMT) constructed in Kalughat (Saran) and two (2) community jetties at Digha (on both banks of National Waterway 1) to fulfill the needs of local boat operators as well as cargo operators.

## भारत की विदेश नीति

**2046. श्री जुगल किशोर:**

**श्री गणेश सिंह:**

**श्री आलोक शर्मा:**

**डॉ. हेमंत विष्णु सवरा:**

**श्री भर्तृहरि महताब:**

**श्री चन्द्र प्रकाश जोशी:**

**श्री प्रभुभाई नागरभाई वसावा:**

**श्री मुकेशकुमार चंद्रकांत दलाल:**

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) भारत की विदेश नीति बढ़ते वैश्विक प्रभाव और रणनीतिक गठबंधनों के निर्माण के संदर्भ में किस प्रकार विकसित हुई है; और

(ख) सरकार ने अपने वैश्विक प्रभाव को बढ़ाने और रणनीतिक भागीदारी को बढ़ावा देने के लिए जी-20 और आसियान जैसे बहुपक्षीय मंचों से किस प्रकार लाभ उठाया है?

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

(क) भारत की विदेश नीति अपने राष्ट्रीय हितों की सुरक्षा के प्राथमिक उद्देश्यों को प्रतिबिंबित करने के लिए विकसित होती रहती है, जिसमें विश्व भर में रह रहे और काम करने वाले भारतीयों के हित भी शामिल हैं। यह देश की बढ़ती प्रतिष्ठा और विश्व मंच पर अधिक जिम्मेदारियां संभालने की क्षमताओं से भी परिलक्षित होता है। भारत की विदेश नीति का प्रमुख केंद्र इसका निकटस्थ और विस्तृत पड़ोसी क्षेत्र है। इस क्षेत्र के देशों के साथ भारत के ऐतिहासिक और सभ्यतागत संबंध 'प्रथम पड़ोस नीति', 'एक्ट ईस्ट नीति', 'थिंक वेस्ट नीति' और 'कनैक्ट सेंट्रल एशिया नीति' तथा 'क्षेत्र में सभी के लिए सुरक्षा और विकास' (सागर) पहल द्वारा निर्देशित हैं। इन नीतियों का उद्देश्य संबंधित देशों के साथ हमारे सहयोग को

व्यापक रूप से बेहतर बनाना है। ब्रिक्स, एससीओ और क्वाड जैसी विभिन्न बहुपक्षीय पहलों में भारत की सदस्यता तथा अंतर्राष्ट्रीय सौर संगठन(आईएसए), आपदा प्रतिरोधक अवसंरचना गठबंधन (सीडीआरआई), वैश्विक जैव-ईंधन गठबंधन और भारत-मध्य पूर्व यूरोप आर्थिक गलियारा(आईएमईसी) सहित विभिन्न अंतर्राष्ट्रीय संस्थानों की स्थापना में भारत के अपने नेतृत्व से देश के बढ़ते हित और सहभागिताएं भी परिलक्षित होती हैं।

(ख) आसियान के साथ भारत का संबंध हमारी विदेश नीति का एक प्रमुख स्तंभ है और हमारी एकट ईस्ट नीति की आधारशिला है। आसियान-भारत संबंधों को 2012 में रणनीतिक साझेदारी स्तर तक और 2022 में व्यापक रणनीतिक साझेदारी स्तर तक बढ़ाया जाना एक स्वाभाविक प्रगति थी, जो यह दर्शाता है कि आसियान के साथ हमारे संबंध 1992 में क्षेत्रीय वार्ता साझेदार (सचिव स्तर), 1996 में वार्ता साझेदारी (मंत्री स्तर) और 2002 में शिखर सम्मेलन स्तरीय साझेदारी (नेताओं के स्तर) से आगे बढ़ गए हैं।

आसियान +1 (भारत) संरचना में भागीदारी के अलावा, आसियान क्षेत्र के साथ भारत की भागीदारी से संबंधित अन्य मंचों में पूर्वी एशिया शिखर सम्मेलन (ईएसएस), आसियान क्षेत्रीय मंच (एआरएफ), आसियान रक्षा मंत्रियों की बैठक-प्लस (एडीएमएम-प्लस) और विस्तारित आसियान समुद्री मंच (ईएएमएफ) शामिल हैं।

1 दिसंबर 2022 से 30 नवंबर 2023 तक भारत की जी-20 अध्यक्षता से यह अवसर प्राप्त हुआ कि जी-20 में अपनी विकास पहलों पर प्रकाश डाला जाए और ग्लोबल साउथ के देशों की विकास संबंधी प्राथमिकताओं और चिंताओं पर ध्यान केंद्रित किया जाए। 9-10 सितंबर 2023 को नई दिल्ली में सर्वसम्मति से अंगीकृत जी-20 नेताओं के घोषणापत्र में भारत और ग्लोबल साउथ के देशों की विभिन्न विकासात्मक प्राथमिकताओं के संबंध में महत्वाकांक्षी और कार्रवाई-उन्मुख परिणामों को दर्शाया गया, जिसमें एसडीजी संबंधी प्रगति में तेजी लाना, हरित विकास और पर्यावरण हेतु जीवनशैली (लाइफ) पहल, त्वरित और समावेशी विकास को बढ़ावा देना, 21वीं सदी के लिए बहुपक्षीय संस्थानों में सुधार, डिजिटल सार्वजनिक संरचना की स्थापना के माध्यम से प्रौद्योगिकीय परिवर्तन तथा महिलाओं के नेतृत्व



में विकास शामिल हैं। वैश्विक जैव ईंधन गठबंधन और भारत-मध्य-पूर्व-यूरोप आर्थिक गलियारे का आरंभ, उन साझेदारियों की श्रृंखला को प्रतिबिंबित करता है, जिन्हें भारत जी-20 में अपने कार्यकलापों के भाग के रूप में स्थापित करने में सक्षम रहा है।

### **MISSION SAKSHAM ANGANWADI**

#### **2047. SHRI YOGENDER CHANDOLIA:**

**SHRIMATI POONAMBEN HEMATBHAI MAADAM:**

**SHRI P. P. CHAUDHARY:**

**SHRI YADUVEER WADIYAR:**

**DR. JAYANTA KUMAR ROY:**

**SHRI JAGADISH SHETTAR:**

**SHRI KHAGEN MURMU:**

**SHRI PARSHOTTAMBHAI RUPALA:**

**SHRI DEVUSINH CHAUHAN:**

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

(a) whether the Government has extended Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) coverage to Anganwadi workers and helpers, if so, the number of beneficiaries covered thereunder, State-wise;

(b) whether the Mission Saksham Anganwadi seeks to create a conducive environment for the holistic development of children and support the well-being of mothers, if so, the details thereof along with the funds allocated and utilized thereunder;

(c) whether any assessment has been made regarding the implementation of mission Saksham Anganwadi, if so, the details thereof including the number of Anganwadi centres upgraded to Saksham Anganwadi; and

(d) the role of Mission Saksham Anganwadi in creating well equipped Anganwadi centres to provide integrated Child services across the country including NCT of Delhi?

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

(a) During the interim budget Financial Year (FY) 2024-25 it was announced to extend healthcare annual coverage of Rs. 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to all Anganwadi workers and helpers. As per the information furnished by National Health Authority (NHA), Ayushman Cards have been generated for approx 8.15 Lakh Anganwadi Workers and Helpers for all States/ UTs except for States of Odisha, West Bengal and NCT of Delhi where the State Governments are not implementing AB-PMJAY. The State/UT wise details of beneficiaries covered under PM-JAY is placed at at enclosed **Statement-I**.

(b) to (d) During the period of 15<sup>th</sup> Finance Commission, components of nutritional support for children below the age of 6 years, pregnant women and lactating mothers and Adolescent Girls; Early Childhood Care and Education [3-6 years] and Anganwadi infrastructure including modern, upgraded Saksham Anganwadi have

been reorganised under the umbrella Mission Saksham Anganwadi and Poshan 2.0 for effective implementation of the scheme and for better nutritional delivery to end beneficiaries. The package of following six services is provided under Mission Poshan 2.0 scheme through a network of Anganwadi centres (AWCs) across the country:

- i. Supplementary Nutrition (SNP),
- ii. Pre-school Non-formal Education,
- iii. Nutrition and Health Education,
- iv. Immunization,
- v. Health Check-up,
- vi. Referral Services

Three of the six services, viz., Immunization, Health Check-up and Referral Services are related to health and are provided through NHM and Public Health Infrastructure.

Supplementary Nutrition is provided at AWC to registered beneficiaries. Supplementary Nutrition under the Scheme is provided for a minimum of 300 days in a calendar year, i.e., on an average 25 days in a month in the form of Hot Cooked Meals (HCM) and Take-Home Ration (THR –Not Raw Ration). All pregnant women and lactating mothers (PWandLM), children in the age group of 6-36 months, SAM children and adolescent girls in the age group of 14-18 years (in Aspirational districts of all States and all districts of North Eastern Region) are entitled to receive THR and children in the age group of 3-6 years are entitled to receive HCM and

Morning Snacks under the Anganwadi Services from the AWC where they are registered.

Details of funds allocated and utilized under Mission Poshan 2.0 in the last five years are placed at enclosed **Statement-II**.

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

Further, Government has also decided to upgrade all Mini AWCs with one worker to full-fledged Anganwadi Centres with one worker and one helper each.

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.

Under Mission Poshan 2.0, Anganwadi workers (AWWs) have been technologically empowered with the provision of smartphones for efficient monitoring of activities and better service delivery for beneficiaries. The mobile application Poshan Tracker digitizes physical registers used by Anganwadi workers. It improves the quality of

their work while simultaneously allowing them more time for monitoring of all activities going on in the anganwadi.

In addition to AWWs, Smartphones are also provided to Supervisors and Block Coordinators. Similarly, data recharge support is provided to AWWs, Supervisors and Block Coordinators.

Regular monitoring of growth parameters is essential for identifying children who may be malnourished and for making timely interventions. Therefore, Anganwadi centres have been equipped with Growth Monitoring devices like infantometer, stadiometer, weighing scale-infant, weighing scale – Mother and Child.

A third party evaluation of all Centrally Sponsored Schemes in Women and Child Development Sector including Anganwadi services was conducted by NITI Aayog in 2020. The evaluation found the impact of Anganwadi Services scheme as satisfactory. Review of the scheme and its components is a continuous process and based on learnings, outcomes, suggestions and proposals, Government takes appropriate action from time to time.

### **STATEMENT- I**

#### **The State/UT wise details of beneficiaries covered under PM-JAY**

<b>S. No.</b>	<b>State/UT</b>	<b>Total number of beneficiaries whose Ayushman Card have been created (AWW and AWH) under PM-JAY</b>
1	Andaman and Nicobar Islands	453

2	Andhra Pradesh	42523
3	Arunachal Pradesh	1544
4	Assam	59391
5	Bihar	68581
6	Chhattisgarh	67829
7	Dadra and Nagar Haveli - Daman and Diu	507
8	Goa	629
9	Gujarat	49002
10	Haryana	17657
11	Himachal Pradesh	8128
12	JandK	34498
13	Jharkhand	31755
14	Karnataka	48479
15	Kerala	24444
16	Ladakh	1449
17	Lakshadweep	64
18	Madhya Pradesh	102411
19	Maharashtra	70365
20	Manipur	5739
21	Meghalaya	4523
22	Mizoram	2376

23	Nagaland	4591
24	Puducherry	395
25	Punjab	18481
26	Rajasthan	34874
27	Sikkim	1227
28	Tamil Nadu	6990
29	Telangana	15505
30	Tripura	7940
31	UT-Chandigarh	370
32	Uttar Pradesh	65176
33	Uttarakhand	18065
	<b>Total</b>	<b>815961</b>

**STATEMENT- II**

**The details of Central share released and utilized under Mission Poshan 2.0 during the last five years:**

(Rupees in crores)						
SN	Name of the State/UT	Mission Poshan 2.0				
		2019-20	2020-21	2021-22	2022-23	2023-24*

		Funds released	Funds Utilized	Funds released	Fund utilised	Funds released	Fund utilised	Funds released	Fund utilised	Funds released
1	<b>Andaman and Nicobar Islands</b>	14.98	13.34	16.37	6.37	19.71	13.36	3.85	5.17	12.15
2	<b>Andhra Pradesh</b>	825.24	686.2	701.82	764	744.6	749.91	827.79	721.5	705.68
3	<b>Arunachal Pradesh</b>	134.71	134.79	82.92	65.01	170.83	230.77	137.78	145.7	162.06
4	<b>Assam</b>	1365.53	1241.33	1109.75	1256	1319.9	1432.19	1651.63	1717	2233.3
5	<b>Bihar</b>	1539.37	1253.87	1288.98	1444	1574.4	1608.02	1740.09	1587	1859.3
6	<b>Chandigarh</b>	17.03	13.3	13.35	16.08	15.32	23.09	33.1	33.1	19.79
7	<b>Chattisgarh</b>	483.88	548.81	513.95	542.1	606.73	522.72	668.96	571.8	579.46
8	<b>Dadra and Nagar Haveli and Daman and Diu</b>	17.2	8.24	9.02	9.02	9.33	9.56	5.8	5.8	11.97
9	<b>Delhi</b>	133.06	140.49	102.7	139.8	133.11	125.52	182.77	142.8	161.81
10	<b>Goa</b>	16.02	17.02	20.44	17.46	10.84	12.92	14.71	16.83	13.95



11	<b>Gujarat</b>	854	725.25	633.13	873.8	839.86	757.92	912.64	552.3	1126.8
12	<b>Haryana</b>	181	149.87	185.29	232.5	173.03	146.99	195.25	150.2	225.78
13	<b>Himachal Pradesh</b>	251.82	295.25	258.55	295.9	247.99	386.68	270.24	247.8	301.09
14	<b>Jammu and Kashmir</b>	332.85	328.31	294.17	450.8	405.74	704.57	479.01	416.2	530.88
15	<b>Jharkhand</b>	436.1	455.87	464.33	348.7	352.98	183.3	430.91	596	664.3
16	<b>Karnataka</b>	861.87	916.51	697.17	1013	1003.7	984.62	765.87	885.7	912.96
17	<b>Kerala</b>	321.42	331.23	352.03	384.8	388.23	397.98	444.98	325.4	306.64
18	<b>Ladakh</b>	0	0	24.18	24.69	14.7	14.67	18.79	18.79	19.62
19	<b>Lakshadweep</b>	2.59	1.27	3.06	2.06	2.11	2.73	0.44	0.44	2.88
20	<b>Madhya Pradesh</b>	1225.6	1276.1	1238.06	1125	1085.5	1055.83	1011.57	1039	1123.1
21	<b>Maharashtra</b>	1669.4	1416.45	1205.99	1518	1713.4	1609.02	1646.17	1590	1699.5
22	<b>Manipur</b>	162.54	142.27	175.77	148.5	228.92	177.28	135.95	167.7	201.28
23	<b>Meghalaya</b>	225.66	181.19	177.92	185.3	173.33	177.86	192.39	200.2	269.69
24	<b>Mizoram</b>	63.26	56.45	74.6	64.67	59.32	61.57	42.81	46.65	100.27
25	<b>Nagaland</b>	178.92	169.55	167.23	169.2	159.8	160.21	199.3	190.5	262.91
26	<b>Odisha</b>	860.66	892.46	858.68	896.9	1066	871.2	923.92	884.9	968.8

27	<b>Puducherry</b>	9.86	8.45	4.38	3.5	2.78	6.13	0.12	6.68	4.48
28	<b>Punjab</b>	201.44	175.11	174.71	207.8	383.52	177.94	75.31	247.3	307.87
29	<b>Rajasthan</b>	673.95	665.42	641.77	702.9	682.65	771.64	974.02	936.2	1092
30	<b>Sikkim</b>	29.47	33.7	24.5	26.06	25.73	24.59	20.33	24.09	33.49
31	<b>Tamil Nadu</b>	764.73	652.94	619.43	695.9	655.38	681.28	766.81	741.3	880.79
32	<b>Telangana</b>	529.96	420.08	405.32	564	482.33	479.3	550.69	503.3	507.87
33	<b>Tripura</b>	166.47	164.05	154.16	177.9	186.72	171.66	150.52	186.6	244.22
34	<b>Uttar Pradesh</b>	2544	2480.79	2017.49	1926	2407.6	2341.91	2721.87	2623	2668.7
35	<b>Uttarakhand</b>	373.96	378.21	327.92	350.1	353.65	336.03	425.84	364.8	288.24
36	<b>West Bengal</b>	1165.26	1321.9	1066.64	897.9	668.35	1378.31	1227.59	1456	1237.6
<b>Total</b>		<b>18633.81</b>	<b>17696.07</b>	<b>16105.78</b>	<b>17545</b>	<b>18368</b>	<b>18789.3</b>	<b>19849.82</b>	<b>19347</b>	<b>21741</b>

\*Utilization certificate for FY 2023-24 not yet due.

### **PM-PRANAM Scheme**

**2048: SHRI JANARDAN MISHRA:**

**SHRI JAI PRAKASH:**

**SHRIMATI KAMLESH JANGDE:**

**SHRI JASHUBHAI BHILUBHAI RATHVA:**

**SHRI BHARATSINHJI SHANKARJI DABHI:**

**DR. HEMANT VISHNU SAVARA:**

**SHRI MUKESHKUMAR CHANDRAKAANT DALAL:**

**SHRI PRADEEP PUROHIT:**

**SHRI KRIPANATH MALLAH:**

**DR. JAYANTA KUMAR ROY:**

**SHRI MANOJ TIWARI:**

**SHRI RAVINDRA SHUKLA ALIAS RAVI KISHAN:**

**SHRI SURESH KUMAR KASHYAP:**

**SHRIMATI KAMALJEET SEHRAWAT:**

**SHRIMATI SMITA UDAY WAGH:**

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

- (a) whether the Government encourages sustainable and balanced use of fertilizers by using alternative fertilizers and promoting natural and organic farming through the PM Programme for Restoration, Awareness Nourishment and Amelioration of Mother Earth (PM-PRANAM);
- (b) if so, the details thereof alongwith the impact of the said scheme in Himachal Pradesh;
- (c) whether the use of natural fertilizers increase crop production without affecting the soil quality, if so, the details thereof;
- (d) the various steps taken/proposed to be taken by the Government to improve soil quality and promote the use of natural fertilizers in Janjgir-Champa of

Chhattisgarh and Jalgaon Lok Sabha Constituency of Maharashtra under the said scheme;

(e) whether the Government has conducted awareness campaigns in West Bengal and Maharashtra especially in Palghar district to educate farmers on the benefits of using alternate fertilizers and adopting organic farming practices, if so, the details thereof; and

(f) whether farmers in the Jalgaon Lok Sabha constituency have received adequate support, such as subsidies or training, for transitioning to sustainable fertilisation methods under the programme, 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): Yes. It is a fact that the Cabinet Committee on Economic Affairs (CCEA), on June 28, 2023, approved the “PM Programme for Restoration, Awareness Generation, Nourishment, and Amelioration of Mother-Earth (PM-PRANAM).” This initiative aims to support the mass movement initiated by States and Union Territories (UTs) to preserve the health of Mother Earth through the promotion of sustainable and balanced fertilizer use, adoption of alternative fertilizers, promotion of organic farming, and implementation of resource conservation technologies.

The incentives to States/UTs for reduction of consumption of chemical fertilizers (Urea, DAP, NPK, MOP) in a given financial year, compared to the average consumption over the previous three years, under the Scheme is equivalent to 50% of the fertilizer subsidy saved by the State. The incentives can be utilized for

promotional activities (IEC) and RandD relating to agricultural infrastructure and increase in the yield. The remaining 50% of the subsidy is retained by Govt. of India.

Indian Council of Agricultural Research (ICAR) promotes the sustainable and balanced use of fertilizers, by recommending soil test based integrated nutrient management through conjunctive use of both inorganic and organic sources. ICAR develops both processes as well as products in order to promote the use of bio-fertilizers / bio-enriched organic manures.

The Cabinet Committee on Economic Affairs (CCEA), on June 28, 2023 has approved the Market Development Assistance (MDA)@ Rs. 1500/MT to promote organic fertilizers, viz., FOM/LFOM/PROM 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 MoPNG, 'Waste to Energy' programme of MNRE, Swachh Bharat Mission (Rural) of 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.

These schemes are being implemented across the country, including the States of Maharashtra, Himachal Pradesh, West Bengal and Chhattisgarh.

### **E-COURT PROJECT**

**2049. SHRI DINESHBHAI MAKWANA:**

**SHRI JAI PRAKASH:**

**SHRIMATI KAMLESH JANGDE:**

**SHRI JASHUBHAI BHILUBHAI RATHVA:**

**SHRIMATI SMITA UDAY WAGH:**

**DR. BHOLA SINGH:**

**SHRI PRAVEEN PATEL:**

**DR. NISHIKANT DUBEY:**

**SHRI KANWAR SINGH TANWAR:**

**SHRIMATI SHOBHANABEN MAHENDRASINH BARAIYA:**

**SHRI CHANDRA PRAKASH JOSHI:**

**SHRI MADHAVANENI RAGHUNANDAN RAO:**

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

- (a) the current status of the e-court integrated mission mode project in various States particularly in Uttar Pradesh and Rajasthan;
- (b) the key objectives and achievements of the e-courts integrated mission mode project, particularly in enhancing access to justice through technology platform;
- (c) the manner in which project has contributed to the computerization of district and subordinate courts and the specific technologies that have been implemented to improve court connectivity and efficiency;
- (d) the way e-courts project improved the overall delivery of justice particularly in terms of transparency, accessibility and speed of judicial process;
- (e) the details of funds sanctioned, released and utilized under the said project in various States especially in Uttar Pradesh, so far; and
- (f) the details of technologies installed and infrastructure set up under the said project in Amroha Parliamentary Constituency of Uttar Pradesh, so far?

**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) : The eCourts Mission Mode Project is under implementation for Information and Communication Technology (ICT) development of the Indian Judiciary. The Department of Justice, Government of India is implementing eCourts Project in close coordination with the eCommittee of Supreme Court of India, in a decentralized manner through the respective High Courts.

Phase I of the project was implemented during 2011-2015 and focused on the basics of computerisation like setting up computer hardware, ensuring internet connectivity, and operationalizing the e-Courts platform. Against an outlay of Rs.935 crore, total expenditure incurred was Rs.639.41 crore for implementation of this phase. The following initiatives were undertaken in this phase:

- i. 14,249 District and Subordinate courts were computerized.
- ii. LAN was installed at 13,683 courts, hardware provided in 13,436 courts and software was installed in 13,672 courts.
- iii. Laptops were provided to 14,309 judicial officers and change management exercise completed in all High Courts.
- iv. Over 14,000 Judicial Officers were trained in the use of UBUNTU-Linux Operating System.
- v. More than 3900 court staff were trained in Case Information System (CIS) as System Administrators.

vi. Video Conferencing facility was operationalised between 493 court complexes and 347 corresponding jails.

Phase II of the eCourts Mission Mode Project (2015-2023), focused on ICT enablement of District and Subordinate Courts and various citizen centric initiatives. Against an outlay of Rs.1670 crore, total expenditure incurred was Rs. 1668.43 crore for implementation of this phase. Till 2023, digital infrastructure has been provided to 18,735 courts.

The following e-initiatives have been undertaken by the Government under eCourts Project to make justice accessible and available for all: -

- i. Under the Wide Area Network (WAN) Project, connectivity has been provided to 99.5% of total Court Complexes across India with 10 Mbps to 100 Mbps bandwidth speed.
- ii. National Judicial Data Grid (NJDG) is a database of orders, judgments, and cases, created as an online platform under the eCourts Project. It provides information relating to judicial proceedings/decisions of all computerized district and subordinate courts of the country. Litigants can access case information and more than 27.64 crore orders / judgments (as on date).
- iii. Case Information Software (CIS) based on customized Free and Open- Source Software (FOSS) has been developed. Currently CIS National Core Version 3.2 is being implemented in District Courts and the CIS National Core Version 1.0 is being implemented for the High Courts.
- iv. As part of eCourts project, 7 platforms have been created to provide real time information on case status, cause lists, judgements etc. to lawyers/Litigants through



SMS Push and Pull (Over 4 lakhs SMS sent daily), Email (Over 6 lakhs sent daily), multilingual eCourts services Portal (35 lakh hits daily), JSC (Judicial Service centres) and Info Kiosks. In addition, Electronic Case Management Tools (ECMT) have been created with Mobile App for lawyers (total 2.69 crore downloads till 31.10.2024) and JustIS app for judges (20,719 downloads till 31.10.2024).

- v. India has emerged as a global leader in conducting court hearing through Video Conferencing. The District and Subordinate courts heard 2,48,21,789 cases while the High Courts heard 90,21,629 cases (totalling 3.38 crore) till 31.10.2024 using video conferencing system. The Supreme Court of India held 7,54,443 hearings from 23.03.2020 to 04.06.2024 through video conferencing. VC facilities have also been enabled between 3240 court complexes and corresponding 1272 jails.
- vi. Live Streaming of court proceedings has been started in the High Courts of Gujarat, Gauhati, Orissa, Karnataka, Jharkhand, Patna, Madhya Pradesh, Uttarakhand, Calcutta and the Supreme Court of India, thus allowing media and other interested persons to join the proceedings.
- vii. Virtual Courts in 21 States/UTs have been operationalized to handle traffic challan cases. Over 6 crore cases (6,00,29,546) have been handled by these virtual courts and in more than 62 lakhs (62,97,544) cases, online fine of more than Rs. 649.81 crores have been realized till 31.10.2024.
- viii. e-filing system (version 3.0) has been rolled out with upgraded features for lawyers to access and upload documents related to the cases from any location 24X7.

- ix.e-Filing of cases requires the option for electronic payment of fees which includes court fees, fines and penalties which are directly payable to the Consolidated Fund. Therefore e-Payment system was launched for hassle free transfer of fee etc.
- x.To bridge the digital divide, 1394 eSewa Kendras (Facilitation Centres) in District Courts and 36 eSewa Kendras (Facilitation Centres) in High Courts have been rolled out to provide citizen centric services to lawyers and litigants. It also assists the litigants in accessing online e-Courts services and acts as a saviour for those who cannot afford the technology or are located in far-flung areas. It also aids to addresses the challenges caused by illiteracy among citizens at large. These also provide benefits in saving time, avoidance of exertion, travelling long distances, and saving cost by offering facilities of e- filing of cases across the country, to conduct the hearing virtually, scanning, accessing e-Courts services etc.
- xi.National Service and Tracking of Electronic Processes (NSTEP) has been launched for technology enabled process serving and issuing of summons. It has currently been implemented in 28 States/ UTs.
- xii.A new “Judgment Search” portal has been started with features such as search by Bench, Case Type, Case Number, Year, Petitioner/ Respondent Name, Judge Name, Act, Section, Decision: From Date, To Date and Full Text Search. This facility is being provided free of cost to all.
- xiii.As a part of the project, 605 trainings and awareness programmes on the ICT services provided under the eCourts project has been conducted from May 2020 to October 2024 covering nearly 6,64,144 stakeholders, including High Court Judges,

Judges of the District Judiciary, Court Staff, Master Trainers among Judges/DSA, Technical Staff of High Courts, and Advocates.

eCourts Phase III (2023-2027) has been approved by the Union Cabinet in Sep'2023 at an outlay of ₹7,210 crore, which is over four times the funding for Phase II. The project envisages various new digital initiatives such as establishment of Digital and Paperless Courts that aim to bring court proceedings under a digital format, digitization of court records (both legacy records and pending cases), expansion of video conferencing facilities to courts, jails and hospitals, scope of online courts beyond adjudication of traffic violations, saturation of all court complexes with eSewa kendras, state of the art and latest Cloud based data repository for easy retrieval and supporting the digitized court records, software applications, live streaming, and electronic evidence etc., use of emerging technologies like Artificial Intelligence and its subsets like Optical Character Recognition (OCR) etc. for analysis of case pendency, forecasting future litigation, etc. Thus, the efforts of the Government of integrating technology with the governance may prove to be a game changer in eCourts Phase III, ensuring ease of justice by making the Court experience convenient, inexpensive and hassle free to all the citizens of the country.

The eCourts project has resulted in transparent, accessible and speedy of judicial process through following citizen centric services:

- Free access to case status, cause list, judgments, date of hearings
- Mobile application

- SMS push and pull
- Digital case management systems,
- e-filing
- Courtroom live audio-visual streaming system (class)
- Transcriptions
- Service of notice
- e-Sewa Kendra
- Help desk for digital assistance - in-court and remote
- Administration of legal aid
- Virtual courts
- VC facilities between courts and jails
- Upgradation of connectivity across the court complexes
- e-office

It may be noted that states of Uttar Pradesh and Rajasthan are a part of the eCourts Project. As per the information made available by the Supreme Court of India, the details of funds sanctioned, released and utilized under the eCourts Project Phase II and Phase III across India, including the states of Uttar Pradesh and Rajasthan are placed at enclosed **Statement- I** and **II** respectively.

(f): The data with respect to the Amroha Parliamentary Constituency is maintained by the respective High Court. Accordingly, as per the information provided by the

High Court of Allahabad, the details of ICT infrastructure provided to the District Court J.P. Nagar (Amroha) is placed at enclosed **Statement -III**.

### **STATEMENT- I**

**The funds sanctioned, released and utilized under the eCourts Project Phase II, as received from Supreme Court of India are as below:**

<b>Sr.No</b>	<b>High Courts</b>	<b>Sanctioned/Release (In Cr)</b>	<b>Utilization (In Cr)</b>
1	Allahabad	1,09,48,09,100	1,04,10,57,517
2	Andhra Pradesh	1,96,34,000	1,96,34,000
3	Bombay	1,25,24,30,700	1,25,19,68,985
4	Calcutta	37,09,43,000	31,93,07,385
5	Chhattisgarh	27,30,68,300	27,30,67,617
6	Delhi	26,80,08,600	26,62,27,568
7	Gauhati (Arunachal	12,89,76,108	12,77,66,890
8	Gauhati (Assam)	70,76,97,031	70,66,22,685
9	Gauhati (Mizoram)	7,87,44,662	7,65,41,234
10	Gauhati (Nagaland)	7,99,16,238	7,99,14,754
11	Gujarat*	72,81,99,100	65,21,64,914
12	Himachal Pradesh	11,18,54,900	10,94,06,943
13	Jammu and Kashmir	18,98,11,200	18,98,05,544
14	Jharkhand	24,25,18,900	24,11,04,227
15	Karnataka	65,38,39,900	65,38,37,897
16	Kerala	37,60,74,300	37,60,74,300
17	Madhya Pradesh	74,04,50,400	73,84,07,903
18	Madras	70,15,37,700	67,44,43,454
19	Manipur	9,27,26,100	9,21,93,862
20	Meghalaya	13,17,08,572	12,45,28,814
21	Orissa	46,40,79,300	45,62,70,336
22	Patna	55,81,66,000	54,42,18,298
23	Punjab and Haryana	54,12,57,460	54,12,57,460
24	Rajasthan	74,56,05,670	74,53,94,343

25	Sikkim	7,57,60,050	6,84,92,072
26	Telangana and Andhra	70,28,76,500	68,63,80,940
27	Telangana	1,79,32,000	1,59,62,705
28	Tripura	17,85,84,636	17,57,85,582
29	Uttarakhand	11,64,94,500	11,37,62,618
<b>Total</b>		<b>11,64,37,04,927</b>	<b>11,36,16,00,847</b>

\*Gujarat High Court surrendered Rs.13.12 Cr.Total utilization included surrender funds.

\*\*Funds released erstwhile Andhra Pradesh and Telangana High Court, and both the states shared the available funds in the ration of 58:42 respectively

### **STATEMENT- II**

**The funds sanctioned, released and utilized, as received from Supreme Court of India under the eCourts Project Phase III are as below:**

		<b>Phase III (2023-2024)</b>		<b>Phase III (2024-2025)</b>	
		<b>Sanction/Release and Utilization</b>		<b>Sanction/Release and Utilization</b>	
<b>Sr. N</b>	<b>High Courts</b>	<b>Sanction/Release (In Cr)</b>	<b>Utilization (In Cr)</b>	<b>Release (In Cr)</b>	<b>Utilization (In Cr)</b>
1	Allahabad	96,07,95,7	95,87,09,370	36,48,10,89	0
2	Andhra Pradesh	45,27,70,9	25,43,73,492	18,57,16,20	0
3	Bombay	69,53,84,3	69,53,83,820	51,83,74,41	9,37,11,8
4	Calcutta	29,15,27,2	16,72,52,166	32,18,39,59	0
5	Chhattisgarh	20,22,21,7	16,26,54,673	19,97,91,01	51,21,40
6	Delhi	18,88,90,0	17,88,85,550	15,55,83,45	58,02,04
7	Gauhati (Arunachal)	2,32,30,20	2,03,32,480	3,18,17,456	88,45,55
8	Gauhati (Assam)	25,49,93,1	24,97,46,752	9,66,35,721	0

9	Gauhati (Mizoram)	3,50,48,80	3,12,17,263	2,32,78,810	0
10	Gauhati (Nagaland)	1,80,35,00	1,79,38,377	1,71,71,895	0
11	Gujarat	27,72,12,0	27,72,12,080	41,95,10,15	0
12	Himachal Pradesh	6,13,41,88	6,06,19,171	4,53,52,879	3,42,18,3
13	Jammu and	15,37,18,8	6,52,38,800	6,17,43,526	0
14	Jharkhand	12,46,77,7	10,58,90,736	11,15,57,24	0
15	Karnataka	35,59,10,7	32,36,69,794	28,08,12,44	8,24,70,6
16	Kerala	15,63,39,8	15,40,25,069	11,23,58,62	0
17	Madhya Pradesh	12,46,00,6	22,90,49,318	31,83,86,96	0
18	Madras	72,82,99,6	90,69,39,641	45,03,78,55	1,67,41,3
19	Manipur	11,20,82,7	11,12,10,472	2,95,32,894	0
20	Meghalaya	3,43,75,74	3,33,18,278	2,69,82,209	70,23,93
21	Orissa	9,78,51,90	6,77,30,521	18,46,71,55	3,42,34,2
22	Patna	32,88,90,8	32,43,05,000	39,42,42,71	0
23	Punjab and	14,93,05,0	14,58,25,000	6,05,47,576	0
24	Rajasthan	25,11,72,0	19,79,61,179	31,81,91,49	12,84,11,
25	Sikkim	2,10,21,40	1,70,78,040	1,73,63,177	0
26	Telangana	22,78,76,2	22,02,51,996	19,45,75,19	1,15,08,0
27	Tripura	3,38,12,80	52,52,798	2,53,01,767	14,74,83
28	Uttarakhand	13,67,69,2	13,67,69,200	8,18,43,253	0
Total		6,49,81,56,	6,11,88,41,03	5,04,83,71,	42,95,63,

### STATEMENT- III

The details of ICT infrastructure provided to the District Court J.P. Nagar (Amroha) are as below:

S. No	SystemBrand	System Category	Total Received Qty	Phase
1	CISCO-8 Port	Switch	1	Phase-I

2	CISCO-24port	Switch	6	Phase-I
3	HCL-9Utrack	Rack	6	Phase-I
4	UNILINE- 500VALine- interactive UPS With Battery	UPS	2	Phase-I
5	HP-LaserJetP1008	Printer	2	Phase-I
6	HCL-Unknown	Mouse	2	Phase-I
7	HCL-SK-1789	Keyboard	2	Phase-I
8	HCL-TFT17W80PS	Monitor	2	Phase-I
9	HCL-LX INFINITI PRO SL 5080	CPU	2	Phase-I
10	Linux-Ubuntu12.04	Compact Disc(CD)	12	Phase-I
11	Unknown-LINUX Distribution	Distribution Media	1	Phase-I
12	HCL-Thin Client Mouse (M871P)	Mouse	36	Phase-I
13	HCL-Thin Client Keyboard (K303)	Keyboard	36	Phase-I
	HCL-Thin Client 15			



14	LCD Monitor (TFT1560PS)	Monitor	36	Phase-I
15	HCL-WIN Bee	Thin Client	36	Phase-I
16	UNILINE- 500VALine- interactive UPS With Battery	UPS	12	Phase-I
17	UNILINE- 2KVAOnline UPS With Battery	UPS	1	Phase-I
18	HITACHI-LCD Portable Projector(Model No. CP- RX70)	Projector	1	Phase-I
19	HP-4G.B.	Pen Drive	36	Phase-I
20	WD- 250G.B.USBHDD	Hard Disk Drive	1	Phase-I
21	HP- 88ABlackLaserJet Toner Cartridge CC388AC	Cartridge	24	Phase-I

22	HP-Scanjet 8270 Modal No.- GRLYB-0206	Scanner	1	Phase-I
23	TVS- 24PinDotMatrix- MSP455XLCLASSI C	Printer	12	Phase-I
24	HP-LaserJetP1008	Printer	12	Phase-I
25	HCL-Unknown	Mouse	12	Phase-I
26	HCL-SK-1789	Keyboard	12	Phase-I
27	HCL-TFT17W80PS	Monitor	12	Phase-I
28	HCL-LX INFINITI PRO SL 5080	CPU	12	Phase-I
29	HCL-Flat17inch	Monitor	1	Phase-I
30	HP-7feetcableto connect USBKVM switch	Cable	2	Phase-I
31	HP-USB KVM Port track Mountable	Switch	1	Phase-I
32	HCL-36Utrack	Rack	1	Phase-I
33	HP-Rack Mount	Server	2	Phase-I

34	HP-HP	Mouse	10	Phase-II
35	Hp-Laserjet ProMFP M226 dw	Printer	4	Phase-II
36	Unknown- PVCduct(15 x15mm)Qty-250	Pipe	1	Phase-II
37	ValRack- 12Utrackwith all accessories	Rack	1	Phase-II
38	ValRack- 9Utrackwith all accessories	Rack	2	Phase-II
39	Unknown-PVCduct (25 x25mm)Qty-150	Pipe	1	Phase-II
40	Unknown-PVC Electrical Conduit Pipes (25 mm)	Pipe	1	Phase-II

	Qty-225			
41	Unknown-HDPE PVC jacket(2inchdiamete r) Qty- 350	Pipe	1	Phase-II
42	Unknown-Fiber Optic LIU-6/12/24/48fiber (12 Core OFC)	Patch Panel	3	Phase-II
43	Molex-Optical Fiber pigtaills MM/SM-LC type (1-meter)	Cable	24	Phase-II
44	Molex-Optical Fiber PatchCord,SM,LC- LC (3-meter)	Cable	5	Phase-II
45	Unknown-Fiber Optic outdoor armoured cable, loose tube SM	Cable	1	Phase-II
46	Molex- RJ45PatchCord	Cable	24	Phase-II

	CAT 6 (2-Meter)			
47	Molex- RJ45PatchCord CAT 6 (1-Meter)	Cable	26	Phase-II
48	Unknown-Wire Manager/Patch Chord Minder panel- CAT6	Patch Panel	3	Phase-II
49	Unknown- 24portCAT6	Patch Panel	3	Phase-II
50	Unknown-RJ45- Female Information Outlets-CAT 6 (1- port)	Connector	24	Phase-II
51	Molex- UTPcableCAT6 305 Meter Box	Cable	4	Phase-II
52	Unknown-USB Extender Cable 10 ft for Camera	Cable	19	Phase-II

53	Logitech- CAMLOGITECH BCC950 WEB IP DT	Camera	19	Phase-II
54	Hp- ScanjetN9120fn2	Scanner	1	Phase-II
55	Hp- LaserJetPro202dw	Printer	4	Phase-II
56	Dell-Dell Mouse	Mouse	18	Phase-II
57	Dell-Dell Keyboard	Keyboard	18	Phase-II
58	Dell-Dell19Monitor- E1916HV	Monitor	18	Phase-II
59	Dell-Vostro 3681 SFF - i3	CPU	18	Phase-II
60	Acer-MOANUOA	Mouse	6	Phase-II
61	Acer-PR1101U	Keyboard	6	Phase-II
62	Acer- MonitorTFT18.5 (EV196HQL)	Monitor	6	Phase-II
63	Acer- Veritoni5X2690G	CPU	6	Phase-II

64	HP- 88ABlackLaserJet Toner Cartridge CC388AC	Cartridge	4	Phase-II
65	HP-30A Black LaserJet Toner Cartridge CF230A	Cartridge	24	Phase-II
66	HP- 88ABlackLaserJet Toner Cartridge CC388AC	Cartridge	24	Phase-II
67	Dell-Dell Mouse	Mouse	2	Phase-II
68	Dell-Dell Keyboard	Keyboard	2	Phase-II
69	Dell- Monitor20E2016H (For Server)	Monitor	2	Phase-II
70	Dell-Dell PowerEdge R440 Rack Server	Server	2	Phase-II
71	Hp-LaserjetPro MFP M226 dw	Printer	2	Phase-II

72	Hp- LaserJetPro202dw	Printer	2	Phase-II
73	Dell-Dell Mouse	Mouse	8	Phase-II
74	Dell-Dell Keyboard	Keyboard	8	Phase-II
75	Dell-Vostro3470i5- 8400	Monitor	2	Phase-II
76	Dell-Vostro3470i3- 8100	Monitor	6	Phase-II
77	Dell-Vostroi5	CPU	2	Phase-II
78	Dell-Vostroi3	CPU	6	Phase-II
79	Numeric-TRD DIGITAL LI/600VA/12V	UPS	8	Phase-II
80	Hp- LaserJetPro202dw	Printer	4	Phase-II
81	Hp-LaserjetProMFP M226 dw	Printer	4	Phase-II
82	Cisco-BSNL/HTP LL Router(cisco4321/k 9)	Router	1	Phase-II



83	Unknown-42AH Bol Half Cover-C	Cabinet	1	Phase-II
84	ExidePower- 12V42AH SMF	Battery	1	Phase-II
85	Numeric-1KVAUPS	UPS	1	Phase-II
86	Panasonic-42-65 Ty- ST42PCL	TV Wall Mou Stand	1	Phase-II
87	Dell-PC I5 HD1TBRM8GB WIN1 100M (OptiPlex 5260 AIO Series)	All in One PC	1	Phase-II
88	Logitech-SPKR P710E PRT	Speaker	1	Phase-II
89	Logitech-CAM LOGITECHBCC95 0WEB IP DT	Camera	1	Phase-II
90	Panasonic- FALCONM-M 10MHDMIPATCHC ARD	Cable	1	Phase-II

91	Panasonic- MPANALH- 49RM1DX49 FHD	TV	1	Phase-II
92	Panasonic-Projector Display	Projector Screen	1	Phase-II
93	Panasonic-Projector- PT-LB353	Projector	1	Phase-II
94	WD (Western Digital)- 2TB External Hard Disk Drive with USB	Hard Disk Drive	1	Phase-II
95	Unknown- 2KVAUPS Cabinet	Cabinet	1	Phase-II
96	Amaron-12V75AH Quanta	Battery	8	Phase-II
97	Numeric-2 KVA (ONFINITI 2KVA - 96 FMC)	UPS	1	Phase-II
98	Acer-Thin Client Mouse (MOANUOA)	Mouse	4	Phase-II
99	Acer-Thin Client Keyboard	Keyboard	4	Phase-II

	(PR1101U)			
10	FJGEAR(2Port)-FJ-2502A	VGA-HDMI Splitter	4	Phase-II
10	Acer-Thin Clinet Monitor 24	Monitor	4	Phase-II
10	Acer- ThinClinetMonitor 18.5(EV196HQL)	Monitor	8	Phase-II
10	Acer-VeritonE220	Thin Client	4	Phase-II
10	Numeric-TRD DIGITAL LI/600VA/12V	UPS	64	Phase-II
10	Forbes-Information Kiosk	Kiosk	1	Phase-II
10	Hp-LaserjetProMFP M227fdw	Printer	12	Phase-II
10	Hp- LaserJetProM203dn	Printer	12	Phase-II
10	Acer-	Mouse	12	Phase-II

	ThinClientMouse (MOANUOA)			
10	Acer-Thin Client Keyboard (PR1101U)	Keyboard	12	Phase-II
11	FJGEAR(2Port)-FJ- 2502A	VGA-HDMIS plitter	12	Phase-II
11	Acer- ThinClinetMonitor 24	Monitor	12	Phase-II
11	Acer- ThinClinetMonitor 18.5	Monitor	24	Phase-II
11	Acer-VeritonE220	Thin Client	12	Phase-II
11	Acer-MOANUOA	Mouse	16	Phase-II
11	Acer-PR1101U	Keyboard	16	Phase-II
11	Acer-MonitorTFT V196HQL (18.5)	Monitor	16	Phase-II
11	Acer-Veritoni5	CPU	4	Phase-II
11	Acer-Veritoni3	CPU	12	Phase-II
11	Acer-MOANUOA	Mouse	48	Phase-II
12	Acer-PR1101U	Keyboard	48	Phase-II

12	Acer-MonitorTFT V196HQL (18.5)	Monitor	48	Phase-II
12	Acer-Veritoni5	CPU	12	Phase-II
12	Acer-Veritoni3	CPU	36	Phase-II
12	Avaya-Ethernet Rourting Switch 3500	Switch	8	Phase-II
12	Legrand-VALRACK - 9 U track	Rack	6	Phase-II
12	Dell-Dell Mouse	Mouse	96	Phase-III
12	Dell-Dell Keyboard	Keyboard	96	Phase-III
12	Hp-LaserJet ProMFP 4104fdw	Printer	24	Phase-III
12	Dell-Optiplex7410 intel i5	All in One PC	96	Phase-III
13	HP- 152ABlackLaserjet toner cartridge- W1520A	Cartridge	30	Phase-III
13	Logitech-C270HD WEBCAM	Camera	2	Phase-III
13	Logitech-H370USB	Headset	1	Phase-III

	Headset			
13	HP- HPProOne440G9	All in OnePC	1	Phase-III
13	HP- ScanJetProN4600 fnw1	Scanner	1	Phase-III
13	Chawla Publication- Law Finder(WindowsEditi on -August2023)	Pen Drive	1	Phase-III
13	Chawla Publication- Law Finder (Ubuntu Edition - August 2023)	Pen Drive	2	Phase-III
13	HP- ScanJetEnterprise Flow 5000 s5	Scanner	2	Phase-III
13	Acer-Acer Mouse	Mouse	3	Phase-III
13	Acer-Acer Keyboard	Keyboard	3	Phase-III

14	Acer-Monitor Led 19.5 inch	Monitor	3	Phase-III
14	Acer- Veritoni5X2690G	CPU	3	Phase-III
14	LG-HDMI-VGA Converter	Cable	2	Phase-III
14	Techno Horizon- Elmo-L- 12W	Document Visualizer	2	Phase-III
14	LG- MovingWallMount	TV Wall Mou Stand	2	Phase-III
14	LG-Computer HDMI Cable 10-Meter	Cable	2	Phase-III
14	LG-Sharer Computer HDMI 1080P HDTV (4- Port)	VGA-HDMI Splitter	2	Phase-III
14	LG-SMART 2590 AMD THIN CLIENT PC	Thin Client	2	Phase-III

14	LG- LGLEDMONITOR1 9 19M38 HB HDMI	Monitor	4	Phase-III
14	LG- LGLEDMONITOR 24MP400B HDMI	Monitor	2	Phase-III
15	HP- 88ABlackLaserJet Toner Cartridge CC388AC	Cartridge	72	Phase-III
15	HP-30A Black LaserJet Toner Cartridge CF230A	Cartridge	48	Phase-III
15	Microtek International- 600VA Line Interactive UPS (LEGEND 650- MTKUR65)	UPS	6	Phase-III
15	Microtek International- 600VA Line Interactive UPS	UPS	25	Phase-III



	(LEGEND 650- MTKUR65)			
15	Hp-LaserJetProMFP 4104fdw	Printer	5	Phase-III

### **ANAEMIA MUKT BHARAT**

**2050. SHRIMATI SHAMBHAVI:**

**SHRI NARESH GANPAT MHASKE:**

**DR. SHRIKANT EKNATH SHINDE:**

**SHRI RAVINDRA DATTARAM WAIKAR:**

**SHRI RAJESH VERMA:**

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

- (a) the details of the total funds allocated, disbursed and utilized under Anaemia Mukh Bharat (AMB) strategy, State/UT-wise, particularly in Maharashtra and Bihar;
- (b) the funds allocated for the expenditure and the amount of iron rich rice procured, supplied and distributed to combat anaemia since January 2022;
- (c) the detailed reasons for the bifurcation of the beneficiaries of this scheme under six different age groups in the country;
- (d) the details of the total number of beneficiaries who benefited under the Anaemia Mukh Bharat strategy, State/UT-wise; and
- (e) the details of the steps taken by the Government to create awareness and mitigate anaemia since 2015, year-wise?

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

(a) The details of budgetary allocation and utilization under Anaemia Mukht Bharat for the FY 2023-24, State/UT-wise including the State of Maharashtra and Bihar, are placed at enclosed **Statement I**.

(b) As per the Annual Report 2023-24, Department of Food and Public Distribution, Ministry of Consumer Affairs (report available in public domain), the Government of India has approved the supply of fortified rice through FCI and State Agencies to the entire Targeted Public Distribution System (TPDS) and Other Welfare Schemes (OWS) including Integrated Child Development Services (ICDS) and Pradhan Mantri Poshan Shakti Nirman (PM POSHAN) to reach all States and Union Territories by March, 2024 in a phased manner. In Phase-I, nearly 17.51 LMT of fortified rice was lifted by States/UTs for distribution under ICDS and PM POSHAN; In Phase-II (2022-23), 106.25 LMT of fortified rice for distribution under TPDS and nearly 29.58 LMT of fortified rice was lifted by States/UTs for ICDS and PMPOSHAN. In Phase III (2023-24), all States/UTs were distributed 322.27 LMT of fortified rice under TPDS, ICDS and PM-POSHAN.

(c) The Anaemia Mukht Bharat strategy has laid down protocols of prophylaxis, testing and treatment of anaemia in a life cycle approach, across the six beneficiary groups at all levels of care and service delivery.

(d) The details of the total number of beneficiaries who benefited under the Anaemia Mukht Bharat strategy, State/UT-wise is placed at enclosed **Statement II**.

(e) The Government of India implements Anaemia Mukh Bharat (AMB) programme in 6X6X6 strategy to reduce the prevalence of anaemia among six beneficiary groups - Children 6-59 months, Children 5-9 years, Adolescents (10-19 years), Women of reproductive age (15-49 years), pregnant women and lactating mothers in lifecycle approach through six interventions - Prophylactic Iron and Folic Acid supplementation (IFA Syrup is provided biweekly to Children 6-59 months, IFA Pink is provided weekly to children 5-9 years, IFA Blue is provided weekly to adolescent 10-19 years, IFA Red is provided weekly to Women of Reproductive age group and IFA Red tablets (daily for 180 days) are provided to pregnant women and lactating mothers), Deworming (Pregnant women are provided albendazole tablet in second trimester and all children 1-19 years are provided albendazole tablets during National Deworming Days), Intensified year-round behaviour change communication campaign and ensuring delayed cord clamping at all delivery points, Testing of anaemia using digital invasive hemoglobinometer and point of care treatment, Mandatory provision of iron and folic acid fortified foods in public health programmes (supplementary nutrition at Anganwadi Centre (AWC), Mid Day Meal (MDM) at Schools and Targeted Public Distribution system), Addressing non-nutritional causes of anaemia in endemic pockets, with special focus on malaria, haemoglobinopathies and fluorosis, via robust institutional mechanisms.

### **STATEMENT- I**

**State/UT wise SPIP Approvals and Expenditure in AMB under NHM for the FY 2023-24**

State/UT	Anaemia Mukht Bharat	
	Approvals (in Rs Lakhs)	Expenditure (in Rs Lakhs)
Andaman and Nicobar Islands	44.75	4.62
Andhra Pradesh	8,570.74	6,896.00
Arunachal Pradesh	27.3	-
Assam	1,564.65	1,225.98
Bihar	7,569.52	2,267.92
Chandigarh	-	-
Chhattisgarh	1,734.61	615.67
DNH andDD	12.84	3.59
Delhi	472.9	3.2
Goa	123.97	30.29
Gujarat	2,133.04	1,947.15
Haryana	1,695.64	1,863.62
Himachal Pradesh	108.64	89.59
Jammu and Kashmir	927.48	42.09
Jharkhand	4,798.84	451.52

Karnataka	3,462.93	718.55
Kerala	2,214.74	230.48
Ladakh	8.48	7.94
Lakshadweep	5.47	0.9
Madhya Pradesh	13,397.85	4,912.23
Maharashtra	7,366.95	1,918.71
Manipur	173.87	8.52
Meghalaya	504.82	39.67
Mizoram	111.06	50.12
Nagaland	311.73	1.31
Odisha	1,988.06	1,090.38
Puducherry	248.49	20.27
Punjab	1,082.42	1,082.42
Rajasthan	3,837.04	668.56
Sikkim	49.74	38.2
Tamil Nadu	1,273.11	669.63
Telangana	2,390.04	83.43
Tripura	679.93	543.17
Uttar Pradesh	25,785.11	4,349.42

Uttarakhand	1,420.41	218.18
West Bengal	2,381.95	1,466.93

Source: NHM Finance

**STATEMENT- II**

**State/UT-wise total number of beneficiaries who benefited under the  
Anaemia Mukht Bharat Strategy,**

<b>S.No.</b>	<b>State/UT</b>	<b>Total Number of Beneficiaries (figures in 1000)</b>
1	Andaman and Nicobar Islands	87
2	Andhra Pradesh	12,535
3	Arunachal Pradesh	113
4	Assam	6,768
5	Bihar	13,089
6	Chandigarh	210
7	Chhattisgarh	7,727
8	DNH and DD	230

9	Delhi	1,296
10	Goa	322
11	Gujarat	22,090
12	Haryana	5,141
13	Himachal Pradesh	671
14	Jammu and Kashmir	2,973
15	Jharkhand	8,987
16	Karnataka	6,806
17	Kerala	1,501
18	Ladakh	59
19	Lakshadweep	9
20	Madhya Pradesh	17,766
21	Maharashtra	6,839
22	Manipur	137
23	Meghalaya	191
24	Mizoram	180
25	Nagaland	56

26	Odisha	9,489
27	Puducherry	422
28	Punjab	2,680
29	Rajasthan	10,406
30	Sikkim	80
31	Tamil Nadu	23,445
32	Telangana	10,875
33	Tripura	262
34	Uttarakhand	1,810
35	Uttar Pradesh	24,921
36	West Bengal	12,078

Source: HMIS 2023-24

**PRESENCE OF MICROPLASTICS IN SALT AND SUGAR****2051. DR. MOHAMMAD JAWED:****ADV. ADOOR PRAKASH:****SHRI MURARI LAL MEENA:****SHRI HIBI EDEN:****SHRI HARISH CHANDRA MEENA:**



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

(a) whether the Government is aware of studies reporting the presence of microplastics in Salt and Sugar consumed in the country including Tonk-Sawai Madhopur district in Rajasthan and if so, the details thereof;

(b) whether the Government has conducted any study or research to assess the presence of microplastics and its concentration level in food materials being consumed generally in the country, particularly in Rajasthan and if so, the details thereof, State/UT-wise;

(c) the steps taken/proposed to be taken by the Government for monitoring and regulation of microplastic contamination in salt, sugar and other essential food materials; and

(d) the current status of the project Micro and Nano-Plastics as Emerging Food Contaminants: "Establishing Validated Methodologies and Understanding the prevalence in Different Food Matrices"?

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

(a) to (d): The Government is aware of the study which detected microplastics in salt and sugar samples. Various studies conducted by different organizations are discussed by the independent experts in the Scientific Panels of Food Safety and Standards Authority of India (FSSAI). Issues are considered based on the merits of the studies by the experts.

FSSAI has funded the project by CSIR-Indian Institute of Toxicology Research, Lucknow, ICAR-Central institute of Fisheries Technology (ICAR-CIFT), Kochi and Birla Institute of Technology and Science (BITS), Pilani titled "Micro-and nano-plastics as emerging food contaminants: Establishing validated Methodologies and understanding the prevalence in different food matrices". The objectives of the project are:-

- i. Development and validation of analytical methods for identification and quantification of micro/nano-plastics in foods matrices.
- ii. Inter- and intra-laboratory comparison of developed methods in identified food matrices.
- iii. Surveillance and determination of exposure levels of micro-/nano-plastics in identified foods matrices.

### आयुष सुपर स्पेशियलिटी अस्पताल और स्वास्थ्य एवं आरोग्य केंद्र

**2052. श्री गोपाल जी ठाकुर:**

**श्रीमती विजयलक्ष्मी देवी:**

**श्री नलिन सोरेन:**

**श्री चन्द्र प्रकाश चौधरी:**

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) बिहार और झारखंड में राष्ट्रीय आयुष मिशन के अंतर्गत अब तक अनुमोदित आयुष सुपर स्पेशियलिटी अस्पतालों/स्वास्थ्य और आरोग्य केन्द्रों का जिला-वार ब्यौरा क्या है;

(ख) झारखंड और बिहार राज्यों विशेषकर दरभंगा संसदीय निर्वाचन क्षेत्र में उक्त मिशन के अंतर्गत स्वीकृत अस्पतालों के लिए अब तक कितनी धनराशि स्वीकृत/आबंटित/उपयोग की गई है;

- (ग) राष्ट्रीय आयुष मिशन के अंतर्गत निर्धारित लक्ष्य सहित इसकी वर्तमान स्थिति क्या है; और
- (घ) सरकार द्वारा इसे समय पर पूरा करने के लिए क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है?

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

(क) और (ख): चूंकि जन स्वास्थ्य राज्य का विषय है, इसलिए आयुष सुपर स्पेशियलिटी अस्पतालों/स्वास्थ्य केंद्रों की स्थापना बिहार और झारखंड सहित संबंधित राज्य/संघ राज्य क्षेत्र की सरकारों के कार्यक्षेत्र में आता है। हालांकि, राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, बिहार और झारखंड सहित राज्य/संघ राज्य क्षेत्र की सरकारों को 50/30/10 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना के लिए वित्तीय सहायता का प्रावधान है।

इसके अलावा, बिहार और झारखंड की राज्य सरकारों से राज्य वार्षिक कार्य योजनाओं (एसएपी) के माध्यम से प्राप्त प्रस्तावों के अनुसार, आयुष मंत्रालय ने बिहार के पटना, दरभंगा, खगड़िया और गोपालगंज जिलों में एकीकृत आयुष अस्पतालों (आईएच) की 4 इकाइयों और झारखंड राज्य में रांची, गुमला, बोकारो, देवघर, पलामू, दुमका और जमशेदपुर (पूर्वी सिंहभूम) में आईएच की 7 इकाइयों को स्वीकृति दी है। बिहार और झारखंड राज्य में स्वीकृत/आबंटित/उपयोग की गई निधि के साथ जिला-वार एकीकृत आयुष अस्पतालों की जानकारी संलग्न **विवरण -I** पर दी गई है तथा बिहार और झारखंड राज्य के लिए स्वीकृत आयुष्मान आरोग्य मंदिरों की स्थिति की जानकारी क्रमशः संलग्न **विवरण -II** और **विवरण -III** पर दी गई है।

(ग) और (घ): चूंकि एनएएम योजना का कार्यान्वयन राज्य/संघ राज्य क्षेत्र सरकारों के कार्यक्षेत्र में आता है, इसलिए मंत्रालय द्वारा राज्य/संघ राज्य क्षेत्र-वार विशिष्ट लक्ष्य और उनका समय पर पूरा होना तय नहीं किया जा रहा है।

विवरण -I

बिहार और झारखंड राज्य में स्वीकृत/उपयोगिता के साथ जिला-वार अनुमोदित एकीकृत आयुष  
अस्पताला

क्र.सं.	स्थान (जिला)	अनुमोदन का वर्ष	बिस्तरो की संख्या	जारी निधि (लाख रुपये में)	उपयोग की गई निधि (राज्य सरकार द्वारा दी गई रिपोर्ट के अनुसार) (लाख रुपये में)	स्थिति
<b>बिहार</b>						
1	पटना	2015-16	50	902.7	853.2	निर्माण पूरा हो गया
	गोपालगंज	2023-24	50	500	0	निर्माण शुरू नहीं हुआ
	खगड़िया	2023-24	50	500	0	निर्माण शुरू नहीं हुआ
	दरभंगा	2023-24	50	500	0	निर्माण शुरू नहीं हुआ
<b>झारखंड</b>						
2	रांची	2019-20	50	1500	414.5	निर्माणाधीन

	गुमला	2022-23	10	750	0	निर्माण शुरू नहीं हुआ
	बोकारो	2022-23	10	750	31.55	निर्माणाधीन
	देवघर	2022-23	10	750	49.73	निर्माणाधीन
	पलामू	2022-23	10	750	32.46	निर्माणाधीन
	दुमका	2022-23	10	750	91.97	निर्माणाधीन
	जमशेदपुर (पूर्वी सिंहभूम)	2022-23	50	1500	130.9	निर्माणाधीन

### विवरण -II

बिहार राज्य के लिए स्वीकृत आयुष्मान आरोग्य मंदिर (आयुष) की स्थिति

क्र.सं.	जिले का नाम	स्वीकृत आयुष्मान आरोग्य मंदिर (आयुष) की संख्या
1.	अररिया	4
2.	अरवल	2
3.	औरंगाबाद	16
4.	बांका	4
5.	बेगूसराय	9

6.	भागलपुर	8
7.	भोजपुर	4
8.	बक्सर	7
<b>9.</b>	दरभंगा	<b>35</b>
10.	पूर्वी चंपारण	15
11.	गया	4
12.	गोपालगंज	7
13.	जमुई	3
14.	जहानाबाद	4
15.	कैमूर (भभुआ)	5
16.	कटिहार	4
17.	खगड़िया	2
18.	किशनगंज	11
19.	लखीसराय	1
20.	मधेपुरा	2
21.	मधुबनी	13
22.	मुंगेर	4
23.	मुजफ्फरपुर	15
24.	नालन्दा	8
25.	नवादा	10
26.	पटना	22
27.	पूर्णिया	16

28.	रोहतास	7
29.	सहरसा	6
30.	समस्तीपुर	9
31.	सारण	2
32.	शेखपुरा	1
33.	शिवहर	1
34.	सीतामढ़ी	6
35.	सिवान	8
36.	सुपौल	3
37.	वैशाली	12
38.	पश्चिमी चंपारण	4
<b>39.</b>	<b>कुल</b>	<b>294</b>

विवरण -III

झारखंड राज्य के लिए स्वीकृत आयुष्मान आरोग्य मंदिर की स्थिति

क्र.सं.	जिले का नाम	स्वीकृत आयुष्मान आरोग्य मंदिर (आयु) की संख्या
1.	बोकारो	38
2.	चतरा	31
3.	देवघर	35
4.	धनबाद	27

5.	दुमका	19
6.	पूर्वी सिंहभूम	30
7.	गढ़वा	48
8.	गिरिडीह	25
9.	गोड्डा	36
10.	गुमला	35
11.	हजारीबाग	36
12.	जामताड़ा	36
13.	खूंटी	28
14.	कोडरमा	34
15.	लातेहार	33
16.	लोहरदगा	26
17.	पाकुर	22
18.	पलामू	42
19.	रामगढ़	28
20.	रांची	20
21.	साहेबगंज	19
22.	सरायकेला	33
23.	सिमडेगा	30
24.	पश्चिमी सिंहभूम	34
25.	कुल	745



**G-20 SUMMIT IN BRAZIL****2053. SHRI SUDHEER GUPTA:**

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

(a) whether the Prime Minister of India has recently visited Nigeria, Guyana and Brazil and during his trip participated in G20 summit in Brazil;

(b) if so, the details of programmes and events during the said three Nations visit;

(c) whether India has signed an agreement with Nigeria in energy and defence sector for the next five years and if so, the details thereof;

(d) whether India has also signed an agreement with the visiting nations regarding investment of various Indian companies worth more than 27 billion dollars in their countries and if so, the details thereof; and

(e) the details of other agreements signed and collaborations made with above three nations?

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

(a) Hon'ble Prime Minister visited Nigeria, Brazil and Guyana on the following dates:

Nigeria : 16-17 November 2024

Brazil : 17-19 November, 2024

Guyana : 19-21 November 2024

(b) The details of programmes and events during the said three Nations visit, are as follows;

Nigeria:

- a ceremonial guard of honour with 21 gun salute.
- tete-a-tete with President of the Federal Republic of Nigeria, H.E. Mr. Bola Ahmed Tinubu.
- Delegation level Talks, followed by Exchange of MOUs.
- Awarding of National Honour - Grand Commander of the Order of Niger (GCON) by President Tinubu.
- Community reception.

Brazil:

- Participation in the G20 Summit on 18-19 November 2024 in Rio de Janeiro, Brazil at the invitation of the President of Brazil, H.E. Mr. Luiz Inácio Lula da Silva.
- Participation by Hon'ble Prime Minister in the launch of the Global Alliance against Hunger and Poverty in the inaugural session
- Address by Hon'ble Prime Minister at the G-20 session on 'Social Inclusion and the Fight against Hunger and Poverty'; and, at the G20 session on Sustainable Development and Energy Transition.
- Bilateral meetings with leaders of Indonesia, Portugal, Italy, Norway, UK, France, Brazil, Chile, Argentina and Australia.
- Pull-asides with the Leaders of the United States, Republic of Korea, European Commission, Singapore, Spain, Egypt and the UN Secretary General.

- Hosting, by India, of a side-event on Digital Public Infrastructure, Artificial Intelligence and Data for Governance in the side lines of the Rio Leaders' Summit in which Hon'ble Prime Minister was joined by Prime Ministers of Italy, Spain, Portugal, Singapore, the UN Secretary General, Energy Minister of Mexico, President World Bank, Managing Director International Monetary Fund (IMF) and Director-General World Trade Organization (WTO). A Joint Troika (India, Brazil, South Africa) declaration was endorsed.

Guyana:

- a ceremonial guard of honour.
- Bilateral meeting with President of the Cooperative Republic of Guyana, H.E. Dr Mohamed Irfaan Ali including delegation level talks, exchange of agreements and press statements.
- Conferment by President of Guyana, H.E. Dr. Mohamed Irfaan Ali, on Hon'ble Prime Minister with the highest national award of Guyana 'The Order of Excellence'
- Address, by Hon'ble PM, at the special session of Parliament (National Assembly) of Guyana.
- Address, by Hon'ble PM, at the Indian Community reception.
- Participation in the 2nd India-CARICOM (Caribbean Community) Summit - Co Chaired by Hon'ble Prime Minister.
- Bilateral meetings of Hon'ble PM with HoS/HoG of Dominica, Trinidad and Tobago, Grenada, Suriname, Saint Lucia, Guyana, Barbados, Bahamas, and Antigua and Barbuda .

- Conferment by Her Excellency Sylvanie Burton, President of the Commonwealth of Dominica, on Hon'ble Prime Minister, the highest National Award - "Dominica Award of Honour".

- Signing of a MoU between the Government of the Republic of India and the Government of the Republic of Trinidad and Tabago for Integrated Automatic Fruit and Vegetable Primary Processing Activities.

(c) No.

(d) No

(e) The details of other agreements signed and collaborations made with above three nations are given below:

MoUs signed during the visit to Nigeria:

i) Programme on Cultural Cooperation between the Government of the Republic of India and the Republic of Nigeria;

ii) MoU between the Government of the Republic of India and the Government of the Federal Republic of Nigeria on Survey Cooperation;

iii) MoU between the Government of the Republic of India and the Government of the Federal Republic of Nigeria on Cooperation and Mutual Assistance in Custom Matters.

Collaborations made during the visit to Brazil:

India became a founding member of the Global Alliance against Hunger and Poverty, launched by Brazil.

MoUs signed during the visit to Guyana:

i) MoU on Cooperation in Hydrocarbons Sector;

- ii) MoU for Bilateral Cooperation in the field of Agriculture and Allied Sectors;
- iii) Cultural Exchange Programme (2024-27);
- iv) MoU for Recognition of Indian Pharmacopoeia between Indian Pharmacopoeia Commission, Ministry of Health and Family Welfare and Ministry of Health, Guyana;
- v) MoU between M/s HLL Lifecare Ltd and the Ministry of Health of Guyana for implementation of Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP);
- vi) MoU between Central Drugs Standard Control Organization (CDSCO) and Ministry of Health of Guyana on cooperation in the field of medical products;
- vii) INDIA STACK MoU on Cooperation in the field of sharing successful digital solutions implemented at population scale for digital transformation;
- viii) MoU between NPCI International Payments Ltd and Ministry of Foreign Affairs, Guyana for enabling deployment of Unified Payments Interface (UPI) like system in Guyana;
- ix) MoU on Cooperation and collaboration in field of Broadcasting between Prasar Bharti and National Communications Network, Guyana;
- x) MoU between NDI (National Defence Institute, Guyana) and RRU (Rashtriya Raksha University, Gujarat).

### **LITIGATIONS IN COURTS**

#### **2054. SHRI K. C. VENUGOPAL:**

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

- (a) whether the Government is aware of the significant amount of pending litigation in courts concerning the authenticity of unregistered wills and unregistered agreements to sell;
- (b) whether the Government has any proposals to make registration of wills and agreements to sell compulsory in order to reduce litigation;
- (c) if so, the details of the proposal, if any, regarding the compulsory registration of wills and agreements to sell; and
- (d) if not, the reasons therefor?

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

**(a) to (d):** Record of various cases in High Courts and District and Subordinate Courts is maintained on the National judicial Data Grid (NJDG). NJDG, however, does not maintain any separate category of cases relating to authenticity of unregistered wills and unregistered agreements.

Registration of documents and deed is a concurrent subject as per entry no. 6 of List III (Concurrent List) of Scheduled VII to the Constitution and provisions of the Registration Act, 1908 are implemented by the States and UTs. Section 17 of the Registration Act, 1908 provides for documents of which registration is compulsory. The Registration (Amendment) Bill, 2013 was introduced in Rajya Sabha in August, 2013 by Department of Land Resources, Ministry of Rural Development, seeking amendment of the Registration Act, 1908. The bill incorporates several reforms *inter alia* providing for compulsory registration of

immovable property irrespective of the term of lease of the property including even property that is leased for less than one year; allowing registration of immovable property documents anywhere in the country; recovery of deficit registration fee and refund of excess fee etc.

## **IMPLEMENTATION OF AYUSHMAN BHARAT HEALTH INFRASTRUCTURE MISSION**

### **2055. SHRI JAI PRAKASH:**

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

- (a) the names of States and UTs who have not yet implemented the Central's flagship Mission of the Central Government-Ayushman Bharat Health Infrastructure Mission;
- (b) whether the Government is considering to make the said scheme mandatory across the country, if so, the details thereof, State/UT-wise; and
- (c) if not, the reasons therefor?

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

**(a) to (c)** 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 scheme envisages a new generation of reforms to integrate and strengthen health service delivery and public health action. The measures under the scheme

are aimed at strengthening health systems and institutions in order to provide a continuum of care at all levels, namely primary, secondary, and tertiary, as well as preparing health systems to respond effectively to current and future pandemics and disasters.

Under the CSS components of the scheme, following are the five activities where support is provisioned to the State/UTs during the scheme period (2021-2026):

- Construction of 17,788 Building less Sub-Centres as Ayushman Bharat-Health and Wellness centres, now known as Ayushman Arogya Mandir (AAM)
- Establishment of 11,024 Health and wellness Centres, now AAM in Urban areas with a focus on slum and slum like areas are envisioned
- Establishment of 3382 Block Public Health Units (BPHUs) at the block level,
- Establishment of 730 District Integrated Public Health Labs in the country, wherein each district will have one such lab.
- Establishing 602 Critical Care Hospital Blocks in all districts with population more than 5 lakhs.

Public Health and Hospital are State subjects. Under PM-ABHIM, financial and technical support is provided to the eligible States/UTs to strengthen their healthcare systems.

The Ministry of Health and Family Welfare has signed Memorandums of Understanding (MoUs) with all States and Union Territories (UTs), except UT of



Delhi, for the implementation of the Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PM-ABHIM). These MoUs align with the deliverables outlined in the PM-ABHIM guidelines.

## **PROTOCOL FOR IDENTIFICATION AND MANAGEMENT OF MALNUTRITION**

### **2056. PROF. SOUGATA RAY:**

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

- (a) whether the Government has any Protocol for Identification and Management of Malnutrition among children in the country;
- (b) if so, the details thereof;
- (c) whether the Government is aware that over 32% of the children aged below five years are underweight;
- (d) if so, the details thereof, State-wise; and
- (e) the details of the steps taken/proposed to be taken by the Government to ensure the minimum wage and other parameters of children in the country?

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

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

approach involves timely detection and screening of children with severe acute malnutrition in the community, management for those without medical complications with wholesome, local nutritious foods at home and supportive medical care. Those malnourished children who have medical complications are referred for facility-based care.

Mission Poshan 2.0 brings a new strategy 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.

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:

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

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

\* Under 4 years

\*\* Under 3 years

\*\*\* Under 5 years

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

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

Further, the projected population of all children in India up to 6 years for the year 2021 is approximately 16.1 crores (source: Population Projections for India and States 2011-2036, National Commission on Population, Ministry of Health and

Family Welfare). As per the October 2024 data of Poshan Tracker, 8.82 crores children (0-6 years) are enrolled in Anganwadis out of whom 8.55 crores were measured on growth parameters of height and weight. 37% of these children (0-6 years) have been found to be stunted and 17% children (0-6 years) have been found to be underweight.

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

State/UT wise details of malnourished children (0 – 5 years) as per Poshan Tracker are are given in the enclosed **Statement**.

### **STATEMENT**

State wise details of malnourished children (0-5 years) in the country for October 2024 from Poshan Tracker are as follows:

State	Oct, 2024		
	Stunted (%)	Wasted (%)	Underweight (%)
Andhra Pradesh	22.6	5.3	10.8
Arunachal Pradesh	32.7	4.1	9.6
Assam	42.4	3.8	16.3
Bihar	43.8	9.2	22.9
Chhattisgarh	21.5	7.0	13.1
Goa	4.1	0.6	1.7
Gujarat	40.8	7.8	21.0
Haryana	28.2	4.1	8.7

Himachal Pradesh	18.4	1.7	6.3
Jharkhand	43.8	6.2	19.3
Karnataka	39.7	3.2	17.1
Kerala	34.4	2.3	9.5
Madhya Pradesh	46.5	6.9	26.5
Maharashtra	47.7	4.1	16.5
Manipur	7.7	0.3	2.6
Meghalaya	18.2	0.4	4.5
Mizoram	26.7	2.3	5.9
Nagaland	28.0	5.3	6.6
Odisha	29.1	2.9	12.8
Punjab	18.4	3.0	5.9
Rajasthan	36.6	5.5	17.7
Sikkim	9.2	1.5	1.7
Tamil Nadu	13.4	3.6	7.1
Telangana	32.6	5.6	16.2
Tripura	40.5	6.3	16.6
Uttar Pradesh	48.0	3.9	19.4
Uttarakhand	21.0	1.5	5.4
West Bengal	38.0	7.5	13.0
Andaman and Nicobar Islands	8.7	2.3	3.9

Dadra and Nagar Haveli - Daman and Diu	35.9	3.3	16.1
Delhi	41.9	3.0	20.6
JandK	12.1	0.7	3.0
Ladakh	11.0	0.2	2.0
Lakshadweep	46.5	11.9	25.1
Puducherry	40.2	6.8	13.0
UT-Chandigarh	26.3	1.8	11.8

### आंगनवाड़ी कार्यकर्ताओं और सहायिकाओं को मानदेय

2057. श्री राजकुमार रोतः

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

(क) विगत पांच वर्षों के दौरान आंगनवाड़ी कार्यकर्ताओं और आंगनवाड़ी सहायिकाओं को दिए जा रहे मानदेय में कितनी वृद्धि की गई है;

(ख) क्या उनके कार्यभार और वर्तमान मुद्रास्फीति दर को ध्यान में रखते हुए उन्हें पर्याप्त भुगतान किया जा रहा है, यदि हो, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या आंगनवाड़ी कार्यकर्ताओं और आंगनवाड़ी सहायिकाओं को दिए जा रहे मानदेय में केन्द्र और राज्य सरकार दोनों की हिस्सेदारी है और इन भुगतानों को दिए जाने के समय में भिन्नता है;

(घ) यदि हां, तो क्या केन्द्र सरकार का उन्हें मानदेय का संपूर्ण भुगतान समय पर करने का प्रस्ताव है;

(ड) क्या सरकार आंगनवाड़ी कार्यकर्ताओं और सहायिकाओं को नियमित करने पर विचार कर रही है, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(च) क्या सरकार का राजस्थान में आंगनवाड़ी केन्द्रों में संविदा कंपनियों द्वारा पूरक पोषाहार वितरण की वर्तमान प्रणाली की जगह पुनः पूर्व की भांति स्वयं-सहायता समूहों द्वारा तैयार भोजन का वितरण शुरू करने का प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ) : भारत सरकार समय-समय पर आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू)/आंगनवाड़ी सहायिकाओं (एडब्ल्यूएच) के मानदेय में वृद्धि करती है। आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू)/आंगनवाड़ी सहायिकाओं (एडब्ल्यूएच) का मानदेय अंतिम बार 1 अक्टूबर, 2018 को संशोधित किया गया था। संशोधन के अनुसार मुख्य आंगनवाड़ी केन्द्रों (एडब्ल्यूसी) की आंगनवाड़ी कार्यकर्त्रियों का मानदेय 3,000 रुपये से बढ़ाकर 4,500 रुपये प्रति माह; लघु आंगनवाड़ी केन्द्रों की आंगनवाड़ी कार्यकर्त्रियों का मानदेय 2,250 रुपये से बढ़ाकर 3,500 रुपये प्रति माह तथा आंगनवाड़ी सहायिकाओं का मानदेय 1,500 रुपये से बढ़ाकर 2,250 रुपये प्रति माह किया गया था। मानदेय केन्द्र और राज्य सरकारों एवं संघ राज्य क्षेत्रों के बीच लागत साझाकरण के आधार पर जारी किया जाता है, जो निम्नानुसार है:

विधानमंडल वाले राज्य और संघ राज्य क्षेत्र - 60:40

पूर्वोत्तर और हिमालयी राज्य (जम्मू-कश्मीर सहित) - 90:10

बिना विधानमंडल वाले संघ राज्य क्षेत्र- 100:0

इसके अलावा, आंगनवाड़ी सहायिकाओं को 250/- रुपये प्रति माह और आंगनवाड़ी कार्यकर्त्रियों को 500/- रुपये का निष्पादन आधारित प्रोत्साहन राशि प्रदान की जाती है। इसके अलावा, राज्य/संघ राज्य क्षेत्र अपने स्वयं के संसाधनों से इन कार्यकर्त्रियों को अतिरिक्त मौद्रिक प्रोत्साहन/मानदेय भी दे रहे हैं जो राज्य दर राज्य अलग-अलग है। ब्यौरा संलग्न **विवरण** में दिए गए हैं।

राज्य/संघ राज्य क्षेत्रों से लगातार संवाद, वीडियो कॉन्फ्रेंसिंग और परामर्श के माध्यम से अनुरोध किया गया है कि वे आंगनवाड़ी कार्यकर्त्रियों/सहायिकाओं को गैर योजना से संबंधित कार्यों में शामिल न करें ताकि उनके समय का उपयोग योजना के अधिक प्रभावी कार्यान्वयन के लिए किया जा सके। आंगनवाड़ी

कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं को प्रोत्साहित करने के उद्देश्य से निम्नलिखित सहित विभिन्न कदम उठाए गए/पहल की गई हैं:

- (i) पदोन्नति: मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत आंगनवाड़ी कार्यकर्त्रियों के लिए पदोन्नति के अवसर बढ़ाए गए हैं। आंगनवाड़ी कार्यकर्त्रियों के 50% पद 5 वर्ष के अनुभव प्राप्त आंगनवाड़ी सहायिकाओं द्वारा भरे जाएंगे और पर्यवेक्षकों के 50% पद अन्य मानदंडों की पूर्ति के अधीन 5 वर्ष के अनुभव प्राप्त आंगनवाड़ी कार्यकर्त्रियों की पदोन्नति द्वारा भरे जाएंगे।
- (ii) सामाजिक सुरक्षा बीमा योजनाएं: प्रधानमंत्री जीवन ज्योति बीमा योजना (पीएमजेजेबीवाई) के तहत 18 से 50 वर्ष की आयु की आंगनवाड़ी कार्यकर्त्रियों/आंगनवाड़ी सहायिकाओं को (किसी भी कारण से जीवन जोखिम, मृत्यु को कवर करता है) के लिए 2.00 लाख रुपये के जीवन बीमा का लाभ प्रदान किया गया है। प्रधानमंत्री सुरक्षा बीमा योजना के तहत 18-59 वर्ष की आयु की आंगनवाड़ी कार्यकर्त्रियों/आंगनवाड़ी सहायिकाओं को 2.00 लाख रुपये (आकस्मिक मृत्यु और स्थायी पूर्ण विकलांगता)/1.00 लाख रुपये (आंशिक लेकिन स्थायी विकलांगता) का दुर्घटना कवर प्रदान किया गया है।
- (iii) प्रधानमंत्री गरीब कल्याण पैकेज के तहत बीमा कवर: कोविड-19 से संबंधित कार्यों में लगी आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं को उन्हें कुछ शर्तों के साथ "प्रधानमंत्री गरीब कल्याण पैकेज" के तहत 50 लाख रुपये का बीमा कवर प्रदान किया गया है।
- (iv) राज्य सरकारों/ संघ राज्य क्षेत्र के प्रशासनों से अनुरोध किया गया है कि वे पात्र आंगनवाड़ी कार्यकर्त्रियों/आंगनवाड़ी सहायिकाओं को प्रधानमंत्री श्रम योगी मानधन (पीएम-एसवाईएम) पेंशन योजना के तहत खुद को नामांकित करने के लिए प्रोत्साहित करें। यह देश में असंगठित क्षेत्रों के लिए वृद्धावस्था सुरक्षा सुनिश्चित करने के लिए एक स्वैच्छिक और अंशदायी पेंशन योजना है।
- (v) सेवानिवृत्ति तिथि: राज्यों/ संघ राज्य क्षेत्रों से अनुरोध किया गया है कि वे उचित मानव संसाधन नियोजन सुनिश्चित करने के लिए आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं के संबंध में एक समान सेवानिवृत्ति तिथि यानी प्रत्येक वर्ष 30 अप्रैल को अपनाएं।



(vi) अंतरिम बजट वित्त वर्ष 2024-25 में सभी आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत 5 लाख रुपये का स्वास्थ्य सेवा वार्षिक कवरेज देने की घोषणा की गई है।

सरकार ने सभी लघु आंगनवाड़ी केंद्रों को नियमित आंगनवाड़ी केंद्रों में अपग्रेड करने के आदेश जारी किए हैं। इससे देश भर में इन लघु आंगनवाड़ी केंद्रों में आंगनवाड़ी कार्यकर्त्री का बोझ साझा करने के लिए एक आंगनवाड़ी सहायिका जोड़ी जाएगी।

इसके अलावा मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, पोषण ट्रैकर के माध्यम से कार्यभार को कम करने के लिए आईटी सिस्टम का लाभ उठाया गया है जिसने आंगनवाड़ी कार्यकर्त्रियों द्वारा तैयार और उपयोग किए जाने वाले ग्यारह में से नौ भौतिक रजिस्ट्रों को डिजिटल और स्वचालित कर दिया है।

(ड.) और (च) : ऐसा कोई प्रस्ताव विचाराधीन नहीं है।

### विवरण

क्र.सं.	राज्य/संघ राज्य क्षेत्र का नाम	राज्यों और संघ राज्य क्षेत्रों द्वारा दी गई जानकारी के अनुसार, अपने स्वयं के स्रोतों से आंगनवाड़ी कार्यकर्त्रियों/ आंगनवाड़ी सहायिकाओं को दी जाने वाला अतिरिक्त मानदेय/ प्रोत्साहन (प्रति माह) रुपये में	
		आंगनवाड़ी कार्यकर्त्री	आंगनवाड़ी सहायिका
1	आंध्र प्रदेश	7000	4750
2	बिहार	2500	1725
3	छत्तीसगढ़	5500	2750

4	गोवा	3000 (0-5 वर्ष का अनुभव), 5500 (0-10 वर्ष का अनुभव), 6000 (10-15 वर्ष का अनुभव), 8000 (15 से 20 वर्ष का अनुभव) 10000 (20- 25 वर्ष का अनुभव) और 12000 (25 वर्ष और उससे अधिक का अनुभव)	3500 (5-10 वर्ष का अनुभव), 4000 (10 से 15 वर्ष का अनुभव) 4500 (15-20 वर्ष का अनुभव), 5250 (20 से 25 वर्ष का अनुभव) और 6000 (25 वर्ष और उससे अधिक का अनुभव)
5	गुजरात	5500	3250
6	हरियाणा	9500 (10 वर्ष से अधिक सेवारत आंगनवाड़ी कार्यकर्त्री) 9000 (10 वर्ष से कम सेवा/अनुभव प्राप्त आंगनवाड़ी कार्यकर्त्री) 9000 (लघु आंगनवाड़ी कार्यकर्त्री) 4000 प्ले स्कूलों (अपग्रेडेड आंगनवाड़ी केंद्र) में कार्यरत 4000 आंगनवाड़ी कार्यकर्त्रियों को 1000 रुपये प्रति माह अतिरिक्त भुगतान किया जाता है।	5250
7	हिमाचल प्रदेश	मुख्य आंगनवाड़ी केन्द्र के लिए 5000 और लघु आंगनवाड़ी केन्द्र के लिए 2950	3100
8	जम्मू एवं कश्मीर	600	300

9	झारखंड	5000 (मुख्य आंगनवाड़ी केन्द्र) और 6000 लघु आंगनवाड़ी केन्द्र	2500
10	कर्नाटक	6500	4000
11	केरल	5 वर्ष की सेवा पूरी करने पर 8000/- रुपये तथा 10 वर्ष की सेवा पूरी करने पर 8500/- रुपये	5 वर्ष की सेवा पूरी करने पर 6250/- रुपये और 10 वर्ष की सेवा पूरी करने पर 6750/- रुपये
12	मध्य प्रदेश	मुख्य आंगनवाड़ी केन्द्र के लिए 8500 और लघु आंगनवाड़ी केन्द्र के लिए 3750	4250
13	महाराष्ट्र	5500 (10 वर्ष तक का अनुभव) 5800 (11 से 20 वर्ष का अनुभव), 5900 (21 से 30 वर्ष का अनुभव), 6000 (31 वर्ष और उससे अधिक का अनुभव)	3250 (10 वर्ष तक का अनुभव) 3415 (11 से 20 वर्ष का अनुभव), 3470 (21 से 30 वर्ष का अनुभव), 3525 (31 वर्ष और उससे अधिक का अनुभव)
14	ओडिशा	मुख्य आंगनवाड़ी केन्द्र के लिए 3000 और लघु आंगनवाड़ी केन्द्र के लिए 1875	1500
15	पंजाब	5000 (प्रति वर्ष 500 रुपये की वृद्धि)।	3100 (प्रति वर्ष 250 वेतन वृद्धि)
16	राजस्थान	4554	3036
17	तमिलनाडु	10502	6596
18	तेलंगाना	9150	5550

19	उत्तर प्रदेश	1500	750
20	उत्तराखंड	4800- मुख्य आंगनवाड़ी केन्द्र के लिए और 2750- लघु आंगनवाड़ी केन्द्र के लिए	3000
21	पश्चिम बंगाल	3750	4050
22	एक प्रायद्वीप	7500	5750
23	चंडीगढ़	3600	1800
24	दादरा एवं नगर हवेली/दमन एवं दीव	1000	600
25	लक्षद्वीप	5500	4750
26	दिल्ली	8220	4560
27	पुद्दुचेरी	1950	2125
28	अरुणाचल प्रदेश	2000+ 1000, 16.01.2024 से प्रभावी	2000+ 1000 16.01.2024 से प्रभावी
29	असम	मुख्य आंगनवाड़ी की कार्यकर्त्रियों के लिए 2000 और लघु आंगनवाड़ी की कार्यकर्त्रियों के लिए 1250	1000
30	मणिपुर	1000	600
31	मेघालय	मुख्य आंगनवाड़ी केन्द्र के लिए 3000 और लघु आंगनवाड़ी केन्द्र के लिए 1500	1000

32	मिजोरम	450	250
33	नगालैंड	0	0
34	सिक्किम	7000	4500
35	त्रिपुरा	5946 (अधिकतम) और 3500 न्यूनतम	4218 (अधिकतम) एवं 2750 (न्यूनतम)
36	लद्दाख	1300	650

### SOUTH-SOUTH COOPERATION

#### 2058. DR. K. SUDHAKAR:

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

(a) whether India is taking steps to foster South-South Cooperation (SSC) and to make the country be the voice of Global South in the comity of nations and if so, the details thereof;

(b) whether the Government plans to open new consulates across the world and if so, the details of the proposed consulates and missions;

(c) whether the Government has data with regards to progress of transport corridors such as India Middle East Europe Economic Corridor, International North-South Economic Corridor and others and if so, the details thereof;

(d) the efforts taken/proposed to be taken by the Government to resolve rising conflicts amongst countries of the world; and

(e) the steps taken/proposed to be taken by the Government to promote the cultural heritage of India across the globe?

**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 has always been committed towards addressing the needs and aspirations of fellow-developing countries and has been constructively championing the cause of holistic human-centric development of countries in the Global South in various international forums. With this in view, the Government of India has also undertaken several development partnership initiatives to promote self-reliance among countries of the Global South, including in undertaking infrastructure projects to enhance connectivity and economic inter-linkages, as well as in extending financial, budgetary and humanitarian assistance and in contributing towards capacity building and skill development by offering scholarships and training programs to students and professionals.

Further, in line with Prime Minister's vision that India's G20 Presidency be shaped in consultation with fellow partners in the Global South, India hosted three editions of the Voice of Global South Summit (VOGSS) in January 2023, November 2023, and August 2024. Each edition of this Summit witnessed the participation of over 100 countries at Heads of State/Government, Ministerial and Senior Officials Levels. The Voice of Global South Summits provided a useful platform for exchange of views with the leadership of Global South countries on our shared development

priorities and concerns, including for reforms of the multilateral institutions in various domains.

The inclusion of African Union into the G20 as a permanent member during India's G20 Presidency at the New Delhi G20 Summit on 09-10 September 2023 and the G20 New Delhi Leaders' Declaration adopted unanimously by the G20 member countries are reflections of the perception and impact on developing and developed countries of India's advocacy of issues relevant for Global South.

(b) Currently, efforts are underway to operationalize Consulates in Fukuoka (Japan), Kazan (Russia) and Yekaterinburg (Russia). Future plans include opening of 5 new diplomatic Missions in Europe, and Latin America and Caribbean regions.

(c) On the sidelines of the G20 Leaders' Summit, leaders of India, European Union, France, Germany, Italy, Saudi Arabia, UAE and US announced an MoU committing to work together to develop a new India-Middle East-Europe Economic Corridor (IMEC). It will comprise two separate corridors, the eastern corridor connecting India to the Gulf and the northern corridor connecting the Gulf to Europe. It will include digital, energy and railway connectivity and provide a reliable and cost-effective cross-border ship-to-rail transit network to supplement existing maritime and road transport routes, enabling goods and services to be traded between these regions.

The corridor also aims to facilitate the development and export of clean energy; lay undersea cables and link energy grids and telecommunication lines to expand reliable access to electricity; enable innovation of advanced clean energy technology; and digital connectivity. It intends to increase efficiency, reduce costs,

secure regional supply chains, increase trade accessibility, enhance economic unity, generate jobs, and lower greenhouse gas emission-resulting in a transformative integration of Asia, Europe and the Middle East.

An Intergovernmental Framework Agreement (IGFA) between India and the United Arab Emirates (UAE) concerning cooperation for operation of the India-Middle East-Europe Economic Corridor was signed on 13 February 2024. The main elements of the Framework include development and management of a logistics platform, including a digital ecosystem, and provision of supply chain services to handle all types of general cargo, bulk, containers and liquid bulk in order to enable IMEC. This is the first agreement under the IMEC initiative. The IMEC corridor, which aims at economic integration of Asia, Europe and the Middle East, involves multiple stakeholders and is at an incipient stage.

The International North-South Transport Corridor (INSTC) is a 7,200-km-long multimodal transport route designed to connect the Indian Ocean, Persian Gulf, and Caspian Sea via Iran, extending to Russia. Movement of cargo through INSTC faces certain infrastructural and other challenges at present and work is continuing to develop the missing infrastructure links.

(d) As a responsible player on the global stage, India has been concerned about the rising conflicts in the world which are accompanied by humanitarian crises, as well as disproportionate impact on developing countries due to shortage of food, fuel and other essential commodities. In all global conflicts, India has always advocated for cessation of violence and hostilities, humanitarian assistance to



civilians, and adopting the path of diplomacy and dialogue for a peaceful resolution. India has engaged with and maintained communication at various levels with all parties and players involved in various global conflicts. In conversations with global leaders at the highest levels, India has emphasized to all Member States of the UN that the global order is anchored on international law, UN Charter and respect for territorial integrity and sovereignty of states.

(e) Government has taken a number of significant steps to promote the rich cultural heritage of India abroad. The Indian Council for Cultural Relations (ICCR) promotes Indian culture worldwide through its Cultural Centres and Missions/Posts abroad. Activities conducted by them include, inter-alia, teaching of Yoga, Dance, Music (vocal and instrumental), Sanskrit and Hindi; organising/supporting Conferences/Seminars/ Workshops in different fields of Indian culture; supporting Chairs of Indian Studies in foreign universities; gifting of busts/statues of Mahatma Gandhi and other national icons, exchanging visual arts exhibitions, celebrating International Day of Yoga, Ayurveda Day and Indian festivals, promoting Indian films, hosting visitors under various Visitors Programmes (Academic/Distinguished/Important/Gen. Next Democracy Network); and sponsoring scholarships to foreign students under different scholarship schemes. The Government has also made conscious efforts in working towards conservation of cultural sites abroad, especially in the South-East Asian region in recent times. In March 2020, a dedicated Division in MEA – Development Partnership Administration (DPA)- IV was established for undertaking such conservation projects. This Division implements projects in collaboration with the Archaeological

Survey of India and the Ministry of Culture. Currently, the Ministry of External Affairs, through the DPA-IV division, is engaged in conservation projects at 4 world heritage sites which include Ta Prohm Temple, Cambodia; Preah Vihear Temple, Cambodia; Vat Phou Temple, Lao PDR; My Son group of Temples, Vietnam.

**LEGAL INFORMATION ON 'HAMARA SAMVIDHAN, HAMARA SAMMAN'  
PORTAL**

**2059. SHRI P. P. CHAUDHARY:** Will the Minister of **LAW AND JUSTICE** be pleased to state:

(a) whether the Government has launched the 'Hamara Samvidhan, Hamara Samman' Portal, if so, the details thereof including its key features and accessibility in regional languages;

(b) whether any mechanism has been established to ensure regular updates and accuracy of constitutional and legal information on the portal, if so, the details thereof;

(c) the number of citizens who have accessed the portal since its launch, State-wise;

(d) the most frequently accessed information categories;

(e) whether any awareness programs have been conducted to promote citizen participation through this portal, if so, the details thereof; and

(f) whether the Government has developed any framework to incorporate citizen feedback for improving legal awareness initiatives, 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): Yes Sir. The Department of Justice is implementing a pan-India, year-long nationwide campaign titled 'Hamara Samvidhan Hamara Samman' to celebrate the 75th year of India as a Republic and the adoption of India's Constitution. The campaign was launched on January 24, 2024, by the Hon'ble Vice-President of India. Following this, three regional events have also been organized in Bikaner, Rajasthan, on March 9, 2024, in Prayagraj, Uttar Pradesh, on July 16, 2024, and in Guwahati, Assam on November, 19, 2024 respectively to ensure decentralized outreach of the campaign. The campaign aims to reaffirm our collective commitment to the principles enshrined in the Constitution of India and to celebrate the shared values that bind our nation.

The 'Hamara Samvidhan Hamara Samman Portal' (<https://www.hamarasamvidhan.gov.in/>) which was launched during the 2<sup>nd</sup> regional event at Prayagraj on 16<sup>th</sup> July, 2024 serves as a knowledge repository to enhance public awareness about the Constitution and their legal rights. Additionally, the campaign has generated significant public engagement through online competitions conducted in collaboration with MyGov, inspiring citizens to deepen their understanding of constitutional rights and duties.

In order to ensure the accuracy and regular updates of the contents on the *Hamara Samvidhan Hamara Samman* Portal, a team of legal experts from Law Schools and

Department of Justice officials are responsible for reviewing and verifying the contents before publication. Regular update in the content of the portal is ensured so that the portal remains relevant and provides necessary information to the citizens. Till date, 662589 persons have visited the Hamara Samvidhan Hamara Samman Portal. However, state wise data of visitors are not maintained in the portal.

(e) and (f): Awareness programs including workshops, webinars and outreach initiatives are conducted at the regional level, in collaboration with educational institutions and community organizations. Campaigns on digital platforms, such as social media, are also organised to promote the portal among citizens and encouraging them to participate in various activities of the campaign. During the conduct of legal awareness programs including webinar, feedbacks from the participants are invariably collected and used for improving future programs.

### लोक स्वास्थ्य सुविधाएँ

#### 2060. श्रीमती भारती पारधी:

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

(क) क्या सरकार को जानकारी है कि जिला अस्पतालों/प्राथमिक स्वास्थ्य केन्द्रों सहित अधिकांश लोक स्वास्थ्य

सुविधाएं निर्धारित मानकों/मानदंडों के अनुरूप नहीं हैं;

(ख) यदि हां, तो इस पर सरकार की प्रतिक्रिया सहित तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार ने इस संबंध में हाल ही में कोई स्व-मूल्यांकन किया है;

(घ) यदि हां, तो इसके क्या परिणाम रहे और इसके परिणामस्वरूप राज्य-वार विशेषकर मध्य प्रदेश में कौन-कौन सी चुनौतियां सामने आईं;

(ङ) क्या देश भर में बेहतर स्वास्थ्य सेवाएं प्रदान करने में एकरूपता लाने के लिए स्वास्थ्य सेवाओं को राष्ट्रीय स्तर पर बेहतर बनाए जाने की तत्काल आवश्यकता है; और

(च) यदि हां, तो सरकार द्वारा इस संबंध में विशेषकर ग्रामीण/दूरस्थ क्षेत्रों में क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है और इस संबंध में क्षेत्रवार अब तक क्या सफलता मिली है?

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

(क) से (च): सार्वजनिक स्वास्थ्य सुविधा केंद्रों में स्वास्थ्य बुनियादी ढांचे और सेवाओं को बेहतर बनाने के लिए, सरकार ने भारतीय सार्वजनिक स्वास्थ्य मानक (आईपीएचएस) 2022 निर्धारित किए हैं। आईपीएचएस आवश्यक मानक हैं जो जिला अस्पतालों, उप-जिला अस्पतालों, सामुदायिक स्वास्थ्य केंद्रों, आयुष्मान आरोग्य मंदिर प्राथमिक स्वास्थ्य केंद्रों (एएएम-पीएचसी) और आयुष्मान आरोग्य मंदिर-उप केंद्रों (एएएम एससी) सहित सार्वजनिक स्वास्थ्य परिचर्या सुविधा केंद्रों के माध्यम से न्यूनतम आवश्यक सेवाओं की प्रदायगी सुनिश्चित करते हैं।

सार्वजनिक स्वास्थ्य सुविधा केंद्रों के मूल्यांकन की सुविधा के लिए, स्वास्थ्य और परिवार कल्याण मंत्रालय ने एक ओपन डेटा किट (ओडीके) विकसित की है, जो एक एंड्रॉइड-आधारित एप्लिकेशन है। यह एप्लिकेशन राज्यों और संघ राज्य क्षेत्रों को अपने स्वास्थ्य सुविधा केंद्रों का आधारभूत मूल्यांकन करने, कमियों की पहचान करने और सभी आवश्यक सेवाएँ प्रदान करने और वांछित मानकों की दिशा में काम करने के लिए अनुपालन प्राप्त करके समय पर सुधारात्मक उपायों को लागू करने में समर्थ बनाता है।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) में राज्यों/संघ राज्य क्षेत्रों को विशेष रूप से शहरी, ग्रामीण और जनजातीय/पहाड़ी क्षेत्रों में गरीब और कमजोर वर्गों को सुलभ, किफायती और गुणवत्तापूर्ण स्वास्थ्य देखभाल के लिए वित्तीय और तकनीकी सहायता प्रदान करके ऐसी समतापूर्ण, किफायती और

गुणवत्तापूर्ण स्वास्थ्य देखभाल सेवाओं तक सार्वभौमिक पहुंच सुनिश्चित करने की परिकल्पना की गई है, जो लोगों की जरूरतों के प्रति जवाबदेह और उत्तरदायी हों।

दिनांक 27.11.2024 तक आईपीएचएस 2022 मूल्यांकन रिपोर्ट के अनुसार मूल्यांकित और अंकित सुविधा केंद्रों का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा संलग्न **विवरण -I** में दिया गया है।

फरवरी 2018 में, भारत सरकार ने दिसंबर 2022 तक देश भर में 1,50,000 आयुष्मान आरोग्य मंदिर (एएएम) पूर्ववर्ती आयुष्मान भारत स्वास्थ्य और कल्याण केंद्र (एबी-एचडब्ल्यूसी) स्थापित करने की घोषणा की। एएएम पोर्टल में राज्यों/संघ राज्य क्षेत्रों द्वारा दी गई अद्यतन रिपोर्ट के अनुसार, सार्वभौमिक, निःशुल्क और समुदाय के निकट निवारक, प्रोत्साहक, उपचारात्मक, उपशामक और पुनर्वास सेवाओं सहित सेवाओं के 12 पूर्ण पैकेज के साथ व्यापक प्राथमिक स्वास्थ्य परिचर्या सेवाओं की विस्तारित रेंज की प्रदायगी के लिए 31.10.2024 तक ग्रामीण और शहरी क्षेत्रों में वर्तमान उप स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को बदल कर कुल 1,74,966 आयुष्मान आरोग्य मंदिर स्थापित किए गए हैं और इनका परिचालन शुरू हो गया है। 31.10.2024 की स्थिति के अनुसार प्रचालित ए ए एम की राज्य/संघ राज्य क्षेत्रवार संख्या का ब्यौरा संलग्न **विवरण -II** में दिया गया है।

संचालित एएएम में उपलब्ध टेली-परामर्श सेवाएं लोगों को उनके घरों के नजदीक विशेषज्ञ सेवाओं तक पहुंचने में सक्षम बनाती हैं, जिससे भौतिक पहुंच, देखभाल की लागत में बचत, सेवा प्रदाताओं की कमी और देखभाल की निरंतरता सुनिश्चित करने जैसी चिंताओं का समाधान होता है। 31.10.2024 तक आयुष्मान आरोग्य मंदिर में कुल 29.66 करोड़ टेली-परामर्श किए गए।

प्रधानमंत्री-आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) की शुरुआत 64,180 करोड़ रुपये की राशि से की गई थी। पीएम- एबीएचआईएम के तहत किए जाने वाले उपायों का उद्देश्य प्राथमिक, मध्यम और विशिष्ट सभी स्तरों पर देखभाल की निरंतरता में स्वास्थ्य प्रणालियों और संस्थानों की क्षमता विकसित करना है, ताकि वर्तमान और भावी महामारियों/आपदाओं का प्रभावी ढंग से सामना करने के लिए स्वास्थ्य प्रणालियों को तैयार किया जा सके।

यह मंत्रालय एनएचएम के तहत 'निःशुल्क निदान सेवा पहल' कार्यक्रम को सहायता प्रदान करता है, जिसका उद्देश्य समुदाय के करीब सुलभ और सस्ती पैथोलॉजिकल और रेडियोलॉजिकल निदान सेवाएं प्रदान करना है, जिससे जेब से होने वाले व्यय (ओओपीई) में कमी आती है। सार्वजनिक स्वास्थ्य सुविधा केंद्रों के सभी स्तरों पर निदान सेवाएँ निःशुल्क प्रदान की जाती हैं (उप-केंद्रों पर 14 परीक्षण, प्राथमिक स्वास्थ्य केंद्रों पर 63, सामुदायिक स्वास्थ्य केंद्रों पर 97, उप-जिला अस्पतालों में 111 परीक्षण और जिला अस्पतालों में 134 परीक्षण)।

आवश्यक दवाओं की उपलब्धता सुनिश्चित करने और सार्वजनिक स्वास्थ्य सुविधा केंद्रों में आने वाले रोगियों की ओओपीई को कम करने के लिए, सरकार ने एनएचएम के तहत निःशुल्क दवा सेवा पहल शुरू की है। इसमें एसएचसी स्तर पर 106 दवाओं, पीएचसी स्तर पर 172 दवाओं, सीएचसी स्तर पर 300 दवाओं, एसडीएच स्तर पर 318 दवाओं और जिला अस्पतालों में 381 दवाओं के लिए राज्यों/संघ राज्य क्षेत्रों को वित्तीय सहायता शामिल है।

### विवरण -I

आईपीएचएस 2022 मूल्यांकन रिपोर्ट के अनुसार मूल्यांकित और स्कोर की गई सुविधा केंद्रों का विवरण (27.11.2024)

राज्य/संघ राज्य क्षेत्र	सुविधा केंद्रों की संख्या (एचडीआई 2022-23 के अनुसार)	मूल्यांकित सुविधा केंद्रों की संख्या	50% से अधिक अंक पाने वाले सुविधा केंद्रों की संख्या
अंडमान और निकोबार द्वीप समूह	157	140	63
आंध्र प्रदेश	13045	11788	11603

अरुणाचल प्रदेश	611	599	234
असम	5979	5731	2753
बिहार	12869	11389	1968
चंडीगढ़	55	52	31
छत्तीसगढ़	6543	4941	3220
दमन और दीव और दादर और नागर हवेली	118	117	86
गोवा	258	275	147
गुजरात	11431	10295	7738
हरियाणा	3362	2586	1213
हिमाचल प्रदेश	2888	2235	424
जम्मू और कश्मीर	3533	3026	1362
झारखंड	4477	3946	1000
कर्नाटक	12177	10958	5858
केरल	6721	6029	3789
लद्दाख	330	276	221
मध्य प्रदेश	12575	10641	5275
महाराष्ट्र	14150	13398	7411
मणिपुर	537	496	202
मेघालय	651	501	321
मिजोरम	458	464	254
नागालैंड	636	569	270



ओडिशा	8540	7693	5364
पुदुचेरी	137	102	43
पंजाब	3698	3771	1858
राजस्थान	17351	14451	5756
सिक्किम	186	162	149
तमिलनाडु	11300	9425	8174
तेलंगाना	5943	6072	5803
त्रिपुरा	1163	1166	890
उत्तर प्रदेश	30451	25316	9231
उत्तराखंड	2577	2102	310
पश्चिम बंगाल	14369	3958	2134
दिल्ली	615	393	122
लक्षद्वीप	19	7	7
<b>भारत कुल (ग्रामीण+शहरी)</b>	<b>209910</b>	<b>175070</b>	<b>95284</b>

### विवरण - II

दिनांक 31.10.2024 तक राज्य/संघ राज्य क्षेत्र-वार संचालित एएएम

क्रम सं.	राज्य का नाम	31.10.2024 तक संचालित कुल एएएम
1	अंडमान और निकोबार द्वीप समूह	129

2	आंध्र प्रदेश	11,862
3	अरुणाचल प्रदेश	485
4	असम	4,749
5	बिहार	10,330
6	चंडीगढ़	58
7	छत्तीसगढ़	5,848
8	डीएनएच और डीडी	95
9	गोवा	300
10	गुजरात	10,580
11	हरियाणा	3,229
12	हिमाचल प्रदेश	2,480
13	जम्मू और कश्मीर	3,091
14	झारखंड	3,921
15	कर्नाटक	9,949
16	केरल	7,002
17	लद्दाख	321
18	लक्षद्वीप	13
19	मध्य प्रदेश	11,867
20	महाराष्ट्र	11,962
21	मणिपुर	418

22	मेघालय	611
23	मिजोरम	403
24	नागालैंड	469
25	ओडिशा	7,358
26	पुदुचेरी	127
27	पंजाब	3,144
28	राजस्थान	11,293
29	सिक्किम	184
30	तमिलनाडु	8,246
31	तेलंगाना	5,038
32	त्रिपुरा	1,130
33	उत्तर प्रदेश	22,682
34	उत्तराखंड	2,199
35	पश्चिम बंगाल	13,393
<b>कुल</b>		<b>1,74,966</b>

### VACANCIES IN AUTONOMOUS BODIES

#### 2061. SHRI KIRTI AZAD:

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

- (a) whether there are any vacancies against the sanctioned posts under the Ministry of Women and Child Development;

(b) if so, the details thereof, group-wise along with the reasons for non-fulfillment of vacancies;

(c) whether there are any vacancies against the sanctioned posts under various autonomous bodies such as NCPCR, CARA, NCW, NIPCCD, etc. under the Ministry;

(d) whether any measures have been taken to expedite the recruitment process for filling up the vacant positions in the Ministry and the autonomous bodies under it; and

(e) if so, the details thereof?

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

(a) to (e) Details of vacancies in the Ministry of Women and Child Development (MWCD) (Main Secretariat) and its autonomous and statutory bodies, i.e., National Commission for Protection of Child Rights (NCPCR), Central Adoption Resources Authority (CARA), National Commission for Women (NCW) and National Institute of Public Cooperation and Child Development (NIPCCD) are as under:

*as on 29.11.2024*

Organizati on	Group A		Group B		Group C	
	Sanction ed	Vacan cy	Sanction ed	Vacan cy	Sanction ed	Vacan cy

<b>MWCD</b>	80	13	110	28	76	21
<b>NCPCR</b>	10	7	13	12	13	13
<b>CARA</b>	21	5	7	6	9	3
<b>NCW</b>	20	4	43	30	1	1
<b>NIPCCD</b>	88	37	81	39	118	48

The recruitment against vacant posts is a continuous process. Vacancies in various grades in the Ministry and its autonomous organisations are caused due to various factors like retirement, completion of deputation tenure, resignation, death, promotion of incumbents etc. The recruitment and promotion to Group A posts of the Ministry (Main Secretariat) are made through the Union Public Service Commission (UPSC). The recruitments to Group B and C posts are made through Staff Selection Commission (SSC). The Ministry, on a regular basis, intimates vacancies to the Cadre Controlling Authorities concerned with a request to fill up vacant posts on priority, as per their Recruitment Rules. As regards autonomous/statutory bodies under the Ministry, the vacancies are filled through deputation and on advertisement of posts.

### **DYNAMIC ASSURED CAREER PROGRESSION (DACP)**

#### **2062. SHRI DHARAMBIR SINGH:**

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

(a) whether the Government in consultation with the University Grants Commission (UGC), has stipulated a standard pay scale for Assistant Professors in medical colleges and if so, the details thereof;

(b) whether an approved promotion scheme exists for medical colleges faculty, formulated with UGC guidelines including timelines, criteria and procedures for career advancement from the position of Assistant Professor onwards and if so, the details thereof;

(c) whether the dynamic career progression scheme such as Dynamic Assured Career Progression (DACP) are being applied to medical faculty in alignment with UGC recommendations to ensure timely and structured career advancement and if so, the specific provisions of these schemes; and

(d) whether the Government has a list of universities and medical colleges, recognized by the UGC, that are currently implementing DACP schemes or similar career progression frameworks for their faculty members and if so, the details of these institutions 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 University Grants Commission (UGC) has specified standard pay scales for the post of Assistant Professor in higher education under University Grants Commission (Minimum Qualifications for Appointment of Teachers and other Academic Staff in Universities and Colleges and other Measures for the Maintenance of Standards in Higher Education) Regulations, 2018. However, under Clause (1.1) of the said regulations, it has been clarified that for the purposes of direct recruitment to teaching posts in disciplines relating to university and collegiate education, inter-alia in the fields of health, medicine, special education,

agriculture, veterinary and allied fields, technical education, teacher education, norms or standards laid down by respective regulatory authorities shall prevail.

The details of pay scale for Assistant Professors in Medical colleges under control of Union Government are as under:

(i) Institutes such as AIIMS Delhi, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER) Puducherry, Postgraduate Institute of Medical Education and Research (PGIMER) Chandigarh, all other AIIMS and North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS) Shillong :- Pay level-12 of pay matrix specified for the Institutes.

(ii) Regional Institute of Medical Sciences (RIMS) Imphal and Central Government Medical Colleges such as Vardhman Mahavir Medical College (VMMC), Atal Bihari Vajpayee Institute of Medical Sciences (ABVIMS) and Lady Hardinge Medical College (LHMC) :- Pay level-11 of pay matrix of 7th Central Pay Commission.

**(b) and (c)** The details of promotion schemes for faculty in medical colleges under control of Union Government are as under:

(i) Institutes such as AIIMS Delhi, JIPMER Puducherry, PGIMER Chandigarh, all other AIIMS and NEIGRIHMS Shillong follow the Assessment Promotion Scheme (APS) under which time bound promotions are made from Assistant Professor onwards. The promotions under APS are subject to assessment by Assessment Board/Internal Screening Committee and Standing Selection Committee.

(ii) RIMS Imphal follows Time Scale Promotion (TSP) Scheme under which time bound promotions are made from Assistant Professor onwards. The promotions under TSP are subject to assessment by Departmental Promotion Committee.

(iii) Central Government Medical Colleges i.e. ABVIMS, VMMC and LHMC follow the Dynamic Assured Career Progression (DACP) scheme under which time bound promotions are made from Assistant Professor onwards. The promotions under DACP are subject to assessment by Departmental Promotion Committee.

(d) According to UGC, the three central Universities under the purview of the UGC viz Banaras Hindu University, Delhi University and Aligarh Muslim University have implemented Dynamic Assured Career Progression Scheme for teaching sub-cadre of medical officers in their medical faculty.

### **MISSION SHAKTI**

#### **2063. SUSHRI PRANITI SUSHILKUMAR SHINDE:**

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

- (a) the details of One Stop Centres (OSCs) under the Sambal scheme of Mission Shakti, State-wise;
- (b) the details of the core focus areas of the Nirbhaya fund and the manner in which it has been spent over the past two years;
- (c) whether the Ministry can provide information on the effectiveness of the Nari Adalat system; and



(d) if so, the details thereof, including the number of cases reported/disposed of and if not, the reasons therefor?

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

(a): As on date, out of approved 870 One Stop Centres (OSCs), 802 OSCs are operational across the country. The details of State/UT-wise approved and operational OSCs are given in the enclosed **Statement**.

(b): Under the Nirbhaya Fund, upto the financial year 2024-25, a total amount of Rs.7,712.85 Crore has been allocated. The total amount released by the Ministries/Departments to implementing agencies and utilized out of the Nirbhaya fund since inception is Rs.5,579.57 Crore which is nearly 74% of the total allocation. The Projects/ Schemes under Nirbhaya Fund that have been implemented/ are being implemented include establishment of toll-free, 24x7x365 Emergency Response Support System (ERSS)-112, Setting-up/ Strengthening 827 Anti-Human Trafficking Units (AHTU), Setting-up/ Strengthening Women Help Desk (WHDs) in police stations, Cyber Crime Prevention against Women and Children (CCPWC), installation of Cyber forensic and related facilities in State Forensic Science Laboratories (SFSLs), 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 provisions of anti-rape laws and POCSO Act.

(c) and (d): The Nari Adalat is a new component under Sambal vertical of Mission Shakti. It is currently implemented in the State of Assam and UT of Jammu and Kashmir on a pilot basis. Jammu and Kashmir has chosen 2 districts, viz., Kupwara and Baramulla. The State Government of Assam has selected 11 districts, viz. Baksa, Barpeta, Darrang, Dhubri, Goalpara, Kamrup, Morigaon, Nalbari, South Salmara, Tamulpur and Udalguri.

As on 31<sup>st</sup> October 2024, in the state of Assam 42 cases have been registered, of which 23 cases have been successfully resolved and in UT of Jammu and Kashmir 180 cases have been registered, of which 144 cases have been successfully resolved .

### **STATEMENT**

**The details of State/UT-wise approved and operational OSCs.**

<b>S. No.</b>	<b>State/ UT</b>	<b>Number of approved OSCs</b>	<b>Number of operational OSCs</b>
1	Andaman and Nicobar Islands	3	3
2	Andhra Pradesh	26	26
3	Arunachal Pradesh	25	25
4	Assam	36	36
5	Bihar	50	39

6	Chandigarh	1	1
7	Chhattisgarh	35	27
8	Dadra NHDD	3	3
9	Delhi	11	11
10	Goa	2	2
11	Gujarat	35	35
12	Haryana	22	22
13	Himachal Pradesh	13	12
14	Jammu and Kashmir	20	20
15	Jharkhand	24	24
16	Karnataka	40	39
17	Kerala	14	14
18	Ladakh	2	2
19	Lakshadweep	1	1
20	Madhya Pradesh	64	57
21	Maharashtra	45	45
22	Manipur	16	16
23	Meghalaya	12	12
24	Mizoram	13	11
25	Nagaland	16	11
26	Odisha	30	30
27	Puducherry	4	4
28	Punjab	23	23

29	Rajasthan	51	37
30	Sikkim	6	6
31	Tamil Nadu	49	48
32	Telangana	36	36
33	Tripura	8	8
34	Uttar Pradesh	96	79
35	Uttarakhand	14	14
36	West Bengal	24	23
	<b>Total</b>	<b>870</b>	<b>802</b>

### TRADITIONAL MEDICINAL PRACTICES

#### 2064. SHRI ANUP SANJAY DHOTRE:

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

- a) whether the wide acceptability of Ayurveda along with other traditional medicinal practices has given a shot in the arm to AYUSH sector globally and if so, the details thereof;
- b) whether the AYUSH sector is likely to scale up its market share globally by 2025;
- c) if so, the details of the targets fixed along with the present global market share of AYUSH sector;
- d) whether it is a fact that education, research, scientific investigation as well as its propagation of Ayurveda must be done as per a rational and scientific evaluation

process and if so, the details thereof along with the road map proposed for the country, State/UT-wise, particularly for Maharashtra; and

e) the details of the steps taken/proposed to be taken by the Union Government to encourage the AYUSH sectors in the country, State/UT-wise, particularly in Maharashtra?

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

(a) to (c) As per India Exim Bank research based on data from the DGCIandS, India's exports of Ayush and herbal products has more than doubled, from Rs. 2,208.6 Crore in Financial Year 2014 to Rs. 5,391.4 Crore in Financial Year 2024, recording a robust compound annual growth rate (CAGR) of 9.3 percent during the period. India's exports of Ayush and Herbal products has reached nearly Rs. 2886.7 Crore during April-September 2024. Further, to scale up the market share globally Ayush Export Promotion Council (AYUSHEXCIL) has been established.

(d) and (e) The Ministry vide gazette notification extraordinary part (ii) section 3(ii) issued on 21.09.2020 under the provision of NCISM Act 2020 has established National Commission for Indian System of Medicine (NCISM) to improve the quality of Ayurveda education.

National Eligibility Entrance Test (NEET) has been made mandatory to undertake admission to Undergraduate and Postgraduate Courses in Ayurveda, Unani, Siddha and Homoeopathy systems. Ministry of Ayush has also established one All India Institute of Ayurveda, 4 National Institutes and one institute of National

Importance i.e. Institute of Training and Research in Ayurveda (ITRA) for providing highest standards of education, training, research, and health care through Ayurveda. WHO benchmark for training and treatment in Ayurveda, Yoga and Unani System of Medicine has been also published.

Central Council for Research in Ayurvedic Sciences (CCRAS) is the apex body under the Ministry of Ayush to undertake research activities, having 30 Central Research Institutes and Regional Research Institutes across the country. Three institutes namely Raja Ramdeo Anandilal Podar (RRAP) Central Ayurveda Research Institute, Mumbai, Regional Ayurveda Research Institute, Nagpur and Regional Ayurveda Research Institute, Pune are functioning in Maharashtra. There are 41 Homoeopathic medical College established in last 5 years in the country and total 11 Homoeopathic medical colleges are particularly established in Maharashtra.

Ministry of Ayush is collaborating with Department of Science and Technology (DST), Department of Biotechnology (DBT), Department of Scientific and Industrial Research (DSIR), Department for Promotion of Industry and Internal Trade (DPIIT), Department of Commerce (DoC), Ministry of Environment, Forest and Climate Change (MoEF and CC) and Indian Council of Medical Research (ICMR) to promote and develop cooperation and collaboration on health research.

An Ayush Research Portal has been developed for promotion and propagation of Ayurveda where 43,614 evidence based research articles are listed. The link of the portal is <https://ayushportal.nic.in/default.aspx>

Ministry of Ayush also organizes / supports various activities like organizing Arogya Fairs both at the National and State Level, Ayurveda Parv, national conferences and seminars and celebrating National Ayurveda Day every year under its IEC (Information, Education and Communication) Scheme for propagation of Ayurveda in the country including Maharashtra.

## **GLOBAL TUBERCULOSIS REPORT 2024**

### **2065. SHRI MUHAMMED HAMDULLAH SAYEED:**

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

- (a) whether the Government is aware of India's high tuberculosis (TB) burden, with the country accounting for 26 per cent of global TB cases in 2023, as reported in the Global Tuberculosis Report 2024 and if so, the details thereof;
- (b) the steps taken/proposed to be taken by the Government to address the high relapse rate of TB cases, especially among men and measures to increase TB prevention and treatment, particularly in vulnerable populations such as those with nutritional deficiencies, diabetes, and smoking habits;
- (c) the initiatives being undertaken to reduce TB mortality, which still accounts for 26 per cent of global TB deaths despite a decade-long decline in India's TB-related deaths;
- (d) whether the Government is planning any new policy initiatives, given the increase in domestic funding for TB in 2023 but reduced international funding and if so, the details thereof; and

(e) the outcomes of India's national TB prevalence survey, conducted since 2019, and the strategies developed based on its findings for enhanced TB control and prevention?

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

(a) to (e) The National TB Elimination Programme (NTEP) under the aegis of the National Health Mission (NHM) has implemented a National Strategic Plan with the following objectives:-

- Early diagnosis of TB patients, prompt treatment with quality assured drugs and treatment regimens.
- To engage with the patients seeking care in the private sector;
- Active case finding and contact tracing in high risk /vulnerable population;
- Airborne infection control;
- Multi-sectoral response for addressing social determinants.

World Health Organisation's Global TB report 2024 has reported that, India contributed to 26% of global TB burden of cases and death in 2023.

The Ministry through Indian Council of Medical Research (ICMR) had conducted a National TB Prevalence Survey in 20 States/group of States to assess burden of TB at sub-national levels. The prevalence of all forms of TB cases for all ages was reported as 312 per lakh population in the country.



Based on the prevalence survey, the program interventions were re-strategized to focus on vulnerable population to reduce TB incidence and mortality. The following interventions/steps have been taken under the programme:

- Targeted interventions in high TB burden areas through state and district Specific Strategic plans.
- Provision of free drugs and diagnostics to TB patients.
- Active TB case-finding through campaigns in key vulnerable and co-morbid populations.
- Integration of Ayushman Arogya Mandir with TB screening and treatment services.
- Private sector engagement with incentives for notification and management of TB cases.
- Scale up of molecular diagnostic laboratories to sub-district levels.
- Expansion of coverage under Ni-kshay Poshan Yojana for nutritional support to TB patients.
- Intensified Information, Education and Communication (IEC) interventions to reduce stigma, enhance community awareness and improve health seeking behaviour.
- Converge efforts and resources of line ministries for TB elimination.
- Provision of TB Preventive Treatment to contacts of TB patients and vulnerable population.
- Track notified TB cases through Ni-kshay portal.

- Provide additional nutritional, diagnostic and vocational support to TB patients and household contacts under Ni-kshya Mitra initiative.

### **INCREASE IN HEALTH SPENDING**

#### **2066: SHRI RAMASAHAYAM RAGHURAM REDDY:**

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

- (a) the details of health spending as a percentage of GDP during the last three years;
- (b) whether the Government has set any target to increase this percentage;
- (c) if so, the details thereof and if not, the reasons therefor;
- (d) whether the Government has taken any steps to increase health spending especially in light of the COVID-19 pandemic; 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 the National Health Accounts Estimates for India, the Government Health Expenditure (GHE) as percentage of Gross Domestic Product (GDP) has increased from 1.13% in 2014-15 to 1.84% in 2021-22. The GHE as percentage of GDP for the last three years are given below:

<b>Indicators</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>

GHE % GDP	1.35	1.60	1.84
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As per the National Health Policy 2017, public investment on health is envisioned to reach 2.5% of GDP by 2025. Ministry of Health and Family Welfare (MoHFW) has taken up with States to prioritize allocation to health sector and enhance their Health Budgets at least 10% every year. The budget allocation for Department of Health and Family Welfare (DoHFW) has increased by 85% from Rs. 47,353 crore in 2017-18 (BE) to Rs. 87,657 crore in 2024-25 (BE). Further, the 15<sup>th</sup> Finance Commission provided Rs. 70,051 crore Grants for health through the local Governments.

The 'India COVID-19 Emergency Response and Health System Preparedness Package'(ECRP) of Rs. 15,000 crore was approved by the Government in April 2020 wherein States/UTs were provided required technical and financial assistance for strengthening of their healthcare system for management of the COVID-19 Public Health Challenge. In addition, ECRP Phase-II was also approved by the Cabinet with Rs. 23,123 crore (with Rs. 15,000 crore as Central component and Rs. 8,123 crore as State component). Moreover, the Central Government also implemented "National COVID-19 Vaccination Programme" to provide free vaccination to all adult citizens during the FY 2021-22 for an expenditure of about Rs.35,000 crore.

Further, the PM-Ayushman Bharat Health Infrastructure Mission ( PM-ABHIM) was launched as a mission to develop the capacities of primary, secondary and tertiary

health care systems; strengthen existing national institutions and create new institutions to cater to detection and cure of new and emerging diseases. PM-ABHIM is a Centrally Sponsored Scheme with some Central Sector components with an outlay of Rs. 64,180 crore.

### **'STORAGE OF MEDICINAL PLANTS'**

#### **2067. SHRI ANTO ANTONY:**

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

- (a) the details of the Research and Development projects funded by the Government to promote Agro-techniques, post-harvest management and storage of medicinal plants;
- (b) the details of the medicinal plants that have been identified for conservation and resource augmentation under the said project;
- (c) the corrective measures that have been taken in Kerala to conserve and enhance medicinal plant resources and the progress made in this regard; and
- (d) the details of the medicinal plant species specific to Kerala that have been prioritized for conservation and development?

**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).** Presently, National Medicinal Plants Board (NMPB), Ministry of Ayush, Government of India, under its Central Sector Scheme (CSS) on 'Conservation, Development and Sustainable Management of Medicinal Plants' provides project-based financial support to carry out research activities on various aspects of medicinal plants including Agro-techniques, post-harvest management and storage of medicinal plants to Government as well as private universities/research institutions/organizations across the country. Details of the projects supported on Agro-techniques, post-harvest management, and storage of medicinal plant aspects during past five years are appended in the enclosed **Statement-I**. List of medicinal plants identified for conservation and resource augmentation from the projects that were supported under its Central Sector Scheme (CSS) on 'Conservation, Development and Sustainable Management of Medicinal Plants' for Agro-techniques, post-harvest management and storage of medicinal plants aspects are placed in the enclosed **Statement -II**.

**(c).** NMPB, Ministry of Ayush, Government of India, under the scheme mentioned above, also provided project-based support to the State Forest Department of Kerala for conservation and Resource Augmentation of medicinal plants. In this regard, 33 projects have been supported to cover 987.97 ha. area for Resource Augmentation of medicinal plants.

**(d).** Under the above projects, the medicinal plant species viz. *Abrus precatorius*, *Aegle marmelos*, *Artocarpus hirsutus*, *Asparagus racemosus*, *Adhatoda vasica*, *Calotropis procera*, *Centella asiatica*, *Coscinium fenestratum*, *Caesalpinia sappan*, *Desmodium gangeticum*, *Dysoxylum malabaricum*, *Evolvulus alsinoides*, *Garcinia*

*indica, Gloriosa superba, Hemidesmus indicus, Mesua ferrea, Nyctanthes arbor-tristis, Ocimum tenuiflorum, Piper longum, Rauvolfia serpentina, Santalum album, Smilax zeylanica, Symplocos cochinchinensis, Stereospermum colais, and Terminalia chebula* etc. are supported for Conservation and Resource Augmentation in Kerala.

### **STATEMENT-I**

**Details of research and development projects were supported under its Central Sector Scheme (CSS) on 'Conservation, Development and Sustainable Management of Medicinal Plants' for Agro-techniques, post-harvest management and storage of medicinal plants aspects during the past five years:**

S. N	Project Title and Medicinal Plant Species	Organization Details	Sanctioned amount
<b>Agro-techniques</b>			
1	Genetic stock development, standardization of good agricultural practices (GAPs) and market analysis of <i>Pseudarthria viscida</i> (L.)- a red listed high volume trade medicinal plant.  Medicinal Plant species: <i>Pseudarthria viscida</i>	Kerala  Agriculture  University,  Thrissur	35.150

2	<p>Conservation, Bioprospection and Development of good agricultural practices for <i>Rheum emodi</i>, <i>Saussurea costus</i>, <i>Podophyllum hexandrum</i> and <i>Aconitum</i> species for Ex-situ cultivation in Jammu and Kashmir.</p> <p>Medicinal Plant species: <i>Rheum emodi</i>, <i>Saussurea costus</i>, <i>Podophyllum hexandrum</i> and <i>Aconitum heterophyllum</i></p>	<p>CSIR-Indian Institute of Integrative Medicine, Sanat nagar, Srinagar</p>	<p>26.268</p>
<b>Post-harvest management</b>			
3	<p>To ascertain and evaluate the non-destructive substitutes of the bark of <i>Saraca asoca</i> (Roxb.) de Wilde.</p> <p>Medicinal Plant species: <i>Saraca asoca</i></p>	<p>Govt. Science Collage, Bhilad VNSGU, Udhan-Surat</p>	<p>12.199 GSC Bhilad 12.300 VNSGU</p>
4	<p>Mycotoxins, fungal and heavy metal contamination of selected herbal raw material and efficacy of some traditionally used plant products as mycotoxins suppressors during post harvest processing.</p>	<p>B.H.U., Varanasi</p>	<p>39.580</p>

	Medicinal Plant species: <i>Phyllanthus emblica</i> , <i>Tinospora cordifolia</i> , <i>Andrographis paniculata</i> , <i>Senna alexandrina</i> , <i>Hemidesmus indicus</i> , <i>Withania somnifera</i> and <i>Asparagus racemosus</i> .		
<b>Storage</b>			
5.	Genetic enhancement and post-harvest studies in <i>Bacopa monnieri</i> . Medicinal Plant species: <i>Bacopa monnieri</i>	Indian Institute of Horticultural Research, Bangalore	31.960
6.	Pre and post-harvest enhancement of secondary metabolites in <i>Withania somnifera</i> by adopting patented process and technology transfer. Medicinal Plant species: <i>Withania somnifera</i>	Padmashree Institute of Management and Sciences Bangalore	18.938

### **STATEMENT-II**

**List of medicinal plants identified for conservation and resource augmentation from the projects that were supported under its Central Sector Scheme (CSS) on 'Conservation, Development and Sustainable Management**



of Medicinal Plants' for Agro-techniques, post-harvest management and storage of medicinal plants aspects, are as:

Sr No	Plant Species
1.	<i>Pseudarthria viscida</i>
2.	<i>Rheum emodi</i>
3.	<i>Saussurea costus</i>
4.	<i>Podophyllum hexandrum</i>
5.	<i>Aconitum heterophyllum</i>
6.	<i>Saraca asoca</i>
7.	<i>Phyllanthus emblica</i>
8.	<i>Tinospora cordifolia</i>
9.	<i>Andrographis paniculata</i>
10.	<i>Senna alexandrina</i>
11.	<i>Hemidesmus indicus</i>
12.	<i>Withania somnifera</i>
13.	<i>Asparagus racemosus</i>
14.	<i>Bacopa monnieri</i>

### SHIP BUILDING INDUSTRY

**2068. SHRI VISHNU DATT SHARMA:**

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

(a) whether it is true that India has a very miniscule domestic ship building industry in comparison to Japan, China and South Korea, and that 75% of world shipbuilding orders are captured by China, if so, the details thereof;

(b) whether is it also true that India has a very insignificant freight carrying capacity even unable to meet its own demand and that India paid \$75 billion to foreign shipping companies for sea freight in FY-2023 alone, if so, the details thereof;

(c) whether efforts are being made by the Government for launching PLI scheme and classification of shipbuilding sector as infrastructure, for facilitating long-term financing options; and

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

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

(a)and (b)As per United Nations Conference on Trade and Development (UNCTAD) Report (2023), Japan, China and South Korea together constitute more than 90% of the global shipbuilding market in terms of Gross Tonnage.

(c)and (d) Infrastructure status has already been granted to shipyards in April, 2016. Further, to promote "Make in India" policy and to support shipbuilding industry in India, Ministry has brought in Shipbuilding Financial Assistance Policy (SBFAP) scheme for Indian shipyards to procure orders from domestic as well as international market and to be competitive in international market for securing global orders. The scheme offers financial assistance to Indian Shipyards for shipbuilding contracts signed between April 1, 2016 and March 31, 2026 with rate of financial assistance starting from 20% in 2016 and diminishing to 11% in 2026.

Till date, 45 shipyards have registered, and 19 shipyards have utilized the scheme by availing financial assistance. Further, an amount of Rs. 385.16 crore has been released towards construction and delivery of 144 vessels.

### **AOGUSY SCHEME**

#### **2069. SHRI DAGGUMALLA PRASADA RAO:**

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

(a) the details of the total amount of funds allocated under the different components of AYUSH Aushadhi Gunvatta Evam Utpadan Samvardhan Yojana (AOGUSY) scheme at present in the country, State/UT-wise, especially in State of Andhra Pradesh;

(b) the total number of Pharmacovigilance centres in the country, especially in the State of Andhra Pradesh under the National Pharmacovigilance program of AYUSH;

(c) whether the Government has any data regarding the total number of Ayurvedic Manufacturing Units that are not following the Drug and Cosmetic Act Rules and Procedures;

(d) if so, the details thereof along with the shortfall noted and the corrective measures taken by the Government to address the same in this regard; and

(e) whether the Government has conducted any studies to examine the overall performance of the scheme including the standards and accreditation/certification of AYUSH products and materials 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) In the year 2021, Ministry of Ayush has implemented a Central Sector Scheme Ayush Oushadhi Gunavatta evam Utpadan Samvardhan Yojana (AOGUSY). The total financial allocation to this scheme is Rs. 122.00 crores for five years. The components of AOGUSY scheme are as follows: -

- i.Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards.
- ii.Pharmacovigilance of ASUandH drugs including surveillance of misleading advertisements.
- iii.Strengthening of Central and State regulatory frameworks including Technical Human Resource and Capacity Building programs for Ayush drugs.
- iv.Support for development of standards and accreditation/certification of Ayush products and materials in collaboration with Bureau of Indian Standards (BIS), Quality Control of India (QCI) and other relevant scientific institutions and industrial RandD centers.

Detailed guidelines of AOGUSY scheme are available at <https://ayush.gov.in/images/Schemes/aoushdhi.pdf>

The details of the total amount of funds allocated under the different components of Ayush Oushadhi Gunvatta Evam Utpadan Samvardhan Yojana (AOGUSY) scheme at present in the country, State/UT-wise are annexed in the enclosed **Statement -I.**

The details of total fund allocated in the State of Andhra Pradesh under component “Pharmacovigilance of ASUandH drugs including surveillance of misleading advertisements” of AOGUSY Scheme till date is attached as the enclosed **Statement -II.**

Further, Ministry has not received any proposal from the State of Andhra Pradesh under component “Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards” of AOGUSY Scheme till date.

(b) Pharmacovigilance Centres for Ayurveda, Siddha, Unani and Homoeopathy (ASUandH) Drugs set up in different parts of the country under the Central Scheme of Ministry of Ayush are mandated to monitor and report the misleading advertisements to the respective State Regulatory Authorities. The pharmacovigilance program is working through a three-tier network of a National Pharmacovigilance Centre (NPvCC), Five Intermediary Pharmacovigilance Centre’s (IPvCs) and 99 Peripheral Pharmacovigilance Centres (PPvCs) established across the country.

In the State of Andhra Pradesh under the National Pharmacovigilance program of Ayush there are two PPvCs, details are attached as the enclosed **Statement - III.**

(c) and (d) No such data is available with the central Government. Its comes under the purview of state Government.

(e) Ministry of Ayush has not conducted any impact study/assessment till date to examine the overall performance of the scheme. However, the monitoring teams has visited the project sites and submitted the reports as per the recommendation of the Project Sanctioning Committee.

**STATEMENT-I****Details of Funds Released under different components of AOGUSY Central Sector Scheme**

<b>S. No.</b>	<b>F.Y.</b>	<b>State</b>	<b>Component</b>	<b>Pharmacy/DTL</b>	<b>Particulars</b>	<b>Amount released</b>
<b>1</b>	2021-22	Mizoram	Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards	DTL	State Govt. of Mizoram	18,00,000

2	2021-22	New Delhi	Pharmacovigilance of ASUandH drugs including surveillance of misleading advertisements	-	All India Institute of Ayurveda, New Delhi	2,72,40,000
3	2021-22	Bangalore	Strengthening of Central and State regulatory frameworks including Human Resource Development and Capacity	-	National Institute of Unani medicine, Bengaluru	3,60,000

			Building programs for quality control of Ayush Drugs			
<b>4</b>	2022-23	New Delhi	Pharmacovigilance of ASUandH drugs including surveillance of misleading advertisements	-	All India Institute of Ayurveda, New Delhi	4,30,52,000
<b>5</b>		Pune	Strengthening and up-gradation	Pharmacy	Inducare Pharma Pvt.Ltd. Pune	3,00,00,000



<b>6</b>	Maharashtra	of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards	Pharmacy	Ayurchem Private Ltd. Maharashtra.	2,69,00,000
<b>7</b>	Maharashtra		Pharmacy	Phytovedic India Pvt. Ltd. Maharashtra	2,14,61,000
<b>8</b>	Kerala		Pharmacy	Visesh Ayurvedic Pvt. Ltd Pharmacy Kerala.	1,91,56,000
<b>9</b>	Uttar Pradesh		Pharmacy	Amar Pharmaceuticals and labs (I) Pvt. Ltd. U.P	1,43,43,000
<b>10</b>	Uttar Pradesh		DTL	Amar Pharmaceuticals and labs (I) Pvt. Ltd. U.P (DTL)	77,67,000

11		Madhya Pradesh		Pharmacy	Shree Baidyanath Ayurved Bhawan Pvt. Ltd, Madhya Pradesh	2,08,92,000
12		Kerela		Pharmacy	Kollam District Ayurveda Oushdha Nirmana Vyavasaya Co-operative Society Ltd, Kerela	64,29,000
13	2023-24	Tripura	Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards	DTL	State Govt. of Tripura	76,68,000

14	Madhya Pradesh	Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards	Pharmacy	Shree Baidyanath Ayurved Bhawan Pvt. Ltd, Madhya Pradesh	91,08,000
15	Jammu and Kashmir	Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve	DTL	State Govt. JandK	86,29,500

		higher standards			
16	New Delhi	Pharmacovigilance of ASUandH drugs including surveillance of misleading advertisements	-	All India Institute of Ayurveda, New Delhi	3,75,12,872
17	Kerela	Strengthening and up-gradation of Ayush Pharmacies and Drug Testing	Pharmacy	Sitaram Ayurveda Pvt. Ltd, Thrissur, Kerala.	50,00,000
18	Kerela	Pharmacies and Drug Testing	Pharmacy	Pankajakasthuri Herbals India Private Limited, Poovachal, Kerala	50,00,000

<b>19</b>	Rajasthan	Laboratories to achieve higher standards	Pharmacy	BJain Pharmaceuticals Private Limited, Alwar, Rajasthan	50,00,000
<b>20</b>	Assam		Pharmacy	Assam Ayurvedic Products, Guwahati, Assam (PSU)	45,59,519
<b>21</b>	Jammu and Kashmir		Pharmacy	Govt. Pharmacy, Jammu and Kashmir	1,05,00,000
<b>22</b>	Guajarat		Pharmacy	State Pharmacy, Rajpipla, Gujarat	44,20,248
<b>23</b>	Mizoram		DTL	State Govt. Drug Testing Laboratory, Mizoram	67,20,884

<b>24</b>		Tamil Nadu		DTL	State Govt. Drug Testing Laboratory, Tamil Nadu	20,00,000
<b>25</b>		Arunachal Pradesh		Pharmacy	State Pharmacy, Arunachal Pradesh	67,02,164
<b>26</b>		Arunachal Pradesh		DTL	State Drug Testing Laboratory, Arunachal Pradesh	17,99,813
<b>27</b>	2024-25	Arunachal Pradesh	Strengthening and up-gradation of Ayush Pharmacies and Drug Testing	Pharmacy	State Pharmacy, Arunachal Pradesh	70,42,077
<b>28</b>		Arunachal Pradesh		DTL	State Drug Testing Laboratory, Arunachal Pradesh	17,24,400

29	Kerela	Laboratories to achieve higher standards	Pharmacy	Pankajakasthuri Herbals India Private Limited, Poovachal, Kerala	44,32,807
30	New Delhi	Pharmacovigilance of ASUandH drugs including surveillance of misleading advertisements	-	All India Institute of Ayurveda, New Delhi	6,01,16,434
31	Tamil Nadu	Strengthening and up-gradation	DTL	State Govt. Drug Testing Laboratory, Tamil Nadu	51,00,000

32	Rajasthan	of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards	Pharmacy	BJain Pharmaceuticals Private Limited, Alwar, Rajasthan	1,44,54,189
33	Mizoram		DTL	State Govt. Drug Testing Laboratory, Mizoram	39,40,500
34	Tamil Nadu		DTL	State Govt. Drug Testing Laboratory, Tamil Nadu	41,57,062
35	Guajarat		Pharmacy	State Pharmacy, Rajpipla, Gujarat	2,00,00,000

**STATEMENT-II**

**Pharmacovigilance of ASUandH drugs including surveillance of misleading advertisements” of AOGUSY  
Scheme till date**

	<b>Name of the PPvC</b>	<b>Amount Disbursed</b>	<b>Total</b>
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S. No.		2021- 22	2022- 23	2023- 24	2024-25	Amount
					(As of 3.12.2024)	
1	Regional Research Institute of Homoeopathy, Gudivada	25,00 0	3,60,0 00	3,15,9 60	3,46,796	10,47,756
2	Dr. Abdul Haq Unani Medical College, Kurnool	2,75,0 00	3,65,0 00	4,48,0 06	4,34,936	15,22,942

**STATEMENT- III****Details of Peripheral Pharmacovigilance Centres at Andhra Pradesh**

<b>S.NO</b>	<b>Name of the Centre</b>
1	Regional Research Institute of Homoeopathy, Gudivada
2	Dr. Abdul Haq Unani Medical College and Hospital Kurnool

**PRADHAN MANTRI NATIONAL DIALYSIS PROGRAMME (PMNDP)****2070. SHRI BASAVARAJ BOMMAI:**

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

- (a) the details of funds, equipment and resources that have been allocated to Karnataka's dialysis centres under the Pradhan Mantri National Dialysis Programme (PMNDP) in the last three years along with the current status of their utilization;
- (b) the details of functional dialysis machines currently provided under the PMNDP in Karnataka;
- (c) whether the Government has taken any steps or proposes to take steps to address issues relating to dysfunctional equipment and nephrologist shortages in the State, if so, the details thereof and if not, the reasons therefor;
- (d) whether the Government is considering conversion of dialysis centres to single-use dialysis units to reduce cross-infection risks; 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) In Karnataka, funds approved and expenditure in last three financial years under the Pradhan Mantri National Dialysis Programme (PMNDP) is as follows:-

<b>Rs in Crores</b>							
<b>2021-22</b>		<b>2022-23</b>		<b>2023-24</b>		<b>2024-25</b>	
<b>Funds Approvals</b>	<b>Expenditure</b>	<b>Funds Approvals</b>	<b>Expenditure</b>	<b>Funds Approvals</b>	<b>Expenditure</b>	<b>Funds Approvals</b>	<b>Expenditure as on 31.07.2024</b>
45.54	29.71	77.35	34.13	66.04	43.15	79.95	24.11

(b) There are 840 functional dialysis machines in Karnataka under PMNDP.

(c) PMNDP programme is functional in PPP mode in the State of Karnataka. The state has a mix of Haemodialysis (HD) machines both from service providers and procurement through Corporate Social Responsibility (CSR) funds. The issues related to dysfunctional HD machines are catered through original equipment manufacturer (OEM) service engineer by the service provider and by the district level equipment maintenance team for the machines supported under the CSR.

Ministry of Health and Family Welfare has prepared a revised model Request for Proposal (RFP) document based on the 'Quality and Cost-Based Selection (QCBS) methodology for selection of a suitable service provider in the PPP mode for

guidance of the States/UTs. In the revised bid document, considering the shortage of nephrologists in the country, minimum 01 Nephrologist for 10 Dialysis Facility on consultancy basis in a state has been recommended.

States/UTs engage Nephrologists for review of dialysis patients as per need and availability. In Karnataka, the service provider (PPP) provides Nephrologists for review of patients at the dialysis facility, as per Memorandum of Understanding (MoU) between the state and the service provider.

(d) and (e): As per Request for Proposal (RFP) document for PMNDP, it has been approved that dialyzer re-use **not** more than **05** times or till the bundle volume is 80% and more of original capacity, whichever is earlier. In such cases dialyzer is reused only for the same patient after due sterilization using dialyzer reprocessing unit. Availability of Dialyzer reprocessing unit is mandatory for cleaning the dialyzer and assessment of bundle volume.

However, in the dialysis unit not having dialyzer re-processing machine, single use dialyzer has been recommended to prevent and reduce cross-infection risks.

The guidelines also recommend that the 'Dialyzer' should not be reused for seropositive cases in any situation and the patient should be dialyzed on a separate isolated machine. In such cases, single use dialyzer is recommended.

**माननीय अध्यक्ष :** सभा की कार्यवाही बारह बजे तक के लिए स्थगित की जाती है ।

**11.01 hrs**

*The Lok Sabha then adjourned till Twelve of the Clock.*

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**12.00 hrs**

*The Lok Sabha re-assembled at Twelve of the Clock.*

(Shri Dilip Saikia *in the Chair*)

...(व्यवधान)

**माननीय सभापति :** माननीय सदस्यगण, 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।

... (व्यवधान)

**12.00½ hrs****PAPERS LAID ON THE TABLE**

**माननीय सभापति :** अब पत्र सभा पटल पर रखे जाएंगे। आइटम नम्बर – 2.

श्री अर्जुन राम मेघवाल जी।

**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):** I beg to lay on the Table:-

- (1) (i) A copy of the Annual Report (Hindi and English versions) of the State Legal Services Authority Union Territory, Chandigarh, for the year 2023-2024, alongwith Audited Accounts.

- (ii) Statement regarding Review (Hindi and English versions) by the Government of the working of the State Legal Services Authority, Union Territory, Chandigarh, for the year 2023-2024.

[Placed in Library, See No. LT 1110/18/24]

- (2) (i) A copy of the Annual Report (Hindi and English versions) of the Indian Law Institute, New Delhi, for the year 2023-2024, alongwith Audited Accounts.
- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Indian Law Institute, New Delhi, for the year 2023-2024.

[Placed in Library, See No. LT 1111/18/24]

- (3) A copy each of the following Reports (Hindi and English versions) of the Law Commission of India:-
  - (i) Report No. 278 – Urgent Need to Amend Rule 14(4) of Order VII of the Code of Civil Procedure, 1908.
  - (ii) Report No. 279 – Usage of the Law of Sedition.
  - (iii) Report No. 280 – The Law on Adverse Possession.
  - (iv) Report No. 281 – Compensation for Damage due to Installation of Towers and Transmission Lines under the Indian Telegraph Act, 1885 and the Electricity Act, 2003.

- (v) Report No. 282 – Amendment in Section 154 of the Code of Criminal Procedure, 1973 for enabling online registration of FIR.
- (vi) Report No. 283 – Age of consent under the protection of children from Sexual Offences Act, 2012.
- (vii) Report No. 284 – Revisiting the law on prevention of damage to public property.
- (viii) Report No. 285 – The Law on criminal defamation.
- (ix) Report No. 286 – A Comprehensive review of the Epidemic Diseases Act, 1897.
- (x) Report No. 287 – Law on Matrimonial Issues relating to Non-Resident Indians and Overseas Citizens of India.
- (xi) Report No. 289 – Trade secrets and economic espionage.

[Placed in Library, See No. LT 1112/18/24]

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव) : माननीय सभापति जी, मैं निम्नलिखित पत्र सभा पटल पर रखता हूँ :

- (1) (एक) फूड सेफ्टी एंड स्टेण्डर्ड अथॉरिटी ऑफ इंडिया, नई दिल्ली के वर्ष 2022-2023 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे ।

- (दो) फूड सेफ्टी एंड स्टेण्डर्ड अथॉरिटी ऑफ इंडिया, नई दिल्ली के वर्ष 2022-2023 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।
- (2) उपर्युक्त मद संख्या (1) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 1113/18/24]

- (3) (एक) रीजनल इंस्टीट्यूट ऑफ पेरामेडिकल एंड नर्सिंग साइंसेज, आइजोल के वर्ष 2022-2023 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे ।
- (दो) रीजनल इंस्टीट्यूट ऑफ पेरामेडिकल एंड नर्सिंग साइंसेज, आइजोल के वर्ष 2022-2023 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।
- (4) उपर्युक्त मद संख्या (3) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 1114/18/24]

- (5) खाद्य सुरक्षा और मानक अधिनियम, 2006 की धारा 93 के अंतर्गत निम्नलिखित अधिसूचनाओं की एक-एक प्रति (हिन्दी तथा अंग्रेजी संस्करण):-
- (एक) खाद्य सुरक्षा और मानक (संदूषक, विष और अवशेष) पहला संशोधन विनियम, 2024 जो दिनांक 18 अक्तूबर, 2024 के भारत के राजपत्र में अधिसूचना संख्या एफ. संख्या 01-एसपी(पीएआर)-अधिसूचना-कीटनाशक/मानक-एफएसएस एआई /2017 में प्रकाशित हुए थे ।



(दो) खाद्य सुरक्षा और मानक (बिक्री पर प्रतिबंध और प्रतिषेध) पहला संशोधन विनियम, 2024 जो दिनांक 18 अक्टूबर, 2024 के भारत के राजपत्र में अधिसूचना संख्या एफ. संख्या आरईजी-11027/2/2022 विनियम-एफएसएसएआई में प्रकाशित हुए थे।

[Placed in Library, See No. LT 1115/18/24]

(6) राष्ट्रीय भारतीय आयुर्विज्ञान प्रणाली आयोग अधिनियम, 2020 की धारा 56 के अंतर्गत निम्नलिखित अधिसूचनाओं की एक-एक प्रति (हिन्दी तथा अंग्रेजी संस्करण):-

(एक) राष्ट्रीय भारतीय आयुर्विज्ञान प्रणाली आयोग (आयुर्वेदिक औषधि और शल्यचिकित्सा में स्नातक हेतु पूर्व-आयुर्वेद-कार्यक्रम) विनियम, 2024 जो दिनांक 28 अक्टूबर, 2024 के भारत के राजपत्र में अधिसूचना सं. फा.सं. बीओए/3-बी/पीएपी/2024 में प्रकाशित हुए थे।

(दो) राष्ट्रीय भारतीय आयुर्विज्ञान प्रणाली आयोग (स्नातकोत्तर यूनानी शिक्षा के लिए न्यूनतम मानक तथा स्नातकोत्तर संस्थानों के लिए न्यूनतम आवश्यक मानक, मूल्यांकन और रेटिंग) विनियम, 2024 जो दिनांक 30 सितम्बर, 2024 के भारत के राजपत्र में अधिसूचना सं. फा.सं. बीयूएसएस/यूनानी पीजी विनि./2023 में प्रकाशित हुए थे।

(तीन) राष्ट्रीय भारतीय आयुर्विज्ञान प्रणाली आयोग (स्नातकोत्तर सिद्ध शिक्षा के लिए न्यूनतम मानक तथा स्नातकोत्तर संस्थानों के लिए न्यूनतम आवश्यक मानक, मूल्यांकन और रेटिंग) विनियम, 2024 जो दिनांक 30 सितम्बर, 2024 के भारत के राजपत्र में अधिसूचना सं. फा.सं. बीयूएसएस/सिद्ध पीजी विनि./2023 में प्रकाशित हुए थे।

(चार) राष्ट्रीय भारतीय आयुर्विज्ञान प्रणाली आयोग (स्नातकोत्तर आयुर्वेद शिक्षा के लिए न्यूनतम मानक तथा स्नातकोत्तर संस्थानों के लिए न्यूनतम आवश्यक मानक, मूल्यांकन और रेटिंग) विनियम, 2024 जो दिनांक 4 अक्टूबर, 2024 के भारत के राजपत्र में अधिसूचना सं. फा.सं. बीओए/2-आई/2024 में प्रकाशित हुए थे।

[Placed in Library, See No. LT 1116/18/24]

**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):** I beg to lay on the Table:-

- (1) (i) A copy of the Annual Accounts (Hindi and English versions) of the National Institute of Pharmaceutical Education and Research, Guwahati, for the year 2023-2024, together with Audit Report thereon.
- (ii) Statement regarding Review (Hindi and English versions) by the Government of the working of the National Institute of Pharmaceutical Education and Research, Guwahati, for the year 2023-2024.

[Placed in Library, See No. LT 1117/18/24]

- (2) (i) A copy of the Annual Accounts (Hindi and English versions) of the National Institute of Pharmaceutical Education and Research, Raebareli, for the year 2023-2024, together with Audit Report thereon.

- (ii) Statement regarding Review (Hindi and English versions) by the Government of the working of the National Institute of Pharmaceutical Education and Research, Raebareli, for the year 2023-2024.

[Placed in Library, See No. LT 1118/18/24]

- (3) (i) A copy of the Annual Report (Hindi and English versions) of the New Delhi Tuberculosis Centre, New Delhi, for the year 2022-2023, alongwith Audited Accounts.
- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the New Delhi Tuberculosis Centre, New Delhi, for the year 2022-2023.

- (4) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (3) above.

[Placed in Library, See No. LT 1119/18/24]

- (5) (i) A copy of the Annual Report (Hindi and English versions) of the International Institute for Population Sciences, Mumbai, for the year 2022-2023, alongwith Audited Accounts.
- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the International Institute for Population Sciences, Mumbai, for the year 2022-2023.

- (6) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (5) above.

[Placed in Library, See No. LT 1120/18/24]

- (7) A copy each of the following Notifications (Hindi and English versions) under Section 38 of the Drugs and Cosmetics Act, 1940:-

- (i) The Drugs (.... Amendment) Rules, 2023 published in Notification No. G.S.R.922(E) in Gazette of India dated 28<sup>th</sup> December, 2023 together with a Corrigendum thereto published in Notification No. G.S.R. 666(E) dated 28<sup>th</sup> October, 2024.
- (ii) The New Drugs and Clinical Trials (Amendment) Rules, 2024, published in Notification No. G.S.R.581(E) in Gazette of India dated 19<sup>th</sup> September, 2024.

- (8) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at 7(i) above.

[Placed in Library, See No. LT 1121/18/24]

**THE MINISTER OF STATE IN THE MINISTRY OF PORTS, SHIPPING AND**

**WATERWAYS (SHRI SHANTANU THAKUR):** I beg to lay on the Table:-

- (1) A copy each of the following papers (Hindi and English versions) under sub-section 1(b) of Section 394 of the Companies Act, 2013:-
- (a) (i) Review by the Government of the working of the Cochin Shipyard Limited, Kochi, for the year 2023-2024.

- (ii) Annual Report of the Cochin Shipyard Limited, Kochi, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 1122/18/24]

- (b) (i) Review by the Government of the working of the Hooghly Cochin Shipyard Limited, Hawrah, for the year 2023-2024.
- (ii) Annual Report of the Hooghly Cochin Shipyard Limited, Howrah, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 1123/18/24]

- (c) (i) Review by the Government of the working of the Udupi Cochin Shipyard Limited, Kancheepuram, for the year 2023-2024.
- (ii) Annual Report of the Udupi Cochin Shipyard Limited, Kancheepuram, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 1124/18/24]

- (d) (i) Review by the Government of the working of the Kamarajar Port Limited, Chennai, for the year 2023-2024.

- (ii) Annual Report of the Kamarajar Port Limited, Chennai, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 1125/18/24]

- (2) (i) A copy of the Annual Administration Report (Hindi and English versions) of the New Mangalore Port Authority, Mangalore, for the year 2023-2024.
- (ii) A copy of the Annual Accounts (Hindi and English versions) of the New Mangalore Port Authority, Mangalore, for the year 2023-2024, together with Audit Report thereon.
- (iii) A copy of the Review (Hindi and English versions) by the Government of the working of the Mangalore Port Authority, Mangalore, for the year 2023-2024.

[Placed in Library, See No. LT 1126/18/24]

- (3) (i) A copy of the Annual Administration Report (Hindi and English versions) of the V.O. Chidambaranar Port Authority, Tuticorin, for the year 2023-2024 alongwith audited accounts.
- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the V.O. Chidambaranar Port Authority, Tuticorin, for the year 2023-2024.

[Placed in Library, See No. LT 1127/18/24]

- (4) (i) A copy of the Annual Administration Report (Hindi and English versions) of the Mumbai Port Authority, Mumbai, for the year 2023-2024.
- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Mumbai Port Authority, Mumbai, for the year 2023-2024.

[Placed in Library, See No. LT 1128/18/24]

- (5) (i) A copy of the Annual Accounts (Hindi and English versions) of the Tariff Authority for Major Ports, Mumbai, for the year 2023-2024, together with Audit Report thereon.
- (ii) A copy of the Review (Hindi and English versions) by the Government on the Audited Accounts of the Tariff Authority for Major Ports, Mumbai, for the year 2023-2024.

[Placed in Library, See No. LT 1129/18/24]

- (6) (i) A copy of the Annual Report (Hindi and English versions) of the Indian Maritime University, Chennai, for the year 2023-2024.
- (ii) A copy of the Annual Accounts (Hindi and English versions) of the Indian Maritime University, Chennai, for the year 2023-2024, together with Audit Report thereon.

- (iii) A copy of the Review (Hindi and English versions) by the Government of the working of the Indian Maritime University, Chennai, for the year 2023-2024.

[Placed in Library, See No. LT 1130/18/24]

- (7) A copy of the New Mangalore Port Authority (Meetings of Board, its Powers and Transaction of Business) Regulations, 2024 (Hindi and English versions) published in Notification No. 11/2/2022/PAC.1 in Gazette of India dated 19<sup>th</sup> September, 2024 under Section 73 of the Major Port Authorities Act, 2021.

[Placed in Library, See No. LT 1131/18/24]

**THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY**

**SETH):** Sir, I beg to lay on the Table:-

- (1) A copy each of the following papers (Hindi and English versions) under sub-section 1(b) of Section 394 of the Companies Act, 2013:-
- (a) (i) Review by the Government of the working of the Garden Reach Shipyards and Engineers Limited, Kolkata, for the year 2023-2024.
- (ii) Annual Report of the Garden Reach Shipyards and Engineers Limited, Kolkata, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 1132/18/24]



(b) (i) Review by the Government of the working of the Goa Shipyard Limited, Goa, for the year 2023-2024.

(ii) Annual Report of the Goa Shipyard Limited, Goa, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 1133/18/24]

(c) (i) Review by the Government of the working of the Mazagon Dock Shipbuilders Limited, Mumbai, for the year 2023-2024.

(ii) Annual Report of the Mazagon Dock Shipbuilders Limited, Mumbai, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 1134/18/24]

(d) (i) Review by the Government of the working of the Hindustan Shipyard Limited, Vishakhapatnam, for the year 2023-2024.

(ii) Annual Report of the Hindustan Shipyard Limited, Vishakhapatnam, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 1135/18/24]

(e) (i) Review by the Government of the working of the Mishra Dhatu Nigam Limited, Hyderabad, for the year 2023-2024.

- (ii) Annual Report of the Mishra Dhatu Nigam Limited, Hyderabad, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 1136/18/24]

- (2) (i) A copy of the Annual Report (Hindi and English Version) of the National Institute of Mountaineering and Adventure Sports, Dirang, for the year 2023-2024, alongwith Audited Accounts.
- (ii) A copy of the Review (Hindi & English Version) by the Government of the working of the National Institute of Mountaineering and Adventure Sports, Dirang, for the year 2023-2024.

[Placed in Library, See No. LT 1137/18/24]

- (3) (i) A copy of the Annual Report (Hindi & English Version) of the Himalayan Mountaineering Institute, Darjeeling, West Bengal, for the year 2023-2024, alongwith Audited Accounts.
- (ii) A copy of the Review (Hindi & English Version) by the Government of the working of Himalayan Mountaineering Institute, Darjeeling, West Bengal, for the year 2023-2024.

[Placed in Library, See No. LT 1138/18/24]

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर) : माननीय सभापति जी, मैं निम्नलिखित पत्र सभा पटल पर रखती हूँ:

- (1) (एक) नेशनल इंस्टीट्यूट ऑफ पब्लिक को-ऑपरेशन एंड चाइल्ड डेवलपमेंट, नई दिल्ली के वर्ष 2022-2023 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे ।
- (दो) नेशनल इंस्टीट्यूट ऑफ पब्लिक को-ऑपरेशन एंड चाइल्ड डेवलपमेंट, नई दिल्ली के वर्ष 2022-2023 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति ।
- (2) उपर्युक्त मद संख्या (1) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 1139/18/24]

**12.01½ hrs**

**MESSAGE FROM RAJYA SABHA**

**SECRETARY GENERAL:** Sir, I have to report the following message received from Secretary General of Rajya Sabha:-

“In accordance with the provisions of rule 127 of the Rules of Procedure and Conduct and Business in the Rajya Sabha, I am directed to inform the Lok Sabha that the Rajya Sabha at its sitting held on the 5<sup>th</sup> December, 2024 agreed without any amendment to the Bharatiya Vayuyan Vidheyak, 2024, which was passed by the Lok Sabha at its sitting held on the 9<sup>th</sup> August, 2024.”

**12.02 hrs****COMMITTEE ON THE WELFARE OF SCHEDULED CASTES AND  
SCHEDULED TRIBES**1<sup>st</sup> and 2<sup>nd</sup> Reports

इस्पात मंत्रालय में राज्य मंत्री तथा ग्रामीण विकास मंत्रालय में राज्य मंत्री (श्री फगन सिंह कुलस्ते): सभापति जी, मैं अनुसूचित जातियों तथा अनुसूचित जनजातियों के कल्याण संबंधी समिति (2024-25) के निम्नलिखित प्रतिवेदन (हिन्दी तथा अंग्रेजी संस्करण) प्रस्तुत करता हूँ:-

(1) "दिल्ली नगर निगम (एमसीडी) के विशेष संदर्भ में भारत सरकार के मंत्रालयों/विभागों में आरक्षण नीति का कार्यान्वयन" विषय के बारे में अनुसूचित जातियों तथा अनुसूचित जनजातियों के कल्याण संबंधी समिति के 31वें प्रतिवेदन (सत्रहवीं लोक सभा) में अंतर्विष्ट सिफारिशों पर सरकार द्वारा की गई-कार्रवाई संबंधी पहला प्रतिवेदन ।

(2) "आरक्षण नीति के निर्माण, कार्यान्वयन और निगरानी में कार्मिक, लोक शिकायत और पेशन मंत्रालय (कार्मिक और प्रशिक्षण विभाग) की भूमिका" विषय के बारे में अनुसूचित जातियों तथा अनुसूचित जनजातियों के कल्याण संबंधी समिति के 25वें प्रतिवेदन (सत्रहवीं लोक सभा) में अंतर्विष्ट सिफारिशों पर सरकार द्वारा की गई- कार्रवाई संबंधी दूसरा प्रतिवेदन ।

**12.02½ hrs****STANDING COMMITTEE ON FINANCE**1<sup>st</sup> to 7<sup>th</sup> Reports

श्री भर्तृहरि महताब (कटक) : सभापति जी, मैं वित्त संबंधी स्थायी समिति के निम्नलिखित प्रतिवेदन (हिंदी तथा अंग्रेजी संस्करण) प्रस्तुत करता हूँ:-

(1) वित्त मंत्रालय (आर्थिक कार्य, व्यय, वित्तीय सेवाएं, निवेश और लोक आस्ति प्रबंधन और लोक उद्यम विभाग) की अनुदानों की मांगों (2024-25) संबंधी पहला प्रतिवेदन

- (2) वित्त मंत्रालय (राजस्व विभाग) की अनुदानों की मांगों (2024-25) संबंधी दूसरा प्रतिवेदन ।
- (3) कारपोरेट कार्य मंत्रालय की अनुदानों की मांगों (2024-25) संबंधी तीसरा प्रतिवेदन ।
- (4) योजना मंत्रालय की अनुदानों की मांगों (2024-25) संबंधी चौथा प्रतिवेदन ।
- (5) सांख्यिकी और कार्यक्रम कार्यान्वयन मंत्रालय की अनुदानों की मांगों (2024-25) संबंधी पांचवां प्रतिवेदन ।
- (6) "साइबर सुरक्षा और साइबर व्हाइट कॉलर अपराधों की बढ़ती घटनाएं" विषय के बारे में 59वें प्रतिवेदन (सत्रहवीं लोक सभा) में अंतर्विष्ट सिफारिशों पर सरकार द्वारा की- गई-कार्रवाई संबंधी छठा प्रतिवेदन ।
- (7) "बीमा क्षेत्र की कार्य-निष्पादन समीक्षा एवं विनियमन" विषय के बारे में 66वें प्रतिवेदन (सत्रहवीं लोक सभा) में अंतर्विष्ट सिफारिशों पर सरकार द्वारा की गई- कार्रवाई संबंधी सातवां प्रतिवेदन ।

### **12.03 hrs**

#### **STATEMENTS BY MINISTERS**

**(i) Status of implementation of the Action taken by the Government on the recommendations/ observations of the Department – Related Parliamentary Standing Committee on Health and Family Welfare in its 139<sup>th</sup> & 147<sup>th</sup> Reports on Cancer Care Plan & Management: Prevention, Diagnosis, Research & Affordability of Cancer Treatment\***

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव) : सभापति जी, मैं 'कैंसर देखभाल योजना और प्रबंधन: रोकथाम, निदान, अनुसंधान और कैंसर उपचार की वहनीयता' विषय पर विभाग से संबंधित स्वास्थ्य और

\* Laid on the Table and also placed in Library, See No. LT 1109/18/24.

परिवार कल्याण संबंधी संसदीय स्थायी समिति के 139वें और 147 वें प्रतिवेदन में अंतर्विष्ट सिफारिशों/टिप्पणियों पर सरकार द्वारा की गई-कार्रवाई के कार्यान्वयन की स्थिति के बारे में एक वक्तव्य सभा पटल पर रखता हूँ।

**12.03¼ hrs**

**(ii)(a) Status of implementation of the recommendations contained in the 15<sup>th</sup> Report of the Standing Committee on External Affairs on 'Welfare of Indian Diaspora: Policies/Schemes' pertaining to the Ministry of External Affairs\***

**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):** Sir, I beg to lay a statement regarding the status of implementation of the recommendations contained in the 15<sup>th</sup> Report of the Standing Committee on External Affairs on 'Welfare of Indian Diaspora: Policies/Schemes' pertaining to the Ministry of External Affairs

**12.03½ hrs**

**(b) Status of implementation of the recommendations contained in the 20<sup>th</sup> Report of the Standing Committee on External Affairs on 'Demands for Grants (2023-24)' pertaining to the Ministry of External Affairs\***

**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):** Sir, I beg to lay a statement regarding the status of implementation of the recommendations

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\* Laid on the Table and also placed in Library, See No. LT 1109A /18/24.

contained in the 20<sup>th</sup> Report of the Standing Committee on External Affairs on 'Demands for Grants (2023-24)' pertaining to the Ministry of External Affairs

**12.03<sup>3/4</sup> hrs**

**(c) Status of implementation of the recommendations contained in the 22<sup>nd</sup> Report of the Standing Committee on External Affairs on 'India's Neighbourhood First Policy' pertaining to the Ministry of External Affairs\***

**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):** Sir, I beg to lay a statement regarding the status of implementation of the recommendations contained in the 22<sup>nd</sup> Report of the Standing Committee on External Affairs on India's Neighbourhood First Policy' pertaining to the Ministry of External Affairs.

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**12.04 hrs**

**BUSINESS OF THE HOUSE**

**THE MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS AND MINISTER OF STATE IN THE MINISTRY OF HEAVY INDUSTRIES AND PUBLIC ENTERPRISES (SHRI ARJUN RAM MEGHWAL):** Sir, I rise to announce that Government Business during the week commencing, Monday the 9<sup>th</sup> December, 2024 will consist of:-

1. Consideration of any items of Government Business carried over from today's order paper: - [it contains: - (i) Further consideration and passing of the Railways

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\* Laid on the Table and also placed in Library, See No. LT 1109A /18/24.

(Amendment) Bill, 2024; (ii) Consideration and passing of the Disaster Management (Amendment) Bill, 2024]

2. Consideration and passing of the following Bills:-

(i) The Carriage of Goods by Sea Bill, 2024;

(ii) The Bills of Lading Bill, 2024;

(iii) The Coastal Shipping Bill, 2024; and

(iv) The Readjustment of Representation of Scheduled Tribes in Assembly Constituencies of the State of Goa Bill, 2024

3. Discussion and voting on the First Batch of Supplementary Demands for Grants for the year 2024-25 and introduction, consideration and passing of the related Appropriation Bill.

4. Consideration and passing of the following Bills, *as passed by Rajya Sabha*:-

(i) The Oilfields (Regulation and Development) Amendment Bill, 2024; and

(ii) The Boilers Bill, 2024.

5. Consideration and passing of the Merchant Shipping Bill, 2024, *after its introduction*.

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**12.05 hrs**

**ELECTION TO COMMITTEE**

**All India Institute of Medical Sciences (AIIMS), Bhubaneswar, Bilaspur, Mangalagiri, Bibinagar, Patna, Madurai, Rishikesh, Deoghar And Guwahati**



**THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):** Sir, I beg to move the following:-

“That in pursuance of Section 4(g) of the All India Institute of Medical Sciences (AIIMS) Act, 1956 read with Section 6 of the AIIMS (Amendment) Act, 2012, the members of this House do proceed to elect, in such manner, as the Speaker may direct, two members from amongst themselves to each of the Nine All India Institute of Medical Sciences (AIIMS) at Bhubaneswar, Bilaspur, Mangalagiri, Bibinagar, Patna, Madurai, Rishikesh, Deoghar and Guwahati subject to the other provisions of the said Act.”

**माननीय सभापति :** प्रश्न यह है :

“कि एम्स (संशोधन) अधिनियम, 2012 की धारा 6 के साथ पठित अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) अधिनियम, 1956 की धारा 4 (छ) के अनुसरण में, इस सभा के सदस्य, ऐसी रीति से, जैसा अध्यक्ष निदेश दें, उक्त अधिनियम के अन्य उपबंधों के अध्यक्षीन नौ अखिल भारतीय आयुर्विज्ञान संस्थानों (एम्स) भुवनेश्वर, बिलासपुर, मंगलागिरी, बीबीनगर, पटना, मदुरै, ऋषिकेश, देवघर और गुवाहाटी के लिए अपने में से, प्रत्येक के लिए, दो सदस्य निर्वाचित करें।”

प्रस्ताव स्वीकृत हुआ।

—  
...(व्यवधान)

**माननीय सभापति :** निशिकान्त जी, प्लीज़ बैठिए।

...(व्यवधान)

**HON. CHAIRPERSON:** Hon. Members, please be seated.

... (*Interruptions*)

**HON. CHAIRPERSON:** Hon. Members, matters raised under Rule 377 are important issues. Please be seated.

... (*Interruptions*)

**12.07 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 मामलों के अनुमोदित पाठ को तुरन्त व्यक्तिगत रूप से सभा पटल पर रख दें।

#### **(i) Need to provide details of all the expenditure incurred on treatment of patients during hospitalization under Ayushman Bharat Scheme**

**श्री जनार्दन मिश्रा (रीवा) :** प्रधानमंत्री जन आरोग्य योजना के अंतर्गत आयुष्मान कार्डधारक हर साल 5 लाख रुपये तक का मुफ्त इलाज करवा सकता है जिसका पूरा खर्च सरकार उठाती है। ये सुविधा सरकारी एवं प्राइवेट दोनों तरह के अस्पतालों में मिलती है। इसके अन्तर्गत लाभार्थी को अस्पताल में इलाज के दौरान कितना पैसा खर्च हुआ इसका कोई प्रमाण अस्पताल के द्वारा डिस्चार्ज होने के बाद लाभार्थी को नहीं दिया जाता है। मेरा सरकार से आग्रह है कि अस्पताल में भर्ती के दौरान होने वाले सभी खर्च जाँच में कितना खर्च हुआ दवाइयों का कितना हुआ , अन्य मेडिकल उपकरण में कितना लगा आदि का खर्च विवरण अनुसार एक प्रति लाभार्थी मरीज को भी अस्पताल से डिस्चार्ज होने के टाइम उपलब्ध करायी जाए।

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\* Treated as laid on the Table.

**(ii) Need to expedite construction of Himmatnagar-Khedbrahma and Mahesana-Ambaji new railway line projects**

**श्रीमती शोभनाबेन महेन्द्रसिंह बारैया (साबरकांठा) :** गुजरात मे हिम्मतनगर से खेड़ब्रह्मा तक, वहीं मेहसाणा से आबू रोड होते हुए हदाद और अंबाजी तक नई रेलवे लाइन का कार्य प्रगति पर है जोकि भारत सरकार द्वारा उठाए जा रहे महत्वपूर्ण कदमों मे से एक है । मेरे लोकसभा साबरकांठा से रोज काफी संख्या मे श्रद्धालु माता अंबाजी के दर्शन व माउंट आबू जैसे पर्यटन स्थल घूमने जाते हैं । मै भारत सरकार व माननीय रेल मंत्री जी से आग्रह करना चाहती हूँ कि मंत्रालय उपरोक्त रेलवे लाइन के कार्य को जल्द से जल्द पूरा कराने की कृपा करे साथ ही गुजरात के खेड़ब्रह्मा से हदाद तक 22 किलोमीटर की नई रेलवे लाइन का भी निर्माण करने को स्वीकृति प्रदान करने की कृपा करे जिससे अंबाजी माता के श्रद्धालुओं और माउंट आबू जैसे पर्यटन स्थलों के लिए बेहतर रेलवे कनेक्टिविटी उपलब्ध हो सके व श्रद्धालुओ की सुगमता के साथ साथ सरकार को भी रिवेन्यू प्राप्ति से लाभ हो । साथ ही, इस परियोजना से गुजरात के कई जिलों और उत्तर भारत से दक्षिण भारत तक के रेल यातायात को लाभ पाए ।

**(iii) Regarding development of tourist circuit connecting places of tourist importance in Madhya Pradesh**

**श्री गणेश सिंह (सतना) :** मैं सरकार का ध्यान भारतीय कला और सांस्कृतिक विरासत को सुरक्षित करने की ओर दिलाना चाहता हूँ । मध्य प्रदेश का संपूर्ण भू-भाग सांस्कृतिक धरोहर, धार्मिक मान्यताएं, राष्ट्रीय उद्यान, टाइगर सफारी, वाटर वाडी से परिपूर्ण होने के साथ साथ यह पवित्र नदियों का उद्गम स्थल भी है । चित्रकूट जहां भगवान श्रीराम ने वनवास काल का सर्वाधिक समय 11 वर्ष बिताया था, और अभी हाल ही में वहाँ पर यूनेस्को जियो पार्क की स्थापना करने के लिये उक्त भू-भाग का चयन किया जा रहा है, उस धार्मिक स्थल को जोड़ते हुए ओरछा, खजुराहो, पन्ना, कलिंजर किला, चित्रकूट सरभंग मुनि, सुतीक्षण मुनि, सिद्धा पहाड़, बिरसिंहपुर, सतना, रामवन, पोंड़ी खजुरी, मारकण्डेय,

व्हाइट टाइगर सफारी मुकुन्दपुर, बाणसागर, बांधवगढ़, अमरकंटक, कान्हा को एक टूरिस्ट सर्किट बनाने के लिये मैं सरकार से अनुरोध करता हूँ।

#### (iv) Need to regularize unauthorized colonies in cities

**श्रीमती मंजू शर्मा (जयपुर) :** हमारे देश में हर राज्य में जितने भी शहर हैं उन सभी में अनियमित कॉलोनियां होती हैं, उनमें से कुछ कॉलोनियां ऐसी भी हैं, जहां रहने वालों को मूलभूत सुविधाएं मिल रही हैं जैसे नगर निगम का पानी, बिजली, सीवरेज सुविधा इत्यादि लेकिन इन कॉलोनियों में रहने वाले लोग सरकार की इन सुविधाओं के बदले कोई टैक्स नहीं देते हैं क्योंकि ये कॉलोनियां नियमित नहीं हैं। उदाहरण स्वरूप मेरे प्रदेश राजस्थान में ऐसी दर्जनों कॉलोनियां हैं जहां पर मूलभूत सुविधाएं होने के बावजूद उनको नियमित नहीं किया गया है, यही हाल देश के विभिन्न शहरों में है। अगर इन कॉलोनियों को नियमित कर दिया जाए तो इससे उन राज्य सरकारों को अच्छा खासा राजस्व सम्पत्ति कर, सीवरेज कर आदि के रूप में प्राप्त हो सकता है, इससे वहां के नगर निगमों की आर्थिक स्थिति में भी सुधार होगा। मेरा माननीय शहरी विकास मंत्री जी से अनुरोध है कि अगर मेरा सुझाव विचार के योग्य है तो कृपया करके सभी राज्यों को इस दिशा में निर्देश दें, ताकि वहां के नगर निगम, जो राजस्व की कमी से जूझ रहे हैं उनकी आर्थिक स्थिति में सुधार हो सके।

#### (v) Need to establish National Rural Bank of India

**श्री जगदम्बिका पाल (डुमरियागंज) :** मैं सरकार का ध्यान RRBs Act, 1976 के तहत स्थापित RRBs की तरफ आकर्षित करना चाहता हूँ। तब से लेकर आज तक ग्रामीण बैंक देश के 26 राज्यों तथा 3 केंद्र शासित प्रदेशों में अपनी 22,000 से अधिक शाखाओं के माध्यम से लगभग 40 करोड़ निर्धन जनता की आर्थिक जरूरतों को पूरा कर रही हैं। ग्रामीण बैंकों का वर्तमान में आरक्षित लाभ लगभग 40,000/- करोड़ रुपये है तथा 50,000 करोड़ रुपये net worth हैं। ग्रामीण बैंकों के स्वामित्व

का विभाजन इस प्रकार है- भारत सरकार- 50%, संबन्धित राज्य सरकार 15%, तथा संबन्धित प्रायोजक बैंक- 35% । आज देश में 12 स्पान्सर बैंक हैं जो कि देश के 43 ग्रामीण बैंक को प्रायोजन करने का काम करते हैं जिसमें Bank of India तथा Bank of Baroda भी हैं जो कि राज्यों में अल्प संख्या में हैं जैसे UP- 3, Andhra Pradesh- 3, Gujrat- 2, Karnataka – 2, Haryana- 1, Mizoram- 1, Kerala- 1, मैं यह मांग करता हूँ कि- 40 करोड़ लोगों की सुविधा के लिए केन्द्रीय स्तर पर 'भारतीय राष्ट्रीय ग्रामीण बैंक' (NRBI) की स्थापना की जानी चाहिए जो कि इन सभी बैंकों को एक मुख्य अथॉरिटी के रूप में संचालित करे, जिससे यह अलग अलग स्पान्सर बैंक के संचालन से बाहर आ सके । इन बैंकों में व्यवसाय वृद्धि के अनुसार नई भर्ती हेतु निर्धारित नियमों के तहत अविलम्ब नई भर्ती व प्रमोशन की प्रक्रिया तेज की जानी चाहिए तथा अस्थायी रूप से सेवा दे रहे 20,000 से अधिक स्टाफ को स्थायी किया जाना चाहिए ।

**(vi) Need to take necessary measures for promotion of skill development among youths in the country**

**डॉ. मन्ना लाल रावत (उदयपुर) :** युवाओं के देश में कौशल अन्तराल एक बहुत बड़ी चुनौती है, जो विकसित भारत@2047 के मार्ग में एक बड़ी बाधा दिखती है । वर्तमान में महाविद्यालयों से सीधे निकलने वाले प्रत्येक 2 में से 1 युवा आसानी से रोजगार योग्य नहीं माना गया है । इसमें कई चुनौतियाँ हैं जिसमें आम धारणा है कि कौशल अंतिम विकल्प है, जो प्रगति नहीं कर पाए है । सरकार के कौशल विकास कार्यक्रम 20 से अधिक मंत्रालयों में फैला है, जिसमें मजबूत समन्वय एवं निगरानी तंत्र का अभाव है, प्रशिक्षकों की कमी, क्षेत्रीय एवं स्थानिक स्तरों पर मांग और आपूर्ति में अंतराल, कौशल एवं उच्च शिक्षा कार्यक्रमों और व्यावसायिक शिक्षा के बीच सीमित गतिशीलता, प्रशिक्षण कार्यक्रमों का बहुत कम कवरेज, महिलाओं की श्रम शक्ति भागीदारी में गिरावट, औपचारिक शिक्षा प्रणाली में उद्यमशीलता को व्यापक स्तर पर शामिल ना करना, विविध स्तर पर मार्गदर्शन एवं वित्त की पहुंच का

अभाव प्रमुख है। मेरा सरकार से आग्रह है इन विषयों पर राष्ट्रीय शिक्षा नीति 2020 के अनुरूप कार्य करने की तीव्र रणनीति बनाई जाए।

**(vii) Need to make adequate safety measures to prevent road accidents occurring due to black spots on roads in Hazaribagh Parliamentary Constituency, Jharkhand**

**श्री मनीष जायसवाल (हजारीबाग) :** जैसा कि हम सभी जानते हैं कि राजमार्गों पर ब्लैक स्पॉट हर एक राज्य के लिए दुर्घटना का सबब है। हालांकि इन पर विभाग द्वारा सुरक्षा के कई सारे इंतजाम भी किए गए हैं। महोदय आज मैं अपने लोकसभा क्षेत्र हजारीबाग के अंतर्गत कुछ विशेष राजमार्गों पर चिन्हित ब्लैक स्पॉट्स पर हो रही दुर्घटनाओं की तरफ आकृष्ट कराना चाहूंगा। चूटूपालू घाटी में ब्लैक स्पॉट क्षेत्र का प्रमुख ब्लैक स्पॉट है। लगातार सड़क हादसे सारी रोड इंजीनियरिंग को फेल साबित कर रही है। दो-तीन वर्षों में चूटूपालू घाटी में अनेकों दुर्घटनाएं हुई हैं। चूटूपालू घाटी रांची-रामगढ़ मार्ग में NH -33 पर स्थित है। हजारीबाग जिले के चौपारण डिवीजन में धनुआ -बनुआ जंगल का ब्लैक स्पॉट क्षेत्र का दूसरा प्रमुख ब्लैक स्पॉट है। इसी तरह हजारीबाग के अंतर्गत यूपी मोड भी क्षेत्र का प्रमुख ब्लैक स्पॉट है। जो जान माल के जोखिम का सबब बना हुआ है। अतः मैं माननीय सड़क परिवहन एवं राजमार्ग मंत्री से आग्रह करना चाहूंगा कि इन चिन्हित ब्लैक स्पॉट्स पर सुरक्षा के पर्याप्त इंतजाम किए जाए जिससे सड़क हादसों को कम किया जा सके।

**(viii) Need to include 'Kuli' as the synonym of 'Kulis' in the list of Scheduled Tribes**

**SHRIMATI SANGEETA KUMARI SINGH DEO (BOLANGIR):** I rise to draw the attention of the House towards the long-pending issue of including the Kuli community as a synonym of Kulis at Serial No. 42 in the Scheduled Tribes (STs)

list of Odisha, as per the judgment of the Hon'ble Supreme Court dated 27.09.2018 in Civil Appeal No. 7362/2013. The Hon'ble Supreme Court ruled that the term "Kulis" does not represent a separate community in Odisha and that "Kuli" is the singular form of "Kulis" in the English language. The judgment stated that not including "Kuli" under "Kulis" would effectively delete a tribe from the ST list. Following this, the Government of Odisha and various authorities, including the Registrar General of India, the National Commission for Scheduled Tribes, and the Tribes Advisory Council, approved and recommended the inclusion of "Kuli" as a synonym of "Kulis." Despite these recommendations and repeated correspondence from the State Government, the Ministry of Tribal Affairs has not yet acted upon this matter. I urge the Ministry of Tribal Affairs to take immediate steps to include "Kuli" as the singular form of "Kulis" at Serial No. 42 of the ST list in Odisha, thereby implementing the Hon'ble Supreme Court's judgment in its true spirit.

**(ix) Need to construct a new railway line between Ramganjmandi and Ujjain via Jhalawar**

**श्री रोडमल नागर (राजगढ़) :** मेरा संसदीय क्षेत्र राजगढ़ अति पिछड़ा क्षेत्र था जिसे माननीय प्रधानमंत्री जी ने आकांक्षी से आशान्वित जिले में सम्मिलित कर मोहनपुरा ,कुंडालिया तथा रेशई-पार्वती डैम के साथ ही पार्वती -कालीसिंध-चंबल सिंचाई लिंक परियोजना से क्षेत्र में 6 लाख हेक्टेयर कृषि भूमि सिंचित करने की दिशा में कदम बढ़ाये है । राष्ट्रीय राजमार्गों एवं रामगंज मंडी भोपाल रेल लाइन की सौगात देकर राजगढ़ संसदीय क्षेत्र को विकासशील क्षेत्र की दौड़ में सम्मिलित किया है । मैं सरकार से रामगंज मंडी-उज्जैन रेल लाइन वाया झालावाड़ हेतु अनुरोध करता हूं इससे संसदीय क्षेत्र राजगढ़ के

डोंगरगांव, सोयत,सुसनेर, आगर को कम दूरी की अनेक रेल सेवाओ का लाभ मिलेगा एवं देश के विभिन्न भागो से मां बगलामुखी मंदिर नलखेड़ा आने वाले श्रद्धालुओ हेतु सुगमता सहित राजगढ़ संसदीय क्षेत्र के समग्र विकास का मार्ग प्रशस्त होगा ।

**(x) Need to address the problems being faced by LIC agents and policy holders**

**SUSHRI S. JOTHIMANI (KARUR):** The policyholders and agents of the LIC are the backbone of the Indian insurance system. However, the changes by the LIC that took effect on 1 October 2024 are doing a grave injustice to crores of policyholders and agents. The rate of premiums has increased for the new products introduced. The basic sum assured has been increased to 2 lakhs, intensifying the burden on policyholders. The bonuses declared to policyholders every year are minimal. And the upper limit for the new endowment plan has been reduced from 55 to 50 years. Together, all these measures serve to hamper business prospects. The rate of Commission was fixed in 1938 when insurance laws were implemented in our country. Despite IRDA permitting insurance companies to increase commission rates for insurance agents, LIC has not followed through. Instead, the commission has been reduced. More concerning is the clawback commission clause, which allows the insurer to recover the agent's commission in case the policyholder surrenders their policy prematurely. This means that agents will be penalized for policyholders' decisions. I urge the Honourable Minister of Finance to take cognizance of these issues and take



necessary measures to secure the interests of policyholders and agents associated with LIC.

**(xi) Regarding operation of regular commercial flights from Neyveli Airport in Tamil Nadu**

**DR. M. K. VISHNU PRASAD (CUDDALORE):** There is a need to commence commercial operation in Neyveli Airport in my Cuddalore Parliamentary Constituency under UDAN scheme. Neyveli houses the Navratna PSU Neyveli Lignite Corporation of India. Neyveli is surrounded by many towns famous for religious places, Cashew farming, Ceramic industry and with its proximity of Cuddalore Port and Cuddalore SIPCOT industrial belt. Therefore, operation of regular commercial flights from Neyveli airport is sought for. The Neyveli airport itself needs upgradation and expansion and runway needs to be extended for larger aircrafts' use. I would also like to know the steps being taken by Government to establish air connectivity between Neyveli and other Airports.

**(xii) Regarding decision of Dental Council of India for withdrawal of recognition to Alappuzha Dental College in Kerala**

**SHRI K. C. VENUGOPAL (ALAPPUZHA):** This is to bring the attention of the Government towards the critical situation concerning Alappuzha Dental College, Kerala, whose recognition is on the verge of being withdrawn by the Dental Council of India. Admissions to the BDS course are also set to be suspended starting from the academic year 2025-26. Additionally, the Council has directed

the relocation of approximately 200 students currently studying there to other dental colleges within the State. This directive has caused significant distress among the students and their families, as transferring to other colleges could adversely impact their academic progress and emotional well-being. It is important to highlight that the Government of Kerala has assured the Central Government that the construction of the required infrastructure for Alappuzha Dental College will be completed on an urgent basis to address the concerns raised by the Dental Council. In light of this assurance, it is requested that the reconsideration of the decision to withdraw recognition and to take steps such as relocating students and the continuation of affiliation for a few more months, until the completion of the new building works.

### **(xiii) Regarding privatization of power sector in Rajasthan**

**श्री मुरारी लाल मीना (दौसा) :** सरकार देश के विद्युत उत्पादन का निजीकरण करने की ओर बढ़ रही है। ऐसा ही एक मामला राजस्थान राज्य विद्युत उत्पादन निगम (RVUNL) और उसकी परिसंपत्तियों के निजीकरण का है। निगम के कर्मचारी कई महीनों से आंदोलनरत हैं और राज्य की जनता को भी इससे गंभीर नुकसान हो सकता है। बिजली क्षेत्र किसी भी राज्य की आधारभूत संरचना का अभिन्न हिस्सा है। RVUNL की कोटा, सूरतगढ़, और छबड़ा जैसी इकाइयों ने सस्ती और सतत बिजली आपूर्ति में अहम योगदान दिया है। केंद्र सरकार की नीतियों और कोयला आपूर्ति में विफलता ने राज्य को महंगा आयातित कोयला खरीदने पर मजबूर किया, जिससे बिजली दरें बढ़ीं। निजीकरण के बाद ये इकाइयाँ केंद्रीय विद्युत नियामक आयोग (CERC) के अधीन होंगी, जिससे राज्य का नियंत्रण समाप्त हो जाएगा और जनता महंगी बिजली के लिए मजबूर होगी। निजीकरण से लगभग 4000 कर्मचारियों

और 1 लाख से अधिक लोगों की आजीविका पर संकट खड़ा हो जाएगा। इस प्रक्रिया की गोपनीयता ने कर्मचारियों में अविश्वास पैदा किया है। इन निजीकरण प्रयासों को तुरंत रोका जाए और बिजली क्षेत्र में सुधार के लिए पारदर्शी और जनहितैषी नीतियाँ अपनाई जाएँ। राज्य के नियंत्रण में रहकर बिजली उत्पादन और वितरण का संचालन जनता के हित में होगा।

**(xiv) Regarding determination of creamy layer in respect of Class III and IV OBC employees**

**श्री धर्मेन्द्र यादव (आज़मगढ़) :** मैं सरकार के समक्ष ओबीसी आरक्षण से संबंधित निम्नलिखित गंभीर मुद्दे उठाना चाहता हूँ:- 2014 से यूपीएससी द्वारा चयनित ओबीसी युवाओं को नियुक्ति नहीं दी जा रही है। 1993 के आदेश के अनुसार वेतन और कृषि आय को क्रीमी लेयर निर्धारण में शामिल नहीं किया जाना चाहिए। लेकिन सरकार द्वारा क्रीमी लेयर में वेतन जोड़ने की वजह से ओबीसी अभ्यर्थियों की नियुक्तियों में बाधा उत्पन्न हो रही है। 2004 में गलत व्याख्या के कारण वर्ग 3 और 4 के कर्मचारियों के बच्चों को आरक्षण का लाभ नहीं मिल रहा है। दिल्ली, मद्रास और केरल उच्च न्यायालयों ने डीओपीटी की व्याख्या को भेदभावपूर्ण माना है। यह स्पष्ट है कि सरकार ने इस मुद्दे को जटिल बना दिया है। वर्तमान सरकार की नीतियां ओबीसी समुदाय के प्रति भेदभावपूर्ण हैं, जिससे ओबीसी समुदाय सरकारी नौकरियों से वंचित हो रहा है। मैं जानना चाहता हूँ कि क्या सरकार ने 1993 के आदेश में संशोधन किया है? यदि हाँ, तो कब और क्यों? यदि बैंकों, सार्वजनिक उपक्रमों और विद्यालयों के प्रमाणपत्र 2004 से पहले वैध थे, तो अब क्यों नहीं? क्या केंद्र सरकार राज्य सरकारों द्वारा जारी किए गए ग्रुप सी/डी प्रमाणपत्रों को मान्यता देने में हिचकिचा रही है?

**(xv) Need to set up a Krishi Vigyan Kendra at Chinnamottur village in Tiruvannamalai Parliamentary Constituency, Tamil Nadu**

**SHRI C. N. ANNADURAI (TIRUVANNAMALAI):** Tripattur, coming under my Parliamentary Constituency Tiruvannamalai in Tamil Nadu is known for agriculture. The farmers here rely only on traditional knowledge, without any scientific or institutional support. Hence, the full potential of this area could not be harnessed. There is a suitable site at the Chinnamottur village in Jolarpettai block, Tripattur where a Krishi Vigyan Kendra could be established. This village is near to district headquarter, Tripattur and 3.5 Kms from NH - 48 (Chennai - Bengaluru). Further, 33.37 acres of land is also available with varied terrains, which would be suitable for different research purposes of the proposed KVK Centre. Therefore, I request the Government to kindly consider the setting up of a KVK Centre at Chinnamottur village, Tripattur in Tamil Nadu for the betterment of the farmers of this area.

**(xvi) Regarding revival of MTNL and BSNL**

**SHRI ARVIND GANPAT SAWANT (MUMBAI SOUTH):** I would like to bring to the attention of the Government the issue of revival of MTNL and BSNL. Despite possessing valuable lands, Department of Investment and Public Asset Management (DIPAM)'s inability to effectively monetize assets of MTNL and BSNL has hindered the revival of MTNL and BSNL. The installation of a mobile core unit at Kopri, Thane, instead of core Mumbai city, due to rent issues between

MTNL and BSNL, has caused delays and inefficiencies. The slow pace of installing mobile towers in Mumbai city has affected connectivity and services. I request a thorough inquiry by the Comptroller and Auditor General (CAG) into the utilization of government funds allocated to BSNL and MTNL and steps currently being taken by the Government to address these concerns thereby ensuring the successful revival of these organizations.

**(xvii) Regarding incidents of death due to malaria in Bodoland  
Territorial region**

**SHRI JOYANTA BASUMATARY (KOKRAJHAR):** I would like to draw the immediate kind attention of Union Government on serious health issues facing by my Bodoland Territorial Region. The rise in malaria cases has raised serious concerns about public health in the region. Malaria cases in Kokrajhar district rapidly increased since October, with 2,096 cases recorded by November 25, 2024 and this is a significant increase from 256 cases reported earlier in year 2023. Five deaths, including that of a 4-year-old girl, have been confirmed in last few days. In response, the Bodoland Territorial Council (BTC) Government, led by CEM Pramod Boro, has taken intensified efforts to address the crisis. BTC government has visited the most affected areas, including Lungchung, to assess the situation and engage with local residents. But we need the support from Union Government to Tackle this situation. I demand from Union Government to take serious note on this health issue and immediately assign a team of senior specialists to control this malaria spread in the Region and also take measures

such as establishing new health camps in the Region to provide timely healthcare and treatment to the Bodo people.

**(xviii) Regarding problems faced by fishermen of Daman and Diu  
Parliamentary Constituency**

**श्री उमेषभाई बाबूभाई पटेल (दमन और दीव) :** मेरा संसदीय क्षेत्र दमण एवं दीव समुद्र किनारे स्थित है, और प्रदेश के ज्यादातर लोगों की आजीविका मछलीमारी के काम धंधे से ही चलती है और सरकार भी प्रधानमंत्री मत्स्य संपदा योजना जैसी विविध योजना के जरिए मछलीमारी के व्यवसाय को बढ़ावा देने के लिए प्रयास कर रही है। हमारे प्रदेश में मछलीमारी के व्यवसाय को प्रशासन पर्याप्त सहयोग प्रदान नहीं कर रहा है। दमण में मछुआरे पुर्तगालियों के समय से नावो को पार्क करते आये हैं, दिनांक 22.11.2024 को मछुआरों की सारी नावों को इस स्थान से हटाया गया था। नावो को हटाने से पूर्व कोई नोटिस तक नहीं दिया गया और जब नावों को खाली करवा रहे थे तो अधिकारियों से मैंने नावो को हटाने का नोटिस या आदेश की जानकारी मांगी तो वह कह रहे थे कि यह सरकारी जमीन है। कौन से प्रदेश में मछलीमारी करने वाली बौटे सरकारी जमीन पर नहीं रखी जाती है? हम केंद्र सरकार से निवेदन करते हैं कि मछुआरो के हक और अधिकार की रक्षा करे।

... (व्यवधान)

**माननीय सभापति :** कल शून्य काल में निशिकान्त दुबे जी के कुछ इश्यूज रह गए थे।

निशिकान्त जी।

... (व्यवधान)

**माननीय सभापति :** हैबी ईडन जी, आपका नोटिस मिला है और यह अभी विचाराधीन है। आप थोड़ा-सा रुकिए।

... (व्यवधान)

**माननीय सभापति :** निशिकान्त दुबे जी, आप शुरू कीजिए।

... (व्यवधान)

### **12.08 hrs**

*At this stage Sushri S. Jothimani and some other hon. Members came and stood on the floor near the Table.*

**डॉ. निशिकान्त दुबे (गोड्डा) :** सर, 'कांग्रेस का हाथ, सोरोस के साथ।'... (व्यवधान)

सभापति महोदय, ओसीसीआरपी के साथ, ओपेन सोसायटी फाउंडेशन के साथ कांग्रेस के रिलेशनस हैं।... (व्यवधान) ओसीसीआरपी को सारा पैसा ... \* गवर्नमेंट और जॉर्ज सोरोस दे रहे हैं।  
... (व्यवधान)

सर, मेरे दस क्वेश्चंस थे। दस में से पहला क्वेश्चन है कि ओपेन सोसायटी फाउंडेशन के सलिल शेड्टी के साथ 'भारत जोड़ो यात्रा' में राहुल गांधी गए।... (व्यवधान) क्या उन्होंने सोरोस से पैसे लिए?...  
(व्यवधान)

**माननीय सभापति :** माननीय सदस्यगण, प्लीज़, आप लोग बैठ जाइए।

... (व्यवधान)

**डॉ. निशिकान्त दुबे :** सर, मेरा दूसरा सवाल है कि ओपेन सोसायटी फाउंडेशन ने अभी तक 1,000 लोगों को स्कॉलरशिप्स दी है।... (व्यवधान) उन 1,000 बच्चों में कांग्रेस के कितने बच्चे हैं?...  
(व्यवधान)

**माननीय सभापति :** सभा की कार्यवाही सोमवार, दिनांक 9 दिसम्बर, 2024 को प्रातः 11 बजे तक के लिए स्थगित की जाती है।

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\* Not recorded.

**12.09 hrs**

*The Lok Sabha then adjourned till Eleven of the Clock  
on Monday, December 09, 2024/ Agrahayana 18, 1946 (Saka)*

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**ANNEXURE-I**  
**Member-wise Index to Starred Questions**

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21	Shri Sanjay Haribhau Jadhav	179
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24	Shri Tapir Gao	161
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27	Smt. Geniben Nagaji Thakor	167
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**ANNEXURE-I**  
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1	Adv Dean Kuriakose	2012, 1894, 1991
2	Adv K. Francis George	1965
3	Adv. Adoor Prakash	1841, 2051
4	Adv. Chandra Shekhar	2025
5	Com. Selvaraj V	1902
6	Dr. Amar Singh	2016, 1988
7	Dr. Amol Ramsing Kolhe	1874
8	Dr. Bachhav Shobha Dinesh	1977
9	Dr. Bholu Singh	2049, 1846
10	Dr. Byreddy Shabari	1935
11	Dr. C M Ramesh	1922
12	Dr. D Ravi Kumar	1994
13	Dr. Dharamvira Gandhi	2042
14	Dr. Hemant Vishnu Savara	2046, 2048, 1900
15	Dr. Jayanta Kumar Roy	1944, 2047, 1863, 2048
16	Dr. K Sudhakar	2058
17	Dr. Kadiyam Kavya	1915
18	Dr. Kalanidhi Veeraswamy	1927
19	Dr. Kirsan Namdeo	1926
20	Dr. M K Vishnu Prasad	2031, 2019
21	Dr. Mallu Ravi	2028
22	Dr. Manna Lal Rawat	1914
23	Dr. Mohammad Jawed	2051

<b>SI No.</b>	<b>Member's Name</b>	<b>Question Number</b>
24	Dr. Nishikant Dubey	2049, 1846
25	Dr. Prabha Mallikarjun	2006
26	Dr. Rajeev Bharadwaj	2017
27	Dr. Rajkumar Sangwan	1882
28	Dr. Rani Srikumar	2037
29	Dr. Shashi Tharoor	1918
30	Dr. Shrikant Eknath Shinde	2050
31	Dr. Thirumaavalavan Tholkappian	1990
32	Dr. Vinod Kumar Bind	1944
33	Md Abu Taher Khan	1998
34	Ms Iqra Choudhary	2013
35	Ms Sayani Ghosh	1872
36	Ms. Praniti Sushilkumar Shinde	2063, 1870
37	Ms. S Jothimani	1964
38	Prof. Sougata Ray	2056, 1854
39	Prof. Varsha Eknath Gaikwad	1874
40	Shri Selvaganapathi T.M.	1930
41	Shri Adhikari Deepak Dev	1981
42	Shri Aga Syed Ruhullah Mehdi	1939
43	Shri Ajay Bhatt	2038
44	Shri Alok Sharma	1879, 2046
45	Shri Amar Sharadrao Kale	1874
46	Shri Amarsing Tisso	2008
47	Shri Amra Ram	1975
48	Shri Anand Bhadauria	2002

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49	Shri Ananta Nayak	1955
50	Shri Anil Yeshwant Desai	1853
51	Shri Anto Antony	2067, 1868
52	Shri Anup Sanjay Dhotre	1861, 2064
53	Shri Anurag Sharma	1967
54	Shri Appalanaidu Kaliseti	1985
55	Shri Arun Bharti	1933
56	Shri Arun Govil	1856
57	Shri Arun Kumar Sagar	1913
58	Shri Arvind Dharmapuri	1966
59	Shri Arvind Ganpat Sawant	1919
60	Shri Asaduddin Owaisi	1876
61	Shri Ashok Kumar Rawat	1971
62	Shri Azad Kirti Jha	2061, 1867, 1900
63	Shri B K Parthasarathi	1974
64	Shri Babu Singh Kushwaha	2035
65	Shri Baijayant Panda	1978
66	Shri Bajrang Manohar Sonwane	1874
67	Shri Balabhadra Majhi	1999
68	Shri Balashowry Vallabhaneni	1891
69	Shri Basavaraj Bommai	1875, 2070
70	Shri Bastipati Nagaraju	1895
71	Shri Benny Behanan	1991
72	Shri Bharatsinhji Shankarji Dabhi	1897, 2048
73	Shri Bhartruhari Mahtab	1982, 2046
74	Shri Bhaskar Murlidhar Bhagare	1874

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75	Shri Bhausahab Rajaram Wakchaure	1980
76	Shri Bhojraj Nag	2018
77	Shri Bhumare Sandipanrao Asaram	1970, 1887, 1962
78	Shri Bibhu Prasad Tarai	1863, 1944
79	Shri Bidyut Baran Mahato	1923, 1993, 1897
80	Shri Biplab Kumar Deb	1900
81	Shri Brijmohan Agrawal	1905
82	Shri C N Annadurai	1892, 2034
83	Shri Captain Brijesh Chowta	1847
84	Shri Chamala Kiran Kumar Reddy	1881
85	Shri Chandra Prakash Choudhary	2029, 2052
86	Shri Chandra Prakash Joshi	2046, 2049
87	Shri Charanjit Singh Channi	1951
88	Shri Chavda Vinod Lakhamshi	1859, 1846
89	Shri Chudasama Rajeshbhai Naranbhai	1942
90	Shri Daggumalla Prasada Rao	1871, 2069, 1974
91	Shri Damodar Agrawal	1883, 1846
92	Shri Daroga Prasad Saroj	1996
93	Shri Darshan Singh Choudhary	2004
94	Shri Devesh Chandra Thakur	1995
95	Shri Devusinh Chauhan	2047
96	Shri Dhairyasheel Sambhajirao Mane	1908
97	Shri Dharambir Singh	2062
98	Shri Dharmendra Yadav	1919
99	Shri Dileshwar Kamait	1877
100	Shri Dilip Saikia	2033, 1879

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101	Shri Dinesh Chandra Yadav	2023
102	Shri Dineshbhai Makwana	2049
103	Shri Dulu Mahato	1943
104	Shri Durai Vaiko	1973
105	Shri Dushyant Singh	1852
106	Shri E T Mohammed Basheer	1896, 2008
107	Shri Eatala Rajender	1878
108	Shri Eswarasamy K	1842
109	Shri G Lakshminarayana	1843
110	Shri G M Harish Balayogi	1889, 1974
111	Shri Gaddigoudar Parvatagouda Chandanagouda	1972
112	Shri Ganesh Singh	1846, 2046, 2048
113	Shri Gaurav Gogoi	1906
114	Shri Godam Nagesh	2024
115	Shri Gopal Jee Thakur	2052
116	Shri Govind Makthappa Karjol	1924
117	Shri Gyaneshwar Patil	1970, 1887, 1962
118	Shri Hanuman Beniwal	1903
119	Shri Haribhai Patel	2040
120	Shri Harish Chandra Meena	2030, 2051
121	Shri Hasmukhbhai Somabhai Patel	1944
122	Shri Hibi Eden	1961, 2051
123	Shri Imran Masood	1984, 1855
124	Shri Jagadish Shettar	2047
125	Shri Jai Prakash	2055, 1849, 2049, 2048
126	Shri Janardan Mishra	2048, 1879

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127	Shri Jashubhai Bhilubhai Rathva	1846, 2048, 2049
128	Shri Jaswantsinh Sumanbhai Bhabhor	1898
129	Shri Jugal Kishore	2046
130	Shri K C Venugopal	2054, 1848
131	Shri K Gopinath	2019
132	Shri K Radhakrishnan	1901
133	Shri K Sudhakaran	1894
134	Shri Kali Charan Singh	1932
135	Shri Kanwar Singh Tanwar	1900, 1897, 2049
136	Shri Kaushalendra Kumar	2003
137	Shri Kesineni Sivanath	1925
138	Shri Khagen Murmu	1944, 2047
139	Shri Kodikunnil Suresh	1986
140	Shri Kota Srinivasa Poojary	1888
141	Shri Kripanath Mallah	2048
142	Shri Kuldeep Indora	1866
143	Shri Lumba Ram	1897
144	Shri M K Raghavan	1890
145	Shri Maddila Gurumoorthy	1899
146	Shri Madhavaneni Raghunandan Rao	1936, 2049
147	Shri Magunta Sreenivasulu Reddy	1983
148	Shri Malaiyarasan D	1909
149	Shri Mani A	1954
150	Shri Manickam Tagore B	1873
151	Shri Manish Jaiswal	1851
152	Shri Manish Tewari	1912



<b>SI No.</b>	<b>Member's Name</b>	<b>Question Number</b>
153	Shri Manoj Tiwari	1879, 1846, 2048
154	Shri Mansukhbhai Dhanjibhai Vasava	1992
155	Shri Matheswaran V S	1886
156	Shri Mitesh Patel Bakabhai	1944
157	Shri Mohite Patil Dhairyasheel Rajsinh	1874
158	Shri Mohmad Haneefa	2005
159	Shri Muhammed Hamdullah Sayeed	2065, 1864
160	Shri Mukeshkumar Chandrakaant Dalal	1879, 1900, 2048, 2046
161	Shri Murari Lal Meena	1938, 2051
162	Shri N K Premachandran	2000
163	Shri Naba Charan Majhi	1846
164	Shri Nalin Soren	1948, 1880, 2052
165	Shri Narayan Tatu Rane	1893
166	Shri Naresh Ganpat Mhaske	2050
167	Shri Navaskani K	1911, 1892
168	Shri Naveen Jindal	1960
169	Shri Nilesh Dnyandev Lanke	1874
170	Shri P P Chaudhary	1863, 2059, 2047
171	Shri P V Midhun Reddy	1850
172	Shri Parbhubhai Nagarbhai Vasava	1900, 1982, 2046
173	Shri Parshottambhai Rupala	1997, 1863, 2047
174	Shri Pradeep Kumar Singh	1944, 1863
175	Shri Pradeep Purohit	1945, 1879, 2048
176	Shri Pradyut Bordoloi	1907
177	Shri Pratap Chandra Sarangi	1944
178	Shri Praveen Patel	1958, 2049

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180	Shri Radheshyam Rathiya	1946, 1897
181	Shri Rahul Gandhi	1862
182	Shri Rahul Kaswan	1979, 1931
183	Shri Raja A	2014, 1857
184	Shri Raja Ram Singh	1940
185	Shri Rajeev Rai	1957
186	Shri Rajesh Ranjan	1988
187	Shri Rajesh Verma	2050
188	Shri Rajiv Pratap Rudy	2045
189	Shri Rajkumar Roat	1858, 2057
190	Shri Raju Bista	1931
191	Shri Ram Shiromani Verma	2044
192	Shri Ramasahayam Raghuram Reddy	1866, 2066
193	Shri Ramashankar Rajbhar	2026
194	Shri Rambhual Nishad	1989
195	Shri Ramprit Mandal	2027, 2003
196	Shri Ramvir Singh Bidhuri	1863
197	Shri Ravindra Dattaram Waikar	2050
198	Shri Ravindra Shukla Alias Ravi Kishan	1879, 2048
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